

**TREATMENT OF DYSPAREUNIA IN FEMALES WITH  
HOMOEOPATHIC MEDICINES****<sup>1</sup>\*Harsha Bhardwaj and <sup>2</sup>Dr. Rekha Juneja**<sup>1</sup>PG Scholar, <sup>2</sup>ProfessorDepartment of Materia Medica, Sri Ganganagar Homoeopathic Medical College Hospital and  
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03 October 2024,Revised on 24 October 2024,  
Accepted on 13 Nov. 2024

DOI: 10.20959/wjpr202422-34688

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Materia Medica, Sri  
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Medical College Hospital  
and Research Institute,  
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Ganganagar Rajasthan.**ABSTRACT**

Dyspareunia refers to painful sexual intercourse affecting females more than males with an impact on emotional, psychological and quality of life of an individual. It is one of the common medical conditions which is generally neglected. As a result of which it may often leads to very severe complications and further destroys the physical and mental health. This article aims at focusing on the different causes responsible for this condition and treatment with homoeopathic medicines which proves to be beneficial in addressing the suffering of the patients and improves physical and mental well being with complete restoration of the health.

**KEYWORDS:** Dyspareunia, Painful, Sexual Intercourse, Homoeopathic, Anxiety, Vagina.**INTRODUCTION**

Dyspareunia is a persistent pain in genitals that occurs during or after sexual intercourse, it is caused by medical or psychological reasons and mainly affects the woman. The intensity of pain vary from person to person and in severe condition can often lead to complete abstinence from sexual activity. The prevalence rate varies from 3 to 18% worldwide and almost affecting 10 to 28% population in a lifetime. The pain can be superficial felt at the entrance of vagina and it can be deep which occurs during the thrusting of penis, the pain can be sharp, throbbing, cramping and burning type, the pain can be localized or it may affect the whole genital region. Dyspareunia if left untreated may often leads to sexual difficulties, sexual aversion, conflicts in sexual relationship, low self

esteem, negative perception about one's own body, fear, emotional distress, anxiety etc. It can affect both males and females but most common in females and many cases left untreated as women do not seek medical care out of embarrassment and fear of judgement.

Various psychological therapies and medical treatments are available for dyspareunia which aims to cure the underlying cause of the condition. Homoeopathic medicines can be highly effective to treat the various causes for dyspareunia. The aim of homoeopathy is not only to treat the symptoms but to address the underlying cause in an individual so as to cure the patients with the means of holistic approach.

### TYPES OF DYSPAREUNIA

Dyspareunia can be classified into 2 types on the basis of location that is -

1. **Superficial Dyspareunia** – The pain occurs during the initial penetration at the entrance of the vagina and known as entry pain. Common causes includes dryness of vagina, vaginitis, infections, injury or trauma.
2. **Deep Dyspareunia** – The pain occurs during the deep penetration and thrusting of penis, this type of pain usually occurs in pathology of uterus such as fibroids, adenomyosis and endometriosis, pelvic inflammatory disease, cystitis, tumors, ovarian cyst, vaginal atrophy, pelvic adhesions etc.

Dyspareunia can be classified into 2 types on the basis of onset that is -

1. **Primary** – Pain since the onset of sexual activity due to congenital and developmental causes.
2. **Secondary** – Pain that was not present at the first onset but occurs after the development of underlying pathologies, infections, trauma or the dryness.

Dyspareunia can be classified into 2 types on the basis of frequency that is -

1. **Situational/Conditional** – Pain that occurs only under certain circumstances such as psychological distress, specific partners, position etc.
2. **Persistent**- occurs in every situation due to psychological, emotional and physical factors.

### CAUSES

**Inflammation and Infections** – Vaginitis, cystitis, urinary tract infections, sexually transmitted diseases, pelvic inflammatory disease can lead to painful intercourse.

**Vaginal Dryness** – Reduction in estrogen level, lack of foreplay, certain medications can cause vaginal dryness due to insufficient lubrication which contributes to the cause of pain during sexual intercourse.

**Vaginismus** – Involuntary contraction of the pelvic floor muscles causes dyspareunia.

**Skin Diseases** – Skin conditions affecting genitals such as eczema, lichen planus may often cause painful sexual intercourse.

**Genital Injury** – Pelvic surgery, pelvic pain, childbirth can lead to dyspareunia.

**Uterine and ovarian Pathologies** – Endometriosis, adenomyosis, fibroids, ovarian cysts often results in painful intercourse.

**Hormonal causes** – During menopause there is a reduction in estrogen level which leads to vaginal atrophy that becomes one of the major reason for painful sex, hormonal changes during postpartum period can often leads to temporary cause of the condition.

**Medications** – Certain type of medicines can often effect the vagina lubrication

**Structural abnormalities** – Imperforate Hymen, Vaginal septum, Uterine retroversion, uterine prolapse etc are some of the structural abnormalities that may contribute to dyspareunia.

