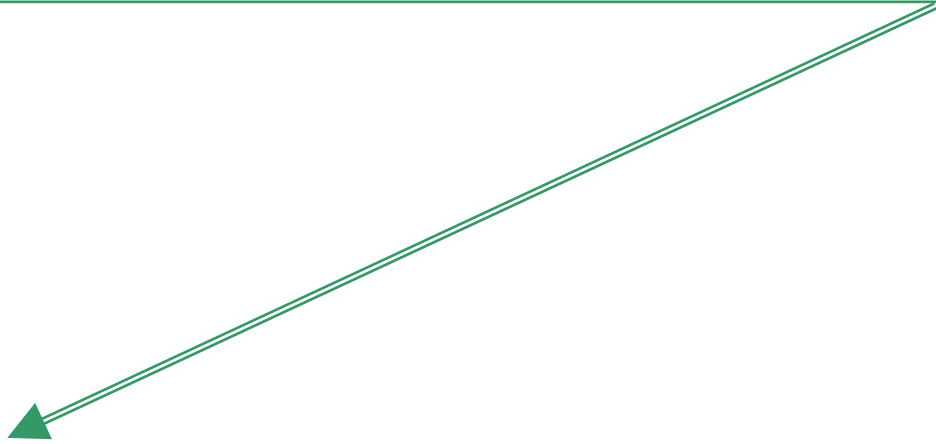


UTERINE NECK CANCER...PAPILLOMA VIRUS... VACCINE

VACCINE



SCIENTIFIC OPTION

OR

A COMMERCIALIZED IDEOLOGICAL
OPTION?...

