Pudendal Neuralgia and Homoeopathy



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Etymology

Pudendal (Latin pudenda, meaning "external genitals", derived from pudendum, meaning "parts to be ashamed of".

Neuralgia (Greek neuron, "nerve" + algos, "pain") is pain in the distribution of a nerve or nerves.

Synonyms

Pudendal neuralgia was first described in 1987 by Amarenco et al. Alcock's canal syndrome, cyclist syndrome, pudendal nerve entrapment, pudendal neuralgia, pudendal neuropathy, perineal neuralgia

Definition

Pudendal neuralgia is a severely painful and disabling neuropathic condition, affecting both men and women, involving the dermatome of the pudendal nerve, leading to pain in the clitoris/penis, vulva/scrotum, perineum, and rectum, especially when sitting. (Psora/Syphilis/Sycosis)

Symptoms

Pudendal neuralgia is described as a neuropathic pain in the distribution of the pudendal nerve. Neuropathic pain is defined as a burning, tingling, or itching sensation (Psora). Patients have significant hyperalgesia, allodynia i.e. pain in response to non-painful stimuli, and parathesia i.e. sensation of tingling or numbness (Psora). There is the sensation of a foreign body in the vagina, perineum or rectum, frequently described as a "golf ball" or "tennis ball", called as allotriesthesia (Psora). Pudendal neuralgia may present as-

Pain along the pudendal nerve dermatome

Pain may be present along the entire dermatome, or may be restricted to sites innervated by the nerve's branches.

Localized pain

Pain may be localized to the clitoris, labia, vagina, and vulva in women, and to the penis and scrotum in men, excluding testes. In both sexes, pain may be localized to the perineum, rectum, and area immediately medial and anterior to ischial tuberosities.

Unilateral distribution of pain

Symptoms are frequently unilateral, however, in patients presenting with bilateral pain, but there is often a more affected side.

Referred pain

Some patients may have pain outside the area of innervation for the pudendal nerve, commonly in the lower abdomen, posterior thigh, and lower back. This pain is usually due to muscle spasm or somatic referred pain.

Associated symptoms

There may be bladder and bowel irritation. Occasionally there is a full sensation in vagina or rectum. Sometimes pain can be felt into the buttocks, legs and feet. Bladder, bowel or sexual problems are common.

Pudendal pain may be specific to arousal/erection, ejaculation, vaginal penetration, as well as orgasm. In contrast, pudendal neuralgia may also present as persistent sexual arousal, also called restless genital syndrome.

Pathophysiology

Anatomy of the pudendal nerve

The pudendal nerve is a major somatic nerve of the sacral plexus with following features-

- Nerve roots S2-S4
- Sensory innervates the external genitalia of both sexes and the skin around the anus, anal canal and perineum by
 - o Inferior rectal nerve innervates the perianal skin and lower third of the anal canal.
 - Perineal nerve innervates the skin of the perineum, labia minora and majora or posterior scrotum.
 - o **Dorsal nerve of the penis or clitoris** innervates the skin of the penis or clitoris. Thus, responsible for the afferent component of penile and clitoral erection.
- Motor innervates various pelvic muscles, the external urethral sphincter and the external anal sphincter. Therefore, the pudendal nerve provides the voluntary/somatic control of faecal and urinary continence.

Formation

The pudendal nerve is formed from the sacral plexus and arises from the ventral rami of the spinal nerves S2, S3 and S4.

