

Vaginal Problems

VAGINITIS

During the child-bearing years, for most women the vagina is a warm moist place which has a constant supply of secretion, stimulated by the hormone oestrogen. When the vaginal cells stop secreting fluid the vaginal walls and tissue naturally become dry, and sometimes itchy. Sexual intercourse then becomes painful, as there is no natural fluid being produced, possibly placing a strain on a relationship, and wrecking sexual enjoyment.

Vaginitis, or inflammation of the mucous membranes lining the vagina manifests as a burning sensation and/or itching and abnormal vaginal discharge. Vaginitis may be caused by bacterial or fungal infection, age, and irritation from using perfumed soaps and deodorants. Other factors, including poor hygiene and tight clothing can also be triggers.

The use of antibiotics can disturb the body's natural balance, creating an environment in which infectious organisms can thrive.

What your doctor can do

- Prescribe some hormone cream to insert into the vagina.
- Suggest a course of hormone replacement therapy. (Refer to page 298 before making a decision about taking HRT.)

What you can do

- Concentrate on eating a diet rich in naturally occurring, phytoestrogens as these have been shown to bring about the same changes in the lining of the vagina as HRT.
- Follow the recommendations for The Very Nutritious Diet, on page 437, unless you are approaching or going through the menopause, in which case you need to refer to the WNAS Programmes on page 477.
- Use a vaginal lubricant in the short-term like Replens or KY Jelly before attempting to make love.
- As well as vitamins and minerals, it is advisable to take the herbal supplement Novogen red clover. This provides 40mg of isoflavones which can be taken in conjunction with a phytoestrogen rich diet to help balance hormone levels.
- Take a probiotic supplement like acidophillus which contains strains of

‘friendly’ bacteria. Probiotics are particularly useful if antibiotics have been administered.

- Take garlic in supplement form, as well as increasing your dietary intake for its natural anti-fungal properties.
- Do daily pelvic floor exercises.

Vaginal infections

- Apart from the falling levels of oestrogen at the time of the menopause, causing vaginal dryness, there are three main types of infection that cause vaginitis:
 - *Candida Albicans* – which causes thrush (see page 124)
 - *Trichomonas* – a sexually transmitted infection
 - *Bacterial vaginosis* – which may co-exist with other vaginal and sexually transmitted infections.

TRICHOMONAS VAGINALIS

This is the name of the organism causing this common infection. It is estimated that there are 180 million new cases per year worldwide. In men infection is often without symptoms, however in women, common symptoms include:

- vaginal discharge – which may be yellowish-green and frothy.
- an unpleasant odour.
- swelling and redness of the vaginal walls.
- inflammation of the cervix may also be seen on internal examination which may cause spotting or bleeding between periods. Some women may carry the infection with relatively few symptoms, or it may be associated with other sexually transmitted diseases.

What your doctor can do

- There is good response to a single oral dose of metronidazole – 2 g. Do not drink alcohol whilst taking this medicine.
- Check for other infections.
- Screen your partner.

What you can do

- Ensure your partner either uses a condom, or has been cleared as a carrier of *Trichomonas vaginalis*.
- If your infection is slow to clear, supplements of zinc, 30 mg daily, and a multi-vitamin preparation, may be helpful.

BACTERIAL VAGINOSIS

This was also known as Gardnerella, and is due to an infection with a variety of co-existing organisms. In this condition there is no inflammation of the vagina, hence irritation is normally absent. There is usually a whitish discharge which may have a distinctive fishy smell, due to the presence of ammonia. The odour may be more noticeable after sexual intercourse, because of the chemical effect of semen. Again, many women may have this condition without knowing as there are few symptoms. Recent research has shown that this condition is associated with an increase risk of:

- Having a premature baby.
- Having low birthweight babies.
- Infections during pregnancy, after delivery, following a hysterectomy and after an abortion.

Some women will need to be screened before conceiving, during pregnancy and before planned gynaecological operations. Male partners may be carriers for similar bacteria, but transmission has not been proved.

What your doctor can do

- Prescribe antibiotic treatment, with either metronidazole or clindamycin. Both can now be given as vaginal preparations as well as tablets.
- Screen both you and your partner for sexually transmissible disease.

