

Plantas com efeito na impotência

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O termo significa dificuldade de obter ou manter uma ereção satisfatória durante a relação sexual. Mas isso só se torna um problema quando é freqüente na vida do homem.

A origem pode ter causa emocional ou orgânica. Segundo os urologistas, 30% dos casos são por problemas orgânicos e 70% por problemas psicológicos. Dos problemas psicológicos, 95% atinge os homens aos 20 anos; 70% aos 48 anos e 30% entre os 60 e 70 anos.

A seguir algumas das causas orgânicas:

- Diabetes melitus: pode provocar lesões neurológicas nos terminais nervosos ou gerar problemas no sistema de vasos que irrigam o pênis.
- Hipertensão arterial: Ocorre alteração da elasticidade dos vasos sanguíneos e válvulas que participam do processo de ereção peniana. Ou então o próprio medicamento para hipertensão pode causar esse efeito colateral.
- Anormalidade vascular peniana
- Excesso de prolactina
- Deficiência de alguns hormônios masculinos como a testosterona que começa a declinar a partir dos 45 anos de idade, mas é essencial para o funcionamento do mecanismo de ereção.
- Insuficiência veno-oclusiva, existente quando o corpo cavernoso se enche de sangue mas não distende o bastante para comprimir as veias contra a parede do pênis. Com isso, o sangue não é represado o suficiente para garantir a ereção

Tribulus terrestris

O extrato é obtido das partes aéreas da planta.

Principal Princípio Ativo: protodioscina que representa 45% do extrato.

Efeitos : aumento da libido, da espermatogênese, da testosterona, do hormônio luteneizante e do DHEA (A Adimoelja,L., et al., 1995).

Mecanismo de Ação: Aumenta a secreção de testosterona.

Proerectile pharmacological effects of Tribulus terrestris extract on the rabbit corpus cavernosum .

Ann Acad Med Singapore;29(1):22-6, 2000 Jan. Adaikan PG; Gauthaman K; Prasad RN; Ng SC

País de publicação: SINGAPORE

Resumo: INTRODUCTION: The objective of the present study was to investigate the effect of oral treatment of Tribulus terrestris (TT) extract on the isolated corpus cavernosal tissue of New Zealand white (NZW) rabbits and to determine the mechanism by which protodioscin (PTN), a constituent of the TT, exerts its pharmacological effects. MATERIALS AND METHODS: Twenty-four NZW rabbits were randomly assigned to 4 experimental groups of 6 each. Group I served as control. Groups II to IV were treated with the extract at different dose levels, i.e. 2.5 mg/kg, 5 mg/kg and 10 mg/kg body weight, respectively. The TT extract was administered orally, once daily, for a period of 8 weeks. The rabbits were then sacrificed and their penile tissue isolated to evaluate the responses to both contracting and relaxing pharmacological agents and electrical field stimulation (EFS). RESULTS: PTN on its own had no effect on the isolated corpus cavernosal strips. The relaxant responses to EFS, acetylcholine and nitroglycerin in noradrenaline precontracted tissues from treated groups showed an increase in relaxation of a concentration dependent nature compared to that of the tissues from control group. However, the contractile, anti-erectile response of corpus cavernosal tissue to noradrenaline and histamine showed no significant change between the treatment and the control groups. CONCLUSIONS: The relaxant responses to acetylcholine, nitroglycerin and EFS by more than 10%, 24% and 10% respectively compared to their control values and the lack of such effect on the contractile response to noradrenaline and histamine indicate that PTN has a proerectile activity. The enhanced relaxant effect observed is probably due to increase in the release of nitric oxide from the endothelium and nitroergic nerve endings, which may account for its claims as an aphrodisiac. However, further study is needed to clarify the precise mechanism of its action.

Ginkgo biloba

O extrato de folhas de Ginkgo biloba padronizado contendo 24% de ginkgoflavonglicosídeos pode ser efetivo nos casos de disfunção erétil com insuficiência arterial.(Werbach, M.D., et al.)

Experimental Study: 60 pts. with proven arterial erectile dysfunction who had not reacted to papaverine injections up to 50 mg, were treated with 60 mg per day of *Ginkgo biloba* extract for 12 to 18 months. After 6 months of therapy, 50% of the patients had regained potency; 20% responded to a new trial of papaverine; 25% showed improved arterial inflow, but still did not respond to papaverine; and the remaining 5% were unchanged. (Sikora R et al. *Ginkgo biloba* extract in the therapy of erectile dysfunction. *J Urol* 141:188 A, 1989)

A placebo-controlled, double-blind trial of Ginkgo biloba for antidepressant-induced sexual dysfunction.