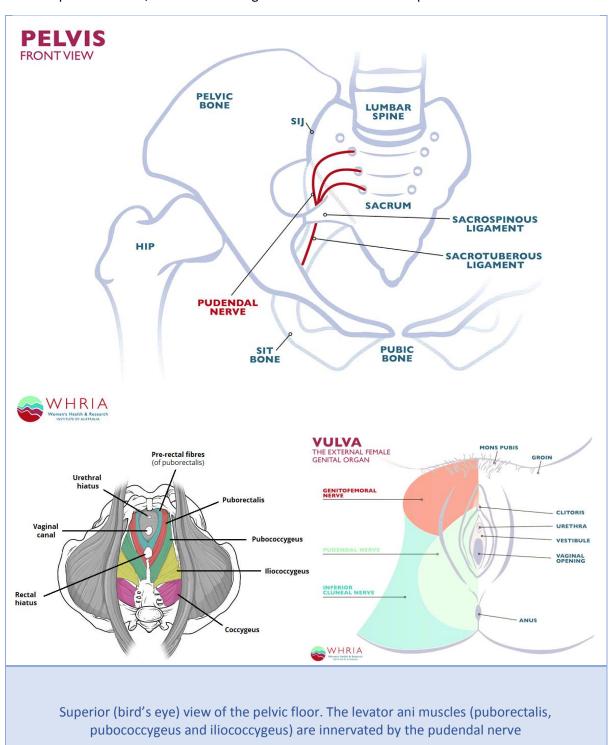
Path

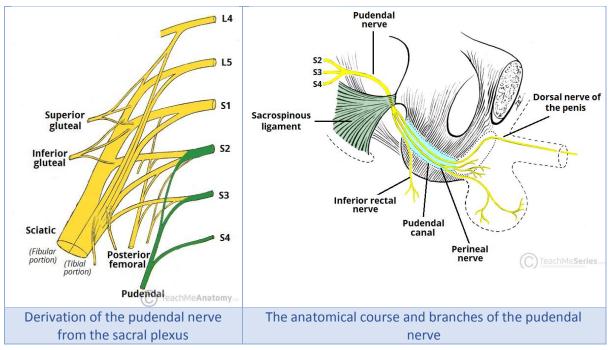
After its formation, the pudendal nerve descends and passes between the piriformis and ischiococcygeus muscles. It leaves the pelvis through the lower part of the greater sciatic foramen. It then crosses the sacrospinous ligament, close to its insertion to the ischial spine, and then re-enters the pelvis through the lesser sciatic foramen.

Alcock's canal

Alcock's canal or pudendal nerve canal is a structure formed by the aponeurosis of the obturator internus muscle. After re-entering the pelvis, pudendal nerve accompanies the internal pudendal artery and vein, coursing anterosuperiorly through the pudendal canal.

Inside the pudendal canal, the nerve divides into branches, first giving off the inferior rectal nerve, then the perineal nerve, before continuing as the dorsal nerve of the penis or clitoris.





Anatomical basis of nerve compression

Injury of the nerve may be uni or bilateral, although unilateral injury seems to be more common. The nerves can be compressed in areas of-

- Fixation
- Acute flexion and
- Narrow canals

Thus, the pudendal nerve can be compressed in several locations along its course-

- At its emergence from underneath the piriformis muscle
- Most commonly, during its course between the sacrospinous and sacrotuberous ligament
- In Alcock's canal
- At the point where dorsal nerve of the clitoris/penis emerges from underneath the inferior ramus of the pubic bone and turns cephalad
- Where dorsal nerve of the clitoris/penis makes an anterior turn to enter the clitoris/penis

Mechanisms of neuropathic pain

Symptoms of neuropathic pain are secondary to lesions directly affecting the somatosensory system and the pain is commonly felt as-

- Pins and needles
- Burning
- Cold
- Numbness
- Itching

In healthy peripheral nerves, pain impulses are carried by-

- Unmyelinated nociceptive C-fibers and
- Thin, myelinated A-delta fibers

Stimulation of C-fibers induces burning pain, while A-delta fibers are responsible for sharp, well-localized pain.

Peripheral sensitization

When peripheral nerves are injured, abnormal regeneration can lead to spontaneous ectopic activity in sensory neurons. Consequently, the regenerating neurons become hypersensitive and develop pathological activity such as abnormal excitability and intensified sensitivity to chemical, thermal, and mechanical stimuli. This phenomenon is called peripheral sensitization.

Central sensitization

In contrast, central sensitization develops from increased sensitivity of neurons in the dorsal horn of the spinal cord. Increased intracellular calcium conducted by N-methyl-D-aspartate (NMDA) receptors enhances synaptic inputs by increasing the number of synapses on dorsal horn neurons. This enhancement leads to neuronal excitability to noxious and innocuous stimuli. Central sensitization also produces allodynia and hyperalgesia similar to peripheral sensitization.

