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**File: ■ Garlic (*Allium sativum*)
■ Vaginitis**

HC 071042-412

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RE: Fresh Garlic Protocol Use to Treat Group B Streptococcus Vaginitis

Cohain JS. Case series: symptomatic Group B streptococcus vaginitis treated with fresh garlic. *Integr Med.* June/July 2010;9(3):40-43.

Vaginitis caused by Group B streptococcus (GBS) is not always symptomatic. In about 20% of healthy women, a positive rectovaginal culture may be obtained. In one study, GBS could be cultured in about 11% of newborns, but there was not one case of GBS Disease of the Newborn (GBSDN). This demonstrates that GBS is a normal vaginal organism that under certain conditions, unchecked, may cause painful infection in women or GBSDN.

Oral penicillin or other antibiotics are commonly given to symptomatic women, including pregnant women to reduce GBS transmission to newborns. However, antibiotics reduce vaginal GBS colonies for only a few days. Repeated penicillin use over months or years may result in resistant strains of GBS. Given in labor, penicillin increases incidence of infant respiratory distress. Phospholipids are produced by GBS in response to penicillin; these compounds cause pulmonary hypertension in vivo.

Another conventional treatment for GBS vaginitis, povidone, is effective temporarily but stains clothing. Chlorhexidine, in symptomatic GBS, also gives only temporary relief.

Since 2002, the author's garlic (*Allium sativum*) protocol (<http://www.gentlebirth.org/archives/gbsCohain.html>) has been used by asymptomatic pregnant women with positive GBS cultures. In an unpublished study of 160 such women, 50% who followed the protocol had a negative culture result following treatment.

This article reports on nine nonpregnant women with symptomatic GBS vaginitis only (excluding other vaginal bacterial and viral infections), confirmed by repeated culture, who used the garlic protocol. All had symptoms from six months to five years before referral, and all had been seen and treated by one or more gynecologists without lasting benefit. For six, antibiotics had been accompanied by yeast (*Candida albicans*) infections. Oral probiotics and tea tree (*Melaleuca leucadendra*) oil, used by most of the women, were ineffective. Povidone had also been tried by most.

In addition to age and sexual activity status, this inquiry took note of patients' body mass index (BMI), gravity/parity status, menopausal status, and any allergy to penicillin. Patients were quite diverse other than in having symptomatic GBS. Ages ranged from 24 to 65. Only one woman was obese. High weight can compromise immune systems and lower antibody production. All but two women were sexually active; four were menopausal. Five were mothers, while four had never been pregnant. No cases involved GBS symptoms beginning shortly after childbirth. Three were allergic to penicillin. Women who used another antibiotic because of penicillin allergy were thought more likely to have problematic GBS. Three said their GBS began spontaneously; others had stressful events before onset. Four had recently used antibiotics.

The garlic protocol was deemed successful if it alleviated symptoms completely for six months. Of the nine cases, one woman discontinued using garlic vaginally because she found it irritating. The other eight were symptom-free at follow-up.

The garlic protocol involves placing a cut clove of garlic into the vagina every night and removing it in the morning, until symptoms resolve. Maintenance doses every few days may be used at the discretion of the patient. One must cut garlic to activate one of its components, allicin, shown in many studies to have strong antibacterial effects. One patient in this case series also used chlorhexidine gel every fourth to seventh night.

A brief discussion of contraindications mentions garlic breath, body odor, and possibly more serious effects with extremely high intake; however, all of these are associated with oral consumption.

Some physicians view the normal presence of GBS in the vaginal flora as problematic and prescribe antibiotics to pregnant and nonpregnant asymptomatic women, others deny the existence of long-term symptomatic infection from GBS. As the use of antibiotics of all kinds continues to rise, more varieties of resistant GBS have developed. GBS is not resistant to garlic.

—*Mariann Garner-Wizard*

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