

Sexual Arousal Disorder: Western and Oriental Medical Perspectives, Part I

Tina Chen

The following excerpt is from an upcoming book entitled *Gynecology: An Integrative Approach*. Part two of this series will discuss sexual arousal disorder from the Oriental medicine perspective, and will appear in the October issue.

Western Medicine Perspective: Introduction and Clinical Manifestations

Hypoactive sexual desire involves either a nonexistent sexual longing or a decreased inclination to engage in any sexual activity. Medications; drugs; interpersonal issues; and repressed sentiments stemming from childhood trauma or guilt should all be considered as causative factors. Lack of achieving orgasm can also generally lead to a lack of desire for sexual intercourse.

Etiology

Psychological causes: The psychological state of a patient plays an important aspect during sexual arousal. Emotional factors such as anger, sadness, fright and pensiveness may often influence a patient's sexual response. In addition, other factors such as environmental surroundings, financial difficulties, stress or excessive workload may contribute to a decreased desire to engage in sex. Some patients may also have relationship problems or past sexual traumas (either physically or psychologically). All of the above factors may lead to hypoactive sexual desire.

Constitutional causes: Some patients with weak constitutions or chronic diseases may also have no sexual interest. Common conditions that could possibly affect a person's constitution include Addison's syndrome; hypothyroidism; diabetes; anemia; cerebral vascular diseases; neurological disorders; or chronic diseases of the heart, liver or kidneys. All of the above disorders may influence the endocrine system by reducing testosterone levels, which in turn may diminish any aspirations for sex.

Reproductive disorders: Disorders that may hinder sexual arousal include vulvitis; vaginitis; atrophy of the vagina; pelvic inflammatory disease; uterine prolapse; improper development of the uterus or ovaries; pituitary cancer; or polycystic syndrome.

Drugs/medications: Excessive intake of alcohol or prolonged usage of drugs containing barbituric acid, sedatives, hypnotics and tranquilizers produces an inhibitory effect on the central nervous system that can lead to a drop in sexual cravings. Another category of drugs that affects sexual arousal includes diuretics, which may decrease vaginal lubrication and influence sexual function.

Other: The most significant and familiar consequence of hypoactive sexual desire is impotence, which usually leads to decreased sexual yearnings and activities.

Diagnostic Keys

1. continuous lack of orgasm, even during erotic circumstances (more often with the same

- partner);
2. inability to produce or maintain vaginal lubrication during sexual activity;
 3. a sudden drop of sexual desire following a stressful or emotional situation;
 4. a woman's age, either premenopausal or postmenopausal, which can play a role in diagnosing sexual activity; and
 5. appropriate clinical lab testing, which can disclose underlying factors.

Differential Diagnosis with Other Disorders

A comprehensive personal and family history, and a thorough physical examination, are invaluable in determining the source of the disorder with other diagnoses.

AUGUST 2002