Two cases of **vulval pain**

By Sue Cochrane

SOMETIMES PATIENTS WITH similar conditions arrive in my clinic in the same time period. I accept this as a message that I need to know this condition and get my head around how to treat it [what the dire consequence will be if I don't, I'm not sure!]

As I write, it is heel pain and vulval disorders. Two cases of the latter condition I have found thought provoking and perhaps useful to share with fellow practitioners.

The first, a 38-year-old married woman who developed severe vulvodynia[1] eight years ago following her mother's death by suicide, has had her vaginal and vulval pain treated by surgery[2] — her hymen has been removed, as have her Bartholin's glands – and she has had a variety of infections (chronic thrush and gardnerella) that have been treated with medications. She often now has a discharge with an occasionally fishy smell. The surgery she felt removed or reduced the vaginal pain. She describes her genital area as irritated, burning and swollen much of the time. She and her husband have abandoned sexual activity because it is too painful and the prospect of never enjoying sex saddens and depresses her. Her libido is usually very low. She has also had several bouts of cystitis for which she now uses preventive measures (cranberry juice, vitamin C, wheat grass juice). Her energy levels are low but always improve with exercise; she has multiple respiratory allergies including seasonal hayfever; her gastrointestinal function is fine and she has a sensible diet. She has a history of constipation although her bowel movements are currently regular and not abnormal.

Her menstrual presentation shows a regular cycle with five days bleeding although the blood is often heavy, clotty and mucousy. She has abdominal pain and headache requiring analgesic medication one day prior and on the first day of her menses. For one week prior to her period she has sore breasts and abdominal bloating.

She often doesn't sleep until after midnight and describes herself as a "night owl" despite having a responsible nine-to-five job. She says she is furious with her mother for choosing suicide and causing pain to herself and her family.

Her tongue picture shows a normal body and coat with red edges and tip. Her pulse is thready and taut on the left and weak on the right.

On first appearance she seems straightforward to diagnose — excessive fire in the Liver channel combining with damp accumulation in the lower jiao to become damp-heat. The fact that her condition worsens with a headache in the premenstrual part of her cycle shows the Liver fire flaring when her qi stagnates just before her period.

My treatment strategy is to clear damp-heat from the lower jiao by clearing heat from the Liver channel and resolving dampness. I gave her granulated herbal extracts based on *Jia Wei Xiao Yao San* (Bupleurum & Peony Formula) with the addition of *San Miao San* (Three Marvel Pill) and added *Xiang Fu* (Cyperi rhizoma) as it was coming up to her period. I also gave her acupuncture at *Yin Tang* (E 1), *He Gu* (LI 4), *Yang Ling Quan* (GB 34), *Yin Ling Quan* (Sp 9), *San Yin Jiao* (SP 6), and *Tai Chong* (LV 3). I have seen her once since and she had mild improvement in the pain and some reduction in vaginal discharge. She cancelled the next two appointments because of work commitments and then was too ill with an acute bout of cystitis. I haven't heard from her in the past three weeks.

Normally I would not consider discussing such a case history publicly until there was more clarification of progress. What spurs me to do so is the visit in the intervening weeks from a 16-year-old girl with an acute abscess on her vulva. She describes it as a boil but from what I can gather from research (particularly from another patient who spent many years as a theatre sister assisting at operations to drain engorged Bartholin's glands) it is likely to be a blocked gland that fails to drain normally.[3] I didn't examine the swelling and relied on the reports from the patient and her mother. This young girl had first experienced a left-sided "boil/abscess" when she was 14 years old when it was so painful that she was bedridden and treated with morphine and antibiotics and needed surgery to drain it. This recurred on the right side 12 months later, then left side, then right side, and now on the left again. She had one other surgery and mostly received antibiotic treatment. She used salt water sitz baths and applied antibiotic cream directly to the site.

She had a very thick tongue coat on a deep mauve tongue body, a heavy vaginal discharge, felt heavy and sluggish, and found it hard to concentrate well at school. She had been placed on the oral contraceptive pill to regulate her menstruation, alleviate a knifing ovulation pain and prevent acne. She also disliked heat, had dark yellow urine, and in the six months since she started on the pill had loose smelly bowel movements after eating.

