

I Healed My  
Vulvodynia Naturally...  
And So Can You  
By Lisa Johannson



## **Disclaimer**

Every effort has been made to make this material as complete, accurate and up to date as possible. Recommendations regarding herbal and nutritional therapies may change over time as new research becomes available. Because of the geographical location of the author all remedies cited in this guide will not be available to every reader.

This eBook is not in itself intended to diagnose, prevent, treat or cure any disease and information on herbal and nutritional supplements have not been evaluated by any statutory or professional body. This eBook is a guide only and should not replace the advice and treatment from a qualified health care practitioner. The author assumes no responsibility or liability for any direct or indirect claim, loss or damage resulting from the use of the information contained in this eBook or related materials.

Should you not be completely satisfied with this guide please let me know within 60 days of the purchase date and I will happily refund your money.



Version 1.3

*Copyright © 2009 Lisa Johannson.  
All rights reserved worldwide.  
No part of this e-book may be copied or sold.*

# Table of Contents

1. Introduction.....	5
2. How To Use This Guide.....	6
3. My Story.....	7
4. What is Vulvodynia?.....	9
5. Dermatologic (aka Skin) Causes.....	10
5.1. Contact Dermatitis.....	10
Could this be a cause for you?.....	10
How do I confirm this?.....	10
How do I treat this cause naturally?.....	10
5.2. Atopic Dermatitis (Eczema).....	11
Could this be a cause for you?.....	12
How do I confirm this?.....	12
How do I treat this cause naturally?.....	13
5.3. Psoriasis.....	16
Could this be a cause for you?.....	16
How do I confirm this?.....	16
How do I treat this cause naturally?.....	16
5.4. Lichen sclerosus.....	17
Could this be a cause for you?.....	17
How do I confirm this?.....	17
How do I treat this cause naturally?.....	17
5.5. Other Serious Inflammatory Conditions which may cause vulvar inflammation.....	18
6. Infective Causes.....	20
6.1. Chronic Vulvovaginal Candidiasis.....	20
Could this be a cause for you?.....	20
How do I confirm this?.....	20
How do I treat this cause naturally?.....	20
6.2. Herpes simplex virus.....	21
Could this be a cause for you?.....	21
How do I confirm this?.....	22
How do I treat this cause naturally?.....	22
6.3. Bacterial Vaginosis (BV).....	22
Could this be a cause for you?.....	22
How do I confirm this?.....	23
How do I treat this cause naturally?.....	23
6.4. Cytolytic vaginosis (aka lactobacillosis or "Doederlein cytolysis").....	24
Could this be a cause for you?.....	24
How do I confirm this?.....	24
How do I treat this cause naturally?.....	24
6.5. Trichomoniasis.....	24
Could this be a cause for you?.....	24
How do I confirm this?.....	24
How do I treat this cause naturally?.....	25
7. Causes of Pain.....	26
7.1. Chronic Myofascial Pain Syndrome (ie localised fibromyalgia).....	26
Could this be a cause for you?.....	26
How do I confirm this?.....	27
How do I treat this cause naturally?.....	27

7.2. Pudendal Neuralgia.....	28
Could this be a cause for you?.....	28
How do I confirm this?.....	28
How do I treat this cause naturally?.....	29
7.3. Excessive Sympathetic Arousal.....	29
Could this be a cause for you?.....	30
How do I confirm this?.....	30
How do I treat this cause naturally?.....	30
7.4. Vaginismus .....	31
Could this be a cause for you?.....	31
How do I confirm this?.....	31
How do I treat this cause naturally?.....	31
8. Hormonal Causes.....	32
8.1. Estrogen Imbalance.....	32
Could this be a cause for you?.....	32
How do I confirm this?.....	32
How do I treat this cause naturally?.....	32
8.2. Atrophic Vaginitis.....	33
Could this be a cause for you?.....	33
How do I confirm this?.....	33
How do I treat this cause naturally?.....	33
9. A Metabolic Cause?.....	35
10. A Healthy Lifestyle.....	36
10.1. Diet.....	36
10.2. Physical Activity.....	38
10.3. Stress Relief.....	38
10.4. Alcohol and recreational drugs.....	38
11. Safety Information.....	39
Are you pregnant or planning on pregnancy?.....	39
Are you breastfeeding?.....	39
Do you have an acute infection?.....	39
Do you have bradycardia (slow heart rate)?.....	39
Do you have a heart problem?.....	40
Do you have epilepsy?.....	40
Are you depressed?.....	40
Do you have gastro-esophageal reflux (heartburn)?.....	40
Do you have heavy periods?.....	40
Do you have high blood pressure, low potassium levels or kidney disease?.....	40
Do you have liver disease?.....	40
Do you have (or had in the past) estrogen sensitive breast cancer?.....	41
Do you have a peptic ulcer?.....	41
Do you take any of the following medications?.....	41
12. Bibliography.....	42

# 1. Introduction

Healing from a chronic illness is like hanging on the every word of the world's greatest writer. A lifetime could slip by in the process. What makes it a difficult process is that often there is no well defined cause. Often, the diagnosis simply describes a complex web of symptoms which are the result of a multitude of possible detrimental changes that have taken place in the body. Perhaps different changes from the next person who has had exactly the same diagnosis as you.

I've always found this situation describes vulvodynia. The diagnosis of vulvodynia, literally meaning pain of the vulva, does little to provide sufferers with a way forward. It simply labels their symptoms, and doesn't even do that very well; pain being anything from itching burning, soreness, stinging, stabbing...and the list goes on.

This guide, therefore, is comprehensive, but practical in assisting you in identifying the cause(s) of *your* vulvodynia without trialling every treatment ever touted as a cure-all and in doing so finding another year has passed, your life is still on hold and you are no better. It details each possible cause, how to get tested for that cause and a range of natural treatments; herbs and nutritional supplements, to address that cause.

## 2. How To Use This Guide

This guide is divided into causes of vulvar pain. Each cause should be read in its entirety because sometimes two or more causes can be identified; often muscular tension and neuralgic pain being secondary to one of the other causes. This will become apparent when you read my story because this scenario reflects my case. For each cause I have listed a number of useful herbs. I am not suggesting you take every herb listed but pick one or two that is available to you plus the nutritional supplements listed. You may find that other sections are also relevant to your condition and will have to choose herbs from that section also. If you suffer from neuralgic pain secondary to a skin condition or infection it is sensible to treat this *after* the primary cause has been successfully treated.

The herbs listed in each section can either be purchased in a health food shop or online in the form of capsules and tablets or in the form of dried herbs to be made into a tea. You should seek the advice of the health food store in sourcing the best quality herbal and nutritional supplements as there is much variation. I recommend [Nature's Sunshine](#) products as they are a reputable brand, have a great range and are available in many countries.

If you do not feel confident in self-prescribing natural medicine please consult a practitioner. A naturopathic doctor, medical herbalist, or naturopath can help you both in the testing and prescribing of appropriate medication. Highlight the relevant sections of this book and take it to your consultation. The body wants to heal and knowledge is power in this regard. You just need the right tools to help you in the healing process.

### 3. My Story

I've been lucky enough to train as a medical herbalist during the latter years of my illness. Not only has it given me an inspired new career but it has provided me with more objective, long term solutions to my condition. It has also confirmed my belief that conventional medicine is not compatible with the treatment of some chronic illnesses such as vulvodynia and to the healing process generally. Natural medicine, however, is much more holistic in it's approach. It also focuses on the cause of illness, not just the symptoms and in doing so strengthens the healing power of the individual.

I suffered from vulvodynia for nine years. In 1999 a few weeks after starting a new relationship I began having regular episodes of severe vaginal itching, burning and nerve twitching along with urinary urgency and pain. These episodes occurred every few weeks and lasted for days at a time. Although told I probably had either a yeast or urinary tract infection, pathology tests revealed nothing, and both anti-fungal cream and anti-biotics simply made my problems worse. These episodes interfered severely with my new job.

In 2000 the episodes slowed in their frequency to every few months. However, in October of that year I had a particularly bad episode and was left with severe neuralgic pain (burning and pain on touch) in my vulva and vagina, a feeling of heaviness in my pelvis and severe back pain. My condition was now chronic and no-one could shed any light on it. Not only that, I continued to suffer the acute episodes as well.

After much research on the internet I diagnosed myself with vulvodynia in 2001. I also managed to surmise that tension in my pelvic floor muscles was causing pressure on my pudendal nerve which was the source of much of my referred vulvar pain.

During the next three years I tried multiple medical treatments for my condition including (but not exhaustive to):

- A long term course of anti-fungal medication;
- Biofeedback to relax my pelvic floor muscles;
- Tricyclic antidepressants and an anti-convulsant called Neurontin which I could not tolerate (acting like a zombie with a speech impediment was not part of my job description);
- An investigative laparoscopy;
- Estrogen and steroidal ointments;
- A trial of botox injections in the pelvic floor muscles

During 2002 I also consulted an allergist about my acute symptoms and undertook an elimination diet. It determined that I was intolerant to amines, the flavour enhancer Monosodium Glutamate, yeast extract and a group of preservatives called sorbates. This was quite successful and as I was on a strict diet my acute symptoms disappeared. Unfortunately my chronic neuralgia did not but things remained fairly stable for a few years.

