



# YOU ARE IN...

Learn With Me: Evolving Concepts of Care

The Libido Lessons - Herbs, Hormones,  
Wellbeing & More

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Integrative Naturopathic Practitioner

Practitioner Education



# Learn with me

## Evolving Concepts in Care

*Carla Wrenn.*  
Integrative Naturopathic Practitioner

[carlawrenn.com](http://carlawrenn.com)

A background image of a field of lavender flowers with several bees flying around them. The image is slightly blurred and has a soft, natural light feel.

# The Libido Lessons

## Herbs, Hormones, Wellbeing & More

September 2025

*Carla Wrenn.*

Integrative Naturopathic Practitioner





# Carla Wrenn

- Degree Qualified Naturopath & Nutritionist in practice for 23 years.
- Founder of Vitae Mosaic – Naturopathic Functional Medicine practitioner training program.
- Founder of PROSPER Naturopathic Oncology supporting patients to use CM before, during & after cancer treatment & training practitioners in cancer support.
- Owner & Director of Peninsula Herbal Dispensary & Naturopathic Clinic in Mornington, Victoria.

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# Learning Objectives

- Define libido and sexual wellbeing
- Recognise epidemiology of sexual difficulties in Australia
- Identify common diagnoses and drivers causes that libido changes
- Use validated questionnaires, interview questions and targeted pathology
- Design acute complementary medicine prescriptions and build driver-focused integrative care plans
- I will be using the terms AFAB, AMAB, women and men interchangeably and acknowledge that humans may experience libido challenges in many different ways.

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# Libido 101: Working Definitions

- Libido is subjective sexual desire/interest that may fluctuate with biology, psychology, relationships, culture and context.
- Sexual function terms that are commonly used in research include terms like desire, arousal, lubrication/erection, orgasm, satisfaction and pain.
- Models:
  - Linear model (Masters & Johnson): desire → arousal → orgasm → resolution (helpful but limited).
  - Circular/Basson model (esp. for women): desire often responsive; intimacy, motivation, and context are central.



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# Clinical Pearl – Ask Patients

“What does better look like for you?”

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# How common are Libido concerns? Australia at a glance

Population data for Adult Australians in 2012–13

≥1 sexual difficulty in past 12 months occurred in approx 48% men and approx 68% women.

Common issues:

- lack of interest affected 28% of men & 52% of women
- premature ejaculation approx 21% men
- difficulty reaching orgasm approx 25% women
- vaginal dryness approx 22% women

Men's erectile dysfunction (ED) rises steeply with age and cardiometabolic risk as ED can be an early vascular marker

Help seeking behaviours is low mostly due to embarrassment and normalisation are common barriers, clinicians must ask proactively in many instances.

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# Gender Differences & Life Stages

Women - Desire often context dependent and common drivers can include perimenopause/menopause, pelvic pain, genitourinary syndrome of menopause (GSM), Hypoactive Sexual Desire Disorder (HSDD) and medication (antidepressants) are frequent drivers.

Men - ED highly linked with metabolic health, endothelial function, sleep apnoea, medications (antihypertensives) and aging testosterone decline.


LGBTQIA+ - minority stress, gender affirming care and medication regimens can affect libido, use inclusive and non-assumptive language.

Life stages:

- Adolescence & young adults – pornography & performance expectations
- Postpartum - sleep deprivation, pain, prolactin
- Midlife transition – for AFAB and AMAB hot flushes, mood, metabolic changes, pain, relationship changes.

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# Diagnoses Commonly Associated with Libido Concerns

- Psychiatric: depression, anxiety, PTSD, medication effects, substance use disorders.
- ADHD/ASD
- Endocrine/metabolic: hypothyroidism/hyperthyroidism, hyperprolactinaemia, diabetes, metabolic syndrome, hypogonadism
- Nutritional: iron, zinc, vitamin D deficiency
- Gynaecological/urological: GSM/vaginal atrophy, endometriosis, vulvodynia, dyspareunia, recurrent BV/UTI; Peyronie's disease, LUTS/BPH
- Sleep/respiratory: obstructive sleep apnoea (OSA).
- Oncology: breast/prostate cancer therapies, other cancers
- Chronic Disease?

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# Medication

- Antidepressants: SSRIs/SNRIs most common. Rates vary but often 30–70% depending on agent/dose
- Antipsychotics: esp. prolactin-raising, benzodiazepines, opioids.
- Antihypertensives: thiazides and some  $\beta$ -blockers more often implicated. ACEi/ARBs generally neutral or positive for function in some reports.
- Finasteride/dutasteride (5- $\alpha$ -reductase inhibitors), spironolactone, combined oral contraceptives (subset), isotretinoin (mixed evidence).
- Alcohol and cannabis both dose-dependent, heavy/chronic use commonly reduces desire/function.



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# Validated Questionnaires

## A Quick Guide

### AFAB:

- Female Sexual Function Index (cutoff  $\leq 26.55$  suggests dysfunction) [Here](#)
- PROMIS SexFS (Sexual Function & Satisfaction Disorder) Female Profile v2.0 – brief [Here](#)

### AMAB:

- IIEF or IIEF-5 (International Index of Erectile Function) - 5–7 severe; 8–11 moderate; 12–16 mild-moderate; 17–21 mild; 22–25 none [Here](#)

### All People:

- ASEX (Arizona Sexual Experience Scale) -  $\geq 19$  or any item  $\geq 5$ , or any 3 items  $\geq 4$  → dysfunction [Here](#)
- SDI-2 (Sexual Desire Inventory) - desire intensity/frequency [Here](#)
- DSDS (Decreased Sexual Desire Screening) [Here](#)
- HSDD (Hyposexual Desire Disorder Symptom Questionnaire) [Here](#)

Clinical Tip: Use at baseline and for monitoring approx 4–8 week intervals.

