
Nature's True Aphrodisiacs

Vital Health Factors For Men and Women

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It is estimated that more than 10–20 million American men suffer from erectile dysfunction. This equates to approximately 1 man in 10, with that number becoming even larger by age 50, at which time, 1 man in 4 is believed to be affected.^{1,2} Such statistics are not as readily available for women, probably because of the previous lack of research into the field of female sexual response and the lack of an easily quantified external response. Yet, it would seem that, because the same physiologic, biochemical, and psychologic responses are principally at play in both genders, a certain amount of expected crossover in terms of therapeutic application could be assumed. Indeed, this proves to be true in clinical practice with the same concepts of enhanced blood supply and neurologic support proving to be helpful. Thus, when treating male or female sexual response, healthy cardiovascular, neurologic, and psychologic states required for optimal sexuality should be the primary long-term focus.

In clinical practice, all too often, one finds that both men and women resign themselves to being less sexually active as they age. This is unfortunate, because, within reason, there is no true age limit to the enjoyment of a rewarding sex life. From a natural-medicine perspective, the ability to have good sex is merely the barometer of overall health.

Traditional healers and physicians around the world have long known there are many natural medicines that can enhance sexual desire and function in both men and women. The Chinese have

used ginseng for thousands of years as a tonic and to stimulate desire and enhance endurance. Similarly, the herb known as Indian ginseng, ashwaganda (*Withania somniferum*), has been used to promote potency for centuries. Throughout the world, one finds an abundance of long-revered aphrodisiacs that have now gained increased acceptance as a result of clinical trials. However, from a natural-medicine perspective, the best approach to enhancing bodily functions—including sexuality—is to support the underlying health of the body as a whole. It is true that the better our patients feel the greater will be their ability to enjoy sexual satisfaction.

Common Denominators

Clinically speaking, there are recurring trends seen among patients who desire to bolster their sexual enjoyment. Interestingly enough, the patients who are seeking such advice are not necessarily at the point of sexual dysfunction, but rather they want to either maintain or enhance an already satisfying sex life.

In addition to gender-specific contributing factors to sexual ability, there are three critical health areas that must be evaluated and, to varying degrees, addressed. They include cardiovascular, neurologic, and overall psychologic state. Therefore, creating an enhancement protocol from this perspective often proves to be most beneficial. This is to say that, when patient and clinician focus on the health issues or areas of less-than-optimal health, usually, the desire for enhanced sexual function is achieved passively. Thus, it is worthwhile to look more closely at the underlying health requirements for optimal sexual enjoyment.

Cardiovascular Health

The cardiovascular link to sexual satisfaction makes sense because sufficient blood flow for both men and women is critical to optimal functioning. Both male and female erectile tissues are more sensitive and responsive to stimuli when these tissues are optimally perfused. When one also considers that an estimated 43 of every 100 Americans die from cardiovascular conditions, it is not surprising that focusing on this aspect of underlying health can yield some substantial rewards in the area of sexual satisfaction. Examine this statistic more closely: If 43 percent of Americans have such progressive deterioration of their vascular systems that this literally kills them, one can easily extrapolate this number to an even higher percentage of people that have lesser but varying degrees of heart disease, which also affects sexual function. Thus, it is not surprising that the blood flow to the sex organs also decreases, ultimately diminishing the ability to function. This plight of the Western world, caused by the standard American diet and lifestyle, although resulting from a series of choices, is reversible. When it comes to sustaining a healthier cardiovascular system, indeed, the investment goes well beyond achieving better sex. This key lifestyle change creates the foundation for a longer and improved quality of life.