Hum Psychopharmacol;17(6):279-84, 2002 Aug. Kang BJ; Lee SJ; Kim MD; Cho MJ

Resumo: The aim of this study was to examine the effect of Ginkgo biloba on antidepressant-induced sexual dysfunction. The Ginkgo biloba (n=19) and the placebo groups (n=18) were divided; each to be administered with Ginkgo biloba and placebo respectively for 2 months by means of a randomized placebo-controlled, double-blind study. The results of this 2 month trial were: (1) there was no statistical significant difference from the placebo at weeks 2, 4 and 8 after medication; (2) in comparison with baseline, both the Ginkgo biloba group and the placebo group showed improvement in some part of the sexual function, which is suggestive of the importance of the placebo effect in assessing sexual function. This study did not replicate a prior positive finding supporting the use of Ginkgo biloba for antidepressant, especially SSRI, induced sexual dysfunction.

Marapuama (*Ptychopetalum olacoides*)

Parte utilizada: raízes

Suas raízes rosáceas contém estimulante sexual, sendo que, em experiências clínicas realizadas obteve-se 70% de resultados razoáveis a excelentes, observando-se o efeito após duas horas (Teske, M., et al., 1995).

Experimental Study: 262 pts. complaining of lack of sexual desire and inability to attain or maintain an erection were given marapuama extract. Within 2 weeks at a daily dose of 1 to 1,5 grams of extract, 62% of pts. with loss of libido claimed that the treatment had dynamic effect while 51% of pts. with "erection failures" felt that marapuama was of benefit. Although the mechanism of action of marapuama is unknown, it appears that it works on enhancing both psychological and physical aspects of sexual function (Waynberg J. *Aphrodisiacs: Contribution to the clinical validation of the traditional use of Ptychopetalum olacoides*. Presented at The First International Congress on Ethnopharmacology, Strasbourg, France, June 5-9, 1990)

Teske, M; Trentini, M M A. **Herbarium Compêndio de Fitoterapia**. 2º ed. Curitiba: Herbarium, 1995
Werbach, M.D. & Murray, N.D. **Botanical Influences on Illness**. third line press Tarzana, California, 1994.
Adimoelja, A e T. Djotana

Outras plantas medicinais

Plantas Chinesas

Study of Shugan Yiyang capsule on erectile dysfunction

Zhongguo Zhong Yao Za Zhi;30(1):58-63, 2005 Jan. Wang Q; Ni P; Wu WP; Xia ZY
School of Basic Medicine, Beijing University of Traditional Chinese Medicine, Beijing 100029, China. qifang251@sina.com
País de publicação: China

Resumo: OBJECTIVE: To study the pharmacological effect of Shugan Yiyang(SGYY) capsule. METHOD: kongming mice and Wistar rats were used to observe the effects of SGYY capsule on sexual desire, erection, ejaculation and fatigue. The weight of prostate, seminal vesicle, testes, levators and thymus and serum testosterone level were also measured. Furthermore, Rhesus monkey were used to construct animal model of erectile dysfunction. Effects of SGYY capsule on sexual behavior, penile blood flow and electromyogram were observed. RESULT: SGYY capsule can remarkably reduce the incubation period of erection, ejaculation and innovate the sexual desire, erection, ejaculation both on rats and rhesus monkeys. The weight of prostate, seminal vesicle, testes, levators in mice and serum testosterone level of rats increased while the weight of thymus decreased. It can also diminish the luminal of vein and reduce the venous outflow while the transmission of peripheral nervous system remained stable. CONCLUSION: SGYY capsule can remarkably improve the erectile activity, sexual desire and ejaculatory activity. The mechanism of SGYY capsule may be related to the increase of androgen and adrenocorticothormone levels. as well as the reduction of penile venous outflow.

Plantas Argentinas

Argentinian plant extracts with relaxant effect on the smooth muscle of the corpus cavernosum of guinea pig.

