Good chances for Therapy of Vaginal Fungal Infestations

Early and Lasting Freedom from Complaints Through a New German Formulation

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Extensive studies on the rate of this fungal epidemic in Germany showed a 35-45 percentage of the population being involved; this related to the fungal infestation of skin, genitals, and the whole gastrointestinal tract. It appears that this strong increase of fungal infestations is obviously connected with the extensive and careless application of medications that weaken the immunologic system, such as antibiotics, cortico-steroids, ovulation blockers, and immunosuppressive agents. In addition, nutritional factors come into consideration, such as false nutrition and, especially, a too carbo-hydrate-centered nutrition, which has an undesirable effect, especially through the isolated carbo-hydrates, such as industrial sugars.

Therefore, one felt grateful when the new anti-myotic substances appeared on the market. However, the original enthusiasm for these preparations has now changed into a critical view. In recent years, the ever larger growing tendency for re-lapses has been a problem in the clinical practice. New examinations on this have revealed an increasing resistance and a shift in pathogens.

In the application of the above-quoted medicines, interactions with other medicines and, partly, considerable side-effects may occur. The „Remedy Course Book“ by Möbius quotes for instance: abdominal pains, anemia, agranulocytosis, lacking appetite, arthralgias, alopezy, allergic reactions, anaphylactic reactions, anxiety conditions, dullness, flatulence, double vision, disorientation, vomiting and diarrhea exanthemes, limited capacity for response, fever, disturbances in walking and moving, memory impairments, yellow jaundice, loss of hearing, sense of rising heat, disturbances in the heart rhythm, hematuria, headaches, spasms, disturbances of the liver functions, leukopenia, tiredness, muscular pains, kidney failure, neuropathies, Quincke's edema, parestisias, pruritis, shaking chills, dizziness, visual disturbances, tenesme, Tachypnoe, sick feeling, urticaria.

NEW SOLUTIONS

The development of resistances is particularly threatening in view of the world-wide increase of fungal infestations in the area of gynecology. This process strongly reminds one of the development which commences with the beginning of the antibiotic era. For instance, examinations show that the minimal blocking concentration of Ketoconazol and Fluconazol toward Itraconazol lies distinctly higher. Therefore, it seemed indicated to make a therapeutic attempt with a differently formulated preparation.

The opportunity was seized by those who are strongly homeopathically oriented and were grateful to try out a preparation that newly appeared an the biological market. It was a 3X homeopathic combination of *Candida albicans* and *Penicillium roquefortii* in the application form of suppositories. According to the producer's annotations, this preparation corresponded entirely to one's own intentions concerning a with successful therapy that was free from side-effects. A first study with this homeopathic preparation was undertaken and documented with a group of 30 patients. Based on the good success, an identical study with another 33 patients was undertaken and documented a little bit later.

THE DISEASE PROFILE CAN VARY GREATLY

The diagnosis of Candidakolpitis has been verified by the clinical report - such as strong reddening of the vulva and vagina, intense itchiness and ample, white, lumpy fluor - a native smear, as well as a culture with a Sabourand-medium (Fungi-quick). The clinical profile of a vulva-vaginal Candidiasis can vary greatly, wherefore wrong diagnoses are possible especially in chronic courses. Therefore, a few clinical photographs here should be of interest.

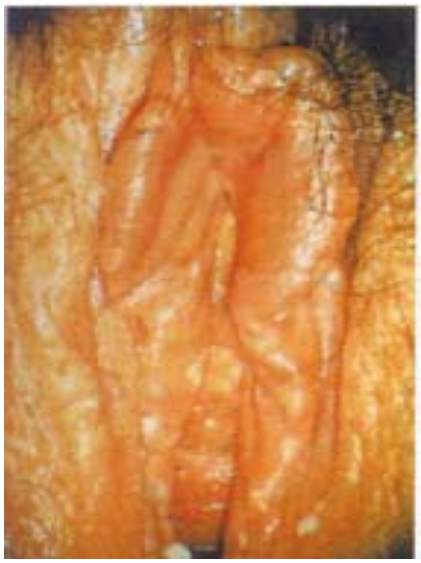

Fig.1: Vulva-Candidiasis. Stage of swelling.

