



BODYWORK

Acupuncture for Vulvar Vestibulitis

TREATMENT IMPROVES QUALITY OF LIFE IN FEMALE PATIENTS

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Vulvar vestibulitis is a painful (and often traumatic) condition characterized by inflammation and an intense burning sensation in the vulvar area. For women, it can make ordinary tasks such as sitting, walking or wearing tight clothing difficult at best, and sexual intercourse all but impossible.

In the past decade, a handful of therapies have been suggested in treating vulvar vestibulitis, including drugs, surgery, laser treatments, biofeedback, steroid ointments, psychosexual therapy and behavioral modification, each with varying degrees of success. Unfortunately, few women are permanently cured by these procedures, which has led researchers to search for a more reliable method of care.

In a small pilot study conducted at the Sundsvall Hospital in Sweden, acupuncture was performed on a group of 14 vulvar vestibulitis patients between the ages of 19-26. The results of that study, which appear in the May 2001 issue of *Acta Obstetrica et Gynecologica Scandinavica*,¹ found that patients tolerated the treatment quite well, and that acupuncture had a significant impact on the subjects' quality of life for several months after being treated.



In the study, acupuncture was delivered 10 times at an interval of 1-2 treatments a week. Four local and two distal acupuncture points were used each time; another 1-3 local points and 1-2 distal points were used when deemed possible or necessary (see Figure 1). The needles were inserted until *de qi* was achieved and were inserted at various depths, depending on the location of the point and the amount of body fat under the skin. Once *de qi* was achieved, the needles were left in place for 30-45 minutes and were stimulated mechanically by rotating the needles 1-3 times, depending on the patient's reaction.

Instead of simply measuring pain levels, the researchers decided to rate the effectiveness of the

treatment by using a variety of quality of life (QOL) factors. For negative QOL factors, a visual analog scale (VAS) was used, with 0 indicating no pain or suffering and 10 indicating "unbearable" pain. For positive factors, the same scale was used, but with 0 as the lowest quality of life and 10 as the highest. These factors were taken just prior to the start of care; one week after the final acupuncture session; and three months after the last treatment.

The researchers also measured how well the patients tolerated treatment by asking them, three months after their last course of acupuncture, whether they found the experience "positive," "negative" or "neither positive nor negative." In addition, the women were asked to document any unwanted side-effects they suffered during or after receiving treatment.

Results

Thirteen patients completed the course of treatment. (One left the study group due a sudden death in the family.) Acupuncture appeared to be extremely well-tolerated by the women, with no side-effects reported; in fact, according to the researchers, "two women who had a fear of hypodermic needles managed very well to get through the whole treatment." Three months after the last treatment, 11 women considered the treatment a "positive" experience; the other two felt the treatment was neither positive nor negative.

"Significant" differences were also noted for the positive and negative QOL factors, not only immediately after the last course of acupuncture, but for considerable amount of time after being needled (see Table I). At the end of treatment, 12 women had lower negative QOL scores than they had before receiving acupuncture, while nine had higher positive QOL scores. Three months later, 10 women still had lower negative QOL scores, while nine women reported higher positive QOL scores than before treatment began.

Table I: Visual analog scales for quality-of-life (QOL) factors before, immediately after, and three months after acupuncture treatment. Negative QOL factors are measured on a scale of 0-10, 10 being *worst*; positive QOL factors are measured on the same scale, 10 being *best*.

QOL Factors	Before treatment	Immediately after treatment	Three months after treatment
Negative	7.2	4.0	3.2
Positive	4.7	6.8	7.9

The reasons behind acupuncture's effectiveness in treating the condition remained unclear, even to the researchers. "Whether this is a physiological effect of the acupuncture, a placebo effect of the acupuncture, a beneficial effect of good care during the treatment, or all of these, could not be determined from this study," they wrote. They suggested that some positive treatment outcomes could be the result of "spontaneous recovery," although it is rarely reported in patients with vulvar vestibulitis and could not be considered a source of bias to the study.

Some drawbacks were noted in the study, most noticeably the small number of subjects and the lack of a control group. However, the authors defended the idea of conducting a small pilot study, based on the opinion that vulvar vestibulitis "is a new indication for acupuncture" and the fact that controlled studies of acupuncture "are not easy to conduct."

These limitations notwithstanding, the results of the study appear to show that acupuncture can be considered an effective form of treatment for women who suffer from vulvar vestibulitis. As the researchers noted in their conclusion:

"The acupuncture was well tolerated and significant differences were seen in the QOL measurements from before and directly after the last treatment, and also three months later · The study gives an indication that acupuncture may be added to our arsenal of treatment methods for vulvar vestibulitis. We hope that it will be a stimulus to further research in the field, using a larger randomized controlled study."

Reference

1. Danielsson I, Sjoberg I, Ostman C. Acupuncture for the treatment of vulvar vestibulitis: a pilot study. *Acta Obstetrica et Gynecologica Scandinavica* May 2001;80(5):437-441.

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