

THE NATURAL PATH

Your Guide to Good Health & Vitality
Cutting Edge Research Made Easy

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Female Sexuality

APHRODITE

Boosting Libido

MYTH & LORE ARE FULL OF APHRODISIACS.
SO, IT TURNS OUT, IS SCIENCE

We had the opportunity to speak to the late James Duke, an ethnobotanist who travelled the world gathering information on how herbs were used in different cultures, about herbal aphrodisiacs. He gave us access to his database of folkloric aphrodisiacs: it contained over 321 aphrodisiac herbs! Can it be true? For some of them, science says, "Yes!".

Female sexual dysfunction is surprisingly common—as many as 43% of women struggle with some form of sexual dysfunction—but, like so many health conditions, female sexual dysfunction is less understood and less studied than male sexual dysfunction. Drugs fail to outperform, or barely outperform, a placebo. So, there is no real treatment. Unless you turn to nature!

Female sexual dysfunction can include difficulty with desire, orgasm, arousal and pelvic pain/penetration.

Here are some of the best herbal remedies that have actually been validated by science.

Saffron

Saffron has been traditionally used as an aphrodisiac, and science has begun to support the tradition for sexual dysfunction in both men and women. The latest promise comes from a double-blind study that gave 68 women with severe sexual dysfunction 15mg of saffron or placebo twice a day for 6 weeks. Improvement in the Female Sexual Function Index (FSFI) was checked every 2 weeks. FSFI measures desire, arousal, lubrication,

LOOK INSIDE

- Cranberry Versus Antibiotics for UTIs
- Celery Seed for Heart & Soul
- D-Mannose Effective for UTIs
- Ginseng Keeps Women Young!

Hawthorn for Your Heart



HAWTHORN IS NATURE'S HEART SPECIALIST

First used by the ancient Greek healer Dioscorides for heart problems and used in traditional Chinese medicine since 659 CE, hawthorn has been building its scientific resume ever since.

Powerful and versatile, hawthorn is the greatest cardiovascular herb nature has to offer. It has been shown to benefit high and low blood pressure, angina, cholesterol, arrhythmias, atherosclerosis and, especially, congestive heart failure.

High Blood Pressure

Early research suggested that hawthorn could lower both systolic and diastolic blood pressure in people whose blood pressure was high. In a placebo-controlled study of diabetics with high blood pressure, most of whom were on blood pressure lowering drugs, adding hawthorn lowered diastolic blood pressure (*Br J Gen Pract.* 2006;56(527):437-43). Hawthorn significantly lowered both diastolic and systolic blood pressure in a double-blind study of people with mild hypertension (*Drugs Exp Clin Res.* 2004;30(38843):221-5).

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Lifesaver: Valerian & Getting a Good Night's Sleep

72 people with sleep problems took either a placebo or 200mg of valerian extract with 2% valerianic acid for 8 weeks in a double-blind study. Total scores on the Pittsburgh Sleep Quality Index improved significantly versus placebo. Valerian significantly improved sleep time and time to fall asleep compared to placebo as well as daytime drowsiness and waking up feeling refreshed. As a bonus, valerian also significantly improve anxiety (*Adv Ther.* 2024; 41(1): 246-261).



Hawthorn for Your Heart



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Cholesterol & Atherosclerosis

Studies have suggested that hawthorn can lower cholesterol and stabilize plaque in people with atherosclerosis (*China J Chin Mater Med.* 2014;39:1115-1119).

To do its damage, cholesterol needs to be damaged by oxidation. Hawthorn's antioxidant powers eliminate the free radicals that damage the cholesterol, according to a number of studies.

Congestive Heart Failure

Of all the heart benefits of hawthorn, its greatest value is for treating congestive heart failure, a chronic condition in which the heart can no longer pump blood sufficiently, causing the blood to pool in other parts of the body and fluid to build up in the lungs. Congestive heart failure can cause shortness of breath and wheezing; cough; fatigue and weakness; swelling in the legs, ankles and feet; irregular heart beat; swollen stomach; nausea and lack of appetite; difficulty concentrating; and chest pain. It can be life threatening.

Hawthorn actually improves the heart's function in a number of important ways. It increases the contraction of the heart muscle, improving its ability to pump blood; reduces peripheral vascular resistance, improving circulation to the extremities; improves left ventricular ejection fraction; dilates coronary vessels, improving the blood supply to the heart; and increases the tolerance of the heart muscle to oxygen deficiency.