**Psychological factors** – Sexual abuse or assault, past sexual traumas, low self esteem, negative body image, emotional stress, anxiety, depression, conflict with partner, lack of communication, all these factors could be the cause of dyspareunia.

## CLINICAL FEATURES

1. Pain during or after sexual intercourse, pain can be mild or severe occurs during penetration or at the entry.
2. Pain can be burning, sharp, stabbing, aching or throbbing in character
3. Involuntary spasms of the vaginal muscles leading to tightness and making the penetration painful.
4. Persistent painful intercourse can lead to stress, anxiety decrease libido and in some people can result in complete sexual abstinence.
5. Itching can be present along with pain after the intercourse
6. Cramps in pelvic region.
7. Discomfort
8. Difficulty in undergoing pelvic examination.

## DIAGNOSIS

### Medical History

First step to rule out the cause of dyspareunia is to take proper medical history by asking detailed information about

- The character of pain, location, onset, duration, severity, precipitating factors.
- Sexual history, past sexual experiences, sexual relationship with partner and any past history of sexual abuse or trauma.
- Any medical history of gynaecological disorders such as endometriosis, cysts, structural abnormalities, skin diseases, injury etc.
- Any treatment history and medications that the patient is taking currently or has taken previously for medical issues.
- Psychological history such as depression, anxiety, emotional distress etc.

### Physical Examination

**Inspection** – Examination of genital area for any injury, skin diseases, atrophy.

**Palpation** – Gentle palpation to rule out any tenderness of pelvic floor muscles and to detect any presence of the mass.

**Speculum examination** – A speculum is inserted into the vagina to visualize the walls of vagina and cervix for any abnormality change in the texture, pap smear or the sample can be collected during speculum examination to rule out any infection, cancerous or precancerous conditions.

**Bimanual examination** – To evaluate any masses, cysts, size and position of uterus and ovaries.

### Other Tests

**Laboratory Tests** – Tests to detect any infections, hormonal changes and sexually transmitted diseases.

**Imaging studies** – MRI, CT scan, ultrasound to find out the underlying cause such as endometriosis, cysts, fibroids, tumours, polyps, pelvic inflammatory disease etc which could be the possible reason for dyspareunia.

### Diagnostic Criteria

Diagnostic Criteria for dyspareunia is included under the DSM-5 Diagnostic Criteria for Genito-Pelvic Pain/ Penetration Disorder

- A. Persistent or recurrent difficulties with one (or more) of the following:
1. Vaginal penetration during intercourse.
  2. Marked vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts.
  3. Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration.
  4. Marked tensing or tightening of the pelvic floor muscles during attempted vaginal penetration.
- B. The symptoms in Criterion A have persisted for a minimum duration of approximately six months.
- C. The symptoms in Criterion A cause clinically significant distress in the individual.
- D. The sexual dysfunction is not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress (e.g., partner violence) or other significant stressors and is not attributable to the effects of a substance/medication or another medical condition.

## PSYCHOSEXUAL MANAGEMENT

**Counselling** – Counselling can play a very important role in addressing the emotional distress that is related to dyspareunia and help individuals to manage their anxiety and fear and promotes open communication between partners.

**Desensitization Therapy** – therapist promotes the patients to learn certain exercises which helps in vaginal relaxation that leads to the reduction in pain during sexual intercourse.

**Sex Therapy** – Sex therapist addresses the issues regarding the sexual arousal and loss of libido and improves the intimacy between the partners by helping them to reduce the performance pressure and assist in healthy communication pertaining to needs, fears and safe environment.

**Relaxation Techniques** – Deep breathing exercises help in reducing anxiety and stress and provides relaxation to both body and mind which helps in managing the symptoms.

**Cognitive Behavioral Therapy** – Focuses on identifying negative beliefs and helps in replacing them with rational and positive thoughts.

## HOMOEOPATHIC TREATMENT

Homoeopathic medicines can be effective in managing and curing dyspareunia by

individualisation and remedies are selected on basis of totality of symptoms which is obtained after complete case taking including all the mental and physical generals along with the chief complaints.

### **Common Female Rubrics**

Female Genitalia/Sex – coition- aversion to.  
Female Genitalia/Sex – coition- aversion to- vaginitis in.  
Female Genitalia/Sex- coition- aversion to- leucorrhoea with.  
Female Genitalia/Sex – coition- enjoyment- absent.  
Female Genitalia/Sex – coition- Painful.  
Female Genitalia/Sex – coition- refuses the conjugal coition.  
Female Genitalia/Sex- constriction of- vagina- coition- during.  
Female Genitalia/Sex- Pain- ovaries- coition.  
Female Genitalia/ Sex- Pain- uterus- coition.  
Female Genitalia/Sex- Pain- vagina- coition- during.  
Female Genitalia/Sex – Pain- vagina- dryness- from.  
Female Genitalia/Sex – Pain- vagina- pulsating.  
Female Genitalia/Sex – Pain- Vagina- paroxysmal.  
Female Genitalia/Sex – Pain- aching- uterus- coition during.  
Female Genitalia/Sex – Sexual Desire- diminished- coition- during.  
Female Genitalia/Sex – Vaginismus.  
Female Genitalia/Sex – Vaginismus- sensitiveness of vagina- from.  
Female Genitalia/Sex – Vaginismus- coition- during.  
Female Genitalia/Sex – Vaginismus- coition- painful.  
Female Genitalia/Sex – Vaginismus- coition- preventing.

