

# Balanitis evoked by abuse of intimate washing: Two case reports where circumcision encourages the solution of the problem

**Lorenzo Martini**

*University of Siena, Department of Pharmaceutical Biotechnologies, Via A.Moro 2, 53100 Siena, Italy*

**Corresponding author:** Lorenzo Martini, e-mail: martinil163@libero.it

Sir,

In nineteenth century penile inflammations characterised by red erosions and pain on glans and on foreskin and foul smelling discharge, were baptized as mal napolitain (by French militaries that had contracted the disease in Italy, or mal franzoso, by the Italian soldiers that had contracted this syndrome during campaigns in France), despite all Catholic and Christian cultures of Old Continent have been coining several epithets for balanitis as Grosse Verole, Grandcor, Bøesen Blattern, Bubās, Pudendagra, Passio Turpis saturnine, Gorra and this means that this urological malady has been always existing for centuries throughout all the aforesaid populations.

It is fascinating moreover that urologists belonging to religions not allowing circumcision, refer that balanitis is more frequent in circumcised than in uncircumcised men. Van Howe [1] found that circumcised boys need to be closely monitored for balanitis than uncircumcised boys.

Weiss et al assumed that male circumcision were a potential risk of syphilis, chancroid, and genital herpes [2]. Øster reported no balanitis in 9,545 observations of uncircumcised Danish boys [3].

There are indeed some A.A. that assume neonatal circumcision should be mandatory to prevent from urinary tract infections in infancy [4], or preconize general male circumcision as a normative practice to have to be hallowed by the World Health Organisation [5].

Apart from these statistical divergences, it is ascertained that an usual cause, amongst the various ones of balanitis, is the excess in washing [6] especially when aggressive bath intimate foams containing cationic surface active agents are employed, which are characterised by a very wide antibacterial spectrum.

I am strenuously persuaded that circumcision (e.g. the Khatna) reduces almost to half the incidence of balanitis.

## CASE REPORT

Here follow two case reports of two waiters, employees at the canteen of a college (36 years) the former circumcised, the latter uncircumcised, that suffer from balanitis, because of excess of washing, due to their job indoor that coerces them to wash deeply every evening, using aggressive syndets.

Before to introduce my dermal-cosmeticological method to solve the two cases, it is better to clarify that the anaerobic microflora of the prepuce amounts to 95.% of the total colony-forming units per square centimeter (peptococci, peptostreptococci, propionibacteria, bifidobacteria, eubacteria, and bacteroides, that after all represent the symbiotic bacterial component) and that the aerobic flora consisting most commonly of nonhemolytic streptococci and diphtheroids, represents the fraction of the commensal and pathogenic bacteria.

Cationic surfactants, ingredients of intimate bath foams, boast the eradication of all bacteria of human

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mucosa, and therefore all symbionts bacteria sojourning in the prepuccial area are destroyed.

It is well known that lactic acid producing lactobacilli are welcome for the care of internal mucosae both in man and in woman and this is an exemplary reason why drinking yogurth, kefir and Koumīs in equatorial districts is advisable), some of the aforesaid lactobacilli are pathogens or commensals, albeit *Lactobacillus delbrüeckii subsp. bulgaricus* is the sole capable to transform lactose of milk in lactic acid and is an excellent symbiont.

A nouvelle vague coming from Australia and Canada that will invade all the world, forecasts the employ of raw unpasteurised cow milk as biological cosmetic.

Unpasteurised milk plus *Lactobacillus delbrüeckii* is the method I ideated to nurse the two waiters' balanitis: lactose in unpasteurised milk is present is under its osazonic form, so that lactobacillus is able to transform it in acid more copiously.

The treatment I propose consists in spreading onto the glans and let it stand overnight a toffee-like-mousse made up with raw milk and lactose, where finally lactobacillus delbrüeckii is dispersed, for two weeks.

## DISCUSSION

Unequivocal positive results are observed in case I, the circumcised man, after the third night of application, meanwhile some potential amelioration is visible in uncircumcised man (Case II) only after the 11<sup>st</sup> night, but it is amazing to observe that after two weeks

Case II's aspect of penis does not appear safe and well treated as Case I's one.

I deem the hypothesis I proposed could be reputed right, and, statistically, almost according to the empirical observations of these case reports, circumcision can reduce the risk of incidence of balanitis to 79%.

## CONSENT

The examination of the patient was conducted according to the Declaration of Helsinki principles.

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