When it comes to congestive heart failure, hawthorn turns out to be even more powerful than we thought. Several studies and a systematic review had found it to be effective for class II congestive heart failure (*Fortschr Med* 1986;104:805-8; *Fortschr Med* 1993;111:352-4; *Phytomed* 1994;1:17-24; *Munch Med Wschr* 1994;136(Suppl 1):S27-33; *Fortschr Med* 1996;114:291-96; *Arzneimittelforschung* 2001;51(10):793-8; *Phytomed* 2003; 10:363-69; *Cochrane Database Syst Rev* 2008; 1:



Art No.: CD005312). Hawthorn improved heart palpitations, chest pressure, and swelling in the extremities in people with mild to moderate CHF (*Z Phytotherapie* 1998;19:22-30).

But research now proves it to be effective against even serious class III heart failure.

The study looked at 209 people who were 40 or over, who had had chronic congestive heart failure for at least 6 months and who were already on diuretics. Each of them added either a placebo, 900mg of hawthorn or 1800mg of hawthorn for 16 weeks. The group that received 900mg twice a day had a significantly greater improvement in exercise capacity than the placebo group and the 900mg group. Patients rated their typical heart failure symptoms as improved to a significantly greater extent on both doses of hawthorn than on the placebo.

Hawthorn was so safe that the placebo

group actually experienced twice as many side effects. The effectiveness and safety were both best for the 1800mg dose (*Am Heart J* 2002;143:910-15).

One study found that 900mg of hawthorn provided only modest benefit to people with class III CHF, reinforcing that, though the lower dose may be adequate for class I and II CHF, for people with the more serious class III, the larger 1800mg dose may be necessary.

A recent review looked over the existing research on hawthorn flowers and leaves on both class II and III heart failure to evaluate the risk/benefit of hawthorn. The hawthorn used in the studies was a dry extract standardized for 17.3-20.1% oligomeric procyanidins. It found that, while hawthorn

has no serious adverse effects and no drug interactions, it effectively improves cardiac performance and exercise tolerance as well as improving the disabling symptoms of heart failure and quality of life. Hawthorn is safe and effective for heart failure: an important finding, the researchers conclude, since "evidence of efficacy for other cardioactive drugs is sparse" (*Am J Cardiovasc Drugs* 2018;18(1):25-36).



SPOTLIGHT: Cranberry Versus Antibiotics for UTIs

What We Knew

Cranberry fights urinary tract infections (UTI) in an intriguing way. Flavonoids in cranberry known as proanthocyanidins prevent the bacteria from sticking, or adhering, to the urinary tract wall, allowing the immune system to fight them off. That means that antibiotic activity is not the only way to treat a UTI.

Fighting UTIs without antibiotics is important for two reasons. The first is the increasing rates of antibiotic resistance. The second is that, unlike antibiotics that kill the good bacteria while they kill the bad, cranberry follows the medical maxim to do no harm.

Standardized cranberry (*Int Urol Nephrol* 2016;48(9):1379-1386) and concentrated cranberry juice (*J Urol*. 1984 May;131(5):1013-6) have both been shown to reduce bacterial adhesion.

A great deal of research has shown that cranberry helps solve the common problem of recurrent UTIs. In people with recurrent UTIs, cranberry standardized for 25-35% proanthocyanidins reduced infections by 73.3% compared to only 15.4% in the control group (*Eur Rev Med Pharmacol Sci* 2015;19:77-80). In an important meta-

analysis of 28 studies that “clearly showed” that cranberry significantly reduces the incidence of UTIs by 32.5%, the researchers conclude that this study “could be used by physicians to recommend cranberry ingestion to decrease the incidence of urinary tract infections, particularly in individuals with recurrent urinary tract infections.” They also point out that using cranberry instead of antibiotics would help in the crisis of antibiotic resistance (*J Urol* 2017;198(3):614-21).

A systematic review and meta-analysis of 23 studies, found a significant 30% reduced risk of recurrent UTI compared to controls. Cranberry reduced the risk by 32% in women with recurrent UTIs, by 45% in children and by 51% in patients with indwelling catheters. Pure cranberry juice was a very effective way of supplementing cranberry (*PLoS One*. 2021; 16(9): e0256992).