The clinical picture of the vulva-vaginal Candidiasis spreads from a discrete reddening in the introitus area up to a membrane-type covering of the vagina.

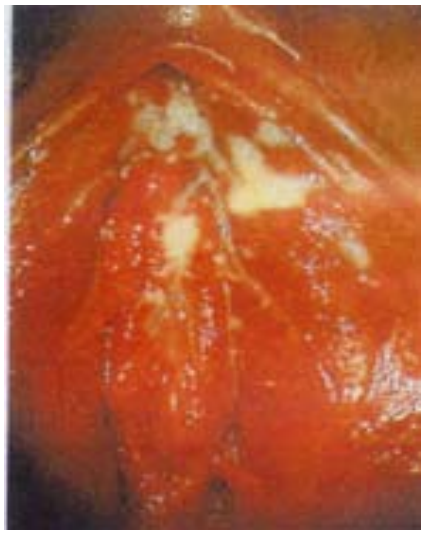

Fig. 2: Vulva-Candidiasis with reddening and flocculent fluor.

Because the vulva has close, sensitive medical care but the vagina does not, reactive inflammations in the vulva and introitus are felt to be very unpleasant. However, the exclusive infestation of the vagina can remain nearly unnoticed, but the symptoms also are itchiness, burning, excretion and dyspareunia (difficult intercourse). In the diseased vagina, one finds a differingly strong reddening, which can be spotty in the beginning. Typical is always the increased and flaky, up to dry-lumpy fluor. In a strong reactive inflammation, the fluor takes an a yellow coloring.

CONDITIONS AT THE BEGINNING OF THE STUDY

The age of all treated (female) the patients in the first study was between 17 and 48. Four patients stated in the anamnesis that they never before had a fungal infection in the vulva. Thirteen patients had last infestation in the recent 3 to 12 months. In another 13 patients, the last infestation occurred longer than 12 months prior.

Because in the treatment of vaginal mycosis there is a local application of the remedy preferred, the first 7 patients had 3X *C. albicans/P.roque-fortii* suppositories vaginally applied. That proved to be not the correct procedure. Because this preparation is a homeopathic remedy, the rectal application is preferable, due to better absorptive capacities.
Immediately, the preparation was then given only rectally. The prescription says: l suppository, daily for 10 days, inserted daily before sleep.

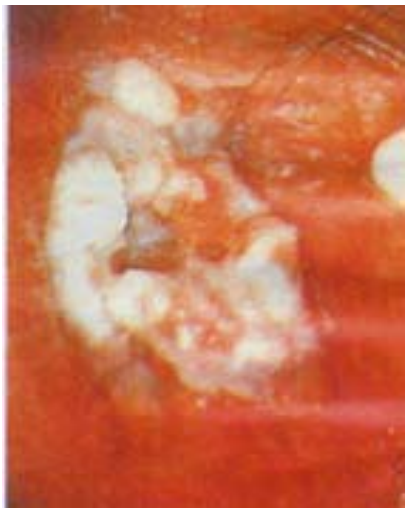

Fig. 3: Vulva-Candidiasis with firmly clinging white coating.

DETAILS AND RESULT OF THE THERAPY

The result of the course of therapy: All patients were free from complaints within two to six days, four days, on the average.

The patients also described themselves subjectively free from complaints in the final examination, in which the native smear was normal. There were no undesirable side-effects. The tolerance for the preparation was good throughout. Noteworthy was that in the final examination there were only few or none at all of the Doederlein-bacteria in the native smear. This deficiency in Doederlein-bacteria is co-responsible for the occurrence of the fungal infestation. For the normalization of the vulva flora, Lactobacillus-acidophilus preparation was, therefore, routinely prescribed (Vagiflor, Gyno-flor).

