

Template

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Vaginal Health Support

 Template by Fullscript

Updated Apr 28th, 2025

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Evidence rating

The following protocols were developed using only **a,b,c,d**-quality evidence

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Overview

Introduction

Whole person care is a person-centered approach to medicine. It goes beyond treating symptoms or isolated conditions, focusing on the interconnectedness of bodily systems and addressing a wide range of factors. These include biological makeup, behavioral habits, environmental factors, and a patient's personal beliefs, values, and goals. By tailoring care to align with these unique aspects, healthcare providers can create highly personalized treatment plans that address not only physical health but also emotional and mental well-being.

This protocol aims to provide healthcare providers with practical suggestions for supplements, helping them design personalized whole person care plans for patients looking to prevent or treat vaginal infections and support a healthy vaginal microbiome.

Evidence-based supplements can support the pillars of vaginal health, such as hormonal equilibrium, a balanced microbiome, and tissue integrity. Providers can integrate these supplements into customized protocols based on their patient's needs and goals to treat existing infections and prevent future vaginal health issues.

How To Use This Protocol

This protocol offers guidance to help healthcare providers integrate supplements into their patient care plans. Start by assessing the patient's unique needs, goals, and health status. Incorporate evidence-based supplements to address specific needs and preferences and enhance health outcomes.

Lactobacillus Probiotics

Ingredients

Lactobacillus Probiotics

Dosing: 1–10 billion CFU for one week (acute treatment) to six months (maintenance) [\(Cribby 2009\)](#), [\(Chieng 2022\)](#).

Supporting evidence:

- Probiotics are live microorganisms that provide health benefits when consumed in adequate amounts by supporting the balance of beneficial microbes in the gut. [\(Bodke 2022\)](#).
- *Lactobacillus* spp. are the dominant bacteria in a healthy vaginal microbiome responsible for maintaining an acidic environment, preventing the overgrowth of harmful pathogens, and promoting vaginal health through the production of lactic acid and antimicrobial substances. [\(Mashatan 2023\)](#).
- In a double-blind, randomized, controlled clinical pilot trial, ASTARTE™, an oral probiotic blend containing *L. crispatus*, *L. rhamnosus*, *L. gasseri*, and *L. jensenii*, was shown to improve bacterial vaginosis (BV) recovery rates when used alongside metronidazole for four weeks. [\(Laue 2018\)](#).
- In this prospective study, 30 pregnant women with herpes virus infection received a one-week course of oral probiotics—containing *L. crispatus*, *L. rhamnosus*, *L. gasseri*, and *L. jensenii*—and fructooligosaccharides as part of their prenatal care. Following the intervention, participants showed significant improvements in intestinal and vaginal microbiota, with increased levels of *Lactobacillus* and *Bifidobacterium* and reduced colonization by *Candida*, *Staphylococcus aureus*, *Klebsiella*, and other opportunistic pathogens. Clinical symptoms such as bloating, constipation, vaginal discharge, and itching decreased by 2–3 times. Additionally, the rates of placental

insufficiency, fetal distress, and pre-eclampsia were reduced by approximately half. No adverse effects were reported. ([Anoshina 2016](#)).

- In a randomized trial, women over the age of 18 with BV were assigned to take either a daily oral probiotic containing *L. rhamnosus* GR-1 and *L. reuteri* RC-14 or a placebo for six weeks. After 44 days, 61.5% of the probiotic group restored balance to their vaginal microbiota compared to 26.9% in the placebo group, and more than half (51.1%) of the probiotic group maintained microbial homeostasis after an additional six weeks. ([Vujic 2013](#)).
- Postmenopausal women taking an oral probiotic formula of *L. rhamnosus* GR-1 and *L. reuteri* RC-14 had significantly reduced Nugent scores for BV and improvements in menopausal genitourinary symptoms, such as vaginal dryness, sexual dysfunction, and urinary frequency. ([Petricevic 2008](#)).
- This triple-blinded RCT evaluated oral *L. acidophilus* LA-5 in 40 women with vulvovaginal candidiasis over 60–65 days. The probiotics improved symptoms like itching, discharge, and erythema, especially within the first month, but were less effective than fluconazole in preventing recurrence (19.4% vs. 45.5% negative cultures at day 60). ([Mollazadeh-Narestan 2023](#)).