Neuromuscular Health

The prevalence of musculoskeletal and neurologic conditions is evident if one only thinks of the common complaints of one's patients, friends, and family. We all know individuals with low-back pain, muscular pain, and, in many cases, neuropathy. Without optimal nervous-system

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Table 1. Gender-Based Differences in the Effects of Natural Supports for Good Sexual Functioning

	Male	Female
Arginine	D	D
Black cohosh (<i>Cimicifuga racemosa</i>)	—	I
Dong quai (<i>Angelica sinensis</i>)	—	I
Essential fatty acids	I	I
Flower pollen	I	—
Gamma-oryzanol	—	I
Ginkgo (<i>Ginkgo biloba</i>)	D	D
Ginseng (<i>Panax ginseng</i>)	D/I	D/I
Muira puama (<i>Ptychopetalum guyanna</i>)	D	D
Saw palmetto (<i>Serenoa repens</i>)	I	—
Stinging nettle (<i>Urtica dioica</i>)	I	—
Wild yam (<i>Dioscorea</i> spp.)	—	I
Zinc	I	—

Key: D = direct supportive effect; I = indirect supportive effect; — = not applicable.

health, both afferent and efferent nerve impulses are less than efficient in impulse transmission. Thus, supporting the nervous system is of paramount importance with nutrients such as vitamins B₁, B₂, B₆, and B₁₂.³

Psychologic Health

Mental health is another large issue, with some 10 percent of sexual dysfunction in men alone being attributed to psychologic conditions, as a result of psychiatric illness, stress, anxiety, depression, or performance anxiety. Once again, one might reasonably assume that similar numbers of women are affected by these factors, because neither gender is immune to such powerful factors affecting one's overall life experience, let alone one's sexual satisfaction. By addressing these areas of psychologic health, one can help

patients to improve daily functioning and sexual experience. There are numerous natural-medicine interventions to help patients who have, anxiety, and stress, in general. Appropriate natural medicines include ginseng (*Panax ginseng*), kava (*Piper methysticum*), St. John's wort (*Hypericum perforatum*), complex vitamins, licorice (*Glycyrrhiza glabra*), and many others.⁴

Medications

Certain medications can also inadvertently dampen a patient's sex life. Although many of these medications affect men more severely than such agents affect women, from a total satisfaction perspective, these medications are worth keeping in mind when patients report changes in their sexual function

while taking such drugs. The cost-benefit ratio must be considered. Some of the more common culprits include antipsychotics, antidepressants, anticholinergics, antihypertensives, and antihistamines.

Male-Specific Health Considerations

Often, men lose sight of the fact that prostate health can play a vital role in sexual functioning. Some researchers believe that the sensations in this walnut-sized organ can actually increase sexual excitation. It is never too early to address prostate health; by the age of 30, approximately 5–10 percent of men are affected by an enlarged prostate; by age 85, 90 percent of men are affected. Early warning signs of prostate enlargement often include an altered urinary stream. Classically, there might be dribbling after urination, hesitancy at the onset, a sense of incomplete voiding, and the classic forked stream. It is best to pursue prevention of prostate problems before they happen. Thus, ensuring that your patients maintain optimal sexual functioning includes advising strongly that they should pamper their prostates. Numerous multivitamins designed for specific male health problems include such herbs as saw palmetto (*Serenoa repens*), and pygeum (*Pygeum africanus*), as well as therapeutic doses of zinc to help maintain prostate health.

Lifestyle choices can also affect prostate health. One large study⁵ showed that consumption of alcohol can dampen a man's sex life in more than one way. A study of more than 6500 men revealed a strong correlation between the consumption of 25 ounces or more of alcohol per month and prostate enlargement. Beyond the

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prostate effect, alcohol is a sedative that can dampen sexual function in a direct fashion, even when consumed in relatively small quantities.

