Chapter Thirteen

Sexual Dysfunction

"I'm having orgasms like I've never had in my life."

- Janet

"I'm over 40 and I thought that part of my life would always be 'just okay.' Everything 'woke-up' after treatment; now my husband can hardly keep up with my new-found libido."

- Carmen

When we first started treating women with pelvic pain twenty years ago, we never considered that the work we were doing might affect female sexual function. Then in the early 1990s, a former patient, Regina, called Belinda two months after her treatment.

Regina began hesitantly, "Have any of your patients reported anything, uh, unusual after treatment?"

"Unusual, how do you mean?" Belinda asked her.

"Well, it's kind of embarrassing," Regina replied, hesitantly.

When Belinda pressed her for the reason for her call, Regina replied "Well quite frankly, since I've been home, I've been having orgasms like I've never had in my life. I mean, these are real toe-curlers!"

"I see," Belinda said. "So you're not having any problem with that?"

"Oh no," Regina stammered. "It's fine . . . I mean really r-e-a-l-l-y fine! I just wanted you to know, for the record, I mean. Other women

might find this information very useful, Belinda. Honestly, I have never experienced anything like this ever — in my entire life!"

At the time, we found this information interesting but did not think much about it beyond that. We were content to know that pain was decreasing and that there were virtually no negative side effects to our treatment. Indeed, the only negative side effects we had ever heard of after treatment were temporary soreness or light spotting.

Over the next several months, however, we noted a trend developing in some of our patients. As we began to treat more women for fertility, more and more of our patients began calling in, reporting positive "side effects" of therapy that had more to do with sexual function than pain. The reports sometimes included dramatic increases in desire or lubrication, and increased or first-time-ever orgasms. We found the reports of interest because the aims of physical therapy are to decrease pain and increase function. For some of these women, their sexual function was apparently improving beyond anything they had ever experienced in their lives. This was totally unexpected, but welcome news.

We did know that when a woman has a deep orgasm, the vaginal walls narrow. The uterus becomes more vertically oriented and moves upward inside the pelvis. If any of these movements are restricted due to adhesions, orgasm will generally be diminished, or will not occur. It appeared that by freeing up all these restrictions and restoring normal mobility to the vagina and urogenital organs, orgasms were coming with greater frequency and intensity for many of our patients.

We stopped being totally surprised by unusual patient reports after we determined that we could actually open blocked fallopian tubes. But in this case, we were (once again) facing something very special. We knew of no medical or therapeutic technique that actually increased orgasms.

In what had become our usual protocol for examining surprise results, we allowed our patients' reports about their therapy to guide us into scientific studies. In this case, we had our eye on documenting and measuring any positive (or negative) changes our patients were having in sexual function.

Dr. King made us aware of the fact that physicians had very limited tools with which to treat sexual dysfunction. In fact, the studies that were published largely addressed the psychological component. Because of his encouragement and all the phone calls from patients who were excited about their new-found libidos, increased lubrication, and profound orgasms, we decided to create publishable science on this — yet another pioneering area of treatment. We did not know what results to expect, but based on the prevalence of the problem in the US, we felt it incumbent on us to investigate the possibility to return function (and pleasure) to women who found themselves burdened by these problems.

Sexual Function Restored

- Cher's Story

When the therapists at Clear Passage Therapies (CPT) told me that a common side effect of treatment was increased sexual function, I didn't know whether to believe them or laugh. I went to CPT in hopes of opening my blocked fallopian tubes and I never imagined they would be able to help me with my sex life.

Four years earlier, I learned I had 25 fibroids in my uterus, my left fallopian tube was blocked, and my right fallopian tube was filled with liquid (a hydrosalpinx). I underwent surgery

to remove the fibroids and then IVF, but my husband and I were still unable to become pregnant.

I then learned of CPT from a dear friend in my bible study. She and her husband tried to get pregnant for five years and then went to CPT. Afterward, she became pregnant. She came to my house and shared her entire experience with me. I was overwhelmed with hope and immediately called the clinic and scheduled an intensive week of treatment.

When I arrived at CPT, I couldn't believe the attention and thorough evaluation my therapists gave me. They asked me so many questions and thoroughly listened to my responses. They were interested in every ache, pain, or sensation. My husband, Poppy, also attended my treatment. The therapists really made him feel a part of the team. They explained every technique they used and how it might benefit me.

