

The Treatment of Vulvodynia with Acupuncture and Chinese Herbal Medicine

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Abstract

Vulvodynia refers to a syndrome of chronic vulvar pain of unknown cause that can occur with or without direct contact with the vulvar area. It affects 10 to 15 per cent of women (about one in eight). This syndrome has only recently been identified and is believed to be a nerve disorder. As awareness among doctors is still very low, most women go through an exhausting diagnostic process before they are correctly diagnosed; even then, many continue to suffer from the condition, as conventional treatments are few and not always effective. Since 2007 the author has been collaborating with Dr Liora Abramov, head of the Sex Therapy Clinic at 'Lis Maternity Hospital' in Tel Aviv, Israel, providing Chinese medicine treatment with a particular focus on vulvodynia. This article presents the results of eight-years work in this field, with a focus on localised provoked vulvodynia (the most common subtype). The syndrome is introduced in terms of current Western medicine understanding and analysed from the point of view of Chinese medicine theory. Differential diagnosis and treatment with acupuncture and Chinese herbs are discussed, as well as advice on patient management and two case studies. Based on the author's experience, Chinese medicine can be effective in the treatment in vulvodynia.

Vulvodynia is a syndrome associated with chronic vulvar pain that can occur with or without direct contact with the vulvar area. The vulva is the external tissue of the female genitalia that extends from the hair-bearing area over the pubic bone to the area in front of the anus. This syndrome has only recently been defined, and its cause is currently unknown.

Vulvodynia is experienced by 10 to 15 per cent of women (about one in eight) and is the most common aetiology of superficial dyspareunia (pain during intercourse that is experienced at superficial level). However, awareness among doctors is still very low, and, as a result, most women go through an exhausting diagnostic process before they are correctly diagnosed. Unfortunately even then many women continue to suffer from this condition, as conventional treatments are few and not always effective.

Definition¹

According to the International Society for the Study of Vulvovaginal Disease (ISSVD), vulvodynia is defined as vulvar pain without a clear identifiable cause and with potential associated factors. The pain can be localised or generalised, provoked or spontaneous; depending on the onset, the syndrome can be classified as primary or secondary; in terms of temporal pattern, it is defined as intermittent, persistent or constant, immediate or delayed. Studies have revealed an increase of nerve endings and signs of inflammation within the affected tissue and the

syndrome is believed to be a nerve disorder.^{2,3} The medical nomenclature that describes the different types of vulvodynia is as follows:

- **Localised vulvodynia** (also known as vestibulodynia or vulvar vestibulitis): the pain is limited to the area of the vestibule (the vaginal opening).
- **Generalised vulvodynia**: the pain can occur in any part of the vulva.
- **Provoked vulvodynia**: the pain occurs during or after direct contact with the area, as a result of sexual intercourse, tampon insertion, gynaecological examination etc.
- **Spontaneous or unprovoked vulvodynia**: the pain occurs spontaneously without any trigger or stimulation to the region.
- **Primary vulvodynia**: the pain has occurred ever since the first attempt at sexual intercourse or tampon insertion.
- **Secondary vulvodynia**: the pain developed at some point in the woman's life, before which she experienced painless intercourse.

Symptoms

In both localised and generalised vulvodynia the most common description of the pain given by patients is a burning sensation, but it may also be described as stinging, stabbing, searing, throbbing or itching or as soreness or irritation. In localised vulvodynia, the pain occurs only in the vestibule and may last from

minutes to days after the cessation of contact. In severe cases the pain is persistent. In generalised vulvodynia the pain can occur all over the vulva, on one side only or at one specific point, it can be continuous or intermittent, and it may or may not prevent sexual activity.

Potential associated factors

Potential associated factors are neuroproliferation, musculoskeletal problems (e.g. overactive pelvic floor, structural problems), chronic inflammation from frequent viral, bacterial or yeast infections, hormonal changes, poor sexual arousal,⁴ chronic skin conditions or genetic factors.

Conditions that can overlap as a result of nerve hypersensitivity are irritable bowel syndrome (IBS), fibromyalgia and interstitial cystitis.

Diagnosis

Diagnosis is made by a healthcare provider who is experienced in the diagnosis and management of vulvar conditions. The diagnosis is reached after taking the patient's full case history and performing a physical examination of the vulva. There are no laboratory tests to confirm vulvodynia; the health care provider may suggest specific tests to rule out other vulvar conditions that involve pain such as infection, inflammation, trauma, hormonal deficiency, or neoplastic, neurological and iatrogenic pain syndromes. Some women experience a great relief in pain levels after being diagnosed just by knowing that their problem has a name.

