



Ethnopharmacological Survey of Plants Used for the Treatment of Female Sexual Dysfunction and Infertility in Ilorin, Nigeria

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Abstract

Over generations, several indigenous knowledge on the use of medicinal plants have been lost due to a lack of interest of the upcoming generation and reluctance of the older generations to pass on their knowledge. This survey was set about to preserve and share the knowledge of the Ilorin Emirate Clan in the management of female sexual dysfunction and infertility (FSDI). The survey was conducted across three major markets (Shao, Jimba-Oja and Oke-Oyi) and ethnobotanical data on medicinal plants, mode of preparation, route of administration and demographic information were collected from volunteers using a semi-structured questionnaire, oral or virtual interviews. A total of 47 plant species belonging to 28 families were identified from 85 willing respondents. *Phyllanthus amarus* Schumach. & Thonn. was the most frequently cited plant with a citation frequency of 31.76% and a fidelity level of 57.75% whereas *Xylopiya aethiopica* (Dunal) A.Rich. was the least cited plant with a citation frequency of 1.18% and a fidelity level of 1.12%. The highest informant consensus factor computed for Shao market, Jimba-Oja and Oke-Oyi were 0.93, 0.57 and 0.84 for *P. amarus*, *Sarcocephalus latifolius* (Sm.) E.A.Bruce and *Cassia fistula* L., respectively. This study provides a comprehensive insight into the medicinal plants in our society that are of importance in the management of female sexual dysfunction and infertility. The data collected would promote the conservation of invaluable indigenous knowledge and highlight a broad selection of medicinal plants that could be subjected to further pharmacological and clinical investigation for their potential role in the treatment of FSDI.

Keywords: Ethnopharmacology; Female sexual dysfunction; Infertility; Traditional medicine; Medicinal plants

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Introduction

The prevalence of sexual dysfunction and infertility among women of reproductive age has been a matter of public health concern. The associated social and psychological implications on the individual, immediate family and the society makes it a subject of top-priority calling for swift scrutiny [1]. Medicinal plants are in abundance and are attracting more attention in different parts of Nigeria. Series of researches have been conducted on the plants that are associated with curative potentials on female sexual dysfunction and infertility (FSDI).

Infertility can be described as the inability to conceive after 12 months of unprotected sexual intercourse and pregnancy attempts [2]. It is a global problem affecting people around the world with an estimated 60-80 million couples around the world suffering from infertility annually [3]. The cause and importance may vary according to the geographical location and socio-economic condition. The estimated fertility rate in Canada is 11.5% to 15.7%, Nigeria has a reported rate of 11%; while one out of seven English couples suffers from fertility problems [2-4]. Female infertility is related to a host of factors including but not limited to genetic disorders, lifestyle, reproductive system disease and most importantly, female sexual dysfunction.

Female Sexual Dysfunction (FSD), a group of disorders affecting the sexual response of women in the reproductive age, is an issue of public health importance that requires swift attention [5]. An individual with sexual dysfunction feels extreme distress and interpersonal strain for a

minimum of six months except for substance or medication-induced sexual dysfunction [1]. Even though sexual dysfunction can affect males, its prevalence among women is higher [6]. However, the prevalence of FSD varies among communities.

Initially, Masters and Johnson [7] categorized female sexual response cycle into four groups (sexual desire disorders or decreased libido, sexual arousal disorders, orgasm disorders and pain disorders also known as dyspareunia), while the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), later gave three groups of classification as sexual interest/arousal syndrome, female orgasmic disorder, and genito-pelvic pain/penetration disorder [8]. FSDI range from lack of interest for sexual engagement, disorder relating to the desire for or during a sexual engagement, disorder of arousal, disorder or absence of orgasm, and painful coitus [9]. An individual may have more than one form of sexual dysfunction at the same time [10,11].

Sexual response has been attributed to circulating androgens but is poorly associated with symptoms including low sexual desire, loss of sexual confidence, genital numbness, poor sexual arousal, orgasm, and diminished well-being in postmenopausal women [12,13]. However, several factors ranging from biological (chronic diseases such as diabetes, stroke and multiple sclerosis), emotional, psychological (sexual abuse) and physical factors (harmful practices such as female genital mutilation) can cause FSDI [13-16]. While age is another important factor that causes FSDI, some drugs present

complications that lead to sexual dysfunction [17]. Furthermore, there is an increase in the prevalence of sexual dysfunction among elderly women due to the reduction in sex hormones associated with pelvic anatomy, thereby, affecting libido and vaginal lubrication, hence the difficulty in sex [18].

