

# Adventures in

Would you agree to have a muscle relaxant injected into your vagina for the promise of pain-free sex? Or blood plasma, to improve sensitivity and enhance orgasms? We spoke to women who have done just that, as well as experts in the field.

# LAND

BY ROBYN MACLARTY

**W**hat a time to be alive. Despite the rolling back of reproductive rights in the United States and the violent oppression of women in countries such as Iran and Afghanistan, women in the West increasingly have access to a range of treatments that offer liberation from sexual and reproductive limitations.

The US Food and Drug Administration recently approved the first over-the-counter contraceptive pill, promising to make birth control for women far easier to access. And did you know that there are injections you can now get that treat everything from vaginismus and vulvodynia to vaginal dryness, lack of sensitivity, difficulty reaching orgasm, pain during sex, recurring urinary tract infections and incontinence?

These injectables contain substances we're far more familiar with in a cosmetic

context, namely platelet-rich plasma (ever heard of the vampire facial?), Botox (yes, Botox!) and hyaluronic acid (i.e. facial fillers).

None of these treatments has anything to do with the aesthetics of your genitals, but everything to do with the (virtually) risk-free enhancement of sexual pleasure, and/or alleviation of a variety of conditions that can negatively impact women's quality of life. Vaginismus (involuntary tightening of the vaginal muscles that can cause pain during sex or prevent penetration entirely), for example, affects anywhere between 1% and 17% of women depending on which sources you consult – a sign that this condition is almost certainly under-reported and under-researched.

According to the American College of Obstetricians & Gynecologists, pain during sex affects three out of four women at some point in their lives. And an estimate based on a 2017 British survey places the prevalence of persistent or recurrent pain during sex (aka dyspareunia) at 3%–18%. Again, it is likely that the condition has been under-reported.

A decrease in sensation in the vagina is also associated with hormonal changes as we age.

Suffice it to say, many, many women are likely keeping schtum about genital issues that are impacting their sex lives and their self-esteem, either due to shame caused by past experiences and societal taboos, or because they assume that no solution exists – most likely, both.

'Awareness is certainly on the rise,' says Dr Elna Rudolph, founder and clinical head of My Sexual Health, and President of the World Association for Sexual Health. 'As more research emerges

and success stories are shared, more women are becoming proactive in seeking information. They're discovering that Botox, along with other treatments, presents a viable option for alleviating the symptoms of these conditions. The power of open dialogue, coupled with education and strategic awareness campaigns, is instrumental in breaking down the barriers and stigmas associated with these conditions in South Africa.'

A significant and growing number of women have approached the My Sexual Health team for vaginal Botox. 'Many have experienced positive outcomes, and their testimonials have played a role in increasing awareness.'

Gynaecologist and endoscopic surgeon Dr Natalia Novikova believes that the stigma is also lifting around another important issue affecting women's sexual health: menopause. 'In the developed world, there is a huge campaign now to talk about menopause, to talk about the treatments for symptoms of menopause, to change attitudes and educate people in the work environment. Because lots of older women hit a wall, have breakdowns and leave very active, high-level jobs because they're suddenly incapable of performing at the level that they used to.'

Part of that conversation includes vaginal atrophy: thinning, drying and inflammation of the vaginal walls that may occur when your body has less oestrogen, potentially resulting in itching, burning and pain during sex.

'Do women know about this? I don't think so,' Dr Novikova says.

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'And I think the problem also lies with medical practitioners in general, because often we are so focused on saving lives and treating cancers and big things that lifestyle issues are very much secondary. So if you can walk and talk and function, more or less, there's nothing wrong. "You mean you just can't have sex?" I don't think people took it seriously in the past, and a lot of women were turned away. Even now I see patients who complained to their GP once about their symptoms but they were told that, well, it's normal, and were not offered any treatments or solutions.'

So, what do vaginal Botox, the O-Shot and the G-Shot entail?

## VAGINAL BOTOX What is it?

A treatment that involves injections of Botox – a muscle relaxant – into the external pelvic floor muscles. The treatment usually includes conscious sedation as well as local anaesthetic.