Her current "boil" she considered was developing to a point that she would require surgery within days as she had used two courses of antibiotics without improvement. She wanted me to intervene quickly. She would not accept acupuncture and my herbal dispensary was 100km away in my other clinic. It would take me at least three days to prepare and deliver a herb formula tailored to her needs. I therefore gave her one of the few things I had on hand — a sheet of *Yunnan Baiyao* capsules. I subsequently sent her two lots of herbs (in granules):

For acute infection — *Jin Yin Hua* (Loniceraе Flos) 15g, *Pu Gong Ying* (Taraxaci Herba) 10g, *Hong Teng* (Sargentodoxae Caulis) 15g, *Dan Shen* (Salviae miltiorrhizae Radix) 10g,

Chuan Niu Xi (Cyathulae Radix) 10g, *Huang Bai* (Phellodendri Cortex) 6g, *Cang Zhu* (Atractylodis Rhizoma) 6g.

For reducing the accumulation of dampness — *Tai Zi Shen* (Pseudostellariae Radix) 10g, *Huang Qi* (Astragali Radix) 10g, *Dang Gui* (Angelicae sinensis Radix) 10g, *Chuan Xiong* (Chuanxiong Rhizoma) 6g, *Jie Geng* (Platycodi Radix) 6g, *Yi Yi Ren* (Coicis Semen) 15g, *Cang Zhu* (Atractylodis Rhizoma) 10g, *Chuan Niu Xi* (Cyathulae Radix) 10g, *Huang Bai* (Phellodendri Cortex) 3g, *Shi Chang Pu* (Acori tatarinowii Rhizoma) 10g, *Xiang Fu* (Cyperi Rhizoma) 10g, *Pei Lan* (Eupatorii Herba) 10g.

She returned in two weeks and reported that the cyst/boil had gone completely, her vaginal discharge had reduced, her energy was up and she had made some firm decisions to increase her exercise and improve her diet. She had returned to school and found it easier to concentrate. Subsequently her mother reported that her schoolwork had improved and her daughter was more energetic (although still fairly obsessed with any sign of her disorder returning).

Literature search

The incidence of vulvar pain is surprisingly high. One estimate is that 11 per cent of women experience "vulvar vestibular pain".[4] Extensive discussion of vulval disorders is difficult to find in the English language TCM literature. Flaws (1991:113-128) has the most extensive discussion of "Inflammatory conditions of the external genitalia" including bartholinitis (differentiating an acute toxic heat variety and a chronic cold retention) and vulvar ulcer. This discussion fails to address non-inflammatory conditions such as pain. He does, however, refer to "prolonged festering boils" as requiring supplementation of qi and blood as well as the resolution of toxins. He makes an interesting comment that "phlegm nodulation" may also play a part in the formation of cysts and neoplasms of the Bartholin gland and they may not be "solely an accumulation of stagnant blood". Until I read this comment it had not occurred to me to consider these lumps as solely blood stagnation. Any discharge when the boils burst or are lanced certainly point to phlegm rather than blood stagnation. It does perhaps account for the effectiveness of *Yunnan Baiyao* which I had chosen for its "antipyretic" actions[5] rather than blood moving. It is also interesting to note the absence in Flaws' discussion of channel pathways and the possibility of a channel pathology causing vulval disease.

Yu Jin (1998) devotes a chapter to "Disorders of the vulva" and includes bartholinitis and bartholin's cyst and abscess in a chapter "Inflammatory diseases". She mentions that "Liver and Kidney channels run through the vulva, and the Kidneys are said to 'open' into the vulva and anus" (Yu, 1998: 25-6). The treatments she discusses focus more on addressing external conditions such as dystrophy and pruritus using both external sitz baths and internal decoctions.

Maciocia (1998) makes the useful reminder that "the vulva is the fourth commonest site of gynecological neoplasia" and medical examination is a necessary prelude to treatment. When discussing vulvar sores he differentiated those that are sourced in Toxic Heat with Liver Fire and Damp Heat or Retention of Cold. This is consistent with the differentiation provided in Xia *et al*. Neither analysis is particularly applicable in explaining the full story for my two patients.