Phytomedicine;10(8):669-74, 2003 Nov. Hnatyszyn O; Moscatelli V; Garcia J; Rondina R; Costa M; Arranz C; Balaszczuk A; Ferraro G; Coussio JD

Resumo: Extracts of different polarity from Baccharis trimera, Haplopappus rigidus, Huperzia saururus, Maytenus ilicifolia, Satureja parvifolia and Senecio eriophyton were tested for their relaxant activity on smooth muscle using L-phenylephrine precontracted strips of corpus cavernosum obtained from Guinea pigs. Highly significant and dose dependent results were obtained with the dichloromethane extracts of H. saururus (87% of relaxation at the dose of 10 mg/ml), S. parvifolia (95% of relaxation at 2.5 mg/ml) and S. eriophyton (94% of relaxation at 5 mg/ml). Similar effects were observed with the methanol extracts of H. saururus (88% of relaxation at 10 mg/ml) and S. parvifolia (84% of relaxation at 10 mg/ml). These results were comparable to those obtained with the dichloromethane and methanol extracts of the well known Mexican species Turnera diffusa. Moreover, the aqueous extract of H. rigidus and the aqueous and methanol extracts of S. eriophyton were highly effective in a dose dependent manner (more than 90% of relaxation at the dose of 10 mg/ml). Significant results, but with a lower overall relaxant activity (about 70% of relaxation at 10 mg/ml), could also be obtained with the aqueous extract of S. parvifolia and with the dichloromethane and methanol extracts of B. trimera and M. ilicifolia. The positive controls with Sildenafil citrate at doses ranging from 0.35 to 35 microg/ml yielded moderate effects (up to 46% of relaxation at 35 microg/ml). The effects observed in the present study seem to validate the folk medicinal use of the tested plants and open new ways in the search for natural products with vasodilatory effects.

Turnera diffusa and Pfaffia paniculata

Stimulating property of Turnera diffusa and Pfaffia paniculata extracts on the sexual-behavior of male rats.

Psychopharmacology (Berl);143(1):15-9, 1999 Mar. Arletti R; Benelli A; Cavazzuti E; Scarpetta G; Bertolini

Resumo: Sexually potent and sexually sluggish/impotent male rats were treated orally with different amounts of Turnera diffusa and Pfaffia paniculata fluid extracts (0.25, 0.50, 1.0 ml/kg). While having no effect on the copulatory behavior of sexually potent rats, both plant extracts--singly or in combination--improved the copulatory performance of sexually sluggish/impotent rats. The highest dose of either extract (1 ml/kg) (as well as the combination of 0.5 ml/kg of each extract) increased the percentage of rats achieving ejaculation and significantly reduced mount, intromission and ejaculation latencies, post-ejaculatory interval and intercopulatory interval. Neither extract affected locomotor activity. These results seem to support the folk reputation of Turnera diffusa and Pfaffia paniculata as sexual stimulants.

Yohimbine

Herbal medications for common ailments in the elderly.

Drugs Aging;15(6):423-8, 1999 Dec. Ernst E
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Resumo: The popularity of herbal medicine is at an all time peak. This article provides an overview of systematic reviews of herbal treatments for conditions common in elderly individuals. According to this evidence, there is little doubt that Hypericum perforatum (St John's Wort) is well tolerated and effective for mild to moderate depression. Although widely used, Valeriana officinalis (valerian) has not been shown beyond reasonable doubt to be effective for insomnia. There is relatively compelling evidence that Ginkgo biloba (ginkgo) is effective in delaying the clinical course of dementias. It has been well documented that Aesculus hippocastanum (horse chestnut) seed

extracts alleviate the subjective symptoms and reduce the objective signs of chronic venous insufficiency. *Serenoa repens* (saw palmetto) is effective in improving the symptoms of benign prostatic hyperplasia. Finally, yohimbine has been shown to be effective for erectile dysfunction. It is concluded that several plant-based medicines can be useful additions to our therapeutic repertoire for treating common conditions in the elderly. However, several uncertainties remain and, at present, prevent unreserved recommendations.

Oral treatment of erectile dysfunction: from herbal remedies to designer drugs .

J Sex Marital Ther;24(2):69-73, 1998 Apr-Jun. Guirguis WR

Resumo: The erect penis has always been a symbol of power, virility, and fertility. Inability to obtain or maintain an erection, known clinically as erectile dysfunction, is a major health problem. It can cause considerable distress, unhappiness, and relationship problems. The search has therefore continued from time immemorial to find an effective safe, and easy to administer treatment for erectile problems. Although a number of these treatments became available in the last two decades, they all had problems with efficacy, safety, or ease of administration. Clinicians in this field often are told at the end of an assessment interview, [quot]I wish you have a magic pill[quot]. An effective and safe oral treatment is, no doubt, the most acceptable and easy to use option. Finding such a treatment has always been the dream of many scientists, and many attempts have been made over the years. These ranged from herbal remedies used by native healers, mostly in Eastern countries, to the more sophisticated designer drugs, which are based on a better understanding of the physiological mechanism of erection. This article describes some of these attempts.

