

## Complementary therapies for dyspareunia

### Introduction

There is very little sound research supporting the use of natural therapies/complementary therapies for the management of dyspareunia. In practice, some herbs used for the management of perimenopausal symptoms, as well as dietary linseeds, improve postmenopausal vaginal atrophy and this is supported in the literature with some small studies detailed below.

In the management of dyspareunia due to endometriosis, treatments aimed at modifying the inflammatory cytokines and oxidative stress, that promote pain and growth are targeted. There is some preliminary research only, to support the use of some antioxidants in endometriosis patients to reduce sexual pain. There are some small studies looking at acupuncture in the management of vulvodynia. Specific strains of probiotics are indicated for the management of dyspareunia due to vulvovaginitis.

### Postmenopausal vaginal atrophy

Linseeds/Flaxseed

25g (2 dessertspoons) daily of linseeds has been shown to improve vaginal atrophy in postmenopausal women (n=25).<sup>i</sup> Freshly ground linseeds daily are recommended.

Jean Hailes naturopath Sandra Villella has created a recipe to incorporate linseeds in the quantity recommended in this research. Find the recipe here:  
<https://jeanhailes.org.au/health-a-z/healthy-living/jean-hailes-kitchen/linseed-banana-and-date-muffins>

Red clover extract improved vaginal dryness, which was evidenced by a significant improvement of the karyopyknotic, cornification and basal cell maturation index; as well as improved dyspareunia and decreased libido in postmenopausal women (90/7 RCT of 80 mg isoflavones, postmenopausal women n=60).<sup>ii iii</sup>

Oral preparations of black Cohosh (*Actaea/Cimicifuga racemosa*) may improve vaginal dryness in postmenopausal women, as demonstrated in an improvement in the vaginal maturity index due to an increase vaginal superficial cells.<sup>iv v</sup>

### Endometriosis

In a small RCT (n=59) in women aged 19-41years, with endometriosis and or/infertility, treated with 8 weeks of vitamin E 1200 iu and vitamin C 1000 mg had clinically significant (but not statistically significant) improvement in dyspareunia.<sup>vi</sup>

N-Acetylcysteine (NAC) (the acetylated form of the amino acid cysteine naturally present in some substances like garlic) decreased dyspareunia in a small (n=92) observational cohort study of women with endometriomas.<sup>vii</sup>

### Vulvodynia

A small (n=36) pilot study of acupuncture twice a week for 5 weeks significantly reduced vulvar pain and dyspareunia in women with vulvodynia and improvement in sexual functioning.<sup>viii</sup>

### Vulvovaginitis

As the number of *Lactobacilli* in the vagina of women with BV and vulvovaginal candidiasis is significantly lower than in women with healthy vaginas, in an attempt to normalize the vaginal flora, oral or vaginal lactobacilli administration may be useful.<sup>ix x</sup> There are specific strains of probiotics

which have been shown to safely improve the vaginal flora. These strains are *Lactobacillus rhamnosus* Lcr 35, *Lactobacillus reuteri*/fermentum RC-14 and *Lactobacillus rhamnosus* GR-1. These probiotics have been shown to help treat vaginal infections as well as help to decrease the risk of recurrence.<sup>xi xii</sup>

### Post breast cancer

Significant improvements in dyspareunia, sexual functioning, and sexual satisfaction in a small (n=25) in women post breast cancer, with an intervention of pelvic floor muscle (PFM) relaxation exercises twice/day to prevent/ manage PFM overactivity, olive oil as a lubricant during intercourse and a polycarbophil- based vaginal moisturiser(Replens®) three times a week. Improvement was observed within one month and maximum benefits at 12 weeks.<sup>xiii</sup>

---

<sup>i</sup> Wilcox G, Wahlqvist ML, Burger HG, 1990. 'Oestrogenic effects of plant foods of postmenopausal women.' *Br Med J*, 301:905-906

<sup>ii</sup> Chedraui P, Hidalgo L, San Miguel G, Morocho N, Ross S, 2006. Red clover extract (MF11RCE) supplementation and postmenopausal vaginal and sexual health. *Int J Gynaecol Obstet* 95:296-7

<sup>iii</sup> Mazaro-Costa R, Andersen ML, Hachul H, Tufik S, 2010. Medicinal plants as alternative treatments for female sexual dysfunction: utopian vision or possible treatment in climacteric women? *J Sex Med* 7(11):3695-714.

