

GENITAL HERPES ON THE PENIS AND TOPIC USE OF *UNCARIA TOMENTOSA*: CASE REPORT

HERPES GENITAL PENIANO E USO TÓPICO GEL DE UNCARIA TOMENTOSA: RELATO DE CASO

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ABSTRACT

Introduction: genital herpes is an infectious sexually transmitted disease that affects people from different socioeconomic strata, it is widespread throughout the world and a frequent cause of painful genital lesions in men and women. **Objective and Methods:** to report a case of a patient with penile ulcers initially treated with various topical and oral products, who finally used *Uncaria tomentosa* gel topically. The final diagnosis was genital herpes. **Results:** The symptoms of pain and burning had rapid remission. The clinical course was satisfactory and after a week, the patient, with no lesion, reported having had sexual intercourse without discomfort and returned to professional activities. **Conclusion:** the topical use of *Uncaria tomentosa* gel 50 mg/g in penile ulcers was well tolerated, and showed no side effects with relief of local symptoms.

Keywords: genital herpes; *Uncaria tomentosa*; treatment, STD.

RESUMO

Introdução: herpes genital é uma doença infectocontagiosa de transmissão sexual que acomete pessoas das mais diversas camadas socioeconômicas e está disseminada em todo o mundo, sendo uma causa frequente de lesões genitais dolorosas em homens e em mulheres. **Objetivo e Métodos:** descrever caso de paciente com úlceras penianas inicialmente medicado com vários produtos tópicos e orais que por último usou, topicamente, gel de *Uncaria tomentosa* e o diagnóstico final foi herpes genital. **Resultados:** os sintomas de dor e ardor tiveram rápida remissão. A evolução clínica foi satisfatória e após uma semana o paciente, já sem lesão, informou ter tido relação sexual sem incômodos e retomado as atividades profissionais de forma plena. **Conclusão:** o uso tópico de gel de *Uncaria tomentosa* 50 mg/g em úlceras penianas foi bem tolerado, não teve efeitos colaterais com alívio dos sintomas locais.

Palavras-chave: herpes genital; *Uncaria tomentosa*; tratamento, DST.

INTRODUCTION

Genital herpes (GH) is characterized as an infectious and contagious disease generally transmitted by direct sexual contact. However, in many cases the source of contamination is not known. Most times, GH is caused by the herpes simplex virus type 2 (HSV-2) and, in some cases, by the herpes simplex virus type 1 (HSV-1). HSV-1 and HSV-2 are DNA viruses, which are thermolabile and sensitive to ether, phenol and formaldehyde, being partially inactivated by ultraviolet radiation. However, they are resistant to cooling⁽¹⁻³⁾.

The disease is subject to repetition of crises and its period of incubation is from 1 to 26 days (mean of 7 days). The contact with ulcerated, ulcerated or vesicle lesions is the most common contamination pathway, but transmission can also take place through an asymptomatic person⁽¹⁻³⁾. The disease is spread all over the world, affecting people from different socioeconomic strata in the populations^(2,3). Clinical manifestations can be divided into primo manifestation or recurrent. In general, the primo manifestation comes after symptoms such as erythema, burning sensation, mild pruritus and pain. Grouped vesicles appear on the erythematous base and stay there from four to five days; then comes the erosion. The whole process can last from two to three weeks. The appearance of a single lesion occurs in some cases. The genital condition often comes

with fever, migraine, general indisposition and myalgia. Inguinal or femoral adenopathy occurs in approximately 70% of the cases⁽¹⁻³⁾.

In the recurrences, depending on many factors, lesions were less intense and lasted a shorter period of time in comparison to the primo manifestations. The treatment to eliminate the GH virus is still inefficient and aims at minimizing the effects and the duration of the crises⁽²⁾. Oral acyclovir, famciclovir and valacyclovir are the most effective medicines used to treat GH⁽²⁾. Topical antiviral therapy with acyclovir brings little clinical benefit^(4,5).

OBJECTIVE

To describe the case of a patient with penile ulcers, diagnosed with GH, initially treated with different topical and oral products, finally using the topical gel of *Uncaria tomentosa*.

CASE REPORT AND DISCUSSION

A man in the sixth decade of life referred by a colleague general practitioner reported the presence of penile ulcers for more than 30 days.

He informed that the lesions were painful and did not disappear after using several medications, such as: polyvalent dermatological cream (with antibiotics, antifungal cream and corticoids), oral antibiotics (cephalexin, azithromycin, ciprofloxacin), bath with potassium permanganate solution, silver sulfadiazine and gentian violet.