Treatment

Any external trigger can aggravate the pain, therefore activities that involve friction or pressure on the vulvar area, such as cycling or prolonged sitting, should be reduced; use of chemicals or allergens as in body or laundry detergents should be avoided and the patient is advised to use organic cotton pads and tampons, and wear white 100 per cent cotton underwear and loose cotton trousers.⁵

For localised vulvodynia conventional treatments include:

- **Pelvic physiotherapy:** manual manipulations, biofeedback and use of vaginal dilators;
- **Sexual therapy:** generally recommended for cases that involve poor libido and difficult arousal, with dryness leading to hypersensitivity of the area. Sexual therapy can improve self-image and the ability to cope with pain, and can also be done as couple therapy);
- **Psychotherapy or counselling;**
- **Pharmacotherapy:** creams that combine gabapentin (an anticonvulsant), amitriptyline (a tricyclic antidepressant), and baclofen or cyclobenzaprin (muscle relaxants) are applied directly to the vestibule;
- **Surgery:** vestibulectomy - the removal of the superficial tissue in affected area of the vestibule.⁶

In the case of generalised vulvodynia, the most common treatment consists of medication that raises pain thresholds when used in a relatively small dosage: a wide variety of antidepressants, anticonvulsants and muscle relaxants can be chosen for this purpose. Less commonly, anaesthetics are injected locally onto the nerve involved in the pathology. Sexual therapy may also help when poor libido or difficult arousal are involved.

The most common description of the pain given by patients is a burning sensation, but it may also be described as stinging, stabbing, searing, throbbing or itching or as soreness or irritation.

Vulvodynia and Chinese medicine

It is hard to find information on female genital pain in the Chinese medicine literature, and the little information that exists is mainly about acute infections or deep dyspareunia (pelvic pain that occurs during full vaginal penetration). Vulvodynia is different from both of these diseases.

Based on the presenting symptoms typical of this condition, vulvodynia cannot be ascribed to any of the patterns that are most common in the types of vulvar pain discussed in Chinese medicine literature, namely fire, dampness or damp-heat affecting the genitals,⁷ where the symptoms tend to affect the whole vulva or genital region. In particular, heat and fire tend to spread. In vulvodynia, the inflammation and the burning sensation can be extremely localised: in localised vulvodynia it is just the vestibule, while in generalised vulvodynia patients can often draw the path of the pain as a very precise thin line. Moreover, in vulvodynia both the skin and the vaginal discharge are often normal, while conditions marked by full heat, fire or dampness present with visible signs of inflammation, such as redness and vaginal discharge. Systemic signs of excess - whether that be of dampness, heat or fire - are not necessarily present. These theoretical considerations on the nature of vulvodynia and its symptoms have been corroborated by my clinical experience, where including in the treatment acupoints and herbs that both cool and nourish have consistently yielded positive - and sometimes immediate - results.

Based on zang-fu function and channel pathways, we can posit that the Liver and Kidney play a key role in the aetiology and in the development of vulvodynia. The Liver ensures the smooth flow of qi. Its primary channel circles around the genitals, and its connecting, divergent and sinews channels all reach and connect with the genital region. The Kidney governs sexuality and reproduction and regulates the lower orifices. The Kidney sinew channel binds at the genitals. The Liver and the Kidney share the same source. The dispersing function of the Liver depends

on the Kidney yin; in turn the Kidney's ability to store yin depends on sufficient Liver blood.

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Pain is always associated with an inhibition of the free flow of qi, and since all Liver channels reach the genitals, we can posit that any vulvar pain is related to a blockage in the free flow of Liver qi. However, based on clinical experience, I understand the localised burning sensation that is present in most cases of vulvodynia as deficiency fire that can be ascribed to the stirring of the ming men fire in the genitals - either due to stagnation, or because it is not being nourished by yin.

Other channels that are involved in vulvodynia and are relevant to its treatment are the Du Mai (Governing Vessel), the Ren Mai (Conception Vessel) and the Chong Mai (Penetrating Vessel). They all originate from the same source in the Kidneys (located in women in the uterus) and are considered to be one divided vessel. The Ren Mai and the Du Mai have a direct connection with the external genitals: both channels emerge at the perineum and run through the vulva; the Du Mai's first branch descends into the genitals and its second branch curves around the external genitals. The Chong Mai is the 'sea of blood' and the Liver is the organ in charge of storing and regulating blood. Through its relationship with the Liver and the Du and Ren Mai, the Chong Mai strengthens the connection between these vessels, the genital region and its pathologies (such as vulvodynia).

These three extraordinary vessels also connect with ming men fire as they all originate from the same source in the Kidneys and the Du Mai contains the ming men fire.

Aetiology and pathology

There are three main scenarios that are common in the aetiology of vulvodynia, depending on whether the imbalance stems from the Liver, the Spleen or the Kidney.

Liver

The Liver is most directly affected by extreme emotional states, which cause the qi to ascend or to stagnate. Qi stagnation in the Liver channel leading to qi stagnation in the genitals and lower burner causes accumulation of the ming men fire that eventually gives rise to the burning sensation typical of vulvodynia.

Spleen

The Liver is also indirectly influenced by overeating or insufficient diet, either of which can weaken the Spleen

and harm its transforming and transporting function, resulting in insufficient blood being formed. When blood is deficient, the Liver is insufficiently nourished to perform its spreading function, the qi does not flow freely and stagnation arises. If Liver blood deficiency becomes severe, it can result in damage to the yin level, ultimately leading to Kidney yin deficiency and a further aggravation of the condition.

