

Complementary Medicine use in Australian women at Midlife

While just over 39% (39.16) of Australian women use at least one complementary and alternative medicine (CAM) for any menopausal symptom, only 0.79% used a CAM for sexual symptoms. These remedies included Maca and Horny Goat's weed. ⁱ

Herbal remedies for low libido

Korean ginseng, tribulus, Shatavari, Maca and horny goat weed are some of the popular or traditional herbs used for treating low libido. There are many formulas marketed to women claiming to improve sex drive. The following details the limited research available to support the use of some of these herbs for improving libido in women.

Panax Ginseng, Korean Ginseng is a Chinese herb, traditionally used for fatigue, physical exhaustion and loss of physical stamina. This herb increases vitality and improves concentration. Ginseng is an adaptogenic herb, which is an herb that promotes resistance to external and internal stresses and improves both physical and mental function.

Ginseng is one of the most commonly self-prescribed herbs for menopausal symptoms ⁱⁱ and may be used for the relief of menopausal symptoms, because it has oestrogenic propertiesⁱⁱⁱ or because of its ability to help with coping with stress. A 2016 review of the research suggested that Korean Ginseng may improve sexual function and arousal in menopausal women.^{iv}

Tribulus Terrestris

In a small study of 45 postmenopausal women with low libido, 750mg of *Tribulus terrestris* daily, for 120 days, significantly improved sexual desire, arousal/lubrication, pain and anorgasmia compared to placebo. It also significantly increased free and bioavailable testosterone, which is proposed to be the way this herb may help to improve libido. ^v A small (n=60) Brazilian study over 90 days, showed that while there was no significant difference between placebo and Tribulus on orgasm and sexual satisfaction (p = 0.28), there was a significant improvement (p < 0.001) in vaginal lubrication during coitus and/or foreplay (20 versus 83.3%), sensation in the genitalia during sexual intercourse or other stimuli (16.7 versus 76.7%), sensation in the genital region (20 versus 70%), sexual intercourse and/or other sexual stimulations (13.3 versus 43.3%), and the ability to reach orgasm (20% versus 73.3%). ^{vi}

Maca, Lepidium meyenii

Despite the popularity of this herb for improving sexual function, there is very limited human research to support these claims. A review of the literature showed that maca improved sexual function in only one very small trial of 16 healthy menopausal women, ^{vii} and in another very small trial showed that it improved sexual dysfunction, as a result of antidepressant (SSRI) medication, in particularly postmenopausal women. ^{viii} Overall this evidence is very limited, due to lack of trials and the number of people in the research studies. More rigorous trials are needed to determine whether this herb may be effective for improving sexual function.

Linseed or flaxseed (*Linum usitissimum*)

Vaginal dryness

Linseed or flaxseed contain phytoestrogens called lignans. When these lignans are acted on by the bacteria in the gut, they produce weak oestrogenic compounds. The lignans are found in the cell walls of the seeds and so the seeds must be ground to release them.

Flaxseeds are also a rich source of the essential omega 3 fatty acid α -linolenic, and is rich in soluble dietary fibre.

In a small study of 25 postmenopausal women, 25g (2 dessertspoons) of linseeds, demonstrated an increase in the vaginal cell maturation index.^{ix} This was one of the first studies to show that dietary phytoestrogens can exert mild oestrogenic effects in postmenopausal women.

ⁱ Gartoulla, P, Davis, SR, Worsley, R, 2015, ' Use of complementary and alternative medicines for menopausal symptoms in Australian women aged 40-65 years' MJA, vol. 203, no. 3, pp. 146e.1-6

ⁱⁱ Gartoulla, P, Davis, SR, Worsley, R, 2015, ' Use of complementary and alternative medicines for menopausal symptoms in Australian women aged 40-65 years' MJA, vol. 203, no. 3, pp. 146e.1-6

ⁱⁱⁱ Shim MK, Lee YJ. 2012. Estrogen receptor is activated by Korean red ginseng in vitro but not in vivo. J Ginseng Res 36(2):169-75.

^{iv} Lee HW, Choi J, Lee Y, Kil KJ, Lee MS. 2016. Ginseng for managing menopausal woman's health: A systematic review of double-blind, randomized, placebo-controlled trials. Medicine (Baltimore) 95(38):e4914. doi: 10.1097/MD.0000000000004914. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5044908/>

^v de Souza KZ, Vale FB, Geber S. 2016. Efficacy of Tribulus terrestris for the treatment of hypoactive sexual desire disorder in postmenopausal women: a randomized double-blinded, placebo-controlled trial. Menopause 23(11):1252-1256.

^{vi} Postigo S, Lima SM, Yang EJ, Lim HS, et al 2010. Assessment of the effects of Tribulus Terrestris on Sexual Function of Menopausal Women. Rev Bras Ginecol Obstet 38(3):140-6. <https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0036-1571472>

^{vii} Shin BC, Lee MS, Yang EJ, Lim HS, Ernst E. 2010. Maca (*L. meyenii*) for improving sexual function: a systematic review. BMC Complement Altern Med 10:44. doi: 10.1186/1472-6882-10-44.

^{viii} Dording CM, Schettler PJ, Dalton ED, Parkin SR, Walker RS, Fehling KB, Fava M, Mischoulon D. 2015. A double-blind placebo-controlled trial of maca root as treatment for antidepressant-induced sexual dysfunction in women. Evid Based Complement Alternat Med: 949036. doi: 10.1155/2015/949036. Epub 2015 Apr 14.

^{ix} Wilcox G, Wahlqvist ML, Burger HG, 1990. 'Oestrogenic effects of plant foods of postmenopausal women.' Br Med J, 301:905-906