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Does anyone care about sex?

Clinical guidance on acupuncture for dyspareunia in endometriosis

Endometriosis is characterized by the presence of endometrium-like tissue outside the uterus [1] and affects around 10–15% of women of reproductive age and those assigned female at birth [2]. The most common symptoms include a variety of pelvic pain symptoms such as painful periods (dysmenorrhea), pain in the pelvis (non-cyclical pelvic pain), pain with urination (dysuria) or bowel motions (dyschezia), and painful sex or dyspareunia [3].

» Endometriosis negatively impacts all aspects of sexual function

The risk of developing dyspareunia is ninefold greater in people with endometriosis compared to the general female population [4], and almost 70% of women with endometriosis report painful sex, with one third reporting they have pain every time they have sex. It is not surprising then that over 80% of women with dyspareunia report either avoiding or interrupting sexual intercourse [3]. People with deep infiltrating endometriosis are especially affected, mainly due to the infiltration of the cardinal and uterosacral ligaments—known for their considerable nerve fiber content, which can cause pain during sexual intercourse if tense—the Douglas cavity, the anterior rectal wall, and the posterior vaginal fornix [4].

The impairment of sexual function in people with endometriosis, however, is not limited to dyspareunia. The sexual response cycle can be negatively affected by psychological factors such as anxiety and fear of pain, which are determined by persistent experiences of painful sexual intercourse that result in disorders related to desire, lubrication, arousal, and orgasm [4]. Women with endometriosis-related chronic pelvic pain reported a significantly reduced ability to experience an orgasm during intercourse [5]. People with rectovaginal endometriosis have a threefold greater risk of being sexually unsatisfied or experiencing little or no sexual pleasure, resulting in fear before or during sexual intercourse, avoidance of sexual activities [6], and feelings of guilt toward the partner [4]. Although the impact of endometriosis extends far beyond pain, the current literature mainly focuses on dyspareunia regarding the sexual well-being of people with endometriosis.

Treatment options

Clinical guidelines recommend pharmacological treatments (combined oral contraceptives and progestogens) or surgery to reduce pain symptoms and improve sexual function [4, 7]. However, satisfaction rates with hormonal treatment are low due to significant side effects [8, 9]. Laparoscopic excision has also shown benefits in improving sexual function and reducing discomfort during sexual intercourse after 4–12 months, as well as after 5 years; however, over one third of women will require repeated surgery [4].

Given the significant burden caused by endometriosis, effective and acceptable treatment options that are in line with patients' needs are urgently required. The number one priority for people with endometriosis is an effective

tive treatment [10], and accordingly, they seek help beyond the recommendations of clinical guidelines. A cross-sectional survey ($n = 1575$) found 82.8% of people with endometriosis and their family members wanted more research into treatment options; over half of these people (43.6%) noted an interest in complementary and alternative medicine (CAM) treatments [11]. The World Health Organization (WHO) reported that acupuncture is the most widely used traditional and complementary medicine worldwide [12]. A retrospective evaluation, undertaken by Schwartz et al. in Switzerland using medical charts and a questionnaire ($n = 574$), found that 62.5% of women with endometriosis sought CAM support, with one quarter choosing acupuncture/traditional Chinese medicine (TCM; [13]).

Acupuncture for dyspareunia

Acupuncture has shown promising results in relieving the pain symptoms of endometriosis and has been suggested for people with endometriosis who do not experience relief with usual care [14]. However, data on acupuncture for dyspareunia are limited.

A Brazilian randomized controlled trial (RCT) reported a 65% decrease in sexual pain using a 0–10-point visual analogue scale after five acupuncture treatments compared to a 13% reduction after five sessions of simulated acupuncture ($n = 42$, mean difference [MD] -2.88 , $[-3.83, -1.93]$, $p < 0.00001$), which was also found at the 2-month follow-up ($n = 42$, MD -3.86 , $[-4.77, -2.95]$, $p < 0.00001$; [15]). This study was included in a systematic review and meta-analysis that also reported on a Chinese RCT that found a positive effect of acupuncture compared to danazol; however, the difference was not

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Abstract · Zusammenfassung

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Does anyone care about sex? Clinical guidance on acupuncture for dyspareunia in endometriosis**Abstract**