The second control study comprised the treatment results of 33 patients. The same parameters were established for the diagnosis, as in the first study. Five patients of the second group had their first fungal infestation; for 17 the last infestation was 3 to 12 months prior; l0 patients listed having had their last vaginal mycoses more than 12 months prior. In the last 23 patients an additional pathogenic proof was obtained through a stool-sample done by a special laboratory.

Of these 23 patients, 11 (=43%) had fungi in the stool. Established was the presence of *Candida albicans, C. pseudo-tropicalis* and *tropicalis, Geotrichum candidum* and *Torulopsis glabrata.* At the conclusion of the therapy, only 4 stool samples remained positive (=17%). In two patients, *Geotricum candidum* was found before the treatment, and *Candida tropicalis* was found at the final examination. In one patient,

the stool sample was in the beginning negative, after completion of the therapy, *Torulopsis glabrata* was found. In one healed patient the pathogenic *Candida tropicalis* had changed to *Torulopsis glabrata*.

In the second control group with 33 patients, the therapy consisted in the daily application of these homeopathic suppositories, only rectally applied. After 3-4 days, the patients were free of complaints. In this group the tolerance was also very good. In no case were there any disturbing side-effects. The deficiency on Doederlein bacteria was also notcied in this group after the treatment.

In the totality of 63 patients, who were infested with Fungalkolpitis, the therapy was successful in cases (=84.3%). Ten cases (15.7%) were registered as failures in this therapy. In only 3 of the success-fully treated patients (=5.7%) was there a relapse after 6 weeks. On the basis of this result and the certainty of no side-effects with this remedy, these 3X suppositories can be considered to be the preferred remedy for a successful treatment of Fungalkolpitides.

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Reduction of fungal infestation in the intestine through Candida albicans/Penicillium roquefortii

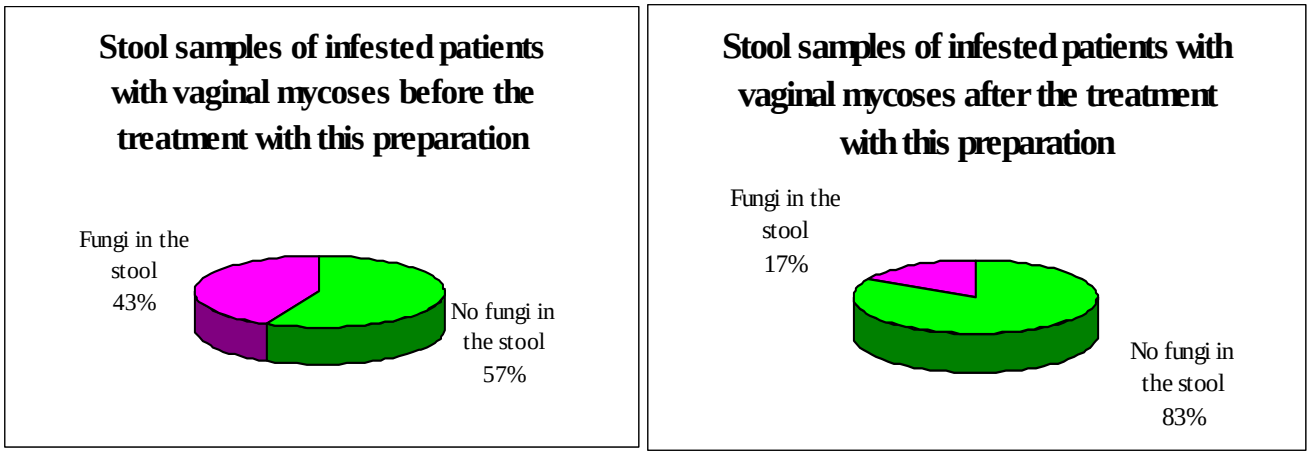

Fig. 4: Therapeutic Study Candida albicans/Penicillium roquefortii 3X homeopathic suppositories for vaginal mycoses