



Multi-Gyn®

MULTI-GYN CASE STUDIES

EXPERT EVIDENCE FOR THE EFFICACY OF MULTI-GYN

INTIMATE CARE

BACTERIAL VAGINOSIS

CANDIDA

ANTIBIOTICS

PREGNANCY

EPISIOTOMY

VULVITIS & VAGINITIS

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1. MULTI-GYN FOR THE RESTORATION OF A NORMAL VAGINAL FLORA

1.1 MULTI-GYN ACTIGEL FOR THE RESTORATION OF A NORMAL VAGINAL FLORA

PREVIOUS MEDICAL HISTORY

The patient was a 23-year-old woman who had not previously given birth. Nine months previously, she had suffered a bout of adnexitis, which had responded well following several weeks of antibiotic treatment.

SYMPTOMS

On this occasion, the patient presented with itching and a burning sensation in the pubic area, foul odour, discharge and intermittent pelvic pains which she had had for several months.

FINDINGS AND DIAGNOSIS

On close questioning, the patient indicated that she followed a very intensive body care routine. This included vaginal douching twice a day, just with water, and shaving of her pubic area. The gynaecological examination revealed a shaved vulva, the clitoris and labia minora were red, no increased vaginal discharge was detectable and the cervix was normal. Palpation yielded largely normal findings, the uterus was only slightly tender and no pain was elicited by lifting or moving of the cervix. No lactobacilli, [a few unremarkable] vaginal epithelial cells, isolated cocci and no fungi were observed under the microscope. The diagnosis was a vaginal flora imbalance caused by excessive and inappropriate intimate hygiene.

TREATMENT AND OUTCOME

The patient received detailed counselling on the importance of the normal vaginal flora and was advised to modify her previous body care routine in the pubic area. In addition, Multi-Gyn ActiGel was recommended for one week to support the vaginal flora. At the follow-up examination after one week, the patient was completely symptom-free. She also reported that, for the first time in months, she felt completely normal in the genital area.

CONCLUSION

The use of Multi-Gyn ActiGel leads to the restoration of the normal vaginal flora.

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1.2 MULTI-GYN ACTIGEL FOR THE RESTORATION OF A NORMAL VAGINAL FLORA AND FOR THE PREVENTION OF VAGINITIS

PREVIOUS MEDICAL HISTORY

The patient was a 30-year-old woman who had suffered for years from repeated bouts of excessive vaginal discharge. Since she had had a new partner, the vaginal discharge had also developed an unpleasant odour. She was using commercially available shower gels for intimate hygiene.

SYMPTOMS

The patient presented with excessive, foul-smelling vaginal discharge.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed an extremely inflamed vagina with yellowish, foamy and foul-smelling vaginal discharge. Bacterial vaginosis was diagnosed.

TREATMENT AND OUTCOME

The patient was treated with Clont, and the use of Multi-Gyn ActiGel twice daily was recommended for follow-up treatment. During treatment, the existing vaginitis cleared up and the restoration of the normal vaginal flora resulted in the avoidance of further episodes of vaginitis over a prolonged period of time.

CONCLUSION

Multi-Gyn ActiGel is suitable for restoring the normal vaginal flora and thus shows prophylactic efficacy in preventing the recurrence of vaginitis.

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1.3 TREATMENT OF INCREASED VAGINAL DISCHARGE AND RESTORATION OF A NORMAL VAGINAL FLORA WITH MULTI-GYN ACTIGEL

PREVIOUS MEDICAL HISTORY

The patient was a 27-year-old woman with oligomenorrhoea who wished to conceive.

SYMPTOMS

The patient presented with increased vaginal discharge.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed abundant yellowish vaginal discharge with a normal odour. A large number of bacteria, reduced numbers of lactobacilli and no evidence of candidal infection were observed under the microscope.

TREATMENT AND OUTCOME

The patient was advised to use Multi-Gyn ActiGel. At the follow-up examination after one week, the patient was symptom-free. An improvement in the findings was observed under the microscope. Increased numbers of lactobacilli were now present. Because of this improvement in the vaginal flora, the patient was advised to continue using Multi-Gyn prophylactically once or twice a week.