Kidney

Deficient Kidney yin is unable to nourish Liver yin, therefore Liver qi accumulates causing stagnation in the Liver channel. When water is not strong enough to control fire, the ming men fire stirs and causes a burning sensation in the areas where the Liver channel is stagnant. The spreading function of the Liver also relies on the warmth of ming men fire; therefore weakness of the Kidney yang can also stir ming men fire by aggravating Liver qi stagnation.

To sum up, all three scenarios involve Liver qi stagnation (due to emotional imbalances, inappropriate diet, Liver blood deficiency, Liver and/or Kidney yin deficiency, or Kidney yang deficiency) complicated by stirring of the ming men fire (due to qi stagnation, yin deficiency and/or yang deficiency). I refer to this pathological stirring of the ming men fire as 'deficiency fire'.⁸

Differential diagnosis and herbal treatment:

In my experience, these are the most common patterns encountered in the clinic:

Full pattern

Liver qi stagnation

Empty patterns

Liver blood deficiency

Liver and Kidney yin deficiency

These patterns often appear in combination. Moreover, a disturbance of the Liver function can easily harm any of the zang-fu organs, as they all depend on the smooth flow of Liver qi to function harmoniously. Therefore, many other patterns may also be present simultaneously and all should be considered when devising a treatment strategy.

Since the two most common patterns are qi stagnation and deficiency fire, the basic treatment strategy is to harmonise the Liver, release qi stagnation, clear deficiency fire and alleviate pain. The formula *Si Ni San* (Frigid Extremities Powder) carries out most aspects of this strategy and, being a small formula, can be easily adapted to the patient's specific presentation by making the necessary additions. It is therefore the formula of choice. It both ascends and descends, disperses and gathers; its movement is very gentle and harmonising, so that it

does not suppress the Liver.⁹ The formula consists of the following herbs:

- Chai Hu (Radix Bupleuri): regulates the qi, clears heat from the Liver, has an ascending action;
- Zhi Shi (Fructus Immaturus Citri Aurantii): regulates the qi in the middle burner, harmonises the Spleen, has a descending action;
- Bai Shao (Radix Paeoniae Lactiflorae): nourishes and softens the Liver and preserves yin, gathers inwards;
- Zhi Gan Cao (dry-fried Radix Glycyrrhizae Uralensis): harmonises.

To address all aspects of the basic treatment strategy it is usually necessary to add:

- Herbs that clear deficient heat and gently¹⁰ nourish yin: Sheng Di Huang (Radix Rehmanniae Glutinosae) Mu Dan Pi (Cortex Moutan Radicis) Mai Men Dong (Tuber Ophiopogonis Japonici) Xuan Shen (Radix Scrophulariae) Zhi Mu (Rhizoma Anemarrhenae) Di Gu Pi (Cortex Lycii Radicis)
- Cooling herbs that direct the formula to the lower burner: Niu Xi (Radix Achyranthis Bidentatae) Huang Bai (Cortex Phellodendri)

To increase their effectiveness, I find it useful to add:

- Herbs that enter the Liver channel and help calm and sedate the Liver, such as: Ju Hua (Flos Chrysanthemi Morifolii) Tian Ma (Rhizoma Gastrodiae Elatae) Gou Teng (Ramulus cum Uncis Uncariae)

Modifications

- For pronounced qi stagnation manifesting as intense mental stress with anger and frustration, and/or intense or prolonged pain along the Liver channel (e.g. in the breasts or epigastrium) add Chuan Lian Zi (Fructus Meliae Toosendan), Xiang Fu (Rhizoma Cyperi Rotundi), Qing pi (Pericarpum Citri Reticulatae Viride) and/or Yu Jin (Tuber Curcumae);
- For signs of damp-heat in the lower burner, such as itching, redness and swelling of the genitals and profuse yellow vaginal discharge with odour, add the formula *Si Miao Wan* (Four Marvel Pill);
- If damp-heat is accompanied by signs of Liver fire, such as bitter taste, headaches, red eyes, red face, thirst and a red tongue with thick yellow fur, add herbs that clear heat and dry dampness such as Huang Bai (Cortex Phellodendri) and/or Huang Qin (Radix scutellariae Baicalensis), or combine with the formula *Long Dan Xie Gan Tang* (Gentiana Decoction to Drain the Liver);
- For qi and blood deficiency add Dang Gui (Radix angelicae sinensis), Bai Zhu (Rhizoma Atractylodis Macrocephalae) and Fu Ling (Sclerotium Poriae Cocos)

or combine with the formula *Jia Wei Xiao Yao San* (Augmented Rambling Powder);