In 2005 I moved to a geographically isolated town. This, coupled with the return of my acute symptoms caused suicidal depression and I suffered a nervous breakdown. In 2006

I travelled to my home state to consult a dermatologist that specialises in vulvar dermatoses. She prescribed another course of anti fungals, which had no effect, and a topical steroid ointment which by this point I could not apply because the local nerve pain was excruciating. I think I also had a psychological resistance to the steroid ointment, knowing inherently that it would only suppress the symptoms locally and not get to the root of the problem, meaning that my body would continue to dysfunction as a whole and symptoms would merely arise elsewhere.

I now knew that my acute symptoms could be referred to as 'Allergic Vulvovaginitis'. The challenge then became to determine why I was still having severe skin reactions despite my strict avoidance of the foods I reacted to when the elimination diet was conducted. About a year ago I discovered that I now react to a yellow food colouring called Tartrazine (E102) and this yields the most serious skin reaction causing intense itching and burning for a fortnight.

Since becoming educated in natural medicine I went on to discover that I had quite a severe case of leaky gut syndrome. Healing this, in combination with an an additive free diet and herbs and nutrients to relax my pelvic floor muscles has seen a complete reversal of my illness. My life is finally able to move forward both in terms of my career and my family.



## 4. What is Vulvodynia?

Most medical dictionaries still don't include the term vulvodynia but it refers to either pain or another sensation such as itching, stabbing, stinging or burning in the vulvar area; the external genitalia. It is little known that the vulva extends up to the vestibule which is the the region immediately surrounding the opening of the vagina and the urethra. In some women this is the only area which is affected and an extreme sensitivity to touch is experienced because of localised inflammation. This is referred to as 'vulvar vestibulitis'. Where a cause (usually infective or dermatologic) cannot be found the term 'essential vulvodynia' or 'idiopathic vulvodynia' is applied. Both vulvar vestibulitis and vulvodynia can occur concurrently.

In a course of one year as many as one in twenty previously healthy American women will experience some type of new genital pain. Another study cited that as little as one in ten sufferers of vulvodynia report remission in the course of a year. This suggests that not only is this a large problem but cure rates are low.

## 5. Dermatologic (aka Skin) Causes

### 5.1. Contact Dermatitis

Contact Dermatitis is the acute inflammation of the skin caused by contact with an irritant or allergen. If your vulvodynia is caused by this alone you can count yourself lucky because it is the easiest issue to resolve.

#### ***Could this be a cause for you?***

The most common cause of contact dermatitis is itching but it can progress to severe redness and even ulceration. Think about any changes you may have made to your personal care routine or new products you may have bought recently for clues about the possible cause. Certain chemicals such as propylene glycol and sodium lauryl sulfate found commonly in beauty products and toiletries are notorious for causing contact dermatitis. There is a great directory of toxic ingredients at the [MiEssence](#) website. Be aware, however, that allergies are not necessarily to something new in your environment. You may have suddenly developed an allergy to something you have been using for years.

#### ***How do I confirm this?***

Regardless of whether it is an issue or cause of your vulvodynia you need to limit your contact to potential agents for contact dermatitis because they can exacerbate the inflammation you already experience in that area. To confirm that your symptoms may be caused by irritants and/or contact allergens alone you need to avoid the following to see if your symptoms resolve:

- Coloured and perfumed toilet paper
- Harsh and perfumed soaps and body washes
- Perfumed douches
- Lubricants containing fragrances and preservatives
- Tampons and sanitary pads containing chlorine, rayon and other chemicals
- Washing powders that contain enzymes and fragrances
- Scented, colored bubble baths
- Antifungal ointments and creams

#### ***How do I treat this cause naturally?***

In general, for each personal use item you simply need to find an alternative which caters to sensitive skin. These are readily available for sanitary care items, washing powder and body washes, which can also be used as bubble baths. If there is no hypoallergenic toilet paper available ensure you buy the white, unfragranced variety. If you need to use powder choose a baby product based on cornflour rather than talc as this can also cause reactions.

If you require a lubricant look for natural based brands such as '[Syk](#)' and '[O'My](#)'. If you use condoms make sure the lubricant is water based because the condom may break otherwise.

Douches are advised against generally if you have vulvodynia as they tend to disrupt the natural micro flora of the vagina. If you use douches because of an unusual vaginal odor there is a possibility you have an infection and the type of odour may give you a clue as to the type of infection. There is more information on this in the next section on *Infective Causes*.

Often, as soon as a woman experiences itching she reaches for an anti-fungal cream or pessary. If these creams make your itching worse it is a good indication that perhaps the problem is more dermatological in nature rather than fungal.

If you use condoms there is also the possibility that you have developed a latex allergy. If you suspect that this may be a problem for you several companies (such as Durex) now make non-latex condoms. If you do not use condoms there is also a *rare* possibility that you are having an allergic reaction to your partner's semen. This should be seriously considered if your condition flares seriously after intercourse. A safe way of testing this theory is to wait until your skin has settled completely and then to use a condom during intercourse to see if the same result occurs. The pain of intercourse is often too severe with many women and if this is the case you can rule out both condom and seminal sensitivity.

## **5.2. Atopic Dermatitis (Eczema)**

Atopic (or allergic) Dermatitis or Eczema is an immune mediated inflammation of the skin causing itching, redness and, if severe, thickening. Often there is a secondary mechanism in the skin whereby the compromised skin barrier allows an infection to take hold. Although this sounds like the symptoms experienced by contact dermatitis it differs in that there is an internal reaction to an allergic agent. In the female genital tract it is sometimes referred to as 'allergic vulvovaginitis'.

Often food allergies and intolerances are culprits behind inflammatory skin conditions. True food allergies are an immediate allergic reaction to a particular protein in foods whereas food intolerances are more complex, delayed reactions to certain food chemicals. They are usually dose dependent and can involve the lack of an enzyme to break down that chemical (eg lactose, histamine and other vasoactive amines) or the production of a particular group of antibodies which increase inflammation called IgG antibodies.

Another condition, not recognised by conventional medicine, called "*Leaky Gut Syndrome*" can also contribute to skin inflammation. Leaky Gut Syndrome occurs when there is an over-abundance of bad bacteria, yeast and/or parasites in the gut and not enough good or probiotic bacteria. This imbalance, which is called 'dysbiosis', causes inflammation and damage to the gut lining which allows undigested proteins to enter the bloodstream. These proteins, which are too large in size, are more likely to cause an allergic response.

### ***Could this be a cause for you?***

If you answer yes to any of the following you may be suffering from eczema or dermatitis:

1. Do your symptoms include itching, redness, even fissures (tears/cracks) in the vulvar area?
2. Is there the absence of an odorous or unusually colored discharge?
3. Do you, or anyone in your family, suffer from allergic conditions such as asthma and hay fever or even eczema at other sites of the body?
4. Do you suffer from gastrointestinal symptoms such as pain after eating, bloating and diarrhea and do you notice this occurs when you eat certain foods?
5. Do you suffer from other symptoms of food intolerance. Visit the ['Fed Up With Food Additives'](#) website to find out more.

If you do suffer from vulvar eczema there is a chance that leaky gut syndrome is playing a role because of the increased permeability of the gut wall. Other conditions associated with increased gut permeability include:

- Acne
- Alcoholism
- Autism
- Attention Deficit (Hyperactivity) Disorder (ADHD)
- Chronic fatigue syndrome
- Celiac disease
- Dermatitis herpetiformis
- Inflammatory Bowel Disorders (eg Crohn's Disease)
- Irritable Bowel Syndrome
- Multiple food and chemical sensitivities
- Use of Non Steroidal Anti-inflammatory drugs
- Psoriasis

### ***How do I confirm this?***

You will need to consult with a dermatologist to confirm the diagnosis of eczema as opposed to other skin conditions discussed later. Try to find a dermatologist who specialises in vulvar conditions.

The most reliable way to determine if food allergies and/or intolerance are causing your eczema is to undertake an elimination diet. These are comprehensive diets which require you to remove all potential allergens and chemicals from your diet and then re-introduce them individually to determine whether a reaction is elicited. An allergist or dietitian are the most qualified to administer an elimination diet. There are a range of expensive blood tests available for food allergy/intolerance but they are yet to prove their reliability in my opinion and I would recommend an elimination diet. The following laboratories do provide

this testing:

- [Metametrix Clinical Laboratory](#) (US)
- <http://www.imupro.com.au>

Alternative practitioners offer several methods for measuring dysbiosis (therefore leaky gut syndrome) in the gastrointestinal tract. A simple in-house test is the Urinary Indican Test which uses a urine sample to measure the amount of protein putrefaction in the gut caused by bad bacteria.

Another urinary test that requires laboratory analysis is the Intestinal Permeability Test. This test analyzes urine for the clearance of two non-metabolized sugars, lactulose and mannitol. A more comprehensive test is the Complete Digestive Stool Analysis (CDSA) which measures levels of bacteria (beneficial and harmful), yeasts and parasites in the gut as well as capacity for digestion and absorption. There are different versions of the CDSA with varying levels of comprehensiveness in the test. Depending on where you live in the world your family doctor may be able to order this test. Alternatively you can ask your alternative health practitioner to order the test from the following laboratories:

- [Genova Diagnostics](#) (US & UK)
- [ARL Functional Pathology](#) (Australia)

An even more specific test is available from [Metametrix Clinical Laboratory](#) called the GI Effects Stool Profile. It uses DNA testing to provide an 100% accurate account of the presence of certain microflora in the bowel. They purport to also identify the presence of anaerobes (bacteria that do not need oxygen) where this was previously unmeasurable.

