

Recurrent YEAST or BV Overgrowth

Thank you for asking about recurrent vaginal infections. This is a fairly common (albeit annoying and frustrating) problem, especially among people on antibiotics, diabetics, pessary wearers, and AIDS patients. There are a lot of simple things that can be done to reduce the frequency of episodes. First, it is important to have an exam to verify that the symptoms of itching, burning, discharge, pain, odor, etc. are not due to a bladder infection, a sexually transmitted disease, an allergic reaction, or vaginal "atrophy" (thinning and drying of the tissue due to lack of estrogen in PMS, breastfeeding or menopause).

Yeast and Bacteria are both **normal** parts of the vaginal environment. They are **supposed** to be there in very small amounts, usually causing no symptoms. When there is an imbalance in the normal ratio of good bacteria (*Lactobacillus Acidophilus*) to yeast or BV, then symptoms can occur. Easy ways to keep a healthy, acidic environment in the vagina, and therefore help the good bacteria to flourish, are:

- Do NOT douche
- Eat live culture yogurts daily
- Limit processed sugar and alcohol intake
- Limit antibiotic use as much as possible
- Take pro-biotics such as Primal Defense or other acidophilus containing products
- Use Boric Acid vaginal suppositories (600 mg 1 – 2 times /day to treat, or after your period or after sex for prevention keeping a good acid environment)
- Yeast Arrest (*Boric Acid, Calendula, Berberi*) vaginal suppositories treat BOTH.
- Homeopathy, Acupuncture, and other Energy Medicine modalities restore balance
- Herbal products such as garlic tampons, or *Gentian Violet* can help.
- Estrogen creams, ring, or tablets in the vagina to keep the walls healthy.

Over-The-Counter Yeast treatments are:

- The 1, 3, 5 and 7 day courses of Monistat or Gyne-Lotrimin

Prescription treatments for Yeast include:

- Terazole and Gynezole Creams
- Diflucan (and other oral anti yeast) tablets

Prescription treatments for BV:

Flagyl antibiotic, Topical or Oral

Cleocin antibiotic, Ovules, Cream or Oral

Vandazole antibiotic, topical gel.

Occasionally a prolonged course of topical or oral therapy is needed to eradicate the offending organism. I hope this handout helps you with understanding and treating your condition. If you have any questions or problems, please call me at 603-516-0000 or email me at drterri@bestgyn.com.

I am always at your service, ~ Dr. Terri Vanderlinde