

Herbal remedies for sexual capability

C S Rana*¹, J K Tiwari², L R Dangwal² & R C Sundriyal¹

¹Herbal Research and Development Institute (HRDI), Mandal-Gopeshwar 246401, India
²Department of Botany, HNB Garhwal, University, Srinagar Garhwal 246 174, Uttarakhand
E-mail: drcsir@gmail.com

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Present paper document folklore medicines used by the tribal communities inhabiting in buffer zone of Nanda Devi Biosphere Reserve, Uttarakhand. The field work was carried out among the tribes viz. Bhotiyas, Tolchhas and among the general inhabitants living in the vicinity of the forests and remote localities. These communities utilize plants and plant products as aphrodisiac medicine. This paper deals with 17 significant medicinal plants belonging to 16 genera and 14 families used by the local community for the treatment of sexual incapability.

Keywords: Indigenous medicine, Sexual incapability, Aphrodisiac, Sterility, Himalayas

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Sexual incapability is broadly defined as the inability to fully enjoy sexual intercourse. Although, sexual incapability rarely threatened physical health, it brings about depression and debilitating feeling of inadequacies¹. Sexual incapability can be life-long and always present, acquired, situational, or generalized. It takes different forms in man and woman. A man may have a sexual problem if he ejaculates before his partner desires, does not ejaculate, or experiences delayed ejaculation or if he is unable to have sufficient erection for pleasant intercourse, feels pain during intercourse, lacks or loses sexual desire¹. In case of the man, with premature ejaculation, physical causes are rare. Although, problem may be sometime linked with neurological disorder and prostate infection. Possible psychological causes are nervousness, guilt feeling about sex and ambivalence toward opposite sex¹. However, premature ejaculation seems more related to sexual inexperience in learning to modulate excitement. When man experience painful intercourse, it may be caused by Peyronie's disease or fibrous plaques on the upper side (glance) of the penis that often produce a bend during erection. Retrograde ejaculation occurs in men who have had prostate or suffering from diabetes or high blood pressure.

Erectile incapability is more likely than other incapability to have a physical cause. When physical causes are ruled out, anxiety is the most likely psychological cause of erectile sexual incapability¹.

Meanwhile, a woman may have a sexual problem if she, lacks or loses sexual desire, has feels nervousness, difficulty achieving orgasm, feels pain during intercourse, feels muscles contract involuntarily before or during intercourse. In case of the woman, incapability of arousal and orgasm may be physical or psychological in origin. Among the most common causes may be day to day discord with one's partner and inadequate stimulation by the partner. Naturally, sexual desire can vanish as one age although; this varies greatly from person to person¹. Deep pain during intercourse can occur for some number of reasons, and location is sometimes a clue to the cause. Pain in the vaginal area may be due to infection; also, vaginal tissues might become thinner and more sensitive during breast feeding and most probably after menopause. Deeper pain may have a pelvic cause such as endometriosis and pelvic adhesions. Pain can also have psychological causes, such as fear of vaginal injury, and get pregnancy, guilt feelings about sex, or recollection of previous painful experience¹.

Many factors, both of physical and psychological nature, can affect sexual response and well

*Corresponding author

performance. Injuries, ailments, and drugs are among the physical influences. In addition, there is increasing evidence that chemicals and other environmental pollutants depress sexual function. As for psychological factors, sexual incapability may have roots in traumatic events such as guilt feeling, a poor self-image, depression, chronic weakness and religious beliefs¹. In this context, for many years the world has debated on the validity of whether certain foods and drugs enhanced the ability to become sexually aroused. Since ancient times as it is evident from the literature, various civilizations have been using the minerals, plants and animal products in food for the treatment of various ailments²⁻⁶.

The Indian Himalayan Region (IHR) is considered as repository of the biological and cultural diversity and supports about 18,440 species of plants, includes 1,748 species of medicinal plants. The representative biodiversity of the IHR have been protected through a Protected Area Network (PAN). At present there are 5 Biosphere Reserves, 28 National Parks and 98 Wildlife Sanctuaries in IHR⁷. One of the protected area Nanda Devi Biosphere Reserve (NDBR) falls in Western Himalaya having buffer zone which covers a total of 47 villages located in three districts. Out of these, 34 villages fall in Chamoli, 10 in Pithoragarh and the remaining 3 villages in Bageshwar districts. NDBR has been attracting worldwide attention from time to time in various disciplines of natural, physical and cultural aspects, not only for its biologically protected World Heritage Sites viz. Nanda Devi and Valley of Flowers National Parks, but also for the distinct customs, beliefs and traditions^{8,9}.