Ginseng Koreano

A double-blind crossover study evaluating the efficacy of korean red ginseng in patients with erectile dysfunction: a preliminary report.

J Urol;168(5):2070-3, 2002 Nov. Hong B; Ji YH; Hong JH; Nam KY; Ahn TY

Resumo: PURPOSE: We investigated the efficacy of Korean red ginseng for erectile dysfunction using the International Index of Erectile Function, RigiScan (UroHealth Systems, Laguna Niguel, California), hormonal levels and penile duplex ultrasonography with audiovisual sexual stimulation. MATERIALS AND METHODS: A total of 45 patients with clinically diagnosed erectile dysfunction were enrolled in a double-blind, placebo controlled, crossover study (8 weeks on treatment, 2 weeks of washout and 8 weeks on treatment) in which the effects of Korean red ginseng and a vehicle placebo were compared using multiple variables. The ginseng dose was 900 mg, 3 times daily. RESULTS: Mean International Index of Erectile Function scores were significantly higher in patients treated with Korean red ginseng than in those who received placebo (baseline 28.0 +/- 16.7 and 38.1 +/- 16.6 versus 30.9 +/- 15.7, $p < 0.01$). Scores on questions 3 (penetration) and 4 (maintenance) were significantly higher in the ginseng than in the placebo group ($p < 0.01$). In response to the global efficacy question 60% of the patients answered that Korean red ginseng improved erection ($p < 0.01$). Among other variables penile tip rigidity on RigiScan showed significant improvement for ginseng versus placebo. CONCLUSIONS: Our data show that Korean red ginseng can be as effective alternative for treating male erectile dysfunction.

Clinical efficacy of Korean red ginseng for erectile dysfunction.

Int J Impot Res;7(3):181-6, 1995 Sep. Choi HK; Seong DH; Rha KH

Resumo: To investigate the efficacy in treating erectile dysfunction and to develop a natural drug without complications, the results of ginseng treatments are compared to placebo and other drug. A total of 90 patients with 30 patients in each group were closely followed. Changes in symptoms such as frequency of intercourse, premature ejaculation, and morning erections after treatment were not changed in all three groups ($p > 0.05$). However in the group receiving ginseng, changes in early detumescence and erectile parameters such as penile rigidity and girth, libido and patient satisfactions were significantly higher than that of other groups ($p < 0.05$). The overall therapeutic efficacies on erectile dysfunction were 60% for ginseng group and 30% for placebo and trazodone treated groups, statistically confirming the effect of ginseng ($p < 0.05$). No complete remission of erectile dysfunction was noted, but partial responses were reported. No cases of aggravation of symptoms were reported. AVS-penogram, which is a recording of penile hemodynamic changes during the natural erection after audiovisual erotic stimulation, is not changed after administration of ginseng. However if administered for a prolonged period of time, the cumulative effect on vascular flow might be seen. The administration of Korean red ginseng has shown to have superior effects compared to the placebo or trazodone. Definitely more researches are required to elucidate the mechanism of ginseng. The effects of saponin, extracted from ginseng, on smooth muscle of erectile tissues, can be evaluated using organ chamber or nitric oxide titration, thereby pinpointing the exact action mechanism of saponin. As more informations are available, possible breakthrough in treatment of erectile dysfunction could be arisen from active saponin extracted from red ginseng, bringing hopes to many sufferers of erectile dysfunction.

Cuidado: contaminação intencional das plantas com "Viagra"

Evidence for contamination of herbal erectile dysfunction products with phosphodiesterase type 5 inhibitors.