<sup>iv</sup> Wuttke W, Gorkow C, Sejdlová-Wuttke D. 2006. Effects of black cohosh (*Cimicifuga racemosa*) on bone turnover, vaginal mucosa, and various blood parameters in postmenopausal women: A double-blind, placebo-controlled, and conjugated estrogens-controlled study. *Menopause* 13:185-96.

<sup>v</sup> Wuttke W, Sejdlová-Wuttke D, Gorkow C. 2003. The Cimicifuga preparation BNO 1055 vs conjugated estrogens in a double-blind placebo-controlled study: effects on menopause symptoms and bone markers. *Maturitas* 44 Suppl 1:S67-77.

<sup>vi</sup> Santanam N, Kavtaradze N, Murphy A, Dominguez C, Parthasarathy S. 2013. Antioxidant supplementation reduces endometriosis- related pelvic pain in humans. *Transl Res* 161(3):189-95. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3484190/>

<sup>vii</sup> Porpora MG, Brunelli R, Costa G, Imperiale L, et al. 2013. A promise in the Treatment of Endometriosis: an observational Cohort Study on Ovarian Endometrioma Reduction by N-Acetylcysteine. *Evid Based Complement Alternat Med* 2013: 240702. Published online 2013 May 7. doi: 10.1155/2013/240702 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662115/>

<sup>viii</sup> Schlaeger JM, Xu N, Meita CL, Park CG, Wilkie DJ. 2015. Acupuncture for the treatment of vulvodynia: a randomised wait-list controlled pilot study. *J Sex Med* 12(4):1019-27.

<sup>ix</sup> Pendharkar S, Brandsborg E, Hammarström L, Marcotte H, Larsson PG, 2015. 'Vaginal colonisation by probiotic lactobacilli and clinical outcome in women conventionally treated for bacterial vaginosis and yeast infection' *BMC Infect Dis* Jul 3;15:255. doi: 10.1186/s12879-015-0971-3.

<sup>x</sup> Homayouni A, Bastani P, Ziyadi S, Mohammad-Alizadeh-Charandabi S, Ghalibaf M, Mortazavian AM, Mehrabany EV 2014, 'Effects of probiotics on the recurrence of bacterial vaginosis: a review'. *J Low Genit Tract Dis* vol.18, no.1. pp 79-86.

<sup>xi</sup> Anukam K, Osazuwa E, Ahonkhai I, Ngwu M, Osemene G, Bruce Aw, Reid G, 2006. Augmentation of antimicrobial metronidazole therapy of bacterial vaginosis with oral probiotic *Lactobacillus rhamnosus* GR-1 and *Lactobacillus reuteri* RC-14: a randomized, double-blind, placebo controlled trial' *Micobes Infect* vol.8, no.6. pp 1450-4.

<sup>xii</sup> Martinez RC, Franceschini SA, Patta MC, quintana SM, Gomes BC, De Martinis EC, Redid G, 2009. 'Improved cure of bacterial vaginosis with single dose of tinidazole (2g), *Lactobacillus rhamnosus* GR-1 and *Lactobacillus reuteri* RC-14: a randomized, double-blind, placebo controlled trial' *Can J Microbiol* vol. 55, no.2, pp133-8.

<sup>xiii</sup> B, Cheah BC, Mireskandari S, Friedlander M. 2013. The acceptability, feasibility and efficacy (phase I/II study) of the OVERcome (Olive Oil, Vaginal Exercise, and MoisturizeR) intervention to improve dyspareunia and alleviate sexual problems in women with breast cancer. *J Sex Med* 10(10):2549-58.