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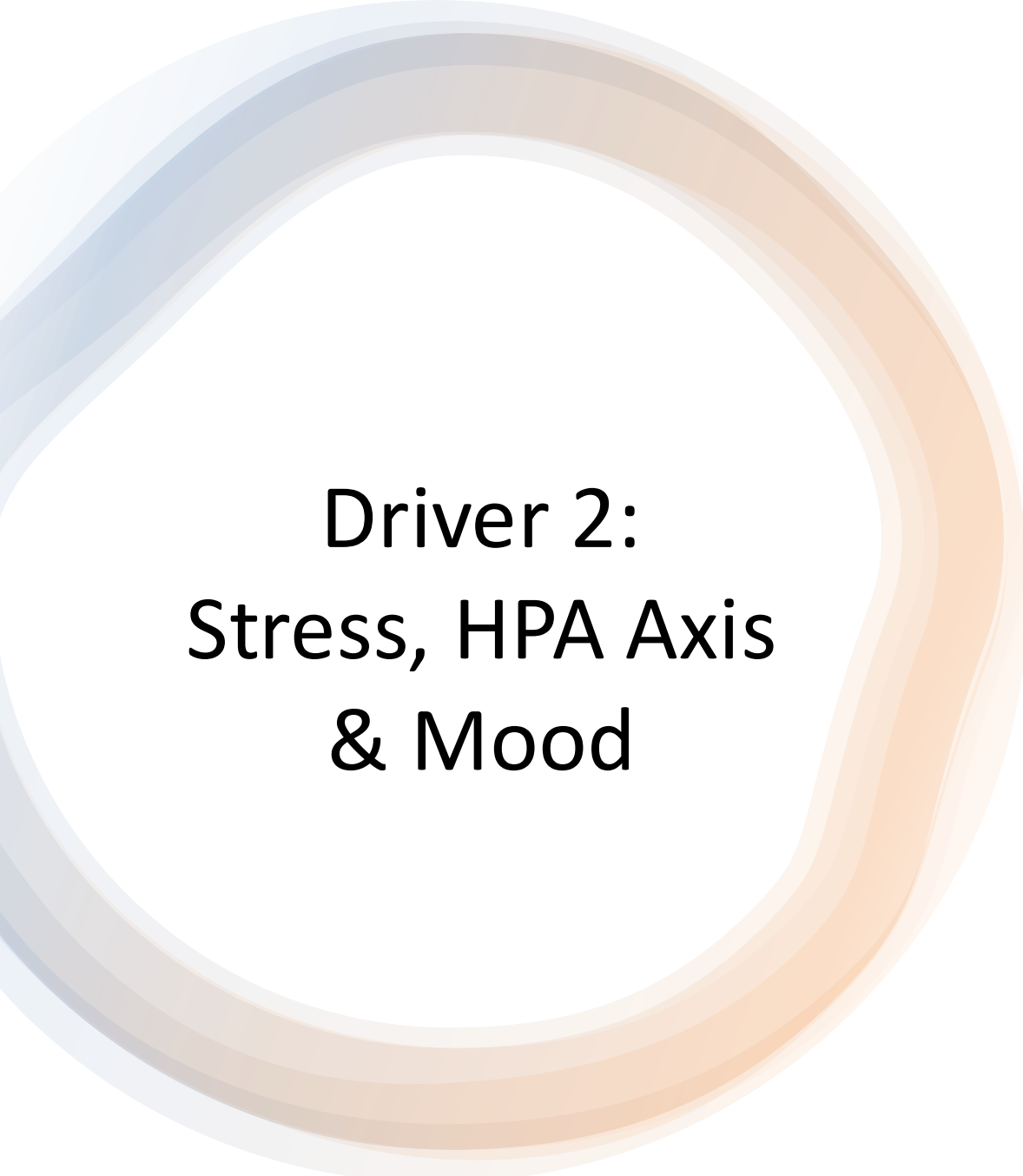
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# Driver 1: Metabolic Health & Endothelium

- Risk factors: obesity, diabetes, hypertension, smoking.
- ED strongly correlates with cardiovascular risk, shared vascular pathophysiology (NO bioavailability, endothelial dysfunction).
- Weight loss and structured exercise improve International Index of Erectile Function (IIEF) scores
- Mediterranean-style diets and cardiometabolic risk control improve sexual function in men and women.
- ED often precedes CAD by 3–5 years
- Screen every ED case for cardiometabolic risk with BP, lipids, HbA1c, waist, OSA.

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## Driver 2: Stress, HPA Axis & Mood

- Acute stress may transiently heighten or blunt desire.
- Chronic stress, high allostatic load, depression/anxiety commonly suppress libido.
- Elevated cortisol are linked with reduced sexual desire and arousal.

Clinical Tip - Address sleep, workload, coping skills and trauma history.

