Bacterial Vaginosis

Bacterial Vaginosis (BV) has been associated with a two or three times increased rate of preterm labor and delivery, urinary tract infections (UTIs), premature rupture of the membranes (PROM) and endometritis. (10) Because about 50% of women show no symptoms, universal screening for BV was proposed over a decade ago. (Screening and treatment is a current World Health Organization recommendation.) Screening is simple and there are several effective prescription treatments. But BV has a tendency to recur and is sometimes resistant to chemical treatment.

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However, women may be able to discourage BV with some simple home methods. Numerous studies have shown that when natural vaginal Lactobacilli levels drop, BV invades.

Lactobacilli inhibit the growth of Mobiluncus, Gardenerella vaginalis, Bacteroides and anaerobic cocci even in a Petri dish. Colonizing (or recolonizing) with Lactobacilli is key to vaginal health. According to Skarin and Sylvan, “The paucity of vaginal Lactobacilli is pivotal in allowing overgrowth of many other organisms of the vagina.” Lactobacilli grow best in an acidic environment. A healthy vagina is acidic and naturally resists infection by “bad” bacteria—including strep.

In fact, pH alone—the acid/alkaline level measured by nitrazine or litmus paper—is a marker for prematurity risk. Retrospective and prospective studies show that high vaginal pH (a low acid, or alkaline, state) is predictive of preterm labor and preterm rupture of membranes. Viehweg, et al. state: “Measurements of the vaginal pH value are able to verify an alkalinization of the vagina caused by atypical vaginal flora... In contrast to normal pregnancies there is a relation between a pathological pH value > 4.5 and consequent preterm birth in pregnancies with preterm labor.”

In the Multicenter Bacterial Vaginosis (BV) Trial—a prospective study—21,554 women were screened for vaginal pH and outcome. Women with a vaginal pH of 5.0 or greater had a significantly increased risk of preterm birth and/or low birth weight.

Several alkaline organisms other than Gardnerella (BV) are implicated in PROM. Women with high levels of these alkaline-producing bacteria had over 300% increases in rate of PROM. In an article on pPROM, Ernest, et al. note: “Numerous infectious organisms that change the normal vaginal milieu have been associated with preterm PROM. Because these organisms alter vaginal pH, the use of pH was evaluated as a potential marker for women at increased risk for preterm PROM... Those with a mean vaginal pH above 4.5 had a three-fold increased risk of preterm PROM as compared with those with a mean pH of 4.5 or lower.”

Testing pH level is simple, fast, inexpensive and non-intrusive. Women can do it themselves by touching a strip of nitrazine paper to their vaginal walls. Nitrazine or litmus paper is available at most drug stores. The urine test strips used by most midwives also assess pH.
Cultivating Good Bacteria

How can a woman GET an acidic vagina? The old time vinegar douche is an acidic wash and effective treatment for BV and yeast. Vinegar’s mild cleansing action is stronger against undesirable bacteria than against Lactobacilli, and it has a short residual effect, which helps encourage rapid regrowth of Lactobacilli. (In pregnancy, a woman should seek her caregiver’s advice and use only a low-pressure, low-level douche.)

An infusion of two tablespoons of hydrogen peroxide kills BV and helps Lactobacilli colonize. But recent research shows that Lactobacilli themselves are the source of most of the acid produced in a healthy vagina! They create their own optimum growth pH. “Lactobacilli bacteria, not epithelial cells, are the primary source of lactic acid in the vagina,” according to an article in Human Reproduction. (16)

So…a woman can get an acidic vagina by GROWING the Lactobacilli. How? By planting them—just like any good gardener!

Researchers are working on a twopronged approach to using Lactobacilli as a natural antibiotic. Some are trying to analyze, isolate and replicate the effective ingredient, while others are working on methods to establish optimum vaginal growth. Pharmaceutical companies want to create a Lactobacilli super pill, but I think we women should do our own home gardening!

Yogurt—Vaginal Application

Many methods have been advised for colonizing the vagina directly. Wearing a tampon soaked
in yogurt is an old folk remedy used for yeast infections (it works!). The yogurt can be used like a cream gently squeezed in with a bulb syringe.