DR. MÓNICA PUGA

UTERINE NECK CANCER...PAPILLOMA VIRUS...VACCINE

1.1 UTERINE NECK CANCER

- CANCER OF SQUAMOUS CELLS
- ADENOCARCINOMA
- OTHER EPITHELIAL TUMORS
- OTHER TUMORS

ANATOMOPATHOLOGY

DIAGNOSIS

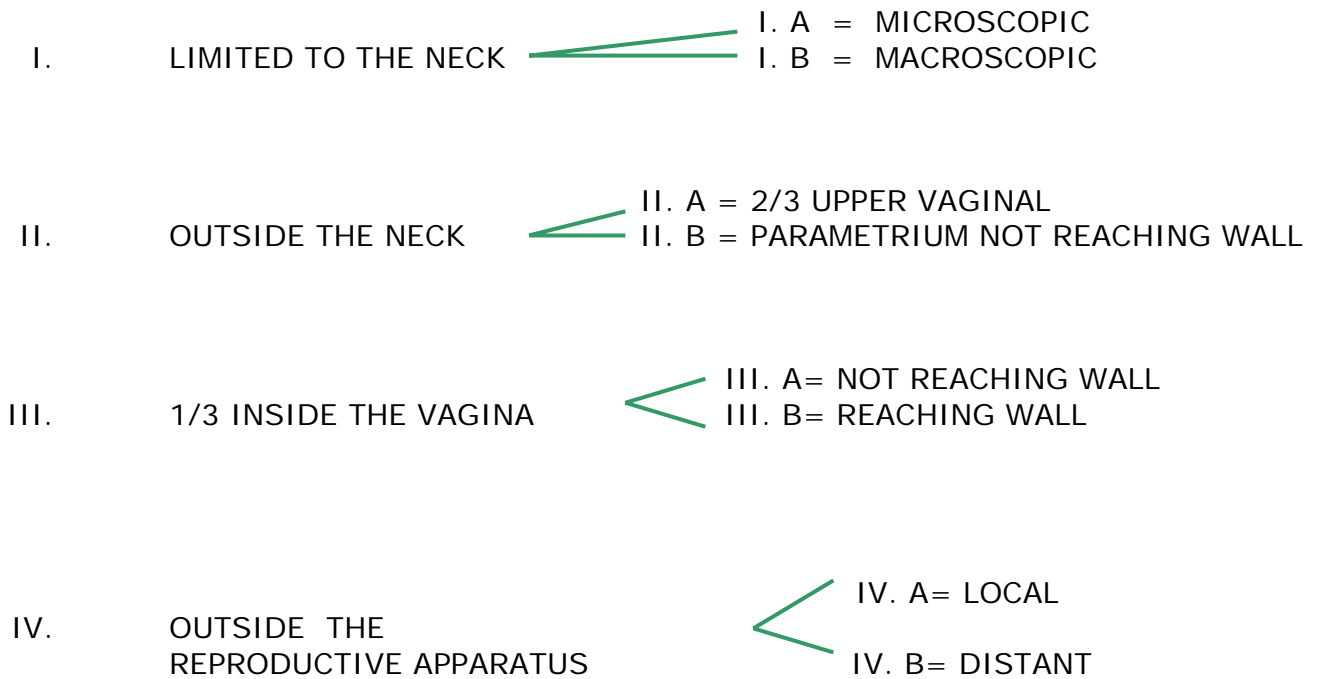
GYNECOLOGICAL EXAM
COMPLEMENTARY TESTS

INTRAVAGINAL UROGRAPHY
CYSTOSCOPY
CT SCAN
MAGNETIC RESONANCE
LAPAROSCOPY

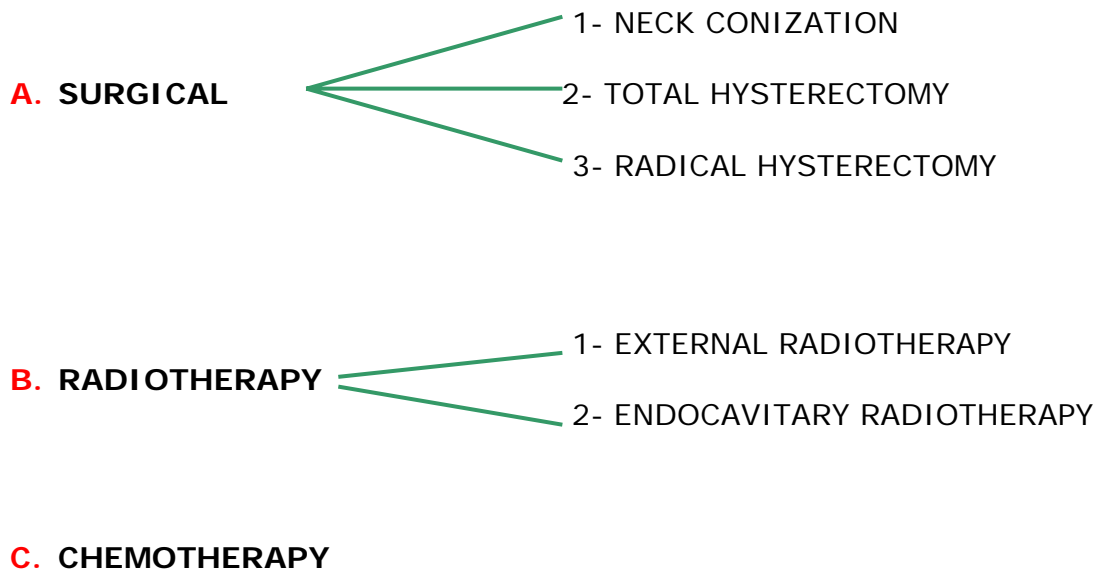
DISSEMINATION

BY LOCAL EXTENSION
LYMPHATIC
VASCULAR

STAGES



TREATMENT



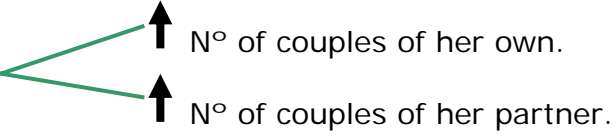
1.2 GUIDELINES FOR PRECOCIOUS DETECTION (NEW)