Being a complex condition with multiple factors, sexual dysfunction does not only affect the patient, but also have negative impacts on the society at large. It can affect the patient's mood, can cause stress, anxiety and depression, and can affect their relationship, daily functioning as well as quality of life leading to low self-esteem or body image issues. More so, the tremendous increase in the rate of infertility in the past few decades [19,20] makes it imperative for healthcare providers and patients to work in close partnership in proffering long lasting solution to FSDI. Despite these negative implications, women with sexual dysfunction, especially from Africa are typically reluctant to discuss sexual matters and seek for help. Hence, there is need for contiguous intervention to provide care for women suffering from FSDI.

Identifying plants and gaining a better understanding of the plants with therapeutic values against FSDI can potentially reduce the effect and burden of the condition on the patient, spouse, family members and the society at large. A survey of medicinal plants precedes every other models of scientific investigations (e.g. *in vitro*, *in vivo*, phytochemical studies) on plants. Similar studies on the documentation of ethnomedicinal knowledge used for the management of various diseases such as diabe-

tes mellitus, infertility, respiratory diseases and anticancer have been reported [21-25]. Therefore, an archive of these plants would go a long way at providing immediate availability of lists of relevant plants for management of FSDI. Hence, the objectives of this study were to survey plants with therapeutic potentials against FSDI in Ilorin, and to provide an archive of such plants for easy referencing, pharmacological and clinical investigation.

Methods

Study area and respondents

This survey was carried out in Ilorin located within Latitude 8° 29' 47 and 90" North and Longitude 4° 32' 31 and 70" East (Figure 1). The targeted respondents were farmers, herb sellers, herbalists/traditional medicine practitioners, midwives and aged people who have treated or managed FSDI via the use of medicinal plants in their lifetime. Consent of the respondents was verbally sought before an interview and/or administration of questionnaires, which is a semi-structured interview-based report comprising two parts (A and B). Parameters measured in the two parts were demographic information of the respondents, and plant information such as name, part used, mode of preparation as well as their route of administrations (Appendix 1).

Data collection and identification of the plants

Data obtained from our interviews or in the questionnaires were documented for further statistical analysis. The respondents from Shao, Jimba-Oja and Oke-Oyi were approached

during their respective market days for their knowledge on FSDI management. The plants mentioned during this study were obtained and identified taxonomically in the Herbarium Unit of the University of Ilorin, Ilorin, Nigeria, where specimens were deposited and voucher numbers were obtained. In addition to these, the names of the plants were verified online (www.theplantlist.org) and the useful plants of West Tropical Africa, Nigerian was used as a tool to identify the listed plant species [26].

Data analysis

The frequencies and percentages of the demographic data of the respondents were determined using the descriptive statistical analysis. The results of the survey of medicinal plants were analyzed for the Frequency of Citation (FC), Fidelity Level (FL) and Informant Consensus Factor (ICF) measures were quantified.

Frequency of Citation

The relative importance of a particular plant which was based on the number of mentions received by each plant species was computed by adopting the formula proposed by Shinkafi et al. [27].

Equation 1.

$$FC = N_r / N \times 100$$

N_r denotes the number of times a particular species was cited by respondents, while N denotes the total number of the respondents.

Fidelity Level

The potentiality of each plant against FSDI

and its preference of use among other plants by herbalists was determined using the method described by Ngoua-Meye-Misso et al. [28];

Equation 2.

$$FL = C_{sc} / C_{sr} \times 100$$

C_{sc} denotes the frequency of citation of a specific species against FSDI, while C_{sr} denotes the total number of citations of that species among all respondents.

Informant Consensus Factor

The agreement among respondents from Shao market, Jimba-Oja and Oke-Oyi on their preferred choice of plant for the management or treatment of FSDI was computed as described by Fisseha et al. [29] using the formula;

Equation 3.

$$ICF = (N_{ur} - N_t) / (N_{ur} - 1)$$

N_{ur} denotes the number of citations for a specific plant used for FSDI, while N_t denotes the number of plant species reported to cure FSDI.

