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Sexual enhancers: Lubricants, aids, and toys

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Many sexually active women use products and devices to enhance their sexual experiences. Other women may not be aware of the wide variety of products that are available or how to acquire them, or they may not be comfortable venturing into this territory. Two experts in the field of female sexuality—Brooke M. Faught, the regular author of this column, and Susan Kellogg-Spadt, our esteemed guest co-author—describe the types of products that women can use to broaden and heighten their sexual experiences. In addition, the authors provide a list of Web re-

sources to which healthcare providers can direct their inquisitive patients.

Women in the United States differ greatly with respect to their usual sexual practices. What some women may consider eccentric or wild, others find conventional or vanilla. In our healthcare practices, we support satisfying, consensual sexual activities that do not bring emotional or physical harm to oneself or others. When relevant, partners must be capable of providing legal consent. Keeping these basic principles in mind, we encourage our patients to explore a wide array of sexual activities. For many women, inclusion of vaginal products, supplements, and sexual aids and toys can greatly enhance their sexual experiences.

Moisturizers and lubricants

Let's start with the difference between moisturizers and lubricants. Moisturizers are made of bioadhesive polymers and are designed to provide long-term relief of vaginal dryness. They are typically used several times per week irrespective of the timing of sexplay. Lubricants remain on top of the skin, provide temporary relief of vaginal dryness, and ease intromission during sexual activity. In other words, moisturizers are used on an ongoing, every-few-days basis, whereas lubricants are used as needed at the beginning of or during sexual acts. Because the FDA classifies moisturizers and lubricants as cosmetics, scientific data regarding their efficacy and safety are limited.

More about moisturizers—Vaginal moisturizers work by attaching to mucin and epithelial cells on the vaginal wall. They hold water in place on the vaginal epithelial surface until it is sloughed off after a few days. Under ideal circumstances, moisturizers do not require reapplication before sexual intercourse.¹ Moisturizers such as Luvena, Replens, Rephresh, and KY Longlasting are found in the feminine care aisle at many stores and pharmacies. Another option is coconut oil, which we recommend as a natural moisturizer and which can be bought at most grocery and health food stores. Yet another option is Neogyn Vulvar Soothing Cream. This product, although technically different from a moisturizer, has been found ef-



fective in premenopausal women with vulvar pain and in postmenopausal women with genitourinary syndrome of menopause.²

More about lubricants—Vaginal lubricants minimize friction and irritation around the clitoris, labia, and vaginal entrance. They are available in gel or liquid form and contain a water, oil, or silicone base. Lubricants on the market include the KY products, Astroglide, Pjur, Wet, Silk, Slippery Stuff, Pink, Replens, and Sliquid. Organic options include Good Clean Love, Aloeglide, and Yes.

Healthcare providers (HCPs) should take note if a patient presents with sudden-onset pruritus, vesiculation, and weeping lesions associated with the use of specific lubricants. These dermatologic reactions may be due to exposure to a lubricant constituent such as glycerin, benzoyl alcohol, benzocaine, chlorhexidine, parabens, propylene glycol, or lanolin. These chemicals, in addition to those found in spermicides, bactericides, and latex, can irritate the vulva and vagina. Women whose partners wear latex condoms should avoid the use of oil-based lubricants, which can weaken and damage the latex.

One survey of U.S. women showed that 66% of respondents reported ever having used a lubricant.³ Another survey found that 75% of respondents had purchased a lubricant in the past 4 weeks.⁴ Among this group, 96% reported greater sexual comfort and 94% reported greater sexual pleasure associated with lubricant use.

Supplements

Although data supporting the use of supplements to enhance female sexual function are limited, certain products have been studied, with results published in peer-reviewed journals. One such product is ArginMax for Women, an oral supplement that contains L-arginine, ginseng, ginkgo, damiana, multivitamins, and minerals. This product demonstrated significant benefit over placebo in multiple areas of female sexual functioning, although pre- and perimenopausal women reported more benefit than did their postmenopausal counterparts.⁵ Vesele and Stronvivo, dietary supplements that both contain L-arginine, have shown promise in early clinical stud-

ies. Zestra, a topical product, contains borage seed oil, evening primrose oil, angelica root extract, and *Coleus forskohlii* extract. Zestra is designed to enhance arousal and orgasm after application to the clitoris and labia.⁶

Sexual accessories

Anyone who has ever been inside an adult entertainment store has seen the plethora of devices and products available for improving sexual experiences. Although few women were thought to use these de-

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vices and products, recent data suggest that approximately 54% of women use vibrators.⁷ Vibrators intensify stimulation to erogenous areas such as the clitoris, labia, vagina, anus, and breasts. They are available in a variety of shapes, sizes, speeds, colors, and intensity levels. Many women prefer using vibrators on the external clitoris and labia, whereas others prefer devices designed for internal use.

Bullet vibrators are small and hand held, and are intended to be used for external sexplay. Because of their size, they can be used more discreetly than larger vibrators. Many of them are waterproof. G-spot vibrators typically have a curved tip to stimulate the anterior vaginal fornix or G-spot area. The new Fiera Arouser for Her is a small, hands-free device intended to be used as a sexual primer. It is placed over the clitoris and provides suction, warmth, and vibration simultaneously. The Jopen Intensity Kegel Exerciser is a hybrid vibrator and pelvic floor exerciser designed to strengthen pelvic floor muscles and improve orgasmic potential.

Although originally designed for men with erec-

tile dysfunction, flexible rings that fit on the base of the penis and that offer a small vibrator attachment can benefit both male and female partners. Additional products that stimulate both male and female partners include the We-Vibe collection. For personal use, the Lelo collection offers high-quality products of various shapes and sizes. Some couples like to incorporate options such as the hands-free, wireless butterfly vibrator. For individuals with decreased dexterity, larger, electric massagers can be useful. The Liberator Collection of “bedroom adventure gear” includes specially designed sexual pillows and furniture that can facilitate more comfortable and enjoyable positions.

For women who prefer sexplay without vibration, many different types of dildos are available, including those made from silicone, jelly, rubber, glass, or latex. Strap-on versions can be used by same-sex couples who prefer hands-free, penetrative play. When anal stimulation is desired, butt plugs and anal beads can be used with foreplay or to stimulate to orgasm.

A list of discreet websites through which to order sexual accessories is listed at the end of the article.

General recommendations

When teaching patients about incorporating enhancers into their sexual experiences, HCPs need to appear comfortable with the topic and remain non-judgmental. Some women may be reluctant to discuss sexuality in a healthcare setting, particularly with regard to their use of products and devices. One way to alleviate embarrassment is to compare the use of sexual aids to that of any other healthcare product. HCPs should also keep in mind that, as is the case with other healthcare products, what works for one woman may not work for another. Women should be encouraged to experiment. Another way of destigmatizing the situation is to explain that these sexual enhancers can be used in lieu of medications to rehabilitate desire, arousal, and orgasm.

All this being said, HCPs must remain sensitive to each woman’s personal values and her cultural and religious beliefs and norms. There truly is no one-

size-fits-all when it comes to individual sexual preferences (pun intended). ●

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