Endometriosis affects various physiological and psychological aspects of sexual life. Around two thirds of patients with endometriosis experience pain during sexual intercourse (dyspareunia), especially those with deep infiltrating endometriosis. The repeated experience of pain can result in sexual avoidance, reduced pleasure, and distress in the partnership. Not all of these patients can be treated satisfactorily with the recommended therapies (hormones or surgery). As an alternative or complementary treatment, acupuncture has been suggested. Although the studies on acupuncture for endometriosis-related pain symptoms are promising, the specific question of how to treat dyspareunia has so far received little attention in research and in the literature. Based on the current state of research, this article summarizes the details of acupuncture treatment for dyspareunia. This includes the

selection of suitable acupuncture points (local and distant points), the most important treatment strategies (invigorating Qi and Blood in the lower abdomen, tonifying Spleen and Stomach, resolving Dampness, calming Shen), and other acupuncture treatment specifics such as frequency and duration.

The aim is to provide therapists with concrete guidance for individualized treatment in clinical practice and to raise awareness of this often-overlooked symptom.

Keywords

Pain · Sexual intercourse · Alternative medicine · Traditional Chinese medicine · Complementary therapy

Interessiert sich irgendjemand für Sex? Anleitung zur Akupunkturbehandlung von Dyspareunie bei Endometriose**Zusammenfassung**

Endometriose beeinträchtigt verschiedene physiologische und psychologische Aspekte des Sexuallebens. Etwa zwei Drittel der Endometriosepatientinnen erleben Schmerzen beim Geschlechtsverkehr (Dyspareunie), insbesondere diejenigen mit tief infiltrierender Endometriose. Die wiederholte Schmerzerfahrung kann zu sexueller Vermeidung, reduziertem Lustempfinden und partnerschaftlicher Belastung führen. Mit den empfohlenen Therapien (Hormone oder Operation) können nicht alle Endometriosepatientinnen zufriedenstellend behandelt werden; alternativ oder ergänzend wurde die Behandlung mit Akupunktur vorgeschlagen. Obwohl die Studienlage zu Akupunktur bei endometriosebedingten Schmerzsymptomen vielversprechend ist, findet die spezifische Frage nach der Behandlung von Dyspareunie bislang wenig Beachtung in Forschung und Fachliteratur. Auf Grundlage

der aktuellen Forschungslage fasst dieser Artikel die Details der Akupunkturbehandlung bei Dyspareunie zusammen. Dazu gehören die Auswahl geeigneter Akupunkturpunkte (Lokal- und Fernpunkte), die wichtigsten Therapiestrategien (Qi und Blut im Unterbauch bewegen, Milz und Magen stärken, Feuchtigkeit transformieren und ausleiten, Shen beruhigen) sowie weitere Behandlungsdetails wie Häufigkeit und Dauer der Behandlung. Ziel ist es, Therapeut:innen konkrete Impulse für die individualisierte Behandlung in der Praxis zu geben und das Bewusstsein für diese oft übersehene Symptomatik zu schärfen.

Schlüsselwörter

Schmerzen · Geschlechtsverkehr · Alternative Medizin · Traditionelle chinesische Medizin · Komplementärtherapie

statistically significant ($n = 26$, risk ratio 1.07, [0.57, 2.00], $p = 0.84$).

» Research suggests that acupuncture can improve dyspareunia

An Italian pilot study without a control group reported that 19 of 34 women with deep infiltrating endometriosis experienced dyspareunia. Sexual pain scores were reported to decrease from a mean intensity of 5.74 before treatment to 3.89 on a 0–10 numerical rating scale after 15 acupuncture treatments ($p < 0.0001$; [16]).

A Chinese RCT reported no change in dyspareunia after acupuncture compared to superficial needling, but the baseline pain scores were 0, which does not allow for improvement.

Acupuncture treatment details

In both studies with significant positive findings, TCM-style manual acupuncture was used with a fixed acupuncture protocol. In both cases, a combination of local and distant points was used. While in both studies a treatment frequency of once a week was chosen, the duration differed considerably from 5 weeks (five treatment sessions in total) to 6 months (15 treatment sessions in total). Both publications did not report on any other component of treatment (Table 1).

