INTRODUCTION

Aphrodisiacs used in Unani system of medicine

The word aphrodisiac is derived from the name of the Greek goddess of sexual love and beauty, Aphrodite.1 An aphrodisiac is defined as any food or drug that arouses the sexual instinct, induces venereal desire and increases pleasure and performance. Many natural substances have historically been known as aphrodisiacs in Africa and Europe, such as Yohimbine and the Mandrake plant, as well as ground Rhinoceros horn in the Chinese culture and Spanish fly.2,4 There are two main types of aphrodisiacs, psychophysiological stimuli (visual, tactile, olfactory and aural) preparations and internal preparations (food, alcoholic drinks and drugs).5 Sexual relationships are one of the most important social and biological relationships in human life. The purpose of intercourse is to reproduce and to continue the process of generation, passion and pleasure form an integral part of this function.5 Loss of firm erections is often extremely bothersome to men.6 Male sexual weakness is termed as impotence which is defined as the persistent failure to develop and maintain erections of sufficient rigidity for penetrative sexual intercourse.7 Nowadays for impotence the more specific term ‘Erectile dysfunction’ is preferred.6 The condition of erectile dysfunction is more common in middle aged population. As per Massachusetts Male Aging Study, the prevalence of erectile dysfunction among the individuals of 40-70 years is 52 %.6 The incidence of erectile dysfunction is also higher among men with certain medical disorders such as diabetes mellitus, heart disease, hypertension and decreased HDL levels. Smoking is a significant risk factor in the development of erectile dysfunction. Medications used to treat diabetes or cardiovascular diseases are additional risk factors. There is a higher incidence of erectile dysfunction among men who have undergone radiation or surgery for prostate cancer and in those with a lower spinal cord injury. Psychological causes of erectile dysfunction include depression, anger, stress or other causes.7 Treatment of erectile dysfunction involves local use of vasoactive drugs like papaverine and alprostadil8 and first line oral therapy includes phosphodiesterase type-5 inhibitors such as sildenafil and vardenafil which inhibit hydrolysis of second messenger cyclic guanosine mono phosphate release within penile smooth cells.9,10 These drugs have limited efficacy, various side effects and contraindications in certain disease conditions. Sildenafil citrate (Viagra) is a successful drug that modifies the hemodynamics in the penis11 but these drugs have side effects like headache, flushing, priapism, dyspepsia and nasal congestion.12 Unani system of medicine is one of the very well organised systems of medicine; it treats sexual problems as a separate and integral part of medical science. Every aspect of sexuality from sexual debility to venereal diseases is discussed in details. Classical Unani medical literature has given much importance to sexual debility or impotency.5 Avicenna has a totally different approach in the diagnosis, selection and administration of drugs in treating sexual debility and improving sexual performance. As per his view the three vital organs viz liver, heart and brain control the genital organs. Liver supplies the pure blood to the genitals, heart provides required heat and the Brain provides the power of senses.13 A number of Muqawwie bah drugs (Aphrodisiacs) are mentioned below which have been in use by ancient Unani physicians since centuries for the management of various sexual disorders. These drugs are time tested safe and effective.
## Table 1: Commonly used Aphrodisiacs in Unani Medicine