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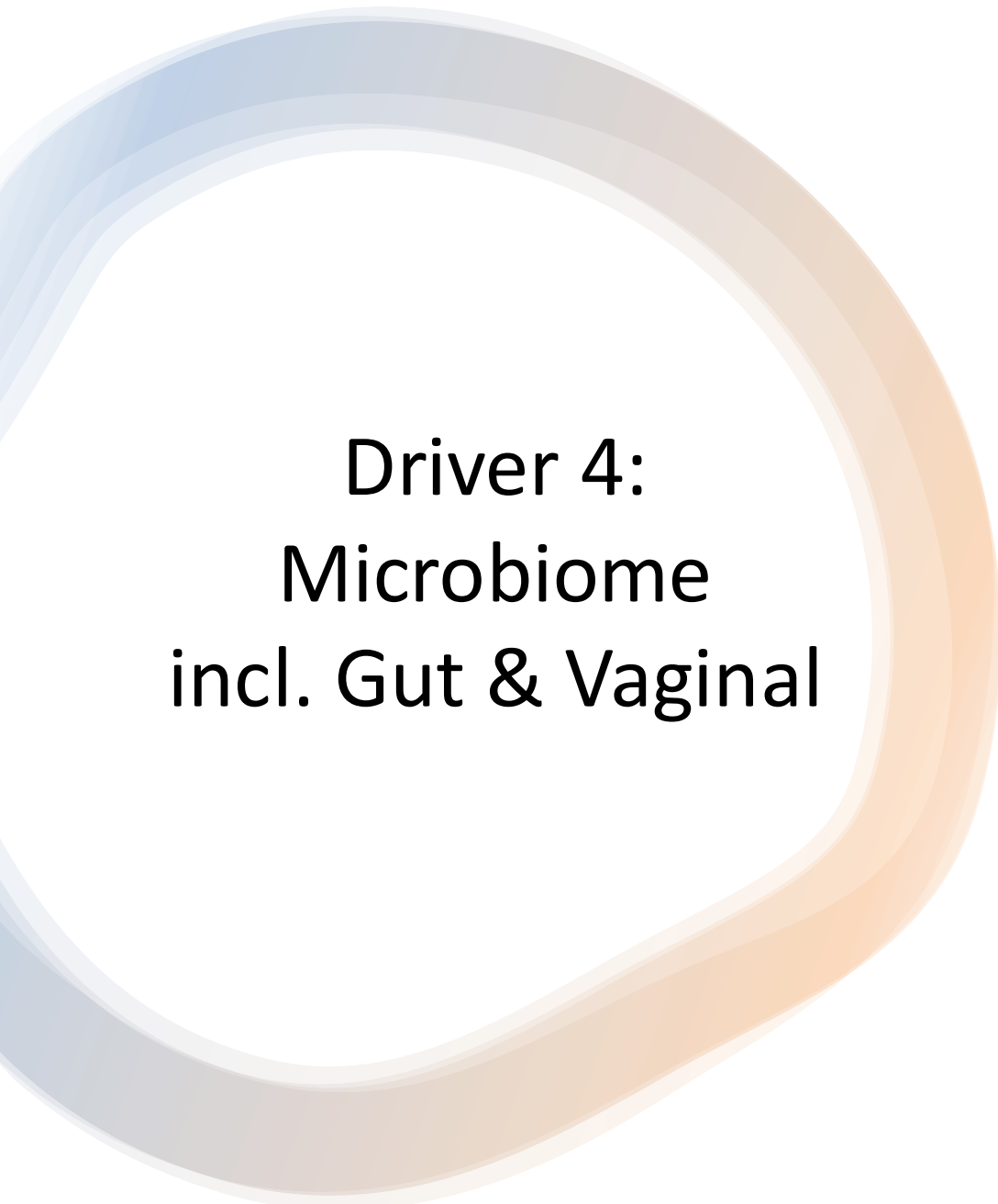


## Driver 3: Sleep & OSA

- Short sleep and poor sleep quality associate with lower sexual desire and ED with OSA independently predicts ED and low testosterone.
- Sleep deprivation lowers testosterone & oestradiol, increases cortisol & reduces libido.
- Screen snoring, witnessed apnoeas, daytime sleepiness.
- Consider sleep study referral where indicated.
- Prioritise sleep hygiene.

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## Driver 4: Microbiome incl. Gut & Vaginal

- Gut 'estrobolome' influences circulating estrogens via microbial  $\beta$ -glucuronidase activity, dysbiosis may affect hormonal milieu and inflammation.
- Vaginal microbiome (Lactobacillus-dominant) supports lubrication/pH and dysbiosis (esp. recurrent BV) can drive dyspareunia and avoidance.
- Gut dysbiosis contributes to systemic inflammation and affects libido.
- Support via diet, fibre, glycaemic control and treat infections.
- Consider testing and targeted probiotics and vaginal oestrogens where appropriate.


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## Driver 5: Hormonal Health

- Oestrogen & Progesterone – fluctuations across cycle, pregnancy, postpartum, menopause
- Testosterone – critical in both sexes, deficiency linked to low libido, fatigue
- DHEA – adrenal androgen, precursor, lowers with age and stress
- Prolactin – hyperprolactinaemia suppresses libido
- Thyroid hormones – hypo/hyperthyroidism impact sexual function
- Cortisol – dysregulation disrupts HPA-HPG axis
- Oxytocin – bonding, arousal and is influenced by intimacy & stress




## Driver 6: Inflammation & Immune Health

- Chronic inflammation lowers libido and energy
- Cytokines (IL-6, TNF- $\alpha$ ) linked to sexual dysfunction
- Autoimmune disease & long COVID often reduce desire
- Gut dysbiosis contributes to systemic inflammation
- Anti-inflammatory diet & herbs (turmeric, SPM, omega-3s, saffron) may improve outcomes, address the cause.

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## Driver 7: Pain & Pelvic Floor Dysfunction

- Dyspareunia, vaginismus, endometriosis, prostatitis reduce desire.
- Pelvic floor hypertonicity is common but under recognised.
- Pain creates fear to avoidance cycle lowering libido.
- Pelvic physiotherapy, relaxation & topical therapies support recovery.
- Integrative support: counselling, botanicals, manual therapy – ‘Passionfruit’ referral.

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## Drive 8: Substance Use & Lifestyle Factors

- Alcohol – short-term disinhibition, long-term depressant effect
- Smoking – reduces vascular and nitric oxide function
- Cannabis – may increase arousal acutely, but long term is linked to dysfunction – CBD/THC?
- Recreational drugs including cocaine & methamphetamine impair function long term

Clinical Tip: Lifestyle modification is essential for sustained libido health.

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## Driver 9: Neurodiversity

- ADHD/ASD may alter desire/behaviours
- This is thought to be related to impulsivity, sensory sensitivities and social communication differences.
- Higher risk of abuse due to vulnerability, social deficits, communication challenges, sexual knowledge or intellect.
- Medications can reduce appetite/sleep and secondarily desire, some people report improved focus/anxiety and better sexual function (monitor case by case)

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## Driver 10: Relationships

- Relational context
- Safety
- Resentment
- Time scarcity
- Porn use
- Beliefs
- Frequently determines desire for many people
- Consider couples/sex therapy referrals. Open Communication.

Clinical Tip: Five Love Languages

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# ED Drivers



PMID: [38974844](https://pubmed.ncbi.nlm.nih.gov/38974844/)



# Assessment Clinical Tips

- Open: “What does better look like?” “What’s changed and when?” “Is it distressing?”
- Screen: mood (PHQ-9/GAD-7), sleep/OSA, trauma, alcohol/cannabis, porn use, relationship satisfaction, pain.
- Sexual history: desire/arousal/orgasm/pain, spontaneous vs responsive desire, partner issues, sexual orientation/gender identity, contraception, STI risk.
- Medical: thyroid, prolactin, iron, diabetes, CV disease, meds review, cancer therapies – ALL the Drivers should be considered
- Objective: BP, BMI/waist, thyroid, referral for breast/genital exam where appropriate and/or pelvic exam if pain or GSM suspected. Timeline?



