Hagen et al, 2009 Filippo, et al, 2013 Abstract

Vestibulodynia: Synergy Between PEA + Transpolydatin and TENS Therapy

Objective

The study aimed to assess the effect of palmitoylethanolamide (PEA) + transpolydatin combination in patients with vestibulodynia undergoing transcutaneous electrical nerve stimulation (TENS) therapy and to confirm the effectiveness of TENS in a domiciliary protocol. Vulvodynia is a common vulvar discomfort, most often described as a burning pain, occurring in the absence of relevant visible findings or a specific, clinically identifiable disorder.

Results

The patients received a mean of 26.7 TENS sessions. All scores in the two groups - the control group and the treatment group - improved significantly, although the level of improvement was similar between the groups.

The study confirmed that TENS is of significant benefit in the management of vestibulodynia, also in a home environment. PEA + transpolydatin can be a value-added treatment adjunct when the onset of vestibulodynia is more recent or when the disease relapses.

Participants and Clinicians

Twenty women with vestibulodynia were randomly assigned to receive oral palmitoylethanolamide (PEA) 400 mg and transpolydatin 40 mg or placebo, twice daily for 60 days. All patients underwent TENS therapy in a self-administered home protocol.

The clinicians were Filippo Murina MD, Raffaele Felice MD, and Gianluigi Radici MD, from the Outpatient Department of Vulvar Disease, V. Buzzi Hospital, Milan, Italy; and Cinzia Tognocchi, Midwife Private Gynecological Outpatients' Department, Parma, Italy.

Methods

Before randomization, patients were asked to stop any topical or systemic therapy they were taking. All patients received TENS therapy using a dual channel portable TENS unit, the **NeuroTrac Continence device** (Verity Medical), which produces a symmetrical biphasic wave and has three customizable mode programs. The stimulation was delivered through a commercially available plastic vaginal probe.

Their clinical conditions were assessed by the Visual Analogue Scale (VAS) symptoms assessment, the Marinoff dyspareunia score, and the CPT values immediately after completing two months of treatment. None of the patients received any other therapy during the TENS treatment period.

The abstract can be found at https://pubmed.ncbi.nlm.nih.gov/23343704/.