

Treating Symptoms of Female Sexual Dysfunction with the Eros Clitoral Therapy Device

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Steven K. Wilson, M.D., John R. Delk II, M.D. and Kevin L. Billups, M.D., 2010 Chestnut St., Suite A, Van Buren, AR

Introduction

The EROS-Clitoral Therapy Device (CTD) is a new treatment for Female Sexual Dysfunction (FSD) caused by decreased blood flow to the genitalia. The Eros Therapy™ increases clitoral engorgement when a gentle vacuum is applied to the clitoris. The goal of the study was to evaluate the effectiveness of the Eros Therapy in enhancing subjective parameters of sexual response including sensation, lubrication, orgasm and overall sexual satisfaction in women with and without FSD.

Methods

Twenty women, 10 with FSD and 10 with no complaints of FSD, were enrolled in the IRB-approved study. A complete medical history was taken and a physical and pelvic exam performed. Subjects were included in the FSD group if they had arousal disorder with or without low sexual desire. Outcome efficacy was assessed by the Female Intervention Efficacy Index (FIEI) that subjectively assessed changes in sensation, lubrication, orgasm and sexual satisfaction.

A female nurse instructed the subjects in the proper and safe use of the device. The device was used three or more times per week for a period of six weeks. Each session lasted for a period of 3 to 5 minutes, during which the vacuum was alternately applied to the clitoris and then released. Subjects released the vacuum depending on their level of comfort and arousal. A diary was kept documenting use of the device, clitoral and labial engorgement, lubrication, orgasm and changes in sexual satisfaction. The subject returned to the office for a follow-up visit at the end of the six weeks.

Results

The following table summarizes the study results. Changes in sensation, lubrication, ability to achieve orgasm and sexual satisfaction were evaluated after using the Eros Therapy. Nineteen subjects completed the study with one subject lost to follow-up.

	More than before	Same	More than before	Same
Sensation	80%	20%	89%	11%
Lubrication	70%	30%	67%	33%
Ability to achieve orgasm	60%	40%	78%	22%
Sexual satisfaction	90%	10%	89%	11%

Women with FSD, n = 10 **Women with no Complaints of FSD, n = 9**

Conclusions

Use of the Eros Therapy resulted in statistically significant changes in sensation, lubrication, ability to achieve orgasm and sexual satisfaction in both women with FSD and without complaints of sexual dysfunction. This improvement in response is perhaps directly related to an increase in clitoral blood flow and indirectly to activation of an autonomic reflex that triggers vaginal arterial vasodilatation with increases in vaginal engorgement and lubrication. This device gives physicians the ability to prescribe a non-pharmacological treatment for patients experiencing symptoms of FSD.