

Medicinal plants as alternative treatments for female sexual dysfunction: utopian vision or possible treatment in climacteric women?

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Abstract

INTRODUCTION:

Female sexual dysfunction (FSD) is a complex and multifactorial condition. An increased incidence of FSD is especially associated with the decline of estrogen. Thus, menopause is a critical phase for FSD complaints. In this context, medicinal plants may be a therapeutic option.

AIM:

To identify and describe the popular and clinical uses of medicinal plants for FSD treatment in climacteric women. We highlighted the majority of the plants commonly involved with the female reproductive system including: *Angelica sinensis*, *Cimicifuga racemosa*, *Ferula hermonis*, *Ginkgo biloba*, *Humulus lupulus*, *Lepidium meyenii*, *Tribulus terrestris*, *Trifolium pratense*, and *Vitex agnus-castus*.

METHODS:

This study is a narrative review of studies of plants that are possible alternative treatments for FSD. The species described have clinical and popular uses in different cultures as well as medical indications for female reproductive disturbances, mainly in climacteric women. We have also analyzed the evidence level of clinical studies.

MAIN OUTCOME MEASURES:

The main outcome assessed is the efficacy of plants in improving the symptoms of FSD.

RESULTS:

There is little evidence from the literature to recommend the use of medicinal plants when treating FSD. The majority of studies with a strong level of evidence are associated with the treatment of the vasomotor symptoms of menopause. *Ferula hermonis*, *Angelica sinensis*, and *Gingko biloba* may be suggested for arousal disorder studies. *Cimicifuga racemosa*, *Trifolium pratense*, and *Vitex agnus-castus* may be recommended for several FSD. *Humulus lupulus* and *Tribulus terrestris* may help with desire disorder studies. *Lepidium meyenii* should be studied further.

CONCLUSIONS:

Studies of these plants indicate that they may be useful as a possible alternative and/or complementary approach for studies aimed at the treatment of FSD. At this time, however, this review cannot recommend a plant that has a strong enough level of evidence for treatment of FSD. Thus, there is a need for clinical (double-blinded and randomized) studies to evaluate the efficacy and safety of several plants that can exert a positive effect on the management of FSD.

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