## What does it do?

Ten to 14 days after the procedure – which is how long the treatment takes to start working – the small muscles around the vaginal opening that make penetration difficult or irritate the nerves and cause burning and stinging will begin to relax.

## Who is it for?

Botox is primarily championed for women with conditions such as sexual pain, vaginismus and vulvodynia (pain in your vulva that lasts longer than three months), but it has also shown promise in treating other pelvic floor dysfunctions. For example, it can ease the spasms that contribute to symptoms of overactive bladder and urinary incontinence.

### How many treatments are required?

'It's a common misconception that Botox for these conditions requires frequent applications,' Dr Rudolph says. 'Unlike its cosmetic counterparts, when used for these conditions Botox targets specific muscles, often providing prolonged relief with just a single treatment.'

### Are there any risks or caveats?

This treatment has a good success rate, but it is not guaranteed to make sex completely pain-free. Complications such as a leaking bladder are listed for Botox, but are extremely rare, and will reverse after three to four months once the Botox begins to work itself out of your system.

'Like any other medical procedure, there are potential risks. Although they are minimal with Botox treatments, some patients might experience temporary discomfort or urinary retention. It is essential to undergo a thorough consultation and assessment before the procedure, during which all potential risks and benefits are discussed in detail.'

Some women may be concerned that Botox can cause excessive relaxation in the vagina, leading to unfulfilling sex. But, in eight years of using Botox as a treatment, Dr Rudolph has never had a patient or partner complain that the vagina was too relaxed after the procedure, or that it influenced their ability to experience pleasure during foreplay or intercourse.

### What else?

Depending on the diagnosis, vaginal Botox is used in conjunction with other medical treatments, physiotherapy, counselling, hypnotherapy and sex therapy. It is not recommended as the first-line therapy for any form of sexual pain, as there are likely psychological factors.

The feedback has been overwhelmingly positive, Dr Rudolph says. 'Most patients have reported significant relief, enhanced comfort, and a marked improvement in their overall quality of life post-procedure. It's worth noting, however, that individual experiences can vary.'

### How much does it cost?

Between R7 500 and R9 000 per treatment, although prices will vary from practice to practice.

## I tried it

*Ever since the first time I inserted something into my vagina – a tampon, at around age 14 – there's been pain, so I only ever used pads growing up. I also didn't have sex until later in life, in my mid-20s. Early experiences told me I had an unusually tight vaginal opening. Nothing went in, not even a finger, so I think I unconsciously avoided sex until later in life, when I finally felt comfortable (with my future husband). Sex was associated with a host of negative things from a young age: fear of pregnancy and the associated anxiety, shame, heavy periods. I basically hated my vagina, and that certainly contributed to vaginismus, which I was later diagnosed with.*

*Sex in my marriage was painful, but I pushed through it; I believed it was something I had to do, or that it might improve at some point. I just thought, it is what it is. It wasn't something I ever discussed with anyone besides my husband.*

*Inevitably, I started to avoid sex, yet I felt our relationship was still strong. I didn't miss sex and I thought my husband felt the same. Until one day, he didn't.*

*He told me that not having sex was a problem for him, and for our marriage. So I tried, but he picked up on my lack of enjoyment and it impacted his self-esteem, and it became even more of a problem, which is when we decided to seek help.*

*After a series of consultations with various professionals, from*

*several clinical psychologists (some specialising in sex therapy) to a psychiatrist and a sexual medicine practitioner, I was finally diagnosed with vaginismus.*

*That was just before the pandemic hit, unfortunately, and the whole world was turned upside down, so I didn't continue treatment with the sexual medicine practitioner.*

*In 2022, I did see another psychologist, who basically told me I should 'grin and bear it' for the sake of my marriage. Unbelievable!*

*Thankfully, we finally found a wise sex therapist who identified that nothing was going to improve until the physical pain I experienced could be addressed. She referred me to a physiotherapist who specialised in vaginismus, who introduced me to Botox as a treatment.*

*In conjunction with the physiotherapy and sex therapy sessions, I went for the vaginal Botox treatment with a sexual medicine practitioner. After a thorough consultation and some blood tests, I had the treatment under conscious sedation. The physio was also on hand to help stretch the muscles during the procedure.*

