

FAQ: INTRA-VAGINAL INSERTION OF GREEN TEA AND LACTULOSE

HOW OFTEN SHOULD I GET MY CLIENT TO INSERT A GREEN TEA AND LACTULOSE CAPSULE?

This depends on a variety of factors such as the conditions being addressed, level of inflammation, moisture within the vagina and client specific reactivity. Initially, our clinicians recommend inserting one capsule and seeing how long it takes for it to degrade and dissolve down. This can give you an understanding of how frequent insertion can occur without experiencing a backup of herbal residue in the vagina, or dryness or irritation.

Typically, a seven-day course of treatment is recommended every month over several months. However, this should be modified based on the client's expulsion of the capsule filling and their overall experience of use. Please refer to the education sheet on green tea and lactulose for guidelines of dosage suggestions and health conditions.

Some possible varied dosage scenarios are detailed below:

- Inserting every second day for a period of 7-10 days.
- Inserting 3 days in a row, followed by a low volume irrigation of two opened capsules which have been dissolved in 20mls of water and syringed into the vagina (application advised in the shower or sitting over the toilet to aid any remnant expulsion), and repeat the process a second time. This should clear any residual capsule and powder within the vagina.
- Using a wetting technique on the capsule prior to insertion may support capsule degradation and release of contents. This is important to consider if you are using the capsule daily over longer periods of time e.g. 14-30 days.

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SHOULD MY CLIENT EXPECT SOMETHING TO COME OUT OF THEIR VAGINA WHILE USING A CAPSULE OF GREEN TEA AND LACTULOSE?

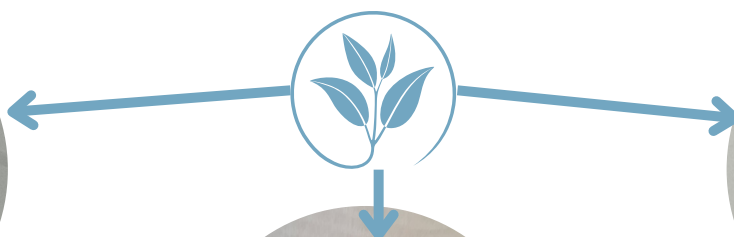
Yes, capsules contain powdered green tea and lactulose which are not fully absorbed. Whilst we expect some dissolution of the contents to occur when interacting with a moist vaginal environment, the bulk of the green tea will stay as a powder bolus that will moisten and exert therapeutic impacts whilst touching the vaginal mucosa. As the bolus moves down the vaginal canal the contents will attract moisture and may change colour. This can result in an expulsion of a light tan clump which can also have some capsule residue (green tea and lactulose both have a brown hue when moist).

Under some environmental conditions, the bolus may oxidise and the contents may appear darker. Approaches which wet the capsule before insertion, or influence the moisture levels (e.g. concurrent utilisation of a vaginal moisturiser such as fennel oil, sea buckthorn oil, Vagisan - lactic acid pessaries), or the addition of liquid lactulose, can aid dispersal and moistening of the capsule and its contents. The capsule can be coated in any of the liquids above, depending on the individual needs or sensitivities, wet under clean water or in the case of the oils and lactulose liquid (at a dose of 1ml for any of these) can be syringed into the vaginal canal prior to inserting the capsule. The capsule can be inserted directly after the Vagisan lactic acid pessary.

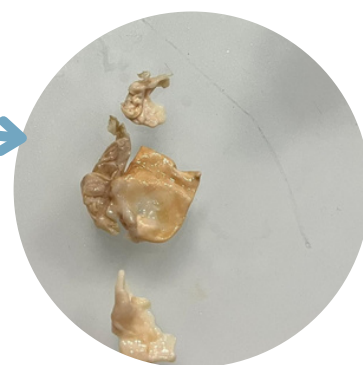
We have included some images of expelled therapeutics to assist in identifying the different ways the extruded capsule can present. Ensuring you educate your client about this component of treatment can minimise concern, improving compliance and outcomes.



*Expelled whole capsule
after 24 hours.
Indicates moistening required*



*Capsule remnants expelled
after 24 hours. Considered normal*



*Capsule remnants expelled after
24 hours, cap removed and
fennel pessary used
concurrently. Considered normal*

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WHAT IF THE CAPSULE COMES OUT WHOLE?

The capsules will degrade in a moist vaginal environment releasing their therapeutic ingredients. For some individuals who may be experiencing issues associated with reduced moisture, like atrophy which is associated with the Genitourinary Syndrome of Menopause, hormone fluctuations or dryness experienced with close proximity to recent menses, whole capsule may occur. In these individuals it is best practice to concurrently use one of the wetting techniques detailed above and time insertions based on how frequently their body expels the therapeutic remnant. The top of the capsule can also be removed prior to insertion with a wetting technique.

SHOULD THE VAGINA SMELL BAD DURING TREATMENT?

Typically no, an odour change would indicate an increase in opportunistic pathogens in the vaginal microenvironment. If this occurs, we recommend checking residue expulsion and completing a course of lactic acid pessaries, hydrogen peroxide (3%) and lactulose irrigations (if inflammation is low) to reset the environment. You can then reintroduce the lactulose and green tea capsule with consideration of appropriate degradation of the capsule and expulsion of the residue in an appropriate timeframe (24-48 hours).

With vaginal microbial environment change there can be positive odour changes. As long as the odour change is not offensive there may be no cause for concern.

MY CLIENT HAS EXPERIENCED AN INCREASE IN INFLAMMATION OR FLARING OF SYMPTOMS FROM VAGINAL USE OF GREEN TEA AND LACTULOSE - DO I STOP TREATMENT?