No single nutrient is more important than zinc for maintaining a man's overall reproductive and sexual functioning. In fact, the prostate is the richest reservoir of

zinc within the body. Zinc helps to ensure overall virility, including erectile function and sperm quality.^{6,7}

Diet also can play a critical role in prostate health. Eating a diet high in protein can inhibit the enzyme, 5-alpha reductase. This enzyme converts testosterone into the damaging hormone dihy-

drotosterone (DHT), which causes the increased growth of the prostate, leading to pelvic congestion and an obstructed flow of urine. In contrast, a diet that is high in carbohydrates can actually contribute to a build up of DHT. Recommendations for maintaining a healthy prostate call for a dietary balance of pro-

Table 2. Natural Agents That Support Good Sexual Function

Agents	Recommended doses	Contraindications
Black cohosh (<i>Cimicifuga racemosa</i>)	500 mg, 2–3 times per day	Contraindicated during pregnancy or breast feeding; may also alter menstrual cycle
Dong quai (<i>Angelica sinensis</i>)	500 mg, 3–4 times per day	Contraindicated during pregnancy or breast feeding; may also alter menstrual cycle
Essential fatty acids	2000 mg, 3 times per day	— ^a
Flower pollen	120 mg, 3 times per day	—
Gamma-oryzanol	300 mg, 1–2 times a day	—
Ginkgo (<i>Ginkgo biloba</i>)	60–120 mg, 3 times per day	Because of blood-thinning effect, should not be taken prior to surgery (at least 2–3 days); if taken with other blood-thinners, patient should be monitored closely
Ginseng (<i>Panax ginseng</i>)	100–200 mg, 2 times per day	Should not be used for patients with high blood pressure or heart or kidney disease; may also interact with antidepressants, heart medications, insulin, and other medications
Muira puama (<i>Ptychopetalum guyanna</i>)	250 mg, 3 times per day	—
Pygeum africanum (<i>Pygeum africanus</i>)	100 mg 2–3 times per day (standardized)	—
Saw palmetto (<i>Serenoa repens</i>)	160 mg, 2–3 times per day (standardized)	—
Stinging nettle (<i>Urtica dioica</i>)	450 mg, 2–3 times, per day (freeze dried)	Contraindicated during pregnancy or breast feeding; may also alter menstrual cycle
Wild yam (<i>Dioscorea species</i>)	500 mg, 3 times per day	Contraindicated during pregnancy or breast feeding; may also alter menstrual cycle

Note: These dosages need to be individualized for each patient, taking into consideration physical vitality and appropriateness of the natural medicine to the specific symptoms and signs of the patient.

^a— = No literature suggesting any interactions.

The better your patients feel, the more likely they will enjoy optimal sexual activity.

For Your Patients. . .

Better Sex Naturally: Herbs and Other Natural Supplements That Can Jump Start Your Sex Life

By Chris D. Meletis, N.D.

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tein, 44 percent; complex carbohydrates, 35 percent; and mostly unsaturated fats, 21 percent.⁸

A combination of a specifically targeted diet as described above, avoidance of alcohol, and the possible addition of one or more of the following natural medicines can help to prevent prostate-induced urinary and sexual difficulties. Among the most popular supplements for enhancing prostate and reproductive health are zinc, saw palmetto, stinging nettles (*Urtica dioica*), pygeum, essential fatty acids, and flower pollen. It would also make sense to advise men to stop smoking to do exercise, and to diet.

Female-Specific Health Considerations

When considering which natural substances to use for nourishing a woman's sexual vitality, the traditional focus is on herbal products that help to modulate female hormones. Yet, there are natural medicines that enhance blood flow, and these are also critical to a woman's optimal sexual satisfaction. These latter substances are discussed in the section about nutrients that are supportive for both genders.

Female-specific herbs include dong quai (*Angelica sinensis*); black cohosh (*Cimicifuga racemosa*); and wild yam (*Dioscorea villosa*). Each of these herbs has the ability to modulate and amplify, as needed, the body's hormonal balance. They have all been

used traditionally to address the signs and symptoms associated with premenstrual syndrome and menopause.