- a) First cytology starting at the age of 25 on and not since the first sexual intercourse as until now.
- b) Annual cytology; three tests, after the third normal one, a test every three years.
- c) In women under 20, cytology must be carried out only when under risk factors.
- d) If for 10 years more than two cytologies were normal, they are suspended at the age of 65.
- e) Use the anatomopathologic classification by which lesions are detected and will not turn into cancer.
- f) Keep doing cytologies to women with partial hysterectomy due to benign pathology.
- g) Keep doing cytologies to women with total hysterectomy only if there is risk of intraepithelial intravaginal neoplasia.
- h) Add the **HUMAN PAPILOMA TEST** (HPV) in women with one or more risk factors.
- i) Post-delivery or caesarean... if the first cytology is normal keep doing it every three years.

1.3 PAPILOMA TEST (HPV)

It is carried out to determine the virus oncogenic strains, in case the cytology was +
According to the protocol it must be done in women with one or more risk factors.

RISK FACTORS

- Sexually active women
 - Repeated genital infections.
 - Genital warts.
 - Immunodepression = AIDS
CORTICOTHERAPY
 - Multipara.
 - Oral contraception for a long time.
 - Elder women without previous cytology, or with ambiguous cytology.
 - Women without regular controls.
 - Women with couples HIV (+).
- 

1.4 PATHOLOGIC CYTOLOGY

a) Normal Cytology and Metaplasia.

b) ASCUS = "Atypical Squamous Cells of Undetermined Significance".