Side effects:

- While probiotics are generally safe for most individuals, they may pose risks such as sepsis, fungemia, and gastrointestinal ischemia in critically ill patients, immune-compromised individuals, and those in postoperative settings. ([Didari 2014](#)).
- Research indicates that oral probiotic supplementation is generally safe during pregnancy and lactation. ([Sheyholislami 2021](#)). While oral probiotics have been more extensively studied, data on the use of vaginal probiotics during these life stages remain limited.

Boric Acid

Boric Acid

Dosing: 600 mg inserted vaginally 1–2 times daily for up to four weeks. ([Müller 2024](#)). ([Workowski 2021](#)).

Supporting evidence:

- Boric acid, or hydrogen borate, is a weak acid with antifungal and antibacterial properties. ([Powell 2019](#)).
- A review including 14 studies reported that intravaginal boric acid was associated with symptom resolution in 40–100% of women treated for vulvovaginal candidiasis

(VVC). ([lavazzo 2011](#)).

- In a study of 105 women with recurrent BV unresponsive to standard treatments, a combination regimen of oral nitroimidazole for seven days followed by vaginal boric acid for 30 days resulted in symptom resolution in 98.9% of participants. ([Surapaneni 2021](#)).

Side effects:

- Short courses of intravaginal boric acid are generally well tolerated. Mild side effects may include watery vaginal discharge, redness, and burning. ([Prutting 1998](#)).
- Long-term safety data for intravaginal boric acid is lacking. ([Müller 2024](#)).
- Ingesting boric acid can lead to gastrointestinal distress, dermatological reactions, kidney failure, neurological symptoms, and potentially fatal multi-organ failure. ([Restuccio 1992](#))([Webb 2013](#))([Wong 1964](#)).

Estriol

Estriol

Dosing: 1 mg inserted vaginally every night for 14 days before reducing frequency to twice weekly ([Dessole 2004](#)).

Supporting evidence:

- Declining estrogen levels during **menopause** lead to a thinning of the vaginal walls and a decrease in the abundance of *Lactobacillus* spp., altering vaginal pH. These changes may increase the susceptibility to infections and contribute to vaginal symptoms like dryness and discomfort. ([Park 2023](#)).
- Vaginal estriol cream significantly alters the vaginal ecosystem in postmenopausal women with stress incontinence. Specifically, 12 weeks of therapy resulted in reduced vaginal pH and notably increased *Lactobacillus* and *Bifidobacterium* growth, especially in women with a *Lactobacilli*-deficient microbiome pre-treatment. ([Moore 2024](#)).

Side effects:

- Studies have shown that ultra-low-dose estriol formulations result in minimal systemic absorption; therefore, vaginal estriol is generally considered safe for postmenopausal women. ([Delgado 2016](#))([Sánchez-Rovira 2020](#)). However, providers should assess each patient individually to determine the suitability of vaginal estriol, taking into account personal risk factors, symptom severity, and overall health status.

- One study reported a transient increase in *Candida* colonization shortly after initiating treatment with vaginal estriol and *Lactobacilli* tablets, which returned to baseline levels with continued use. ([Donders 2015](#)).

Vitamin C

Vitamin C

Dosing: 250 mg tablet inserted vaginally for six days ([Krasnopolsky 2013](#)).

Supporting evidence:

- In one study, vitamin C tablets inserted vaginally significantly reduced the presence of non-specific vaginitis compared to placebo, in addition to substantially reducing vaginal pH and increasing *Lactobacillus* concentrations. ([Petersen 2004](#)).
- Women who received prophylactic intravaginal vitamin C therapy after being treated for BV had a significantly lower BV recurrence rate (16.2%) than women who received a placebo (32.4%). ([Krasnopolsky 2013](#)).
- Low-risk pregnant and non-pregnant premenopausal women with vaginal pH ≥ 4.5 and disrupted *Lactobacillus* microflora who administered vaginal vitamin C tablets daily for six days, followed by weekly maintenance for 12 weeks, showed a 51.4% normalization to healthy vaginal flora after four months. ([Zodzika 2013](#)).

Side effects:

- According to clinical studies, the most common side effects of intravaginal vitamin C are localized itching and irritation. ([Zodzika 2013](#)).

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Template

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Add to plan

 We won't overwrite any existing dosage information.

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