- For Liver blood deficiency with signs of dryness of the skin and genitals, hair loss, dizziness, tiredness or fatigue, muscles cramps and numbness, add the formula *Si Wu Tang* (Four Substance Decoction) or combine with the formula *Bu Gan Tang* (Tonify the Liver Decoction);
- If there is blood deficiency rooted in Spleen qi deficiency, add the formula *Ba Zhen Tang* (Eight-Treasure Decoction);
- For Liver and Kidney yin deficiency with five-palm heat, dry mouth and a red tongue with peeled or scanty fur,¹¹ use the same treatment as for Liver blood deficiency, substituting Sheng Di Huang (Radix Rehmanniae Glutinosae) to Shu Di Huang (Radix Rehmanniae Glutinosae Conquatae), and adding cooling, yin-generating herbs such as Han Lian Cao (Herba Ecliptae Prostratae) and Nu Zhen Zi (Fructus Ligustri Lucidi), or combine with the formula *Zhi Bai Di Huang Wan* (Anemarrhena, Phellodendron, and Rehmannia Pill);
- If the Kidney and/or Liver yin deficiency is accompanied by symptoms of Heart yin deficiency such as insomnia, palpitations and anxiety, add the formula *Tian Wang Bu Xin Dan* (Emperor of Heaven's Special Pill to Tonify the Heart).

Acupuncture treatment

As mentioned above, harmonising the Liver is a key aspect of the overall treatment strategy; therefore it is recommended that in acupuncture only a few and relatively thin needles are used, in order to avoid 'stirring' the Liver. In my experience, distal acupuncture is very effective and the most appropriate form of acupuncture for this patient group. Most women with vulvodynia have already experienced their fair share of invasive examinations before they come to us; needling local points, a strategy embraced by some acupuncturists, may lead to more discomfort and distress, which in turn may further disrupt the free flow of Liver qi and aggravate the condition. The following distal acupuncture points can be used to influence the female genitals, and should be chosen according to the patient's individual diagnostic patterns:

- **Liver:** Taichong LIV-3, Ligou LIV-5, Ququan LIV-8
- **Spleen:** Gongsun SP-4, Sanyinjiao SP-6, Diji SP-8, Yinlingquan SP-9
- **Ren Mai:** Guanyuan CV-4, Qihai CV-6, Yinjiao CV-7 and Lieque LU-7, Zhaohai KID-6
- **Chong Mai:** Gongsun SP-4, Neiguan P-6
- **Du Mai:** Baihui GV-20, Houxi SI-3, Shenmai BL-62
- **Dai Mai:** Zulinqi GB-41, Waiguan SJ-5
- **Kidney:** Taixi KID-3, Zhaohai KID-6

Case studies

Case 1

Sarah, a 22 year-old student, arrived at my clinic five months after being diagnosed with localised vulvodynia. Sarah had been suffering from vestibular pain during and sometimes after vaginal penetration for three years, ever since she became sexually active. On a scale of zero to 10 she described the pain during penetration as reaching eight or nine, even with the use of a local anaesthetic cream.

Sarah also complained of flatulence, a subjective feeling of distension in the abdomen that worsened after eating, hard stools with a tendency to constipation, and localised pain at Zhangmen LIV-13. These symptoms had been diagnosed as irritable bowel syndrome (IBS). She also reported sticky yellow vaginal discharge with an offensive odour.

On questioning, Sarah mentioned that she had been experiencing a pulling pain in the lower abdomen during the first two days of menstruation ever since she started taking the birth control pill at age 19. She stopped taking oral contraceptives when she began treatment at my clinic.¹²

Sarah did not suffer from mental stress, frustration, agitation or moodiness. During the course of treatment it became obvious that her emotions were relatively stable and her mind relaxed. Her tongue was swollen, normal in colour and with a thin white coating.

Chinese medicine pattern differentiation

Flatulence, abdominal distension, constipation, abdominal pain at the beginning of menstruation and vestibular pain indicated Liver qi stagnation; the yellow vaginal discharge with odour and the swollen tongue indicated damp-heat caused by Liver qi stagnation; the burning vestibular sensation indicated deficiency fire (i.e. stirring of ming men fire) caused by the stagnation of qi.

Treatment strategy

Harmonise the Liver, strengthen the Spleen, release qi stagnation, clear heat and alleviate pain.

Herbal formula

Chai Hu (Radix Bupleuri) 6g
Bai Shao (Radix Paeoniae Lactiflorae) 12g
Zhi Ke (Fructus Citri Aurantii) 6g
Xiang Fu (Rhizoma Cyperi Rotundi) 6g
Chuan Xiong (Radix Ligustici Chuanxiong) 3g
Gan Cao (Radix Glycyrrhizae Uralensis) 3g
Dang Gui (Radix Angelicae Sinesis) 9g
Bai Zhu (Rhizoma Atractylodis) 9g
Fu Ling (Sclerotium Poriae Cocos) 9g
Huang Qin (Radix Scutellariae Baicalensis) 6g

This formula was prescribed in tincture-form¹³ at a dosage of four millilitres, taken three times a day.

Acupuncture

Acupuncture was administered at weekly intervals; each time Sarah was treated with a combination of some of the following points: Sanyinjiao SP-6, Tianshu ST-25, Zusanli ST-36, Taichong LIV-3, Ligou LIV-5, Hegu LI-4, Quchi LI-11 and Zhigou SJ-6.

