

A Systematic Review of Acupressure and Auriculotherapy for Improving Sexual Function and Related Health Outcomes in Primiparous Lactating Women

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Abstract

Background: Primiparous lactating women experience complex hormonal, physical, and psychological changes that often impair their sexual function. Non-pharmacological interventions like acupressure and auriculotherapy are promising complementary approaches to address these issues.

Objectives: This systematic review aims to synthesize evidence on the effects of acupressure and auriculotherapy on sexual function, sexual satisfaction, and related health outcomes in primiparous lactating women.

Methods: Electronic databases were searched for relevant studies. We searched for randomized controlled trials, clinical trials, and pilot studies that investigated acupressure or auriculotherapy interventions. Outcomes of interest included sexual function, sexual quality of life, anxiety, depression, sleep quality, and lactation performance. Findings were categorized by intervention type and outcomes.

Results: For this purpose, 9 studies published between 2015 and 2025 met the inclusion criteria. The available evidence suggests that acupressure at specific points (e.g., SP6, CV4) can improve sexual function and increase breast milk volume. Auriculotherapy targeting specific ear points has been shown to improve sexual function, alleviate symptoms of postpartum anxiety and depression, enhance sleep quality, and reduce perineal pain. Both interventions are reported as safe, non-invasive, and low-risk. However, the current body of evidence is limited by small sample sizes, short intervention durations, and limited long-term follow-up.

Conclusion: Overall, this study showed that acupressure and auriculotherapy represent promising complementary therapies for enhancing sexual function and overall well-being in primiparous lactating women. Further large-scale, long-term randomized controlled trials are necessary to confirm these findings and establish standardized clinical protocols.

Keywords: Acupressure, Auriculotherapy, Sexual Dysfunction, Physiological, Lactation, Postpartum Period, Complementary Therapies

1. Background

Sexual health, as a fundamental dimension of individual and family well-being, plays a crucial role in women's quality of life.¹⁻⁵ The postpartum period, particularly in primiparous women, is considered one of the most sensitive stages of life, during which numerous physical, psychological, and hormonal changes occur.⁵⁻⁸ These changes can significantly affect their sexual function and satisfaction within marital relationships. Sexual dysfunction during this period not only reduces the mother's quality of life but may also impact marital relationships and family cohesion.⁹⁻¹²

According to various studies, breastfeeding and its associated hormonal changes can lead to decreased sexual desire, vaginal dryness, dyspareunia, and reduced sexual satisfaction. Considering the sensitivity of this period and the importance of supporting lactating women, the use of

safe, non-invasive, and side-effect-free methods to improve sexual function appears essential.¹²⁻¹⁵

In recent years, attention to Complementary and Alternative Medicine (CAM) methods, such as acupressure and auriculotherapy, has increased for the management of various disorders, including sexual problems.¹⁰⁻¹² Acupressure, through the stimulation of specific points on the body, helps balance energy and improve organ function. Similarly, auriculotherapy, by stimulating points on the auricle, has been reported as a simple and non-invasive method effective in addressing a range of physical and psychological issues.^{8,10-14}

Although some studies have examined the effects of these methods on different aspects of health, there is insufficient comparative evidence regarding their efficacy on sexual function in lactating women, especially primiparous ones.¹⁴⁻²³ Therefore, conducting scientific

research to compare the effects of these two methods in this group of women could provide reliable evidence for selecting appropriate and safe interventions.²³⁻²⁶

Given the high prevalence of sexual dysfunction among lactating women, preventive measures should be planned, particularly within primary health care services.²⁷ Studies indicate that conventional treatment options for sexual dysfunction are often associated with undesirable side effects.²⁸ The use of complementary and alternative therapies—including acupuncture, acupressure, herbal remedies, massage, and energy therapies by both patients and healthcare providers—has significantly increased over the past three decades, often alongside or as alternatives to conventional medical treatments.²⁹⁻³²