Discussion

Findings suggest that acupuncture can improve pain during sexual intercourse in people with endometriosis. Even a small number of five treatments may be enough to cause significant changes. The main treatment strategy was to invigorate Qi and Blood especially in the

lower abdomen in order to alleviate pain (LIV-3, SP-6, SP-10, Ren-3, BL-17, GB-29, L.I.-4, SP-8, Ren-6, ST-29, BL-32, Zigong, LIV-8, KID-10). Additional strategies were to tonify Spleen and Stomach (SP-6, ST-36, Ren-6), resolve dampness (SP-6, Ren-3, SP-9, KID-10), and calm the Shen (P-6; [17]).

However, the total number of studies investigating the effect of acupuncture on dyspareunia was small with limited sample sizes. Additionally, the persistence of an effect has only been evaluated in one study after 2 months, and therefore prolonged effect sizes remain unclear. Furthermore, these acupuncture treatment details may not reflect the ideal treatment for dyspareunia, since the acupuncture protocols were not specifically designed to treat dyspareunia in endometriosis, but to treat the breadth of pain symptoms in endometriosis.

Table 1 Acupuncture treatment details used for pain in endometriosis including dyspareunia

Acupuncture detail	As used in research
Acupuncture rationale	TCM-style acupuncture Fixed protocols
Details of needling	19 ^a –20 ^b needle insertions per individual per session <i>Acupuncture points included in both protocols</i> LIV-3, SP-6, SP-10, Ren-3 <i>Included in one protocol</i> BL-17, GB-29, ST-36, LIV-8, SP-9, KID-10 ^a L.I.-4, SP-8, P-6, Ren-6, ST-29, BL-32, Zigong (M-CA-18) ^b Needle insertion bilaterally ^{a,b} Depth of insertion: 0.5–2 cun ^b De Qi obtained ^b , no further stimulation ^b 20 ^a –30 ^b min needle retention time Using disposable sterile stainless-steel needles ^{a,b}
Treatment regimen	5 ^b –15 ^a treatments Weekly ^a /weekly for 12 weeks, then three monthly sessions ^b 5 weeks ^a /6 months in total ^b

TCM traditional Chinese medicine

^a[15]^b[16]

The main treatment strategy to move Qi and Blood aligns with major textbook recommendations for endometriosis-related pain [18, 19]. However, strategies to treat the base root as well, such as strengthening the Kidneys and addressing either heat or cold, which is suggested to be vital by expert consensus if present [20], are omitted in both protocols. Furthermore, standardized acupuncture protocols were used, which have been criticized for lacking ecological validity [21], and treatment effects may be underestimated [22].

» The main treatment strategy is to invigorate Qi and Blood in the pelvic area

Both addressing the root cause and individualizing the treatment are especially important in this context, since the impact of endometriosis on sexual function is not limited to pain but includes a range of further physiological functions (desire/arousal, orgasm, satisfaction) and psychological components (anxiety, fear of pain, feelings of guilt toward the partner). Given that acupuncture is claimed to be a holistic modality providing both physical and psychological treatment aspects [23], it is likely that acupuncture has the potential to treat the complexity

of sexual dysfunction rather than pain alone.

Interestingly, a cross-sectional survey in Australia and New Zealand including 111 TCM practitioners showed that dyspareunia was an uncommon presenting symptom ($n = 15$, 13.5%), despite affecting almost three quarters of women with chronic pelvic pain [24]. The authors discussed whether this may reflect the normalization of pelvic pain associated with the menstrual cycle and/or TCM practitioners overlooking signs and symptoms. The neglect of dyspareunia and sexual function in people with endometriosis in research is even more pronounced in textbooks on endometriosis, where dyspareunia is rarely mentioned, with only one case of a woman with dyspareunia being reported. Her TCM diagnosis was Qi stagnation and blood stasis, and the therapeutic strategy accordingly was to regulate Qi to invigorate blood circulation and to resolve stasis to stop pain. However, no acupuncture details were given for this case.

Based on the current literature, it remains unclear why the treatment of dyspareunia is omitted in almost all textbooks and most clinical research on acupuncture for endometriosis. While there are many possible explanations at different levels, we must critically ask ourselves whether we—TCM practitioners, authors, and researchers—consider

sexual well-being in people with endometriosis to be a negligible luxury.

Conclusion

A range of acupuncture details for dyspareunia have been presented. However, studies including dyspareunia are very limited and have not specifically focused on the treatment of dyspareunia or sexual function but on pelvic pain symptoms in general.

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