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# Pathology To Consider

- Baseline screen: FBC, ferritin, CRP, fasting lipids, HbA1c/FBG, TSH ( $\pm$ fT4), vitamin D, B12/folate if indicated.
- AFAB (as indicated): FSH/LH/estradiol (cycle day noted), prolactin, consider SHBG, total/free testosterone.
- AMAB: morning total testosterone (repeat to confirm), SHBG, LH/FSH, prolactin, also consider TSH, lipids, HbA1c and screen for OSA if symptoms are noted.
- If dyspareunia or GSM: vaginal pH, microscopy, referral.



# FSFI—Female Sexual Function Index

Sexual arousal is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions.

3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse?

- No sexual activity
- Very high
- High
- Moderate
- Low
- Very low or none at all

5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse?

- No sexual activity
- Very high confidence
- High confidence
- Moderate confidence
- Low confidence
- Very low or no confidence

6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

- Domains: desire, arousal, lubrication, orgasm, satisfaction, pain (19 items).
- Scoring: total  $\leq 26.55$  suggests sexual dysfunction Use: baseline and post intervention.
- Note the FSFI is sensitive to change in perimenopause and antidepressant-related dysfunction.

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# IIEF & IIEF-5



## The International Index of Erectile Function (IIEF-5) Questionnaire

Patient Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date Completed: \_\_\_\_\_

Over the past 6 months:					
1. How do you rate your <b>confidence</b> that you could get and keep an erection?	Very low 1	Low 2	Moderate 3	High 4	Very high 5
2. When you had erections with sexual stimulation, <b>how often</b> were your erections hard enough for penetration?	Almost never/never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always/always 5
3. During sexual intercourse, <b>how often</b> were you able to maintain your erection after you had penetrated (entered) your partner?	Almost never/never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always/always 5
4. During sexual intercourse, <b>how difficult</b> was it to maintain your erection to completion of intercourse?	Extremely difficult 1	Very difficult 2	Difficult 3	Slightly difficult 4	Not difficult 5
5. When you attempted sexual intercourse, <b>how often</b> was it satisfactory for you?	Almost never/never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always/always 5
<b>IIEF-5 scoring:</b> The IIEF-5 score is the sum of the ordinal responses to the 5 items. 22-25: No erectile dysfunction 17-21: Mild erectile dysfunction 12-16: Mild to moderate erectile dysfunction 8-11: Moderate erectile dysfunction 5-7: Severe erectile dysfunction					

Total Score \_\_\_\_\_

- IIEF: 15 items; erectile function + other domains.
- IIEF-5: 5-item abridged screen.
- Severity bands (IIEF-5): 5–7 severe; 8–11 moderate; 12–16 mild-moderate; 17–21 mild, 22–25 none.
- Use: track response to CM interventions and lifestyle change.

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# Red Flags

- Acute pelvic pain
- Post-coital bleeding
- Dyspareunia
- STI symptoms
- Genitourinary trauma - urgent evaluation
- Severe depression & suicidality
- Sexual trauma - urgent mental & physical support
- Persistent anorgasmia/ED despite treatment
- Complex pelvic floor pain
- Suspicion of endocrine tumour (e.g prolactinoma) - refer

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# Pharmaceutical Options - Men

- First-line: PDE5 inhibitors (sildenafil, tadalafil, vardenafil, avanafil). High-quality evidence for efficacy and safety, choose agent by onset/duration and patient preference.
- Consider testosterone therapy only in confirmed hypogonadism with symptoms, follow guideline-based monitoring (PSA, haematocrit, lipids).
- Address contributors: antihypertensive class switch if appropriate, treat OSA, optimise glycaemia, BP, lipids, manage depression/anxiety.

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# Pharmaceutical Options - Women

- Menopause/GSM: vaginal oestrogen for dryness/dyspareunia;, systemic MHT for vasomotor symptoms impacting libido
- Hyposexual Desire Disorder: consider transdermal testosterone at physiological female doses in postmenopausal women per consensus guidelines in Australia a TGA-registered female-specific formulation exists with 1% testosterone cream.
- Note: Flibanserin and bremelanotide are not TGA-approved in Australia (check ARTG).
- Always refer for counselling on responsive desire, pleasure focused exercises and relationship factors.

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# Medication Related Dysfunction

## What Can We Do

- Antidepressants: refer for consideration of dose reduction or a switch to an alternative prescription.
- Men with SSRI-induced ED: refer for medication review. Saffron has supportive evidence as adjunct in some trials in both genders.
- Antihypertensives: refer for medication review and address with CM and lifestyle interventions simultaneously.

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# Complementary Medicine Toolbox

- Target the Drivers: vascular (NO pathway), stress, HPA, hormones, pain, microbiome, sleep?
- Choose research evident CM
- Monitor with questionnaire
- Start slow
- Reassess at 4–8 weeks with the same questionnaire used at baseline
- Avoid polypharmacy and duplicative mechanisms.



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# Acute Complementary Medicine in Men

Pick 1–2 mechanisms, review with a questionnaire and reassess at 4–8 weeks:

1. NO pathway: L-citrulline 1.5–3 g/day (or L-arginine 3–6 g/day) + Pycnogenol® 100–120 mg/day
2. Adaptogen: Panax ginseng extract 200–400 mg 1–2×/day (std. ginsenosides 5–7%), Withania, Saffron, Tongkat Ali
3. Nutirion: Zinc, Vitamin D, Magnesium, Acetyl L Carnitine, CoQ10, Omega 3
4. Add Lifestyle Medicine: 150–180 min/week aerobic exercise + 2× resistance; Mediterranean diet, alcohol cessation

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# Acute Complementary Medicine in Women

Pick 1–2 based on drivers:

1. Desire/HSDD: Tribulus terrestris (standardised extract), Shatavari, Rhodiola
2. SSRI-related: Saffron 30 mg/day (15 mg BID) or MACA (1.5-3g/day)
3. Stress-linked: Withania somnifera (240–600 mg/day), Rhodiola, Zizyphus, Korean Ginseng

Pair with: a referral counselling to responsive desire education, CBT-I, mindfulness/MBST, relationship counselling, sleep hygiene, scheduled intimacy without performance goals, treat GSM/pain.

