

Looking for a Libido Lift?

The Facts About Aphrodisiacs

by Tamar Nordenberg

*The moon is nothing
But a circumambulating
aphrodisiac
Divinely subsidized to provoke
the world
Into a rising birth-rate
—from A Sleep of Prisoners
by Christopher Fry*

In the pursuit of sexual success and fertility, the moon, and everything under it, has been touted as an aphrodisiac by some person or culture. Love potion peddlers stop at nothing to sell their sexual wares. "I'll make you the same promise that my wife made to me," says Theodore Maximilian in the provocative brochure for his "Maxim" product. "I'm going to cure your impotence immediately!" Maxim "acts as a potent aphrodisiac," according to the advertisement. ■





oysters

unicorn

rhino horn

ginseng

spanish fly

scallops

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An aphrodisiac is a food, drink, drug, scent, or device that, promoters claim, can arouse or increase sexual desire, or libido. A broader definition includes products that improve sexual performance. Named after Aphrodite, the Greek goddess of sexual love and beauty, the list of supposed sexual stimulants includes anchovies and adrenaline, licorice and lard, scallops and Spanish fly, and hundreds of other items.

According to the Food and Drug Administration, the reputed sexual effects of so-called aphrodisiacs are based in folklore, not fact. In 1989, the agency declared that there is no scientific proof that any over-the-counter aphrodisiacs work to treat sexual dysfunction.

Countering Cultural Views

FDA's findings clash with a 5,000-year tradition of pursuing sexual betterment through use of plants, drugs and magic. Despite FDA's determination that OTC aphrodisiacs are ineffective—and sometimes even dangerous—people continue the optimistic quest for drug-induced sexual success.

Several principles help demystify some cultural views about aphrodisiacs. Sometimes the reason for an item's legendary reputation is obvious. It's easy to imagine how the sex organs of animals such as goats and rabbits, known for their procreantiveness, have achieved their esteemed status as love aids in some cultures.

Chilies, curries, and other spicy foods have been viewed as aphrodisiacs because their physiological effects—a raised heart rate and sometimes sweating—are similar to the physical reactions experienced during sex. And some foods were glorified as aphrodisiacs based on their rarity and mystery. While chocolate was once considered the ultimate aphrodisiac, the reputation wore off as it became commonly available.

Many ancient peoples believed in the so-called "law of similarity," reasoning that an object resembling genitalia may possess sexual powers. Ginseng, rhinoceros horn, and oysters are three classical examples.

The word ginseng means "man root," and the plant's reputation as an aphrodisiac probably arises from its marked similarity to the human body. Ginseng has been looked on as an invigorating and rejuvenating agent for centuries in China, Tibet, Korea, Indochina, and India. The root may have a mild stimulant action, like coffee. There have been some experiments reporting a sexual response in animals treated with ginseng, but there is no evidence that ginseng has an effect on human sexuality.

The similarity of the shape of the rhinoceros horn to the penis is credited for its worldwide reputation as a libido enhancer. The horn contains significant amounts of calcium and phosphorus. The addition of the food to a deficient diet could improve general physical vigor and possibly lead to an increased sexual interest. But in most Americans' diets, which are usually not lacking calcium or phosphorus, the small quantities usually consumed would not affect physical performance.

Because Aphrodite was said to be born from the sea, many types of seafood have reputations as aphrodisiacs. Oysters are particularly esteemed as sex aids, possibly gaining their reputation at a time when their contribution of zinc to the nutritionally deficient diets of the day could improve overall health and so lead to an increased sex drive.

Shortage of Studies

There is no proof that ginseng, rhinoceros horn, or oysters have an effect on human sexual reaction. But might some foods and OTC drugs eventually be proven to affect sexual appetite? Some big obstacles exist to answering this

question. The placebo effect is one scientific stumbling block.

"The mind is the most potent aphrodisiac there is," says John Renner, founder of the Consumer Health Information Research Institute (CHIRI). "It's very difficult to evaluate something someone is taking because if you tell them it's an aphrodisiac, the hope of a certain response might actually lead to an additional sexual reaction."

Because the psychological complications are absent in animals, some studies have been done on the effect of certain drugs on animals' sexual activity. One substance that was tested extensively in animals is yohimbine. Obtained from the bark of an African tree, yohimbine has been used for centuries in Africa and West India for its supposed aphrodisiac properties. It supposedly works by stimulating the nerve centers in the spine that control erection. FDA called the results of preliminary animal studies "encouraging," but animal studies cannot be relied on to show the effectiveness of the drug in humans.

In people, the only available evidence is anecdotal and subjective. To scientifically measure sexual stimulation, a valid human study would have to be performed in the laboratory, comparing a placebo (an inert pill with no active ingredients) to the test aphrodisiac. Preferably, neither the researchers nor the patients would know who was getting the test substance. Because of cultural taboos, few such studies have been undertaken.