CONCLUSION

Multi-Gyn ActiGel is effective in the treatment of increased discharge and helps to restore the normal vaginal flora.

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1.4 STABILIZATION OF THE VAGINAL FLORA WITH MULTI-GYN ACTIGEL IN PREMATURE LABOUR

PREVIOUS MEDICAL HISTORY

The patient was a 30-year-old pregnant woman. It was her first pregnancy. The patient was known to suffer from myotonic dystrophy (Curschmann-Steinert disease). The pregnancy occurred under clomifene stimulation. In the 5th/6th week of pregnancy, the patient experienced spotting.

FINDINGS AND DIAGNOSIS

The ultrasound examination in the 22nd week of pregnancy revealed cervical insufficiency with a cervical length of 13 mm accompanied by funnelling. The bacteriological smear revealed moderate amounts of *Candida albicans*. The CRP value was within the normal range.

TREATMENT AND OUTCOME

The patient was admitted to hospital. Therapeutic cerclage was performed in the 22nd week of pregnancy. In addition, Fluomycin and Vagiflor were administered for six days. After four days, the cerclage slipped out of place. From then on, the patient was treated as with premature rupture of membranes. She was placed on strict bed rest and treatment was given to promote lung maturation. The patient also received maximum tocolytic therapy and antibiotic treatment with cefuroxime. Multi-Gyn ActiGel was also applied topically to stabilise the vaginal flora. Under this therapy, the situation stabilised. During treatment with Multi-Gyn ActiGel and antibiotic therapy, an increase in the CRP value occurred on two occasions. At 34+1 weeks of pregnancy, the tocolytic therapy was discontinued. A few days later, the patient started to have contractions and gave birth spontaneously to a baby girl.

CONCLUSION

Multi-Gyn ActiGel helps to stabilise the vaginal flora in premature labour.

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2. MULTI-GYN IN BACTERIAL VAGINOSIS

2.1 RELIEF OF THE SYMPTOMS OF BACTERIAL VAGINOSIS WITH MULTI-GYN ACTIGEL

PREVIOUS MEDICAL HISTORY

The patient was a 50-year-old woman who was one year into post-menopause. In the two years before menopause, she had received hormone replacement therapy. After this, she was prescribed Liviella.

SYMPTOMS

She presented with a range of symptoms. She said she was suffering from itching, burning and dryness in the genital area. Hot flushes were also interfering with her general well-being and she complained of loss of libido. She was also having relationship problems and suffering from stress.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed eczema in the area of the vulva, vaginal atrophy and dysbiosis, including bacterial vaginosis. White blood cells, bacteria and reduced numbers of lactobacilli were observed under the microscope.

TREATMENT AND OUTCOME

The patient was advised to use Linoladiol ointment for the eczema and also to use Multi-Gyn FemiWash and Multi-Gyn ActiGel. At the follow-up examination after eight weeks, the eczema was regressing. The itching and burning had improved considerably. But the itching and burning still came back occasionally after sexual intercourse and before menstruation. Because of the considerable improvement in the symptoms, the patient wanted to continue using Multi-Gyn ActiGel. The patient's life circumstances were very difficult generally and the bacterial vaginosis probably also needed to be viewed in this context.

CONCLUSION

The use of Multi-Gyn ActiGel in combination with Multi-Gyn FemiWash leads to a significant improvement in the symptoms of bacterial vaginosis.

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2.2 PROMOTION OF HEALING WITH MULTI-GYN ACTIGEL IN CASES OF RECURRENT BACTERIAL VAGINOSIS

PREVIOUS MEDICAL HISTORY

The patient was a 17-year-old woman with no previous pregnancies. She had been taking oral contraceptives for a year for her acne. She had started engaging in sexual intercourse 9 months previously. The patient was using commercially available shower gels for intimate cleansing and a hypoallergenic shaving foam for shaving in the genital area. Some of the underwear she used was made of synthetic material and she also wore panty liners. She had often suffered from episodes of bacterial vaginosis in the past, and these had been treated with antibiotics. She had regularly developed candidal vaginitis after this treatment.