Types

Based on the entrapment site, the pudendal neuralgia can be classified as-

- Type I- Entrapment in the sciatic notch
- Type II- Entrapment in the ischial spine and Sacrosciatic ligament
- Type IIIa- Entrapment in the obturator internus muscle
- Type IIIb- Entrapment in the obturator internus and piriformis muscles
- Type IV- Entrapment in the distal branches of the pudendal nerve

Causes

Main causes of pudendal neuralgia are-

- Pelvic surgery especially with use of mesh (Causa occasionalis)
- Pelvic trauma (Causa occasionalis)
- Childbirth (Causa occasionalis)
- Bicycle riding (Causa occasionalis)
- Prolonged sitting (Causa occasionalis)
- Constipation (Causa occasionalis)
- Anal intercourse/use of anal devices (Causa occasionalis)
- Excessive masturbation (Causa occasionalis)
- Tarlov cysts are meningeal cysts located in the sacral region. These cysts are usually considered incidental findings on MRI, but may cause sciatica or perineal pain resembling pudendal neuralgia. (Psora/Syphilis/Sycosis)
- Infection, such as prostatitis or vestibulitis, are reported as inciting events. (Psora/Syphilis/Sycosis)
- Entrapment of the dorsal nerve may occur from scar tissue, pelvic congestion, and spasm of the bulbocavernosus muscle. (Causa occasionalis)

Diagnosis

Pudendal neuralgia is a painful neuropathic condition involving the dermatome of the pudendal nerve. It should be suspected in patients complaining of burning pain in the clitoris/penis, vulva/scrotum, perineum, and rectum. Pain is more severe with sitting, and relieved or improved by standing. Onset

is usually immediately after vaginal surgery, pelvic trauma, or childbirth. The Nantes criteria are used for the diagnosis of pudendal neuralgia.

Diagnosis of pudendal neuralgia relies comprehensively on a proper history and physical examination. History of onset and modalities of symptoms are most important factors to diagnose it. Physical examination should confirm pain is in the dermatome of the pudendal nerve. Sensation over this area may be assessed. All the nearby back, abdomen, and pelvic floor muscles must be examined for pain, spasm and tenderness.

Tinel's sign

Tenderness over the ischial spines and Alcock's canal is consistent with pain originating from the pudendal nerve. Palpation of this area precipitates a tingling sensation known as Tinel's sign.

Nantes criteria

Diagnosis is mainly based on Nantes criteria for the diagnosis of pudendal neuralgia.

Inclusion criteria

- Pain in the area innervated by the pudendal nerve
- Pain more severe with sitting
- Pain does not awaken patients from sleep
- Pain with no objective sensory impairment
- Pain relieved by diagnostic pudendal block

Exclusion criteria

- Pain located exclusively in the coccygeal, gluteal, pubic, or hypogastric area (without pain in the area of distribution of pudendal nerve)
- Pruritus
- Pain exclusively paroxysmal
- Abnormality on imaging (MRI, CT) which can account for pain

Complementary criteria

- Pain characteristics: burning, shooting, numbing
- Allodynia or hypersthesia
- Allotriesthesia
- Pain progressively throughout the day
- Pain predominantly unilateral
- Pain triggered by defecation
- Significant tenderness around ischial spine
- Abnormal neurophysiology testing (PNMTL)

Associated signs

- Buttock pain (around ischial tuberosity)
- Referred sciatic pain
- Pain referred to the medial side of the thigh
- Suprapubic pain
- Urinary frequency with full bladder
- Pain after orgasm/ejaculation
- Dyspareunia or pain after intercourse
- Erectile dysfunction
- Normal PNMTL (Pudendal nerve motor terminal latency)

PNMTL (Pudendal nerve motor terminal latency)

Pudendal nerve motor terminal latency (PNMTL) measures conduction velocity of electrical impulses through the pudendal nerve. Electrical impulses are applied transvaginally or transrectally at the level of the ischial spine and the time needed for the impulse to travel to the perineal muscles is measured.