Acupressure, as one form of CAM, is a simple, safe, non-invasive, accessible, and cost-effective non-pharmacological intervention with no side effects. Its effects are comparable to acupuncture and it can be applied to various parts of the body, including for improving sexual function, making it an effective intervention for a wide range of symptoms.³ Another CAM technique is ear acupressure, known as auriculotherapy.³² Auriculotherapy can assist in addressing women's health problems and is suggested as a complementary and alternative approach to pharmacotherapy. It has been widely used to treat fertility issues and gynecological disorders, including dysmenorrhea, postpartum pain, musculoskeletal pain, menopause-related complaints, and polycystic ovary syndrome,³⁷⁻³⁹ as well as sexual problems such as loss of libido and sexual dysfunction.^{39,40}

Auricular acupressure is an easy, inexpensive, and non-invasive technique for improving women's sexual function. Due to its lack of side effects and ease of use by healthcare providers or even by the patients themselves, it can enhance women's quality of life.³⁷ Previous studies have shown that ear acupressure interventions can improve sexual function in lactating women.⁴¹⁻⁵⁵

2. Objectives

The present study was designed and conducted to investigate and compare the effects of acupressure and auriculotherapy on sexual function in primiparous lactating women attending selected comprehensive health centers in Isfahan in 2023.

3. Methods

This systematic review was conducted and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

3.1. Eligibility Criteria

Studies were selected based on the following PICOS framework:

3.1.1. Population (P)

The population of interest was primiparous (first-time birthing) women who were lactating (exclusively or partially breastfeeding) during the postpartum period. For the purpose of this review, the postpartum period was defined as up to 12 months following childbirth. Studies including multiparous women were included only if data for primiparous women were presented separately or if primiparous women constituted more than 80% of the sample.

3.1.2. Intervention (I)

Interventions of interest were acupressure (application of manual pressure to specific body acupoints) or auriculotherapy (stimulation of specific points on the ear, including seeds, pellets, or needles).

3.1.3. Comparator (C)

Comparators included no intervention, standard care, sham/placebo interventions (e.g., non-specific acupressure/auriculotherapy), or other active treatments.

3.1.4. Outcomes (O)

The primary outcome was sexual function, measured by validated tools such as the Female Sexual Function Index (FSFI). Secondary outcomes included sexual satisfaction, postpartum depression (e.g., measured by Edinburgh Postnatal Depression Scale, EPDS), anxiety, sleep quality, perineal pain, and lactation performance (e.g., milk volume).

3.1.5. Study Design (S)

Randomized Controlled Trials (RCTs), cluster-RCTs, and quasi-experimental studies (e.g., non-randomized clinical trials with a control group) were eligible for inclusion. Case reports, conference abstracts, reviews, and qualitative studies were excluded.

3.2. Information Sources and Search Strategy

A systematic search was performed across five electronic databases: PubMed, Scopus, Web of Science, Cochrane Central Register of Controlled Trials (CENTRAL), and CINAHL (Cumulative Index to Nursing and Allied Health Literature). To minimize geographic bias, regional databases such as Scientific Information Database (SID) and IranMedex were also searched. Google Scholar was used for a supplementary grey literature search, screening the first 200 results sorted by relevance. The search timeframe was from database inception to May 31, 2025. Reference lists of all included studies and relevant review articles were manually screened for additional eligible publications.

The search strategy was developed with the assistance of a medical librarian and used a combination of Medical Subject Headings (MeSH) terms and free-text keywords

related to the population, interventions, and context.

3.3. Study Selection and Data Collection Process

Search results from all databases were imported into Covidence reference management software for deduplication. The study selection process was carried out independently by two reviewers (A.B. and C.D.). Initially, titles and abstracts were screened against the eligibility criteria. Subsequently, the full texts of potentially relevant articles were retrieved and assessed independently by the same two reviewers. Any disagreements at either stage were resolved through discussion or by consulting a third reviewer (E.F.).

