

INTERSTITIAL CYSTITIS INFORMATION CENTER
1706 BRIERY ROAD **FARMVILLE, VA 23901-2556**
"Providing Hope for a Healthier Future"

IC: A SEXUALLY TRANSMITTED DISEASE (STD)?

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Interstitial Cystitis (IC) is not traditionally known as a STD, but if one accepts the premise that there can be a bacterial component to IC, then one has to accept the fact that this bacteria can be passed back and forth between partners unless protection is used. If one partner even has candidiasis in their genitals, this too can be transmitted through sexual contact. Candidiasis (yeast) can present with the same symptoms as IC and masquerades as other disorders too. (Read The Yeast Connection (1983) or The Yeast Connection and the Woman (1995) by William G. Crook, M.D.)

Women can often pinpoint when their IC or UTI problems began: when they first became sexually active, i.e., either before marriage or after. If before or after, and the woman has had one and only one partner (was a virgin), then it may stand to reason that if the woman began to have problems after her marriage or at the beginning of her sexual activities, that her partner may have been or is a carrier of that bacteria. The bacteria most known for causing problems for IC patients are enterococcus or micrococcus (gaffkya). Most women are familiar with "honeymoon cystitis." Some women spend their entire married lives knowing that they will encounter pain, etc., after intercourse and have a "flare" of their bladder/pelvic/IC symptoms as well.

But very few individuals have thought to have their sexual partner's urine or semen checked by broth culture for the strept bowel bacteria enterococcus. (Anecdotally, there is the story of a man whose wife died of breast cancer though she also had IC. Three years later, the widower had remarried and voila! his new wife also developed IC.) If both partners aren't scrupulously clean at the time of intercourse, then it is easy to see how a bowel bacteria can move along, so to speak, from anus to bladder with little difficulty. Thus, the need for cleanliness AND the use of condoms. Even a condom cannot guarantee protection, but abstinence particularly during "flares" avoids the more likely chance of passing the bacteria back and forth.

Men, for the most part, are usually asymptomatic (without symptoms), but not always. Their pain, frequency, urgency is usually tagged as "prostatitis" and is immediately treated by a urologist with a round of antibiotics. Usually, but not always, that is the end of their urinary problems. If the symptoms return, they are again treated for prostatitis with antibiotics and sent on their way. But let us suppose that their symptoms return again--do these men now have IC? Women with such symptoms are usually treated with a round of antibiotics and that is supposed to also take care of them. But what if it doesn't? Are they then given another round of

antibiotics and another? What if the "true" bacteria, i.e., enterococcus, does not culture on a regular agar plate for either the man or woman? The cycles can repeat themselves over and over again--each time the bladder is further assaulted and aggravated. Cystoscopies (endoscope of the inside of the IC:STD?, p. 2

bladder which should be done only under anesthesia [can be epidural] in a hospital) may eventually show what their doctors describe to them "that the inside of your bladder looks like raw meat." A biopsy is often done at the same time as the cysto to help rule out other possible problems with the bladder, such as cancer.

But if bacteria is the main component of a woman's IC, then she could first have her urine broth cultured. Beats hospitalization, anesthesia, more pain and possibly more bacteria! Enterococcus is a bacteria that loves warm moist bodily areas (mucousal membranes) and especially enjoys clinging to the walls of the bladder mucosa; it is a bacteria that doesn't give up easily to detection or treatment. Women with IC may also often have recurrent sinusitis, strept throat and vaginal infections due to yeast or other strept bacteria. (Perhaps this may also occur because of a lowered immune response in general.) Broth culturing of an IC patient's urine finds enterococcus 96% of the time, according to Dr. Paul Fugazzotto, microbiologist and developer of the broth culture for IC patients. For men, it is the semen that should be broth cultured as it is the fluid that comes mainly from the prostate during sexual intercourse.

Another factor in the "non-detection" of bacteria associated with IC could be that most urologists and other practitioners look for Gram negative bacteria, i.e., E. Coli, for a UTI. Enterococcus is a Gram positive bacteria; this could account for the fact that individuals keep having to come back for more and more antibiotics because they aren't given the "right" antibiotic, the "right" dosage amounts or the "right" amount of prescribed time needed to clear up the bacteria in their bladders.

Once the broth culture is complete (4-5 days incubation as opposed to overnight on an agar plate culture) and bacteria (here, a colony count is unimportant as it is for a strept throat culture: if positive, it's POSITIVE--no one counts the amount of bacteria) are found, then the antibiotics that were shown to be sensitive to that urine/semen are suggested to be used for a longer period of time. This usually means more than 10 days; a good three-month trial of antibiotics might better tell the tale. Some individuals get an almost immediate response/relief of symptoms while others will only see a small improvement over a period of time. This improvement does not seem to have any correlation to the patient's severity of symptoms, however. Sometimes if the IC diagnosis is recent and the individual has had problems for a short period of time, then that person may not need antibiotics as long as one who has had problems for years and whose bladder has been subjected to many instillations and other invasive procedures.

At the same time antibiotics are being used, the patient needs also an RX for prevention of yeast caused by the disruption of the normal gut flora. Nystatin usually works well and

should be taken as long as the antibiotics are taken. Diflucan, a stronger antifungal, can be added if needed and usually takes a lesser amount of time to work but has some side effects. If you don't want another prescription, there are natural anti-yeast products, such as Pro-Seed and Can-Plex and others, also on the market. Then, to repopulate the gut with "good for you" flora, the patient needs to take a product such as Poly-Dophilus which contains FOS (FructoOligosaccharides), is dairy free, enhances the growth of "good" bacteria and each capsule has seven different strains of
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"good" bacteria totaling 3.36 billion organisms. CAUTION: This product, or similar acidophilus products, should never be taken at the same time a dose of antibiotic is taken because they will cancel each other out. Poly-Dophilus should be taken one hour before or after an antibiotic dose. Set a timer, if need be, to remind you when to take it.

So, a word to the wise: if you are sexually active and you have bladder symptoms or have been diagnosed with IC or prostatitis, ask your partner to get her urine/his semen checked also to make certain the bacteria aren't being passed back and forth, back and forth, etc. You just might find yourselves on a return to a better and healthier relationship.

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