After examining my tailbone, the therapists found that it was pulled forward. I shared with them that I had been molested as a child, which may have led to that injury. The therapists explained that a tailbone in a forward position could cause pain with deep penetration during sexual intercourse. I knew exactly what they were talking about. Whenever my husband tried to push deeper during sex, it felt like he was hitting something. I was never able to enjoy sex. After being told my entire life to wait until I was married, it was such a disappointment to not enjoy intercourse with my husband. I still tried to participate, but it always felt dry, tight, and painful.

The therapists gently worked to tilt my tailbone back into place and restore its natural mobility. I noticed that pressure in my back was relieved as the therapists moved my tailbone. When my husband and I had sex later that night, I

couldn't believe the difference. My husband was able to enter me entirely without the same feeling of tightness, pain, and obstruction. I couldn't believe how good it felt. I started to cry and Poppy, my husband, asked me what was wrong. I told him I was crying because of what was finally right! My orgasm was incredible – toe-curling! It was the best I had ever had. I finally felt like a real woman - a woman in love with her husband who could enjoy the full experience of marriage.

I have noticed that my libido continues to increase. Before, I seldom wanted sex. But now, I think, "Yes, baby, I'm in the mood, too!" I actually have arousal and desire. I feel like I am 25 again!

My orgasm was incredible – toe-curling! Before, I seldom wanted sex. But now, I think, "Yes, baby, I'm in the mood, too!" I feel like I am 25 again!

In addition to the incredible changes in our sex life, my husband and I are now filled with hope. We left CPT knowing I was healed and ready for our new journey together as parents. The day my therapist worked on my fallopian tubes, I noticed a clear discharge – which I believe was the fluid clearing from my tube! I have my follow-up test in one month to see if my tubes are open and my husband and I are very optimistic.

I have also noticed a change in my menstrual cycle. I used to experience pain two days before my cycle and then severe pain the first day of menstruation. During my last period, I had no pain at all! Just a dull pressure – I didn't even need pain

> medication! This change fills me with hope that my body is ready for a pregnancy.
>
> Before I went to CPT, I just wanted a baby. I had no idea that treatment at CPT would enable me to be healed in so many ways. I was finally able to put my past behind – both physically and emotionally. The changes in my sexual function alone made the treatment worth every penny! And my husband certainly agrees!

The Six Domains of Sexual Function

Over the years, physicians and scientists have divided and defined the various areas of sexual function into domains. While some schools teach slightly different domains than others, most include some form of the following:

- Desire (libido)
- Arousal
- Lubrication
- Orgasm
- Satisfaction
- Pain

When we searched the medical literature looking for information on other treatments for sexual dysfunction, we were surprised to discover (as Dr. King had intimated) that we could find no other therapy, drug, or medical procedure that addressed the entirety of sexual function. Psychological counseling was prescribed for depression and coping; pain relievers and "desensitizing agents" were used to address painful intercourse. So while some agents were used to address a single symptom, nothing else we could find addressed the

cause or presented a long-term solution for most of the various domains of sexual function. Drugs could lessen the pain, but the drugs only worked while they were being taken. Lubricants and desensitizing agents could sometimes help lessen the pain, but we could find nothing else (except the work we were doing) that increased desire, arousal, lubrication, and orgasm — and also decreased pain. For something that started out as a side effect of therapy (increased orgasms), this was pretty neat, we thought!

An Unknown Cause of Sexual Dysfunction

The cause of sexual dysfunction was becoming increasingly apparent to us. Adhesions were not only causing the pain in our patients, they were apparently causing decreased desire, arousal, lubrication, and orgasm. We knew this because when we used the therapy on our patients, sexual function improved dramatically in most cases in which there was a prior problem.

We were surprised that our "discovery" was not common knowledge among gynecologists. While perhaps adhesions were suspected by some, physicians were ill-equipped to treat the cause of the problem.

The vagina is an area that does not respond well to surgery. Further, drugs have their limitations for these conditions, as noted above. A few physical therapists were brave enough to treat in this private area, but clearly, none of them were doing what we were doing.

In this light, the primary side effect of our therapy — increased orgasms — turned into several published studies, and a breath of hope for women who suffer needlessly.

We have our patients to thank for this particular discovery. If they had not cared enough to contact us and tell us of the dramatic turnarounds they were experiencing, we would never have known to investigate this area, which will become an important contribution to women's health and benefit many women in need, for years to come.

Our research into the previously published medical literature also yielded a very valuable assessment tool: a scientifically validated test, called the Female Sexual Function Index (FSFI)[26]. This test provides a scientifically validated method to measure the various domains of female sexual function, and to create publishable results.