Conclusion

I have little expectation that the older patient with vulvodynia will recover quickly (or perhaps even return for more treatment!) The length of time that she has been in pain, the extent of medical and surgical intervention, the depth of the emotional trauma that triggered the problem and her reluctance to deal directly with this trauma in a way that would resolve some of the emotional issues that confront her will all contribute to an uneven progress. By contrast, the younger woman without significant "emotional baggage" and with a clear understanding of the diet and lifestyle habits that contribute to her condition should not expect reoccurrence. The practice of Chinese medicine is not a simple matter of applying treatment principles to an elegant diagnosis. The complexity of people's lives requires our practice to be subtle, thoughtful and engaged for the long-term.

Addendum

While writing this I was visited by a 62-year-old patient who complained of severe psoriasis of the vulva. (I wonder whether this condition is actually vulval lichen sclerosis.) She had suffered from this condition for 20 years and said her vulva was close to ulceration, extremely itchy, flaking and inflamed. She had used a wide range of pharmaceutical and naturopathic treatments without success. Two weeks after three simple acupuncture treatments and using a herbal wash for her genitals she claimed that she was better than she had been for 20 years. The rash was close to being cleared entirely. Her only complaint was the build-up of yellow wash cloths! The wash consisted of *Ku Shen* (Sophorae flavescentis Radix), *She Chuang Zi* (Cnidii Fructus), *Huang Lian* (Coptidis Rhizoma) and *Wu Mei* (Mume Fructus) in equal parts with the addition of vinegar to the decoction before washing.

Endnotes

1. O'Connor & Kovacs (2003:435) quotes the International Society for the Study of Vulvar Disease (ISSVD) describing vulvodynia as chronic vulvar discomfort that is characterised by burning, stinging, rawness or irritation. Vulval vestibulitis is a sub-type of vulvodynia and is characterised by pain when the vestibule is touched or pressured. These symptoms may occur in the absence of clinical and laboratory findings. Anti-depressants are often prescribed.
2. An interesting reported outcome of an RCT on vestibulectomy found that actual surgery was twice as effective as other less interventionist treatments. Bergeron S. et al. A randomised comparison of group cognitive-behavioural therapy, surface electromyographic biofeedback, and vestibulectomy in the treatment of dyspareunia resulting from vulvar vestibulitis. Pain 2001 April; 91(3):297-306 Reported in ABC Health Report interview with Dr Irv Binik Professor of Psychology McGill University Montreal Canada, 15th May 2006
3. O'Connor & Kovacs (2003:435) report that vulval "lumps" can be congenital or acquired; skin appendage cysts or obstructed Bartholin's gland; solid lumps could be condylmata acuminata (warts) or fibroepithelial polyps (skin tags); malignancies must always be excluded.
4. Quoted as from an epidemiological study by B. Harlow of Harvard School of Public Health in the ABC Health Report interview with Dr Irv Binik Professor of Psychology McGill University Montreal Canada, 15th May 2006
5. Although I have always been puzzled as to why a capsule of predominantly *Tien Qi* (Notoginseng Radix), which is warm and only slightly bitter, should be antipyretic or treat furuncles. It does, however, enter the Liver channel.

References

Flaws, B. (1991) *Fire in the Valley: The TCM Diagnosis & Treatment of Vaginal Diseases*. Boulder : Blue Poppy Press.
Maciocia, G. (1998) *Obstetrics & Gynecology in Chinese Medicine*. Edinburgh: Churchill Livingstone
O'Connor, Vivienne & Kovacs, Gabor (2003) *Obstetrics, Gynaecology & Women's Health*. Cambridge: Cambridge University Press.
Xia, G.C.(Ed.) (1987) *Concise Traditional Chinese Gynecology*. Nanjing: Jiangsu Science & Technology Publishing House
Yu, J.(1998) *Handbook of Obstetrics & Gynecology in Chinese Medicine*. Seattle, Eastland Press.

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