Differential diagnosis

Gender neutral pathologies

- Tarlov cysts
- Coccygodynia
- Chronic pelvic pain (CPP)
- Sciatica
- Persistent genital arousal disorder (PGAD)
- Interstitial cystitis

In Males

- Abacterial chronic prostatitis
- Prostatodynia
- Idiopathic proctalgia

In Females

- Vulvodynia
- Chronic pelvic pain
- Endometriosis
- Vaginismus
- Dyspareunia

Prognosis

Pudendal neuralgia may greatly affect quality of life, but has no effect on life expectancy.

Treatment

The goal of treatment is to relive the symptoms instantly and to avoid recurrences. The cause is removed as much as it could be. Physiotherapy and Homoeopathic treatment is the best possible cure for pudendal neuralgia.

Physiotherapy

In patients with muscle spasms, pelvic floor physical therapy is the best treatment. It can help distinguish myalgia from neuralgia. The main role of physical therapy is relaxation of the pelvic floor muscles.

Surgical treatment of pudendal neuralgia

Surgical decompression may be indicated in some patients with pudendal nerve entrapment.

Homoeopathic treatment

Since, the diagnosis and pathology of pudendal neuralgia is based on symptomatology, symptomatologic treatment is the only way to cure it. Hence, homoeopathic treatment is the best possible way.

Homoeopathic remedies for pudendal neuralgia

acetan. acon-c. acon-f. Acon. aconin. adren. agar. agath-a. all-c. alum. am-pic. am-val. ambr. aml-ns. anac. anag. ant-s-aur. ant-t. apis apoc. aran. arg-met. arg-n. arn. ars-s-r. Ars. arum-t. asaf. astac. aster. atro. Aur. Bar-c. bar-m. bart. Bell. benz-ac. berb. borx. bov. brass-n-o. Bry. bufo cact. caj. calc-caust. CALC. Cann-i. cann-s. CANTH. caps. carb-ac. carb-v. carbn-s. card-m. castm. Caust. Cedr. cere-b. Cham. Chel. Chin. Chinin-ar. chinin-m. Chinin-s. Cimic. cina cinnb. cit-v. clem. cocc-s. cocc. coff. colch. Coloc. colocin. com. Con. corn-f. croc. crot-c. crot-chlol. crot-t. cupr. cur. cypr. dendr-pol. dig. dios. dirc. dol. dulc. elat. euph. euphr. eupi. ferr-m. ferr-p. Ferr. form-ac. gaul. gels. Glon. Gnaph. graph. grat. guaj. hecla helo-s. helo. hyos. hyper. ichth. IGN. inul. iod. ip. irid-met. iris jac-c. kali-ar. Kali-bi. Kali-c. kalichl. kali-cy. kali-fcy. Kali-i. kali-n. Kalm. KREOS. lac-c. lach. lap-a. lat-h. lil-t. lob. loxo-lae. Lyc. lyss. mambo. mag-c. mag-m. Mag-p. mag-s. malar. Manc. mang. Med. mentho. meny. Merc. methyl. Mez. morph. mosch. mur-ac. nat-ar. nat-c. nat-m. nept-m. nicc-s. nit-ac. Nux-v. onos. ox-ac. par. passi. paull. petr. Phos. Phyt. pime. pip-m. pip-n. Plan. PLAT. Plb. plect. polyg-xyz. positr. prim-v. prot. prun. psor. puls. pyrog. ran-a. Ran-b. ran-s. Rhod. Rhus-t. rob. rumx. ruta sabad. sabal sabin. sacch-a. sacch-l. salac. salol. sang. sanic. sec. Sep. Sil. Spig. spong. Stann. Staph. stict. Stry. sul-ac. Sulph. sumb. syph. tarax. tarent. ter. Thal-met. thea ther. Thuj. til. tong. trach-xyz. tritic-vg. tub. vac. Valer. vanil. vario. Verat. Verb. verin. viol-t. visc. xan. Zinc-p. Zinc-val. zinc.

