

Full Length Research Paper

Assessment of complementary and alternative medicine (CAM) usage to enhance male sexual performance in Ogbomoso metropolis

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This work is aimed at comparing availability, affordability, patronage and adverse effects of complementary and alternative medicine (CAM) with orthodox medicines [such as *SILDENAFIL CITRATE* (Viagra)] as remedy for enhancing sexual performance in Ogbomoso metropolis, Nigeria. 530 adult men were interviewed at random across the city with a structured open- and close-ended questionnaire. The information obtained include demographic status, experience of sexual dysfunction, choice of remedy and reasons, sources of remedies, efficacy and accompanying side effects of the of the chosen remedy. There were 420 (79.24%) CAM users, 38 (7.18%) Orthodox remedy users and 72 (13.58%) neither use herbal nor orthodox remedy to enhance sexual performance all with mean age of 32 ± 2.4 years. The data obtained indicated a significant patronage of CAM as remedy for male sexual dysfunction. Also significant percentage ($P < 0.05$) of orthodox remedy users indicated unpleasant experience when compared with CAM users. The use of CAM is quite common among sexually active men in Ogbomoso metropolis and usage is independent of socio-economic status. Research efforts should be geared towards finding natural products with aphrodisiac potentials, readily available, affordable and with little or no side effect.

Key word: Sexual dysfunction, alternative medicine, *Sildenafil citrate*, herbal products, complications, Ogbomoso.

INTRODUCTION

Ogbomoso ($26^{\circ}8'N$, $29^{\circ}4'E$) a major city in Oyo State, Southwestern Nigeria. Located about 90 km South-East of the state capital, Ibadan. The city predominantly Yoruba (Kayode, 2003), is an ethnic society with strong cultural affiliation to their environment and believe in phytotherapy (Oso, 1977). Various types of CAM have been employed by the inhabitants of the city over the years as remedies for different ailments. Complementary and alternative medicine (CAM) covers a heterogeneous

spectrum of ancient to new-age approaches that purport to prevent or treat disease. By definition, CAM practices are not part of conventional medicine because there is insufficient proof that they are safe and effective (Eisenberg et al., 1998). Complementary interventions are used together with conventional treatments, whereas alternative interventions are used instead of conventional medicine. Among ailments to which CAM is been sought are malaria, diarrhoea, anaemia, diabetes etc., (Lawal et al., 2010), and of importance in this study is male sexual dysfunction. Sexual dysfunction refers to a problem during any phase of the sexual response cycle that prevents the individual or couple from experiencing satisfaction from the sexual activity. The sexual response

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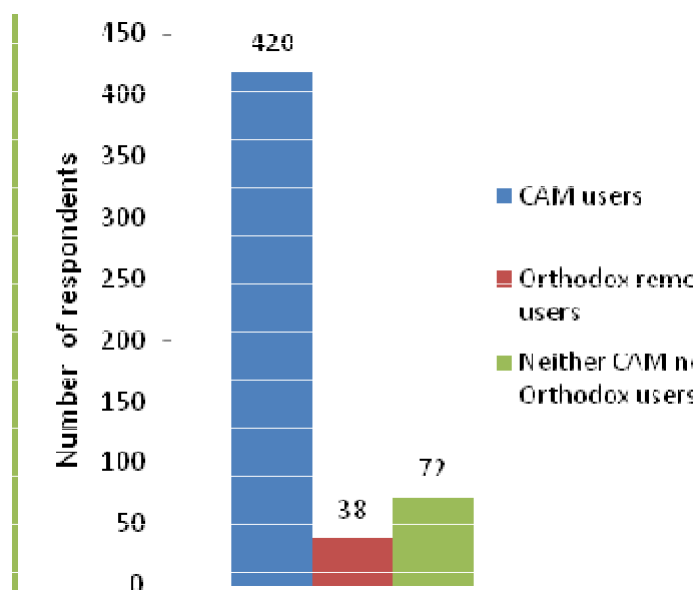


Figure 1. Distribution of CAM and orthodox remedies users.

cycle includes excitement, plateau, orgasm and resolution (Bhassin and Basson, 2008). Sexual dysfunction generally is classified into four categories:

Desire disorders: The lack of sexual desire or interest in sex (lack of libido).

Arousal disorders: The inability to become physically aroused during sexual activity.

Orgasm disorders: The delay or absence of orgasm (climax).

Pain disorders: Pain during intercourse (this condition mostly affects women).

Arousal disorders are common in men (also occur in women known as frigidity) and characterized by inability to achieve an erection or maintain an erection suitable for intercourse (erectile dysfunction), Delayed or absence of ejaculation despite adequate sexual stimulation and inability to control the timing of ejaculation (premature or retarded ejaculation) (Maurice, 2007; Shafer, 2008). In order to preserve the integrity of manhood various therapeutic approaches are employed.

