

# Persian desert salt and sapphire-laser applications to treat Bartolinitis in seven days

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Sir,

The Bartholin's glands are located on each side of the vaginal opening. These glands secrete a fluid that helps lubricate the vagina. Sometimes the openings of these glands become obstructed, causing fluid to back up into the gland. The result is relatively painless swelling called a Bartholin's cyst [1-7]. If the fluid within the cyst becomes infected, one may develop a collection of pus surrounded by inflamed tissue (abscess).

A Bartholin's cyst or abscess is common. Treatment of a Bartholin's cyst depends on the size of the cyst, how painful the cyst is and whether the cyst is infected.

In case of severe inflammation, surgical drainage of the Bartholin's cyst is necessary. If an infection occurs, antibiotics may be helpful to treat the infected Bartholin's cyst.

Just in case of a small, noninfected Bartholin's cyst, one may not notice it. If the cyst grows, the patient might feel a lump or mass near the vaginal opening. Although a cyst is usually painless, it can be tender.

A full-blown infection of a Bartholin's cyst can occur in a matter of days. If the cyst becomes infected, one may even experience:

- A tender, painful lump near the vaginal opening
- Discomfort while walking or sitting
- Pain during intercourse
- Light-mild Fever

A Bartholin's cyst or abscess typically occurs on only one side of the vaginal opening.

Our foremothers and ancestral shamans used to apply gauges filled with halite or rock salt in hottest water and left these compresses overnight.

The AA of this short communication have chosen a woman (26 y. old) who showed the typical manifestations of Bartolinitis at its last degree (purulent cystitis: its thickness is the one of an apricot).

Following the suggests of our ancestors the AA prepared seven gauges filled with Persian salt (Semnan's salt), that is a rock salt originating during millennia in the desert of Semnam in Persia.

It contains sodium chloride and potassium chloride, but even sapphir that is extremely rich in Allumina.

It must be stressed that the use of ordinary antiperspirant agents (eg, 6.25% **alumina**) were **advised first** in 1854, by Verneuil: its action was to be associated with the **suppurative** processes borne by eccrine **glands**, and moreover in 1922, Schiefferdecker assessed that the Bartolini's may play a chief role in hidradenitis suppurativa.

The same AA have had experience with a patent edited in 2007 by Donald R. Korb, Timothy R. Willis and Stephen M. Grenon [8], who disclosed a method that comprises applying regulated heat to meibomian glands of the eyelids when suppurative, that is reaching a temperature adequate to melt at least one obstruction within at least one meibomian gland. The method also comprises maintaining the regulated heat for a time period adequate to place the at least obstruction in the melted state. The method further comprises positioning a pressure application device into contact

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with the patient's eyelid and applying a pressure with the pressure application device over a substantial portion of the eyelid to express the at least one obstruction from the meibomian gland. An apparatus suitable to treat meibomian glands comprises a heater, a controller, and a pressure applicator configured to be placed into contact with the eyelid and apply a pressure over a substantial portion of the eyelid to express the at least one obstruction from the meibomian gland.

Amongst the devices the inventors employed there was a laser light supplied by sapphire and argon.

The AA used laser blue light (obtained by supplement of sapphire) and want to recall that in chromotherapy, blue light is suggested to cure abscesses and epidermal tumescences.

The gauzes were applied on the inflamed gland for 12 hours, afterwards, in the morning followed to the blue laser application for 2000 seconds (1,000 J/0.5 W).

After seven days of application of Semnan's salt and blue laser the Bartolini's cyst disappeared at all.

During the first three days the tumescence tend to diminish even if the pus is evident.

From the 4<sup>th</sup> day the remission is very rapid.

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