After one month of treatment, the vulvar pain suddenly reduced to a level of six out of 10, while the vaginal discharge and the flatulence had gradually reduced and almost completely stopped. The pain at the acupuncture point Zhangmen LIV-13 had appeared only once.

About forty days after stopping the pill, her first natural period came, without the pulling pain in the lower abdomen that she had been experiencing ever since starting hormonal contraception. After two more months of the same treatment, the vulvar pain had gradually decreased to a level of two out of 10 and the symptoms of IBS had completely stopped. Her menstrual cycle was regularly delayed by two weeks and her vaginal discharge was normal.

Approximately two months after Sarah started taking herbs, as the signs of damp-heat had resolved and those of stagnation were significantly reduced, I changed the herbal prescription to *Jia Wei Xiao Yao San* (Augmented Rambling Powder) to continue harmonising the Liver but now in a gentler way: the herbs that release qi stagnation are fewer in this formula and do not dominate it. I continued using the same acupuncture points in different combinations.

The vulvar pain during penetration continued to gradually decline, while the pain after intercourse completely stopped about six months into the treatment. Apart from occasional flatulence, there were no digestive disturbances; menstruation was still delayed by two weeks.

Approximately six months after Sarah began treatment, she suddenly experienced a strong genital itch accompanied by some white vaginal discharge, which was treated with oral and vaginal antifungal medications. The symptoms were also accompanied by a worsening of the vulvar pain, as well as swelling and redness of the genitals, which I interpreted as a manifestation of heat in the Liver channel. The medication stopped the genital itching and discharge but had not addressed the heat in the Liver. In fact, when Sarah came to me, she still reported vaginal swelling and redness, and a vague sensation of itching and discomfort. Her tongue was red, especially on the sides with a thin yellowish sticky coating. Therefore, I prescribed Sarah the following herbal formula to harmonise the Liver, release qi stagnation, clear Liver heat, and dry dampness in the lower jiao, in order to resolve the lingering symptoms and prevent a reoccurrence of the genital inflammation:

Chai Hu (Radix Bupleuri) 6g
 Bai Shao (Radix Paeoniae Lactiflorae) 12g
 Zhi Ke (Fructus Citri Aurantii) 6g
 Chen Pi (Pericarpium Citri Reticulatae) 6g
 Xiang Fu (Rhizoma Cyperi Rotundi) 6g
 Chuan Xiong (Radix Ligustici Chuanxiong) 3g
 Gan Cao (Radix Glycyrrhizae Uralensis) 3g
 Dang Gui (Radix Angelicae Sinesis) 9g
 Long Dan Cao (Radix Gentianae Scabrae) 6g
 Huang Bai (Cortex Phellodendri) 6g
 Mu Dan Pi (Cortex Moutan Radicis) 6g

The pain decreased gradually again and after about another month of treatment, it became very mild in intensity and brief in duration, continuing for only about two seconds after the beginning of intercourse, without using any anaesthetics or lubricants.

After about eight months of weekly sessions, Sarah continued treatment on a monthly basis. About two months later for the first time Sarah's menstruation arrived after 32 days, her digestive system was functioning properly, vaginal discharge was normal and she did not suffer from genital itch.

A year after she beginning the treatment she was only feeling a slight and short-lived discomfort during vaginal penetration, her menstruation was regular, she had no vaginal infections and her IBS symptoms had not returned.

Case 2

Tania, a 26 year-old woman, was diagnosed with secondary localised vulvodynia about six years before she arrived at my clinic. At the time of onset, the burning pain had started suddenly during sexual intercourse; later, it gradually aggravated at each attempted intercourse. Prior to that, she had been having painless sexual intercourse with the same partner for several months. On the first consultation she described the pain during penetration as reaching eight on a scale of zero to 10; afterwards it increased and reached level 10, lasting for almost 48 hours.

Tania had tried a variety of treatments, from pelvic floor physiotherapy to the topical application of conventional medical creams, none of which had been effective. She had been on continuous birth control for eight years, which involved taking three 21-pill packs in a row (for a total of 63 days), followed by a week's break. She stopped taking it when she began the treatment at my clinic.

Tania became a vegetarian at 10 years of age, and when she first came to my clinic her diet consisted mainly of dairy products, pastries, processed food and sugary drinks. She suffered from constipation and had a bowel movement once every two-three days that was difficult and incomplete unless she took fibre powder supplements, which had an immediate effect.

Four years before our first consultation she had started suffering from continuous generalised muscles pains, leg

and feet cramps, occasional numbness of the limbs and fatigue. She was prescribed medication for fibromyalgia, which she took for one year before discontinuing it, as it was not effective.

Tania suffered from migraines that had started at the same time as her body pains, and occurred at least twice a month without a noticeable cycle, manifesting as temporal pressure, a pulling sensation behind her eyes and sensitivity to light and noise. The attacks lasted 24 hours and were relieved by rest. Migraine medication was not effective.