The latest word comes from an updated Cochrane review of 50 controlled studies of 8,857 people. Meta-analysis of 26 of those studies found that cranberry reduces the risk of UTI's by 30%. Cranberry reduces the risk in women with recurrent UTI's by 26%, in children by 54% and in people who were susceptible due to a medical intervention by 53%. Cranberry was as safe as a placebo (*Cochrane Database of Systematic Reviews* 2023, Issue 4. Art. No.: CD00132).

What's New

Much of the research on cranberry has been on recurrent UTIs. This just published study (*Rev Assoc Med Bras*. 2024;70(1):e20230799) looked at acute, single infections. The 7 day, double-blind study gave either cranberry extract or the antibiotic fosfomycin to 170 people with UTIs.

At the end of the study, leukocyte counts in the two groups were identical, suggesting that the cranberry extract was equally effective at treating the UTI. The number of people who said they were well or very well by day 3 and the number who were very well by day 7 were significantly higher in the cranberry group than in the antibiotic group.

This study suggests that cranberry is more effective than the antibiotic fosfomycin for treating UTIs.



NATURAL PATH NEWSFLASH



D-Mannose for Urinary Tract Infections

This double-blind study gave 70 women with *E. coli* UTIs either a placebo or a D-mannose supplement that also contained citric acid, prebiotic, astragalus and dandelion.

At 6 days, 34.3% of the D-mannose group, but none of the placebo group were cured. At 35 days, the advantage was 88.6% versus 20%. Bacterial resolution was 85.7% versus 14.3% in favour of the D-mannose at day 6 and 100% versus 40% at day 35.

Eur Urol Focus. 2023 Jul;9(4):654-659

Celery Seed for Heart & Mind

Celery seed extract is a great herb for high blood pressure. But, here's something new.

Anxiety and depression can worsen high blood pressure, and high blood pressure can worsen anxiety and depression.

This triple-blind study found that 4 weeks of 1.34g a day of celery seed extract standardized for 3-n-butylphthalide significantly lowers anxiety and depression on the Beck Inventories while it significantly lowers blood pressure.

Inflammopharmacology. 2023 Feb; 31(1):395-410

Ageless



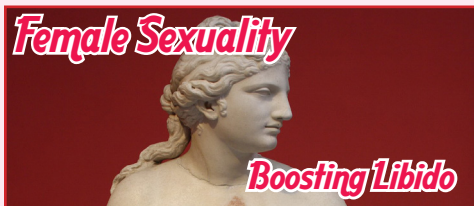
Korean Red Ginseng Keeps Women Young!

This double-blind study found that 2g Korean red ginseng a day given to postmenopausal women for 8 weeks increases total antioxidant status and mitochondria DNA copy number significantly compared to placebo.

Decreases in mitochondria DNA copy number interrupt mitochondrial function and lead to aging.

Scores on the Fatigue Severity Scale also improved significantly more in the ginseng group.

This study suggests that Korean red ginseng can improve biological aging in women (*Nutrients*. 2021 Sep; 13(9): 3090).



pain, orgasm, and satisfaction. At week 2, both groups had significantly better FSFI scores. But, after that, saffron took over. At 6 weeks, FSFI scores in the saffron group had improved by 62%. That improvement was significantly better than placebo.

Women in the saffron group had significantly better improvement in desire, lubrication and satisfaction. The most dramatic improvement was in satisfaction. There was also improvement in pain, but that was the least dramatic improvement (*Avicenna J Phytomed.* 2022 May-Jun;12(3):257-268).

Saffron can also help if the cause is SSRI antidepressants. A double-blind study of women experiencing sexual dysfunction caused by Prozac found significant improvement on total FSFI scores, as well as in arousal, lubrication and pain (*Hum Psychopharmacol.* 2013;28(1):54-60).

A systematic review and meta-analysis has backed saffron's claim to help sexual dysfunction in both men and women. It doesn't always increase libido, but it helps sexual function. And when women struggle with sexual dysfunction caused by SSRI antidepressants, saffron comes to the rescue. It significantly helps with sexual dysfunction, arousal, lubrication and pain (*Avicenna J Phytomed* Sep-Oct2019;9(5):419-427).

Ashwagandha

Ashwagandha has been used in the Ayurvedic traditional system of India as an aphrodisiac.

