



Approach to physiotherapy in sexual dysfunctions: Literature review

Abordagem da fisioterapia nas disfunções sexuais: Revisão de literatura

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ABSTRACT

This integrative review study aimed to describe the role of physical therapy in improving sexual dysfunction and increasing libido. Data were searched in the PubMed, Latin American and Caribbean Health Sciences Literature (LILACS), SciELO and Google Scholar databases with the following descriptors: sexual dysfunction, libido, menopause, role of physical therapy in increasing libido. The screening of the articles found was performed by reading the title, reading the abstract, and, even in case of doubt, the article was read in its entirety and selected according to the inclusion and exclusion criteria. After filtering and analyzing the publications, a selection process was carried out involving 11 articles, 5 of which were used to compose the table. In this review, it was evidenced that there are several contexts experienced in the work of physical therapists. The physiotherapist works with the aim of improving flexibilities of the pelvic floor muscles, leading to the relief of pelvic and/or abdominal pain. Several therapies are used, such as: Kinesiotherapy, Electrostimulation. In this scenario, the studies used and the reviewers of this research point to the need for further research on the subject to strengthen evidence-based practice.

Keywords: Physical therapy, Libido, Physical therapy in increasing libido, Sexual dysfunction.

1 INTRODUCTION

Dysfunction in the hypothalamic-pituitary axis, surgical or drug castrations, early ovarian failure, and hypoestrogenic states are some hormonal conditions that can trigger female sexual dysfunctions (Clayton, 2003). The most common sexual complaints associated with estrogen or



testosterone deficiency are: vaginal dryness, decreased desire, and arousal dysfunction (min et al, 2001).

Vaginal lubrication is also an estrogen-dependent physiological phenomenon, i.e., estrogen is able to modulate vaginal blood flow, as well as maintain the integrity of this tissue (min et al, 2001).

Estrogen is responsible for the integrity of the vaginal mucosa, adequate vasocongestion, as well as the production of vaginal secretions that results in adequate vaginal lubrication and a pleasant feeling of vaginal well-being (Davis, 2000; min et al., 2001).

Some muscles that form the pelvic floor, in particular the levator ani muscle and the perineal muscles, participate in female sexual function and response. The bulbocavernosus and ischiocavernosus muscles that make up the perineal musculature, when voluntarily contracted, contribute, as well as increase, arousal and orgasm.

These same muscles are responsible for the rhythmic and involuntary contractions that occur during the orgasm phase (Cavalcante and Cavalcante, 1992). The levator ani muscles also modulate the motor response to orgasm, as well as vaginal receptivity to penetration. When these muscles become hypertonic, they enable the onset of vaginismus or even dyspareunia (Lopes et al., 1994). When this muscle bundle shows signs of hypotonia, coital anorgasmia and even urinary incontinence are observed during intercourse (Geiss et al., 2003).

The role of physiotherapy in the treatment of sexual dysfunction aims to improve the flexibility of the pelvic floor muscles, leading to the relief of pelvic and/or abdominal pain. Several therapies are used, such as: Kinesiotherapy, Electrostimulation, Kegel Methods, Biofeedback, Vaginal Cones and Manual Therapy.

2 METHODS

A survey of national studies addressing the role of physical therapy in sexual dysfunction was conducted. The search for national research was carried out in data portals available on the web: Latin American and Caribbean Health Sciences Literature (LILACS), and the Scientific Electronic Library Online (SciELO). We chose to search these portals because they index health studies that are evaluated by scientific committees before their publication. These are libraries that offer search services through reference databases, with publications in several languages, scientifically reliable and easily accessible.

The search for national studies was initially carried out with the combination of the following searches: "Physiotherapy" and "libido" and "sexual dysfunction" or "role of



physiotherapy in increasing libido". The inclusion criteria for composing the results were: articles in the Portuguese language including all articles on the theme and role of physical therapy in sexual dysfunction that answered the guiding question of the study. Exclusion criteria were: duplicate articles, unavailable in full, monographs, ordinances, annals and theses. In this stage of the integrative review, the objective was to prepare a document that would contemplate the main results of the analysis of the data selected in the sampling.