### ***How do I treat this cause naturally?***

If it is determined that you have food allergies and/or intolerances it is advised that you remove those foods from the diet completely. If removed for a time it is likely that these allergies/intolerances will disappear especially if other methods outlined below are undertaken.

If intestinal dysbiosis and increased intestinal permeability (aka leaky gut syndrome) is a problem for you it is best to treat this first because it may completely resolve the problem and any other symptoms of intestinal permeability you may be suffering from. This involves a two step process of destroying and safely removing the harmful bacteria/yeasts and parasites (as they release toxins in the dying process) and then repopulating the gut with beneficial bacteria whilst repairing the gut lining. You need to undertake each step for at least one month and ideally not move onto step 2 unless you have been retested for dysbiosis and the results are clear.

Step 1: Herbs and nutritional supplements for destroying harmful bacteria/yeast/parasites in the gut include:

- Barberry (*Berberis vulgaris*) - Antimicrobial and antiparasitic
- Pau d'arco (*Tabebuia avellanedae*) – Antibacterial, antiparasitic, antifungal & immune stimulating
- Garlic (*Allium sativum*) – Immune stimulating, antibacterial, antiparasitic and antifungal
- Bilberry (*Vaccinium myrtillus*) – Inhibits pathogenic microbes in the gut and is highly astringent thereby tightening the lining of the gut wall
- Thyme (*Thymus vulgaris*) – Antimicrobial and antifungal
- Wormwood (*Artemisia absinthium*) – Antihelmitic (worming) and antiparasitic, tonic to the gastrointestinal tract

Supplements which assist with the elimination of these organisms from the bowel and prevent them from adhering to the gut wall should be taken at the same time as the antimicrobial herbs. These include:

- Psyllium\* (*Psyllium ovata*) – A bulk laxative which will absorb the dead organisms. This is particularly good if you suffer from constipation.
- Hydrated Bentonite\* – A type of volcanic clay with amazing ability to draw toxins from the gut wall and eliminate them from the body.
- Cow's colostrum – this is a rich source of immune enhancing proteins which also bind to the dysbiotic material and remove it from the body without allowing it to further damage the gut lining. Avoid this product if you are allergic to cow's milk.

\*Should be taken 2 hours apart from prescribed medication as they may hinder absorption.

Step 2 – After the harmful micro-organisms have been destroyed and removed from the body you can then begin to repopulate the bowel with beneficial bacteria (probiotic). Look for a respected brand and for a particular product that suits your needs. Most will contain *Lactobacillus acidophilus* and *Bifidobacteria lactis* but there is now research to support the claim that certain other beneficial bacteria can be used to treat certain conditions. The specific probiotic bacteria for allergies is called *Lactobacillus rhamnosus* so ensure that the probiotic you purchase contains this strain of bacteria.

Whilst you are repopulating the gut you can also begin to soothe and repair the gut lining using the following herbs and nutritional supplements:

- Marshmallow\* (*Athaea officinalis*) – Soothing and emollient
- Slippery elm\* (*Ulmus fulva*) - Soothing and emollient

- Licorice (*Glycyrrhiza glabra*) – Anti-inflammatory and soothing to the gut wall
- Aloe (*Aloe barbadensis*) – Repairs and loosens toxins from the gut lining
- L-Glutamine – an amino acid that is essential for the integrity of the gastric mucosa
- Zinc – an essential mineral for the integrity of the gut lining. Many people are deficient in zinc especially if they have too much copper in their system

*\*Should be taken 2 hours apart from prescribed medication as they may hinder absorption.*

If you do not improve on the leaky gut syndrome protocol you may either have:

- Parasites which do not respond to herbal medicine such as *Blastocystis hominis*. This requires diagnosis via a 3-day parasitology test. This can be carried out in isolation or is included in some versions of the CDSA.
- Heavy metal (eg mercury) toxicity which will require chelation therapy. Long term evidence of these metals can be measured via the hair and/or urine.

If you would prefer to treat the eczema more directly without undergoing extensive testing, or perhaps the testing does not reveal anything, there are several herbs and nutritional supplements that are useful:

- Burdock (*Arctium lappa*) – Blood purifier
- Yellow dock (*Rumex crispus*) – Blood purifier with laxative properties
- Heartsease (*Viola tricolor*) – Blood purifier
- Nettle leaf (*Urtica dioica*) – Anti-allergic and blood purifier
- Licorice (*Glycyrrhiza glabra*) – Anti-allergic and anti-inflammatory
- Echinacea (*Echinacea spp.*) - Blood purifier and immune regulating
- Evening primrose oil (*Oenothera biennis*) - Source of gamma-linolenic acid (GLA) which can be deficient in cases of eczema
- Bioflavonoids – Make sure you get a bioflavonoid formula containing quercetin which has strong antihistamine properties. It should also include bromelain (an enzyme from pineapple) to increase absorption of quercetin into the bloodstream. A diet rich in citrus, berries, green tea and leafy green vegetables will also improve your levels of bioflavonoids.

Whist treating eczema it is also wise to focus on the liver because it is the most important organ for detoxification of inflammatory products and ingested toxins. Some readily available herbs include:

- St Mary's Thistle (*Silybum marianum*) – Protects and regenerates liver tissue

- Dandelion (*Taraxacum officinale*) - Tonic to the liver and gall bladder
- Globe Artichoke (*Cynara scolymus*) - Protects and regenerates liver tissue, tonic to the gall bladder

Natural topicals which can be used to soothe and heal the delicate tissue of the vulvar area include:

- Ladies mantle (*Alchemilla vulgaris*) – as the name suggests this herb is specific for topical treatment of pruritus (itching) in the vulvar area. However it is difficult to source as a cream. You may have to consult a herbalist to have some made up or brew a tea from the dried herb and apply with a cotton pad after it cools a little
- Chickweed (*Stellaria media*) - Soothing and astringent
- Glycyrrhetic acid is an anti-inflammatory and anti-itch compound found in licorice. Commercial products containing this substance are now available. One such product is [Atopiclair](#) which also includes Grape seed (*Vitis vinifera*) and other moisturisers to promote skin integrity and healing.
- Calendula (*Calendula officinalis*) – Skin soothing and healing
- Colloidal Oatmeal can be bought at the pharmacy and added to the bath. Soak for at least 20 minutes but do not make the water too hot.

### 5.3. Psoriasis

Psoriasis is another inflammatory skin condition which most commonly occurs on the scalp, elbow and knees. As it is due to the uncontrolled turnover of skin cells it's appearance differs from eczema in that a layer of silvery scales forms plaque and lumps on the inflamed area. It is less itchy than eczema.

#### Could this be a cause for you?

Psoriasis is the likely cause if you have psoriasis on other sites of the body particularly the scalp, elbows and knees. However, like eczema, it can appear in an isolated case at the anogenital region.

#### How do I confirm this?

You will need to consult a dermatologist to get a confirmed diagnosis.

#### How do I treat this cause naturally?

Like eczema you will need to focus on the liver so refer to the liver tonics outlined on the previous page.

The blood purifying herbs are also key here but a few are more specific to psoriasis. These include:

- Burdock (*Arctium lappa*) – Blood purifier specific for dry scaly conditions



- Sarsaparilla (*Smilax spp.*) - An anti-inflammatory blood purifier
- Clivers (*Galium aparine*) – Blood and lymph purifier

Other nutritional agents which assist include

- Fish oil supplements rich in eicosapentaenoic acid (EPA) inhibits the body's tendency to produce inflammation.
- Fumaric acid – if you have severe psoriasis this intermediate of the kreb's cycle (a component of metabolism) may be deficient in your skin. It does cause side effects such as gastrointestinal upset and flushing.

Soothing topicals such as Chickweed (*Stellaria media*) and tar based products are useful for psoriasis. Some chickweed creams have tar included or a tar based shampoo may be used to wash the delicate vulvar area.

## 5.4. Lichen sclerosus

Lichen sclerosus is thought to be an autoimmune dermatitis causing inflammation of the anogenital area. Symptoms include thinning and fragility of the skin, hypopigmentation (white plaques) and itching.

### Could this be a cause for you?

Like other skin conditions lichen sclerosus causes itching but if your vulvar skin has become fragile and pale this may be the cause of your symptoms.

### How do I confirm this?

You will need to consult a dermatologist to confirm this diagnosis.

### How do I treat this cause naturally?

The protocol used for the treatment of psoriasis is appropriate for lichen sclerosus but with the addition of some valuable immune regulating herbs because of the autoimmune nature of the condition. Some of these herbs include:

- Astragalus (*Astragalus membranaceus*) – An immune enhancing adaptogen (ie helps the body deal with stress)
- Echinacea (*Echinacea spp.*) - An immune regulating blood purifier
- Bupleurum (*Bupleurum falcatum*) – Anti- inflammatory
- Aloe vera (*Aloe barbadensis*) – Immune regulating and tonic to the mucous membranes

Again topical agents may include Chickweed (anti-itch) and Calendula (healing). Fungal infections can also be present in cases of lichen sclerosus so an antifungal cream such as Tea tree oil (*Melaleuca alternifolia*) oil or Myrrh (*Commiphora molmol*) may be helpful

here.