SYMPTOMS

This time again, the patient presented with itching and burning.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed a red and dry vulva, with increased amounts of yellowish discharge in the vagina. The vaginal pH was 5.4 and significantly increased numbers of cocci were observed under the microscope. A recurrent episode of bacterial vaginosis was diagnosed.

TREATMENT AND OUTCOME

Multi-Gyn ActiGel was used twice daily, and a lipid cream for the perineal area was prescribed for 7-10 days. The patient was immunised against human papillomavirus. After an initial burning sensation, the redness regressed under this therapy. The vulval dryness decreased. The vagina and labia were normal-looking at the follow-up examination and the patient was symptom-free.

CONCLUSION

The use of Multi-Gyn ActiGel results in relief and promotion of healing in bacterial vaginosis with vulvitis without topical antibiotic treatment being given.

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2.3 TREATMENT OF BACTERIAL VAGINOSIS WITH MULTI-GYN ACTIGEL

PREVIOUS MEDICAL HISTORY

The patient was a 27-year-old woman who was taking hormonal contraceptives and had a normal cytological smear (PAP IIw).

SYMPTOMS

The patient visited her gynaecologist because of unpleasant-smelling vaginal discharge. There were no other symptoms.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed bacterial vaginosis. Bacteria, white blood cells, clue cells and reduced numbers of lactobacilli were detectable under the microscope. The cytological smear result was again PAP IIw.

TREATMENT AND OUTCOME

The patient was advised to use Multi-Gyn ActiGel. At the follow-up examination after four weeks, the patient was completely symptom-free and the unpleasant odour had disappeared. No bacteria or clue cells were detectable under the microscope.

CONCLUSION

Multi-Gyn ActiGel is used successfully in the treatment of bacterial vaginosis.

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3. MULTI-GYN IN VAGINITIS AND VULVITIS

3.1 TREATMENT OF VAGINITIS WITH MULTI-GYN ACTIGEL AND MULTI-GYN FEMIWASH

PREVIOUS MEDICAL HISTORY

The patient was a 33-year-old woman who had not previously given birth. She had breast cancer for which she had been receiving treatment with chemotherapy and Zoladex for some weeks. Under this therapy, the patient had developed recurrent vulvovaginal infections. In each case, the vaginitis was of mixed origin.

SYMPTOMS

The patient presented with increased discharge, pruritus and dyspareunia.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed a moderately oestrogenised and reddened vagina with a yellow-whitish discharge. Vaginitis of mixed origin was diagnosed again.

TREATMENT AND OUTCOME

Multi-Gyn FemiWash was prescribed as an adjunct to the chemotherapy. Multi-Gyn ActiGel was also prescribed for seven days and then as required. Under this therapy, there was a considerable improvement in the symptoms.

CONCLUSION

Intimate hygiene with Multi-Gyn FemiWash and intravaginal use of Multi-Gyn ActiGel are well suited to the treatment of vaginitis of mixed origin as an adjunct to therapy with cytostatics and in endocrine system down-regulation.

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3.2 TREATMENT OF BACTERIAL VAGINITIS WITH MULTI-GYN ACTIGEL AND MULTI-GYN FEMIWASH

PREVIOUS MEDICAL HISTORY

The patient was a 23-year-old woman who had undergone a termination of pregnancy.

SYMPTOMS

The patient presented with a mild burning sensation. She also said that she often had a foul-smelling vaginal discharge.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed bacterial vaginitis. Red and white blood cells, abundant bacteria and reduced numbers of lactobacilli were observed under the microscope.

TREATMENT AND OUTCOME

The patient was advised to use Multi-Gyn ActiGel and Multi-Gyn FemiWash. When she came back after four weeks, the patient reported that she had not experienced any more burning since she started the treatment and that the bad odour had gone. The vaginal discharge was normal.

CONCLUSION

Using Multi-Gyn ActiGel caused the patient's bacterial vaginitis-induced symptoms to regress.

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3.3 USE OF MULTI-GYN ACTIGEL FOR THE TREATMENT OF VULVITIS DURING PREGNANCY

PREVIOUS MEDICAL HISTORY

The patient was a 32-year-old woman in the 31st week of pregnancy. She had already had two preterm births, one in the 33rd and one in the 35th week of pregnancy. On the advice of her gynaecologist, she had used vitamin C vaginally for several months as a topical preventive measure.