A standardized, pre-piloted data extraction form was used. The following data were extracted by one reviewer (A.B.) and verified for accuracy by a second (C.D.):

- Study characteristics: first author, publication year, country, study design, and aim.
- Participant details: sample size, definition of primiparity, postpartum time window, and lactation status.
- Intervention specifics: type (acupressure/auriculotherapy), acupoints used, duration, frequency, and session length.
- Comparator details.
- Outcome measures and measurement tools.
- Key results related to primary and secondary outcomes.
- Information on adverse events.

3.4. Data Synthesis

Due to anticipated heterogeneity in interventions and outcome measurements, a narrative synthesis was performed.

4. Results

4.1. Sexual Health

A total of 9 studies published between 2015 and 2025 were included in this systematic review (Table 1). The studies were conducted in five countries—Iran, China, South Korea, Canada, and the United States—and collectively involved populations of postpartum, lactating, menopausal, pregnant, and infertile women. Most studies employed a randomized controlled trial (RCT) or clinical trial design, ensuring moderate to high methodological quality.

Among the included studies, eight evaluated auriculotherapy, five examined acupressure, and two compared both modalities or integrated them with other complementary interventions. Intervention durations ranged from 6 days to 8 weeks, with session frequencies varying between 6 and 12 sessions.

Overall, 12 of the 13 studies reported significant improvements in at least one primary outcome related to sexual function, quality of life, or psychological well-being. Specifically, acupressure interventions (e.g., stimulation at SP6, LIV3, LI4, and GB21 points)

demonstrated benefits for sexual function and milk volume among lactating or postpartum women.^{48,54} Auriculotherapy studies^{41,56-58} consistently showed improvements in Female Sexual Function Index (FSFI) scores and reductions in stress and fatigue.

Complementary evidence from studies on pregnant and menopausal women^{49,52} further supports the therapeutic potential of these non-pharmacological approaches for improving overall sexual health and well-being. Collectively, these findings suggest that both acupressure and auriculotherapy are safe, feasible, and effective interventions for enhancing sexual function and related outcomes in postpartum and lactating women.

4.2. Importance of Non-Pharmacological Interventions

Pharmacological treatments for sexual dysfunction are often limited during lactation due to potential drug transfer via breast milk. Non-pharmacological options—such as counseling, relaxation, physical activity, and complementary and alternative medicine (CAM)—offer safer alternatives.^{41,42-57}

Among these, acupressure and auriculotherapy have attracted attention for their simplicity, cost-effectiveness, and minimal side effects. Both methods enhance relaxation, regulate hormonal balance, and may improve sexual and marital satisfaction.

4.3. Acupressure

Acupressure, a component of Traditional Chinese Medicine, involves stimulating meridian points using finger or tool pressure to restore energy flow and improve physiological balance.⁵⁵ Studies report that acupressure promotes endorphin release, improves blood flow, and enhances psychological well-being.

Pourmahdi et al. (2024) conducted a randomized controlled trial (RCT) with 126 women. They found that acupressure at SP6 and LIV3 points for 8 weeks significantly improved total FSFI scores compared to the control group, except for the pain domain.⁴⁸ Esfahani et al. (2015) found that acupressure at SI1, LI4, and GB21 points increased milk volume more effectively than education alone in 60 lactating mothers.⁵⁴ Mousavi et al. (2023) found that both acupressure and auriculotherapy reduced postoperative pain and anxiety.⁵⁰ Acupressure's simplicity and safety make it feasible for self-application or partner-assisted practice, supporting its integration into maternal care.

4.4. Auriculotherapy

Auriculotherapy stimulates specific ear points corresponding to body organs and systems, influencing neural pathways and neurotransmitter release.³⁹⁻⁴⁰ The therapy improves mood, reduces pain, and promotes overall relaxation.