Top 10 Homoeopathic remedies for Pudendal neuralgia

kali-c. > kreos. > merc. > lyc. > bell. > puls. > caust. > con. > sulph. > arg-n.

Short Repertory of pudendal neuralgia

FEMALE GENITALIA/SEX - PAIN - afterpains - accompanied by - Head; intolerable pain in cham. cimic.

FEMALE GENITALIA/SEX - PAIN - afterpains - shooting pain Cimic.

FEMALE GENITALIA/SEX - PAIN - biting pain ambr. berb. calc. carb-v. Caust. cham. chin. eupi. Ferr. graph. kali-bi. kali-c. Kali-i. kali-n. KREOS. Merc. Rhus-t. Sil. staph. sulph. thuj. zinc.

FEMALE GENITALIA/SEX - PAIN - boring pain con. ruta

FEMALE GENITALIA/SEX - PAIN - cancer; in - stitching pain lap-a.

FEMALE GENITALIA/SEX - PAIN - cold - agg. - pressing pain nept-m.

FEMALE GENITALIA/SEX - PAIN - constricting, contracting pain bell. ign. nit-ac. Nux-v. phos. pyrog. sabin. sep. sulph. thuj.

FEMALE GENITALIA/SEX - PAIN - cry out, making her - tearing pain Bar-c.

FEMALE GENITALIA/SEX - PAIN - cutting pain asaf. cann-s. carb-v. caust. con. ip. mag-p. med. puls.

FEMALE GENITALIA/SEX - PAIN - digging pain con.

FEMALE GENITALIA/SEX - PAIN - drawing pain agath-a. Aur. bar-c. dulc. lyc. mosch. puls. rhus-t. ruta sabin. sacch-a. spong. tritic-vg. vanil.

FEMALE GENITALIA/SEX - PAIN - evening - tearing pain bar-c.

FEMALE GENITALIA/SEX - PAIN - gnawing pain bufo kali-c. kreos. lil-t. Lyc.

FEMALE GENITALIA/SEX - PAIN - grasping pain cact. gels. sep.

FEMALE GENITALIA/SEX - PAIN - grinding pain Con.

FEMALE GENITALIA/SEX - PAIN - left - extending to - right - cutting pain ip.

FEMALE GENITALIA/SEX - PAIN - left - labor-like puls.

FEMALE GENITALIA/SEX - PAIN - left puls.

FEMALE GENITALIA/SEX - PAIN - right - extending to - left - labor-like Lyc.

FEMALE GENITALIA/SEX - PAIN - right - extending to - left Lyc.

FEMALE GENITALIA/SEX – PAIN abrom-a-r. acon. aesc. aeth. Agar. agath-a. aloe alum-sil. alum. Am-c. Ambr. anac. anan. androc. Ant-c. ant-t. apis arg-n. Arn. Ars-i. ars-s-f. Ars. asaf. asc-c. aur-ar. Aur-m. aur-s. aur. bar-c. bar-m. bar-s. bart. bell-p. BELL. berb. Borx. bov. brom. Bry. bufo cact. Calc-p. calc-s. calc-sil. Calc. camph. Cann-i. cann-s. cann-xyz. canth. caps. Carb-an. CARB-V. Carbn-s. castm. caul. caust. CHAM. chel. Chin. chinin-s. Chlol. Cimic. Cina clem. coc-c. Cocc. coff. colch. coli. Coloc. Con. cop. Croc. cupr. cur. Cycl. dream-p. dros. dulc. eupi. falco-pe. ferr-ar. ferr-i. ferr-p. ferr. fl-ac. GELS. ger-i. germ-met. Glon. Graph. ham. Helon. Hep. heroin. hydr. hydrc. Hyos. Ign. inul. iod. Ip. kali-ar. Kali-bi.

