Get Over It

Free advice and a shot of attitude for female trouble and a rosy mug

July 1, 1999

Dear Nurse:
Can we talk, woman to woman? My vagina's itchy, my privates are on fire, and it's painful to pee. What do you advise for positive ladies with problems down south?

—Tierra del Fuego

Dear Tierra:
Sister, let me level with you: When your sacred space is under siege, there's no time to pussyfoot around. See your doctor—pronto. If the culprit is Candida—the single-celled fungus that is notoriously ill-behaved in viral society—you have a yeast infection, and a vaginal cream or suppository will likely be prescribed. But if topical treatments don't do the trick or the fungus flares up again, call out the big guns: fluconazole (Diflucan) and itraconazole (Sporanox). For severe cases, the CDC swears by a six-month regimen of ketoconazole (Nizoral), 100 milligrams daily. Be warned that Candida, like HIV, is a master (mistress?) of resistance; physicians won't put you on these drugs for long periods unless you're really in a bad way. Mercifully, Mother Nature, in her infinite bounty, comes to your rescue with some nondruggy alternatives. Supplements such as L-glutamine and acidophilus can help keep infections at bay. Or try garlic or ginger—known foes of fungi—each day, either fresh or in capsules.

But what you put in you is only part of Nurse's antifungal philosophy—they don't call me Know-It-All for nothing. The other half has to do with what you put on. To keep those swinging single cells from procreating their way into colonies, don't don panty hose. If, like me, you just can't do without, go for the cotton crotch variety. Better yet, cut out the crotch and let the ventilation work its magic. Refrain from slipping on nylon panties, snug slacks and jeans that fit like sausage casing. Summer's here, but don't even think about lolling lazily by the pool in wet synthetic swimsuits. I mean, can you say petri dish? And if I could get a bit more explicit, where Candida's concerned, vaginal sprays and chemical douches are verboten. So stay natural, like the Goddess created you.

P.S. And lest you guys think this is a "woman's thing," know that Candida also causes thrush, esophagitis and other vexing hexes on the immune-challenged. You better reread my remedies—especially the pantyhose part.

Know-It-All, RN:
I've heard of a second childhood, but an added adolescence? Over the last year or so it's been pimples, pimples, pimples. These unwanted eruptions are accompanied by bright red patches that linger oh-so-long. I've broken all my mirrors and am at wit's end. What the hell's going on?

—Scarlett O’Hara

Ms. Scarlett:
First and foremost, put on a ski mask and get thee to a dermatologist. Sounds to me like rosacea, the mellifluous name for the nasty skin condition suffered by some 13 million Americans. Like so many other disorders, it turns up often in HIVers and others with underachieving immune systems. Other than redness and pimples, symptoms to look for include swollen or broken blood vessels and an enlarged, bumpy nose. So Scarlett, things could be worse. It’s not KS, dear, now is it?

It’s also not God’s little way of being mean to AIDSy folk, though He, She or Whatevah may be the only one who knows its cause. So however the crimsoning starts, it’s intensified by a number of factors. Diet is one, the guiltiest foods being those with hot spices, not to mention citrus fruits, chocolate (no surprise), hot drinks like coffee and tea, and—it hurts me more to say it than it hurts
you to hear it—wine, beer and booze. Other catalysts:
climatic extremes, strenuous physical activity, skin-care products (particularly the alcohol-containing types) and topical steroids.

Don’t despair, treatments are at hand. Antibiotics, often an oral-topical combo, can control rosacea. The topical component—such as metronidazole (MetroGel or MetroCream)—may be continued long-term to prevent it from blooming again. Don’t use nonprescription acne medications unless you’re eager for even greater facial irritation. Make sure the beauty products you smear on your face are as mild as possible. Some experts say Cetaphil, a soapless cleanser, is the way to go. Follow Nurse’s example: Steer clear of pore-plugging moisturizers; ask for the noncomedogenic type. And because my heart goes out to you, Nurse is going to reveal one of her fabled beauty secrets. While your condition is clearing, why not get a little creative in the makeup department? Minimize unwanted rosiness and mask blemishes with yellow or sheer green foundations. With the right makeup, lighting and music, you’ll find that an enlarged, bumpy nose pales in comparison to that hard lump in his pants.

This column offers self-help for nagging health problems. Send your own complaints and concerns to Nurse Know-It-All at 349 W. 12th St., New York, NY 10014, or e-mail nurse@poz.com. Experts supply the answers, POZ *contributing editor Greg Lugliani the attitude.*

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