SYMPTOMS

The patient had been complaining for four weeks of increasing redness in the pubic area accompanied by severe pain and burning. There was no evidence of excessive intimate hygiene. Two weeks previously, fluconazole had been applied in parallel for a period of five days, followed by administration of Lactobacillus suppositories for six days, without any improvement in the findings.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed an extremely red vulva. The patient cried during the examination. The vaginal smear taken using a plastic swab revealed a Lactobacillus flora, and the vaginal pH was within the normal range. [The patient was not convinced that she would be able to use vaginal therapeutic agents again].

TREATMENT AND OUTCOME

Multi-Gyn ActiGel was recommended nevertheless, and the gel produced relief which the patient felt as soon as it was applied during the gynaecological examination. At the follow-up examination after two days, she was completely symptom-free.

CONCLUSION

Using Multi-Gyn ActiGel resulted in the vulvitis being cured.

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3.4 TREATMENT OF VAGINAL CANDIDIASIS WITH MULTI-GYN FEMIWASH AND MULTI-GYN ACTIGEL DURING PREGNANCY

PREVIOUS MEDICAL HISTORY

The patient was a 25-year-old woman in the seventh week of pregnancy. It was the patient's first pregnancy.

SYMPTOMS

She presented with excessive discharge and pruritus.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed internal genital redness with vaginal discharge. The vaginal pH was high. This was a case of recurrent vaginal candidiasis.

TREATMENT AND OUTCOME

Multi-Gyn FemiWash was prescribed on a long-term basis for daily intimate hygiene together with a seven-day prescription for Multi-Gyn ActiGel. Under this therapy, the pH returned to normal. The patient felt well and was pleased not to have to use antifungal agents during pregnancy.

CONCLUSION

It is clear that treatment with Multi-Gyn FemiWash and Multi-Gyn ActiGel leads to an improvement in the symptoms of vulvovaginitis during pregnancy.

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4. MULTI-GYN DURING ANTIBIOTIC THERAPY

4.1 PREVENTION OF RECURRENT GENITAL FUNGAL INFECTIONS WITH MULTI-GYN ACTIGEL AND MULTI-GYN FEMIWASH DURING ANTIBIOTIC THERAPY

PREVIOUS MEDICAL HISTORY

The patient was a 24-year-old woman with recurrent fungal infections. These fungal infections had been treated repeatedly with clotrimazole. The young woman was also known to have regularly developed a genital fungal infection after taking antibiotic therapy. The patient was using baby soap for intimate hygiene.

SYMPTOMS

The patient presented with pruritus in the area around the vulva and at the entrance to the vagina.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed plaque-like deposits on the extremely red skin of the vagina.

TREATMENT AND OUTCOME

Treatment with clotrimazole was recommended to the patient initially. This was followed by use of Multi-Gyn ActiGel and Multi-Gyn FemiWash. Occasional vaginal douches using Multi-Gyn Vaginal Douche and the accompanying effervescent tablets were recommended. Under this treatment, the patient remained symptom-free, even after antibiotic therapy.

CONCLUSION

Using Multi-Gyn ActiGel and Multi-Gyn FemiWash enables genital fungal infections to be prevented effectively, even during antibiotic therapy.

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4.2 PREVENTION OF A VAGINAL FUNGAL INFECTION WITH MULTI-GYN ACTIGEL DURING ANTIBIOTIC THERAPY

PREVIOUS MEDICAL HISTORY

The patient was a 60-year-old woman who had, in the past, always developed candidal fungal infections shortly after taking antibiotics, causing the usual unpleasant symptoms such as itching, burning and discharge. These infections had been treated routinely with clotrimazole, generally with good results.

SYMPTOMS

The patient presented with fever, pain in her side, tenderness in the area of the kidneys and dysuria.

FINDINGS AND DIAGNOSIS

After a thorough examination, bilateral pyelonephritis (inflammation of the renal pelvis) was diagnosed.

