Women’s Health Update
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A guide to sample treatment plans using natural therapies and integrative medicine options: yeast vaginitis, bacterial vaginosis, vulvar vestibulitis, lichen sclerosus, genital herpes, atypical squamous cells of undetermined significance.

Yeast Vaginitis

Guiding principles: accurately diagnosis, find underlying causes (hygiene, hormonal, stressors, pH, deficient lactobacillus, serious disease), restore vaginal ecology, provide symptom relief, prevent recurrence.

Basics: Avoid sugar, simple carbohydrates, yeast, alcohol. Increase acidophilus yogurt, garlic.

Acute infection:
Boric acid suppositories (600 mg)
Dose: insert one cap twice daily for three to seven days for acute infection.

Chronic infection:
Boric acid suppositories (600 mg)
Dose: insert one cap twice daily for two to four weeks, then once daily during menses only for four months.

Other considerations for chronic/difficult cases:
• Oral lactobacillus, eight to 24 billion per day for two to six months
• Vaginal lactobacillus/garlic, once per week for several weeks or months; or nightly for six nights before menses
• Ongoing boric acid suppositories once weekly; or once nightly for one week before menses; or after intercourse
• Diflucan 150 mg one dose; or once weekly for a few weeks
• OTC Monistat vaginally

Bacterial Vaginosis

Guiding principles: accurately diagnosis, find underlying causes (hygiene, hormonal, stressors, pH, deficient lactobacillus), restore vaginal ecology, provide symptom relief, prevent recurrence, be aware of complications during pregnancy, can have high relapse rate.

Basics: Assure a healthy diet, restore vaginal ecology, best given locally. Acute symptom relief will probably require an antibacterial approach of either natural therapies and/or conventional antibiotics.

Sample treatment plan:
1. Herbal suppositories = myrrh, echinacea, slippery elm, goldenseal root, marshmallow, geranium, and yarrow in polybase
   Insert one nightly for five days, then two nights of
2. Vag Pak suppositories = anhydrous magnesium sulfate, glycerin complex, hydrastis tincture, thuja oil, tea tree oil, bitter orange oil, vitamin A (as palmitate) 100,000 IU, ferrous sulfate in polybase.
   Repeat for a second week.
3. Follow with one to two weeks of boric acid suppositories, one suppository nightly and/or vaginal lactobacillus/garlic suppositories.
4. Oral lactobacillus, 24 billion or more: take one daily for two to six months to restore normal vaginal ecology.

Other considerations
• Metronidazole gel: 1 gm b.i.d., five to ten days
• Cleocin ovules: insert one ovule for three consecutive days.
• Follow metronidazole or cleocin with lactobacillus suppositories, one to two times/day for seven to 14 days.
• Systemic immune support: antioxidants, oregon grape, garlic, goldenseal
• Immune-supportive diet
Vulvar Vestibulitis

Guiding principles: unknown cause, accurately diagnosis, consider disruption/deficiency of glycosaminoglycans = "leaky vulva syndrome," provide symptom relief, stressors, M/E (as cause or effect), provide emotional support, be realistic; many patients have been through a lot in trying to get this accurately diagnosed and are frustrated with ineffective treatments.

Basics: Avoid food triggers (food sensitivities), classic "bladder" irritants, may have difficulty with sexual function due to chronic vulvar pain

Sample treatment plan:
- Comfort: topical ice, topical 2% lidocaine, vitamin E oil, lubricants
- Avoid triggers: food sensitivities, bladder irritants (short list= chocolate, caffeine, alcohol, citrus, tomatoes), sugar, oxalate foods.
- Topical estriol 1-2 mg/Gm: apply 1/2 gm/daily; okay to do daily without any added progestational agent, if patient is menstruating monthly
- Treat as if interstitial cystitis: repair epithelial tissue by restoring glycosaminoglycan layer (ex/ MSM, glucosamine sulphate, N-acetyl glucosamine, mucilaginous botanicals).
- Various physical therapy techniques, preferably from a physical therapist who has specialized training in pelvic pain; biofeedback