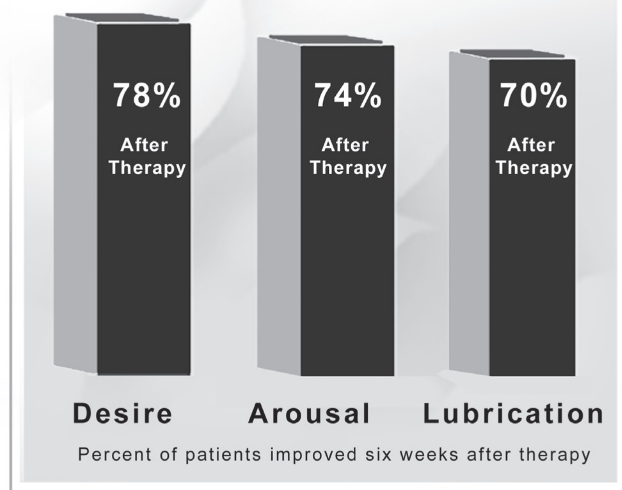
Now excited about the implications of creating yet another pioneering study, we gathered our physicians and researchers together to design a study to test and quantify any success we might have in the various domains of sexual dysfunction.

With her expertise in “Tests and Measurements,” Dr. Eugenia Scharf brought our project to the attention of Jonathan Shuster, PhD, a nationally-recognized expert in biostatistics. Dr. Shuster taught biostatistics at the nearby University of Florida medical school and had published over 200 studies in prestigious journals, including the *New England Journal of Medicine* and *Lancet: The British Journal of Surgery*.

Dr. Shuster had advised us on previous studies, and when we approached him about this project, he readily agreed to participate. Part of his task was to tell us how many patients we needed to test in order to create statistically significant results.

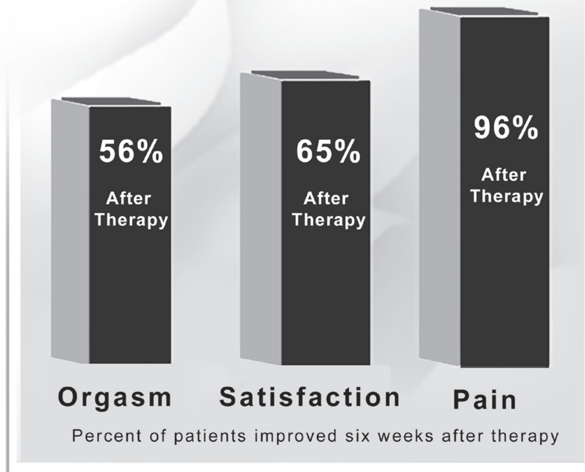
Dr. King provided medical oversight as usual, to help assure the safety of the patients, and to advise us of considerations that would be important to physicians.

Together, our team designed a controlled study in which we took measurements pre- and post-therapy in the six measurable aspects of female sexual function: desire, arousal, lubrication, orgasm, satisfaction, and pain.[27]



Improvements were noted in some surprising areas, measured six weeks after therapy

In the end, our study results were downright exciting! Desire (libido) increased in 78% of our patients and orgasms increased in 56%. In addition, lubrication, satisfaction and arousal were all up significantly — in well over 70% of patients.



Published results showed pleasure increased for most women.
Pain decreased significantly, for nearly all of them.

Our most dramatic change was in decreasing pain levels. As mentioned earlier, pain levels were decreased or eliminated in all but one patient. This equated to a 96% success rate of decreasing or eliminating intercourse pain. Considering that no other treatment existed to effectively address intercourse pain and its causes, this data made us feel terrific!

As one scientist told us, "In scientific studies, we are looking for improvements of 3% to 5%. If we show a 5% improvement at the end of a three-year study, generally we feel that we've really accomplished something. Sometimes, you work for years and see no improvement. But in our work, we were seeing improvements of 56%, 78%, and even 96%

Scientifically, we can only speculate on the exact mechanisms of why our therapy increased desire, arousal, lubrication, orgasm, and