Kali-c. Kali-i. kali-m. kali-n. kali-p. kali-sil. kreos. Lac-c. Lach. lil-t. lob-e. Lyc. m-aust. mag-c. magm. mag-p. mag-s. mang. med. meli. meph. Merc-c. merc. mez. Mosch. mur-ac. Murx. naja NAT-C. natm. nat-p. nat-s. nicotam. NIT-AC. nux-m. nux-v. olib-sac. Op. ox-ac. paeon. pall. Petr. ph-ac. phasco-ci. Phos. phyt. plat. podo. PULS. pyrog. Rhus-t. ribo. ruta sabad. Sabin. sacch-a. sal-fr. sec. sep. Sil. spig. spong. stann. Staph. sul-ac. sul-i. sulph. suprar. symph. tarent. tell. ter. ther. thuj. thymol. til. tritic-vg. tub. Urt-u. Ust. vanil. vib. visc. xan. xanth. zinc-p. Zinc. GENERALS - PAIN - neuralgic - accompanied by - formication acon. GENERALS - PAIN - neuralgic - accompanied by - tearing pains; severe coloc. ruta GENERALS - PAIN - neuralgic - agonizing kali-cy. GENERALS - PAIN - neuralgic – excruciating helo-s. mag-p. GENERALS - PAIN - neuralgic - hot needles touched the parts; as if agar. ars. GENERALS - PAIN - neuralgic - ice touched the part; as if agar. GENERALS - PAIN - neuralgic acetan. acon-c. acon-f. Acon. aconin. adren. agar. all-c. am-pic. am-val. aml-ns. anag. apoc. aran. arg-met. arg-n. Arn. ars-s-r. Ars. asaf. astac. aster. atro. Bell. berb. Bry. cact. caj. calc-caust. calc. Cann-i. canth. caps. carb-ac. card-m. caust. Cedr. cere-b. Cham. Chel. Chin. Chininar. chinin-m. Chinin-s. cimic. cina cit-v. Clem. cocc-s. coff. Coloc. colocin. com. con. corn-f. crot-c. crotchlol. crot-t. cupr. cur. cypr. dendr-pol. dios. dirc. dol. dulc. elat. eupi. ferr-m. ferr-p. ferr. form-ac. gaul. gels. Glon. Gnaph. grat. guaj. hecla helo-s. helo. hyos. hyper. ichth. IGN. ip. irid-met. iris kali-ar. Kali-bi. kali-chl. kali-cy. kali-fcy. Kali-i. Kalm. kreos. lac-c. lach. lat-h. lob. loxo-lae. Lyc. lyss. mag-c. magm. Mag-p. mag-s. malar. Med. mentho. meny. merc. methyl. Mez. morph. nat-m. nicc-s. Nux-v. onos. ox-ac. par. passi. paull. Phos. Phyt. pime. pip-m. pip-n. Plan. Plat. plb. plect. polyg-xyz. prim-v. prot. prun. Psor. Puls. ran-a. Ran-b. ran-s. Rhod. rhus-t. rob. rumx. ruta sabad. sabal sacch-l. sal-ac. salol. sang. sanic. sec. sep. sil. Spig. Stann. Staph. stict. sul-ac. Sulph. sumb. syph. tarax. ter. Thal-met. thea ther. thuj. til. tong. trach-xyz. tub. vac. Valer. vario. Verat. Verb. verin. visc. xan. Zinc-p. Zinc-val. zinc. GENERALS - PAIN - noise agg. the pains ars. canth. coff. Ther. GENERALS - PAIN - operation; after cupr. hyper. MALE AND FEMALE GENITALIA/SEX - PAIN - coition; after - corrosive kreos. MALE AND FEMALE GENITALIA/SEX - PAIN - coition; after kreos. MALE AND FEMALE GENITALIA/SEX - PAIN - cutting pain borx. MALE AND FEMALE GENITALIA/SEX - PAIN - urination - after - agg. - cutting pain borx. MALE AND FEMALE GENITALIA/SEX - PAIN - urination - after - agg. borx. MALE AND FEMALE GENITALIA/SEX - PAIN - urination - before - pressing merc. MALE GENITALIA/SEX - PAIN - burning agar. ambr. anac. ant-t. arn. ars. bart. bov. CALC. cann-s. CANTH. carb-ac. carb-v. caust. con. dulc. graph. iod. jac-c. Kali-c. Kreos. lyc. m-ambo. mag-m. merc. Nat-c. nat-m. nit-ac. petr. Phos. plat. plb. positr. prun. puls. rhus-t. sep. sil. stann. staph. sul-ac. sulph. sumb. viol-t. MALE GENITALIA/SEX - PAIN - burnt; as if apis cann-s. MALE GENITALIA/SEX - PAIN - clawing pain clem. MALE GENITALIA/SEX - PAIN - coition - after - burning carb-v. merc. MALE GENITALIA/SEX - PAIN - coition – after carb-v. merc. MALE GENITALIA/SEX - PAIN - coition - during – burning Kreos. MALE GENITALIA/SEX - PAIN - coition - during Kreos. MALE GENITALIA/SEX - PAIN - constricting pain kali-bi. puls. MALE GENITALIA/SEX - PAIN – cramping castm. graph. MALE GENITALIA/SEX - PAIN - cutting pain borx. lyc. sil. MALE GENITALIA/SEX - PAIN - dragging - Vesiculae seminales - extending to - Glans mang.