Results

Demographic information

A total of 133 candidates were approached of which 85 willing respondents were able to provide the required information on the management/treatment of FSDI. Majority of the respondents were female (67.06%) and educated (90.60) within the age range of 21 – 89 (Table 1). Also, 57 of the respondents were categorized as highly sexually active (copulating at least 3-times per week) whereas 9 of the respondents

reported being rarely sexually active (Table 1). In addition, most of the respondents (34.12%) were traditional herbal medicine practitioners who have been practicing the management of FSDI for decades while midwives represent the lowest percentage (9.41%) of respondents (Table 1). Of the 85 respondents, only one (1.18%) of them declared to be barren; whereas a staggering 98.82% of them were fertile albeit with some help especially in the case of those with delayed conception (Table 1). Furthermore, 76.47% of the respondents reported having

either treated or received treatment for FSDI; whereas the other 23.53% claimed to have not experienced any FSDI related disease or treatments. Majority of the respondents (44.71%) reported apprenticeship as their favored means of knowledge transfer; whereas just some selected few (9.41%) were willing to share their knowledge randomly (Table 1). Anorgasmia was the most cited female sexual dysfunction managed or treated; while arousal disorders was the least cited (Table 1).



Figure 1. Map showing location of the study area (Shao, Jimba-Oja and Oke-Oyi)

Table 1. Demographic distribution of the respondents

| Parameter(s) | | Number | Percentage (%) |
|--------------------|------------------------------------|--------|----------------|
| Gender | Male | 28 | 32.94 |
| | Female | 57 | 67.06 |
| Level of Education | Uneducated | 8 | 9.41 |
| | Primary school | 19 | 22.35 |
| | High school | 36 | 42.35 |
| | Technical school/college | 7 | 8.23 |
| | Diploma | 8 | 9.41 |
| | First degree | 5 | 5.88 |
| | Postgraduate qualification | 2 | 2.35 |
| Age range | 21 – 40 | 18 | 21.18 |
| | 41 – 60 | 43 | 50.59 |
| | Above 60 | 24 | 28.23 |
| Sexual alertness | Moderate | 19 | 22.35 |
| | High | 57 | 67.06 |
| | Low | 9 | 10.59 |
| Occupation | Farmer | 21 | 24.71 |
| | Midwife | 8 | 9.41 |
| | Herb sellers | 15 | 17.65 |
| | Traditional medicine practitioners | 29 | 34.12 |
| | Aged people | 12 | 14.11 |

| | | | |
|-------------------------------------|-------------------------------------|----|-------|
| Fertility profile | Pre-marital pregnancy | 7 | 8.23 |
| | Post-marital conception (immediate) | 60 | 70.59 |
| | Delayed conception | 17 | 20.00 |
| | Baren | 1 | 1.18 |
| Treated/received treatment for FSDI | Yes | 65 | 76.47 |
| | No | 20 | 23.53 |
| Knowledge transfer | Offspring | 17 | 20.00 |
| | Apprentice | 38 | 44.71 |
| | Random | 8 | 9.41 |
| | Never | 22 | 25.88 |
| Types of FSDI treated | Dyspareunia | 10 | 11.76 |
| | Anorgasmia | 31 | 36.47 |
| | Vaginismus | 11 | 12.94 |
| | Arousal disorder | 4 | 4.71 |
| | Conception complications | 15 | 17.65 |
| | Infertility | 14 | 16.47 |

Plant diversity

A total of 47 plant species have been identified with 28 families of which Rubiaceae and Leguminosae were the predominantly cited families with 4 species each (Table 2). There were three species cited for the families Apocynaceae,

Compositae and Solanaceae while families such as Annonaceae, Combretaceae, Connaraceae, Cucurbitaceae, Euphorbiaceae, Malvaceae and Zingiberaceae had two species each with the others presenting with just one species (Table 2).