c) CIN I = Abnormal) LOW GRADE SIL

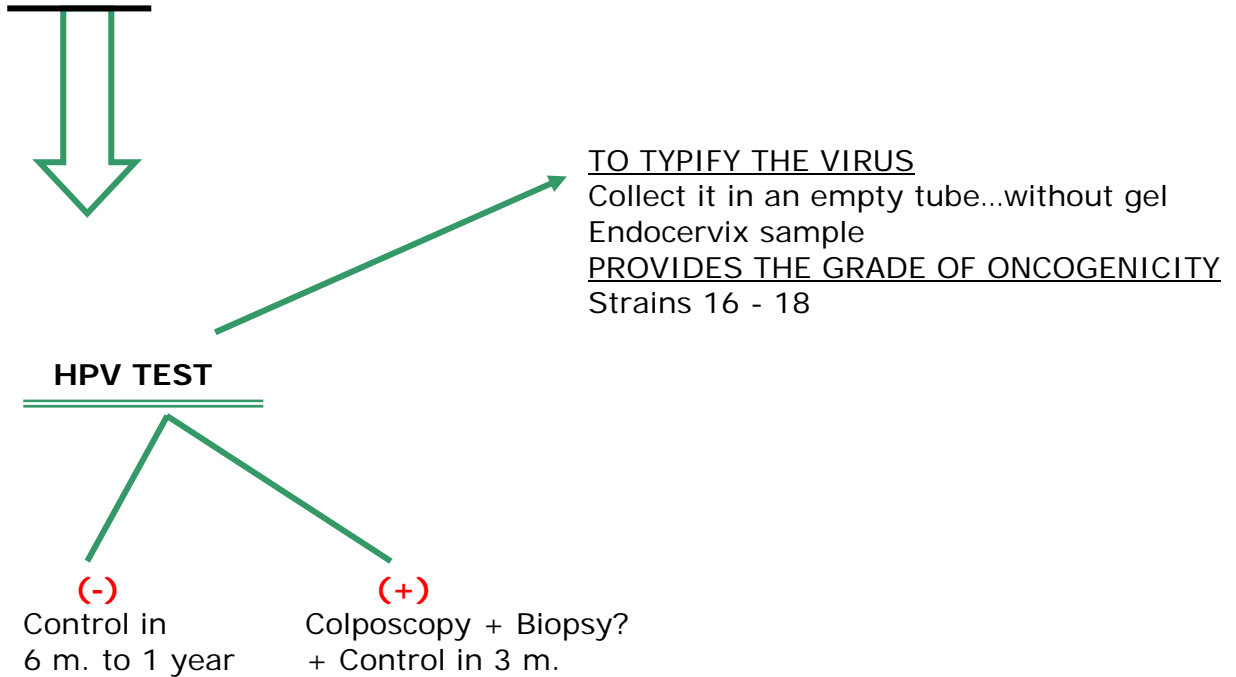
d) CIN II)
e) CIN III) HIGH GRADE SIL

f) Carcinoma in Situ

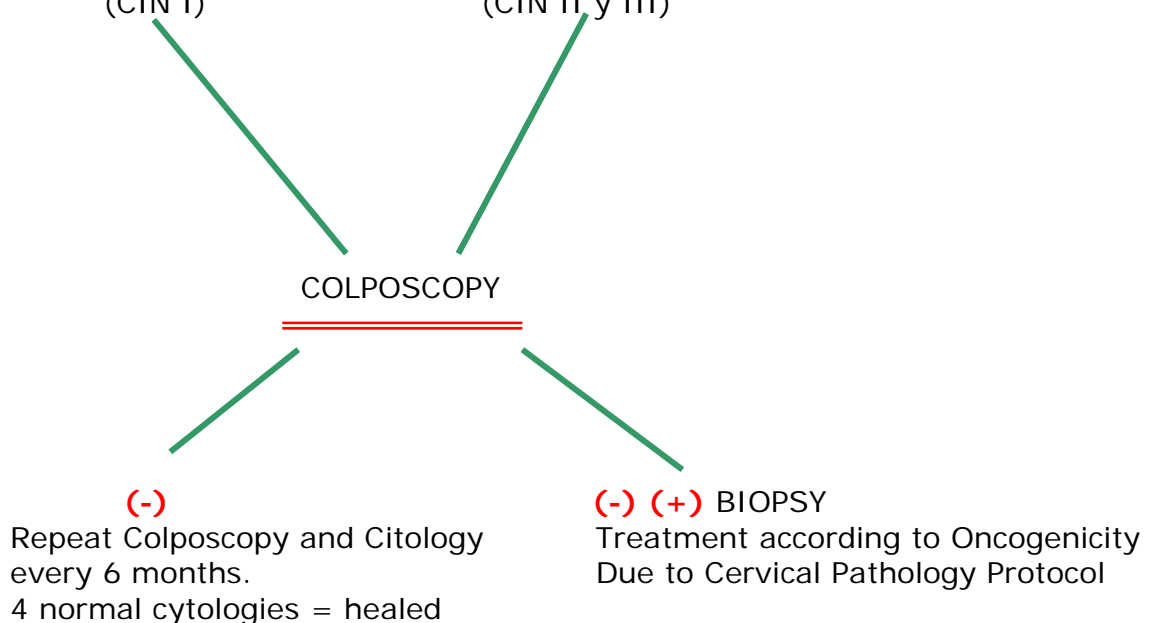
PROTOCOL OF CYTOLOGY

a) **NORMAL CYTOLOGY AFTER 3** = Cytology is done every 3 years

b) **ASCUS**



c) **LOW GRADE SIL (CIN I)** + **HIGH GRADE SIL (CIN II, y III)**



2. HUMAN PAPILOMA VIRUS

The most frequent viral infections of the lower genital tract are caused by the human papilloma virus, some herpesvirus and the contagious mollusc virus.

