

Vaginismus Successfully Treated with Chinese Medicine- A Case Study

By Lee Hullender, MS, LAc

Abstract

Vaginismus is a painful, psychosexual dysfunction that inhibits sexual intercourse and prevents conception. Traditional Chinese medicine (TCM), effective at treating pain, may be indicated for vaginismus. This is a single case study of a 32 year old female who received TCM treatment over six months, reducing pain related to the vaginismus condition from a 6.5 to 0.5 on a VAS scale of 10, resulting in pregnancy and live birth. Vaginismus patients may benefit from TCM treatment.

Key words: vaginismus; acupuncture; traditional Chinese medicine; infertility; dyspareunia; sexual dysfunction, physiological; stress disorders, post-traumatic, herbal medicine, CAM

Introduction

Vaginismus is a painful, psychosexual dysfunction that prevents sexual intercourse and occurs in approximately 5% (Read, 2004) to 12% (Rosen, Taylor, Leiblum, & Bachmann, 1993) of the U.S. female population. The involuntary spasm of the pelvic (perineal and levator) muscles prevents or severely limits penetration during intercourse, and complicates vaginal medical exams. Vaginismus is best described as a “psychosexual dysfunction in which a woman unconsciously triggers the reflex spasm of the muscles surrounding the vagina” (Tulla et al., 2006). Diagnosis is made through physical exam noting any of the following: hypertonicity of the pelvic floor, pelvic floor motor instability, reduced ability to contract and/or relax the pelvic floor and increased muscular instability at rest (Jeng, Wang, Chou, Shen & Tzeng, 2006). In severe cases, this condition can include the leg, abdominal and gluteal muscles (Jeng et al., 2006) as well.

Primary vaginismus is determined if symptoms are present from the first attempt at vaginal penetration, and may be associated with familial, cultural or religious taboos, fear of pregnancy and/or childbirth, a history of sexual or medical trauma, or other relationship or interpersonal difficulties. Secondary vaginismus presents more commonly subsequent to a physical or psychological trauma, such as infection, menopausal

changes, pelvic pathology (Caplan, 1988) and develops after a period of time in which vaginal penetration has been comfortable. (Munasinghe, Goonaratna and De Silva, 2004) This condition can pose a significant barrier to conception and is generally under-treated when medical care is directed only at fertility. (Tulla et al., 2006).

Common biomedical treatment of vaginismus include, systematic desensitization (including biofeedback, plastic dilators and physical therapy), sex therapy, couples therapy, pharmacotherapy (including localized injection of botulism toxin), and hypnotherapy. There are limited controlled, randomized studies reflecting the effectiveness of these treatment modalities. However, case series report the most effective therapeutic strategies include couple or individual sex therapy (Munasinghe et al., 2004), or combination treatment of cognitive/behavioral sex therapy with plastic dilators (Tulla et al., 2006).

Traditional Chinese medicine (TCM) treatment including both acupuncture and Chinese herbal therapy is an effective treatment for recalcitrant pain syndromes (Berman et al., 2004, NIH, 1997). In developing a TCM clinical understanding, the involuntary spasm of the vaginal muscles may be categorized as Qi and Blood Stasis or Wind-Cold Bi Syndrome in the Liver Channel. Sexual trauma stagnates the Qi and Blood, leading to a Bi syndrome in the Liver channel, as the channel travels through the genitalia. An external pathogen allows a Wind Cold invasion and manifests as a recalcitrant channel blockage.

From the Five-element system of Chinese medicine, the Pericardium is known as Circulation/Sex. Vaginismus could be considered a physical manifestation of an imbalance within this organ that functionally governs blood circulation and controls access to sexuality. When in balance, the Pericardium allows intimacy and vulnerability while simultaneously protecting access to the “monarch” of the body – the Heart. When one is unable to be open to love, intimacy or vulnerability, there may be an imbalance in the Pericardium (Jarrett, 2001, Hicks & Hicks, 2005, Dechar, 2006). The Pericardium acts as the Heart’s gatekeeper. In the case of vaginismus, the imbalanced Pericardium remains closed and

prevents access to the Heart thereby causing a physical inability to tolerate vaginal penetration.