The patient mentioned that, at night, before going to sleep, he felt pruritus on the glans and discomfort (not necessarily pain) in the penis and in the right scrotum. In the next morning, he observed two "blisters" on the glans. In the afternoon, the discomfort in the

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penis increased, with pain and burning sensation. At night, he presented general indisposition, as if he had the flu. Since he did not know what to do, he used a moisturizer and took a pain killer. On the next day, during shower, he rubbed the area and the blisters ruptured. Then, he noticed the area was inflamed and that the pain continued, even with the constant use of painkillers/anti-inflammatory. Since he did not feel any satisfactory improvement, he looked for a doctor on the sixth day after the onset of the problem, and was advised to use a polyvalent dermatological cream. He said he saw some improvement, but the lesions did not disappear. However, after some days, they returned.

He came back to the doctor, who prescribed oral acyclovir: 400 mg 3 times a day, for 5 days. Since he did not see any improvement, he decided to interrupt the treatment on the third day. He used several topical products, without satisfactory improvement. Then, finally, he decided on his own to apply gentian violet on the lesions.

He reported that this problem affected his quality of life. He missed work days, worked inefficiently, stopped traveling for business and did not have any sexual activity.

Then, he was advised to look for us. By telephone, at night, we asked him not to clean nor apply any product on the penis until our appointment, which took place in the next afternoon.

At clinical examination we observed the glans had several ulcerated lesions, with purulent inflammatory process and purple areas (**Figure 1**).

We collected scrape samples from the lesions for Gram bacterioscopy, stained cytology and polymerase chain reaction (PCR) for herpes simplex virus (HSV).



Figure 1 – Extensive ulcers, reported as painful, on the penis.

During the appointment, we applied *Uncaria tomentosa* on the affected area, 50 mg/g (free sample, lot 130688) and advised him to use the phytotherapy medicine 3 times a day, for 5 days. We also requested the serology for VDRL, anti-HIV, anti-HBs, anti-HCV and HBsAg.

Two days later, the patient returned and showed great evolution. He reported not feeling any discomfort in the region, and the process of lesion remission was clear (**Figure 2**).

In this occasion, we talked again and the good medical conduct indicated examinations also for the sexual partner. The patient said he would talk to his wife. However, he claimed she did not complain of genital alterations and that, not long ago, she had undergone a gynecological test, with normal results.

The patient used the phytotherapy cream for six days. However, on the last day he used it only once, because he did not think the product was still necessary, since he did not present any pain and the lesions were practically gone. Also, he had sexual intercourse again, using a condom, and went back to his professional activities.

Since all serological tests were non-reactive, we prescribed a vaccine against hepatitis B.

The stained cytology from the lesion scrape suggested cytopathic effect caused by the herpes virus (multinucleation) and the HSV-DNA test by PCR was positive. The Gram bacterioscopy was inconclusive.

The patient possibly presented a primo manifestation of GH, with consecutive crises, so that the length of the lesions was longer. On the other hand, the little time of use of oral acyclovir may not have been sufficient to reduce the time of clinical manifestation.

Many publications acknowledge⁽⁶⁻¹²⁾ that the topical use of *Uncaria tomentosa* 50 mg/g has excellent results in the symptomatic treatment of genital lesions caused by the herpes virus.

Figure 3 shows a lesion-free genital area, two weeks after the phytotherapy treatment. However, we would like to point out that,



Figura 2 – Importante remissão das lesões penianas dois dias após início de uso tópico do fitoterápico *Uncaria tomentosa*.



Figura 3 – Total remissão do processo ulceroso.

according to the information from the patient, the signs and symptoms completely disappeared in six days.

It is important to consider that good and efficient medical care involves the search for the etiological diagnosis of genital lesions, since the first appointment. On the other hand, the population should understand that self-medication often makes it more difficult to diagnose and cure the disease.

Despite our proposal, we did not talk to the person the patient had sexual intercourse with.

However, it is up to the medical assistant to pay attention and consider that lesions such as the ones presented by our patient may have a negative influence on quality of life, besides causing problems at work, such as absenteeism or presenteeism.

CONCLUSION

The topical use of *Uncaria tomentosa* 50 mg/g on penile ulcers was well tolerated, did not have side effects and was efficient to relieve the symptoms of GH.

Conflict of interests

The authors MRLP, JEJ and SMBC were collaborators in the monography of the product Imunomax® (*Uncaria tomentosa*), from the Herbarium Laboratório Botânico Ltda.

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