

Lactonova Nutrition for Low Libido in Men & Women

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ABSTRACT

Decreased sexual desire is common among men & women of all ages and can have negative effects on overall wellbeing and its prevalence peaks during midlife. Its etiology is complex and may include biologic, psychologic, and social elements. Major risk factors for its development include poor health status, depression, certain medications, dissatisfaction with partner relationship, and history of physical abuse, sexual abuse, or both.

Introduction

Low libido is an absence or deficiency of sexual fantasy and desire for sexual activity. This is also referred to as inhibited sexual desire. It is difficult to define “normal” sexual desire as it varies among individuals, gender, and age.

However, surveys have found that approximately 30–40 percent of all adults complain of a low sex drive. This may be a primary condition (a person never felt much sexual desire) or secondary (a person used to possess sexual desire, but no longer has an interest).

There are many factors that affect one’s libido-psychological, physical, medical, and even lifestyle.

Pathophysiology of low sexual desire

The pathophysiology of low sexual desire is complex and should be considered in the context of the biopsychosocial approach. The biopsychosocial approach emphasizes the importance of understanding human health and illness in their fullest contexts by systematically considering biological, psychological, and social factors and their complex interactions on health and illness [1].

Biological factors may contribute to decreased desire by direct or indirect mechanisms. Common medical conditions (such as hypertension and diabetes mellitus) [2] and their treatment (including antihypertensive such as calcium channel blockers and angiotensin converting enzyme inhibitors) [3] have been associated with decreased sexual desire.

Frequently, sexual problems overlap such as the presence of dyspareunia being an underlying cause of low desire. Aging can also affect sexual desire. Previous studies have shown that middle-aged women have the highest prevalence of decreased desire with distress [4].

The intensity of sexual desire a woman experiences may decline as a result of neuroendocrine changes (declining testosterone, changes in neurochemistry, and indirect changes from loss of estrogen). Genital sensation may change, requiring stronger and longer stimulation to achieve arousal. Low estrogen levels may

cause vulvovaginal atrophy and dyspareunia, which is associated with decreased desire [5]. These factors, along with unique psychosocial factors that present during this life phase, influence sexual function during the menopausal transition [6].

Psychological factors play a significant role in sexual desire and may even sometimes override biologic factors. Psychiatric conditions (such as depression and anxiety) and their treatment (medications including selective serotonin reuptake inhibitors and anxiolytics) are associated with decreased sexual desire. Sexual abuse and trauma in childhood and puberty, perceived stress, distraction, self-focused attention or anxiety, personality disorders, and body image or self-consciousness have all been shown to negatively affect desire [7]. The effect of social factors on sexual desire should also be considered. Cultural, social, and religious values and mores can negatively influence women's sexual desire, especially in women raised in highly restrictive cultures or religions. Relationship factors such as conflict or a partner's sexual dysfunction (e.g., erectile dysfunction and premature ejaculation in a male partner), [8] stressors such as financial hardship, career-related pressures, and familial obligations can also contribute to decreased sexual desire.

To gain a better understanding of the etiology of hypoactive sexual desire disorder, the HSDD Registry for Women was designed to characterize a large (1,500 women) cross-section of women with hypoactive sexual desire disorder and to prospectively investigate several biopsychosocial factors associated with the disorder. Initial findings from the registry confirm the multifactorial nature of hypoactive sexual desire disorder with the majority of premenopausal women identifying multiple factors (such as stress or fatigue, dissatisfaction with physical appearance and other sexual difficulties) that contribute to their decreased desire.

Causes and risk factors for low libido

There are many potential causes and risk factors for low libido, including:

- Health conditions: Cushing's syndrome, fatigue, menopause, postpartum depression, diabetes, hysterectomy, and obesity.
- Hormonal imbalance: Low thyroid, estrogen, testosterone, or DHEA.
- Nutritional deficiency in zinc.
- Physical problems: Vaginal dryness, vulvodynia, impotence (ED), and inability to reach climax.
- Prescription drugs: Beta-blockers (for blood pressure), birth control pills, antidepressants, tranquilizers, Proscar (for prostate enlargement), Tamoxifen (for breast cancer).
- Psychological issues: Stress, depression, relationship conflict, negative or traumatic sexual experiences.
- Use of alcohol or marijuana.
- Low libido affects more women than men. This could be due to hormonal changes (PMS, child birth, and menopause).

Dietary Recommendations

Foods to include:

- Eat a healthy, whole foods diet, seasonal fruits, Vegetables. Oysters are high in zinc, which raises sperm and testosterone production.

Foods to avoid:

- Refined carbohydrates, sugar, processed and fast foods, and caffeine can trigger mood swings, irritability, and anxiety.
- Saturated and trans fats (red meat, high-fat dairy, deep-fried and processed foods) can impair blood vessel health.
- Alcohol may reduce inhibitions; however, it can also act as a depressant and negatively affect sexual function.

