

Review



Natural remedy for female sexual dysfunction

 **Saffrodit**[®] women



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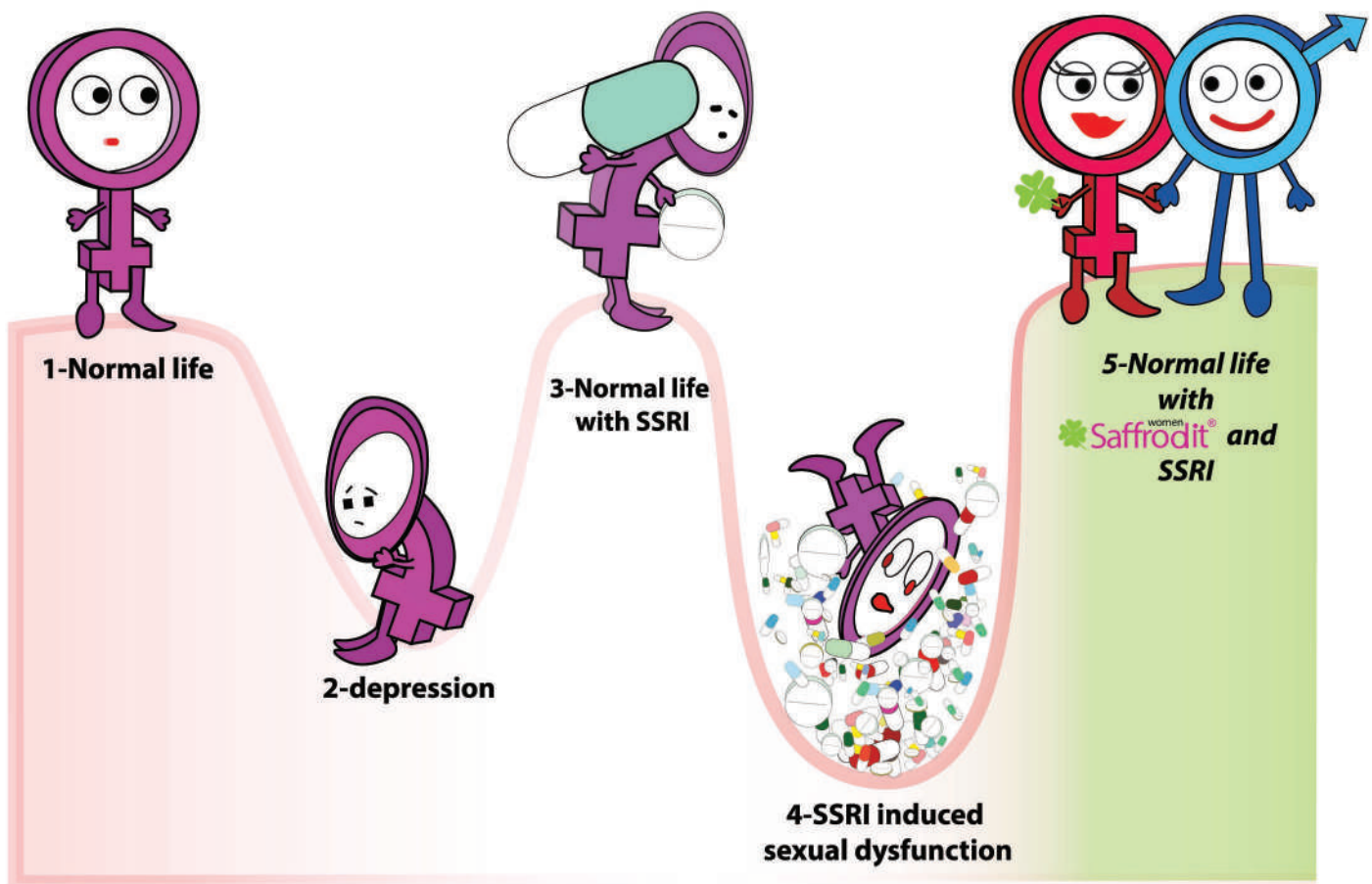
Selective serotonin reuptake inhibitors (SSRIs) are frequently associated with sexual dysfunction and can affect all phases of sexual function (desire, arousal, and orgasm).

SSRI-induced sexual dysfunction is an important cause of antidepressant discontinuation.

Several strategies have been used to treat or decrease the sexual side effects of SSRIs.

Several agents such as sildenafil , buspirone, cyproheptadine , bupropion , and amantadine have been used for treatment of SSRI-induced sexual dysfunction with variable success rates.

Many of these agents are associated with significant side effects, and some are even associated with reversal of antidepressant or anti-anxiety effects of SSRIs.



