



Ancient pharmacy also solved erectile problems

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Male sexual functions are based on both the hormonal (potentia generandi) and nervous (potentia coeundi) systems. It is a very complex interplay and connection of these two competencies of the biological unit, the result of which are correct physiological functions of the genitals. The second mentioned stimulus evokes mainly psychological and subsequently reflexive tension. It can be declared that the basis of a successful sexual intercourse in men is an erection of good quality, which is controlled by the overall nervous system. From this point of view, it can be divided into two basic sections: spinal and brain.

From ancient times the absence of erection in men was perceived as a kind of loss of masculinity, loss of strength, or of authority of the individual, and therefore medicine has always been trying to correct this delicate but often occurring defect. The term aphrodisios was coined. The word is derived from the name of the Greek goddess of love, Aphrodite. Substances that intensified sexual desire, attractiveness and pleasure were included in the group of aphrodisiacs.

Already in 1744 *Taxa Pharmaceutica Posoniensis* in Chapter XV introduces *Essentiae Aphrodisiaca*—preparations to "stimulate masculinity" (original language—Hungarian: *férfiuságot indító*). *Benzoes Gummi* was used for this purpose. Essential oils were also relatively widespread, which were supposed to solve erectile problems both systematically and locally. For example, the success of the internal use of *Salvia sclarea* essential oil was based on observations that an individual receiving long-term treatment could have reached a calmer state. It is well known that an erection in a state of neurosis—usually—is not sufficient. The success probably lay in the anxiolytic effects of the constituents (aldehydes, thujones, geraniol, ketones, etc.).



Cinnamon Ceylon (*Cinnamomum zeylanicum* Blume), for example, was used in French medicine as a sexual stimulant with a local effect. The physiological principle of its operation is in the presence of irritating substances, causing local irritation at the site of application and its congestion (cinnamic acid, cinnamon alcohol and the like).

The last form of administering essential oils for the above purpose is inhalation, i. e. *via* the respiratory entry. The most famous preparation is undoubtedly essential oil with the scent of the Ylang ylang plant (*Cananga odorata* Hook. f. & Thomson). This essential oil contains sesquiterpenes. It is their effects that can be attributed to the effects leading to reassurance.

More current medicine also brought about such preparations, the use of which bordered with toxicological risks. One of such examples is a preparation made of plant *Pausinystalia yohimbe* Schum. called *Yohimbium hydrochloricum*. It is an alkaloid from the bark of a plant. A substance that dissolves well in water causes genital irritation by dilating blood vessels and activating spinal reflex centers. A known experiment in a male cat at a dose of 0.2 mg/kg intravenously induced an erection leading to ejaculation. In common practice, 0.003 to 0.03 g of p. dose to 0.10 g p. the. The effect was shown after two weeks. Nausea and spasms were observed at high doses.

A really exceptional preparation was a powder made of *Lytta vesicatoria* L. The body of this green beetle contains the venom cantharidin, which is nephrotoxic. How does the golden-green fine powder prepared from the dried bodies of an erection beetle relate to an erection? Systematically and toxicologically. The lethal dose for an adult is in the range of 2–3 grams of powder. When administered orally, there is a state of general intoxication, salivation with inconsolable thirst, burning of the pharynx, vomiting with admixture of blood, dhiarrea and subsequent inflammatory processes. These cause intense blood flow to the bladder and genitals and, at higher doses, painful long-term erections. After a few days, the exposed person dies due to anuria and uraemia. It is clear that the use of this preparation has been extremely risky and often accompanied by irreversible consequences.

A very rare situation is when erection is to be considered a potential negative side effect of a galenic preparation. The venereal tea mixture for the treatment of gonorrhoea (*Gonorrhoea*), containing *Herba herniariae* and *Uvae ursi herba*, must not be drunk in the evening. The patient should lie down with an empty bladder to avoid a painful and contraindicated erection at night. Heroin, for example, was used in the past to eliminate or deal with this side effect of a painful erection.

I conclude with ancient method of treating erectile dysfunction with a prescription containing a plant extract that was rediscovered in the late 1990s.



Liquid extract from the root of echinacea (*Echinacea angustifolia* DC) is an aphrodisiac when used internally, in a dose of 0.30–3.00 g in a glass of water. In combination with Hamamel virginian extract, it was also used as an anti-hemorrhoid with application directly to the rectum.

Rp.

Extracti echinaceae angustifoliae fluidi 30,00

Extracti hamamelidis virgíniae fluidi 60,00

Aquae destillatae 30,00

Erection, or rather its quality and its duration has a significant effect on a man's mental state and therefore this dysfunction has been addressed since ancient times. From the point of view of modern pharmacotherapy, a large part of treatment currently proves to be absurd or inadequately risky. What has not changed at all—from the point of view of the medical/medicinal approach—is the effort to correct the adverse consequences, the possible occurrence of erectile dysfunction and also the correction of the very problem.

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