Lifestyle Suggestions

- Exercise: Aerobic activities such as walking and cycling can reduce stress, improve mood, increase energy, and improve circulation (improved blood supply to the pelvic area may help to improve sexual sensation and satisfaction).
- Maintain a healthy body weight.
- Women with vaginal dryness can try a lubricant such as Replens or Astroglide.
- Don't smoke as smoking causes damage to nerves and blood vessels, which can affect sensation.
- Relax—try massage, meditation, yoga, breathing exercises, or a warm bath. Aromatherapy oils known to inspire romance include rose, clary sage, sandalwood, and jasmine.
- Set aside time to be intimate with your partner and work on improving communication.

Diet Chart for Low Lipido in Men & Women

EARLY MORNING: (6:00-7:00am)

- Luke warm water
- Physical activity 1 hr to 2 hrs
- Ashwagandha and ginseng milk/black coffee
- Green tea, Soaked almonds-4

BREAKFAST: Before (9:00am)

- Idly-3/ dosa-2, broken wheat upma-1cup/Ragi dosa-2/wheat dosa-2/green gram dosa-2/multigrain dosa-2/uthappa-2 + any chutney.
- Parata/chapathi-2 + veg curry or non-veg curry
- Oats upma-1cup/ oats dosa-2 + any chutney
- Oats meal with fruits

TO BE AVOIDED: avoid oily deep fried items.

MID MORNING: (11:00-11:30AM)

- Cooked sweet potato
- Dark chocolate
- Fruit salad (citrus fruits, pomegranate, banana, blue berries and avocado)
- Juice without sugar
- Nuts (walnuts)
- Dry fruits

LUNCH: (1:00-2:00PM)

- Garlic rice + raitha + egg-1
- Brown rice-1cup/quinoa meal-1cup/millet meal-1cup
- Veg curry (broccoli, carrot, gobi, celery, beetroot, mushroom, palak, tomato)
- Chicken breast-50 g
- Fish (salmon) curry
- Green leafy veg dhal
- Curd or yogurt-1cup
- Whole wheat Roti-2 + veg curry or chicken breast curry + curd or yogurt-1cup

Note:

- Green leafy veg weekly twice (mainly spinach, asparagus and celery)
- Non veg weekly twice (fish),
- Daily one egg

SNACKS: (4:00-5:00PM)

- Citrus fruit juices
- Repeat mid-morning snacks
- Mixed seeds, nuts & dry fruits -100g
- Sunflower seeds, pumpkin seeds, watermen seeds, sesame seeds, flax seeds, chia seeds, almonds, cashew, pista, chironji, peas, dates, fig, raisins.

DINNER: (8:00-9:00) if possible before 8:00pm

- Rice + veg curry/chicken curry
- Whole wheat roti + veg curry

TO BE AVOIDED AT NIGHT: white Rice, deep fried foods.

BED TIME MEAL: optional (before 1hr to sleep)

Add ginseng and ashwagandha in milk without sugar

NOTE:

Daily add ashwagandha and ginseng root powder or extract in the diet

Add more zinc rich foods (walnuts, pumpkin seeds, watermelon seeds, almonds, mushroom, dark chocolate, sesame seeds, spinach, fish, greek yogurt, chickpeas, meat, chia seeds, hemp seeds)

Include nutmeg in the diet

Add more citrus fruits

Daily one banana

Daily one egg 6-8 L water per day

Add 1litre water between meals to meal

7-8 hrs sleep per day

Min 1 hr physical activity

No white sugar

No processed foods (biscuits, cookies, baked foods, chips, processed meats)

No sugar drinks (cool drinks)

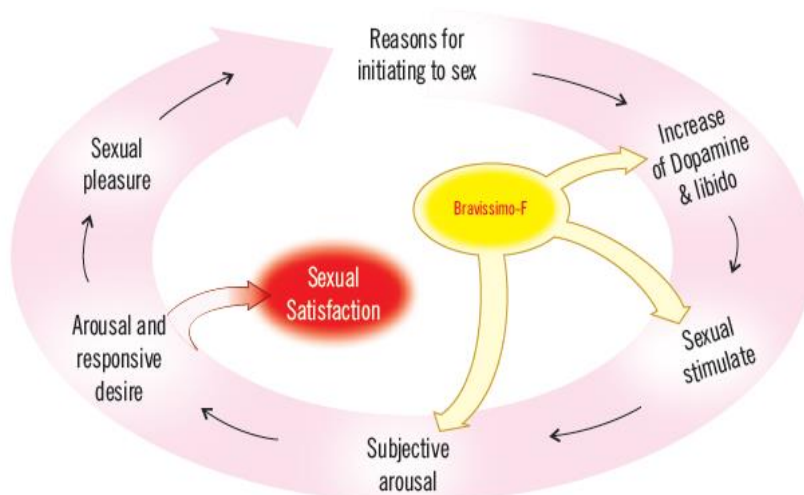
Limit salt Limit spice No deep fries

Limit alcohol Avoid fast foods

Avoid refined flour and white flour (Maida, rice flour)

Recommended Lactonova Nutrition Supplements

For Women: Bravissimo-F



For Men: Bravissimo-M



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Consent for publication

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Ethical Approval

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Availability of data and material

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