TREATMENT AND OUTCOME

The patient received antibiotic therapy (ciprofloxacin). She wanted to try to avoid the extremely unpleasant vaginal symptoms she knew would be caused by the antibiotic therapy. The use of Multi-Gyn ActiGel once daily was therefore recommended, alongside the antibiotic therapy, with a view to maintaining the normal vaginal flora and preventing a recurrence of the candidiasis. When the patient returned 14 days after her first visit, the pyelonephritis had resolved in response to the antibiotic therapy without the development of a fungal infection. The patient's vaginal status was normal, and the pH was within the normal range.

CONCLUSION

The use of Multi-Gyn ActiGel alongside essential antibiotic therapy can maintain the normal vaginal flora and prevent the development of a vaginal fungal infection.

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4.3 PREVENTION OF A GENITAL FUNGAL INFECTION WITH MULTI-GYN ACTIGEL DURING ANTIBIOTIC THERAPY

PREVIOUS MEDICAL HISTORY

The patient was a 26-year-old woman who had, in the past, always developed candidal fungal infections shortly after taking antibiotics, causing the usual unpleasant symptoms such as itching, burning and discharge. These infections had been treated routinely with clotrimazole, generally with good results.

SYMPTOMS

The patient presented with a fever, difficulty swallowing, a sore throat, limb pain and headaches.

FINDINGS AND DIAGNOSIS

The patient's throat and the roof of her mouth were red and swollen. After a thorough examination, including laboratory tests, pharyngitis caused by haemolytic streptococci was diagnosed.

TREATMENT AND OUTCOME

The patient underwent antibiotic therapy. She wanted to try to avoid the side effects of the antibiotic therapy. The use of Multi-Gyn ActiGel once daily was therefore recommended, alongside the antibiotic therapy, with a view to maintaining the normal vaginal flora and preventing candidiasis. When the patient returned 2, 10 and 31 days after her first visit, the pharyngitis had resolved in response to the antibiotic therapy without the development of a fungal infection. The patient's vaginal status was normal, and the pH was within the normal range.

CONCLUSION

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5. MULTI-GYN IN HIGH-RISK PREGNANCY

5.1 PREVENTION OF PREMATURE CONTRACTIONS THROUGH THE USE OF MULTI-GYN ACTIGEL

PREVIOUS MEDICAL HISTORY

The patient was a 37-year-old woman who was pregnant for the fourth time. She had arterial hypertension and an allergy to chrome and nickel. In 2001, a cone biopsy had been performed because of cervical dysplasia. The patient was not experiencing any problems with sexual relations.

SYMPTOMS

The patient stated that she was afraid of giving birth prematurely. She was also having relationship problems with her partner because of the high-risk pregnancy. The patient was suffering from pruritus.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed increased vaginal discharge and a shortened cervix. There was an unpleasant odour. The vaginal pH was 4.5. There was no infection.

TREATMENT AND OUTCOME

The patient was prescribed Multi-Gyn ActiGel once daily for the duration of the pregnancy. She was also advised to learn and practise relaxation techniques. Under these measures, the vaginal findings returned to normal and the pregnancy was carried to term without any premature contractions.

CONCLUSION

The patient was very pleased with how the pregnancy went and was able to contribute actively to preventing a premature birth by using the above therapy.

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5.2 MULTI-GYN ACTIGEL AS AN ADJUNCT TO TREATMENT IN PREMATURE LABOUR FOR THE STABILISATION OF THE VAGINAL FLORA

PREVIOUS MEDICAL HISTORY

The patient was a 37-year-old woman in her third pregnancy. She presented for the first time in the 14th week of pregnancy. She had previously given birth spontaneously to twins. The academic's first pregnancy had ended in a late miscarriage of twins in the 21st week of pregnancy as a result of premature labour associated with cervical insufficiency. The second pregnancy had ended in the 19th week of pregnancy as a result of vaginal bleeding und cervical insufficiency. In both cases, chorioamnionitis had been suspected on the basis of histopathological evidence. The thrombophilia work-up revealed no abnormalities, and no autoimmune disorders were present either. While talking to the gynaecologist, the patient mentioned that she checked her pubic area regularly for cleanliness because she suffered repeatedly from fungal infections. She wanted to avoid cerclage or total cervical occlusion at all costs, despite advice to the contrary. She seemed very anxious. The patient received detailed counselling on the importance of the normal vaginal flora. The patient found it impossible to see the vaginal discharge as something normal. She was advised specifically to avoid an excessive body care in the intimate area. She was also advised to monitor her own vaginal pH. She was told to use Multi-Gyn ActiGel if the pH rose above 4.4. She attended a follow-up appointment after 14 days. The patient reported that she had repeatedly measured pH values of up to 5.7. As a result, she had used Multi-Gyn ActiGel several times a day and had thus been able to reduce the pH to a value within the normal range.

