

Vulvodynia: A real clinical entity.

by Michael T. Murray, N.D.

Vulvodynia is described as chronic vulvar discomfort characterized by sensations of burning, stinging, irritation, or rawness. Vulvodynia is different than pruritis vulvae as typically in pruritis vulvae there is redness, while in vulvodynia, physical signs are quite subtle or absent altogether. Because of this absence of physical findings, many women with vulvodynia are told it is "all in their heads." Adding to this pressure is the fact that vulvodynia is often a factor in dyspareunia (painful intercourse).

Symptoms of vulvodynia can range from very mild to quite severe. Hypersensitivity along the edge of the small labia is common and can make walking quite painful. Some women are so sensitive they cannot wear underwear because of the pain or burning discomfort caused by the underwear touching the pubic hair. Other women complain of burning pain across the pubic line, shooting pain through the buttocks or thighs, and stabbing pains into the vagina.

The yeast syndrome

Although not all cases of vulvodynia are related to the yeast syndrome, I have had several patients experience complete resolution of symptoms after following a program as described in a previous issue of this journal and summarized below. Dr. William Crook, author of *The Yeast Connection and the Woman*, reports similar results. When speaking on this subject with several of my colleagues who specialize in female health issues, they too report that chronic candidiasis is almost

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Step 1

Predisposing factors

- Eliminate the use of antibiotics, steroids, immune-suppressing drugs, and birth control pills (unless there is absolute medical necessity).
- Consult a physician to determine decreased digestive secretions.
- Follow the specific recommendations if the identifiable predisposing factor is dietary factors, impaired immunity, impaired liver function, or an underlying disease state.

Step 2

Candida control diet

- Do not eat refined and simple sugars.
- Do not drink milk or consume other dairy products.
- Do not eat foods with a high content of yeast or mold, including alcoholic beverages, cheeses, dried fruits, melons and peanuts.
- Avoid all known or suspected food allergies.

Step 3

Provide nutritional support

- Recommend a high potency multiple vitamin and mineral formula.
- Recommend additional antioxidants.
- Recommend one tablespoon of flaxseed oil daily.

Step 4

Immune function

- Do your best to be a positive, happy person.
- Deal with stress by using positive stress coping techniques.
- Avoid factors like alcohol, sugar, smoking, and elevated cholesterol levels which can impair immune function.
- Get plenty of rest and good sleep.
- Support thymus gland function and recommend 500 mg of crude polypeptide fractions daily.

Step 5

Detoxification and elimination

- Recommend three to five grams of a water-soluble fiber source such as guar gum, psyllium seed, or pectin at night.
- If necessary, recommend lipotropic factors and silymarin to enhance liver function.

Step 6

Recommend probiotics

- Ingest one to ten billion viable *L. acidophilus* and *B. bifidum* cells daily.

Step 7

Antiyeast therapy

- Ideally, use the recommended nutritional and/or herbal supplements to help control against yeast overgrowth and promote a healthy bacterial flora.
- If necessary, see a physician for a prescription antiyeast drug.

Additional measures

In addition to measures designed to address chronic candidiasis, there are other natural measures that appear to be quite helpful in vulvodynia. Before I discuss these natural measures, I want to encourage physicians (and any woman with vulvodynia) to support:

The Vulvar Pain Foundation
Joanne Yount, Executive Director
P.O. Box 177
Graham, NC 27253
phone (910) 226-0704
fax (910) 226-8518

This nonprofit organization was established in 1992 to help women who suffer with vulvar pain and healthcare professionals who treat them. The purpose of the organization is to provide reliable information on vulvar pain to women and healthcare professionals. The Vulvar Pain Foundation publishes a quarterly newsletter and organizes seminars for its members and physicians. The yearly cost for membership is \$40. It is well worth supporting.

I first learned of this organization through a patient. The patient also brought with her a packet of information put together by Clive C. Solomons, Ph.D., former Professor and Director of Biochemical Research at the University of Colorado. In the mid-1980s, Dr. Solomons identified oxalate (oxalic acid) as a possible biochemical cause for vulvodynia.

According to Dr. Solomons and his colleagues, the burning pain of vulvodynia is largely a result of high levels of oxalate being excreted in the urine and coming into contact with the vulva or the production of oxalate as a result of breakdown of skin components in the vulva.¹ Therapy has involved two primary recommendations: 1) a low oxalate diet and 2) calcium citrate.

Based upon the clinical research of Dr. Solomons showing a 70% success rate and testimonials from hundreds of women, Joanne Yount, Executive Director of The Vulvar Pain Foundation, claims that "the low oxalate diet and citrate treatment, when followed consistently over an extended period of time, and especially when followed in accordance with recommendations based on laboratory analyses, is eventually substantially effective for most, though not all, women who use it."