The Nanda Devi Biosphere Reserve which falls in the state of Uttarakhand is inhabited by tribal people that have rich knowledge on natural resources, such as plants, animals as well as minerals with particular relation to their medicinal application and properties⁹. Local populace depends on these natural resources particularly from forests in their vicinity to fulfill their day to day requirements. Since ancient times the local community has a traditionally self developed primary health care system of folk medicine based on herbal remedies⁹. The incident of sexual incapability is evident in all section of the society. Tribal and local communities use a large variety of products of herbs shrubs and trees found in their surrounding for foods, fodder, medicine and other purposes^{10,11}. Reports are available on use of medicinal plants for various ailments by the inhabitants of NDBR^{12,13}. However,

no attempts have been made to document particularly information regarding the treatment of sexual incapability²⁻⁶. Considering this, we explored particularly medicinal plants used as aphrodisiac by the inhabitants of Nanda Devi Biosphere Reserve.

Methodology

In past five years repeated field trips were made to Nanda Devi Biosphere Reserve to visit various parts in Buffer zone of district Chamoli. Semi structured questionnaire surveys were made and first hand information were gathered particularly from Vaidhyas, old folk, women folk, priests, shepherds, and other knowledgeable persons. The plant specimens were collected from vicinity of forests and given a field book number have been identified by consulting the Herbarium of Garhwal University Srinagar, Garhwal, Botanical Survey of India, Dehradun and the herbarium of Forest Research Institute, Dehradun. Current available literature has been used for proper nomenclature and specimens properly labeled with all the relevant information and necessary remarks have been submitted in the Herbarium of HNB Garhwal University Srinagar, Garhwal (GUH).

Results

Plant species have been arranged alphabetically following botanical name, citation, vernacular name, family, life form, herbarium number, part used, preparation, dosage pattern, mode of application and uses. In the present study total 17 medicinal plants have been studied as their synergistic uses. Out of 17 plants recorded, 12, 02, 02 and 01 were herbs, shrubs, trees and parasite fungus respectively. Among angiosperms, 09 dicot and 07 monocots studied (Figs 1-10).

Asparagus fillicinus Buch.-Ham. Vern. *Jhiran*, H. & Sans. *Satawari*. Liliaceae. Shrub. CSR-GUH 18262 (Fig. 1).

Half teaspoonful boiled root mixed with *Satyrium nepalens* D.Don root powder is given along with cow milk, twice a day for a month as aphrodisiac.

Astragalus candoleanus Royle ex Benth. Vern. & Sans. *Rudravanti*, Eng. *Milk-vetch*. Fabaceae. Herb. CSR-GUH 19436 (Fig. 9).

Root mixed with *Bombax ceiba* L. root powder, roasted with clarified butter and made into pills, one pill is taken twice a day, for 30 to 90 days as aphrodisiac and as tonic to regulate menstruation.

Bombax ceiba L., Vern. *Simul* H. *Semal* Sans. *Raktapushpa*, Eng. *Silk cotton tree*. Bombacaceae. Tree. CSR-GUH 19518.

Root along with *Dactylorhiza hatagirea* (D. Don) Soo and *Polygonatum cirrhifolium* (Wall.) Royle roots are roasted with clarified butter and taken approximately 2 gram, three times a day up to two months as aphrodisiac.

Cordyceps sinensis (Berk.) Saac. *Keera jadi, Yarsa Gumbu*. Clivicaptaceae. CSR-GUH 19428 (Fig. 8).

Whole part after dried in low sun light in the natural habitat and roasted with clarified butter (Ghee) and made into pills. One pill is taken twice a day with hot cow's milk as aphrodisiac.

Dactylorhiza hatagirea (D. Don) Soo Vern. *Hattajadi*. Orchidaceae. Herb. CSR-GUH 19271 (Fig. 4).

Extract of root along with *Gymnadenia orchidis* Lindl. is taken thrice a day early in the morning empty stomach and at night after meals for 2-3 months as sex tonic. The powdered tuberous root along with hot milk is taken twice a day for a month for spermatorrhoea.

Habenaria pectinata (J.F. Smith) D. Don., Vern. *Ridhi-Sidhi*. Orchidaceae. Herb. CSR-GUH 19169 (Fig. 1).

Root powder mixed with Shilajit (an exudation of rocks) is taken half teaspoonful with cow's milk twice a day for a month as semniferous and as tonic in general weakness.

Meconopsis robusta Hook. f. & Thomsom Vern. *Laxamana*. Papaveraceae. Herb. CSR-GUH 19396 (Fig. 3).