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# Stress Modulating Adaptogens

- *Withania somnifera*: Reduced perceived stress and improved sexual function in small RCTs
- *Rhodiola rosea*: May improve fatigue and stress, theoretically in libido however there is limited sexual function data but I would consider this very helpful when exhaustion is prominent.
- Shatavari: "women of many husbands"
- Psychological Interventions: mindfulness-based sex therapy, meditation, scheduling 'non goal oriented' intimacy sessions. Referral.



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# Hormone Supportive CM

- Vitamin D repletion when deficient may impact downstream testosterone and mood with evidence on the direct libido is mixed.
- Zinc for deficiency states as this supports androgen synthesis, monitor to avoid zinc excess.
- Iron deficiency (with or without anaemia) impairs energy and mood, treat and replete ferritin to target range appropriate to each patient.
- Iodine/Selenium for thyroid support only when indicated from monitoring TSH/fT4.



# Microbiome & Genitourinary Support

- Dietary fiber, polyphenols and glycaemic control promote eubiosis and support healthy oestrogen metabolism.
- Recurrent BV or infections should be assessed and referred to treat per guideline including consideration to vaginal oestrogen (GSM) and targeted probiotic strategies, with appropriate lubricants/moisturisers to reduce pain/avoidance.
- GI symptoms (IBS, SIBO) that drive discomfort and reduce desire, test and treat the gut first.



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# CM Options To Consider for Men

- L-arginine (3–6 g/day) or L-citrulline (1.5–3 g/day) may improve mild to moderate ED via the NO pathway. When used in combination with Pycnogenol® additional benefits were seen in RCTs.
- Panax ginseng extracts (200–400 mg 1–2×/day; std. ginsenosides) shows modest improvements in erectile function and satisfaction in several trials.
- Saffron (≈30 mg/day) has small studies suggesting improved ED parameters worth starting but more research is needed.
- Lifestyle Medicine – aerobic movement, Mediterranean diet with weight loss if needed.



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# CM Favourites for AMAB

- Tribulus
- Korean Ginseng
- Fenugreek
- Damiana
- Tongkat Ali
- Saffron
- Ginkgo
- Maca
- Ginger
- L-Arginine
- L-Citrulline
- Calcium D-Gluc
- Zinc
- Vitamin D
- Omega 3
- Honey (1.2gm/kg)
- Seafoods esp. Oysters
- Nuts esp. Walnuts, Almonds, Hazelnuts
- Nutmeg
- Date Palm L-Arginine
- Tiger Nuts
- Watermelon with seeds



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# Foods for AMAB



PMID: [38974844](https://pubmed.ncbi.nlm.nih.gov/38974844/)



## Nutritional aphrodisiacs: Biochemistry and Pharmacology

[Haitham Al-Madhagi](#)<sup>a,\*</sup>, [Abd Alraouf Tarabishi](#)<sup>b</sup>

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### Abstract

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In 2022, the global prevalence of erectile dysfunction (ED) was estimated to be at least 150 million cases. This number is greatly suspected to be underestimate as most men withhold information about ED. Also, about 15% of world population have infertility troubles, and male factors are responsible for almost half of these cases. Studies have shown that the quality of semen has decreased in the past several decades owing to various health factors and environmental toxicants. The current medical interventions involve the inhibition of phosphodiesterase 5 which suffer from serious side effects and costly. One of the popular and most sought interventions are the natural and nutritional remedies as they are foods in essence and potentially with no harm to the body. Therefore, the goal of this paper is to provide a review of the most common nutritional aphrodisiacs with increasing libido and fertility highlighting the potential active constituents as well as the underlying mechanisms.

**Keywords:** Erectile dysfunction, Infertility, Testosterone, Aphrodisiac foods, Aromatase inhibitors

# Nutritional Aphrodisiacs

PMID: [38974844](#)



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# CM Options to Consider for Women

- Tribulus terrestris (standardised extract however the dosing varies by product) improved FSFI total and desire/arousal domains in multiple RCTs in the premenopausal and postmenopausal cohorts.
- Saffron (30 mg/day) improved SSRI-induced sexual dysfunction in women over 4 weeks in RCTs.
- Withania somnifera shows improvements in sexual function and stress measures in small RCTs and is very useful where anxiety/stress dominate the libido concerns.
- Maca (1.5–3 g/day) may alleviate antidepressant-induced dysfunction in small RCTs, this should be considered as an adjunct when switching antidepressants is not feasible.



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# CM Favourites for AFAB


- Shatavari
- Korean Ginseng
- Vitex
- Black Cohosh
- Damiana
- Tribulus
- Saffron
- Ginkgo
- Maca
- Red Clover
- Flaxseed
- Iron
- B Vitamins
- Zinc
- Vitamin D
- Fenugreek



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# Female Sexual Dysfunction & CM

▶ Focus (Am Psychiatr Publ). 2018 Jan 24;16(1):19–23. doi: [10.1176/appi.focus.20170049](https://doi.org/10.1176/appi.focus.20170049) 

## Female Sexual Dysfunction: Natural and Complementary Treatments

[Christina M Dording](#) <sup>1,✉</sup>, [Lisa Sangermano](#) <sup>1</sup>

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### Abstract

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Sexual dysfunction, which may affect any part of the sexual response cycle (e.g., libido, arousal, and orgasm), is a highly prevalent condition among women and is associated with significant negative consequences for quality of life. Unfortunately, few effective traditional agents are available to treat this condition, especially in the postmenopausal cohort. It is therefore not surprising that many women seek alternative treatments for relief. The authors review popular alternative treatments for sexual dysfunction, emphasizing randomized, placebo-controlled trials when possible.