**Please note:** if left untreated lichen sclerosus is a precursor to squamous cell carcinoma. Please do not persist with natural treatment if there is no improvement especially if the skin becomes thickened or ulcerated.

### ***5.5. Other Serious Inflammatory Conditions which may cause vulvar inflammation***

There are a range of other **rare** systemic inflammatory conditions which may present as skin conditions in the vulva. These are usually autoimmune conditions and will often be characterised by symptoms elsewhere in the body. Because of the seriousness of these conditions you should consult an alternative health practitioner if you would like to be treated naturally. Your practitioner may decide this treatment should be complementary to conventional treatment. An overview of these conditions is provided below:

#### 1. Lichen Planus

This is an autoimmune skin condition characterised by the eruption of small itchy bumps which may turn into rough scaly lesions. In 50% of cases the mouth is affected where vein-like, bluish-white lacy patterns occur especially on the inside of the cheek. Lichen Planus can affect the vagina, where the skin becomes ulcerated, red and glazed, and the vulva in the form of fissures and ulcers. There is often a heavy, non-offensive discharge. Sexual intercourse, if at all possible, is extremely painful. Diagnosis is made by a dermatologist through the combination of presenting symptoms and a skin biopsy.

#### 2. Systemic Lupus Erythematosus (SLE)

This auto immune disorder affecting mainly women of child-bearing age can affect the joints, skin, heart, lungs, kidneys and brain. It affects everybody differently but the most common symptoms include arthralgia (joint pain), flat red rash to the cheeks of the face (butterfly rash), mouth lesions and fatigue. As SLE can cause inflammation to the skin and mucous membranes, the delicate vulvar tissue and vagina can become inflamed. This condition is diagnosed by a positive result for anti-nuclear antibodies (ANA) and then the anti-deoxyribonucleic acid (DNA) antibody test.

#### 3. Behçet's Syndrome

Behçet's Syndrome is a chronic, multi-system inflammation of the vascular (blood/lymph vessels) system which manifests itself as painful ulcerated lesions of the mucous membranes including those of the eyes, skin, mouth, genitals and gastrointestinal tract. Diagnosis is made based on the symptoms and is confirmed using a number of non-specific pathology tests for inflammation.

#### 4. Crohn's Disease

Crohn's Disease is a chronic inflammatory condition of the gastrointestinal tract in which

all layers of the gut lining becoming ulcerated. Symptoms of Crohn's disease include severe diarrhea, abdominal cramps, joint pain, fever and weight loss and ulceration can lead to abscesses, fistulas (passages from the gut to other organs) and bowel obstructions. Diagnosis is via any combination of a number of blood tests, a barium enema x-ray, a CT scan and/or a colonoscopy of the lower intestine. Rarely the vulva can become affected in cases of Crohn's disease where it will cause swelling, pain and ulceration.

## 6. Infective Causes

### 6.1. Chronic Vulvovaginal Candidiasis

Candidiasis is a fungal skin infection caused by the *Candida* species, most commonly *Candida albicans*. The warm, moist conditions of the vulvovaginal area make it an ideal environment for its growth. Most women are familiar with the itching and cheesy white discharge of an acute candida or 'thrush' infection however what is less common and less often diagnosed is a chronic condition whereby candidiasis becomes chronic and cyclical typically flaring pre-menstrually because of the spike in estrogen levels. It is now thought that these women have a reduced immune response to the *Candida* because of an allergic reaction to proteins on the micro-organism.

#### **Could this be a cause for you?**

Although it is normal for a small population of this fungus to be found in the gastrointestinal and genitourinary tracts there are certain conditions which make it grow out of control. Consider whether any of these conditions apply to you:

- Antibiotic use, particularly if long term
- Long term oral contraceptive use
- Long term oral corticosteroid use
- Conditions of low immunity such as HIV/AIDS
- Pregnancy
- Uncontrolled diabetes

#### **How do I confirm this?**

A doctor may take a swab and view the sample under the microscope. This is only 40% accurate so if you are told this is not a problem for you based on this method insist on having a culture done. This is where they use your sample to try and grow some *Candida*, or other infectious agent, in the laboratory.

There are now a number of blood tests which measure the immune response to *Candida*. The most comprehensive test is the Candida Intensive Culture by [Genova Diagnostics](#) which uses a stool and blood sample to measure both the presence of *Candida* and the immune response to it.

There are also available some in-house testing devices which alternative health practitioners may use to diagnose Candidiasis. The test involves pricking your finger to take a drop of blood and testing whether you have any antibodies to *Candida* in that sample. An example of one such test is the [Candia5](#).

#### **How do I treat this cause naturally?**

Natural medicine differs in it's approach to treating candidiasis in that it not only destroys the offending organism but strengthens the immune response . Some appropriate herbs

include:

- Pau d'arco (*Tabebuia avellanedae*) – Antibacterial, antiparasitic, antifungal & immune stimulating.
- Goldenseal (*Hydrastis canadensis*) – Antimicrobial and tonic to the mucous membranes
- Garlic (*Allium sativum*) – Immune stimulating and antifungal
- Echinacea (*Echinacea spp.*) - Potent immune stimulator

A zinc supplement is also essential if chronic candidiasis is diagnosed. Many people are deficient in this important mineral for the regulation of the immune system and integrity of the skin and mucous membranes.

Topically, oils of Tea tree (*Melaleuca alternifolia*), Oregano, Aniseed or Thyme will help kill the infection and Calendula will soothe and heal the tissues. If creams are not available a few drops of essential oil should be mixed with 2 tablespoons of a carrier oil (eg sweet almond) and applied to a tampon to place in the vagina or on a sanitary pad if the itching is predominately external.

Although not proven comprehensively, it is sensible to adhere to a low sugar diet whilst healing from chronic candidiasis infection. This is because sugar is the food source of the *Candida* species. Additionally, it has been demonstrated that a high sugar diet (100g of sugar per day) significantly diminishes your immune response. Foods rich in sugar include lollies, candy, chocolate, biscuits, cookies, cake, pastries and desserts. In the interest of nutrition you should not avoid fruit but limit it to the recommended two pieces per day and choose a fruit that has a low glycemic index (GI). A list of low GI foods can be found [here](#).

## **6.2. Herpes simplex virus**

Herpes simplex 2 (HSV-2) is the most common cause of genital herpes which classically causes clusters of small painful blisters on an inflamed base. It is a sexually transmitted disease. The first lesions, which are the most painful, usually arise 4-7 days after contact and can occur on the vulva, clitoris, vagina and/or cervix. Urinary symptoms such as urgency and pain can also be present. The virus lays dormant in the sacral ganglia (cluster of nerves servicing the lower back and genitals) until times of stress where secondary lesions may occur. Neuralgia (nerve pain) may also be present.

### **Could this be a cause for you?**

Obviously if you have any of the symptoms outlined above there is a good chance that herpes is the cause of your problems. However, it is understood that many people with the Herpes virus (80%) don't know they have it because they have no symptoms at all or much more subtle symptoms such as pain on urination, a mild rash on the buttocks or thighs or itching and tingling in the genital region. As there is the possibility of neuralgia

this may result in pain and burning in the vulva/vagina. For further information this [website](#) gives you a good overview of the condition.

### **How do I confirm this?**

Your usual doctor or one at a sexual health clinic can diagnose you have the virus via a blood test. However, in order to confirm the virus is affecting you in the genital area they will have to take a sample from any recent sores that have broken. Obviously this is not possible if you do not have blisters.

### **How do I treat this cause naturally?**

Again the aim of natural therapy in treating the Herpes Simplex Virus is to use anti-viral herbs and strengthen the immune system. Appropriate herbs include:

- Echinacea root (*Echinacea spp.*) - Immune stimulating
- St John's Wort (*Hypericum perforatum*) - Antiviral but will also relieve neuralgic pain
- Thuja (*Thuja occidentalis*) – Antiviral and blood cleansing
- Aloe vera (*Aloe barbadensis*) – Antiviral

Useful supplements for the treatment of Herpes Simplex Virus include:

- Zinc for immune regulation and skin healing
- L-lysine – an essential amino acid which prevents recurrent outbreaks

Herbs which will assist in the healing of herpes sores include:

- Self-heal (*Prunella vulgaris*) – Anti-viral
- Lemon Balm (*Melissa officinalis*) - Antiviral
- Licorice (*Glycyrrhiza glabra*) – Anti-inflammatory

## **6.3. Bacterial Vaginosis (BV)**

This is the most common type of infection in the vagina and occurs when there are low levels of beneficial bacteria (lactobacillus) in the vagina allowing certain types of harmful bacteria (particularly *Gardnerella vaginalis*) to grow out of control. This is a serious condition because, left untreated, it can migrate to the fallopian tubes causing Pelvic Inflammatory Disease (PID) which can ultimately cause infertility. This condition also includes group B streptococcus which usually causes no symptoms in women and is only treated when pregnant to minimise passing the infection onto the baby. However, some women do report symptoms which does turn out to be a group B strep infection of the vagina. Usually their symptoms are worse after intercourse and better on drinking lots of water.

