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 frequente 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.


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 nitrergic 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 responded 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)
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 are beneficial for venous outflow while the transmission of peripheral nervous system remained stable. CONCLUSION: SGGY capsule can remarkably improve the erectile activity, sexual desire and ejaculatory activity. The mechanism of SGGY capsule may be related to the increase of androgen and adrenocorticohormone levels. as well as the reduction of penile venous outflow.

Plants Argentinas

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

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

Yohimbine

Herbal medications for common ailments in the elderly.
extracts alleviate the subjective symptoms and reduce the objective signs of chronic venous insufficiency. Serena 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.**


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, [quote] I wish you have a magic pill [quote]. 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 Korean**

**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: To investigate 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 treatment. 2 weeks on treatment, 2 weeks off treatment, (8 weeks on treatment), the effects of Korean red ginseng and a vehicle placebo were compared using multiple variables. The ginseng dose was 900 mg. 12 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 < 0.03). 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 ginseng 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's treatment are compared with placebo and other antedrugs. 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 3 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 nitrc 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 treatement 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.**


Resumo: The term 'sexual dysfunction' describes a disturbance in sexual desire and the psychophysiological changes that characterize 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. Futhermore, 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 advocated 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. Rakambo 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; Balaschuck A; Coussio J; Ferraro G

Resumo: 1,7-Dimethoxy-2-hydroxy-xanthone and 1,4-dihydroxy-7-methoxy-xanthone isolated from Securidaca longependunculata with activity against erectile dysfunction. 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 naive to believe that some plants or herbs do not contain specific compounds that could benefit patients with ED. 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 clinical 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.


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.


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.


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.**


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.**


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?


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.

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 pruacen, 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