What you can do

Some women may be predisposed to this type of infection and may be helped by:

- Eating well. Follow the recommendations for The Very Nutritious Diet on page 437.
- Applications of plain live yoghurt into the vagina daily for two or three weeks.
- Take a probiotic supplement like acidophillus which contains strains of 'friendly' bacteria. Probiotics are particularly useful if antibiotics have been administered.
- Reduce your sugar intake by avoiding shop bought cakes and biscuits, sweets and desserts. Sugar contains no nutrients and encourages the overgrowth of bacteria and can exacerbates fungal infection.
- Avoiding alcohol and cigarettes completely.
- Taking supplements of multi-vitamins and zinc.

ALLERGIC VAGINITIS

Believe it or not allergy is a possible cause of vaginal irritation. This should only be considered after infection has been excluded.

Curiously, one of the first reports of this came from a study of migraine in over 90 children. Not only did the headaches often improve following the exclusion of certain foods but ten of the eleven girls in the study who were observed to have a vaginal discharge also noticed that this complaint resolved. Sensitivity to wheat, dairy products and yeast-rich foods, both baker's and brewer's, seem particularly likely. It may therefore be useful to try an exclusion diet (see page 460).

Finally, it is possible to be allergic to your man! A report from America (where else) revealed that some men's semen may have high levels of antibodies which react with the woman's vaginal proteins. Improvement will occur if the woman takes an antihistamine or if her partner uses a condom.

One of the women in this study noticed her vaginitis was worse after her husband drank beer, and allergy to brewer's yeast is not impossible. It may be possible to test for this using a modified skin prick test technique.

Mary's story

Mary had known for years that she had a number of food allergies. Mouth tingling and swelling occurred when she consumed a variety of foods, especially certain fruits and thus she was easily aware of the connection. Curiously one of her sensitivities was to avocado, an unusual but known sensitivity.

Her complaint was – however – of vaginal irritation which she had noticed was worse after intercourse. She had been carefully checked for vaginal infection and this was not the problem. Furthermore, her husband always used a condom and so it seemed unlikely her irritation could be related to his semen.

There is in fact a botanical similarity between rubber and avocado plants, which she was aware of. It was suggested that she might be sensitive to rubber and that she changed to using hypo-allergenic condoms which are now widely available. This appeared to improve the problem greatly. Unfortunately her wish to be desensitised to food, especially fruit allergies, could not be fulfilled and it is likely that these will persist for some time.

VAGINISMUS

A minority of women experience this unpleasant condition, which involves spasm of the muscles at the entrance to the vagina. This makes

intercourse or even the insertion of a tampon difficult, painful or impossible. In severe cases routine gynaecological examination may even require an anaesthetic.

What causes it?

- Anxiety about intercourse or the possibility of becoming pregnant.
- Following episiotomy – an incision made during labour to widen the birth canal.
- Psychological trauma following rape.
- In association with irritable bowel syndrome.

What your doctor can do

- Discuss the problem and potential trigger factors with you.
- Perform a physical examination.
- Refer you for some counselling.
- Suggest the use of graded dilators which you can gently introduce into the vagina on a daily basis.

What you can do

- Discuss the problem with your partner to generate more understanding.
- Understanding the workings of the sexual organs and how the problem occurs is very important.
- Prolonged foreplay may help to relax the muscles.
- Treat any irritable bowel syndrome (see page 270). Resolving associated constipation is particularly important.
- Take daily supplements of magnesium, between 300–400 mg per day.
- Do pelvic floor exercises at regular intervals throughout the day.
- Make sure you take time out each day, 15–20 minutes at least, to relax properly. Refer to page 29 for some useful tips.

Complementary therapies

Vaginal problems need to be addressed by conventional means initially, and any underlying infection cleared. The strength of complementary therapies is that they are good at helping to boost the immune system, which then makes your resistance to a recurrence that much better.

Massage is particularly relaxing, you could even administer some self-massage to tight muscles with some almond oil, if you suffer with vaginismus. Acupuncture, herbal therapy and homeopathy may or may not be helpful, but they are certainly worth a try if all else fails.

Joanne's story

Joanne was a 54-year-old mother of four who approached the WNAS for help with her menopause problems. She had also experienced vaginal and pubic itching following treatment for erosion of the cervix 29 years previously which still persisted.

'I had an abnormal smear 29 years ago which needed attention. When I went to the hospital for a cauterisation I turned out to be pregnant. I noticed during the pregnancy that I had continuous itching around the pubic area and vagina and assumed that I had picked up some infection in the hospital. My doctor took swabs but could not find any abnormal organism and when the problem continued after the pregnancy it was felt to be hormonal. The doctor suggested it was worse before my period due to a rise in temperature.