### **Could this be a cause for you?**

If you have taken a course of antibiotics recently or have taken long term antibiotics this

may be a problem for you. Similarly, if you have been under a lot of stress and/or have a poor diet this can weaken the immune response. Symptoms of this condition include a thin, grey discharge which smells fishy. There is itching and irritation but no redness and swelling.

### **How do I confirm this?**

A doctor will examine you for signs of BV and take a swab which will be examined under a microscope.

### **How do I treat this cause naturally?**

It is very important if you have this condition (or have had in the past) that you abstain from the practice of douching unless the douche contains substances to treat the infection and repopulate the vagina with beneficial bacteria. Regular douching disrupts the natural flora of the vagina which helps resist infection.

As with all infection it is important to strengthen the immune system and kill the offending bacteria. Some herbs, when taken internally, which may help you overcome this infection include:

- Wild indigo (*Baptisia tinctora*) – For discharging infections
- Goldenseal (*Hydrastis canadensis*) - Tonic to the mucous membranes and broad spectrum antimicrobial
- Pau d'arco (*Tebebuia avellandae*) – Immune stimulating and antibacterial
- Echinacea (*Echinacea spp*) – Blood cleansing and immune stimulating
- Garlic (*Allium sativum*) – Broad spectrum antimicrobial and immune stimulating

Natural medicine which may be used in a douche to treat bacterial vaginosis include:

- Ladies mantle (*Alchemilla vulgaris*) - Soothing and astringent
- Beth Root (*Trillium erectum*) – Astringent
- Goldenseal (*Hydrastis canadensis*) - Antibacterial
- Thyme (*Thymus vulgaris*) - Antiseptic

In order to make a herbal douche use 1–2 tablespoons (15–30 grams) of the dried herb per half litre (or 1 pint or 20 ounces). Strain off the herb matter, cool the liquid and then use a douching kit from the pharmacy. If you place enough lactobacillus powder into the cooled solution to provide one billion organisms (break open a capsule if need be) it will help to recolonise the vaginal tract with beneficial bacteria

Alternatively, a couple of drops of certain oils can be placed into 2 tablespoons of a carrier oil (eg sweet almond) and applied to a tampon to place in the vagina. Appropriate oils include:

- Tea tree oil (*Melaleuca alternifolia*) oil – Broad spectrum antimicrobial

- Lavender (*Lavendula officinalis*)

#### **6.4. Cytolic vaginosis (aka lactobacillosis or "Doederlein cytolysis)**

Strange as it may sound you can actually have an overgrowth of good bacteria called lactobacillus growing in your vagina. It occurs when the pH of your vagina becomes too alkaline allowing the lactobacillus to proliferate out of control.

##### **Could this be a cause for you?**

This might be a cause for you if you have symptoms of a yeast infection but none is cultured, particularly if you have been treated with oral antifungals. It also differs from standard bacterial vaginosis in that there is no distinctive discharge.

##### **How do I confirm this?**

Your doctor will take a swab and culture for this.

##### **How do I treat this cause naturally?**

As many herbs are protective against natural flora it is difficult to treat this condition naturally. Medical treatment is with a particular antibiotic but this is a fine balance as you risk completely obliterating the beneficial flora in both your vagina and gastrointestinal tract. You can try a commercially available Betadine douche which will help to lower the population of lactobacillus or you can lower the pH of your vagina by using a baking soda douche. To do this mix 2 to 3 tablespoons of baking soda per 1/2 gallon water (about 2 litres), and use three times a week. In this instance it is very important that you rule out a yeast infection because a lowered pH will cause the yeast to flourish.

#### **6.5. Trichomoniasis**

This is an infection by a sexually transmitted parasite called *Trichomonas vaginalis*. In females it may cause no symptoms ranging to copious amounts of frothy green discharge, itching and burning in the vagina, vulva and perineum, painful sex and pain on urination.

##### **Could this be a cause for you?**

Obviously the above symptoms will be a clue that your symptoms may be caused by Trichomoniasis however given the insidious nature of this condition you should ask to be tested if investigation and treatment for all other causes of your symptoms has yielded no relief.

##### **How do I confirm this?**

This organism grows optimally at a pH of 5.5 and 5.8 therefore a lower pH is suggestive of another organism. A sample from your vagina may be viewed under the microscope however diagnosis will be confirmed from a culture. Additionally, this condition may be picked up on Pap testing because it can causing the cervix to appear red and spotty. This is called a strawberry cervix.



### **How do I treat this cause naturally?**

Efforts to control Trichomoniasis should focus on first ridding the vagina of the organism using either a Betadine douche or a couple of drops of pure tea tree oil mixed with 2 tablespoons of a carrier oil (vitamin E is useful here) and applied to a tampon. The second step involves recolonising the vagina with a douche containing 1 billion micro-organisms of *Lactobacillus acidophilus*.

Internally, herbs to strengthen the immune system are valuable such as

- Echinacea (*Echinacea spp*)
- Andrographis (*Andrographis paniculata*)
- Astragalus (*Astragalus membranaceous*)

## 7. Causes of Pain

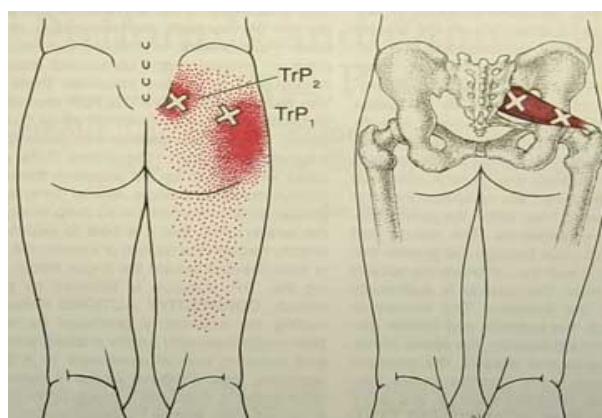
Some women experience none of the symptoms described above that could be attributed to either an infection or a dermatological cause. There is no itching, discharge or skin changes to note and only painful sensations such as burning, stabbing and pain on touching. You can definitely relate to this if wearing pants, particularly jeans, is unbearable. Often a pain response will be secondary to the infective or dermatological (or primary) causes because of bracing of the muscles, poor posture and/or trigger points in the muscles. These will be discussed in detail later. If this is the case the primary causes need to be resolved first. The causes of pain detailed below often overlap so ensure you read each section in detail to ensure you are treating the cause of your pain comprehensively.

### 7.1. Chronic Myofascial Pain Syndrome (ie localised fibromyalgia)

Chronic Myofascial Pain Syndrome can occur anywhere in the body but when it applies to the pelvis it can also be referred to as tension myalgia of the pelvic floor or spastic parametropathy. It is characterised by knot-like hyper-irritable points in the muscles which wreak havoc by changing the alignment of the body, pressing on nerves and generally causing referred pain. Those muscles which can refer pain to the vulva include the muscles of the lower abdomen, inner thighs, piriformis (via compression of the pudendal nerve) and internal muscles of the pelvic floor.

#### Could this be a cause for you?

This could be a cause for you if experience pain elsewhere in the body. Often for women with vulvodynia it is in the lower back, tail bone, hips, back of legs and the rectum. You will probably have pain with intercourse and sometimes pain when voiding. If you use some massage oil and massage some of the offending muscles such as the lower abdomen or piriformis you will find the characteristic tender knot(s) in the muscle. The following diagram shows the trigger points in the piriformis muscle. The crosses represent the trigger point and the red shading represents the distribution of pain.



Source: Travell and Simons

### **How do I confirm this?**

If you want a definitive diagnosis you will need to consult a rheumatologist however a massage therapist will be just as good and cheaper.

### **How do I treat this cause naturally?**

There are a couple of techniques a qualified massage therapist can use on your external muscles to release trigger points. One is simply called trigger point massage and the other is called myofascial release which is far less painful. Ensure the therapist is trained in these techniques when you arrange the appointment. You can also massage your own trigger points at home using a highly recommended book called "[The Trigger Point Therapy Workbook: Your Self Treatment Guide for Pain Relief](#)" by Clair Davies. There are a range of tools to assist you with self massage including the Thera Cane™, the Knobble™ and the [MuscleMate™](#). You can use your own hands with some massage oil on bare skin but your hands do tend to get tired.

For internal pelvic muscles a massage therapist is not qualified to assist but there are some physiotherapists who specialise in this area of the body. There are some techniques you can use at home to stretch the internal muscles including sitting on a tennis ball placed at the perineum area and taking a few deep breaths to relax or using a dilator to stretch the pelvic floor muscles around the vagina. Gently insert the dilator that best fits you and take a few deep breaths. Then, on the out breath, gently push the dilator down towards the surface you are lying on. It is important that you concentrate on relaxing all your muscles during this technique, including your bottom and abdominal muscles. Repeat this stretch a couple of more times. Although it is designed specifically for sufferers of Vaginismus, dilators and guides can be purchased at [www.vaginismus.com](http://www.vaginismus.com).

