

CLINICAL ASSESSMENT OF THE ROLE OF WELLNESS NONI IN THE MANAGEMENT OF SEXUAL HEALTH

Erectile dysfunction (ED or (male) impotence) is a sexual dysfunction characterized by the inability to develop or maintain an erection of the penis. There are various underlying causes, such as cardiovascular leakage and diabetes, many of which are medically treatable. Nerve trauma from prostatectomy surgery can cause chronic erectile dysfunction.

The causes of erectile dysfunction may be physiological or psychological. Physiologically, erection is a hydraulic mechanism based upon blood entering and being retained in the penis, and there are various ways in which this can be impeded, most of which are amenable to treatment. Psychological impotence is where erection or penetration fails due to thoughts or feelings (psychological reasons) rather than physical impossibility; this can often be helped. Notably in psychological impotence, there is a very strong placebo effect.

Erectile dysfunction, tied closely as it is to cultural notions of potency, success and masculinity, can have devastating psychological consequences, including feelings of shame, loss or inadequacy; often unnecessary since in most cases the matter can be helped. There is a strong culture of silence and inability to discuss the matter. In fact, around 1 in 10 men experience recurring impotence problems at some point in their lives.

Folk remedies have long been advocated, with some being advertised widely since the 1930s.

In Ayurveda, sexual health and sexual disorders like erectile dysfunction has been given special importance. The branch deals with the sexual problems are known as Rasayana- Vajikarana. Even in the classics like Charaka Samhita special chapters have been written for the sexual disorders. Wellness Noni contains many drugs having Rasayana and Vajikarana properties. So a special clinical trial was made to study the Aphrodisiac property of Wellness Noni.

AIMS AND OBJECTS:

1. To study the role of wellness Noni in the management of Sexual performance.
2. To study the side effects if there is any.

MATERIAL AND METHODS:

The male patients/volunteers attending the clinic/hospital were selected irrespective of race, caste and religion.

CRITERIA FOR ASSESSMENT:

All the patients and the volunteers were clinically assessed once in a week. Their general condition was assessed. The assessment of therapies was made by adopting Sexual health scoring.

1. Assessment of sexual parameters: The sexual health parameters like sexual desire, erection, rigidity, ejaculation and orgasm were studied. The scoring system developed by Mehra and G. Singh (1995) was adopted for the purpose and the details of scoring pattern is as follows :

Sexual Desire	No desire at all	0
	Lack of desire	1
	Desire but no activity	2
	Desire only on demand of the partner	3
	Normal desire	4
	Excess desire	5
Erection	No erection by any method	0
	Erection with artificial methods	1
	Erection but unable to penetrate	2
	Initial difficulty but able to penetrate	3
	Erection with occasional failure	4
	Erection whenever desired	5
Rigidity	Unable to maintain erection or unable to continue sexual act	0
	Some loss in erection but able to continue	1
	Able to maintain erection and continue sexual act	2
Ejaculation	No ejaculation at all	0
	Delayed ejaculation without orgasm	1
	Ejaculation before penetration	2
	Ejaculation with penetration but early	3
	Discharge ejaculation with own satisfaction	4
	Ejaculation with own and partner's satisfaction	5
Orgasm	No enjoyment at all	0
	Lack of enjoyment in most of occasion	1
	Enjoyment in 25% of sexual encounters	2
	Enjoyment in 50% of sexual acts	3

	Enjoyment in 75% of sexual acts	4
	Enjoyment in every sex act	5
Night emission	No emission	0
	1-2 emission	1
	3-4 emission	2
	>5 emission	3

Overall assessment of therapies: The overall assessment was made by assessing the sexual parameter.

Gradation of overall effect on sexual health:

Complete remission: Attainment of 100% relief in all the sexual health parameters was considered.

Markedly improved: 75% of improvement was considered.

Improved: 50% of improvement in all sexual health parameters was taken.

Unchanged: If the relief found < 25% it was taken as unchanged category.

Table – 1 : Status of cases of present study :

Group	Total Registered	LAMA	Completed
Patients	07	00	07
Volunteers	09	00	09
Total	16	01	16

Status of cases of present study 17 cases were registered for the present study, out of which 07 were considered as the patient and 09 were included in volunteers group. Hence, a total of 16 cases were registered for the study.