J Urol;174(2):636-41; discussion 641; quiz 801, 2005 Aug. Fleshner N; Harvey M; Adomat H; Wood C; Eberding A; Hersey K; Guns E

Resumo: PURPOSE: We determined if pharmacological dosages of phosphodiesterase type 5 inhibitors (PDE5) inhibitors were present within a group of natural products marketed for the treatment of erectile dysfunction. MATERIALS AND METHODS: Seven herbal products marketed for the treatment of erectile dysfunction were purchased via the Internet or at local health food stores. Specimens were batched, relabeled and blindly analyzed for contamination with PDE5 inhibitors. High performance liquid chromatography and mass spectrometry were used to detect evidence of contamination with sildenafil, tadalafil or vardenafil. RESULTS: Of the 7 tested products 2 contained pharmacological dosages of sildenafil and tadalafil. Contamination with vardenafil was not identified. Mean dosages of sildenafil and tadalafil were 30.2 and 19.7 mg, respectively. CONCLUSIONS: A significant proportion of natural products marketed for erectile dysfunction contains PDE5 inhibitors. Although marketed as natural products devoid of adverse effects, these agents are known to have potentially fatal drug interactions with nitrates. Better regulation of the natural health products industry is urged.

Sexual dysfunction associated with antidepressant drugs.

Expert Opin Drug Saf;3(5):457-70, 2004 Sep Baldwin DS.

Resumo: The term 'sexual dysfunction' describes a disturbance in sexual desire and the psychophysiological changes that characterise the normal sexual response cycle, and cause marked personal distress and interpersonal difficulty. Epidemiological studies indicate that sexual dysfunction is common in the general population, but more common in depressed individuals in community settings and clinical samples. Most antidepressant drugs have adverse effects on sexual function, but accurate identification of the incidence of treatment-emergent dysfunction has proved troublesome. Furthermore, investigations of sexual dysfunction associated with antidepressants have one or more methodological flaws. There may be some advantages for bupropion, moclobemide, nefazodone and reboxetine over other antidepressants. Many approaches have been adopted for management of patients with sexual dysfunction associated with antidepressant treatment, including waiting for the problem to resolve, behavioural strategies to modify sexual technique, individual and couple psychotherapy, delaying the intake of antidepressants until after sexual activity, reduction in daily dosage, 'drug holidays', use of

adjuvant treatments, and switching to a different antidepressant.

Securidaca longependunculata

Xanthone isolated from Securidaca longependunculata with activity against erectile dysfunction.

Fitoterapia;75(5):497-9, 2004 Jul. Rakuambo NC; Meyer JJ; Hussein A

Resumo: 1,7-Dimethoxy-2-hydroxy-xanthone and 1,4-dihydroxy-7-methoxy-xanthone isolated from Securidaca longependunculata were tested for their activity on rabbit corpus cavernosum in vitro. Only the former relaxed the corpus cavernosum by 63% at 1.8 x 10⁻⁵ mg/ml.

Achyrocline satureioides

Flavonoids from Achyrocline satureioides with relaxant effects on the smooth muscle of Guinea pig corpus cavernosum.

Phytomedicine;11(4):366-9, 2004. Hnatyszyn O; Moscatelli V; Rondina R; Costa M; Arranz C; Balaszczuk A; Coussio J; Ferraro G

Resumo: Ethanol extract of the aerial parts of Achyrocline satureioides (Lam.) DC. (Asteraceae) showed a significant, dose dependent, relaxant effect on the smooth muscle of corpus cavernosum strips, obtained from Guinea pig (65.5 +/- 4.1% of relaxation at the dose of 25.0 mg/ml). Bioassay guided fractionation of this extract furnished two flavonoids, quercetin and quercetin 3-methyl ether, with important vasorelaxing effects on the corpus cavernosum strips (79.8 +/- 8.4 and 66.0 +/- 4.8% of relaxation respectively at the dose of 0.075 mg/ml). Two methyl derivatives of quercetin obtained by synthesis, quercetin 3,7,3',4'-tetramethylether and quercetin 3,5,7,3',4'-pentamethylether, showed similar relaxant effects at the dose of 0.075 mg/ml (86.4 +/- 8.5 and 67.31 +/- 1.4% of relaxation respectively). The results show that the ethanol extract of A. satureioides and the assayed compounds exhibit significant vasorelaxing properties. Additionally, it is shown that the number of methyl groups in the quercetin nucleus has no significant influence on the effectiveness of these compounds.

Prevention and treatment of erectile dysfunction using lifestyle changes and dietary supplements: what works and what is worthless, part II.