Low oxalate diet

Dietary sources of oxalate can increase the urinary concentration of oxalate. This relationship has been studied most as it relates to kidney stone formation, as most kidney stones are composed of calcium oxalate crystals, but also appears to be important in the treatment of vulvodynia. Avoid high and medium oxalate foods such as spinach, other greens, berries, rhubarb, beer, chocolate, peanuts, pecans, and wheat germ.

For many years, detractors of high dosage vitamin C use have cautioned that taking too much vitamin C can lead to increased oxalate formation in the urine and possibly increase the risk of calcium oxalate kidney stones. However, this concern has been totally disproved. Healthy volunteers given 10 g of vitamin C (2,000 mg five times daily) only increased the mean urinary oxalate levels from about 50 to 90 mg per day.² This is hardly a matter of concern for most individuals, but in women with vulvodynia, I recommend playing it safe and avoiding dosages greater than 500 mg three times daily.

Calcium citrate

Citrate is a naturally-occurring acid that plays a role in the Krebs cycle—the energy producing cycle that liberates chemical energy from

sugars. Citrate also appears to play a role in reducing urinary oxalate levels. Again, this relationship has been best studied in kidney stones. Citrate reduces urinary saturation of stone-forming calcium salts by forming complexes with calcium and reducing the level of oxalates. It also retards the nucleation and crystalline growth of the calcium salts. If citrate levels are low, this inhibitory activity is not present and stone formation is likely to occur. Decreased urinary citrate is found in 20% to 60% of patients with kidney stones.^{3,4}

Citrate supplementation has been shown to be quite successful in preventing recurrent kidney stones.^{3,4} Potassium citrate or sodium citrate has been used in clinical studies. A more advantageous salt of citric acid in the prevention of kidney stones would appear to be magnesium citrate. In the treatment of vulvodynia, however, calcium citrate appears to be more advantageous than these other forms.

Many companies market calcium citrate or calcium-magnesium citrate. In general, 200 mg of elemental calcium in a calcium citrate tablet or capsule will provide 750 mg of citrate. Therefore, the dosage is based upon the level of calcium, as the amount of citrate in the product is rarely listed on the label. The dosage of calcium citrate in the treatment of vulvodynia is best determined by first measuring urinary oxalate levels collected at ten different times during a 24-hour period. This test is performed at Dr. Solomons' lab (Sci-Con, P.O. Box 61386, Denver, CO 80206, telephone (303) 388-7140) at a cost of \$350 and includes customized treatment recommendations on the timing and dosage of calcium citrate. However, I would recommend doing some trial and

error before investing in this test. My reason is that it may not be necessary to even perform this test. It is significantly less expensive to follow the low oxalate diet and citrate supplementation plan for four weeks and see what happens. Perhaps an even better reason is illustrated in the following case history.

A case history

Lisa is a 32-year-old woman who came to see me for her severe vulvodynia. She reported a sharp stabbing pain that radiated from her vulva into her vagina. It was debilitating at times, making it virtually impossible to carry on daily activities. Like many patients that I see, Lisa had worked with many other physicians, and she had even performed the urinary oxalate determination and followed the recommendations from Dr. Solomons. Yet, her pain was not significantly lessened. Based on her urinary oxalate pattern, her symptoms appeared to be related to urinary oxalate. But the diet and citrate supplementation did not provide any real benefit despite her strict adherence to the plan.

Why didn't Lisa respond to the low oxalate diet and citrate supplementation? Lisa's medical history (frequent antibiotic use for urinary tract infections, frequent vaginal yeast infections, etc.) and other symptoms strongly suggested that chronic candidiasis may be a factor, based upon her response to the treatment plan that was recommended. Her vulvodynia completely resolved within the first two weeks of treatment. What was her treatment? The dietary plan outlined for chronic candidiasis plus the low oxalate diet along with the following supplements from PhytoPharmica:

- Krebs Ionized Chelates
One tablet four times daily.

- Clinical Nutrients for Women
One tablet three times daily.
- Candimycin
One or two capsules twice daily between meals.
- Zymedophilus
One capsule three times daily with meals for the first week.
- Thereafter, one capsule daily with a meal.

Rather than use calcium citrate alone, I tend to use a balanced complete mineral formula where the minerals are bound to the complete Krebs cycle. Other Krebs cycle compounds such as fumarate, malate, succinate, and aspartate produce similar effects to citrate. Specifically, minerals bound to these compounds have been shown to be better absorbed compared to other mineral chelates. Krebs cycle intermediates fulfill every requirement for an optimum mineral chelating agent: a) they are easily ionized, b) they are almost completely degraded, c) they have virtually no toxicity, and d) they have been shown to increase the absorption of calcium and other minerals.

References:

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3. Editorial: Citrate for calcium nephrolithiasis. *Lancet* i:955, 1986.
4. Pak CYC and Fuller C: Idiopathic hypocitraturic calcium-oxalate nephrolithiasis successfully treated with potassium citrate. *Annals Int Med* 104:33-7, 1986.

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