

ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

Yoga in Female Sexual Functions

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ABSTRACT

Introduction. Yoga is a popular form of complementary and alternative therapy. It is practiced both in developing and developed countries. Female sexual dysfunctions are common and do not always get adequate clinical attention. Pharmacotherapies for treating female sexual dysfunctions are available but suffer from drawbacks such as poor compliance, low efficacy, and side effects. Many patients and yoga protagonists claim that it is useful in improving sexual functions and treating sexual disorders.

Aim. To establish the effect yoga can have on female sexual functions.

Methods. We recruited 40 females (age range 22–55 years, average age 34.7 ± 8.49 years) who were enrolled in a yoga camp and were given a standardized questionnaire named Female Sexual Function Index (FSFI) before and after the 12 weeks session of yoga.

Main Outcome Measures. FSFI scores.

Results. It was found that after the completion of yoga sessions; the sexual functions scores were significantly improved ($P < 0.0001$). The improvement occurred in all six domains of FSFI (i.e., desire, arousal, lubrication, orgasm, satisfaction, and pain). The improvement was more in older women (age > 45 years) compared with younger women (age < 45 years).

Conclusions. Yoga appears to be an effective method of improving all domains of sexual functions in women as studied by FSFI. **Dhikav V, Karmarkar G, Gupta R, Verma M, Gupta R, Gupta S, and Anand KS. Yoga in female sexual functions. J Sex Med 2010;7:964–970.**

Key Words. Yoga; Female Sexual Functions; Female Sexual Function Index; Female Sexual Dysfunctions; Female Sexuality

Introduction

The topic of female sexuality has long been reduced to a low-priority research field. More recently, female sexual functions have received greater research interest [1]. Epidemiological studies regarding female sexual dysfunctions, however, are sparse [1]. It has been seen that middle-aged and older women engage in satisfying sexual activity, but one-third report problems with sexual functions [1].

Sexual dysfunctions are characterized by disturbances in sexual desires and in the psychological

and physiological changes associated with sexual response cycle [2]. Emotional and stress-related problems among women generate elevated risk of experiencing sexual difficulties in all phases of the sexual response cycle. In females, sexual dysfunctions are associated with negative experiences in sexual relationships and overall well-being.

Low desire or hypoactive sexual desire disorder can lead to low physical and emotional satisfaction as well as poor general happiness [2,3]. This can affect quality of life as well [2,3]. Moreover, a recent study [2] has suggested that sexual dysfunctions are more common in younger population. Since it