There is also a device called the EPI-NO which is designed to stretch the perineum for childbirth to avoid tearing and cutting. It consists of a balloon which you inflate after you have inserted it into the vagina. This is quite useful for internal tightness as you can start off inflating the balloon just a little and increase as time progresses.

Depending on where you live please visit these sites to source this device:

1. Unites States - [www.avoidepisiotomy.com](http://www.avoidepisiotomy.com)
2. United Kingdom - [www.epi-no.co.uk](http://www.epi-no.co.uk)
3. Australia - [www.epi-no.com.au](http://www.epi-no.com.au)

A well known technique called Biofeedback can also be adopted for tightening of the pelvic floor muscles. In this case you consult a doctor or clinical psychologist who specialises in the technique and they measure the degree of tension in your pelvic floor muscles. They then give you a hand-held device which has a probe which you insert into the vagina. The device has lights and sound which indicates to you how much you are contracting and relaxing your pelvic floor muscles. This device is taken home and prescribed exercises are generally undertaken twice a day for twenty minutes. The most respected practitioners of this technique are:

1. [Dr Howard I Glazer](#) (PhD) in the US

## 2. [Marek Jantos](#) in Australia

There are several herbs you can take to help relax the pelvic floor muscles including:

- Cramp Bark (*Viburnum opulus*) – Relieves spasm, increases blood to peripheries
- Wild Yam (*Dioscorea villosa*) – Relieves spasm, anti-inflammatory, anti-rheumatic
- Yarrow (*Achillea millefolium*) - Relieves spasm, anti-inflammatory, increases blood to peripheries
- Black Cohosh (*Cimicifuga racemosa*) - Relieves spasm, anti-inflammatory, tonic to the female reproductive tract

Additionally, there are nutritional supplements that will assist with the relaxation of trigger points. The most important being **magnesium** and **calcium**. People with chronic myofascial pain syndrome are also reported to be deficient in the B vitamins particularly thiamine (B<sub>1</sub>), Pyridoxine (B<sub>6</sub>), B<sub>12</sub> and Folic acid (B<sub>9</sub>) and vitamin C. A good quality multivitamin and extra supplements containing magnesium and calcium would suffice.

### **7.2. Pudendal Neuralgia**

Neuralgia refers to acute pain originating in a nerve and in this case it applies to the pudendal nerve, a major nerve which branches out from the spine into various locations in the pelvis. In women pudendal neuralgia can refer pain, including stabbing, burning, pricking and pulling sensations to the buttocks, perineum, urethra, rectum, vagina and of course the vulva. As a result you will feel pain with intercourse, orgasm, urination and/or on voiding your bowels. The skin overlying the affected area is particularly sensitive to touch.

#### **Could this be a cause for you?**

You may have damage to your pudendal nerve if you suffered a fall, particularly if you landed on your tail bone. If you have trigger points in your piriformis muscle(s) they will shorten and thicken thereby pressing on the pudendal nerve as they both pass through the bony structures of the pelvis. You may also suspect pudendal neuralgia if you regularly ride a bicycle as it is common for the bike to seat to cause compression to the area. Finally, if your pain started shortly after childbirth it is possible the nerve was damaged during that event.

If this is the case you will experience the symptoms listed above which, if serious, may extend as far as the inner leg, groin and buttocks. You may also feel a sense of heaviness in your pelvis and vagina and you will find sitting down extremely uncomfortable.

#### **How do I confirm this?**

You will need to consult a neurologist for a definite diagnosis. The most common ways to diagnose this condition is:

- i. An image guided nerve block: this is where they use a CT scanner a guide to inject

local anaesthetic into the nerve. A short term alleviation of the pain is proof that there is neuralgia in that nerve.

- ii. A Pudendal Nerve Motor Latency Test – This tests whether there is compression on the nerve by stimulating the muscles that the pudendal nerve feeds into with electrodes. The speed of the nerve conduction is measured and if it is slower than normal there is evidence of compression.

### **How do I treat this cause naturally?**

Given that medical treatment of this condition is quite serious, involving multiple nerve blocks, harsh medications with debilitating side effects and even surgery it is sensible to try natural treatments first.

It is imperative that you investigate whether you have any trigger points (see previous section on Chronic Myofascial Pain Disorder) and those which may compress the pudendal nerve include the obturator internus muscles of the pelvic wall and piriformis muscle. Trigger points in these muscles tend to occur concurrently. If this is the case you need to follow the protocol for that condition plus the following.

Herbs which are helpful for neuralgia (and the anxiety and insomnia) which may co-exist include:

- St John's Wort (*Hypericum perforatum*) – Tonic to the nervous system
- Jamaica dogwood (*Piscidia erythrina*) – Analgesic for nerve pain & sedative
- California Poppy – (*Eschscholtzia californica*) – Anti-anxiety, analgesic, hypnotic and sedative
- Hops (*Humulus lupulus*) – Anti-neuralgic, sedative and hypnotic

**Please note:** For acute pain relief a couple of these herbs (St Johns Wort and Jamaica Dogwood) need to be prescribed in higher doses by a qualified practitioner.

The following herbs as infused oils are also useful for neuralgia when applied topically:

- St John's Wort
- Peppermint

Key nutrients which are important for the health of nerves are magnesium, calcium and a quality B-complex. You may also like to try lecithin which contains a substance called phosphatase. This is responsible for the protective sheath around nerves.

### **7.3. Excessive Sympathetic Arousal**

The last possibility relating to pelvic floor dysfunction is that the sympathetic portion of your autonomic nervous system is overworking. Most systems of the body are innervated by both domains of the Autonomic Nervous System (ANS); the Sympathetic and

Parasympathetic divisions. The two components are complementary in their functions, that is to say they have opposing actions on the same tissue in order to maintain a sense of balance in the body. The sympathetic division is more responsible for stimulating organs and glands for energy during stress (often called the fight or flight mechanism) and relaxes those organs not required during that time. Conversely the parasympathetic division is responsible for conserving energy and regulating normal organ/gland function. For example, whilst the parasympathetic division is responsible for contracting the bladder the sympathetic division is responsible for relaxing it during the stress response as urination is not required during this time. If the sympathetic division is over aroused, muscles such as those in the pelvic floor, tighten, nerves become over-stimulated, and reduced blood flow leads to pain.

### **Could this be a cause for you?**

It is likely you are suffering from an over-arousal of your sympathetic nervous system if you are experiencing other symptoms of this. These may include:

- Panic attacks
- Heart palpitations
- Low stress tolerance
- Nervous dyspepsia
- Stress induced asthma
- Insomnia

### **How do I confirm this?**

Talk to your usual doctor or natural therapist about whether this is the case for you. If this condition becomes long term the body can become extremely run down and immune dysfunction can occur.

### **How do I treat this cause naturally?**

If this sounds like it could be a cause for you it is likely the previous two conditions described are also relevant and need exploration and treatment. However the following herbs may also help:

- Oats (*Avena sativa*) – Tonic to the nervous system
- Kava kava (*Piper methysticum*)\* - Anti-anxiety, spasm reducing, mild sedative, hypnotic, anti-convulsant and skeletal muscle relaxant
- Passionflower (*Passiflora incarnata*) – Anti-anxiety, reduces spasm, mild sedative and hypnotic
- Skullcap (*Scutellaria lateriflora*) - Tonic to the nervous system, reduces spasm, anti-convulsant and mild sedative
- Valerian (*Valeriana officinalis*) - Anti-anxiety, reduces spasm, mild sedative and hypnotic

A good quality B group multivitamin will help you deal with stress.

*\*Kava may not be available in some countries and will need prescription by a health practitioner.*

## **7.4. Vaginismus**

This condition can be distinguished from vulvodynia but I have mentioned it here for the purpose of differential diagnosis. This is a reflex reaction where, despite normal desire, the muscles around the vagina tighten and spasm when any type of penetration is attempted making sexual intercourse impossible or in the least very painful.

### **Could this be a cause for you?**

Vaginismus differs from chronic myofascial pain syndrome in that pain is not ever-present and there is a psychosomatic element. This means that a fear, phobia or anticipation of penetration is driving the tightening of the vaginal muscles. Sometimes this feeling can be associated with history of sexual abuse or assault.

### **How do I confirm this?**

A gynaecologist can confirm this diagnosis for you.

### **How do I treat this cause naturally?**

A physiotherapist that specialises in pelvic pain disorders may be able to help you with relaxation exercises. If there is a psychological element to your Vaginismus you may also need some counselling. Look for someone who specialises in sexual dysfunction or in the least chronic pain.

Usually dilators will be used to try and break down the resistance to penetration. The dilators come in different sizes and once you have managed to insert one size dilator you graduate to the next size. A great website that has dilator kits and guides available is at <http://www.vaginismus.com/>. The herbs and supplements outlined in the section on Sympathetic Arousal will also be of use to you because they focus on spasm and tension in muscles that is associated with anxiety.

## 8. Hormonal Causes

### 8.1. Estrogen Imbalance

Like all metabolic substances, estrogen needs to be broken down and removed from the body. Sometimes this process is inefficient due to a number of factors such as poor liver function and extra exposure to estrogen in the environment. There are two different pathways of estrogen detoxification. One produces harmful bi-products (16-OH-estrogens) and the other produces a protective bi-product (2-methoxy-estrogen).