Beyond herbal medicine, some good holistic approaches can maximize well-being and optimize sexual functioning. Some common lifestyle-improvement tips include avoidance of smoking, regular exercise, a limit on drinking alcohol, and eating the right foods. Smoking can lead to hormonal imbalance, thus, increasing the likelihood of early menopause. Early menopause is believed to lower estrogen levels, which are critical for maintaining healthy reproductive tissues.⁹ In turn, exercise can not only help keep one fit but, according to the results of studies, middle-aged women who are active, on average 3.5 times per week, have experienced fewer and less substantial hot flashes than women who do not exercise.¹⁰ So, in short, the better your patients feel, the more likely they will enjoy optimal sexual activity.

Foods that have prohormonal effects have been shown to help modulate hormonal function. These foods include soybean products and celery, fennel, parsley, and various nuts and seeds.¹¹ It is the high intake of these foods in other cultures that has been attributed, in large part, to menopause and premenstrual syndrome being substantially less prevalent in non-Westernized countries.

Other supplements that can also be considered for optimizing female sexual functioning include rice-bran oil, which can help to balance hormonal symptoms; magnesium, which can help cellular-energy production and decrease muscle cramps; and vitamin E suppositories, which can help to mitigate vaginal dryness or generalized hormone-dependent vaginitis.¹²

Supporting Healthy Sexual Functioning for Both Genders

Arginine

This amino acid is needed for nitric-oxide formation and, thus, plays a vital role in helping to sustain blood flow to erectile tissue. Arginine has been shown, in both animal and human studies, to help improve erectile response.^{13,14} Thus, both penile erectile function and clitoral engorgement may be improved.¹⁵ One might theorize that vaginal lubrication may also be improved because of the enhanced pelvic circulation. Clinically, arginine has proven itself to be effective in approximately 80 percent of cases in which increased circulation was needed to address optimizing sexual function.

Ginkgo

Ginkgo (*Ginkgo biloba*) has vasodilatory effects and has been shown to help men with erectile dysfunction. In two studies,^{16,17} men with impotence noted meaningful benefits when they took ginkgo. Ginkgo's vasodilatory effect can help both men and women who want to achieve optimal sexual function. Like arginine, ginkgo is a natural substance that enhances circulation; yet ginkgo has potent antioxidant and vascular stabilizing effects as well. Thus, this herb not only serves as a treatment in addressing symptoms, but nourishes the body at the same time. The herb accomplishes this by facilitating microvascular circulation, vasodilation, and smooth-muscle relaxation.¹⁸ Ginkgo and ginseng have been shown to relax smooth muscle and thereby increase circulation.¹⁹

Muir Puama

At a leading institution (The Institute for Sexology) for sexual studies in Paris, France,²⁰ a study of 262 men who were

experiencing a lack of sexual desire and inability to attain or maintain an erection found that muira puama (*Ptychopetalum guyanna*) enhanced both erectile-tissue response and libido. After 2 weeks of taking this South American herb, 51 percent of patients with erectile dysfunction improved and 62 percent reported increased libido. This herb appears to increase cognitive receptiveness in addition to heightening sexual responsiveness. This effect occurs consistently in clinical practice also. Clinical studies are needed on the effects of muira puama on women, but it would be reasonable to expect that the benefits would be comparable.

Summary

These natural medicines that have been reviewed are representative of a number of other herbs that have been used successfully to enhance sexual performance. These include wild oats (*Avena sativa*), yohimbe (*Pausinystalia yohimbe*), ashwaganda (*Withania somniferum*), sarsaparilla, (*Smilax officinalis*) and damiana (*Turnera diffusa*). Damiana was specifically shown in an animal study to increase sexual copulatory performance as a result of phytoprogestin receptor activity but not as a result of progestin activity.^{21,22}

The key, however, to achieving the desired results with these and the other natural medicines discussed is appropriate prescribing, based on the underlying signs and symptoms that each individual presents with. Thus, in addressing the 43 percent of women and 31 percent of men in the United States who report sexual dysfunction,²³ it is clear that ultimate sexual functioning depends on a strong and well-nourished body that provides the

foundation for increased physical endurance and enjoyment of life in all aspects. □