**Keywords:** Sexual Dysfunction

PMID: [31975896](https://pubmed.ncbi.nlm.nih.gov/31975896/)



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Integrative Naturopathic Practitioner

## L-arginine

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L-arginine is often found in combination with a variety of other natural remedies used to enhance sexual functioning; for example, ArginMax is a supplement containing a blend of L-arginine, ginseng, ginkgo, damiana, multivitamins, and minerals. In a randomized, controlled trial (RCT), 77 healthy women aged 21 and older who received this supplement demonstrated statistically greater improvements in sexual satisfaction, as compared with placebo ( $p < .01$ ). Improvements were observed in sexual desire, vaginal dryness, frequency of sexual intercourse and orgasm, and clitoral sensation. The treatment was well tolerated, with no side effects reported (9).

In another follow-up RCT of the same supplement, 108 women, ages 22 to 73 years, with loss of libido (59 premenopausal, 20 perimenopausal, and 29 postmenopausal) received either the supplement or placebo for four weeks. Outcome was measured by the Female Sexual Function Index scales (10). Premenopausal women receiving the supplement demonstrated statistically significant improvement in level of sexual desire (72%), satisfaction with overall sex life (68%), frequency of sexual desire (60%), and frequency of intercourse (56%) compared with the women receiving placebo ( $p < .05$ ). Among perimenopausal women, significant improvement was reported for frequency of intercourse (86%), satisfaction with sexual relationship (79%), and vaginal dryness (64%;  $p < .05$ ). Postmenopausal women showed a significant increase in sexual desire (51%) compared with the placebo group (8%;  $p < .05$ ) (11).

# Female Sexual Dysfunction & CM

PMID: [31975896](#)





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# Beneficial effects of natural products on female sexual dysfunction: A systematic review and meta-analysis

[Nahdiya Sha'ari](#)<sup>a,b</sup>, [Luke Sy-Cherng Woon](#)<sup>a</sup>, [Hatta Sidi](#)<sup>a</sup>, [Srijit Das](#)<sup>c</sup>, [Chad A. Bousman](#)<sup>d</sup>, [Suriati Mohamed Saini](#)<sup>a</sup>  

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<https://doi.org/10.1016/j.phymed.2021.153760> 

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## Abstract

### Background

Female sexual dysfunction (FSD) includes female orgasmic disorder, female sexual interest or arousal disorder, and genito-pelvic pain or penetration disorder. FSD affects 40% of women worldwide, but it is understudied and likely undertreated. Natural products are frequently used by women to treat FSD, but scientific evidence of their efficacy is lacking.

# Female Sexual Dysfunction & CM

PMID: 34638031

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Integrative Naturopathic Practitioner

# Female Sexual Dysfunction & CM

## Methods

The literature search included MEDLINE, EMBASE, PsycINFO, and the Cochrane Central Register of Controlled Trial databases for studies published from January 2000 to February 2020. The quality and the level of evidence of the studies were assessed. The association between natural products and FSD was summarized using standardized mean differences (SMD) with a 95% confidence interval (CI).

## Results

A total of 536 studies were identified, with 20 of them meeting the criteria. According to this meta-analysis, Tribulus terrestris showed a significant positive effect in improving overall female sexual function (SMD=1.12, 95% CI=0.46 - 1.79,  $p=0.001$ ) and individual sexual arousal (SMD=1.03, 95% CI=0.22 - 1.84,  $p=0.013$ ), sexual desire (SMD=1.08, 95% CI=0.52 - 1.63,  $p \leq 0.001$ ) and sexual orgasm (SMD=0.51, 95% CI=0.02 - 1.00,  $p=0.040$ ) domains compared to placebo. Panax ginseng was found to be effective in treating sexual arousal (SMD=0.54, 95% CI=0.11 - 0.97,  $p=0.014$ ) and sexual desire (SMD=0.59, 95% CI=0.27 - 0.90,  $p < 0.001$ ) compared to placebo. Meanwhile, other natural products reviewed in this study, such as Trifolium pretense, did not differ significantly from placebo in terms of improving FSD.

## Conclusion

Preliminary evidence suggests that Tribulus terrestris and Panax ginseng may be effective as alternative treatments for FSD in a clinical setting.

PMID: 34638031





## Effect of phytoestrogens on sexual function in menopausal women: a systematic review and meta-analysis

M Najaf Najafi <sup>1</sup>, M Ghazanfarpour <sup>2</sup>

Affiliations + expand

PMID: 30156931 DOI: [10.1080/13697137.2018.1472566](https://doi.org/10.1080/13697137.2018.1472566)

**Results:** Soy did not have an effect on sexual function (standardized mean difference [SMD] = 1.099 [95% CI: -3.033 to 0.835,  $p = 0.265$ ]; heterogeneity  $I^2 = 80\%$ ;  $p = 0.006$ ; random-effect model; three trials) but improved dyspareunia ( $p > 0.05$ ). Red clover showed no significant effect on sexual function (SMD = -0.087 [95% CI: -0.936 to 0.763,  $p = 0.842$ ]; heterogeneity  $I^2 = 0\%$ ,  $p = 0.397$ ; fixed-effect model; two trials) and sexual satisfaction ( $p > 0.05$ ). Phytoestrogens isolated from *Lepidium meyenii*, *Foeniculum vulgare*, and maritime pine bark as well as *Trigonella foenum-graecum* L. significantly improved sexual function. In contrast, phytoestrogens isolated from Korean red ginseng and flaxseed did not lead to significant effect on sexual function. The positive effects of *Trigonella foenum-graecum* L. were observed on libido.

**Conclusion:** Phytoestrogens have various effects on sexual function. Published reports show that maritime pine bark, *T. foenum-graecum* L., and *F. vulgare* could be considered as agents to overcome sexual dysfunctions while soy, red clover, genistein, and flaxseed had no promising effects on these conditions.

# Female Sexual Dysfunction & CM



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# Lifestyle Medicine Prescriptions

- Exercise: 20–60 min movement in research 3–5×/week for  $\geq 12$ –24 weeks improves IIEF by approx 2–5 points depending on baseline severity, aim to add 2×/week resistance training.
- Diet: Mediterranean Diet monitor aim for waist measurement, BP/lipids/HbA1c targets, reduce alcohol to  $< 10$  standard drinks/week for with  $\geq 2$  alcohol free days.
- Sleep: 7–9 hours, refer for a screen and/or treatment for OSA. Address shift-work with blue light timing and consistent sleep window.