MALE GENITALIA/SEX - PAIN - dragging - Vesiculae seminales - extending to - Glans - burning mang. MALE GENITALIA/SEX - PAIN - dragging asaf. Bell. canth. cocc. coloc. Kali-c. nux-v. Plat. Sep. Sulph.

MALE GENITALIA/SEX - PAIN - pressing pain - alternating with - Anus; contraction of Bell.

MALE GENITALIA/SEX - PAIN - drawing pain psor. rhod. vanil.

MALE GENITALIA/SEX - PAIN - grinding pain phyt.

MALE GENITALIA/SEX - PAIN - pressing pain - downward bell. cinnb. lil-t. Plat.

MALE GENITALIA/SEX - PAIN - pressing pain alum. asaf. benz-ac. cocc. graph. iod. kali-c. kali-n. mag-m. merc. Plat. spong.

MALE GENITALIA/SEX - PAIN - sit; must move and cannot – aching syph.

MALE GENITALIA/SEX - PAIN - sit; must move and cannot syph.

MALE GENITALIA/SEX - PAIN – sore acon. ant-s-aur. arg-met. arg-n. arn. ars. arum-t. calc. cocc. con. dig. kali-c. lil-t. nit-ac. phos. PLAT. Rhod. Sulph. syph. verat.

MALE GENITALIA/SEX - PAIN - squeezed; as if bell.

MALE GENITALIA/SEX - PAIN - sticking pain croc. lyc. merc. mur-ac. petr. phos. Rhod. Sulph. Thuj. zinc.

MALE GENITALIA/SEX - PAIN - stitching pain – lancinating croc.

MALE GENITALIA/SEX - PAIN - stitching pain berb. borx. bov. brass-n-o. Calc. clem. croc. dulc. euphr. inul. nat-ar. positr. rhus-t. sil. vanil.

MALE GENITALIA/SEX - PAIN - stool - before - pressing pain nat-c.

MALE GENITALIA/SEX - PAIN - stool - before nat-c.

MALE GENITALIA/SEX - PAIN - stool - during - agg. - pressing pain Kali-c.

MALE GENITALIA/SEX - PAIN - stool - during - agg. Kali-c.

MALE GENITALIA/SEX - PAIN - tearing pain bell. calc. colch. euph. kali-c. mez. puls. staph.

MALE GENITALIA/SEX - PAIN - ulcerative pain ambr. ign.

MALE GENITALIA/SEX - PAIN - urination - after - agg. – burning alum. arg-n. caust. kali-c. KREOS. positr.

MALE GENITALIA/SEX - PAIN - urination - after - agg. - sore - smarting, as from salt caust.

MALE GENITALIA/SEX - PAIN - urination - after - agg, alum. arg-n. caust. kali-c. KREOS. positr.

MALE GENITALIA/SEX - PAIN - urination - before - burning nat-c. tarax.

MALE GENITALIA/SEX - PAIN - urination - before nat-c. tarax.

MALE GENITALIA/SEX - PAIN - urination - during - agg. — burning arg-n. caps. carbn-s. clem. dulc. kali-bi. kali-c. KREOS. petr. psor. sul-ac. tarax. tarent. thuj.