Another possible cause is a Ren/Du blockage. From a Five-element system, a blockage in the flow of Qi between these two vessels disrupts communication among all zang organs. This blockage can be seen in patients with a history of sexual trauma. Lonny Jarrett explains it eloquently:

“Sexual or physical abuse can lead us to suppress our instincts toward sexuality and intimacy. The origin points of yin and yang, CV-1 and GV-1, are located just in front and back of the sexual organs on the perineum and beneath the tailbone, respectively. The sexual impulse is a manifestation of the evolutionary impulse that is the authentic driving of our incarnation. Suppression of the sexuality . . . can also lead to a lack of communication between the conception and governor vessels.” (2003).

To treat this blockage, the following points are needed: *Hui Yin Ren-1, Chengjiang Ren-24, Changqiang Du-1, and Yinjiao Du-28.* The combination of these points tonifies the source of yin and yang, regulating these two channels.

Ultimately, the role of the *Jueyin* is of interest when trying to understand vaginismus, regardless of the particular system of Chinese medicine. Treating the Liver Channel/*Foot Jueyin* may be of diagnostic importance in TCM and treating the Pericardium Channel/*Hand Jueyin* may be of diagnostic importance in the Five Element tradition.

Case History

In April 2007, a 32-year-old nulliparous female presented with primary partial vaginismus, anxiety, and a desire to conceive. She also presented with diagnoses of: post-traumatic stress disorder (PTSD), irritable bowel syndrome (IBS), and polycystic ovarian syndrome (PCOS). The onset of the vaginismus occurred at age 18 after a sexual trauma. Physical symptoms included localized pain, burning and cramping, which posed a significant barrier to intercourse and subsequently ability to conceive. She had received treatment for this condition for 12 years, including muscle relaxants, biofeedback treatment, and various clinical interventions

for PTSD. She reported a 50% improvement in symptoms from these treatments.

During the initial visit, the patient reported a recent “soft” diagnosis of PCOS. Her physician based this diagnosis on her occasional increased cycle length and history of acne and oily skin. She was prescribed metformin/glucofage that aggravated her IBS in the form of urgent and loose stools.

Additional gynecological history includes: regular 27 day menstrual cycles, with three to five days of heavy flow with dark red, 1” sized clots. Sharp pain is present on cycle day (CD) 1 and 2. Pre-menstrual symptoms include bloating, breast tenderness, headaches, cramps, irritability, and acne. Regular signs of ovulation were reported in the form of small to moderate amounts of fertile cervical mucus. On the first visit, she was on CD 9.

Initially, the patient was fidgety and unable to maintain eye contact. Other relevant health information is as follows: Frequent loose stools exacerbated by metformin, episodic low appetite, gas/bloating post-prandial, constipation, nausea, irritability, red eyes, tinnitus, symptoms exacerbated by stress, cold hands and feet, neck and shoulder tension, vaginismus, easily angered, visual floaters, difficulty falling asleep, headaches, dusky complexion, palpitations, anxiety, a diffuse feeling of warm, tight feeling in chest, restlessness, difficulty concentrating, low back soreness, increased frequency of urination, occasional early morning diarrhea, gums bleeding without pain, frequent night sweats

The patient's tongue had a reddish-purple center and pale sides with teeth marks. Her tongue coat was thick and greasy at the root. Her pulses were slightly rapid, thready, and deep, especially in the right Qi position.

Her pulses and tongue were incongruent. The tongue showed an excess condition yet the pulse simultaneously showed a weakened constitution and an absence of Qi, yin, and Blood. Her situation was complex embodying both physical and mental/emotional aspects. Her initial diagnosis was Heart and Kidney disconnect leading to empty Heart Fire, Spleen Qi Vacuity engendering Dampness, Liver Qi Stagnation with concurrent Blood vacuity, and Blood stasis.

The etiology of her condition was sexual trauma and chronic anxiety leading to mental overwork. The initial trauma in the form of sexual abuse was a shock to the Heart and Kidney. Maciocia wrote, “Shock suspends qi and affects the heart and kidneys. It suddenly depletes Heart qi and can lead to palpitations, breathlessness and insomnia.” (1989). This

ultimately makes the Heart a less than hospitable home for the *shen*. He also references Simple Questions, Chap 39: “Shock affects the Heart depriving it of residence, the *shen* has no shelter and cannot rest, so that qi becomes chaotic.” (1989).