Five years ago I saw a dermatologist who suggested it might be a form of eczema although I have never suffered with eczema before. I have had normal smears since that one abnormal episode 29 years ago, so I knew it was nothing sinister.

I read about the work of the WNAS, plus I was recommended to seek their advice about my menopausal problems, as I was experiencing hot flushes, night sweats, palpitations and was generally feeling exhausted. I went along to the clinic and had a very thorough consultation. I left with a detailed plan for a modified diet, exercise and a specific nutritional supplement regime. I did not imagine that the vaginal and pubic symptoms would be influenced by the programme I was given but I am pleased to say that everything has cleared up. I occasionally get a mild version of flushes when I am not practising my relaxation regularly but I feel a million times better, and I'm delighted to say that after 29 years the pubic itching and vaginal discomfort is hopefully a thing of the past.'

See also: Standard references.

Varicose Veins

If you read the section on haemorrhoids (see page 220), which are the equivalent of varicose veins but in the tail end, you will recall that veins contain valves, which shut off to prevent the backflow of blood. When these valves malfunction, a pool of blood collects, weakening the walls of the vessel, which eventually balloon out and appear swollen. The veins at the back of the legs and thighs are more often affected, giving an appearance of a shrivelled bunch of black grapes, and this often runs in families.

Varicose veins can also occur in the vulva during pregnancy which is usually due to the increased weight of the uterus, the size of the baby and the fact that blood vessels relax because of the pregnancy hormone relaxin.

Sometimes the blood in the veins may clot, especially if there is a superficial injury or skin infections which may be associated with the oral contraceptive pill, and with smoking. This leads to further damage to the valves and worsening of the varicose veins.

What are the symptoms?

- aching in the legs, which is worse at the end of the day.
- swelling of the ankles.
- episodes of thrombosis (blood clotting) with further pain and swelling.
- eczema of the overlying skin (called varicose eczema).
- ulceration of the skin, if the varicose veins are severe and long-standing.

Treatment should focus on increasing circulation and strengthening connective tissue.

What your doctor can do

- Recommend support stockings, which are not very sexy, but are effective.
- Inject fluid to shrink the worst of the varicose veins, which takes several weeks to effect.
- Operate to tie off and remove the worst of the veins. Heavy support bandages are worn after the operation and support stockings may be needed subsequently until healing is complete.
- Treat any varicose ulcer, which includes leg elevation to reduce any swelling, a non-stick antiseptic dressing, compression bandage, antibiotics if infected, and possibly low-dose aspirin.

What you can do

- Lose weight if you need to.
- Follow a low-salt diet if ankle swelling is a particular problem (see page 449).
- Take supplements of vitamin C, 1 g twice daily, with bioflavonoids, as these may help to strengthen the vessel walls.
- If you have a varicose ulcer, take supplements of multi-vitamins and zinc, 30 mg per day, which may aid ulcer healing.
- Take a herbal supplement of horse chestnut. Horse chestnut is the second most popular herb prescribed in Germany, greatly outselling

herb extracts such as echinacea and St. John's Wort. Horse chestnut reduces the number and diameter of small pores in the capillary membranes, thus reducing the escape of fluid into the surrounding tissues. This improves blood flow in the veins, and reduces swelling of small veins in the legs.

- Butcher's broom is another herb used to prevent and treat vascular disorders, especially varicose veins and haemorrhoids. It works by reducing vaso-constriction of the blood vessels (narrowing) in the legs.
- Rutin, a bioflavonoid has been popularised for its ability to strengthen capillary walls in the legs. Buckwheat, part of the rhubarb family is a particularly good source of rutin.
- Avoid standing for long periods of time.
- Exercise, in particular, increases circulation and strengthens the action of the venous valves. It helps improve muscle function around the vein, which in turn helps tighten and support the blood vessels.
- Keep your legs elevated whenever possible so that the fluid can drain away from the varicose vein.
- Wear support stockings, don't just keep them in the drawer!

Complementary therapies

Acupuncture, homeopathy, herbal medicine and cranial osteopathy all have something to offer in their own way. Improving the flow of fluid around the body will help to unlock the areas of stagnation. Additionally acupuncture may also be able to help strengthen the walls of the vessels.

See also: Standard references.