Among many orthodox therapeutic approach is the use of *Sildenafil citrate* (Viagra) which has been reported to successfully modifies the hemodynamics in the penis (Sagraves et al., 2003), but with limited efficacy, unpleasant side effects and contraindications in certain disease conditions (Lue et al., 2003). In the same vein many plants have been reported to possess aphrodisiac potential and being employed as remedies for arousal

disorders in males they include extracts of *Fadogia agrestis* (Yakubu et al., 2005;), *Myristica fragrans* (Tajuddin et al., 2005), *Passiflora incarnate* (Dhawan et al., 2003) and several others (Sumalata et al., 2010). In this study we assessed the patronage of CAM as remedy for arousal disorders in male sexual dysfunction vis-à-vis the available orthodox remedies and reasons underlining the choices of users.

METHODOLOGY

This descriptive study was carried out in Ogbomoso metropolis of Oyo State, Nigeria. The inclusion criteria were sexually active adult males randomly selected across the city and who had experience of sex in most recent past. Five hundred and thirty sexually active and verbally consenting adults were interviewed using a pre-tested questionnaire. Socio-demographic data including age, gender and level of educational were documented. Types of sexual disorders experienced (such as premature ejaculation, weak erection and lack of libido) and choices of remedy (Orthodox or CAM) were also documented. We utilized a standard format to question subjects about use of CAM (especially herbal preparations) to alleviate sexual disorders. The questionnaire also included sources of herbal products, effectiveness and accompanying side effects.

Statistical analysis

Data analysis was conducted using EPIINFO 2002. Numerical data are expressed as mean values \pm standard deviation (SD) and compared with student t-test. Statistical significance was assumed at $P < 0.05$.

RESULT

Out of 530 respondents with mean age of 32 ± 1.2 year, there were 420 (79.24%) CAM users, 38 (7.18%) Orthodox remedy users and 72 (13.58%) neither use herbal nor orthodox remedy to enhance or improve sexual performance (Figure 1). Amongst the CAM and orthodox remedies users, weak erection is the major sexual dysfunction suffered by the respondents 267 (58.30%) followed by premature ejaculation 145 (31.64%) while 46 (10.06%) of the respondents was due to lack of sexual desire (Figure 2). About 291 (69.30%) of CAM users sourced their remedies from street hawkers or herbal peddlers, 83 (19.70%) prepare their's by themselves while 46 (11.0%) sourced their herbal remedies from licensed chemists (Figure 3). When asked about experience of unpleasant side effects, 28 (6.70%) of CAM users indicated unpleasant side effects while 29 (75.5%) of orthodox drug users did same (Figure 4).

DISCUSSION

According to our study, the use of CAM was independent of socio-economic status as the patronage cuts across

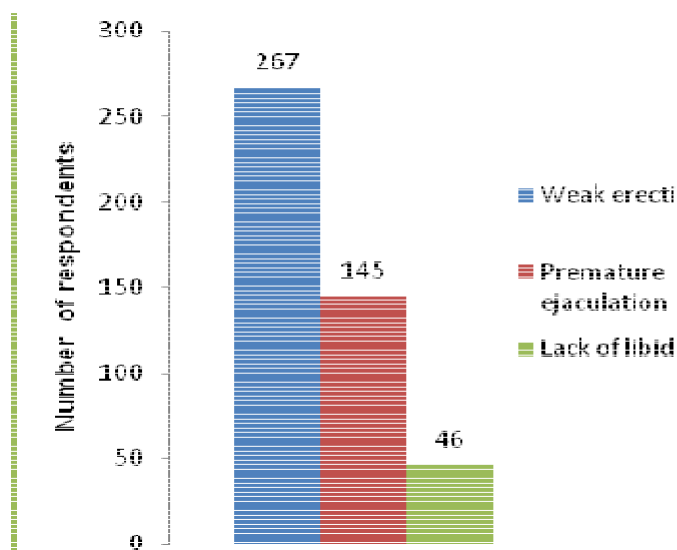


Figure 2. Sexual dysfunctions suffered by respondents.