Since menarche, Tania had always suffered from severe lower back pain, abdominal cramping and distending pain during the first two days of her menstruation, all of which significantly decreased when she started taking the birth control pill. Her menstrual blood had no clots.

Her tongue was dark red and thin with a Stomach crack.

“She described the pain during penetration as reaching eight on a scale of zero to 10; afterwards it increased and reached level 10, lasting for almost 48 hours.”

Chinese medicine pattern differentiation

Pain, cramps and numbness in the muscles and constipation indicated blood deficiency; headaches with temporal pressure and pulling pain behind the eyes without a noticeable cycle indicated Liver yang rising against a background of blood deficiency; the cramping and distending menstrual pain showed qi stagnation, while the lower back pain during menses indicated Kidney deficiency. The tongue presentation indicated yin deficiency with empty heat, while the vestibular burning indicated deficiency fire.

Treatment strategy

Nourish blood and yin, clear heat, release qi stagnation and alleviate pain.

Acupuncture

During the first three treatments I used Miriam Lee's formula: Zusanli ST-36, Sanyinjiao SP-6, Quchi LI-11, Hegu LI-4, Lieque LU-7,¹⁴ with the addition of one or more of the following points: Taichong LIV-3, Tianshu ST-25, Yanglingquan GB-34, Ququan LIV-8 and Zhaohai KID-6.

After three weeks Tania started eating a healthy vegetarian diet following my advice. At the same time I added a herbal formula in tablet form, as she had a long vacation planned a month later. I chose *Strengthen Wood* from Kan's Chinese Modular Solutions at a dosage of two tablets three times a day in order to nourish blood and yin, clear heat, release qi stagnation and alleviate pain.

The ingredients in *Strengthen Wood* were:

Shu Di Huang (Radix Rehmanniae Glutinosae Conquatae)
 Bai Shao (Radix Paeoniae Lactiflorae)
 Gou Qi Zi (Fructus Lycii)
 Chuan Suan Zao Ren (Semen Zizyphi Spinosae)
 Chai Hu (Radix Bupleuri)
 Ju Hua (Flos Chrysanthemi Morifolii)
 Sang Ye (Folium Mori Albae)
 Chao Zhi Ke (Fructus Citri Aurantii)
 Mu Dan Pi (Cortex Moutan Radicis)
 Qing Pi (Pericarpum Citri Reticulatae Viride)
 Zhi Xiang Fu (Rhizoma Cyperi Rotundi)
 Chuan Xiong (Radix Ligustici Chuanxiong)
 Zhi Gan Cao (dry-fried Radix Glycyrrhizae Uralensis)

A few days after the fourth acupuncture treatment she had sexual intercourse without pain for the first time since the onset of her vulvodynia.

Her first natural menstruation without oral contraceptive arrived 30 days after her last withdrawal bleed, and was announced by two days of lower abdominal pain and headaches. The bleeding was profuse and without pain. On the fourth day she came for treatment with a throbbing temporal headache and a pulling sensation in her eyes, which decreased immediately after treatment (with Taichong LIV-3, Zusanli ST-36, Ququan LIV-8 and Sanyinjiao SP-6) and stopped by the evening. The profuse bleeding was an indication of the presence of the empty heat, while the headache at the beginning and towards the end of the menses confirmed Tania's Liver yang rising against a background of blood deficiency.

A few days after the fourth acupuncture treatment she had sexual intercourse without pain for the first time since the onset of her vulvodynia.

After her fifth weekly treatment - where the points Zusanli ST-36, Sanyinjiao SP-6, Quchi LI-11, Hegu LI-4, Lieque LU-7 and Taichong LIV-3 were used - Tania's stress levels were peaking as her wedding day was approaching. The pain during intercourse reached almost the same levels as before she began treatment. However, the night after the wedding, she had again sexual intercourse without any pain.¹⁵ At this point, Tania was no longer dependent on the fibre powder to maintain regular bowel movements, the numbness in the limbs had stopped, the muscle pain had significantly reduced, and she felt she had more energy. She had a throbbing temporal headache during ovulation.

Tania went on a month and a half vacation and continued taking the formula *Strengthen Wood* with the addition of *Women's Precious* from Kan Herbals to nourish the blood,

supplement the qi, harmonise the blood and regulate the menses (at a dosage of two tablets of *Strengthen Wood* plus one tablet of *Women's Precious* twice a day).

The ingredients in *Women's Precious* were:

Dang Gui Shen (Radix Angelicae Sinesis)
 Shu Di Huang (Radix Rehmanniae Glutinosae Conquatae)
 Bai Shao (Radix Paeoniae Lactiflorae)
 Zhi He Shou Wu (Radix Polygoni Multiflori)
 Bai Zhu (Rhizoma Atractylodis Macrocephalae)
 Fu Ling (Sclerotium Poriae Cocos)
 Hong Ren Shen (Radix Ginseng)
 Yi Mu Cao (Herba Leonuri Heterophylli)
 Chuan Xiong (Radix Ligustici Chuanxiong)
 Gou Qi Zi (Fructus Lycii)
 Zhi Gan Cao (dry-fried Radix Glycyrrhizae Uralensis)

During her vacation her diet was very poor and she suffered from many headaches, fatigue and muscle pains; the vulvar pain aggravated to a level of four to seven during intercourse, followed by a burning sensation that lasted 24 hours; she had a bowel movement every three to four days. The fact that her mental and emotional state during the holiday was good points at the strong influence diet has on the body and/or the effect that the acupuncture treatments had been having. Menstruation was profuse on the first two days, with severe abdominal pain on the first day; she did not have any premenstrual symptoms.