Urol Clin North Am;31(2):259-73, 2004 May. Moyad MA; Barada JH; Lue TF; Mulhall JP; Goldstein I; Fawzy A

Resumo: It seems naïve to believe that some plants or herbs do not contain specific compounds that could benefit patients with ED. Many supplements have not been investigated in a laboratory or clinical research setting before commercial sale, however, which creates a complex situation. If efficacy is or is not demonstrated through adequate research, then the benefit or lack thereof cannot be mentioned on the label. Furthermore, clinicians and the public cannot be made aware of which compounds or supplements are effective because no general standards for sale exist under the current guidelines. Dietary supplements have received a tremendous amount of publicity. The large and growing market for ED treatment seems to have contributed partly to the promotion of numerous supplements and their apparent benefits. Whether these dietary supplements have merit is questionable. Some supplements may produce results opposite to those advertised. Other supplements may be enjoying the benefits of the placebo effect. Because a placebo response of 25% to 50% has been recorded in clinical trials with effective agents, it is understandable that some supplements enjoy financial success despite the limited research espousing their use. If one to two of four individuals or one of three individuals who try a dietary supplement gain some benefit for their ED, the market for these supplements will remain extraordinary. On a larger scale, of 100,000 men who try a supplement, approximately 25,000 to 50,000 will claim some success. The challenge for clinicians is to discuss the placebo response properly and the need for good research before any intervention, especially supplements, can be advocated for general use. Table 2 summarizes some popular ED supplements and general conclusions that can be drawn from clinical investigations. Some dietary supplements may have an active ingredient that benefits patients with certain types of ED. An exciting area of future dietary supplement research is the ability of certain agents to have a synergistic effect with prescription agents for ED, thereby improving response rates in men that have failed approved ED therapy initially, especially with oral agents. Randomized clinical trials are the best method of determining which dietary supplements will become a part of conventional medicine. Therefore, more randomized trials for dietary supplements are needed so that they may have the opportunity to become a part of the mainstream milieu, which means that more funding needs to be made available for ED research. The coming years of research should bring enormous excitement and objectivity to this area of medicine.

Benign prostatic hyperplasia, sexual function, and overall evaluation of the male patient.

J Am Osteopath Assoc;104(2 Suppl 2):S5-10, 2004 Feb. Hellstrom WJ

Resumo: Erectile dysfunction (ED) and benign prostatic hyperplasia (BPH) are a significant problem for a large proportion of men in the United States. Lower urinary tract symptoms (LUTS), which are often caused by BPH, and ED are common in the aging male population. From numerous epidemiologic studies, it is well known that the prevalence of BPH and the loss of erectile function increase with advancing age. Men with LUTS have sexual dysfunction, including ejaculatory loss, painful ejaculation, and ED. Even though the pathogenic relationship between BPH and ED is not completely understood, a direct association between these two symptom complexes in aging men is now becoming evident. This presentation reviews the role of LUTS and ED in aging men and noninvasive and invasive treatment modalities for BPH.

Nutrients and botanicals for erectile dysfunction: examining the evidence.

Altern Med Rev;9(1):4-16, 2004 Mar. McKay D

Resumo: Erectile dysfunction affects 50 percent of men ages 40-70 in the United States and is considered an important public health problem by the National Institutes of Health. Consumers are exposed to a plethora of natural products claiming to restore erection and sexual vitality. A review of the available empirical evidence reveals most naturally occurring compounds lack adequate clinical trials to support efficacy. However, arginine, yohimbine, Panax ginseng, Maca, and Ginkgo biloba all have some degree of evidence they may be helpful for erectile dysfunction. Improvements in penile endothelial L-arginine-nitric oxide activity appear to be a unifying explanation for the actions of these naturally occurring agents.

Plantas da Pérsia medieval

Natural remedies for impotence in medieval Persia.

Int J Impot Res;16(1):80-3, 2004 Feb. Khaleghi Ghadiri M; Gorji A

Resumo: Man's preoccupation with potency, or the lack thereof, has been present through the ages. Several documents still exist from which the clinical approaches of erectile dysfunction (ED) in medieval Persia can be ascertained. The medieval physicians described definitions and apparent causes of ED. They also noted hygienic and dietary rules as well as long lists of natural substances used in the treatment of ED. Many of the approaches of practitioners in medieval Persia are accurate and accepted even today; however, still more

of them could be of use to modern medicine. The present review provides an overview of the knowledge of ED at the time.

Ferula hermonis

Opposite effect of acute and subchronic treatments with Ferula hermonis on copulatory behavior of male rats.