Rhizomatous root is purified, powdered and roasted with clarified butter and made into pills, one pill is taken once a day or night after menstruation in sterility and as aphrodisiac.

Nardostachys grandiflora DC., Vern. *Jatamasi-Masi*. Valerianaceae. Herb. CSR-GUH 19132 (Fig. 7).

Dried root and leaf powder is taken ½ teaspoonfuls twice a day early in morning in empty stomach and at night after meal for 30 to 90 days as aphrodisiac.

Phyllanthus emblica L., Vern. *Aonla*, Sans. *Ambliki*, Eng. *Emblic Myrobalan*. Euphorbiaceae. Tree. CSR-GUH 19599.

Boiled fruits and roasted bark of *Terminalia bellirica* (Gaertn.) Roxb., *T. chebula* Retz. and *Mangifera indica* L. seed along with Shilajit or honey is taken ¼ teaspoonful thrice a day for 30 to 90 days in sexual disorders.

Polygonatum cirrhifolium (Wall.) Royle, Vern. *Teetu*, Sans. *Meda*, Eng. *Whorled Solomon's seal*. Liliaceae. Herb. CSR-GUH 19382.

Boiled root along with boiled *Polygonatum verticillatum* (L.) Allioni and *P. multiflorum* (L.) All. roots powder is taken 5-10 gram twice a day with cow's milk up to three months as aphrodisiac.

Polygonatum verticillatum (L.) Allioni, Vern. *Teetudu* Sans. *Mahemeds* Eng. *Solomon's seal*. Liliaceae. Herb. CSR-GUH 19261.

Root powder mixed with *Dactylorhiza hatagirea* (D. Don) Soo, *Bombax ceiba* L., *Asparagus fillicinus* Buch.-Ham. root powder is roasted with clarified butter made into pills. One pill is taken twice a day up to three months, as aphrodisiac.

Rheum australe D. Don., Vern. *Dolu*, *Archu*. Polygonaceae. Herb. CSR-GUH 19188 (Fig. 5).

Root powder mixed with *Bombax ceiba* L., *Dactylorhiza hatagirea* (D. Don) Soo and *Gymnadenia orchidis* Lindl. root powder is taken half teaspoonful twice a day up to three months as sex tonic.

Rubia manjith Roxb. ex Fleming Vern. *Lish kuru* H. *Manjeeth* Sans. *Lohitlaate*, Eng. *Indian madder*. Rubiaceae. Climber. CSR-GUH 19214.

Decoction of root is taken with cow's milk or Shilajit or honey approximately half teaspoonful twice a day for a month as aphrodisiac.

Saussurea simpsoniana (Filed & Gardn.) Lipsch, Vern. *Hyun Kaun*, *Him Kamal*, Asteraceae. Herb. CSR-GUH 19100 (Fig. 10).

Root and flower powder mixed with *Centella asiatica* (L.) Urban leaf powder is taken ½ teaspoonful twice a day, early in morning and at night after meals for 30 to 45 days for the treatment of sexual incapability in man and woman.

Satyrium nepalense D. Don, Vern. *Mooshali*. Orchidaceae. Herb. CSR-GUH 19208 (Fig. 2).

Tuberous root powder mixed with *Dactylorhiza hatagirea* (D. Don) Soo and *Spiranthes sinensis* (Pers.) Ames root powder is taken half teaspoonful twice a day for a month as sex tonic.

Viola betonicifolia J. Smith Vern. & H. *Samoya* Sans. *Banapsha*, Eng. *Sweet violet*. Violaceae. Herb. CSR-GUH 19284.

Decoction or powder of whole plant is taken approximately half teaspoonful twice a day, early in morning in empty stomach and at night after meals for 30 to 45 days as an aphrodisiac.

