



Treatment of a Chronically Recurring Vaginal Mycosis

by Barbara Sander, Naturopath



This case study shows how important a thorough case-taking, examination and differential diagnosis are. Particularly in intransigent cases, apparently resistant to treatment, the painstaking search for aetiologies and appropriate treatment often resembles the search for a needle in a haystack. This makes it clear that, equipped with a portion of inquisitiveness and flexibility, we as therapists sometimes only succeed in achieving our goal - the cure of our patients - with a great deal of hard work.

Case-taking

In September 2005, a woman came to consult me. She is 38 years old, married, has a job and three children. As a child, she frequently suffered from bronchitis; when she was 12, she began extensive dental treatment, with a number of amalgam fillings. Since then she has suffered from chronically relapsing vaginal mycoses, which, until she was 20, were treated exclusively by orthodox medicine. Thus various antimycotics were prescribed topically and orally, plus antibiotics and cortisone. Then she started getting inflammations of the renal pelvis and bladder as well.

The vaginal mycoses remained; however, they never occurred during menstruation. In a number of years she only had four or five mycosis "attacks", in one case the patient tried in vain for nine months to get her problem under control with garlic, yoghurt and douches.

Over the years a variety of therapeutic measures were tried.

At 22 she had all her amalgam fillings removed, as well as various heavy metal eliminations (homœopathic, and also kinesiological, using Dr. Klinghardt's programme); antifungal diets; nystatin; classical Homœopathy; Acupuncture; Psychotherapy and Reiki rounded off the treatment.

Despite all these efforts the mycosis episodes persisted and became increasingly more severe, placing increasing restrictions on her life. In spite of that, this woman was still able to tell light-hearted, humorous stories about her quest for healing.

At the time of her first consultation at my practice, her symptoms of obvious mycosis had been ongoing without a break since the summer of 2004. As before, the only relief she had was during her periods. She refused an innovative orthodox treatment, being already familiar with the cycle of antimycotics followed by bacterial infections of the vagina and urinary tract.

There were no additional illnesses or complaints.

Treatment

It seemed reasonable to assume that, as a result of the numerous suppressive treatments she had had over such a long period of time, cell wall-deficient microorganisms (CWD) had formed. Thus I began with a course of

Isopathic treatment, so as to retune her body:

CITROKEHL, 5 drops 3 times a day as a milieu remedy throughout the whole treatment.

EXMYKEHL 3X, 1 suppository once a day, per rectum over 10 days, followed by

FORTAKEHL 5X drops, 8 drops once a day from Monday to Friday, EXMYKEHL 3X suppositories, 1 once a day per rectum, at weekends only.

After a further 2 weeks, switch over to SANKOMBI 5X, 8 drops in the morning, and SANUKEHL Cand 6X, 5 drops massaged in in the evening.

Within the space of 2 weeks this woman was free of symptoms. This state held for almost a year, the longest period she had been free of mycosis for 26 years! This is also quite remarkable because, since the end of the treatment described above, no further remedies had been used.

Further progress

In August 2006, this woman returned to my practice with the same symptoms. The programme that had been so successful before was carried out again, however, this time without success. Somewhere there had to be a block to treatment or a disturbance focus, and this was discovered in October 2006 rather by chance: there was a cyst on a dead tooth (lower left 4), which



was extracted. To support the healing process, the patient took the following preparations:

CITROKEHL several times a day, 3-5 drops,

NOTAKEHL 5X, 1 drop every two hours in the area of the wound,

ARTHROKEHLAN "A" 6X, 1 drop daily in the area of the wound.

After a few days NOTAKEHL was replaced by SANKOMBI 5X, 8 drops in the

mornings, combined with EXMYKEHL 3X, 1 suppository per rectum in the evenings.

Unfortunately, this resumed fungal treatment continued to be unfruitful.

I attended a course of further training in Isotherapy, where the speaker drew my attention to the possibility that here there was what Enderlein referred to as a "mochlosis", and she recommended that I replace SANKOMBI with NIGERSAN 5X, 8 drops once a day, plus

prescribing 1 capsule weekly of UTILIN "S" 6X for immunomodulation. Now the treatment moved forward successfully again. Since then there has been no further relapse.

First published in the German language in the SANUM-Post magazine (84/2008)

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