

Effect of *Tribulus terrestris* treatment on impotence and libido disorders

A.W. Nasution
Andalas University, School of Medicine, Padang, Indonesia (1993)

SUMMARY

To test the effectiveness of *Tribulus terrestris* in treating impotence and male libido disorders, we enrolled 11 subjects, composed of 4 men diagnosed with lowered or nonexistent libido and 7 impotent men. To these two groups, 3 x 1 Libilov tablets were administered per day for 2 weeks, without any additional vitamin supplements or pharmaceutical therapeutics. 50% of the subjects with reduced libido reported increased sex drive after Libilov treatment. Close to 60% of impotent subjects experienced improved erection, including prolonged duration of erection after treatment. This trial suggested that even a short period of treatment with Libilov was effective in treating these two conditions. Furthermore, as with previous trials, no adverse side-effects were observed.

INTRODUCTION

Diagnoses of sexual disorders are often hampered by the tendencies of male patients to conceal their symptoms, due to fear or embarrassment. The lack of early diagnoses, not the unavailability of effective treatment, is often the primary reason for these disorders not being medically treated. It is not uncommon that when left untreated, such disorders can lead to marriage or relationship problems (Paat 1985). The most common forms of male sexual disorders are libido disorder and impotence, which can occur simultaneously or individually in a male patient (Adimoelja 1986, Mansur 1985). A man experiencing libido disorder, defined as decreased or nonexistent sex drive, will simultaneously have impotence. The reverse, however, is not always true. An impotent male often has a normal sex drive.

In this clinical trial, we seek to determine the effect and possible side-effects of Libilov treatment on the male sexual drive as well as its effect on impotence. In addition, as Libilov treatment involves administration of a non-hormonal herbal extract, this trial will determine whether such treatment can supplement or replace hormone therapies in treatment of sexual disorders. If so, depending on the possible side-effects, Libilov treatment may be preferable to hormone replacement therapies. This is because hormone treatments are often associated with much unwanted or even harmful side-effects, which often include internal organ toxicity.

DEFINITIONS

Libido disorder is defined by andrologists as decreased, nonexistent or even excessive sexual drives. Masters and Johnson (1969), Steno et al. (1977), Picollo and Picollo (1978) defined impotence as the inability to achieve or maintain penile erection that is sufficient for normal sexual activities, including sexual intercourse. This becomes a medical condition if this inability to achieve erection occurs in 50% or more of sexual activities. It is possible that a man experience both libido disorder, especially decreased or non-existent sex drive, and impotence at the same time.

Libilov is a non-hormonal herbal preparation of the plant *Tribulus terrestris* L. It has been used to treat infertility, as it has been shown to increase spermatozoa concentration by increasing the number of spermatogonia, spermatocytes and spermatids, as well as to treat libido disorders and impotence.

Tests performed on laboratory animal models have shown that the administration of *Tribulus* extract was effective in eliciting an increase in libido as measured by the increase in the number of sexual intercourse or attempt at intercourse. A dose of 70 mg / kg of body weight for 10 days typically achieves improvement in libido or sexual reflects in 71% of test cases.

Clinical trials of *Tribulus* extracts on subjects that suffered from decreased libido as well as from impotence due to primary and secondary hypogonadisms resulted in increased libido and improvement in the quality and duration of erection. Two trials involving otherwise normal subjects suffering from decreased libido and impotence showed that Libilov treatment regiment of 3 x 2 tablets

/ day for as little as 30 to 60 days resulted in dramatic improvement in libido and duration of erection. Furthermore, this effect was not limited to those experiencing decreased libido: a clinical trial involving more than 200 normal men between the ages of 40 to 60 years showed that administration of this extract resulted in a remarkable increase in sex drive as well as improved erection.

FACTORS THAT LEAD TO LIBIDO DISORDERS AND IMPOTENCE

Libido disorders and impotence can be caused by a variety of factors, such as physical or hormonal and psychological factors (Basjuriddin and Nasution 1993, Pangkahila 1984).

Psychological factors are responsible for the majority of sexual disorders. It has been estimated that between 60% to more than 90% of sexual disorder cases can be traced to these factors (Simpson 1950, Stafford and Clark 1954, Baheri 1966 and Cooper 1972). Psychological factors include interpersonal and sexual development problems, emotive and cognitive factors, as well as sexual history problems.

Physical and hormonal factors are often grouped together to form organic factors. These factors include diseases, iatrogenic and medicinal side-effects (Pangkahila 1986). The most prevalent disease that causes sexual disorders is diabetes mellitus (Nasution 1989). Iatrogenic factors include perineal abdominal surgeries, such as hemorrhoid or hernia surgeries, colon, vascular and urological, as well as sympathectomy surgeries. In cases of sympathectomy surgeries, more than 60% of subjects suffered from post-operative impotence. Medical side-effects that result in impotence include treatments with anti-hypertension, anti-androgen or estrogen, antihistamine, anti-anxiety and depression medications amongst others.

TREATMENT

There are several available treatments for libido disorders and impotence, including supportive treatment, sex therapy, vacuum or mechanical therapy, and prosthetic implants. Supportive treatment includes administration of neurotrophic vitamins, hormonal preparations, as well as a non-hormonal preparation marketed under the name Libilov™. Selection of treatment should take into account effectiveness of treatment, the ease of administration, cost, as well as possible side-effects. As even organic impotence often includes, or results in psychological effects such as embarrassment or depression, the involvement of the female sexual partner in the treatment of impotence or libido disorders is generally very important. It is not uncommon that the role of the female partner or the degree of her involvement can determine the success of medical treatment of the male's impotence or sexual dysfunctions.

METHODS

This clinical trial involved 11 male subjects medically diagnosed with either decreased or nonexistent libido (4 subjects) or impotence (7 subjects). To these two groups Libilov (3 x 1 tablets / day) were administered for 2 weeks. No additional vitamin supplements or pharmaceutical therapeutics were given. After two weeks of Libilov treatment, effects and progress in these subjects were evaluated.

RESULTS

Out of the four subjects diagnosed with libido disorders, two (50%) reported increased sexual drive after treatment with Libilov. One (25%) did not report any increase in libido, whereas unfortunately one did not return for post-treatment evaluation. In the second group of seven subjects that were diagnosed with impotence, four subjects (57.1%) experienced improved erection and prolonged duration of erection after treatment. One patient did not experience any change. Unfortunately, two subjects from this group failed to return for evaluation.

DISCUSSION

This clinical trial suggests that even a short period of treatment with Tribulus extract is effective in treating libido disorders and impotence: 50% of subjects diagnosed with decreased libido experienced significant improvement in sex drive and more than 57% of subjects diagnosed with

erectile dysfunction or impotence experience improvement in the quality and duration of penile erection.

Previous clinical trials of Libilov involved administration of the preparation for 30 to 60 days, with dosage as much as 3 x 2 tablets / day. This trial suggests that a much shorter period of treatment, involving a lower dose of 3 x 1 tablet / day can be as effective in treating libido disorders and impotence. As with previous trials, no adverse side-effects were reported. Furthermore, administration of only Libilov was sufficient to achieve the benefits, as no additional vitamin supplements or pharmacotherapeutics were administered.

SUMMARY

Libilov treatment of cases of libido disorders and impotence has been proven to be beneficial, due to its high effectiveness, absence of side-effects, and the absence of requirement of supplemental medications or vitamins.

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