Table 1 Brief description of *yogasanas* used in the present study

<i>Kapalbhati</i> (Figure 1A, <i>kapal</i> = skull, <i>bhati</i> = bright; "forehead brightener"): Sit straight in squatting posture with eyes closed. Put hands on the knees. Fix the chest and consciously contract abdominal muscles.
<i>Vajarasana</i> (Figure 1B, <i>vajra</i> = diamond): Fold legs at knee joints and sit on the legs, and touch the knee caps as shown.
<i>Yog mudra</i> (Figure 1C, <i>Yog</i> = after <i>yogis</i> , <i>mudra</i> = posture; "symbol of yoga"): Take hands to the lower back. Catch the right wrist with the left palm and bend forward.
<i>Marjarasan</i> (Figure 1D, Cat's posture): Sit in <i>vajarasana</i> and after that be in the cat's posture and move the spine and neck.
<i>Pavanmuktasana</i> (Figure 1E, Hanging in air): Lie down on your back, bend the legs, bring them inside; clasp them with hands. Now, bring the head up to touch the knee as shown.
<i>Viparita karani mudra</i> (Figure 1FF, <i>viparit</i> = opposite, <i>mudra</i> = posture): "legs-up-the-wall pose".
<i>Matsyasana</i> (Figure 1G, Fish's posture): Lie down flat on the back and bend the neck backwards.
<i>Halasan</i> (Figure 1H, <i>Hala</i> = plough): Lie down flat; then, turn legs overhead while maintaining hands on the ground firmly.
<i>Ardhmatsyendra mudra</i> (Figure 1I, Half-spinal twist): Sit straight, bend right knee, and put it below buttocks. Now cross the left leg and bring it in front of the right knee.
<i>Paschimottoasana</i> (Figure 1J, Back stretching pose): Sit with legs straight, touch toes, and try to bend the head forward and kiss the toes.
<i>Paravatasan</i> (Figure 1K, <i>Parvata</i> = mountain; mountain pose): Sitting with head and spine intact with hands stretched overhead like a mountain.
<i>Bhujangasan</i> (Figure 1L, <i>Bhujang</i> = Snake): Lie down in prone position and transfer weight on palms. Attempt should be made to stretch the back muscles.
<i>Shalabhasan</i> (Figure 1M, Locust pose): Lie down on your chest and rest the head on ground. Lift the legs to the extent that the entire body rest on the chest and abdomen. Keep hands firm on ground.
<i>Naukasana</i> (Figure 1N, <i>Nauka</i> = boat; Boat posture): Lying prone and lifting hands and legs in air.
<i>Dhanurasan</i> (Figure 1O, <i>Dhanu</i> = Bow): Body gets a "bow-like shape."
<i>Bhushirasana</i> (Figure 1P, Preliminary posture of <i>Shirshashan</i>): Sit in <i>Vajarasana</i> and touch head on floor with the help of wall.
<i>Hansasana</i> (Figure 1Q, Swan pose; preliminary posture of <i>Mayurasana</i>): Sit in <i>Vajarasana</i> and transfer your weight on both palms. Body will hang in air but feet are supported by ground. It gives all the benefits of <i>Mayurasana</i> without difficulty. Particularly suited for overweight or old people.
<i>Chakarasana</i> (Figure 1R, Wheel pose): This <i>asana</i> is so named because the body takes the shape of a circle or a semi-circle.
<i>Trikonasana</i> (Figure 1S, Triangle pose): Stand up, open the legs, and touch the right leg with right hand and move the left arm in air. Look towards fingertips of left hand.
<i>Uddiyana bandha/agnisara</i> (Figure 1T, Rapid abdominal lifts): Exhale out all air and then draw abdominal muscles under rib cage.
<i>Pranayama</i> (Figure 1U, Breath control): Sit comfortably with eyes closed in squatting posture. Deep breathing should be done via alternating nostrils as shown.
<i>Shava asana</i> (Figure 2V, Dead posture): It involves lying relaxed, eyes closed with arms placed on both sides of the body.

constitutes the reproductive age group, an amicable solution to problems is therefore required. It has been seen that women may not seek help despite the presence of sexual dysfunctions [4].

Yoga is a nonpharmacological measure that has been shown to have an effect on sexual functions [5]. We attempted to establish what effect yoga would have on the sexual functions of females using a known and well-validated inventory of female sexual functions i.e., Female Sexual Function Index (FSFI) [6].

Methods

We recruited 40 females who attended the yoga camp in the city of Mumbai (India) between the ages of 22 and 55 years. Out of this group, 36 were married (mean duration of marriage 11.04 years) and four were unmarried but sexually active (mean duration of sexual activity 3.25 years). Patients were briefed about the yoga protocol (Table 1, Figure 1) that they were supposed to follow over the period of the next 12 weeks. *Asanas* which are believed to have effects on abdomino-pelvic muscle tone, gonads, endocrines, digestion, joint movements, and mood

were chosen specifically for the present study. Patients were given a questionnaire named FSFI [6] before and after yoga sessions and their FSFI scores were noted before and after the study.

Females included in the study were: healthy and sexually active, with no clinical diagnosis, not taking any drugs, not practicing yoga or any other exercise program/meditation protocols regularly. A general physical examination of all systems was performed. Unmarried or married females who were not sexually active were excluded from the present study. Study protocol was kept double blind and neither patients nor investigators were briefed about possible beneficial effects of yoga on sexual health to avoid any kind of bias. A neutral yoga instructor, unconnected with the present study, was asked to brief participants about the protocol and he too has no idea about the hypothesis, aim, and objectives of the present study.

Although the average suggested duration for *yogasnas* was 1 hour (6–7 AM in the morning or 6–7 PM in the evening), it was not fixed rigidly, and the patients were told to practice *yogasanas* depending on their stamina. This was because in yoga, the advice generally given was that the patients should

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