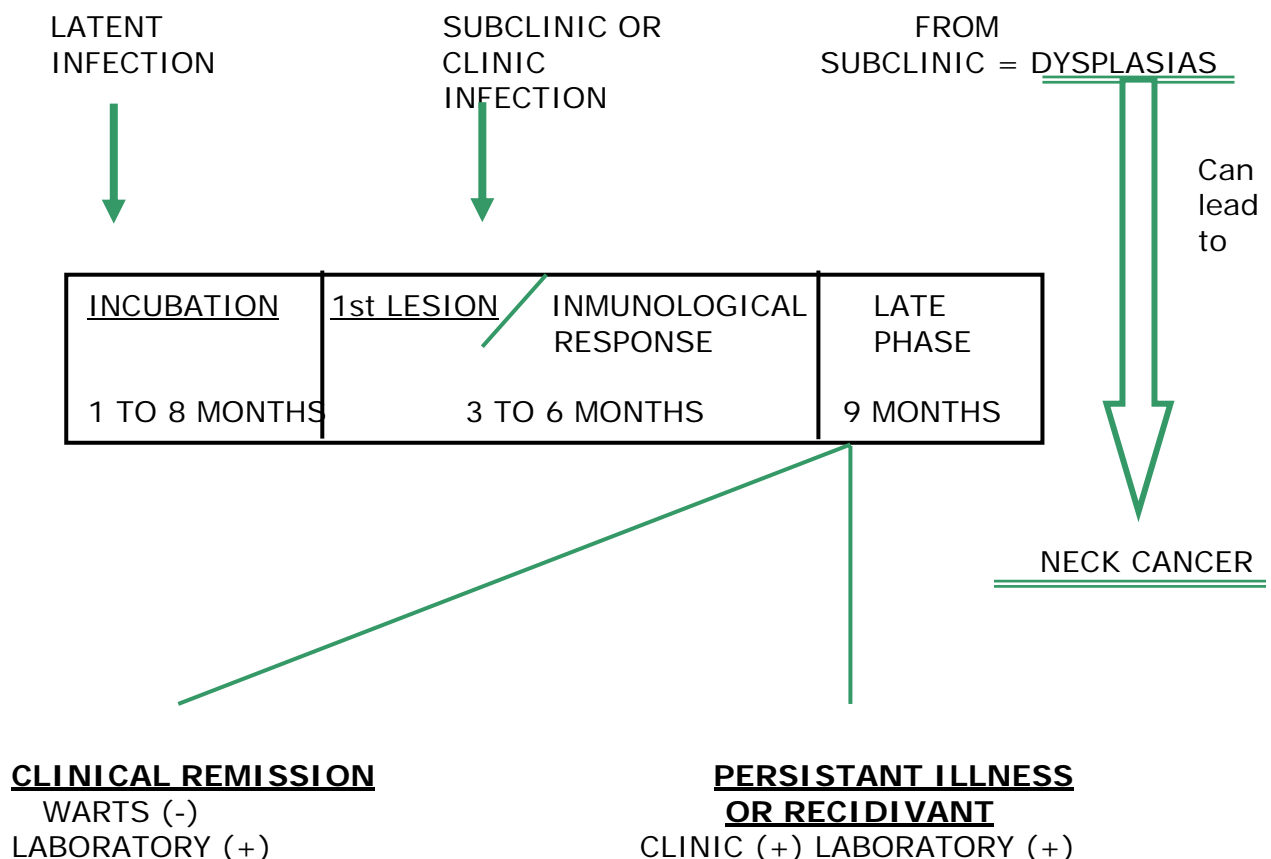
The clinical manifestation are genital warts, which we know today were surprisingly diagnosed for the first time by CELSUS 25 years a.C.

Afterwards, Greek and Roman doctors discovered their connection with sexual transmission. This and the viral origin of the lesions was confirmed by the middle of the last century.

More than 84 different virus genotypes are known. The 6 and 11 or of "low risk" are related to vaginal condylomas, and papillomavirus 16 and 18 or of "high risk" to the preneoplastic lesions and the anogenital cancer.