When a person experiences shock, the Kidneys are weakened because the *jing* must make up for the sudden drop in Heart Qi. It appears that this patient never energetically recovered from the initial shock. With this information, consider Jarret's opinion that “sexual or physical abuse can lead us to suppress our instincts toward sexuality and intimacy.” (2003) This passage elucidates how vaginismus arises.

Also of interest are some similarities with the *jueyin* syndrome. In *jueyin* diseases, the *Shang Han Lun* describes cold and heat syndromes occurring simultaneously. A patient will have “thirst, feeling of energy rising to the chest, feeling of hunger with no desire to eat, cold limbs, diarrhea and vomiting” (Maciocia, 1989). This patient suffered from diarrhea and heat in the Heart. She also experienced sensations of cold with waves of heat, but without an exogenous febrile disease. Her hands and feet were always cold. Line 337 of the *Shang Han Lun* says, “In all reversal patterns, yin and yang qi are not connecting smoothly, which means reversal. Reversal means counterflow of cold of the extremities.” (Ji, trans. 1999). The translated text's discussion explains it in this way, “When the Liver contracts disease, wood qi may counterflow and adversely affect Earth. This counterflow depresses stomach yang, which is then unable to outthrust to the limbs, so they become cold” (1999).

Treatment

The patient was seen on a weekly or biweekly schedule for three months. Except where indicated, all points were needled with 36-gauge, 1 cun Chinese needles.

Key to symbols: + Tonify, - Sedate, = Even

Menses: Cycle day (CD) 1 – 4 During menses, the patient would often experience night sweats, high anxiety, loose stools, and irritability. Her energy would generally be good.

Treatment Principle: Move Blood and Qi, nourish Blood and yin to calm the *shen*, fortify the Spleen, Drain Damp, quell empty fire

Points (6 to 8) were selected from the following based on pulse:

Shuiquan KID5 -
Zhongwan REN12 +
Xuehai SP10 -

Diji SP8 +
Waiguan SJ5 =, *Zulingqi* GB41 =: *Yinlingquan* SP9 +
Taichong LIV3 -
Neiguan P6 = (Seirin, 36 gauge, 1 cun)
Zusanli ST36 +, *Sanyinjiao* SP6 +: *Ququan* LIV8, *Taixi* K3 +
Xingjian LIV2 -, *Zhongchong* P9 -, *Shaoze* SI1-
Yinxi HT6=
Yin tang = (Seirin, 40-gauge, ½ cun ear needle)

Pre-ovulation: CD 5 – 12

In this phase, there are reduced palpitations, night sweats, anxiety, loose stools and increased energy.

Treatment Principle: Nourish yin and Blood to calm the *shen*, tonify Kidney and Spleen Qi, drain dampness, harmonize Liver and Spleen, clear empty Fire.

Point selection based on pulse

Ears: Needled bilaterally with 40-gauge, ½ cun Seirin needle

Shenmen, *Heart*, *Liver*, *Uterus*, *Ovary*

Points (6 to 8) were selected from the following based on pulse:

Guanyuan REN4
Qixue KID13+
Huangshu KID16+
Ligou LIV5
Neiguan P6, *Gongsun* SP4= (Seirin, 36 gauge, 1 cun)
Lieque LU7, *Zhaohai* K6= (Seirin, 36 gauge, 1 cun)
Waiguan SJ5, *Yanglingquan* GB34 =
Tianshu ST25 =
Qimen LIV14 -
Zhongwan REN12+
Zusanli ST36 +
Taibai SP3, *Yinlingquan* SP9 +
Juque REN14 =
Zhongchong P9 -
Xingjian LIV2 -
Yin Tang = (Seirin, 40 gauge, ½ cun needle)

Ovulation: CD 13 – 17: Anxiety worsens and stools became looser.

Treatment Principle: Circulate Qi to promote ovulation, harmonize the Liver and Spleen, mildly build yang, clear empty fire, nourish Kidney and Heart, tonify Spleen and drain dampness.