*Five months later, I can honestly say it's made a massive difference to my life, not just in terms of my sex life but also my confidence. I'm no longer this 'freak of nature'.*

*Sex and self-pleasure are both more, well, pleasurable. It's opened up a world of new possibilities. There's so much to explore. It feels like I now have access to a part of me that's never been accessible before.*

– Caroline, 44\*

## THE O-SHOT

### What is it?

The 'O' in the name refers to 'orgasm', and the procedure is also known as platelet-rich plasma (PRP) treatment for sexual dysfunction. This injectable involves the drawing of a sample of blood, which is then spun at high speed in a centrifuge using specialised equipment. This separates the PRP in the blood, which is then injected into the clitoris and around the vaginal opening, the labia and/or the G-spot. The effects begin about three weeks after the treatment and peak at three months.

### What does it do?

PRP contains growth factors that stimulate the repair or growth of new tissue, leading to improved sensitivity, lubrication and muscle regeneration (and thereby, a greater capacity for pleasure/orgasm). PRP is often used in sports medicine, and, cosmetically, for skin rejuvenation.

### Who is it for?

Any woman who wishes to enhance sexual pleasure may benefit from it, but it's particularly beneficial for women experiencing symptoms of vaginal atrophy, vaginal dryness and pain during sexual intercourse, or who find themselves leaking urine when sneezing, coughing or jumping. It has also been shown to improve erectile dysfunction in men.

### How many treatments are required?

That is up to you. Effects generally last 8 to 12 months, and the treatment can be repeated thereafter.

### Are there any risks or caveats?

There is a possibility of urinary retention (inability to pass urine) for one or two days after the procedure, which resolves on its own, but this is an extremely rare complication.

### What else?

There are a few conditions for which the injection is contraindicated, such

as infection, blood disorders, cancer...

and having unrealistic expectations.

If anorgasmia is due to psychological or relationship difficulties, this procedure is unlikely to help.

### How much does it cost?

Between R7 500 and R9 000 per treatment, although prices will vary from practice to practice.

## I tried it

*A friend of mine had the O-Shot. Although she didn't struggle to orgasm in the relationship she was in, she felt that she wanted to feel more sexually aroused and to have more sensation when having an orgasm. When she had her first O-Shot she told me it was like having intercourse before she had her child: her pleasure was heightened and it activated more feeling in her clitoris.*

*I was absolutely intrigued. While I never had any problems having an orgasm, I'd had two babies, I had been through a divorce and I wanted to feel sexy. I wanted to experience the effects I'd been hearing about.*

*The results were amazing. I was in a long-term relationship at the time, and I can tell you without a shadow of a doubt that it changed my sex life with my partner. I felt more in control sexually and a lot more aroused. I was far more sensitive, my orgasms were stronger and more prolonged (something I'd never experienced before), it improved my lubrication, and it also helped my sex drive. There was no more, 'No, honey; I have a headache.'*

*I would absolutely recommend the O-Shot to anyone with similar issues to mine – although it's important to know if these issues are psychological or physical.*

*I went through a thorough assessment with the doctor first. If you are not connecting with your partner or if there are other issues, you will always be left to address the psychological side of things no matter what you do physically.*

*I have been incredibly happy with the results. It's something I would recommend doing every year – over time the feeling will wear off, so it's a bit like re-doing your Botox or filler.*

– Malaika, 38\*

## THE G-SHOT

While somewhat less widely recommended than Botox or PRP, the G-Shot is another injection that could potentially improve sexual pleasure in women.

The procedure involves the injection of hyaluronic acid – usually dubbed a 'filler' when used in a cosmetic context to plump skin – into the G-spot. This can improve 'sensitivity, stimulation and lubrication in the region through hyaluronic acid's ability to draw water towards itself to improve moisture, hydration and plumping of the tissues. This can lead to the improved experience of orgasms,' says GP Dr Cindy Kerbel of Dr Nerina Wilkinson and Associates. 'Due to PRP being a natural product derived from one's own blood and with an enhanced safety profile, it is usually the first line of treatment. Hyaluronic acid is, however, also a suitable alternative in certain cases. This will be discussed with the patient and the treatment choice will be determined during an intimate wellness consultation.' ❖

### Find out more

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