2.1 CONTAGION

It takes place through micro traumatism during coitus with an infected person. There is an incubation period from one to eight months...three is the average during which the infection is LATENT, and then the immunological response appears (antibodies).



The infection of the genital tract by HPV is usually acquired by sexual transmission heterosexual or homosexual (masculine or feminine), vaginal, anal or oral coitus, or by digital contact.

2.2 FACTORS WHICH FAVOR THE INFECTION

- SEXUAL PROMISCUITY
- CLINICAL CONDYLOMATOSIS
- IMMUNOSUPPRESSANTS (HIV)
- CHEMOTHERAPY
- CORTICOTHERAPY
- TOBACCO ADDICTION
- PREGNANCY

AREAS + Frequently affected

- ANUS
- VULVAR INTROITUS
- LOWER LIPS
- UTERINE NECK
- TRANSITIONAL EPITHELIAL AREA OF THE UTERINE NECK

2.3 DIAGNOSIS H.P.V.

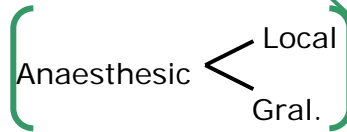
- CLINICAL = Warts
- CYTOLOGICAL = koilocyte = cells with typical alterations of papilloma virus which are informed in the cytology.
- COLPOSCOPICAL = Infection
 - Clinic with lesions
 - Subclinic without lesions
- HISTOLOGICAL = Through biopsy
- VIROLOGICAL = HPV TEST (+) with clinic (+) and/or (-)

2.4 HPV TREATMENT

The objective of the treatment is to eliminate the lesions since nothing can eliminate the virus from the body. Although it is attenuated.

SURGICAL

- SURGICAL SCISSION
- LASER
- ELECTRODIATHERMY



NON SURGICAL

- TRICHLOROACETIC ACID:
Exsiccant 30% - no toxic
- PODOPHYLLIN: Contraindicated - Gestation
70% Remission - Lactancy
- Open wound
- 5 FLUOROURACIL
60% Remission
- CRYOTHERAPY: Silver nitrate
- COMPLEMENTARY MEDICINES
 - HOMEOPATHIC MEDICINE
 - TRADITIONAL CHINESE MEDICINE
 - NATURISTIC MEDICINE

MEDICAL HOMEOPATHIC TREATMENT OF THE HPV INFECTION

When in presence of the clinical manifestations of the infection by HPV as well as in the sub-clinical cases, in which the infection is discovered by cytology, the homeopathic treatment is in first place always done with the constitutional remedy or similimum.

As in every homeopathic clinical record, the symptoms gathered from the anamnesis are hierarchically arranged prioritizing the mental ones and then the general and particular ones.

Apart from the constitutional remedy or similimum, there are others with a certain appeal to verrucous or condylomatous lesions such as THUJA which can also be used as tincture for topications.

Another medicine appealing to these lesions is the Nitritum Acidum in this case also accompanied by great exhaustion and general tiredness.

Medorrhinum is a nosode also used in unspecific genital infections...gonorrhoea and suppressed condylomas too.

It is difficult for the lesion to be completely erased with other medicines without the use of this nosode.

It can also be done HPV



Autonosode

A lab sample of vaginal secretion, scraped warts or condyloma is taken and collocated in a tube with one measure of alcohol and three of water. Then, the preparation of a medicine using that sample in a delusion of 200 K is requested.

3. VACCINE AGAINST HUMAN PAPILOMA

The human papilloma virus is transmitted by contact (not by fluids) during sexual intercourses.

The use of condom lowers the contagion, but it doesn't eliminate it.

Some types of human papilloma virus have oncogenic capacity, and provoke uncontrolled mitosis, dysplasia, carcinoma in situ and uterine neck cancer.

Having the virus is a necessary but not sufficient condition to develop a cancer. Poverty, addiction to tobacco and other unknown factors are key factors for the development of the illness.

Women are infected when beginning to have sexual intercourses.