3 RESULTS AND DISCUSSION

After choosing the studies for this review, using the data extraction instrument, chart 1 was generated, which presents the data from the articles regarding identification information, objective, type of study and conclusions.

Table 1: Physical therapy approaches to sexual dysfunctions.

Year	Authors	Purpose of the study	Methodology	Conclusion
2015	Delgado, A.M.; Ferreira, I.S.V.; Sousa, M.A.(3)	To investigate which physical therapy resources are used in the treatment of female sexual dysfunctions.	Systematic Review Study	Several physical therapy techniques have been observed for the treatment of some sexual dysfunctions, and with satisfactory results due to the fact that they are based on perineal reeducation. Kinesiotherapy, electrostimulation, biofeedback, manual therapy and vaginal cones stand out.
2010	Franceschini, J.; Scarlato, A.; CISI, M.C.(12)	To identify the main sexual dysfunctions after cervical cancer treatment and to verify the physiotherapy interventions in them.	Revision Study of Literature	The role of physiotherapy in sexual dysfunctions is important and brings positive results. The most cited resources were electrostimulation, kinesiotherapy and manual therapy.
2013	Moreira R.L.B.D.(14)	Bring to light concepts and treatments of vaginismus.	Review Study of the Literature	The proposal of physical therapy and electrostimulation has shown good results in the treatment of vaginismus.



2012	Montalti, C.S. et al.(11)	To evaluate the performance and parameters of electrotherapeutic currents used in the treatment of female sexual dysfunctions.	Review Study Systematics	Different parameters and types of currents described in the literature were observed. However, all studies showed improvement or cure of symptoms associated with sexual dysfunctions, demonstrating the benefits of this technique.
2015	Mesquita, R.L.; Carbone, E.S.M.(9)	To investigate the physical therapy treatment of sexual dysfunctions in women after gynecological cancer treatment and breast.	Literature Review Study	Physical therapy can improve sexual and pelvic floor function by promoting increased lubrication and sex drive, as well as improved libido, arousal, desire, sexual inactivity, and reduced pain.

Authors of this work, 2023

The role of the physiotherapist in female sexual dysfunctions should be offered to women, seeing respect for sexual and reproductive rights as the primary. And sexual and reproductive health care is one of the priority areas of action of Primary Health Care.

The study was intended to expose the performance of the physiotherapist in female sexual dysfunction. The articles that developed this review highlighted that the role of the physical therapist is still small when it comes to sexual dysfunctions.

Physiotherapy has been a new area in the field of sexuality, although resources and techniques can bring benefits to women. Therefore, according to the physical therapy treatment in relation to female sexual dysfunction, the physical therapist improves strength, pelvic floor resistance and promotes relief of pelvic and/or abdominal pain.

Franceschini, Scarlato and Cisi (2010) and Delgado, Ferreira and Sousa (2015) approved that the use of kinesiotherapy in front of the pelvic floor muscles and electrostimulation, manual therapy and the use of vaginal dilators are effective for the treatment of the condition of sexual dysfunction.

The study by Montalti et al. (2012). They found electrotherapy standards for the treatment and all the effects were beneficial for the therapeutic resource of sexual dysfunctions. The use of TENS was more demonstrated for the treatment of dyspareunia and vaginismus, while FES was more benefited for strengthening the PA muscles.

And Moreira (2013) argues the concepts and treatments of vaginismus, claiming that electrostimulation and biofeedback devices have been good allies for the treatment of vaginismus.



According to Mesquita and Carbone (2015), the two therapeutic modalities act on the normalization of tone, improving local vascularization, desensitization, improvement of proprioception and muscle performance.

4 FINAL THOUGHTS

Physical therapy intervention in sexual dysfunction is a valuable approach that offers significant benefits and presents promising therapeutic prospects. Different therapies have shown in the literature that physical therapy and its approaches, including kinesiotherapy, electrostimulation, biofeedback, manual therapy and vaginal cones provide benefits for the condition, improving muscle strength and restoring muscle relaxation. Promoting increased lubrication, improved libido, arousal, sex drive, and reduced pain.



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