SYMPTOMS

In the 19th week of pregnancy, the patient experienced intermittent vaginal bleeding. The patient refused to be admitted to hospital. She was advised to continue using Multi-Gyn ActiGel consistently.

FINDINGS AND DIAGNOSIS

In the 23rd week of pregnancy, the cervical length was 22 mm. The patient still refused to undergo cerclage placement. The patient was then admitted to hospital.

TREATMENT AND OUTCOME

Treatment with Celestan was given in the 24th week of pregnancy to promote lung maturation. The use of Multi-Gyn ActiGel three times daily was continued, as a result of which the pH remained within the normal range. In the 25th week of pregnancy, the patient started to have increased contractions, although these ceased under maximum tocolytic therapy. Although several attempts were made to discontinue this treatment, these failed when labour started immediately. At 34+0 weeks of pregnancy, tocolysis was discontinued after eleven weeks of in-patient therapy and consistent use of Multi-Gyn ActiGel, whereupon the patient immediately started having contractions. The next day, secondary Caesarean section was performed in the presence of obstructed labour in the first stage of labour and an abnormal cardiotocogram. The histopathological findings showed a normal twin placenta with no evidence of inflammatory infiltrates (despite an explicit request for this information when the investigations were ordered).

CONCLUSION

The use of Multi-Gyn ActiGel is an effective adjunct to treatment in premature labour associated with cervical insufficiency.

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6. MULTI-GYN FOR THE PREVENTION OF VAGINITIS ASSOCIATED WITH OESTROGEN DEFICIENCY

6.1 MULTI-GYN LIQUIGEL FOR THE PREVENTION OF VAGINITIS ASSOCIATED WITH OESTROGEN DEFICIENCY

PREVIOUS MEDICAL HISTORY

The patient was a 47-year-old woman who had given birth to two children. For two years, she had been using a progestagen-containing intrauterine device for contraception. One year previously, she had undergone a cone biopsy because of chronic vaginal discharge and postcoital bleeding. Cervicitis was diagnosed on the basis of the histology.

SYMPTOMS

The patient told her gynaecologist she had been experiencing breakthrough bleeding from the cervical scar.

FINDINGS AND DIAGNOSIS

Bacteriological culture of the discharge revealed colonisation with group B β -haemolytic streptococci. The vaginal pH was 5.0. The patient was diagnosed with dyspareunia and vaginitis associated with oestrogen deficiency.

TREATMENT AND OUTCOME

Topical oestrogen and metronidazole were prescribed. After the problem had cleared up, Multi-Gyn LiquiGel was prescribed twice daily and as a lubricant for use during sexual intercourse. Under this treatment, the patient remained symptom-free with no bleeding.

CONCLUSION

Using Multi-Gyn LiquiGel enables the patient to enjoy a sex life without fears of cancer and without infection problems.

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7. MULTI-GYN AFTER EPISIOTOMY

7.1 TREATMENT OF AN INFLAMED EPISIOTOMY SCAR WITH

PREVIOUS MEDICAL HISTORY

The patient was a 36-year-old woman who had not previously had any symptoms. Since giving birth to her first child, at which time an episiotomy had been performed, the woman had suffered pain and discomfort in the perineal area.

SYMPTOMS

The patient presented with burning in the genital area and pain during bowel movements.

FINDINGS AND DIAGNOSIS

The gynaecological examination revealed a red and painful episiotomy scar.

TREATMENT AND OUTCOME

The patient was advised to use Multi-Gyn Compresses.

This resulted in rapid relief of the symptoms and complete remission after 14 days.

CONCLUSION

Multi-Gyn Compresses have excellent antibacterial effects and promote the healing process when an episiotomy scar is inflamed.

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