A double-blind study wanted to see if ashwagandha could help women with female sexual dysfunction. The 50 women in the study had all been diagnosed with FSD, and they all had either hypoactive (underactive) sexual desire disorder, female sexual arousal disorder, female orgasmic disorder or combined genital and subjective arousal disorder.

Half the women were given a placebo and half were given 300mg of ashwagandha root extract standardized for at least 5% withanolides twice a day for 8 weeks. At the end of the study, the FSFI had improved significantly more in the ashwagandha group. In the placebo group, FSFI scores went from 13.57 to 20.06; in the ashwagandha group, scores went up from 13.63 to 23.86. Ashwagandha does not seem to be an aphrodisiac. It did not improve desire more than the placebo, but it did improve arousal, lubrication, orgasm and satisfaction significantly more. Scores on the Female Sexual Distress Scale, which measures worry and distress about sex, also improved significantly more in the ashwagandha group (*Biomed Res In* 2015;2015:284154).

Ginseng

Menopause is a time of many symptoms, often including sexual dysfunction. In a double-blind study, 58 menopausal women were given either 500mg of standardized ginseng or a placebo twice a day for 4 weeks. While total score on the FSFI worsened in the placebo group, it improved on ginseng. There were significant improvements in desire, arousal, lubrication, orgasm, satisfaction and pain (*Complement Ther Med August 2019;45:57-64*).

Another double-blind study gave 62 women with sexual dysfunction either a placebo or a combination of 100IU of vitamin E and 67mg of Korean ginseng and 40mg of eleuthero (formerly called Siberian ginseng) for 6 weeks. The women taking the supplement experienced significantly greater improvement in sexual desire and satisfaction (*Women Health* 2020 Sep 6;1-10).

Lemon Balm

43 women who were experiencing low sexual desire (female sexual interest/arousal disorder) were given either a placebo or 1g of lemon balm an hour after breakfast and an hour after dinner for 4 weeks. There was a significant increase in desire in the lemon balm group versus placebo. There was also significantly greater improvement in arousal, lubrication, orgasm, satisfaction, alleviation of pain and total FSFI score. Women on lemon balm had intercourse more than twice as often. 81.8% of the lemon balm group was highly or very highly satisfied with the treatment while only 4.8% of the placebo group was highly satisfied (*Iran J Pharm Res* 2018;17(Suppl):89-100).

Chastetree Berry

The great women's herb, chastetree berry, has been shown to improve sexual function in perimenopausal and postmenopausal women. New research shows that chastetree berry also helps younger women. The double-blind study gave 102 women either a placebo or 3.2-4.8mg of dried chastetree berry extract for 16 weeks. At the end of the study, the women in the chastetree berry group had a significantly higher overall score on the FSFI (*J Educ Health Promot.* 2021; 10: 294).

Fenugreek

Intriguing research has looked at the effect of this little discussed women's herb on healthy, young women who are experiencing some degree of sexual issues. The study of 46 women gave half a placebo and half 250mg of fenugreek extract twice a day for 42 days. The fenugreek produced significant benefits to sexual problems. They improved by a significant 41.67% among the women with the higher sexual dysfunction scores. The placebo group improved by only 18.18%. Fenugreek was able to safely rebalance hormones. Hormones that support sexual function, including estradiol and testosterone, went up significantly and safely in the women. They only went up in the women who needed them to go up.

This is the second study to find such encouraging results for healthy, young women. An earlier double-blind study found that 600mg of fenugreek extract significantly increased sexual desire and arousal. In that study too, fenugreek increased estradiol and testosterone (*Phytother Res* 2015;29(8):1123-30).

Celery seed extract

Traditional medical texts from the Middle East ascribe libido stimulating effects to celery. Now, for the first time, a double-blind study has validated the traditional claim. 80 women with sexual dysfunction were given either a placebo or 500mg of celery seed, 3 times a day for 6 weeks. Total FSFI scores improved significantly more in the celery group. There was significant improvement in sexual desire, arousal, lubrication and pain (*J Ethnopharmacol.* 2021 Jan 10;264:113400).

Chocolate

Chocolate was considered a powerful sexual tonic and stimulant by the Aztecs. At least one study says they were right. Women who eat chocolate daily have significantly higher total and desire FSFI scores (*J Sex Med.* 2006 May;3(3):476-82).

Traditional Aphrodisiacs

Other traditional aphrodisiacs include damiana, ginger, anise, muira puama, maca and nettle.

About Linda Woolven & Ted Snider



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