

The first step towards improving sex life has to be effective communication between the people affected: i.e. both partners.

In conditions such as arachnoiditis, MS and spinal cord injury there may well be no curative measures available. However, there are a number of options for improving matters.

Primary sexual dysfunction may often be alleviated using some readily available products: loss of lubrication can be eased by using water-soluble lubricants such as K-Y Jelly.

Painful sensations in the genital area may be relieved by medication such as carbamazepine (Tegretol) or gabapentin (Neurontin).

Decreased vaginal/clitoral sensation may be overcome by vigorous stimulation using a variety of techniques. Use of aids has somewhat negative connotations, but if one can overcome this point of view, aids are often very helpful and are available through mail-order services in order to avoid embarrassing trips to shops.

Position for intercourse: Aldrete's survey ([\[1\]](#)) revealed that 46.3% of the female participants preferred the sitting on top position, whilst 17% preferred the supine position; 8.5% tolerated lying on their side more easily and 3.6% preferred intercourse sitting on a bench. Positions such as side or rear entry help to avoid hip abductor muscles going into spasm.

There are a number of positions for intercourse which avoid body weight being transferred onto the ill partner.

The important message here is to develop an inventive approach.

For women with sexual dysfunction:

- ***oestrogen replacement therapy*** (HRT): may be oral(tablets), transdermal (via a patch) or topical (cream or a vaginal oestradiol ring (Estring), (latter may benefit women unable to take oral/transdermal oestrogen: e.g. those with breast cancer)
 - ***methyl testosterone***: often used in combination with oestrogen in menopausal women, to treat inhibited desire, dyspareunia or loss of vaginal lubrication. Benefits may include increased libido, arousal, clitoral sensitivity and vaginal lubrication. However, side effects include: weight gain, increased facial hair and raised cholesterol.
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[1] Aldrete A. Arachnoiditis: The Silent Epidemic, 2000, JGH Editores (Mexico).