Table 2. Different plant families and the number of plant species used for the treatment of female sexual dysfunction and infertility

| Plant family | Number of plant species | Percentage |
|----------------|-------------------------|------------|
| Annonaceae | 2 | 4.26 |
| Apocynaceae | 3 | 6.38 |
| Bignoniaceae | 1 | 2.13 |
| Clusiaceae | 1 | 2.13 |
| Combretaceae | 2 | 4.26 |
| Compositae | 3 | 6.38 |
| Connaraceae | 2 | 4.26 |
| Convolvulaceae | 1 | 2.13 |
| Cucurbitaceae | 2 | 4.26 |
| Euphorbiaceae | 2 | 4.26 |
| Gnetaceae | 1 | 2.13 |
| Lauraceae | 1 | 2.13 |
| Leguminosae | 4 | 8.51 |
| Malvaceae | 2 | 4.26 |
| Musaceae | 1 | 2.13 |
| Myrtaceae | 1 | 2.13 |
| Olacaceae | 1 | 2.13 |
| Phyllanthaceae | 1 | 2.13 |
| Piperaceae | 1 | 2.13 |
| Poaceae | 1 | 2.13 |

| | | |
|---------------|---|------|
| Polygalaceae | 1 | 2.13 |
| Rubiaceae | 4 | 8.51 |
| Rutaceae | 1 | 2.13 |
| Santalaceae | 1 | 2.13 |
| Sapotaceae | 1 | 2.13 |
| Solanaceae | 3 | 6.38 |
| Violaceae | 1 | 2.13 |
| Zingiberaceae | 2 | 4.26 |

Plant parts used

The leaf (34.55%) was the most cited plant part used in the treatment of FSDI while the least cited parts were the nut (1.82%), flower, melon

and whole plant (Figure 2). Other parts such as fruits (5.45%), roots (20.00%), seeds (16.36%), bark (9.09%), stem and shell (3.64%) were also mentioned (Figure 2).

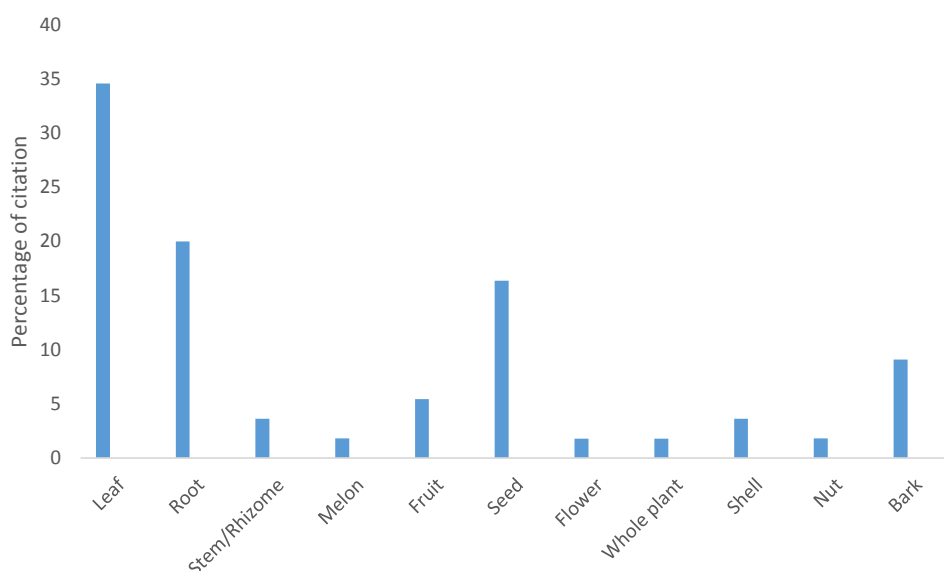


Figure 2. Plant parts used for the treatment of female sexual dysfunction and infertility

Mode of preparation and administration

Of the 47 plants cited, decoction (37.55%) was the most preferred method of preparation followed by infusion (30.33%); whereas, plant press/squeezing (1.20%) was the least preferred method (Figure 3). Other methods of preparation cited include concoction, ethanol extraction, chewing or eating raw and crushing (Figure 3). The preferred route of administration by the respondents was oral (86.45%); whereas the least preferred route of administration was

via inhalation (0.85%) (Figure 4).