At her next consultation, I prescribed the following formula as a tincture at a dosage of four millilitres taken three times a day:

Dang Gui Shen (Radix Angelicae Sinesis) 9g
 Bai Shao (Radix Paeoniae Lactiflorae) 15g
 Sheng Di Huang (Radix Rehmanniae Glutinosae) 9g
 Chuan Xiong (Radix Ligustici Chuanxiong) 6g
 Bai Zhu (Rhizoma Atractylodis Macrocephalae) 9g
 Fu Ling (Sclerotium Poriae Cocos) 9g
 Dang Shen (Radix Codonopsis Pilosulae) 9g
 Zhi Gan Cao (dry-fried Radix Glycyrrhizae Uralensis) 3g
 Suan Zao Ren (Semen Zizyphi Spinosae) 9g
 Gou Qi Zi (Fructus Lycii) 9g
 Chai Hu (Radix Bupleuri) 6g
 Ju Hua (Flos Chrysanthemi Morifolii) 9g
 Sang Ye (Folium Mori Albae) 6g
 Zhi Ke (Fructus Citri Aurantii) 6g
 Mu Dan Pi (Cortex Moutan Radicis) 6g
 Qing Pi (Pericarpum Citri Reticulatae Viride) 6g
 Xiang Fu (Rhizoma Cyperi Rotundi) 6g

In the following two acupuncture treatments I used the following points in different combinations: Zusanli ST-36, Sanyinjiao SP-6, Taichong LIV-3, Ququan LIV-8, Quchi LI-11, Hegu LI-4, Zhaohai KID-6 and Neiguan PC-6.

The patient reported that the vestibular pain decreased to five out of 10 during the first penetration, zero to two during intercourse and two to three in the few hours after intercourse. The generalised muscle pain stopped. The numbness flared up again three times during the first two months after she came back from her holiday.

After four more treatments – almost five months since her first visit – Tania again had sexual intercourse without any pain. From this time on, her pain followed a clear cycle: it aggravated during the time leading up to menstruation and disappeared before ovulation.¹⁶

Because of financial difficulties and the fact that the pain was no longer severe, Tania decided to increase the interval between treatments to once every two weeks, while she continued taking a herbal formula.

Three months later the pain level continued to reduce gradually, fatigue occurred only on the third day of menstruation, muscle pain, muscular cramps and numbness had stopped, and Tania had one normal bowel movement on most days. She still had a throbbing temporal headache at the time of ovulation that she controlled with Ibuprofen. Menstruation was still profuse and painful on the first day, but we still saw some improvement every month.

Summary

Based on my experience, Chinese medicine can be an effective approach in the treatment of vulvodynia. Treatment duration is variable and can last from a few weeks to several months, or even a year. Unless the patient can come to the clinic two or three times a week for acupuncture treatment, it is generally necessary to support acupuncture sessions with herbal treatment if satisfactory results are to be achieved. Herbs enter the body several times a day, therefore they are constantly present in the system, thereby providing a continuity of treatment that would be hard to achieve with only one weekly acupuncture session. Some of the strengths of acupuncture, on the other hand, besides its ability to ease pain, lie in its ability to relax the mind - which provides respite from stress and the resulting Liver qi stagnation - and to open the channels, which strengthens the effect of the accompanying herbal formula.

Not all vulvodynia patients are open to taking Chinese herbs right from the start as they can feel like a burden, both in terms of the discipline required in taking them, and in financial terms. For this reason, and because in some cases acupuncture combined with dietary changes can be enough to improve the condition, when a new client arrives at my clinic I normally wait two to three sessions before recommending herbal treatment unless the client's condition is acute (usually involving some type of excess pattern). During this time I observe to there is any significant change, not only in terms of vulvar pain, but also in other aspects of their health. If not, I recommend

more frequent acupuncture sessions and/or the addition of herbal medicine to intensify the treatment. To those patients who refuse to take herbs I advise to be strict with their diet and lifestyle and start a women's yoga¹⁷ or tai chi class. In general, I expect the pain to have improved somewhat within three months of weekly acupuncture session. If it has not, herbal therapy might be indispensable or the treatment strategy might need to be revised.

As in many other cases we encounter in our clinic, vulvodynia patients come to us after having tried many other treatment methods that conventional and complementary medicines can offer, giving themselves one last chance to find a cure for their condition, or at least to relieve their symptoms. For vulvodynia patients, Chinese medicine is often the last resort before they turn to surgery. These patients must be handled with greatest sensitivity and any form of invasiveness must be avoided, whether in terms of how they are questioned, how they are treated with acupuncture or in any other physical contact and interaction.