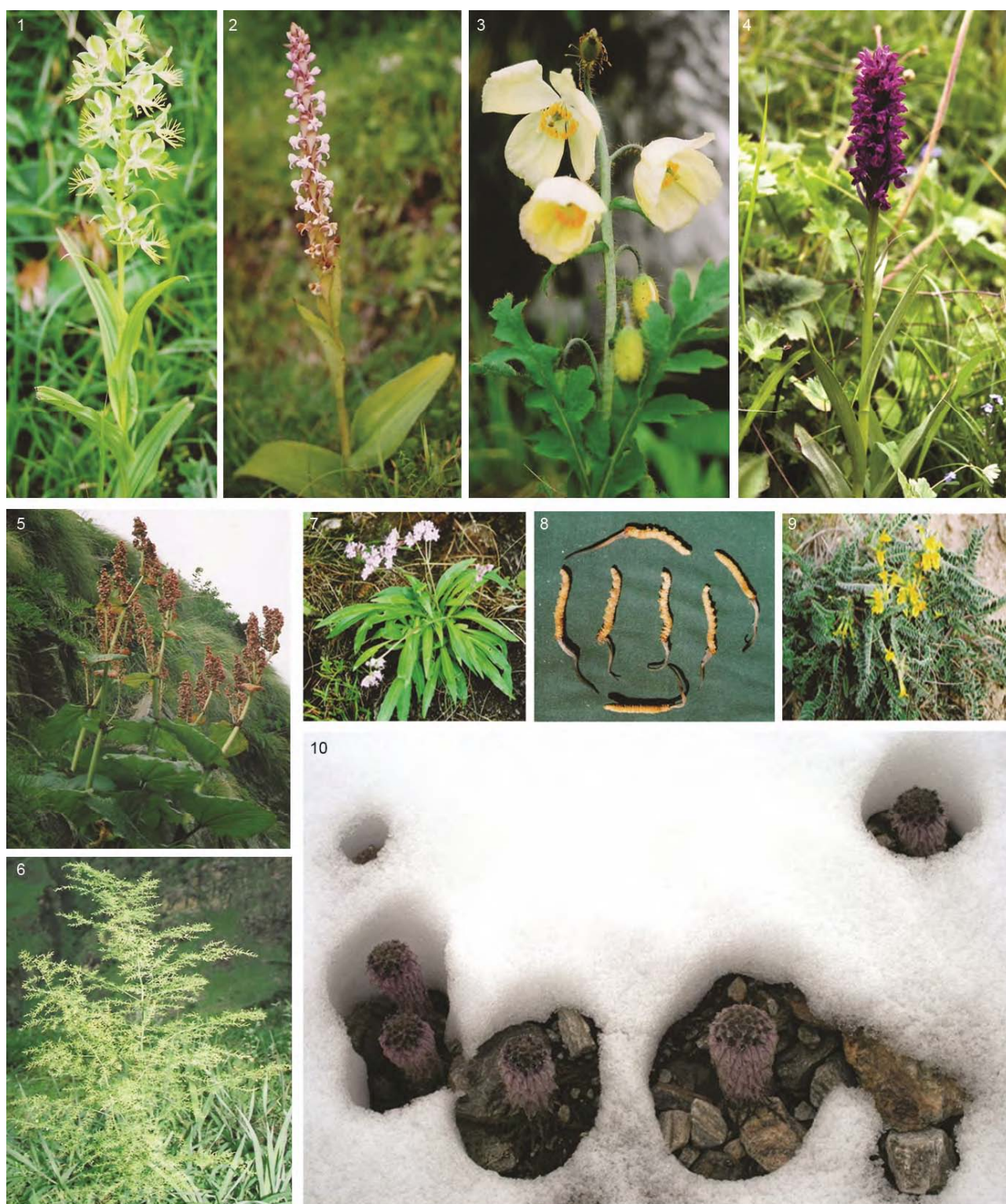


Fig. 1 – *Habenaria pectinata*; Fig. 2 – *Satyrium nepalens*; Fig. 3 – *Meconopsis robusta*; Fig. 4 – *Dactylorhiza hatagirea*; Fig. 5 – *Rheum australe*; Fig. 6 – *Asparagus fillicinus*; Fig. 7 – *Nardostachys grandiflora*; Fig. 8 – *Cordyceps sinensis*; Fig. 9 – *Astragalus candoleanus* and Fig. 10 – *Saussurea simpsoniana*.

Woodfordia fruticosa (L.) Kurz Vern. Dholu, Lythraceae. Shrub. CSR- GUH 19521.

Flowers are chewed (either raw or dried) thrice a day up to three months to improve semen quality and as aphrodisiac.

Discussion

The common preparations for internal application may be: decoction (crushed plant parts boiled with water), extract (pounded plant parts steeped in hot or cold water and finally sieved out through a clean cloth), infusion (plant parts steeped in hot or cold water), aqueous paste (plant part is pasted into thin layer and diluted with hot or cold water), powder (dry plant parts pounded into fine particles) and juice (fresh product obtained from crushed plant parts). Externally applied preparations might poultice (plant parts applied when it is hot) and paste (plant part's paste made into a thin layer application). It is interesting to note from the knowledgeable persons and traditional herbal healers of the area that, if decoction, paste or powder from roots, stem bark, seeds or fruits of the some plant species is given with cold water, it is used as cold efficacy, while it is taken with hot water is used as hot efficacy⁹.

