LABORATORY STUDIES CONFIRM ITS EFFECTIVENESS

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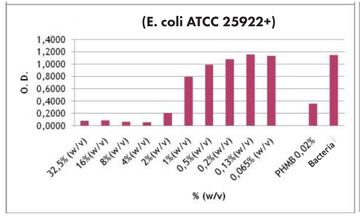
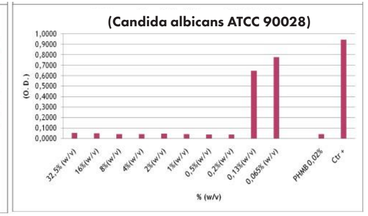
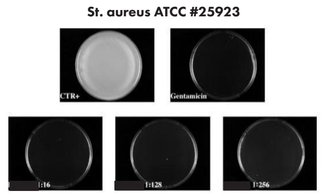
Purpose: Using ATCC producing and non- biofilm producing strains, the antibacterial and antifungal activity of INFECTVAGIN of its active principle polyhexamethylene biguanide (PHMB) was evaluated, through the evaluation of the minimum inhibitory concentration (MIC).

ATCC STRAINS NOT PRODUCING BIOFILM
-Staphylococcus epidermidis ATCC 12228
-Escherichia coli ATCC 11229
-Pseudomonas aeruginosa ATCC 13388
-Staphylococcus aereus ATCC 6538
-Enterococcus faecalis ATCC 29312

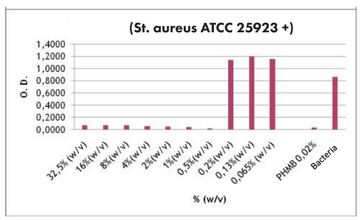
ATCC STRAINS PRODUCING BIOFILM
-Escherichia coli ATCC 25922
-Staphylococcus aereus ATCC 25923
-Staphylococcus epidermidis ATCC 35984
-Enterococcus faecalis ATCC 29212
-Candida albicans ATCC 90028

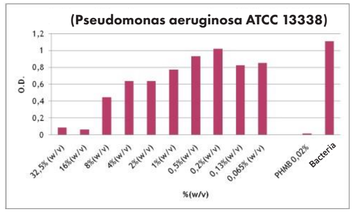


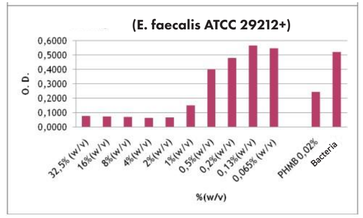




Comparison after dilution up to 256 times vs pure Gentamicin







PRAEVENIO PHARMA SOLVES

S.O.S. Therapy

DAY 1 ➜ Vaginal solution in the morning

DAY 2 ➜ Ovule 1 in the evening for 10 evenings

12TH DAY ➜ Vaginal solution in the morning

INFECTVAGIN® ovules

- Polyhexamethylenebiguanide (PHMB)
- Lactic acid
- Equisetum arvense
- Glycerin
- Collagen

PLURIGIN® solution

- Polyhexamethylenebiguanide (PHMB)
- E.D.T.A.
- Thymol
- Melaleuca
- Equisetum arvense
- Calendula

S.O.S. THERAPY

INFECTVAGIN®

10 VAGINAL OVULES

VAGINAL INFECTION

The onset of a vaginal infection is often the consequence of a qualitative and/ or quantitative alteration of the normal vaginal microflora. Vaginal infections can have fungal or bacterial origins or viral.

9 MILLION WOMEN EVERY YEAR
are diagnosed with
VAGINITIS and/ or VAGINOSIS

" the pathogens associated with these pathologies all have a tendency to form BIOFILM due to CHRONICIZATION and RECURRENCE

MAIN PATHOGENS INVOLVED

Gardnerella vaginalis, Candida albicans and Candida non- albicans (glabrata, krusei, tropicalis), Trichomonas vaginalis, Escherichia coli, staphylococci and streptococci.

**According to the CDC (Center for Disease Control and Prevention in Atlanta USA, up to 80% of bacterial infections affecting people in Western countries are caused by polymicrobial BIOFILMS. The bacteria in a biofilm have increased resistance to both detergents and antibiotics for the dense extracellular matrix and the outer layer of cells, antibiotic resistance can increase up to 1000-fold.*

MANAGEMENT OF A VAGINITIS

THE INCREASE OF RESISTANCE OF BACTERIA TO ANTIBIOTICS COMPLICATES THE TREATMENT OF INFECTIONS, THE IMPROPER USE OF ANTIBIOTIC THERAPY CONSTITUTES THE MOST WIDESPREAD CAUSE FOR THE APPEARANCE AND DEVELOPMENT OF RESISTANT STRAINS

Pathogens associated with bacterial cystitis, vaginitis and vaginosis, they all have there tendency to form BIOFILM.

This explains the cases of absent or incomplete responses to antibiotic and antifungal therapies (Metronidazole/ Clindamycin), responsible for resistance, relapses and chronicity.

MANAGEMENT of a «VAGINITIS>>

1) **IDENTIFICATION OF THE CAUSE AGENT**
2) **CHOICE OF AN EFFECTIVE THERAPY**
3) **RESTORATION OF THE VAGINAL ECOSYSTEM**

MODERN ANTISEPTIC MAY BE A VALID ALTERNATIVE TO TOPICAL ANTIBIOTIC TREATMENT

Today it is possible to leave behind the <<THERAPEUTIC MINIMALISM» based on topical ANTIBIOTICS and adopt innovative strategies such as...

INFECTVAGIN OBSERVATIONAL STUDY MANAGEMENT OF A VAGINITIS Class III device able to eradicate pathogenic microorganisms also organized in BIOFILM, but not aggressive towards lactobacilli.

OBSERVATIONAL STUDY

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INFECTVAGIN ovules VS ANTIBIOTIC THERAPY

OBJECTIVE: To evaluate the therapeutic efficacy and tolerability of INFECTVAGIN in the treatment of bacterial vaginosis.

MATERIAL AND METHODS: 90 women with symptoms typical for vaginosis were enrolled, divided into two groups (A and B) of 45 women aged between 18 and 45 years.

Group A was treated with local antibiotics *(clindamycin, nifuratel, meclocycline)* in the form of ovules or creams, one application in the evening for 10 days.

Group B was treated with *INFECTVAGIN, a 2.9 g ovule. the evening for 10 days.*

RESULTS

Group <<A>> treated with antibiotics showed: a reduction of discomfort in 75%, the vaginal swab was sterile in 60%, the pH was always greater than 5, the concentration of lactobacilli was low or absent in all cases, the women complained of vaginal dryness and dyspareunia in 15% of cases, a recurrence occurred after one month in 16%

Group <<B>> treated with INFECTVAGIN ovules showed: absence of symptoms in 96%, the vaginal swab was free of contaminating germs in 90%, the pH showed values between 4-4.5 in all cases; the vaginal swab showed a high concentration of lactobacilli in 80%. The women studied did not complain of side effects and in this group there were no recurrences one month after the start of treatment.

CONCLUSION

The use of a device with a disinfectant action and therefore with a broad antimicrobial action should be preferred to antibiotic therapy. Antibiotic therapy has been shown to destroy the lactobacillus. Therapy with **INFECTVAGIN ovules** allows a multiplication of the lactobacillus.