Saffron for treatment of fluoxetine-induced sexual dysfunction in women: randomized double-blind placebo-controlled study

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Objective: Saffron (*Crocus sativus* L.) has shown beneficial aphrodisiac effects in some animal and human studies. The aim of the present study was to assess the safety and efficacy of saffron on selective serotonin reuptake inhibitor-induced sexual dysfunction in women.

Methods: 38 married women aged 18–45 years with diagnosis of major depressive disorder based on DSM-IV criteria who were being treated with fluoxetine 40 mg/day for a minimum of 6 weeks and had responded to antidepressant treatment (50% drop in depression score), but had experienced subjective feeling of sexual dysfunction entered the study.

All patients were on fluoxetine at a stable dose of 40 mg/day for at least 6 weeks prior to entry and before that they did not have any sexual dysfunctions. A minimum score of 16 on the Female Sexual Function Index (FSFI) at baseline was required.

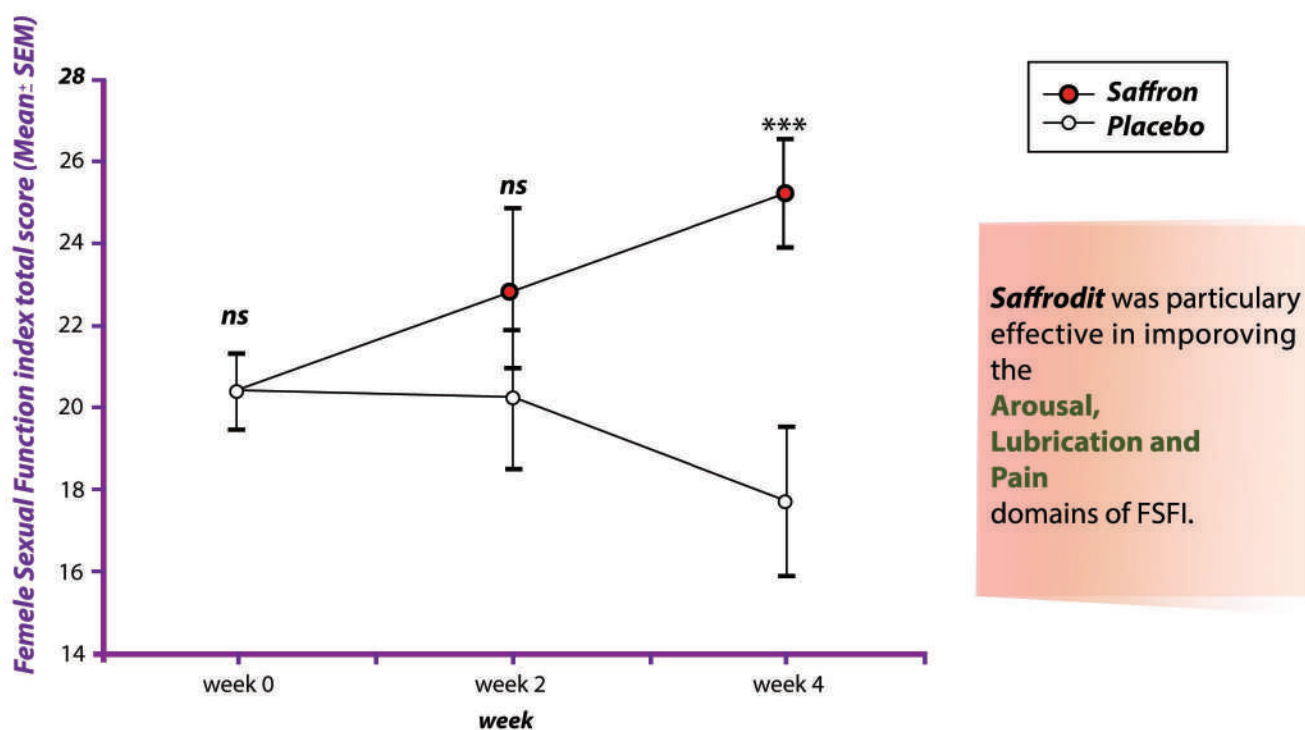


Figure 1. Results of repeated measure analysis of variance for Female Sexual Function Index total scores. ***p value < 0.001; ns, non-significant p values. p values represent results of unpaired t-test between the score change of the two groups at each time point.

Saffrodit was particularly effective in improving the **Arousal, Lubrication and Pain** domains of FSFI.

Interventions:

The participants randomly received saffron capsule 15 mg twice a day or placebo for 4 weeks. All patients were under treatment with fluoxetine 40 mg daily, and their depressive symptoms had been stabilized.