What matters is the infection kept for decades. Many times a woman can get the infection and eliminate it by natural means, complementary medicines or even spontaneously.

The permanent infection is slow, since it takes 10 years to produce precancerous lesions and other 10 years to produce cancer.

Spain is among the countries worldwide with lowest mortality for Uterine Neck Cancer. 175.000 women die per year. Approximately 600 of them because of Neck Cancer and out of the 600, 30% have never had a cytology done.

Women who have cytologies done are in general the ones who less need them, (healthy, young and educated...). However, a "popular" program to allow precocious diagnosis within women with higher risks hasn't been organized yet.

Tetravalent vaccine currently authorized, has proved to be efficient to prevent the contagion (not the cancer...) of the strains type 16 and 18, which are attributed a 70% of Uterine Neck Cancer, and what is even more important to reduce the pre-cancerous lesions originated by persistent chronic infection in many infected women whose cancer will be developed after 10 or 20 years.

It would be reasonable to expect this positive effect...but we can't forget how short the period of research has been compared to the time the illness takes to develop.

The tested effect of the vaccine lasts 5 years and the development of cancer takes decades. Besides, we know that the virus is a necessary but not sufficient condition to develop neck cancer.

We also know that the vaccine is neither active against all the viral types which produce cancer, nor in women already suffering from a persistent infection.
Therefore, it is not the vaccine against Neck Cancer, as it is advertised.

Taking this into account, we shouldn't arrogate cancer to every condylomatous lesion of the uterine neck.

What matters is the infection kept for decades. Many times a woman can get the infection and eliminate it by natural means, complementary medicines or even spontaneously.

70% of women sexually active may have had an infection provoked by the papilloma virus during their lives, it is said that only 1% will develop a Cancer in situ, a lesion that can be precociously discovered by cytology and healed.

75% of women in Spain have a cytology done at least every 3 years. Among a population of women between the age of 30 and 65 with three consecutive normal cytologies, the incidence of uterus cancer is lowered to zero.

It is proposed the vaccination of girls between the ages of 9 to 12, with quite a flexible calendar for 3 doses.

The vaccine generates antibodies which will eliminate the virus; but its efficiency hasn't been proved among the age group receiving the vaccine, in this case only its immunological capacity has been demonstrated.

The demonstrated period of efficiency is 5 years.

Leave our girls in peace and protect their bodies from not clear options and interventions such as this vaccination.

We know that most women suffering from neck cancer have never had a previous cytology done, neither once nor periodical. I believe this is what brings the topic into light...the necessity to make a greater effort regarding the cytologies.

Neck Cancer used to be one of the main reasons for death in the USA, until the introduction of cytologies during the fortieth decade. Nowadays, those deaths have been reduced in more than 80%.

In the USA where Neck cancer is even much more frequent...they have already started the vaccination and demonstrated complications derived from it such as polyneuritis of Guillain-Barré and other polyneuritis in very low proportions of vaccination.

I believe we are facing again the creation of a new "epidemic" to sell a product of the pharmaceutical industry.

If in Spain there isn't a real epidemic of Neck Cancer, if the benefits of vaccination are not that clear (at least by now), if in a couple of years we will possibly have more conclusive information to help us decide...why not to delay the decision and take advantage of this time to improve popular programs to help us detect this cancer precociously in high risk women such as immigrant, prostitutes, outsiders, etc.?

As far as I know, promoting the practice of cytologies once a year among the before mentioned groups instead of doing it every three years, as it has been established without taking into account the differences among the feminine population, should be the first step to take instead of the excessive expense not only economical but also for the girls this vaccination implies.

This is the first vaccine which refers to a personal sexual behavior.

We don't know yet how, but it will for sure have an influence on the different human sexual spheres.

Last but not least...don't stop reading between lines the message that neither virgin women nor the ones with a "perfect" monogamous couple will ever get infected.

DR. MÓNICA PUGA

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