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Endnotes

- We use here the most recent definition available, which was discussed in the course of the XXIII World Congress of the ISSVD in July 2015. As this article is going to print before the new terminology is published, readers are advised that the final ISSVD definition of vulvodynia might be somewhat different. The terminology section of the ISSVD website still offers a previous definition and is currently under revision: <http://issvd.org/resources/terminology/> (Accessed 24.08.2015)
- See Bohm-Starke et al. (1998).
- See Akopians, A.L. et al. (2015).
- On a physiological level, when a woman is sexually aroused the vagina is lubricated and therefore intercourse is less likely to be painful. On a mental level, arousal brings one's focus onto sexual interaction and pleasure, which also lowers pain thresholds.
- Cotton absorbs sweat and body fluids, and does not encourage sweating. Of all fibres, it is the least likely cause of irritation that might trigger or aggravate pain.
- Due to the invasive nature of the treatment and the risks it involves, vestibulectomy is recommended only in severe cases and when other solutions have failed. According to a retrospective study on the effectiveness of vestibulectomy in the treatment of localised provoked vulvodynia, 83 per cent of patients who have undergone the procedure would recommend the treatment as effective. See: Eva, L.J. et al. (2008). Possible complications include an aggravation of the pain and the development of Bartholin cysts.
- Vulvodynia can however develop as a result of improper local treatment with medicinals that damage the skin of the vulva. In Israel the prescription of topical antifungal creams without a prior culture test is common medical practice in the treatment of genital pruritus, vaginal discharges and other signs of inflammation. As a result, some women are treated, sometimes repeatedly, with medication that is ineffective and actually damages the delicate tissue of the vulva.
- My choice is based on two reasons. As a prenatal resource, the ming men fire can never be in excess; furthermore, in order to control the pathological stirring of the ming men fire, we need to cool and nourish – rather than clear – full heat, and the strategy of clearing deficiency fire and gently nourishing yin is the most effective.
- An extremely strong movement may be interpreted the Liver (which is traditionally compared to a general), as an attempt to take over and humiliate it, which may cause a strong counter-reaction and an aggravation of the situation.
- Herbs such as Sheng Di Huang (*Radix Rehmanniae Glutinosae*) and Mai Men Dong (*Tuber Ophiopogonis Japonici*) are usually not chosen as chief herbs. Their main function here is to clear deficient heat and moisten.
- Although heat at night is considered a typical indicator or yin deficiency, only some vulvodynia patients with yin deficiency experience a worsening of the burning sensation at night, therefore the absence of this sign is not key to the differential diagnosis and the clinical picture should be considered in its entirety.
- I always encourage my vulvodynia clients to stop using the contraceptive pill and – if they are sexually active – choose other forms of contraception. This is based on the following reasons: 1. the pill further reduces their libido, which is already harmed by the pain they experience; 2. because vaginal penetration is very painful, vulvodynia patients generally avoid intercourse, which means contraceptives are not always necessary; 3. an association was found between vulvodynia and oestrogen dosage in oral contraceptives (see Greenstein, A. et al. [2007]); 4. In my clinical experience, in almost every case when a patient insisted on continuing hormonal contraceptives, Chinese medicine treatment yielded very poor results in terms of controlling vulvar pain. These women often carried on coming because the treatment was helping them with other problems. If with time, sometimes many months into the treatment, they decided to discontinue the pill, the pain immediately decreased.
- I use the tinctures produced by Rafael Quality Herbs, Jerusalem. Their ratio is one to four. A 250 millilitre bottle is made with approximately 65 grams of raw herbs.
- See Lee, M. (1992). The author describes the formula as follows: 'One combination of points can treat many diseases ... in combination, these points are balanced in terms of yin and yang and in their locations on both upper and lower extremities and are used bilaterally. These factors, in addition to the combined effect of their individual functions, give them the power to regulate the overall functioning of the body.' (pp.33-35). I generally choose this combination alone or together with other points in the following cases: when both excess and deficiency are pronounced; at the end of or immediately after the menses; or when I am still identifying the most appropriate strategy.
- This emphasises the strong impact emotions and mental states have on vulvodynia.
- The aggravation of the pain before menses is due to the stagnation of qi typical at this time. The improvement around ovulation, which in my clinical experience is quite common, can be explained in conventional physiological terms by the fact that at this time the area is better lubricated by cervical mucus. In Chinese medicine terms, the Chong and Ren are at their peak at ovulation as they fill up with yin and blood, which benefits the condition, even when yin and blood are deficient.
- A form of yoga that mainly focuses on the pelvic area. Most of the poses are done in lying or sitting positions, therefore it is also suited to those who are trying yoga for the first time. Yoga helps by opening the channels and relaxing the mind, but also teaches those who practise it to listen to their bodies and to deal with health problems without necessarily depending on acupuncture treatment – or medication.