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# Pelvic Floor, Pain & GSM

- Pelvic floor physiotherapy for hypertonic floor, dyspareunia and post-partum dysfunction.
- Topical vaginal oestrogen for GSM with support to access moisturisers and appropriate lubricants (silicone for dryness; water-based for toys/condoms).
- Address endometriosis, vulvodynia and pelvic pain with a multidisciplinary team (GP, pain medicine, gynecology, physio, psychology).



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# Integrative Plan - Microbiome & Pain Driver

- Assess: vaginal pH, microscopy, pelvic exam, bowel symptoms review, diet and pain scales.
- Treat: GSM with vaginal oestrogen, manage BV/UTIs, pelvic floor physio, lubricants/moisturisers.
- CM Therapies: dietary fibre/polyphenols, probiotic strategies (strain-specific as per indication), address IBS/SIBO if present, PEA for Pain.
- Pharmacological interventions: antibiotics, topical lidocaine for vestibulodynia short-term, multidisciplinary pain care.

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# Integrative Plan - Hormonal Support

- Women: perimenopause/menopause—MHT discussion, consider low-dose transdermal testosterone for postmenopausal HSDD with monitoring (per guidelines, refer IGP).
- Men: diagnose biochemical hypogonadism with symptoms before TRT, address OSA and cardiometabolic risks, monitor PSA/haematocrit/lipids (IGP).

Clinical Tips: Review before using CM.

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Integrative Naturopathic Practitioner



## Monitoring & Outcomes

- Recheck questionnaires (FSFI/IIEF-5/ASEX/PROMIS) at 4–8 weeks.
- Track patient-centered goals “what does better look like”, pain scores, sleep, energy, relationship satisfaction.
- Audit adverse effects/interactions and step down supplements once stable to avoid polypharmacy.

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# Inclusive & Culturally Sensitive Care

- Use gender inclusive language and avoid assumptions about partners, practices or goals.
- Recognise cultural/religious contexts around sexuality, align your plans with patient values.
- Screen for intimate partner violence and coercion and provide resources.
- Create warm referrals.

## Clinical Tips

- Intimate Ecology & RH Reproductive Health
- Sex Therapist Lisa Torney ([www.lisatorney.com.au](http://www.lisatorney.com.au))

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Compare

NaturoBest

## Ultimate Libido & Hormone Support

[Write a review](#)

Traditionally used to support healthy sexual function

Per capsule:

- Turnera diffusa ext. 146.25 mg
- Tribulus terrestris ext. 270 mg

[Product details](#) [TGA summary inc. excipients](#)




Compare

Australian Bush Flowers

## Sensuality Mist

[Write a review](#)

Vibrational flower infusion and essential oil blend

 Contains alcohol

Per serve:

- Planchonia careya (Billy goat plum)
- Gardenia megasperma (Bush gardenia)
- Actinotus helianthi (Flannel flower)
- Actinotus minor (Little flannel flower)
- Eucalyptus macrocarpa
- Wisteria sinensis

[Product details](#)



Compare

Ora

## Hormonal Balance

★★★★☆ 3.0 (2) | ★★★★★ 5.0 (3)

A synergistic blend of adaptogens and tonic herbs

Per 5 g (Chocolate):

- Lepidium meyenii powder 1 g
- Theobroma cacao powder 1.7 g
- Asparagus racemosus ext. 200 mg
- Withania somnifera ext. 200 mg
- Asphaltum punjabinum (Shilajit) 200 mg
- Green banana 0.5 g
- Tremella fuciformis powder 160 mg
- Lactobacillus acidophilus 3 billion CFU
- Natural chocolate flavour
- Coconut milk powder 0.5 g
- Theobroma cacao (Cocoa powder) 0.5 g
- Stevia rebaubiana
- Pyridoxine hydrochloride (Vitamin B6)
- Cyamopsis tetragonoloba (Guar gum) 100 mg
- Pink Himalayan crystal salt

[Product details](#)

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Compare

Eagle

## Men's T-Support ♡ 👤 New

[Write a review](#)

To support testosterone production

Per capsule:

- Codonopsis pilosula ext. dry conc. 25 mg
- Ginseng spp. ext. dry conc. 50 mg
- Trigonella foenum-graecum ext. dry conc. 300 mg

[Product details](#) [TGA summary inc. excipients](#)



Compare

NaturoBest

## Preconception Multi for Men ♡ 👤

★★★★★ 5.0 (4) | ★★★★★ 4.9 (24)

Multivitamin formula for male preconception health

Per capsule:

- Zinc citrate dihydrate 77.88 mg equiv. zinc 25 mg
- Ubidecarenone (Coenzyme Q10) 50 mg
- Choline bitartrate 243.13 mg equiv. choline 100 mg
- Retinol acetate 414 µg equiv. vitamin A 351 µg RE
- Thiamine hydrochloride (Vitamin B1) 19.06 mg equiv. thiamine 15 mg
- Riboflavin 5-phosphate sodium (Activated B2) 6.83 mg equiv. riboflavin 5 mg
- Nicotinamide (Vitamin B3) 10 mg
- Calcium pantothenate (Vitamin B5) 54.59 mg equiv. pantothenic acid 50 mg
- Pyridoxal 5-phosphate monohydrate (P5P) 7.84 mg equiv. pyridoxine 5 mg
- Calcium folinate (Activated folate) 271 µg equiv. folic acid 250 µg
- Hydroxocobalamin (Vitamin B12) 500 µg
- Biotin 100 µg
- Magnesium ascorbate monohydrate (Vitamin C) 112.08 mg equiv. ascorbic acid 100 mg equiv. magnesium 6.94 mg
- Cholecalciferol 12.5 µg equiv. vitamin D3 500 IU
- Chromium picolinate 201 µg equiv. chromium 25 µg
- Potassium iodide (Iodine) 130.80 µg equiv. iodine 100 µg equiv. potassium 30.8 µg
- Selenomethionine 186 µg equiv. selenium 75 µg
- Lycopersicon esculentum ext. 15 mg
- Magnesium amino acid chelate 125 mg equiv. magnesium 25 mg
- Palm tocotrienols complex (Vitamin E) 16.67 mg equiv. vitamin E 5 mg