Table – 2: Marital status

Marital status	Patients	Volunteers	Total	Percentage
Married	04	02	06	37.50
Unmarried	03	07	10	62.50

Table shows 62.50% patients were unmarried and 37.5% were married.

Table – 3: Age wise distribution of 16 cases

Age group	Patients	Volunteers	Total	Percentage
21 – 30	03	01	04	25.00
31 – 40	01	01	02	12.50
41-50	01	00	01	06.25
50-70	03	06	09	56.25

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Table – 4 : Religion wise distribution of 16 cases of the study.

Religion	Patients	Volunteers	Total	Percentage
Hindu	05	09	14	87.50
Muslim	02	00	02	12.50

Religion wise distribution of 16 cases of the present study revealed that maximum number of patients i.e. 87.5% belonged to Hindu religion and remaining were Muslim 12.5%.

Table – 5 : Education wise distribution of 16 cases

Education	Patients	Volunteers	Total	Percentage
Secondary	01	00	01	06.25
Intermediate	02	01	03	18.75
Graduate	04	08	12	75.00

Education : In the present study 75% of cases were having the graduate level of education, whereas 18.75% were studied up to intermediate level. Remaining 6.25% were having the secondary level of education.

Table – 6 : Occupation of working condition of 16 cases

Occupation	Patients	Volunteers	Total	Percentage
Business	02	07	09	56.25
Service	02	00	02	12.50
Labour	02	00	02	12.50
Student	01	02	03	18.75

It was found that maximum number of observed cases of present study were business men (56.25%) followed by students 18.75%. Remaining were government servants and labours (12.5%).

Table – 7 : Socio-economic status in 16 patients

Socio-economic status	Patients	Volunteers	Total	Percentage
Poor - lower middle	01	01	02	12.50
Higher Middle	05	07	12	75.00
Upper	01	01	02	12.50

Socio-economic status: In the present study it was found that maximum number of patients i.e. 75% belonged to higher middle class, followed by 12.5% who were in poor socio economic class and same 12.5% were from rich strata of the society.

Table – 8 : Addiction reported by 16 cases

Addictions	Patients	Volunteers	Total	Percentage
Tobacco	04	03	07	43.75
Alcohol	02	00	02	12.50
Smoking	00	01	01	06.25
Non addicted	01	05	06	37.50

In the present study tobacco addiction was found in 43.75% of total cases. 12.5% of cases were having history of alcohol. Where as 6.25% was addicted by smoking. Remaining 37.5% did not reveal any addiction.

Table – 9 : Prakriti wise distribution of 16 cases of the present study

Prakriti	Patients	Volunteers	Total	Percentage
Vata Pitta	06	03	09	56.25
Vata Kapha	01	04	05	31.25
Pitta Kapha	00	02	02	12.50

Prakriti wise distribution of patients of present study shows that maximum i.e. 56.25% of cases were having Vata Pitta Prakriti while 31.25% of patients were having Vata Kapha Prakriti. Remaining 12.5% were having Pitta Kapha Prakriti.

Table – 10 : Manasa Prakriti of 16 cases

Prakriti	Patients	Volunteers	Total	Percentage
Satvika	00	00	00	00.00
Rajasika	05	09	14	87.50
Tamasika	02	00	02	12.50

Table shows that maximum cases i.e.87.5% were having Rajas Prakriti while remaining were having 12.5% Tamas Prakriti.

RESULTS:

Table No. 11 Effect of Wellness Noni on erection

Erection	Mean	%	S.D.	S.E.	t	p
	0.57	73.76	0.534	0.202	2.82	<0.05

Table shows wellness noni improved erection in 73.76% of the patients, which is statistically significant effect of Wellness Noni on erection of penis in patients. At $P < 0.05$.

Table No. 12 : Effect of Wellness Noni on Desire

Desire	Mean	%	S.D.	S.E.	t	p
	0.57	66.61	0.534	0.202	2.82	<0.001

Table shows the statistically significant effect of Wellness Noni on desire in patients. At $P < 0.001$.