An increase in inflammation may occur in already inflamed states or if there is a microbe present that has activated because of an environmental shift. Assessment of the suitability of application and inflammation state should occur before initiating treatment. In cases where the inflammation is new, an assessment of the level of inflammation and its possible causes should occur e.g. is there a known microbe that may be reacting causing symptoms (Enterococcus faecalis or Candida albicans)? Is the level of inflammation minor and resolves after the capsule dissolves? Is the inflammation associated with the original concern and not the treatment directly?

You can adjust application based on the client specifics, tolerances, and symptoms. In high inflammation reactions, pausing the intervention is suggested to focus on soothing the environment, resting it to see if symptoms resolve. You can then reintroduce the capsule with appropriate consideration of degradation and dose.

A lower dose can be initiated by opening the capsule and using the contents in an irrigation or by reducing the frequency of insertion. Supporting the environment pH with concurrent lactic acid (Dr. Wolff's Vagisan pessaries with lactic acid) use may also reduce inflammatory tendencies in susceptible individuals.

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MY CLIENT HAS EXPERIENCED SYSTEMIC SYMPTOMS FROM A GREEN TEA AND LACTULOSE CAPSULE ON VAGINAL INSERTION - IS THIS POSSIBLE?

Whilst vaginal absorption of most therapeutics is minimal, some sensitive clients may notice systemic changes as local bacterial and inflammatory changes may have whole body impacts. In most cases the systemic influence is mild, of no concern, and should reduce over time as the dysbiosis shifts. Systemic symptoms are more apparent in those with multiple chemical sensitivity, mycotoxin illness, and mast cell activation syndrome (MCAS). In these clients, as with all therapeutics ingested and applied, you should apply the therapy slowly, assessing reactivity and adjusting frequency of use based on individual tolerances.

Often these clients will find that insertion every 3 days or opening the capsule and irrigating the vaginal with the contents dissolved in water is tolerated as the therapeutic is expelled quickly after touching the mucosa.

Prepare the low volume irrigation by opening a capsule, dissolving content in 10- 20 mls of water and syringing into the vagina with a round nose syringe.

CAN I USE THE GREEN TEA AND LACTULOSE CONCURRENT WITH INTRA-VAGINAL PROBIOTICS?

Yes however, we recommend that you assess the client's dissolution and expulsion of contents first. If there are delays in the dissolution, we suggest alternating the green tea and lactulose with probiotic insertion e.g. insert the probiotic after the bulk of the green tea and lactulose is excreted. There will still be lactulose remnants in the vagina to act as fuel for the probiotic colonies to exert therapeutic effects.

WILL VAGINAL INSERTION OF A GREEN TEA AND LACTULOSE CAPSULES IMPACT ENDOMETRIOSIS?

Currently, we do not have specific data to support vaginal use of green tea on endometriosis. There is research showing advantages on endometriosis pathophysiology from oral green tea utilisation. There is also a body of research which suggests a disordered vaginal microbial environment is involved in aspects of endometriosis pathogenesis. Anecdotally, use of green tea as part of a vaginal microbiome restoration approach, together with systemic considerations, improve endometriosis symptomatic presentations.

CAN MY CLIENT USE GREEN TEA AND LACTULOSE WHEN THEY HAVE THEIR PERIOD?

Typically, vaginal therapeutics are paused during menstruation. However, in some presentations of bacterial vaginosis (BV) the pH shift caused by menstruation can provide opportunity for the growth of BV associated microbes. For some, this will present as odour during menstruation (of the menstrual blood), or symptoms that start as bleeding starts to reduce. In these scenarios you can ask clients to insert a capsule during menstruation. Being mindful to explain the process of capsule remnant expulsion and the use of external menstrual care products, such as pads or period underwear, (to avoid prolonged retention of the capsule contents that may result from tampon or menstrual cup and disc insertion).

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CAN YOU HAVE PENETRATIVE SEX WHILST USING GREEN TEA AND LACTULOSE INTRA-VAGINALLY?

Yes, there is nothing to stop someone having penetrative sex whilst using the intervention, however, insertion of a new capsule is recommended after sex rather than before. If there are remnants of the capsule in the vagina, these may be visible during sex on the partners anatomy. Altered vaginal moisture and excretions can be experienced during active treatment periods. Some clients prefer to either abstain through the therapeutic window or use a low volume irrigation prior to intercourse to remove the bulk of remnant.

CAN YOU HAVE ORAL SEX WHILST USING GREEN TEA AND LACTULOSE INTRA-VAGINALLY?

The ingredients, green tea and lactulose, are therapeutic grade and suitable for oral consumption, they do not pose a risk for partners engaging in oral sex.

Oral sex can be a significant challenge for the vaginal microbiome, during restoration often approaches like barrier methods/ vaginal dams or abstinence from oral sex are recommended. Individual symptomatic response to oral sex and the overall vaginal health picture should guide your recommendations in this area.

As green tea has a mellow, vegetal grassy tone and lactulose a sweet taste it will influence the natural taste of the intimate area secretions.

IS THERE AN ISSUE WITH CONDOMS OR DAMS AND GREEN TEA AND LACTULOSE?

The use of barrier methods are recommended when working with the vaginal microbiome to minimise challenges and improve health outcomes. There are no specific contraindications associated with green tea and lactulose impacting the structural integrity of barriers such as condoms or dams. For some people there is concern over the texture of the therapeutic as a powder when recently inserted and the potential interaction with barrier integrity. If this is a concern, we recommend a low volume irrigation prior to intercourse to remove capsule remnants.

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