Int J Impot Res;15(6):450-5, 2003 Dec. Zanolli P; Benelli A; Rivasi M; Baraldi C; Vezzalini F; Baraldi M

Resumo: Sexually potent and sluggish/impotent male rats were orally treated with an extract of Ferula hermonis (30 and 60 mg/kg). The acute administration stimulated sexual motivation in potent rats and improved copulatory performance in sluggish/impotent rats. This last effect was elicited only by the higher dose, which, in parallel, increased serum testosterone levels in rats. On the contrary, when the extract was subchronically administered (10 days) a marked reduction in the percentage of rats achieving ejaculation was detected, together with a general impairment of the copulatory pattern. Furthermore, the repeated administration of the extract (6 mg/kg/day for 10 days) resulted in a significant reduction of testosterone levels in comparison with controls. The present results discourage a repeated assumption of F. hermonis, while suggesting its acute administration to improve the performance in sexual dysfunctions.

Butea superba

Clinical trial of Butea superba, an alternative herbal treatment for erectile dysfunction.

Asian J Androl;5(3):243-6, 2003 Sep. Cherdshewasart W; Nimsakul N

País de publicação: China

Resumo: AIM: To study the effect of Butea superba on erectile dysfunction (ED) in Thai males. METHODS: A 3-month randomized double-blind clinical trial was carried out in volunteers with ED, aged 30 years approximately 70 years, to evaluate the therapeutic effect of the crude preparation of Butea superba tubers on ED. RESULTS: There was a significant upgrading in 4 of the 5 descriptive evaluations of the IIEF-5 questionnaire. Estimation of the sexual record indicated that 82.4% of the patients exhibited noticeable improvement. Haematology and blood chemistry analysis revealed no apparent change. CONCLUSION: The plant preparation appears to improve the erectile function in ED patients without apparent toxicity.

Dietary supplements and other alternative medicines for erectile dysfunction. What do I tell my patients?

Urol Clin North Am;29(1):11-22, vii, 2002 Feb. Moyad MA

Resumo: Dietary supplements and other alternative medicines have enjoyed a tremendous amount of popularity and use over the past decade. Although, the prevalence of these therapies for erectile dysfunction (ED) is unknown at this time, numerous media outlets and alternative medicine publications seem to support the utilization of these therapies for ED. The placebo effect is approximately 25% (1 out of 4 benefit) from past randomized trials of FDA approved medications for ED. Adequate clinical trials are needed for dietary supplements for ED to access whether or not a benefit beyond a placebo effect exists. Clinicians should become aware of these supplements and the current research espousing or discouraging their use, and they should understand the adverse effects associated with them in order to effectively discuss these products with any patient inquiring about them.

Plantas na Indonésia

Phytochemicals and the breakthrough of traditional herbs in the management of sexual dysfunctions.

Int J Androl;23 Suppl 2:82-4, 2000. Adimoelja A

School of medicine 'Hang Tuah' University, Teaching and Naval Hospital, Surabaya, Indonesia.

Resumo: Traditional herbs have been a revolutionary breakthrough in the management of erectile dysfunction and have become known world-wide as an 'instant' treatment. The modern view of the management of erectile dysfunction subscribes to a single etiology, i.e. the mechanism of erection. A large number of pharmacological agents are orally consumed and vasoactive agents inserted intraurethrally or injected intrapenially to regain good erection. Modern phytochemicals have developed from traditional herbs. Phytochemicals focus their mechanism of healing action to the root cause, i.e. the inability to control the proper function of the whole body system. Hence phytochemicals manage erectile dysfunction in the frame of sexual dysfunction as a whole entity. Protodioscin is a phytochemical agent derived from Tribulus terrestris L plant, which has been clinically proven to improve sexual desire and enhance erection via the conversion of protodioscine to DHEA (De-Hydro-Epi-Androsterone). Preliminary observations suggest that Tribulus terrestris L grown on different soils does not consistently produce the active component Protodioscin. Further photochemical studies of many other herbal plants are needed to explain the inconsistent results found with other herbal plants, such as in diversities of Ginseng, Eurycoma longifolia, Pimpinella prucen, Muara puama, Ginkgo biloba, Yohimbe etc.

Cuidado : Efeito colateral

Hypertensive crisis from herbal treatment of impotence.

Am J Emerg Med;17(3):317-8, 1999 May. Ruck B; Shih RD; Marcus SM