A second obstacle to obtaining proof of aphrodisiac effects is that some drugs may not actually have specific sexual effects, but may change a person's mood and therefore seem to be an aphrodisiac. For example, alcohol has been called a "social lubricant." People drink for many reasons, including to relax, reduce anxiety, gain self-confidence, and overcome depression. Because sexual prob-

First Impotence Drug

For the 10 million to 20 million American men who suffer from impotence, the Food and Drug Administration's July 6, 1995, approval of Upjohn Company's prescription drug Caverject (alprostadil) may prove to be life-altering. Caverject is the first prescription drug approved for impotence, and is expected to successfully treat 70 to 80 percent of patients.

The drug provides an alternative to devices previously approved by FDA. A vacuum device involves placing a cylinder-like device and attached pump over the penis. By using the pump, blood is drawn into the penis, creating an erection. A constriction band is then placed at the base of the penis to maintain erection. A second treatment option, the penile implant, involves the surgical placement of cylinders in the penis and is available in a variety of designs. (See "Inflatable Penile Implants Under Scrutiny" in the January-February 1994 *FDA Consumer*.)

FDA approved Caverject to treat impotence caused by neurological, vascular or psychological dysfunction. While psychological factors such as anxiety

and depression can lead to sexual dysfunction, more than 85 percent of impotence cases have a physical cause, according to the Impotence Institute of America. A complete physical examination is important so that any underlying condition can be diagnosed and treated. Some common causes of impotence are diabetes, arteriosclerosis (hardening of the arteries), and high blood pressure. Also, impotence has reportedly been caused by 16 of the 200 most commonly prescribed drugs, including drugs for high blood pressure, heart disease, and depression.

Caverject is self-injected into the penis shortly before sexual intercourse. The drug creates an erection by relaxing the smooth muscle tissue and dilating the major artery in the penis, which enhances the blood flow to the penis.

The drug's most common side effect is penile pain. Other side effects include bleeding at the injection site and an unhealthy, prolonged erection of four to six hours. ■

—T.N.

Aphrodisiac Alphabet



- Artichokes**
- Baths**
- Castor Oil**
- Dried Frog**
- Eels**
- French Onion Soup**
- Ginseng**
- Horseradish**
- Intestines of Animals**
- Jasmine**
- Kidney Beans**
- Lobster**
- Milk**
- Nuts**
- Oysters**
- Perspiration**
- Quail**
- Rabbit Pie**
- Sloe Gin**
- Turnips**
- Unicorn**
- Vanilla**
- Well Water**
- Yohimbine**

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lems can be caused or worsened by psychological stress, moderate drinking might seem like a sexual enhancer. In fact, it merely lessens inhibitions.

Alcohol is actually a depressant, and so, as the porter in Shakespeare's "Macbeth" observed, it "provokes the desire, but it takes away the performance." And drinking *too much* actually *decreases* desire.

No Quick Fix

Despite the lack of scientific evidence of safety and effectiveness, the fraudulent OTC love potion industry thrives to this day. Marketers use a "blatant snake-oil approach," according to CHIRI's Renner. He estimates that the aphrodisiac sellers, who do much of their business by mail-order, take in revenues in the hundreds of millions of dollars a year.

FDA sends warning letters to companies that make aphrodisiac claims, stating that the agency may take further regulatory action if the violations continue. "In the health fraud area, when they get a warning letter, most people take their profits and run," says Joel Aronson, director of FDA's division of nontraditional drugs. "They don't want to get into a legal battle with the agency because it could involve protracted, expensive litigation."

Aphrodisiac experimentation isn't just a rip-off—it can be deadly. Spanish fly, or cantharides, is probably the most legendary aphrodisiac—and the most dangerous. Made from dried beetle remains, the reported sexual excitement from Spanish fly comes from the irritation to the urogenital tract and a resultant rush of blood to the sex organs. But Spanish fly is a poison that burns the mouth and throat and can lead to genitourinary infections, scarring of the urethra, and even death.

To avoid being taken for their money or their lives, individuals with sexual problems should seek a physician's advice. A lack of sexual energy or ability in men or women could be caused by something as simple as stress or a medication one is taking, or as serious as an underlying condition like diabetes or high blood pressure.

A doctor can diagnose a sexual problem and recommend treatment. If necessary, a doctor can prescribe a drug to treat sexual dysfunction. Testosterone replacement therapy is one prescription option for men whose natural testosterone level is not within the normal range, but its serious potential side effects call for a physician's supervision. For those with an impotence problem that isn't caused by low testosterone levels, the new "Caverject" injection may be the answer. (See accompanying article.)

"People will continue to have false hopes of finding easy ways of resolving their problems," says Aronson. And so the hunt for the elusive love drug persists. A universal aphrodisiac may never be found, but experts agree that what's good for your overall health is probably good for your sex life too.

A good diet and a regular exercise program are a more dependable path to better sex than are goats' eyes, deer sperm, and frogs' legs. A good mental state is equally important.

Maybe the wishful search for a cure-all drug should be abandoned in favor of an easier, more reliable mechanism: the erotic stimulation of one's own imagination. To quote renowned sex expert "Dr. Ruth" Westheimer, Ed.D.: "The most important sex organ lies between the ears." ■

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