

SEXUAL MEDICINE REVIEWS

Traditional Chinese Medicine for Sexual Dysfunction: Review of the Evidence

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ABSTRACT

Introduction: Despite the growing popularity of traditional Chinese medicine (TCM) in the Western world, biomedical students and practitioners struggle to understand TCM and how it relates to their standard diagnosis and treatment practices.

Aims: To describe the fundamentals of TCM theory and practice relevant to sexual dysfunction; to review and critique the current state of TCM research within Western biomedical literature; and to identify sites for improvement of future research and for collaborative integration of TCM and biomedicine in practice.

Methods: Information about TCM from an insider perspective was obtained from English-language textbooks and lectures intended to teach Western students its theory and practice. PubMed search using Medical Subject Heading terms for Western sexual diagnoses and TCM treatments was performed in April and October 2017 to represent the evidence for TCM in Western biomedical literature. Articles in non-English languages and without human subjects were excluded.

Main Outcome Measures: 27 studies were included in this review. The most commonly studied intervention was acupuncture. An equal number of studies addressed sexual dysfunction in men and women, but only women were included in studies of physically passive mindfulness meditation.

Results: Compared with Western biomedicine, TCM offers a more interdisciplinary and individualized approach to disease and its treatment. This embrace of individual idiosyncrasy in diagnosis and treatment presents a challenge to Western biomedical research norms that rely almost exclusively on quantitative methods that compare large and homogeneous groups with a fixed diagnosis and treatment regimen.

Conclusion: TCM offers a very different understanding of the human body, health, and disease from Western biomedicine. There is value in the study and application of these 2 medical systems, particularly for biopsychosocial problems of sexual dysfunction. However, this must be done cautiously, with attention to appropriate study design, to avoid shallow and unscientific cultural appropriation of TCM practices. **Chubak B, Doctor A. Traditional Chinese Medicine for Sexual Dysfunction: Review of the Evidence. Sex Med Rev 2018;X:XXX–XXX.**

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Key Words: Traditional Chinese Medicine; Sexual Dysfunction; Acupuncture; Meditation; Chinese Herbal Drugs; Yoga

INTRODUCTION

The theory and practice of traditional Chinese medicine (TCM) span millennia, nations, languages, and cultures in the East. They are a living science, the subject of ongoing study, analysis, and evolution by TCM practitioners. In the Western

world, they are a recent and exotic trend, with burgeoning popularity in the decades since acupuncture was introduced to American public media with President Nixon's visit to China.^{1,2}

This growth has not been without its pains, as Western biomedical authorities struggle to reconcile their clinical and research practices with an Eastern system that is fundamentally different in its epistemology, physiology, diagnosis, and treatment. In contrast to Western medical scholarship, which privileges the most recent data and dismisses older literature as unreliable or irrelevant, TCM practice relies heavily on ancient texts, such as the *Inner Canon of the Yellow Emperor* (dated to the 1st–3rd centuries BCE).³ Western physiology is based on biology and organic chemistry, whereas TCM physiology is best

Received June 15, 2017. Accepted November 26, 2017.

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<https://doi.org/10.1016/j.sxmr.2017.11.007>

understood in terms of physics, with bodies composed of *qi*, universal energies that vibrate and flow, resonating with their parts and surrounding structures.⁴ Biomedical science relies on evidence derived from homogenized groups, whose singular difference is the intervention studied; the logic of TCM defies such homogeneous groupings, with diagnoses and treatments tailored to the needs of an individual body in its particular environment.⁵

In Western medical systems, in which financial and temporal pressures on the health care encounter can leave patients feeling “like widgets in a production line,”⁶ the idiosyncrasy of TCM has obvious appeal. Moreover, despite its success at treating infectious diseases of a single etiology, biomedicine struggles with more complex and chronic illnesses—including the biopsychosocial problems of sexual dysfunction—which better fit the relational explanatory model of TCM. No wonder that in the United States increasing reliance on patient satisfaction as a quality metric has been accompanied by an increase in the number hospitals offering TCM treatments, despite making themselves vulnerable to accusations of quackery as a result.⁷ The National Institutes of Health have grudgingly acknowledged TCM to be worthy of funded scientific study, but only insofar as it is integrated with mainstream Western biomedicine, thus being complementary rather than an alternative.⁸

The challenge of this imperative lies in the fundamental differences between Western biomedicine and TCM: can such incommensurable sciences be combined in a way that respects the integrity of each? With this review, we aim to begin working toward an answer to this question by providing a systematic narrative review of the studies evaluating TCM treatments for male and female sexual dysfunctions that exist within Western biomedical literature, including their study subjects, interventions, comparators, and outcomes. Unlike previous reviews of TCM treatment for sexual dysfunction, which have focused exclusively on a single dysfunction or single type of intervention, this review synthesizes the published data for all sexual diagnoses and types of TCM treatments, including herbal medication, acupuncture, mindfulness meditation, and *taichi* and yoga. Combining multiple diagnoses and interventions within a single review more accurately reflects patient experience, in which sexual diagnoses are frequently comorbid and at least 2 treatments are often applied simultaneously. Through critique of the existing literature, we will see what changes in study design might improve the quality of future research.

METHODS

This review is written from a Western perspective for a Western audience and presumes greater familiarity with biomedicine than with TCM. In part, this reflects the inherent bias of its authors, who work within the US health care system and whose linguistic limitations preclude evaluation of any studies of TCM in its native languages. It also reflects our

Table 1. Medical Subject Heading search terms

Traditional Chinese medicine interventions
Traditional Chinese medicine
Acupuncture
Meditation
Tai chi
Yoga
Sexual diagnoses
Sexual dysfunction
Orgasm
Sexual desire
Sexual arousal
Vulvodynia
Vestibulitis
Dyspareunia
Erectile dysfunction
Premature ejaculation

recognition that the struggle to integrate Western biomedicine and TCM is a peculiarly Western problem, with biomedicine having been more successfully combined with the practice of TCM in the Far East. For example, the clinical practice of andrology in China typically combines Western-style urology and its TCM equivalent, *nanke*⁹; practitioners offer diagnoses and treatments from the 2 armamentaria, with patients adopting either or all of them according to personal preference.¹⁰ Further historical and anthropologic study is needed to better understand how this balance occurred and is maintained in the East, so that we might learn to replicate and improve on it worldwide.

The literature search was conducted in PubMed using Medical Subject Heading search terms representative of Western sexual diagnoses in combination with TCM treatments (Table 1). To maximize capture of studies related to disorders of sexual desire, arousal, and orgasm, all of which have undergone significant changes in nomenclature,¹¹ these were searched without reference to specific pathology. Imposed constraints included English-language publications and human study subjects; case reports and review articles without novel study findings also were excluded. Given the relative paucity of original research into TCM treatments for sexual dysfunction within the Western biomedical literature, all such remaining studies were included, regardless of design, setting, population, or timeframe. The initial search was conducted in April 2017 and then repeated in October 2017 to confirm its accuracy and ensure inclusion of the most up-to-date literature before publication.

Data accrued from the collected research studies were organized by study intervention and subdivided according to diagnosis and sex for comparative analysis; included studies are listed in Table 2. A systematic narrative synthesis is provided, with information presented in the text to summarize the design and findings of included studies and to explore the relations between the studies and their findings. We begin with a brief primer to

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