[Product details](#) [TGA summary inc. excipients](#)



MediHerb

## Tribulus Forte ♡ 👤

★★★★★ 5.0 (1) | ★★★★★ 4.5 (2)

Traditional support for a healthy libido

Per tablet:

- Tribulus terrestris ext. 416 mg

[Product details](#) [TGA summary inc. excipients](#)

*Carla Wrenn.*

Integrative Naturopathic Practitioner

# Male 32: ED + low testosterone + depression

## Findings:

Low T, High E2, Low Zinc, High Cortisol

## Care Plan:

Personalised Herbal Tonic for Mood, Calm & Testosterone

*Tongkat Ali 20*

*Tribulus 15*

*Damiana 15*

*Korean Ginseng 5*

*Skullcap 15*

*Licorice 10*

*Kava 20*

Take 5ml twice daily

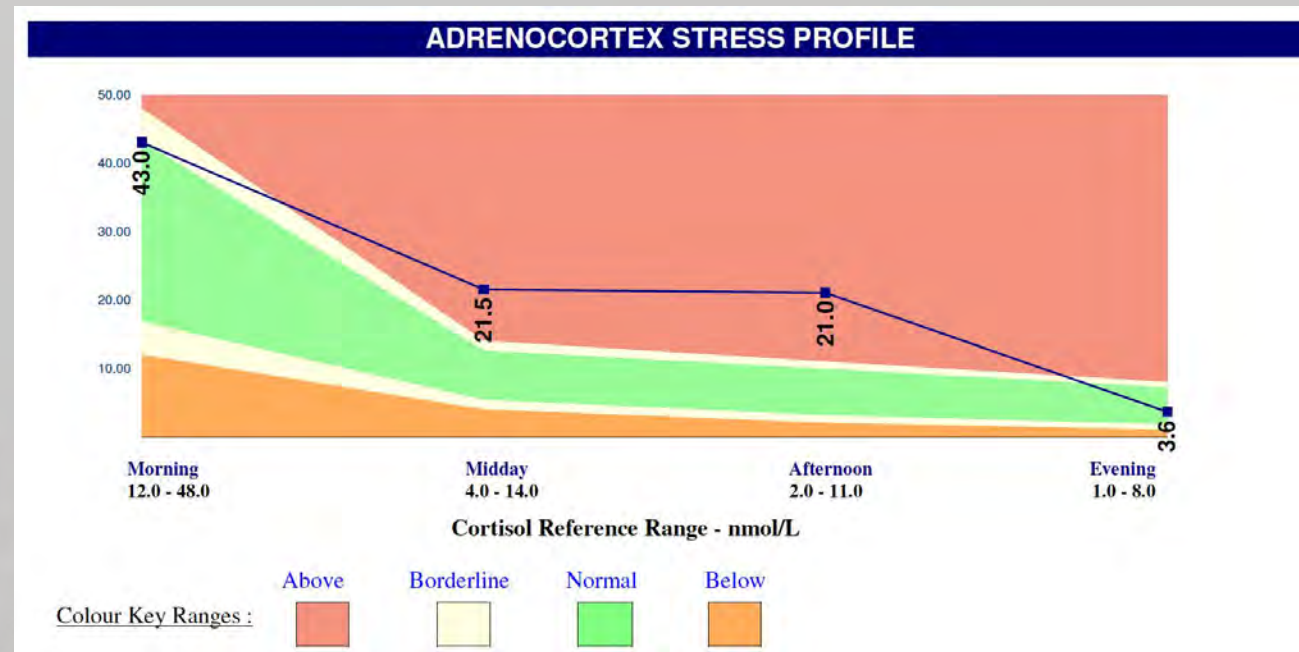
GBH Calcium-D-Glucarate

BioMedica BioTress

Orthoplex Pure D

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Cortisol Values	Result	Range
Cortisol Profile, Morning	43.0	12.0 - 48.0 nmol/L
Cortisol Profile, Midday	21.5*H	4.0 - 14.0 nmol/L
Cortisol Profile, Afternoon	21.0*H	2.0 - 11.0 nmol/L
Cortisol Profile, Evening	3.6	1.0 - 8.0 nmol/L
Cortisol Daily, Total	89.1*H	11.0 - 76.0 nmol/L
DHEAS Values	Result	Range
DHEAS Profile Morning	24.7	4.0 - 30.0 nmol/L
DHEAS/CORTISOL AM	0.57	0.20 - 0.60 RATIO

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6-Month Practitioner Education Series for Naturopaths, Nutritionists & Integrative GPs

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Let's explore libido and the traditional and evidence based support for sexual wellbeing, hormones, metabolic health, stress and the complementary medicine tool box bursting with herbal medicines, nutraceutical and lifestyle advice for all people.

### GLP-1 Medications, Natural GLP-1 Support & Metabolic Care - 16 October 2025

Support people using semaglutide and related medications including nutrient preservation, gut health, metabolic resilience, lifestyle strategies and side effect prevention. Consider complementary medicine interventions to naturally support GLP-1 pathways. GLP-1 agonists are here to stay and not just for weight management, let's build your confidence in supporting these patients health and wellbeing goals.

### Supporting Bariatric Surgery Patients - 13 November 2025

Integrative strategies for pre and post-surgery support. From nutrient optimisation, gut adaptation, metabolic health, weight maintenance, mental health to microbiome considerations for better long-term results for people considering or having undergone bariatric surgery.

### Our Place in Palliative Care - 4 December 2025

Let's explore the role of Naturopaths, Nutritionists & Integrative Practitioners in palliative end-of-life care. From symptom management, dietary choices, pain, sleep, energetics, quality of life metrics to communication and the safe use of evidence-based interventions in collaboration with a palliative care team.

### Cancer Prevention Strategies for All Patients - 22 January 2026

Implement evidence based strategies in personalised cancer prevention. Let's explore wellbeing diets, food as medicine, nutraceuticals, and lifestyle interventions for cancer prevention across all patient populations.

### The Andropause Shift - 12 February 2026

Recognise, assess and manage hormonal changes, metabolic impacts, mood, cardiovascular risk and evidence based natural and complementary medicine support for men through midlife and beyond.

On Sale NOW  
Limited tickets...

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