MALE GENITALIA/SEX - PAIN - urination - during - agg. – sore kreos.

MALE GENITALIA/SEX - PAIN - urination - during - agg. arg-n. caps. carbn-s. clem. dulc. kali-bi. kali-c. KREOS. petr. psor. sul-ac. tarax. tarent. thuj.

MALE GENITALIA/SEX - PAIN - urination - during - beginning of - agg. iris Manc. merc. petr. sec.

MALE GENITALIA/SEX - PAIN - urination - during - beginning of - agg. - cutting pain iris Manc. merc. netr. sec

RECTUM - PAIN - neuralgic Atro. bar-m. Bell. colch. Crot-t. ign. kali-c. lach. lyc. ox-ac. phos. Plb. Stry. tarent.

Bibliography



The SAGES Manual of Groin Pain

Rehabilitation of the Pregnant and Postpartum Patient with Pain > Pudendal Neuropathy Book: Principles of Rehabilitation Medicine ... Pudendal neuropathy is a common neural injury in postpartum women due to the high risk for pudendal nerve compression, stretch, or laceration during childbirth. 86, 87 The area of highest risk for compression is at the ischial spine as the pudendal nerve enters the pudendal canal. 86...

Neurological Disorders > NEUROPATHIES Book: Williams Obstetrics, 25e ... Peripheral neuropathy is a general term used to describe disorders of peripheral nerve(s) from various sources.

Polyneuropathies can be axonal or demyelinating as well as acute, subacute, or chronic (Amato, 2015). These are often associated with systemic diseases such as diabetes, with drug...

Diseases of the Peripheral Nerves > Topographic and Clinical Patterns of Neuropathy Book: Adams and Victor's Principles of Neurology, 11e... Contraction of anal sphincter S2, S3, S4 Pudendal Perineal muscles a Predominant root(s) supplying a particular muscle are indicated in bold italic type. Table 43-2 THE PRINCIPAL NEUROPATHIC SYNDROMES AND THEIR CAUSES Syndrome of acute motor paralysis...

Rehabilitation of the Pregnant and Postpartum Patient with Pain > INTRODUCTION Book: Principles of Rehabilitation Medicine... Compression, Traction, and Obstetric-Induced Nerve Injury Median mononeuropathy at the wrist (carpal tunnel syndrome) * Lateral femoral cutaneous neuropathy (meralgia paresthetica) Femoral neuropathy Obturator neuropathy Pudendal neuropathy Lumbar plexopathy Sciatic...

Colon, Rectum, and Anus > Neurophysiology Book: Schwartz's Principles of Surgery, 11e... Neurophysiologic testing assesses function of the pudendal nerves and recruitment of puborectalis muscle fibers. Pudendal nerve terminal motor latency measures the speed of transmission of a nerve impulse through the distal pudendal nerve fibers (normal 1.8–2.2 ms); prolonged latency suggests...

PRINCIPLES OF SURGERY

Surgeries for Pelvic Floor Disorders > Anal Sphincteroplasty Book: Williams Gynecology, 3e..., the overlapping method is preferred. However, the optimal technique or suture material for repair and the effects of pudendal neuropathy on treatment outcome are not well known (Madoff, 2004). With the overlapping method, short-term continence rates up to 85 percent were previously reported (Fleshman, 1991...

Anal Incontinence and Functional Anorectal Disorders > Secca Procedure Book: Williams Gynecology, 3e... This outpatient procedure is currently used in the United States to treat FI in patients with no evidence of sphincter defects or pudendal neuropathy. It delivers temperature-controlled radiofrequency energy to the IAS by means of a specifically designed anoscope. Resulting tissue heating...

Rehabilitation of Lower Extremity Injuries > Piriformis Syndrome Book: Principles of Rehabilitation Medicine... is in extension and as a hip abductor when the hip is in flexion. We can see all the parts like Piriformis muscle, Obturator internus muscle, Sciatic nerve, Perineal nerve, Levator ani muscle, Pudendal nerve, Inferior rectal nerve, Coccygenus muscle, Ischial spine. The piriformis originates from...