### **Mind Rubrics**

Mind – Anxiety – coition.  
Mind – Aversion – husband, to coition – during.  
Mind – Fear – coition.  
Mind – Fear – coition – thought of coition in a women; at.  
Mind – Restlessness – coition.

### **Homoeopathic Medicines**

**Apis Mellifica** - Ovarian tumours with stinging pains like bee stings. Ulceration and

engorgement of os uteri, Large and painful swelling of the labia with heat and stinging pains. Metritis, peritonitis with stinging, thrusting pains. Great tenderness over abdomen and uterine region.

**Argentum Nitricum** – Coition painful followed by bleeding from vagina, ovarian pain feel as it an enormous swelling in side affected, prolapse with ulceration of os or cervix with copious yellow, corroding leucorrhoea and frequent bleeding points of ulceration. Region of ovaries painful with pains radiating to sacrum and thighs. The person may experience anxiety or nervousness before intimacy.

**Berberis Vulgaris** – Vaginismus, contraction and tenderness of vagina. Burning and soreness in vagina. Desire diminished, cutting pain during coition. Leucorrhoea, greyish mucus with painful urinary symptoms.

**Borax** – Stinging and distended feeling in the clitoris. During pregnancy swelling, itching and burning of vagina with a discharge like gonorrhoea, thick and corrosive discharge like starch form the vagina.

**Belladonna** – Dryness and heat of vagina, Sensitive forcing downwards as if all the viscera would protude at genitals, cutting pain from hip to hip. Shooting in the internal genital parts.

**Hepar Sulphur** – Discharge of blood from uterus, Itching of pudenda, abscess of labia with great sensitiveness, offensive leucorrhoea which smells like cheese.

**Ignatia** – Indicated in dyspareunia when there is extreme soreness in the vagina, a heated sensation is present in the vagina. Sadness, weeping, desire for loneliness, excessive worries, depression and history of grief may be there with the above symptoms.

**Kreosote** – Bleeding occurs next day after the intercourse. Leucorrhoea is very offensive and acrid that causes pain, burning and itching in the vagina. Pain and soreness of the genital area. Corrosive itching within the vulva, burning and swelling of labia.

**Lachesis** – Vaginal dryness during menopause, the patient feels a sense of tightness or vaginal fullness with dryness that makes the sexual activity difficult.

**Lycopodium** – Itching, burning and gnawing in vulva. Pressure towards the outside, above the vulva and extending as far as to the vagina, chronic dryness of vagina, burning pain in the

vagina during and after the coition. Excoriation between the thighs and at the vulva.

**Lyssin** – Increase of uterine sensitiveness, conscious of having a womb, any change of position that would tilt or rotate os uteri would cause much pain. Sensitiveness of vagina rendering coition quite painful. Prolapse uteri of 7 years.

**Natrum Mur** – vaginal pain during intercourse due to the dryness of vagina, thick vagina discharge is present with abdominal pain and weakness. Psychic cause of the disease, ill effects of grief, fright, anger etc. Pressure and general bearing down towards genital organs every morning has to sit down to prevent prolapse, prolapse uteri with aching in loins. Repugnance to coition, itching in genital organs. Abundant discharge of thick whitish mucus from vagina.

**Platina** – Sensitive tender vagina cannot bear to be touch, fainting during coition, vaginismus makes intercourse impossible, drawing pain in the ovaries and uterus after intercourse that tend to last for several hours altogether.

**Sepia** – Intense pain during intercourse. Sexual intercourse is often intolerable and blood may appear from the vagina after coition. Great dryness of vulva and vagina especially after menses. Prolapse of the vagina, violent stitches in the vagina upwards. Induration of cervix, burning, stitching, shooting pains. Internal and external heat in genitals, Contractive pain in vagina. Swelling redness and moist itching eruption on labia minora. Bearing down in uterus which obstructs respiration, pressure as if everything protrude through the vulva.

**Staphysagria** – Painful intercourse from sensitive genitals, the complaint of dyspareunia in the early days of married life, Smarting and lancinating itching in vulva, Spasmodic pains in vulva and vagina. Dwells too much on sexual subjects. Inflammation of ovary with burning, stinging pain.

## CONCLUSION

Treating dyspareunia with homoeopathic medicines improves both physical and mental health of patient without causing any side effects and promotes healthy relationship between the partners by addressing the emotional distress that comes along with the condition and prevents its reoccurrence by curing the disease in its whole extent.



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