#### Could this be a cause for you?

An abundance of 16-OH-estrogens in the body may result in a number of other conditions including:

- Systemic Lupus Erythematosus
- Graves Disease
- Cancer (particularly breast)
- Endometriosis
- Fibrocystic Breast Disease
- Uterine Fibroids
- Melancholic Depression and anxiety
- Pre-menstrual Syndrome (PMS)
- Obesity

#### How do I confirm this?

If you have been diagnosed with any of these conditions estrogen imbalance may also be playing a role in your vulvodynia. Some laboratories also test for the ration of good to bad estrogen metabolites. Talk to your alternative health practitioner about having this done through:

- [Genova Diagnostics](#) (US & UK)
- [ARL Functional Pathology](#) (Australia)

#### How do I treat this cause naturally?

A number of herbs and nutritional supplements will assist in the healthy detoxification of estrogen.

- Kudzu (*Pueraria lobata*) – competes with estrogen at receptor sites, signals the body to eliminate more estrogen and favours the healthy detoxification pathway.
- Red Clover (*Trifolium pratense*)- Competes with estrogen at receptor sites thereby signalling the body to detoxify more estrogen.
- Rosemary (*Rosmarinus officinalis*) – Enhances phase II liver detoxification thereby



enhancing good estrogen detoxification.

Nutritional considerations include:

- A diet rich in Soy and flax – contains lignans and isoflavones which favour the healthy detoxification pathway of estrogen. However, there needs to be the presence of healthy colonic bacteria for this to occur. If you suspect this is not the case please supplement with the probiotics *Lactobacillus acidophilus* and *Bifidobacterium lactis*.
- Psyllium\* – Conditions of estrogen excess are often associated with poor bowel function (ie constipation). A bulking laxative such as psyllium will ensure estrogen derivatives are excreted from the body and not re-absorbed into the blood stream.
- A good quality B vitamin with extra doses of vitamin B6 and folic acid will enhance the livers capacity to detoxify via the methylation process along with the minerals magnesium, zinc, iron.
- If at all possible use contraceptive methods other than the oral contraceptive pill.

*\*Should be taken 2 hours apart from prescribed medication as it may hinder absorption.*

## **8.2. Atrophic Vaginitis**

In contrast to the estrogen excess which results when detoxification pathways are hindered, Atrophic Vaginitis occurs when, after menopause, a lack of estrogen causes the lining of the vagina to become thin and dry. This causes painful intercourse, burning and even itching and therefore is a common cause of vulvodynia.

### **Could this be a cause for you?**

Obviously if you are post-menopausal it is likely that this is the cause of your vulvodynia especially if you are suffering from some of the other symptoms of menopause such as hot flashes, bladder infections, cold hands and feet and inability to concentrate.

### **How do I confirm this?**

Menopause occurs with the complete cessation of menstruation for six to twelve months. Although the average age of menopause is 51 some younger women do experience early menopause. If you are younger and your periods have become erratic it is wise to have a blood test to measure the levels of hormones. Estrogen and Progesterone are reduced and Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) levels rise.

### **How do I treat this cause naturally?**

Atrophic Vaginitis occurs because of the severe reduction of estrogen in the body. The effect on the vagina is that of a drying and thinning action. Therefore the role of natural medicine is to provide the body with substances which act like estrogen. A diet which is high in phytoestrogens (plant estrogens) including soy and flaxseed should assist and so should the following herbs:

- Black Cohosh (*Cimicifuga racemosa*) – Estrogen regulating and uterine tonic
- Dong Quai (*Angelica sinensis*) – Uterine tonic
- Licorice (*Glycyrrhiza glabra*) - Estrogenic
- Shatavari (*Asparagus racemosus*) - Female reproductive tonic

Vitamin E taken orally will improve blood flow to vagina but also, used topically, it can be useful in providing relief from atrophic vaginitis. To reduce dryness it is also important to adequately hydrate yourself throughout the day by drinking 6-8 glasses of fluid (water preferably) and by reducing the number of drinks which act as a diuretic such as coffee, tea and cola.

## 9. A Metabolic Cause?

One of the theories surrounding vulvodynia is that women have a build up of a chemical compound in foods called oxalates which lodge in the tissues of vulva. There are no good scientific data to support these claims. In fact what little data are available demonstrate that neither does a high oxalate diet lead to the onset of vulvodynia or do sufferers have a reduced capacity to excrete the substance. However, some women do report improvement when they follow a low oxalate diet and take supplements (calcium citrate) to bind to oxalates so that they are ushered safely from the body. It is possible they are sensitive to normal levels of oxalates in the diet.

An alternative explanation is that in following a low oxalate diet other potential allergens and chemicals are subsequently removed from the diet and this is why relief is noted or that by supplementing with calcium citrate an underlying calcium deficiency is corrected which in turn relieves muscle spasm.

This is non-consequential, for it does not matter how or why relief is achieved but indeed that it is achieved.

The protocol requires you to follow a low oxalate diet. Lists of the oxalate content of foods can be [found here](#). It also requires you to take calcium citrate supplements.

For more information on the oxalate sensitivity theory please visit:

1. [The Vulvar Pain Foundation](#).
2. [Vulvodynia Treatment](#)

## 10. A Healthy Lifestyle

Of course, the quality of your lifestyle has a huge impact on your progress both in terms of recovery and prevention of relapse. The following are some guidelines to assist in this regard.

### 10.1. Diet

Many people do not seem to make the connection between the food they put in their mouth and the health of their body. Diets low in vitamins, minerals and fibre and high in fat sugar and chemicals will, without doubt, impede your progress. Here are some tips for a healthy diet.

- Eat nutritious food:
  - ~ Rich in whole, natural foods such as fruit, vegetables, grains, seeds and nuts;
  - ~ Low in fat and refined sugars;
  - ~ Adequate but not excessive amounts of protein; and
  - ~ Include fish, especially cold water fish such salmon once or twice a week.
- Drink at least six glasses of fresh water per day.
- Finally, try to avoid the chemicals added to foods (outlined below) which are most likely to cause intolerance reactions. If you suffer from overt allergic symptoms you should attempt the elimination diet to pinpoint the cause of your symptoms.

<b>Additive group</b>	<b>Numbers</b>	<b>Found in</b>
Artificial Colours	102 Tartrazine 104 Quinoline yellow 107 Yellow 2G 110 Sunset yellow 122 Azorubine Carmoisine 124 Ponceau Brilliant scarlet 127 Erythrosine 128 Red 2G 129 Allura red 132 Indigotine	Lollies, candy, confectionery, bakery items, Dairy items (flavoured milks, ice creams) Snack foods (chips, nuts, soy snacks)

<b>Additive group</b>	<b>Numbers</b>	<b>Found in</b>
	Indigo carmine 133 Brilliant blue 142 Green S Food green Acid brilliant green 151 Brilliant black 155 Brown Chocolate brown	
Natural colour	160b Annatto Bixin Norbixin	Cereal and muesli bars, yoghurt and ice cream
Preservatives	200-203 Sorbates 210-219 Benzoates 220-228 Sulphites 249-252 Nitrates/nitrites 280-283 Propionates	Dairy foods (cottage & ricotta, dips) Soft drinks Sausages, prawns, wine, dried fruit Deli meats Bread and other bakery items
Synthetic antioxidants	310-312 Gallates 319-321 TBHQ BHA BHT	Oils, snack foods including potato chips
Flavour enhancers	620-625 Glutamates 627 Sodium guanylate 631 Disodium inosilate 635 Ribonucleotides Yeast extract HVP HPP	Snacks foods BBQ and rotisserie chickens Pre-packaged foods (eg packet pasta)
Flavours	Trade secrets	

NB: This list is based on allowable additives in the Australian Food Supply

## **10.2. Physical Activity**

Participate in physical activity for half an hour most days a week.

- It should be at least moderate (eg. walking) in intensity;
- Consult your doctor if you have not been active for some time;
- Start out slowly to reduce muscle soreness and risk of injury;
- Undertake activities you enjoy so you are more likely to continue;
- If you do have muscle and joint pain associated with your vulvodynia choose low impact activities such as swimming or aqua aerobics. Yoga is also good as it prevents limitations in the joints.

## **10.3. Stress Relief**

- Find some time each day to relax even if it is only 15 minutes
  - ~ Take a bath
  - ~ Read a book
  - ~ Do some deep breathing, meditation, prayer or hypnosis
- You are not being selfish it will enrich your family and relationships with others
- Get plenty of sleep – 7-8 hours per night

## **10.4. Alcohol and recreational drugs**

Many women find that drinking alcohol aggravates their vulvodynia whilst others, usually with muscle tension, finds that it relaxes them. Regardless, you should drink within recommended limits. The current *Dietary Guidelines for Americans* recommend that women do not exceed 1 drink per day. This should not be averaged out over a longer time period such as a week.

Other recreational drugs should be avoided. Not only are they illegal and unregulated, containing variable doses and other harmful substances, they place unnecessary strain on the liver.

## 11. Safety Information

Herbs do have the potential to make certain conditions worse and interact with medications. Please consider each of the questions below carefully before starting any natural medicine. If unsure please consult a qualified practitioner.

