From Practice - For Practice

Trichomoniasis

by Konrad Werthmann M.D.
General

Trichomonads belong to the class of protozoa, which are primitive little creatures with locomotor organelles, mitochondria and chromosomal nuclei. There are sub-species which inhabit the gut and oral cavity as harmless commensals. The best known and most common pathogenic agent from this class is Trichomonas vaginalis. It was discovered in 1836 in vaginal secretion.

Pathological picture

In the case of Trichomoniasis we are dealing with a genito-urinary disease with infection of the bladder and vagina. The pathogen is Trichomonas vaginalis.

The infection behaves differently in men than it does in women. Basically it is a venereal infection which, in men, can trigger cystitis, urethritis and prostatitis, with the latter proceeding mildly in most cases. In the male, it is the Trichomonas urethritis and cystitis that are clinically significant. In practice it accounts for a third of non-gonorrheal urethritis cases.

In the female it is rather chronic colpitis, with purulent, frothy, evil-smelling, greenish-yellow (trichomonal) vaginal discharge (with a fishy odor). Tormenting pruritus only makes the suffering worse.

In the menopause this disease declines noticeably. The disease is widespread: up to 70% of women and 15% of men are affected. When treating, inclusion of the partner is a must.

Outside the body of the host, trichomonads are very sensitive. They die when dehydrated. They can survive for a few hours on wet towels. Transmission is always possible in thermal baths.

Demonstration of presence

1) microscopic examination of a native preparation in physiological NaCl solution in light or dark field. In the darkfield, trichomonads may immediately be recognized (they are about the size of leucocytes) by their jerky movement, and by the shimmering stream of their undulating membrane.

2) Papanicolaou staining

3) Giemsa’s staining

Treatment

1) Conventional treatment: Contraceptive vaginal foam also helps to combat trichomonads; possibly Metronidazole or Tetracycline

2) Isopathic treatment:

a) CITROKEHL, 5-10 drops, 2-3 times daily, and ALKALA N, 1 measuring spoonful 2-3 times daily in warm water, administered partly orally and partly vaginally and/or dabbed on externally; this to be continued throughout the period of treatment;

b) at the same time, begin with FORTAKEHL 4X capsules, 1 twice a day for 2 weeks, then switch to:

c) MUCOKEHL 4X capsules in the mornings and RUBERKEHL 3X suppositories in the evenings; always Mon.- Fri. MUCOKEHL/RUBERKEHL and Sat./Sun. FORTAKEHL, for months. At the same time we prescribe:

d) PROPIONIBACTERIUM AVIDUM 5X capsules, 1 capsule 1-2 times a week, with the addition of SANUKEHL Coli 6X 6 drops twice daily, or SANUKEHL Coli 7X 1 ampoule twice a week.

Maintain the treatment for 2-3 months if at all possible, treating both partners. If possible, prescribe a strict Dr. Werthmann diet (no cow’s milk or hen’s egg products).

Reading suggestion: “The Four Steps of Isopathic Therapy” by Dr. Konrad Werthmann (English translation available - ISBN 3-925524-53-3)

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