Point selection based on pulse

Ears: Needled bilaterally with 40-gauge, ½ cun Seirin needle

Shenmen, *Heart*, *Liver*, *Uterus*, *Ovary*

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Points (6 to 8) were selected from the following based on pulse:

Guanyuan REN4+
Qihai REN6+
Juque REN14=
Taixi KID3+
Fuliu KID7+
Huangshu KID16+
Taichong LIV3-
Qiuxu GB40-
Qimen LIV14=
Zhongwan REN12=
Taibai SP3+
Yinxi HT6=
Ligou LIV5-
Neiguan P6, Gongson SP4= (Seirin, 36-gauge, 1 cun)
Lique LU7, Zhaohai KID6=(Seirin, 36-gauge, 1 cun)
Waiguan SJ5, Yanglingquan GB34 =Yin Tang =: (Seirin, 40-gauge, 1/2 cun ear needle)

Post-ovulation: CD 18 – onset of menses:

Increase in irritability, dream disturbed sleep, anxiety, night sweats and frequent loose stools.

Treatment Principle: Gently circulate Liver Qi, clear heat, nourish yin to drain empty fire, sedate the Heart.

Point selection: No ear points selected

Points (6 to 8) were selected from the following based on pulse:

Shufu KID27=, Zhaohai KID6=: To protect the adrenals and “release primordial fear” (Jarrett, 2003)
Fuliu KID=, HT6=
Taichong LIV3-
Yanglingquan GB34-
Shanzhong REN17=
Zhongwan REN12+
Qimen LIV14-
Yin Tang=
Tongli HE5=
Shenmen HT7=
Tianshu ST25=
Shousanli LI10-
Fenglong ST40+ Taibai SP3+
Zusanli ST36=

Chinese herbal therapy

Initial care focused on the anxiety, loose stools and vaginismus. The treatment principle was to nourish yin, clear heat and Fire, and anchor the Heart while smoothing the Liver. Patient compliance indicated use of patent formulas. The formula Heavenly Emperor from Golden Flower Chinese Herbs (Tian Wan Bu Xin Dan) was selected for the pre-ovulation phase CD 5 - 14.

In the post-ovulation phase, CD 15 to menses, she was prescribed Tang Kuei Peony formula (*Dang Gui Shao Yao San*) to tonify blood, spread Liver Qi and tonify the Spleen and resolve Dampness. With this strategy, her palpitations became infrequent and her anxiety improved by 50%. To address the remaining night sweats, dysmenorrhea, and loose stools – all of which were still very vulnerable to stress, she took granular herbs for the next two months:

Chinese herbal formula #1: *Tao Hong Si Wu Tang* (Four Substance Decoction with Safflower and Peach pit) modified with *Zhi Mu* (Radix Anemarrhenae). Lyttleton commonly recommends it for use in patients with deficiency and blood stasis during their menses. (2004).

Chinese herbal formula #2: *Tian Wang Bu Xin Dan* (Emperor of Heaven's Special Pill to Tonify the Heart) modified with *Xiang Fu* (Cyperus Rhizoma), *Bai Zhu* (Atractylodes Macrocephalae), *Chen Pi* (Citrus Reticulatae Pericarpium) *Bai Shao* (Paeoniae Radix Alba).

Chinese herbal formula #3: *Jia Wei Xiao Yao San* (Augmented Rambling Powder) modified with *Xiang Fu* (Cyperus Rhizoma), *Dan Shen* (Salviae Miltiorrhizae Radix), *Bai Zhu* (Atractylodes Macrocephalae), *Bai Shao* (Paeoniae Radix Alba), *Chen Pi* (Citrus Reticulatae Pericarpium).

After three months, the night sweats occurred only with alcohol consumption or during menses. Other symptoms that improved significantly only to return mildly during menses were anxiety and loose stools. She rarely experienced palpitations, reported less anxiety, and no low back pain. Her energy was moderate, as was her stress level.

Despite the above gains, the vaginismus did not resolve. The patient was not generally able to engage in more than one occurrence of intercourse at ovulation. However, she was able to tolerate vaginal exams by her physician.

As a result, I felt it prudent to suggest applying the *Ren/Du* block treatment. I explained the intention of the treatment and explained the point locations. I told her it was important for her to feel safe and comfortable with this treatment and to contact me if she wanted to pursue it. Two days later she consented to treatment.

On our next visit, the pulses prior to treatment were choppy and deep with the left stronger than the right. Each of the following points was utilized by applying a 32 gauge, Seirin needle, inserting, twisting to the right

a quarter turn and immediately removing in this order: *Huiyin Ren*-1, *Chengjiang Ren*-24, *Changqiang Du*-1, *Yinjiao Du*-28. The patient was repeatedly monitored to ensure her comfort and sense of safety. I checked the pulses again after treatment. They were even and thin in each position. I then needled *Taixi* KID-3, *Sanyinjiao* SP-6, and *Laogong* P-8 and let her rest for twenty minutes.