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Botanical Name</th>
<th>Unani Name</th>
<th>Common Name</th>
<th>Parts Used</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abelmoschus esculentus (L.)</td>
<td>Bamiya</td>
<td>Lady finger</td>
<td>Fruits</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Abrus precatorius L.</td>
<td>Ghongchi</td>
<td>Jequirity</td>
<td>Seed</td>
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<tr>
<td>3</td>
<td>Acacia arabica Wild.</td>
<td>Samaghe arabi</td>
<td>Acacia gum</td>
<td>Gum</td>
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</tr>
<tr>
<td>4</td>
<td>Aconitum heterophyllum Wall.</td>
<td>Ates</td>
<td>Atteshe</td>
<td>Root</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>Aconitum napellus</td>
<td>Beesh</td>
<td>Aconite</td>
<td>Root</td>
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<tr>
<td>6</td>
<td>Acosorus calamus Linn.</td>
<td>Waj turkey</td>
<td>Sweet flag</td>
<td>Root</td>
<td>15,16</td>
</tr>
<tr>
<td>7</td>
<td>Allium sativum L.</td>
<td>Soom/Lehsan</td>
<td>Garlic</td>
<td>Bulb</td>
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<tr>
<td>8</td>
<td>Allium cepa L.</td>
<td>Piyaz</td>
<td>Onion</td>
<td>Bulb</td>
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<tr>
<td>9</td>
<td>Alpinia galange Wild.</td>
<td>Khulanjan</td>
<td>Java galangal</td>
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<td>Anacardium occidentale Linn.</td>
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<td>Aqar</td>
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<td>12</td>
<td>Asparagus racemosus Wild.</td>
<td>Satavart</td>
<td>Asparagus</td>
<td>Root</td>
<td>19,20,21,22</td>
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<tr>
<td>13</td>
<td>Aristolochia rotunda</td>
<td>Zaravandi</td>
<td>Smeer wort</td>
<td>Seed</td>
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<td>14</td>
<td>Aristocarca longifolia</td>
<td>Talmakana</td>
<td>Hygrophila</td>
<td>Seed</td>
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<td>Baccopon monnieri L.</td>
<td>Brahmi</td>
<td>Indian petty wort</td>
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<td>16</td>
<td>Blepharis edulis Linn.</td>
<td>Tukhme Anjra</td>
<td>Utangan</td>
<td>Seed</td>
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<td>17</td>
<td>Boswellia serrata</td>
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<td>Brassica rapa</td>
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<td>Turnip</td>
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<td>Churej</td>
<td>Charaai nut</td>
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<td>Brya tondroso Roxb.</td>
<td>Dhak</td>
<td>Flame of the forest</td>
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<td>Papaya</td>
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<td>Celastrus paniculatus</td>
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<td>Staff tree</td>
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<td>25</td>
<td>Centaurea behen</td>
<td>Belman Safaid</td>
<td>White behen</td>
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<td>26</td>
<td>Ceratonia silacea Linn</td>
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<td>Carob tree</td>
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<tr>
<td>27</td>
<td>Cicer arietinum</td>
<td>Nakhad</td>
<td>Bengal gram</td>
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<td>Cinnamonum aromaticum</td>
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<td>Chinese cinnamon</td>
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<td>Darchani</td>
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<td>Trapa anath</td>
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<td>Commelina malu Hook. &amp; Stocks</td>
<td>Mogul</td>
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<td>Mar</td>
<td>Myrrh</td>
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<td>Saffron</td>
<td>Stigma</td>
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<td>Greater cardamom</td>
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<td>Sheere Huhar</td>
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<td>Darjeel</td>
<td>Rocket</td>
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<td>Ficus carica</td>
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<td>Cotton seed</td>
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<td>Mathiola incana</td>
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<td>Melia azedarach</td>
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<td>Mentha</td>
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<td>Moschusmoschiferus</td>
<td>Musk</td>
<td>Musk</td>
<td>Gland secretion</td>
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<td>Mangifera indica L.</td>
<td>Aam</td>
<td>Mango</td>
<td>Fruit</td>
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<td>64</td>
<td>Mucuna pruriens Linn. DC</td>
<td>Konch</td>
<td>Cow hagde</td>
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<tr>
<td>65</td>
<td>Nerium odorum Ation</td>
<td>Khar zohra</td>
<td>Oleander</td>
<td>Leaf, Root</td>
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<tr>
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<td>Orchis latifolia Linn.</td>
<td>Salab masri</td>
<td>Salep</td>
<td>Root</td>
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<td>Paspalum secaloides</td>
<td>Shaaqooly ala</td>
<td>Wild Pachur Secado</td>
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<td>Peganum harmala</td>
<td>Asparad</td>
<td>Hernal</td>
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<tr>
<td>69</td>
<td>Phoenix dactylifera</td>
<td>Khurma</td>
<td>Date</td>
<td>Fruits</td>
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<td>Pinus longifolia Roxb.</td>
<td>Sanober</td>
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<td>Piper longum</td>
<td>Filfil daraz</td>
<td>Long Pepper</td>
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<tr>
<td>72</td>
<td>Pistacia vera Linn.</td>
<td>Pista</td>
<td>Pistachio nut</td>
<td>Fruit</td>
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</tbody>
</table>
CONCLUSION

It is apparent from present article that there are many herbal drugs which are being used by Unani physicians in the form of single as well as compound formulations since centuries. These drugs are safe, effective and relatively free from adverse effects. Some studies have been conducted on these drugs but they lack extensive pharmaceutical and clinical studies by using modern parameters. Hence it is suggested that relevant studies may be carried out on these natural resources for the establishment of new, safe and effective aphrodisiacs.

REFERENCES


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