

Vaginismus. The Gynaecologist and the Homeopath: Converging Perspectives



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Available online [ScienceDirect](http://www.sciencedirect.com) 17 August 2015

SUMMARY

Vaginismus is a common and often unrecognized sexual dysfunction. Its psychopathology concerns the woman as much as her partner. A simple psycho-behavioural support usually solves the problem. The repertorisation of vaginismus symptoms indicates two drugs, *Cactus grandiflorus* and *Platinum metallicum*, thus illustrating the ability of the *Materia Medica* to summarize the complexity of a disease. The converging perspectives of homeopathic and gynaecological semeiologies can enrich and update medical practice.

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KEYWORDS

Cactus grandiflorus
 Gynaecology
 Homeopathy
 Platinum metallicum
 Psychosomatic
 Sexuality
 Vaginismus

Vaginismus is the most gynaecological of the sexual disorders. It is typically psychosomatic, affecting most commonly women with a particular psychological profile. However, we would venture to suggest that vaginismus is not exclusively a female sexual dysfunction but that it concerns both partners. Indeed, although there is a "non-penetrated", there is also a "non-penetrator"!

The double perspectives of the authors, one a gynaecologist and the other a homeopath, helped highlight two homeopathic remedies which perfectly illustrate the somatic and psychological aspects of this sexual disorder.

Our purpose is not so much to propose a homeopathic treatment of vaginismus as to show how the *Materia Medica* has the ability to summarize in a single remedy the globality of a pathology.

even to blame for this sexual difficulty. However, as Danièle Choukroun rightly said, vaginismus is *"the story of a visiting sex who wants intercourse but does not dare to visit, and a visited sex who wants to welcome it but cannot"*. [1] A study carried out in Turkey of 32 couples consulting for vaginismus reveals that 60% of the men have sexual problems (premature ejaculation, erectile dysfunction). Two-thirds find their wife very attractive and three quarters of them consider that they have a good marriage. Sexual frustration is not mentioned by either partner. [2]

The reasons for consultation

First, there is what we once called the "unconsummated marriage" and its immediate consequence, namely the impossibility of starting a family. Then come the wish to be "normal", to satisfy one's partner and not to risk yet another failed relationship.

The incidence

Vaginismus affects at least 1 in 200 couples in the general population, 1 in 20 as part of an infertility consultation and up to 10% in the Muslim world. [3] Over our 25 years' experience of vaginismus cases, we have observed a clear prevalence of couples who value virginity before marriage because of religious or cultural tradition. The unconsummated marriage is an important issue in Muslim societies and vaginismus is the cause in nearly two-thirds of cases. [4]

WHAT IS VAGINISMUS EXACTLY?

It is a reflex contraction of the perineal muscles making vaginal penetration impossible.

We will take as a model primary, complete, permanent and non-selective vaginismus. It usually affects a young woman, a virgin, by definition, whose involuntary contraction of the perineum never allowed the intromission of a finger or a tampon or a fortiori of a penis! As for the partner, he is "kind and respectful" as these young women regularly indicate; they are convinced that they alone are responsible or

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DOI of original article:
<http://dx.doi.org/10.1016/j.revhom.2015.07.011>

THE TWO FORMS OF VAGINISMUS

In the manner of Max Weber, the nineteenth century sociologist, we will describe two ideal types: that of the couple "I'd like to, but I can't" and that of the pair "love me if you dare".

The first type, "just married"

In most cases, the woman comes without her husband but with her shame and her feeling of guilt. Everything in her body language indicates rigidity: sitting upright on the edge of the chair, legs crossed, hands folded on her stomach. Her deceptively timid manner must not make us forget that, it is nonetheless she who holds the key to the problem. This woman is not usually frigid and her desire remains, even if it tends to wane somewhat given the sexual difficulties in the early days of her marriage. So this is a simple phobia of penetration and not a sexual inhibition.

Her husband is kind, patient, respectful, empathetic and sometimes... impotent! He has little previous sexual experience, nor has she, who is a virgin as required by the religion in which they were both brought up.

Our lovebirds think that with time and a lot of love, everything will be fine. Unfortunately, the symptom is characterised by its longevity! It is the central focus of their couple, as vaginismus is both the framework and the witness to their relationship. It is therefore possible for the symptom to migrate when you have managed to remove it, especially if the couple has been slow to seek help.

The prognosis is excellent if the treatment is started early and if the double motivation – sexual and reproductive – is present.

The second type, "the Forbidden City"

She is beautiful with her lush hair, her confident manner, a little haughty; she would even seem to want to challenge us were she not so unhappy to be again on the verge of losing a man she had nonetheless no trouble in attracting. The issue of pregnancy does not even arise. As for him, when he is exceptionally allowed to accompany her, he remains totally infatuated with this inaccessible goddess. Unlike the previous case, the psychological profile of the patient is more hysterical than phobic. As for the prognosis, it is often less good because the therapy requires a significant involvement of both parties, not only of the woman.

THE TREATMENT

It is cognitive behavioural therapy. The first consultation is devoted to the explanation of the pathology and the proposed therapeutic approach. Pending the following sessions, the patient is invited to explore her intimate anatomy, in so far as she is able of course, practising massage with a neutral topical cream. It is crucial to prohibit any attempt to penetrate, encouraging all alternative forms of sexuality in the course of therapy. Then come two sessions of relaxation and mental visualisation of the genital areas, then perineal exercises followed by a gradual transition, initiated at the surgery, to Hegar dilators of increasing diameter. Subsequently, the patient will do this exercise daily at home, alone or with her partner. When a Hegar dilator with a diameter of 30 (Fig. 1) has gone through the perineum without pain, the couple comes to the surgery



Figure 1. Hegar dilator (Diameter 30 mm). ©Bagot JL.

once more to address any remaining issues, to be reassured if necessary and to be given practical advice. Most of the time it is during a pregnancy consultation that we meet the patient again, now happy and smiling.

WHAT DOES THE HOMEOPATHIC REPERTORY SAY?

Kent's repertory

As the name suggests, it was created by James Tyler Kent in the early twentieth century. [5] Used and recognised by the homeopathic community, it lists every symptom under different rubrics, mentioning the indicated remedies. Medicines are classified in degrees, from the first to the third degree that is to say from the weakest indication to the strongest. In practice, the physician selects in consultation the psychological and physical signs most characteristic of the patient. He looks for the corresponding rubrics and notes the suggested relevant remedies. The homeopathic medicine with the most points obtained by adding the value of the degrees will be considered a potential *simillimum* and may be prescribed. This work, formerly laborious to perform, is now no longer so thanks to computer software. The difficulty of repertorisation is to

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