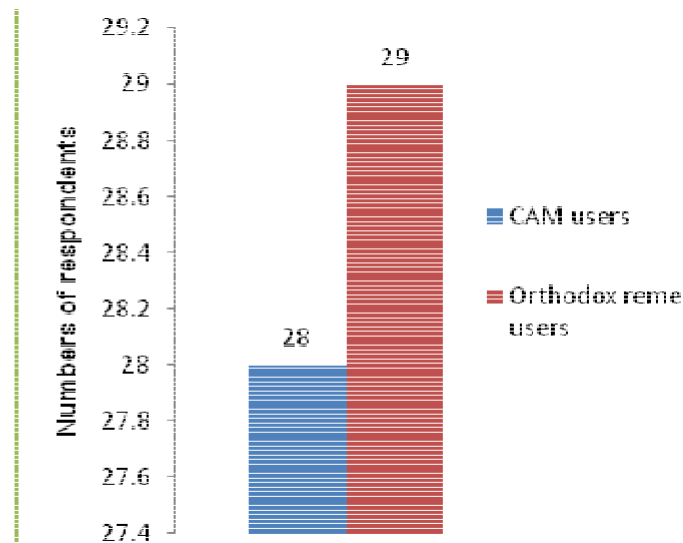


Figure 4. Experience of unpleasant side effects.

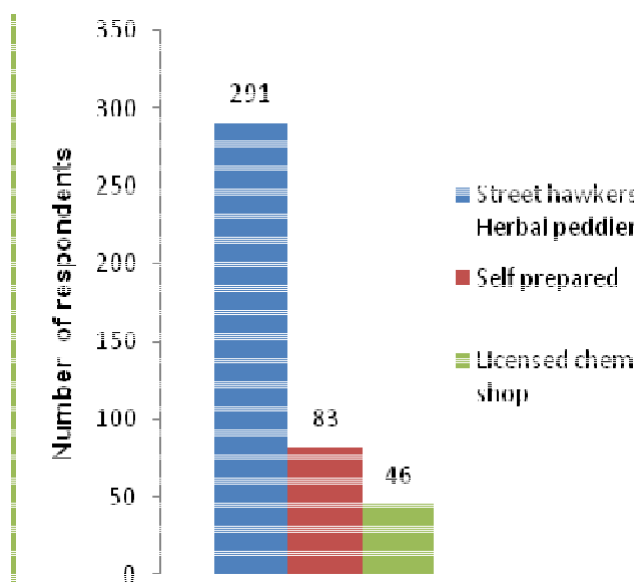


Figure 3. Sources of CAM remedies.

the entire strata of the society. This finding differs from the American and Australian studies which both found several associations between demography factors and CAM usage (Eisenberg et al, 1998; MacLennan et al, 1996). Notably, college education and wealth were proctors common to both the US and Australian studies. From our study, larger proportion of respondents patronizes CAM (79.24%) to alleviate male sexual disorders in order to preserve their masculine integrity while orthodox patronage was about 10 times less than CAM patronage.

Several reasons have been given by researchers for

the increased prevalence of CAM utilization. The failure of orthodox medicine (Kaptchuk and Eisenberg, 1998) and perception that CAM is cheaper than orthodox medicine (Eddouks et al., 2002) has been some of the reasons.

Some other attractions to alternative therapies may be related to power of underlying philosophies they share which involves closeness to nature, spirituality and the fact that these therapies often go along with cultural beliefs of the people (Kaptchuk and Eisenberg, 1998; Astin, 1998).

Another reason for increased CAM patronage is the little or no experience of side effect. An unpublished report has associated some orthodox medicine used to enhance sexual performance (aphrodisiac) with increased blood pressure. *S. citrate* (Viagra) has been a successful orthodox drug used as remedy for male sexual dysfunction because of its ability to modify the hemodynamics of the penis (Sagraves et al., 2003). However, side effects associated with this drug include headache, flushing, dyspepsia and nasal congestion (Lue et al., 2003). Some individual may therefore resort to this natural form of therapy. Side effects were cited as one of the reasons for the use of CAM by 59% of the respondents in the study by Shafiq et al. (2003).

Other possible reasons for increased patronage of CAM in this environment may include the strong and irresistible advertisements by alternative medicine practitioners that CAM is a panacea to all diseases thus encouraging them to try them out.

Furthermore, in Nigeria at large the use of herbal remedies perceived to be cheaper, may be on the increase due to the poor economic state and increasing cost of orthodox medicines.

Our studies also revealed larger proportion of CAM

users secure their remedies from street hawkers or herbal peddlers (69.30%) while only 11.0% of the users secure their herbal remedies from licensed chemist shop. Herbal products used to enhance sexual performance may include extract from plants such as *Eurycoma longifolia*, *Crocus sativus*, *Mondia whitei*, *Lepidium mayenii* etc. (Sumalatha et al., 2010) which are abundant in the city's surrounding flora.

In conclusion, the use of CAM is quite common among sexually active men in Ogbomoso metropolis owing to availability and safety reasons and usage is independent of socio-economic status. Though not totally harmless, all agencies that control drug use should educate the masses against abuse of CAM to forestall unwarranted complications.

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