In this context, the medicine men prepare the medicine from a particular plants for particular ailment however, it has been observed that they (traditional healers and knowledgeable persons) believe to use different parts of different plant species such as root powder of one plant and bark powder of other plant or powder of other plant parts to promote the activity of curing the disease and ailments or disorder. Generally, medicines are prepared in the form of powder, decoction, infusion, paste, pill etc. Medicine in liquid form is given as teaspoon and the powder as "Chutki" (0.5 g) or in the form of locally made into *Goli* (pills). Medicines are usually taken with water, honey or milk, sometimes with hey, twice or thrice a day after or before the meals⁹. The duration of treatment mostly depends on the effectiveness of the drugs, or it depends on condition of patients, it may be from weeks (2-3) to months (3-6).

The study revealed that the roots were found to be the most frequently used plant parts in the preparation of herbal remedies. Before starting the treatment, the condition of the patient is observed deeply and then the medicines prepared and given to treat the ailments or disorder. Therefore, aphrodisiac do have definite physiological components. Accordingly, herbal

healers the synergetic uses of the plant species promote hormonal activity in the body and improve the quality and quantity (viscosity) of semen. Definitely, herbal medicine improved emotional stability as well as hormonal activity and it is more powerful than any other sexual energy booster. However, sexuality is biochemical causes and any substance that alters brain chemistry as chemical does. Chemicals in long and regular use can make the user addict and may impart side effect. The terrible of allopathic delight couple around the globe, then why use a man made drug when you can have the same effect of all natural herbal (organic) tonics that is safe and just an effective as allopathic medicine.

Conclusion

The findings of this study would be supportive for the patient's one whom suffering from physical as well as mental disappearance of sexual incapability. These herbal remedies have natural impotence treatment that has been used by the herbal healers without a prescription through their ancestors from ancient time. Unfortunately, there is no provision or law for the protection of knowledge rights of the native people of Nanda Devi Biosphere Reserve. Very little attention has been taken by legal professional, environmentalist, non-governmental and governmental organization to secure Natural Resource Property Right (NRPR) and Intellectual Property Rights (IPR) for the native people. All natural resources and related knowledge are very important; therefore, both should be protected for native people where they do not have modern facilities.

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References

- 1 www.diseasesatoz.com, www.encyclopedia.com
- 2 Khanna U & Choudhuri R R, Antifertility screening of plants (Part I): Investigation on *Butea monosperma* (Lam.) Kuntze, *Indian J Med Res*, 56 (1968) 1575-1580.
- 3 Khosa R L & Singh R H, Betel root- An antifertility agent, *J Res Indian Med*, 2 (4) (1972) 65-66.

- 4 Khan R M & Tariq M, Antifertility activity of the seeds of *Daucas Corota*, *Nagarjun*, 21 (4) (1977) 8-9.
- 5 Ghosh D M & Shetty V, Antifertility activity of an indigenous medicine 'Laksha' (*Laccardiaia hacca*), *Bull Medico-ethno-bot Res*, 1 (1980) 107-113.
- 6 Tarafder C R, Ethnogynaecology in relation to plants part I. Plants used for antisterility and conception, *J Econ Taxon Bot*, 4 (1983) 483-489.
- 7 Kala C P, Indigenous uses, population density and conservation of threatened medicinal plants in protected areas of the Indian Himalayas, *Conserv Biol*, 19 (2005) 368-378.
- 8 Hajra P K & Balodi B P, *Plant Wealth of Nanda Devi Biosphere Reserve*, (BSI Howrah), 1995.
- 9 Rana C S, Ethnobotanical studies on the Medicinal Plants of Nanda Devi Biosphere Reserve, Uttaranchal D Phil Thesis, HNB Garhwal University, Srinagar Garhwal, 2009.
- 10 Uniyal M R, *Uttarakhand Vanaushadi Darshika*. Central Council for Research in Indian Medicine and Homeopathy, New Delhi, 1977.
- 11 Gaur R D, *Flora of the district Garhwal, Northwest Himalaya (with ethnobotanical notes)*, (Trans Media, Srinagar Garhwal, India), 1999.
- 12 Maikhuri R K, Nauityal S, Rao K S & Saxena K G, Role of medicinal plants in the traditional health care system: a case study from Nanda Devi Biosphere Reserve, *Curr Sci*, 75 (1998) 152-157.
- 13 Dangwal L R, Rana C S & Sharma A, Ethnomedicinal plants of Transitional Zone of Nanda Devi Biosphere Reserve, Uttarakhand. *Indian Journal of Natural Products and Resources*, 2 (2011) 116-120.