References

1. Lerner, S.E., et al. A review of erectile dysfunction: New insights and more questions. *J Urol* 149:1246–1255, 1993.
2. NIH Consensus Conference Panel on Impotence. Impotence. *JAMA* 270:83–90, 1993.
3. Jones, C.L., et al. Pyridoxine deficiency: A factor in diabetic neuropathy. *J Am Pod Assoc* 68:646–665, 1978.
4. Bhattacharya, S.K., et al. Anxiolytic activity of *Panax ginseng* roots: An experimental study. *J Ethnopharmacol* 34:87–92, 1991.
5. Chylou, P.H., et al. A prospective study of alcohol, diet, and other lifestyle factors in relation to obstructive uropathy. *Prostate* 22:253–264, 1993.
6. Prasad, A.S. Zinc in growth and development and spectrum of human zinc deficiency. *J Am Coll Nutr* 7:377–384, 1988.
7. Netter, A., et al. Effect of zinc administration on plasma testosterone, dihydrotestosterone and sperm count. *Arch Androl* 7:69–73, 1981.
8. Kappa, A., et al. Nutrition-endocrine interactions: Induction of reciprocal changes in the delta-5-alpha-reduction of testosterone and the cytochrome P-450-dependent oxidation of estradiol by dietary macronutrients in man. *Proc Natl Acad Sci* 80:7646–7649, 1983.
9. Midgette, A.S., et al. Cigarette smoking and the risk of natural menopause. *Epidemiology* 1:474–480, 1990.
10. Slaven, L., et al. Mood and symptom reporting among middle aged women: The relationship between menopausal status, hormone replacement therapy and exercise participation. *Health Psychol* 16:203–208, 1997.
11. Aldercreutz, H., et al. Phyto-estrogens and Western diseases. *Ann Med* 29:95–120, 1997.
12. Yoshino, K. Effects of gamma-oryzanol on hyperlipidemic subjects. *Current Ther Res* 45:543–552, 1989.
13. Jung, H.C., et al. Role of nitric oxide in penile erection. *Yonsei Med J* 38:261–269, 1997.
14. Ito, T., et al. A double blind placebo controlled

study of Arginmax, a natural dietary supplement for enhancement of male sexual function [presentation at the 1999 American Urological Association (AUA) Western Section Meeting].

15. Goldstein, I. et al. Vasculogenic female sexual dysfunction: Vaginal engorgement and clitoral erectile insufficiency syndromes. *Int J Impot Res* 10(suppl.):S84–S90, 1998.
16. Sohn, M., et al. *Ginkgo biloba* extract in the therapy of erectile dysfunction. *J Sex Educ Ther* 17:53–61, 1991.
17. Sikora, R., et al. *Ginkgo biloba* extract in the therapy of erectile dysfunction. *J Urol* 141:188, 1989.
18. Welt, K., et al. Protective effects of *Ginkgo biloba* EXTRACT Egb 761 on the myocardium of experimentally diabetic rats. *Exp Toxicol Pathol* 51:213–222, 1999.
19. Chen, X., et al. Extracts of *Ginkgo biloba* and ginsenoside exert cerebral vasodilation via a nitric oxide pathway. *Clin Exp Pharmacol Physiol* 24:958–959, 1997.
20. Wayne, J. Aphrodisiacs: Contribution to the clinical validation of the traditional use of *Ptychopetalum guyanna*. [presented at the First International Congress on Ethnopharmacology, Strasbourg, France, June 5–9, 1990].
21. Artletti, et al. Stimulating properties of *Turnera diffusa* and *Pfaffia paniculata* extracts on the sexual behavior of male rats. *Psychopharmacology* 1:15–19, 1999.
22. Zava, D.T., et al. Estrogen and progestin bioactivity of foods, herbs and spices. *Proc Soc Exp Biol Med* 217:369–378, 1998.
23. Laumann, E.O., et al. Sexual dysfunction in the United States. *JAMA* 281:537–544, 1999.

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