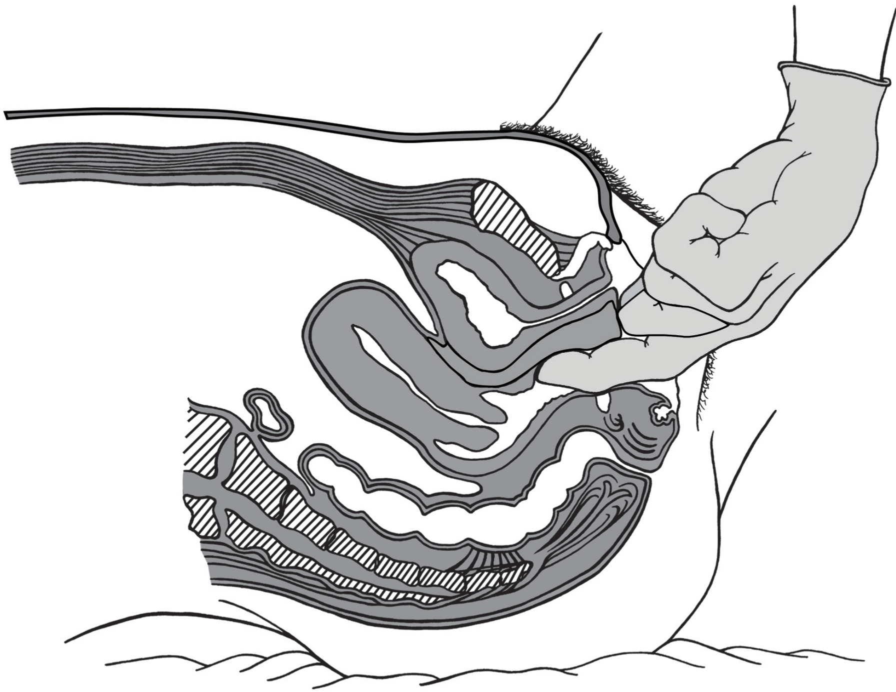
satisfaction in our study patients. However, we believe that treating adhesions is really the key that unlocks the mystery of sexual pain and dysfunction.

The women we treat with these complaints generally have a history indicative of adhesion formation, such as prior infection, surgery, trauma, or inflammation in the vagina or nearby structures. When we inquire, then palpate and treat the adhered, tightened tissues in these areas, pain generally decreases significantly, and sexual function improves markedly — as evidenced by this and other studies.[25]

Treating Near the G-spot

In many cases, we find tissues of an unusual texture on the front (interior) of the vaginal wall, in the vicinity of the Grafenberg area, or G-spot. While the G-spot has been referred to as tissue that surrounds the internal urethra, we note a bit broader geography as our area of interest.

You or your partner can check for yourselves to see if this area is adhered. To find the area that we find most affected, imagine the clitoris is a tree. The area we are feeling for is the root of that tree on the inside front of the vaginal wall. Simply place a finger inside your vagina to a comfortable depth, and curl it up. Then, allow your finger to sweep back and forth like a slow windshield wiper. As you do, notice the texture of the tissues. Is the tissue perfectly smooth and mobile? If so you may not have adhesions in that area.



Tissues near the G-spot are involved in sexual dysfunction for many of our patients

On the other hand, if you notice bumps, wiriness at the surface, something that feels like corduroy, a stocking, a hairnet, or on any surface but smooth tissue, then you are feeling tissues that may have been compromised by an adhesive process that is likely decreasing your sexual pleasure and function, or causing your pain, or both.

We believe that adhesions can blanket this area, desensitizing it or pulling the tissues taut. When you lay a blanket over a sensitive structure, you cannot feel very well through it. We believe that it is this blanketing, tightening, or pulling sensation on and within the various areas of the vaginal wall that decreases desire, lubrication, arousal, and orgasms in women with decreased sexual function.

This is one area we generally cover thoroughly during treatment. When we treat this area (always with patient permission, keeping good communication), women may find the treatment somewhat uncomfortable. But we know for a fact, supported by published literature, that when we treat women who arrive at our clinics with diminished sexual function in any of the categories listed above, we tend to increase these functions for most of them.New Hope: Sexual Dysfunction

The future is starting to brighten for women with dyspareunia (intercourse pain) and sexual dysfunction. Through clinical trials and published research conducted at CPT clinics, we are beginning to understand that adhesions cause glue-like bonds on and within the vaginal walls, at the entrance, or deep within the vagina or cervix. Wherever they form (and they can form anywhere) they appear to glue down delicate or pain-sensitive structures.

This new knowledge represents a major step forward in the understanding of intercourse pain and sexual dysfunction. Further, we found that we can actually treat adhesions on the vaginal walls without drugs or surgery. We can palpate their location and their effects, in concert with feedback from each patient. Finally, we can measure our success scientifically when treating these conditions. These discoveries, along with the published studies, are proving to be a boon to many women, their spouses, and their referring gynecologists.