The patients were randomly assigned to saffron (30 mg/daily) or placebo for 4 weeks. Measurement was performed at baseline, week 2, and week 4 using the Female Sexual Function Index (FSFI). Side effects were systematically recorded.









Results:

At the end of the fourth week, patients in the saffron group had experienced significantly more improvement in total FSFI ($p < 0.001$), arousal ($p = 0.028$), lubrication ($p = 0.035$), and pain ($p = 0.016$) domains of FSFI but not in desire ($p = 0.196$), satisfaction ($p = 0.206$), and orgasm ($p = 0.354$) domains. Frequency of side effects was similar between the two groups. Changes in the arousal, lubrication & pain subscales from baseline to week 4 were significant between the two groups.

CONCLUSIONS :

In summary, we showed that saffron had beneficial effects on sexual arousal, lubrication, and pain domains of sexual dysfunction in women with fluoxetine-related sexual dysfunction.

Saffrodit in other literatures

-  Several studies have also shown anti-inflammatory, antioxidative, neuroprotective, and antiepileptic effects of saffron.
-  Saffron significantly improved intercourse-related pain in the present study. Studies suggest that intercourse-related pain in women might be linked to the action of opioids and neuropeptides.¹
-  In a study in mice, Hosseinzadeh and Younesi showed the anti-nociceptive effects of saffron. They also showed that this effect was inhibited partially by naloxone.²
-  In a separate study, Hosseinzadeh and Jahanian (2010) showed the beneficial effect of saffron on opioid withdrawal syndrome, further suggesting that saffron and its extracts might interact with the opioid system.³
-  Saffron might also be beneficial in dysmenorrhea. Taken together, it seems that the advantageous effect of saffron on intercourse-related pain might be partially related to its effect on opioids.⁴
-  Saffron has shown antidepressant properties in several trials. However, because the patients in the present study had been stabilized on fluoxetine and had minimal depressive symptoms, the antidepressant effect of saffron could not be evaluated.
-  The results of the present study support some previous studies assessing the effect of saffron on sexual dysfunction in men.⁵
-  Hosseinzadeh et al. studied the aphrodisiac effect of saffron, safranal, and crocin in rats. Following intraperitoneal injection of crocin, there was significant improvement in several sexual behavior-related parameters including mounting, intromission, and erection frequencies, and mount, intromission, and ejaculation latencies.⁶

1-Wilson LA, Wayman CP, Jackson VM. 2009. Neuropeptide modulation of a lumbar spinal reflex: potential implications for female sexual function. *J Sex Med* 6(4): 947–957.

2-Hosseinzadeh H, Younesi HM. 2002. Antinociceptive and anti-inflammatory effects of *Crocus sativus* L. stigma and petal extracts in mice. *BMC Pharmacol* 2: 7.

3-Hosseinzadeh H, Ziaee T, Sadeghi A. 2008. The effect of saffron, *Crocus sativus* stigma, extract and its constituents, safranal and crocin on sexual behaviors in normal male rats. *Phytomedicine* 15(6–7): 491–495.

4-Nahid K, Fariborz M, Ataolah G, Solokian S. 2009. The effect of an Iranian herbal drug on primary dysmenorrhea: a clinical controlled trial. *J Midwifery Womens Health* 54(5): 401–404.

5- Shamsa A, Hosseinzadeh H, Molaei M, Shakeri MT, Rajabi O. 2009. Evaluation of *Crocus sativus* L. (saffron) on male erectile dysfunction: a pilot study. *Phytomedicine* 16(8): 690–693.

6-Hosseinzadeh H, Jahanian Z. 2010. Effect of *Crocus sativus* L. (saffron) stigma and its constituents, crocin and safranal, on morphine withdrawal syndrome in mice. *Phytother Res* 24(5): 726–730. (Hosseinzadeh, et al., 2008; Shamsa, et al., 2009.



Mild to moderate and moderate to severe Alzheimer



Mild to moderate Depression



Pre Menstrual syndrome (PMS)



SSRI induced Sexual Dysfunction in male



SSRI induced Sexual Dysfunction in female



Saffrodit:

- Improve ALP in SSRI induced Sexual dysfunction.
- Has no Anti cholinergic side effects.
- Accepted in Alternative Medicine Therapy chapter in Comprehensive Kaplan 2009.

**Arousal
Lubrication
Pain**

Dosage : 30 mg/day.

Indication : SSRI induced Sexual dysfunction in female.



سافزودیت بانوان
Saffrodit[®]
women

Natural remedy for female sexual dysfunction



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