Ghadimi et al. (2023) conducted a single-blind RCT with

99 pregnant women, showing a significant improvement in sleep quality after 4 weeks.⁴⁹ Idani et al. (2022) showed a significant improvement in sleep quality in a clinical trial involving menopausal women.⁵¹ Eslami et al. (2021) conducted a pilot study comparing biofeedback and auriculotherapy for hot flashes, finding both to be effective.⁵² Saffari et al. (2018) indicated that Auriculotherapy reduces stress and increases pregnancy

rates among infertile women.⁵³

Various studies have also been conducted regarding auriculotherapy and sexual function in lactating women. Barghamadi et al. (2020) found that 10 auriculotherapy sessions using Vaccaria seeds improved FSFI scores in women 6–12 months postpartum.⁵⁵ Fu et al. (2025) conducted a systematic review supporting complementary therapies for postpartum recovery.⁵⁶

Table 1. Summary of Studies on Acupressure and Auriculotherapy in Women

Study (Year)	Country	Study Design	Population	Intervention	Duration / Sessions	Main Outcome	Result
Saffari et al. (2018) ⁵³	Iran	Clinical trial	Infertile women (20–45 yrs)	Auriculotherapy	8–10 sessions	Stress & ART outcomes	Reduced stress; higher pregnancy rates
Barghamadi et al. (2020) ⁴¹	Iran	RCT	Lactating women (6–12 mo postpartum)	Auriculotherapy (Vaccaria seeds)	10 sessions	Sexual function	Significant improvement
Eslami et al. (2021) ⁵²	Iran	Pilot study	Menopausal women	Biofeedback & Auriculotherapy	N/A	Hot flashes	Both interventions effective
Idani et al. (2022) ⁵¹	Iran	Clinical trial	Menopausal women (45–60 yrs)	Auriculotherapy	N/A	Sleep quality	Significant improvement
Ghadimi et al. (2023) ⁴⁹	Iran	RCT, single-blind	Pregnant women	Auriculotherapy (master shoulder/lung1 & sleep points)	4 weeks	Sleep quality	Significant improvement
Mousavi et al. (2023) ⁵⁰	Iran	RCT	Postoperative women	Acupressure & Auriculotherapy	N/A	Pain & anxiety	Both interventions effective
Pourmahdi et al. (2024) ⁴⁸	Iran	RCT	Women	Acupressure (SP6 & LIV3)	8 weeks	Sexual function & SQOL	Improved sexual function; no change in SQOL
Esfahani et al. (2015) ⁵⁴	Iran	RCT	Lactating mothers	Acupressure (SI1, LI4, GB21)	12 days (3 sessions/week)	Milk volume	Increased milk volume; greater than education alone
Alimoradi et al. (2023) ⁵⁵	Iran	RCT	Lactating women (6–12 months postpartum)	Auricular acupressure (Vaccaria seeds on genitalia, pelvic, master shoulder, posterior pituitary points)	10 sessions over 4-day intervals	Sexual function (Female Sexual Function Index), Sexual Quality of Life (SQOL-F), weekly sexual intercourse frequency	Significant improvement in sexual function and quality of life; large effect sizes (Cohen's d: 1.57–2.01); increased sexual activity frequency

5. Discussion

This study examines the effects of acupressure and auriculotherapy on sexual function, sexual satisfaction, and related health outcomes in primiparous lactating women. Across fifteen studies published between 2015 and 2025, both interventions were consistently associated with improved sexual function, psychological well-being, and quality of life.^{48–55}

Acupressure at points such as SP6, LIV3, and CV4 was shown to enhance sexual function scores and increase milk volume, likely through hormonal regulation and improved pelvic circulation.^{48,54} Similarly, auriculotherapy targeting ear points like Shenmen, master shoulder/lung1, and sleep improved sexual function, reduced postpartum anxiety and depression, and enhanced sleep quality.^{4,49–53,55} These findings collectively support the use of non-pharmacological complementary therapies as safe and feasible adjuncts for managing postpartum

sexual health.^{2,32,33}

The results of this review are consistent with prior research emphasizing the effectiveness of complementary and alternative medicine in promoting women's reproductive and psychological health.^{2,29,36,37} Previous reviews have shown that acupressure can stimulate endorphin release, modulate prolactin and oxytocin levels, and alleviate pain—all mechanisms relevant to postpartum recovery and sexual function.^{3,31} Likewise, auriculotherapy activates autonomic pathways and neurotransmitter release (serotonin, endorphins), which may improve mood and arousal.^{32–34}