The following formula was taken for the next seven days following the acupuncture treatment:

Gui Zhi Long Gu Mu Li Tang (Cinnamon Twig Decoction plus Dragon Bone and Oyster Shell) modified. This formula is traditionally indicated to restrain the essence and anchor rebellion. It regulates and harmonizes the *wei* and *ying qi*. It can also regulate *yin* and *yang*, harmonize the Heart and Kidneys and calm the spirit. It has also been indicated for sexual abuse survivors, as well as patients who have difficulty with intimacy, per Ted Kaptchuk (Scott & Monda, 2004). I gave her a week's supply.

Upon return, the patient reported that the vaginismus had resolved by 90%. I encouraged her to continue taking the formula for two more weeks. Her Chinese herbal formulas were then adjusted to the following:

Menses CD 1 – CD4: No change

Pre-ovulation CD 5 – 14: Added *Fo Shou* (Citrus Sarcodactylis Fructus) 8g, *Dan Shen* (Salviae Miltiorrhizae Radix) 10g and *Wu Yao* (Linderae Radix) 4g, lowered the amounts of *Bai Shao* (Paeoniae Radix Alba), *Bai Zhu* (Atractylodes Macrocephalae) and *Chen Pi* (Citrus Reticulatae Pericarpium) by 4g each, and lowered the amount of *Tian Wang Bu Xin Dan* (Emperor of Heaven's Special Pill to Tonify the Heart) by 10g.

Post-ovulation CD 15 – menses: Lowered *Xiang Fu* (Cyperus Rhizoma), *Dan Shen* (Salviae Miltiorrhizae Radix), *Bai Zhu* (Atractylodes Macrocephalae), *Bai Shao* (Paeoniae Radix Alba) and *Chen Pi* (Citrus Reticulatae Pericarpium) by 2g each and added 10g *Chi Shao* (Paeoniae Radix Rubra).

Her vaginismus did not return. Two months later she was pregnant. Treatment was continued through week 14, but she declined taking any more herbs. The treatments retained their focus on the Heart, Kidney, Liver and Spleen. She had not experienced much nausea or vomiting, but her stools occasionally were loose. Her palpitations were completely eradicated and her anxiety has lessened from an 8 to a 3 on a scale of 10 (10 being unbearable anxiety). She was

released from treatment at 14 weeks gestation and referred to an acupuncturist closer to her home. She delivered a healthy baby girl, without complications, at 39 weeks gestation.

Table 1. VAS pain scale

Visit	VAS 10- scale rating
Initial visit	6.5
Visit immediately following Ren/Du treatment	1
Last visit	0.5

Discussion

Vaginismus is a complex pain syndrome with deep psychological and physical connections. This patient was severely hampered by anxiety and vaginismus. Despite biomedical and psychological treatment, it improved no more than 50%. Medical statistics claim it is common for vaginismus sufferers to commonly be cured completely (Caplan, 1988). TCM theory supports this patient's chronic syndrome was mutually reinforced by anxiety. Her pattern of Heart/Kidney disconnect was unable to resolve due to the deep nature of depletion by both organs due to long term worry, anxiety and possibly further complicated by infrequent marijuana use.

Regardless, it is this author's opinion that the Ren/Du block was the pivotal treatment to this patient's success, as was shown by the Visual Analog Scale (VAS). (See Table 1) The treatments facilitated energetic change so that the pivotal point selection enabled the patient to access her ample reserves of yin and yang, which are vital to support conception—and hold it. As a result this patient was able to conceive two cycles later.

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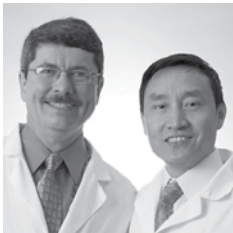
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Lee Hullender, MS, LAc, is the clinical director at Abundant Spring LLC. She a reproductive medicine specialist at the clinic and provides onsite acupuncture services at the Northwest Center for Reproductive Sciences outside Seattle, WA. She has taught at the Jade Institute and is affiliate clinical faculty at Bastyr University. She is currently completing the doctoral program at Oregon College of Oriental Medicine in Portland, OR.

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