Many strains of Lactobacilli exist. You can purchase acidophilus compounds and special “probiotics” at some pharmacies and most health food stores. But good yogurt contains live cultures, is readily available, inexpensive and proven to be effective. In the Tasdemir study, pregnant women with bacterial vaginosis were treated with commercial yogurt. The yogurt was administered daily with a 10 ml syringe for seven days and then was repeated after a one-week interval. All the women showed clinical improvement on the third day of treatment. A month after the second treatment, 90% of the women had no signs or symptoms of bacterial vaginosis. The researchers concluded: “Commercially available yogurt may restore the microenvironment and pH of the vagina,” cure BV and “prevent prematurity.”

In another study, from Japan, women with BV were treated with intravaginal application of 5 ml of commercial yogurt. In the initial cultures, 29 strains of bacteria were detected. The women were evaluated and recultured three days later. There was significant decrease in discharge and vaginal redness, and the vaginal pH was lowered significantly (acidified). All 14 strains of Gram-negative bacteria disappeared! The researchers concluded that “the Lactobacilli therapy was effective in both clinical and bacteriological responses.” In other words, improvement occurred in both the SYMPTOMS and the cultures.

**Yogurt—Oral Introduction**

But yogurt doesn’t need to be planted directly into the vagina, in order to grow there. Several studies have shown that simply EATING it will result in increased vaginal Lactobacilli! The Lactobacilli colonize the intestinal tract and migrate to the vagina and urinary tract system. (Urinary tract infection is also risk factors for preterm labor and newborn infections.) Researchers say: “The installation of Lactobacillus GR-1 and B-54 or RC-14 strains into the vagina has been shown to reduce the risk of urinary tract infection and improve the maintenance of normal flora. Ingestion of these strains in to the gut has also been shown to modify the vaginal flora to a more healthy state. In addition, these strains inhibit the growth of intestinal, as well as urogenital, pathogens, colonize the gut and protect against infections.”

In one study, ten women with a history of BV, yeast and urinary infections, drank a Lactobacilli
solution in milk twice daily. The Lactobacilli were molecularly typed for identity. One week later, the researchers were able to culture the tagged Lactobacilli from the vaginas of every participant. (And six of the cases of BV were resolved within the week.) This is one of several studies that have been proven that the oral route can seed the vagina. (20)

Of course, the quality of the yogurt is crucial. If it doesn’t contain live cultures, it’s useless! Make sure it’s really yogurt and not simply a form of milk pudding!

These once-alternative ideas have become mainstream. The American Journal of Obstetrics and Gynecology published an article in March 2003 stating, “Certain Lactobacilli strains can safely colonize the vagina after oral and vaginal administration, displace and kill pathogens including Gardnerella vaginalis and Escherichia coli and modulate the immune system response to interfere with the inflammatory cascade that leads to Pre-term Birth.” (21)

In sum, cultivating a healthy vaginal “floriculture” can reduce the incidence of preterm birth and lower the rate of bladder infection and UTIs. (22) A healthy colony of Lactobacilli guards the mother and baby against yeast and E. coli infections. (23)

It also may offer protection against Group B Strep. Adding live-culture yogurt to the diet—or treating with “probiotics”—is an effective natural method to treat sub-clinical vaginal infections. It can also treat intestinal infections, which may trigger preterm birth. I agree with the conclusion of these researchers: “The lack of systemic side effects makes it a drug of choice in the treatment of pregnant women.”

No magic pill exists to assure a timely birth—a baby is born at its healthiest point in gestation, neither too soon nor too late. Born ready to breathe, eager to nurse, primed to learn and love. Good health, good nutrition, good living habits and the avoidance of stress go far to ensure the baby will thrive until his birth date. As we learn more about normal pregnancy, we gain new tools to help both mother and baby achieve optimum health. This new research may help tip the balance in favor of better health—and a timely birth.

Excerpted from “A Timely Birth,” by Gail Hart, Midwifery Today Issue 72
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A Timely Birth: Part 3

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