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miconazole. The mycologic and clinical cure rates were as follows:

Boric acid	varied from 40% to 100%
Nystatin	50%
Terconazole	70%
Flucytosine	90%
Itraconazole	90.9%
Clotrimazole	36%
Ketoconazole	50%
Fluconazole	28.6%–92.3%
Buconazole	100%
Miconazole	100%

The recurrence rates ranged from 0% to 45.5% in those using boric acid. None of the studies found statistically significant recurrence rates. Vaginal burning sensation was reported in <10% of the cases, and watery discharge during treatment and vaginal erythema were reported in 7 studies.

Candida albicans is involved in 80% to 90% of all vaginal yeast infections, followed by *C. glabrata* in 5% to 10%, *C. tropicalis* 5%, and *C. krusei* in 1%. There appears to be an increase in non-*albicans Candida* species. Theories as to the cause include more resistance to conventional antifungal treatments with azoles, inadequate use of over-the-counter antifungal drugs, longer and more prevalent use of antibiotics that then reduce the protective vaginal flora of *Lactobacillus* species, and possibly noncompliance with any particular treatment regimen or inadequately treated yeast vaginitis infections. Resistance to azole medications is a common finding in recurrent vulvovaginal candidiasis cases. Boric acid suppositories have been around for a very long time and are both antibacterial and antifungal, although their exact mechanism of action is not clear. One hypothesis is the vaginal acidification of boric acid, which then leads to fungal cell wall penetration and disruption of the fungal cell membrane. However, because boric acid's minimum inhibitory concentration works best at a pH similar to that of a normal uninfected vagina, the hypothesis of increased acidity may not explain its therapeutic effects. From the review of the literature in this current research review paper, boric acid in vaginal suppositories twice per day for two weeks has an optimal outcome and rates are comparable to nystatin, flucytosine, and the azoles; and the recurrence rates are small in most of the studies.

Soy and Breast Cancer Survivors: Once Again … Not Only Safe, but a Good Thing

Data from the Women's Healthy Eating and Living (WHEL) were used to examine the effect of soy intake on breast cancer prognosis in 3088 breast cancer survivors.[6] These women were early stage breast cancer patients who were followed for an average of 7.3 years. Soy isoflavone intakes were measured after the diagnosis with a food frequency questionnaire. The association between soy intake and breast cancer recurrence and/or death was then tracked. As soy isoflavone intake increased, the risk of death decreased. Women at the highest levels of soy isoflavone intake (>16.3 mg isoflavones/day) had a 54% reduction in risk of death.

This is the third epidemiologic study to report no adverse effects of soy foods on the prognosis of breast cancer. Soy foods, which contain isoflavones (phytoestrogens), shows both antiestrogenic and estrogenlike properties. The confusion and controversy have been that many studies have shown that isoflavones may protect against an initial breast cancer, but in a very few laboratory studies, certain isoflavone components of soy have been able to enhance the proliferation of breast cancer cells in select doses, and have been able to both promote and inhibit mammary tumor growth in rats.

However, in 2009, some clarity began to emerge for breast cancer patients. In breast cancer survivors, one study in Asian women (the Shanghai Breast Cancer Survival Study) and another in US women (the Life after Cancer Epidemiology study) suggest that soy-containing foods do not negatively affect breast cancer prognosis, do not counteract the effect of the breast cancer drug tamoxifen, and may in fact provide potential benefits in decreasing risk of recurrence or death from breast cancer.

The current study has explored this issue further, by examining data from a randomized controlled trial, the WHEL study. The results of this study, and the two previous in 2009, should give practitioners and women alike great reassurance in the safety of soy consumption for women with who have/have had a diagnosis of breast cancer. We no longer need to advise against soy consumption for breast cancer survivors. This is great news, given all the potential health benefits of soy for bone health, and cardiovascular health, and generally as a part of a whole-foods and healthful diet.

Notes

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