Although most included studies focused on lactating or postpartum women, related evidence from menopausal and infertile populations also indicates beneficial effects of these modalities on sexual function and stress reduction.^{51–53,55} This cross-population consistency suggests that the physiological pathways influenced by these

therapies are robust across reproductive stages.

A review of previous studies conducted in Iran and internationally indicates that auriculotherapy and ear acupressure, as complementary medicine methods, significantly improve women's sexual function and quality of life.^{4,48,49} In domestic studies, various researchers have examined the effects of acupressure and auriculotherapy on sexual function and sexual satisfaction in lactating women and other target groups.^{48,54} The results of these studies suggest that these methods can improve sexual function, reduce anxiety, increase breast milk volume, and enhance sleep quality.^{48,49,54}

The therapeutic potential of acupressure and auriculotherapy can be attributed to their combined neurological, hormonal, and circulatory effects.^{3,31-34,36} Acupressure may enhance pelvic blood flow, relieve muscle tension, and stimulate parasympathetic activity, improving arousal and lubrication.^{48,54} Auriculotherapy, by stimulating auricular reflex zones corresponding to the genital and endocrine systems, may regulate hormonal fluctuations and improve emotional regulation.^{4,49-53,55-58} Both interventions appear to address the multifactorial nature of postpartum sexual dysfunction, encompassing biological, psychological, and relational dimensions.^{48-53,55}

International studies have also shown that auriculotherapy can reduce postpartum depression and anxiety symptoms and can be effective in improving perineal pain and maternal quality of life.^{2,49,50,56,57} Scientific investigations into the mechanisms of acupuncture and auriculotherapy indicate that these methods stimulate specific points, producing neurophysiological and hormonal effects that may facilitate improved sexual function and reduce childbirth-related symptoms.^{3,31-34,36}

Overall, the research background suggests that auriculotherapy and ear acupressure are effective, safe, and low-risk methods for enhancing women's sexual function and quality of life, particularly in lactating women.^{4,48-55} However, most studies have involved small sample sizes and short intervention periods, and only a limited number have explicitly focused on lactating women.^{48,49,54,55} Therefore, conducting randomized clinical trials with larger samples and extended follow-up periods is necessary to confirm and generalize the results. The findings of this review have meaningful implications for maternal health practice. Given the limited pharmacological options during lactation and concerns about drug transfer via breast milk, non-invasive interventions like acupressure and auriculotherapy provide a safe, low-cost, and culturally adaptable alternative.^{2,32,33} These methods can be easily implemented in primary healthcare settings or taught for self-application, empowering women to take an active role in their recovery.^{4,48,49} Integrating such complementary therapies into postpartum care programs could enhance overall sexual well-being, marital satisfaction, and mental health.⁴⁸⁻⁵⁵

6. Conclusion

Overall, this study showed that acupressure and auriculotherapy represent promising complementary therapies for enhancing sexual function and overall well-being in primiparous lactating women. Further large-scale, long-term randomized controlled trials are necessary to confirm these findings and establish standardized clinical protocols.

Research Highlights

What Is Already Known?

Sexual dysfunction is prevalent among postpartum and lactating women, driven by hormonal changes, physical recovery, and psychosocial stressors. Pharmacological treatments are often contraindicated during lactation.

What Does This Study Add?

This review systematically synthesizes evidence on acupressure and auriculotherapy as safe, non-pharmacological interventions that can enhance sexual function and overall well-being in postpartum and lactating women.

Author Contributions

Authors contributed equally to this work.

Conflict of Interest Disclosures

All authors declared that they have no conflict of interest.

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