ABSTRACT

New antibiotics induced new resistant bacteria. Then, we created the next new antibiotics to this next resistant bacteria. However, the next new antibiotics produced the next next resistant bacteria. This chain reaction is the endless battle between human beings and bacteria. Methicillin-resistant staphylococcus aureus (MRSA) has become an increasingly common cause of difficult-to-treat infection, especially for the younger and/or older patients. Therefore, we strongly recommended to create the new therapy which did not produce the new resistant bacteria.

INTRODUCTION

METHODS AND SUBJECTS

1. Three concurrent combined therapy on the MRSA otitis

Three concurrent therapies using two local treatments, ear irrigation with normal saline and nasal povidone iodine gel treatment, and Japanese herbal medicine systemic administration were applied 3 times or week to 13 patients with MRSA infected ears. In this study, we first selected Hocchuekikitou as Japanese herbal medicine. When Hocchuekikitou is not effective, Japanese herbal medicine was changed to Jyuzentaihotou.

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RESULTS

CONCLUSIONS

DISCUSSION

1. Out-patient therapy

This therapy can be selected at any hospital. The medicines which used in this therapy are easily obtained at any hospital. Therefore, you can employ this treatment at any time at anywhere.

2. City-acquired MRSA (CA-MRSA)

Recently, CA-MRSA infections are gradually increased. The present therapy is effective even for the CA-MRSA infection, too.

3. Cheaper therapy

The fee is cheaper compared to use the anti-MRSA antibiotics. However, it takes several weeks to be able to cure the MRSA infection.

4. Tamropamol

When the patients have a good indication of the tamropamol, this therapy should be selected as the first choice.

5. No side effects

We have not experienced any serious side effects.

6. The numbers of cases

The present cases are 13 patients. We should accumulate more patients who received this therapy.

Fig. 1. First exam Fig. 2. 1 w after Fig. 3. 3 weeks.

At the first visit to our hospital, purulent otorrhea (MRSA) was visible (Fig. 1). One week after the current combined therapy, otorrhea was almost disappeared (Fig. 2). Three weeks after treatment, the edema of the mucous membrane was gradually reduced (Fig. 3).

2. Tamropamol was easily performed under the normal non-infectious condition after the present combined therapy and postoperative course was fairly good.

CONCLUSIONS

The present new combined therapy, two local treatments and Japanese herbal medicine systemic administration, is effective for the MRSA infected ears. This therapy did not produce any new resistant bacteria to the anti-MRSA antibiotics. Therefore, we strongly recommended to select this three concurrent combined therapy as the first choice, when encountered MRSA infection.

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Effects of Japanese herbal medicine on the MRSA otitis - Three concurrent combined therapy -

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