Lichen Sclerosis

Guiding principles: accurately diagnosis (will need vulvar biopsy); realize this is likely a progressive condition if not treated, has unknown cause, and can be associated with vulvar cancer; provide symptom relief; and prevent worsening of condition

Basics: Support constitutional health, optimize diet and lifestyle, offer reassurance, be realistic about natural medicine (will likely need topical steroids at least short term and maybe as maintenance; minimal dose is best)

Sample treatment
- Evening primrose oil: 3,000 mg per day
- Topical vitamin A ointment or oil nightly for two weeks, then three times weekly (may need to incorporate this with topical steroids)
- Topical licorice root; apply daily for two weeks, then three times weekly; (may need to incorporate this with topical steroids)
- Topical prescription clobetasol daily for two weeks, then decrease dosage to three times per week for one to two months, then, hopefully, once weekly or less for maintenance

Other considerations
- Topical MSM, topical testosterone, other topical herbal ointments

Genital Herpes Infections

Guiding principles: accurately diagnosis, provide symptom relief, note stressors, immune modulation (both locally and systemically), sexual transmission, prevent or reduce recurrence

Basics: Avoid arginine foods (nuts, chocolate)
Increase lysine foods (most vegetables, legumes, fish, poultry)
Reduce stressors
Support constitutional health

Acute infection:
Combination proprietary products: (lysine, St. John’s wort, lemon balm, astragalus, oregan grape, myrrh, lomatium, zinc)
Dose: two caps, three times daily for up to ten days; two caps per day for chronic, frequently recurring herpes infection
Zinc: 50 mg daily
Vitamin C: 1,000-3,000 mg per day
Topical lemon balm ointment- apply several times daily until lesion is gone

Chronic recurring infections:
Combination proprietary products: two caps daily
Additional Lysine, up to 1,000 mg three times daily for three months, then 1,000 daily
Zinc: 50 mg per day (add a multiple for the copper)
Vitamin C: 1,000 – 3,000 mg per day
Dietary advice and stress management

Other considerations for acute or chronic infections:
- Topical 3 % propolis ointment
- Ice
- Topical acyclovir

OTHER CONSIDERATIONS FOR ACUTE OR CHRONIC INFECTIONS:
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**Women’s Health Update**

**Atypical Squamous Cells Of Undetermined Significance (ASCUS)**

**Guiding principles:** Assure proper diagnosis of abnormal cervical cells and/or infections of the cervix: ASCUS may be due to the human papilloma virus (HPV), an infection, normal metaplasia, atrophic tissue, or local abrasion to the tissue. ASCUS may be typed for the strain of HPV. Selected cases should be referred for colposcopy/biopsy before proceeding to treatment.

**Basics:** Encourage an anti-inflammatory diet, high-antioxidant diet with fruits and vegetables. Encourage diets high in vitamin C, carotenoids, cruciferous vegetables, vitamin E, selenium, and flavonoids.

**Sample treatment plan for ASCUS:**

[**Contraindications and Cautions:** These suppositories are contraindicated during pregnancy.]

- Three months or more until F/U pap smear:
  - Folic acid: 10 mg per day
  - Vitamin C: 3,000 mg per day
  - Beta Carotene: 75,000-150,000 IU per day
  - DIM: 300 mg per day
  - Green tea extract 1 cap per day

**One month treatment plan:**

1. Week 1: Insert vitamin A suppository nightly for six nights.
2. Week 2: Insert herbal suppositories = myrrh, echinacea, slippery elm, goldenseal root, marshmallow, geranium and yarrow in polybase; nightly for six nights.
3. Week 3: Insert vitamin A suppository nightly for six nights.
4. Week 4: Insert herbal suppository nightly for six nights.

**For the next two months or more:**

Green tea suppository, insert twice weekly

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**Institute of Women’s Health & Integrative Medicine**

Program Director: Tori Hudson, N.D.

Next Session: April 27-29, 2007

**Topic: Menopause**

Space is limited • Advanced registration is recommended.

For more information call Karen Hudson, M.P., H.C. Executive Director
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