Table No. 13 : Effect of Wellness Noni Rigidity

Rigidity	Mean	%	S.D.	S.E.	t	p
	0.14	68.18	0.378	0.143	3.25	<0.001

Table shows the statistically significant effect of Wellness Noni on rigidity in patients. At $P < 0.001$.

Table No. 14 Effect of Wellness Noni Ejaculation.

Ejaculation	Mean	%	S.D.	S.E.	t	p
	0.71	71.75	0.756	0.285	2.5	<0.001

Table shows the statistically significant effect of Wellness Noni on ejaculation in patients. At $P < 0.001$.

Table No. 15 : Effect of Wellness Noni orgasm

Orgasm	Mean	%	S.D.	S.E.	t	p
	1.14	73.75	1.06	0.404	2.82	<0.001

Table shows the statistically significant effect of Wellness Noni on orgasm in patients. At $P < 0.001$.

DISCUSSION:

Treatment of erectile dysfunction depends on the cause. Testosterone supplements may be used for cases due to hormonal deficiency. However, the cause is more usually lack of adequate penile blood supply as a result of damage to inner walls of blood vessels. This damage is more frequent in older men, and often associated with disease, in particular diabetes.

Penile erection is managed by two different mechanisms. The first one is the reflex erection, which is achieved by directly touching the penile shaft. The second is the psychogenic erection, which is achieved by erotic or emotional stimuli. The former uses the peripheral nerves and the lower parts of the spinal cord, whereas the latter uses the limbic system of the brain. In both conditions, an intact neural system is required for a successful and complete erection. Stimulation of penile shaft by the nervous system leads to the secretion of nitric oxide (NO), which causes the relaxation of smooth muscles of corpora cavernosa (the main erectile tissue of penis), and subsequently penile erection. Additionally, adequate levels of testosterone (produced by the testes) and an intact pituitary gland are required for the development of a healthy erectile system. As can be understood from the mechanisms of a normal erection, impotence may develop due to hormonal deficiency, disorders of the neural system, lack of adequate penile blood supply or psychological problems. Restriction of blood flow can arise from impaired endothelial function due to the usual causes associated with coronary artery disease, but can also be caused by prolonged exposure to bright light.

Wellness noni contains Noni, Withania Somnifera, Tribulus terrestris etc, which possesses scientifically proven efficacy on various functions.

Noni increases the production of nitric oxide in body in a natural way. Nitric oxide helps maintain, repair and defend every cell in the human body. One part nitrogen, one part oxygen, this simple molecule is deeply embedded in nearly every major aspect of human physiology. Decline in the levels of dehydroepiandrosterone (DHEA), tends to be depleted steadily with age. Noni contain plant based sterols that act as precursors to human sterols. The most important human sterol is Dehydroepiandrosterone (DHEA). Hence Noni helps to enhance the DHEA level. To date, more than 70,000 scientific papers have been published regarding some aspect of nitric oxide's beneficial role in human health and wellness. While nitric oxide is produced in the human body, most people don't make enough nitric oxide to maintain optimal health.

The other important content of wellness noni i.e. Tribulus too have direct effect on testosterone. Tribulus contains natural steroidal contents like alkaloids, resins, tannins, sugars, sterols, essential oil, peroxidase, diastase, glucoside. saponins, and flavanoids, and its protodioscins naturally increases the level of Luteinizing hormone levels (LH) thereby improves the manufacture of testosterone in the body - a level of up to 30%. According to a study on male rates it was found that

the roots extract of *Withania somnifera* induced a marked impairment in libido, sexual performance, sexual vigour, and penile erectile dysfunction. These effects were partly reversible on cessation of treatment.

Thus the wellness noni showed significant improvement in almost all criteria of E.D. i.e. Erectile Dysfunctions. Table 11 to 15 show Wellness Noni improved erection in 73.76% of the patients, statistically significant effect on desire in patients at $P < 0.001$. Wellness Noni showed good effect on rigidity too at $p < 0.001$. Ejaculation was also improved in at $P < 0.001$. Table shows the statistically significant effect of Wellness Noni on orgasm in patients. At $P < 0.001$.

CONCLUSION:

In nut shell it can be concluded that wellness Noni with gold can treat erectile dysfunction and improve the sexual health very effectively.

Reference:

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