### ***Are you pregnant or planning on pregnancy?***

Please avoid:

- Andrographis
- Barberry
- Black cohosh
- Dong quai
- Goldenseal
- Jamaica dogwood
- Myrhh
- Pau D'arco
- Thuja
- Wormwood
- Aloe vera resin (the internal gel is fine)
- All essential oils unless you have consulted a qualified aromatherapist

### ***Are you breastfeeding?***

Please avoid:

- Barberry
- Goldenseal
- Thuja
- Wormwood

### ***Do you have an acute infection?***

Please avoid:

- Astragalus
- Dong quai

### ***Do you have bradycardia (slow heart rate)?***

Please avoid:

- Jamiaca Dogwood

***Do you have a heart problem?***

Please avoid:

- Jamaica dogwood
- Licorice

***Do you have epilepsy?***

Please avoid:

- Thuja

***Are you depressed?***

Please avoid:

- Hops

***Do you have gastro-esophageal reflux (heartburn)?***

Please avoid:

- Peppermint (topical is fine)

The following may aggravate reflux:

- Beth root
- Bupleurum
- Sarsaparilla
- Shatavari
- Wild Yam
- Wormwood

***Do you have heavy periods?***

Please avoid:

- Dong quai

***Do you have high blood pressure, low potassium levels or kidney disease?***

Please avoid:

- Licorice

***Do you have liver disease?***

Please avoid:

- Licorice
- Kava



***Do you have (or had in the past) estrogen sensitive breast cancer?***

Please avoid:

- Black cohosh
- Hops

***Do you have a peptic ulcer?***

Please avoid:

- Wormwood

***Do you take any of the following medications?***

<b>Medication</b>	<b>Please avoid</b>
All anti-platelet (anti-clotting) drugs	Bilberry
Warfarin	Pau D'arco Dong quai St John's Wort
Antidepressants (including amitryptiline)	St John's Wort
Contraceptive pill	St John's Wort
Cyclosporin	St John's Wort
Digoxin	Licorice St John's Wort
HIV drugs	St John's Wort
Imatinib (anti-cancer drug)	St John's Wort
Immuno-suppressive drugs (eg prednisone)	Andrographis Astragalus Echinacea
Irinotecan (chemotherapy agent)	St John's Wort
Laxatives	Licorice
Methadone	St John's Wort
Verapamil (cardiac medication)	St John's Wort

## 12. Bibliography

Abramovits, W., Perlmutter, A. (2006) Steroids versus other immune modulators in the management of allergic dermatoses. *Current Opinion in Allergy and Clinical Immunology*. Oct;6(5):345-54

Alves DL, Lima SM, da Silva CR, Galvão MA, Shanaider A, de Almeida Prado RA, Aoki T. (2008) Effects of *Trifolium pratense* and *Cimicifuga racemosa* on the endometrium of wistar rats. *Maturitas*. 20;61(4):364-70.

Baggish, M.S., Sze, E.H., Johnson, R. (1997) Urinary oxalate excretion and its role in vulvar pain syndrome. *American Journal of Obstetrics and Gynecology*. 177(3):507-11.

Bone, K. (2007) The Ultimate Herbal Compendium: A Desktop Guide for Herbal Prescribers. Phytotherapy Press: Warwick, QLD.

Bradlow, H.L., Telang, N.T., Sepkovic, D.W., Osborne, M.P. (1996) 2-hydroxyestrone: the 'good' estrogen. *Journal of Endocrinology*. 150 Suppl:S259-65.

Braga, P.C., Guffanti, E.E., Mucci, M. (2006) Thymol: Inhibitory Activity on *Escherichia coli* and *Staphylococcus aureus* Adhesion to Human Vaginal Cells. *Journal of Essential Oil Research*: Jul/Aug 2006

British Herbal Medicine Association, The (1983) British Herbal Pharmacopoeia. Herbal Medicine Association: West Yorks.

Chi-Ming Chiu, L., Zhu, W., Vincent Eng-Choon Ooi, V (2004) A polysaccharide fraction from medicinal herb *Prunella vulgaris* downregulates the expression of herpes simplex virus antigen in Vero cells. *Journal of Ethnopharmacology*. 93 (1): 63-68.

Curtis, M.G., Overholt, E. (Ed) and Hopkins, M.P. (Ed) (2005) Glass' Office Gynecology. Lippincott Williams & Wilkins; Sixth Edition edition (November 1, 2005

Davies, C (2001) The Trigger Point Therapy Workbook: Your Self-Treatment Guide For Pain Relief. New Harbinger Publications Inc: Oakland, USA.

Dengate, S. (2007) The Failsafe Cookbook: Reducing Food Chemical for Calm, Happy Families. Random House Australia:

Fischer, G. (2004) Management of vulvar pain. *Dermatologic Therapy*. 17(1):134-49.

Griffith RS, Walsh DE, Myrmel KH, Thompson RW, Behforooz A. (1987). Success of L-lysine therapy in frequently recurrent herpes simplex infection. Treatment and prophylaxis. *Dermatologica*. 175 (4): 183–190.

Guerra, M.C., Speroni, E., Broccoli, M., Cangini, M., Pasini, P., Minghetti, A., Crespi-Perellino, N., Mirasoli, M., Cantelli-Forti, G. and Paolini, M. (2000) Comparison between chinese medical herb *Pueraria lobata* crude extract and its main isoflavone puerarin antioxidant properties and effects on rat liver CYP-catalysed drug metabolism. *Life Sciences*. 3;67(24):2997-3006.

Harlow, B.L., Abenhaim, H.A., Vitonis, A.F., Harnack, L. (2008) Influence of dietary oxalates on the risk of adult-onset vulvodynia. *Journal of Reproductive Medicine*. 53(3):171-8.

Koytchev R, Alken RG, Dundarov S (1999). Balm mint extract (Lo-701) for topical treatment of recurring herpes labialis. *Phytomedicine*. 6 (4): 225–30.

Langmead, L., Makins, R.J., Rampton, D.S. (2004) Anti-inflammatory effects of aloe vera gel in human colorectal mucosa in vitro. 1: *Alimentary Pharmacology and Therapeutics*. 19(5):521-7.

Mahan, L.K. And Escott-Stump, S. (1996) Krause's Food, Nutrition and Diet Therapy (9<sup>th</sup> Ed). W.B. Saunders Company: Philadelphia.

Medline Plus: Online Medical Dictionary.  
<http://www.nlm.nih.gov/medlineplus/mplusdictionary.html>

Merck Manual of Medical Information, The: Second Home Edition Online  
<http://www.merck.com/mmhe/index.html>

Mills, SY (1988) The Dictionary Of Modern Herbalism. Healing Art Press: Vermont.

Murray, M. and Pizzorno, J. (1998) Encyclopaedia of Natural Medicine (2<sup>nd</sup> Ed). Prima Health: Rocklin

Puupponen-Pimiä, R., Nohynek, L., Alakomi, H.L., Oksman-Caldentey, K.M. (2005) The action of berry phenolics against human intestinal pathogens. *Biofactors*. 23(4):243-51.

Reed, B.D., Haefner, H.K., Sen, A., Gorenflo, D.W. (2008) Vulvodynia incidence and remission rates among adult women: a 2-year follow-up study. *Obstetrics and Gynecology*. 2008 Aug;112(2 Pt 1):231-7.

Rosenbaum, T.Y. (2005) Physiotherapy Treatment of Sexual Pain Disorders. *Journal of Sex & Marital Therapy*, 31:329–340.

Stewart, E.G. and Spencer, P. (2002) The V Book: A Doctor's Guide to Complete Vulvovaginal Health. Bantam Books: New York

Sutton, J.T., Bachmann, G.A., Arnold, L.D., Rhoads, G.G., Rosen, R.C. (2008) Assessment of vulvodynia symptoms in a sample of U.S. women: a follow-up national incidence survey. *Journal of Womens Health*.17(8):1285-92.

Travell, J.G. And Simons, D.G. (1992) Myofascial Pain and Dysfunction: The Trigger Point Manual (Vol 2: The Lower Extremities). Lippincott Williams & Wilkins: Philadelphia.

United States Department of Agriculture and United States Department of Health and Human Services. In: Dietary Guidelines for Americans. Chapter 9 – Alcoholic Beverages. Washington, DC: US Government Printing Office; 2005, p. 43–46. Available at <http://www.health.gov/DIETARYGUIDELINES/dga2005/document/html/chapter9.htm>.

Wiess, R.F. (2001) Weiss's Herbal Medicine: Classic Edition. Thieme: New York

Wren, RC (1988) Potter's New Cyclopaedia of Botanic Drugs and Preparations. Rewritten by Williamson, EM and Evans, FJ. The CW Daniel Company Ltd.: Saffron Waldon

Zandi, K., Zadeh, M.A., Sartavi, K. and Rastian, Z (2007) Antiviral activity of Aloe vera against herpes simplex virus type 2: An in vitro study. *African Journal of Biotechnology*. 6 (15): 1770-1773.

Zheng G, Zhang X, Zheng J, Meng Q, Zheng D. (2002) [Estrogen-like effects of puerarin and total isoflavones from *Pueraria lobata*]\*, *Zhong Yao Cai*. 25(8):566-8. \*Article in Chinese