Citation frequency and fidelity level

Of the 47 plants identified, *Phyllanthus amarus* Schumach. & Thonn., locally known as *eyin olobe*, was the most frequently cited plant with a citation frequency of 31.76% and a fidelity level of 57.75% (Table 3) whereas *Xylopiya aethiopica* (Dunal) A.Rich. (*edun alamo*) was the least cited plant with a citation frequency of 1.18% and a fidelity level of 1.12% (Table 3).

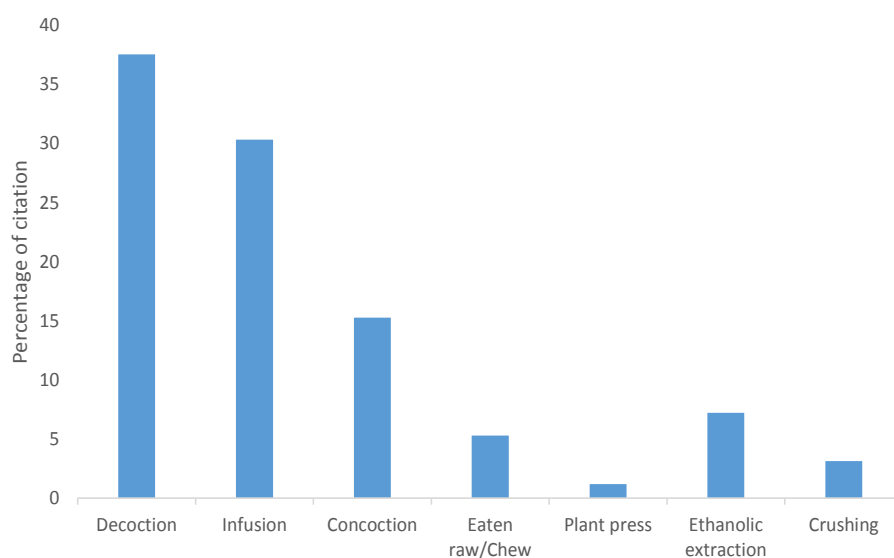


Figure 3. Methods of plant preparation for female sexual dysfunction and infertility

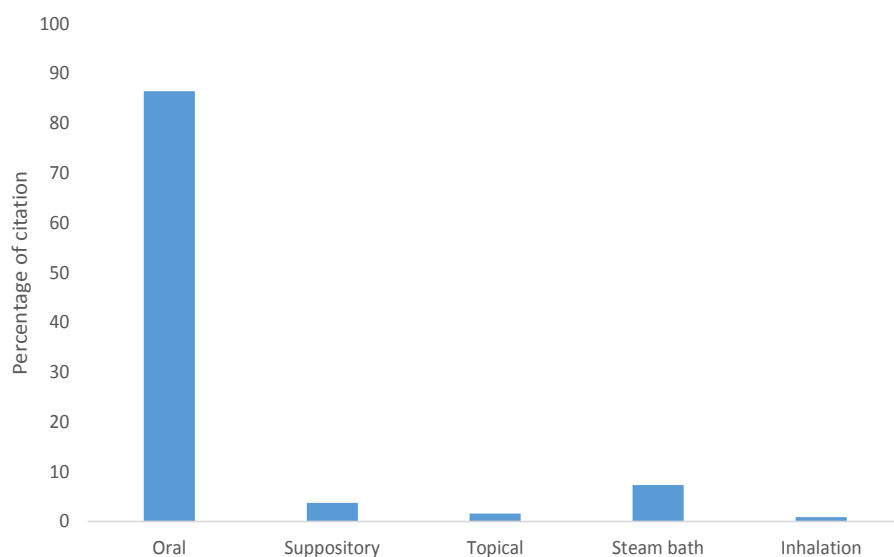


Figure 4. Route of administration for the management of female sexual dysfunction and infertility

Table 3. Medicinal plants used for the treatment of female sexual dysfunction and infertility

| S/N | Botanical name | Family name | Common name | Local name(s) | Plant part used | Voucher number | Number of citations | Frequency of citation | Fidelity level |
|-----|--|----------------|-----------------|---------------------|-----------------|----------------|---------------------|-----------------------|----------------|
| 1 | <i>Phyllanthus amarus</i> Schum & Thonn | Phyllanthaceae | Gale of wind | Eyin olobe | Leaf | UILH/1051 | 27 | 31.76 | 57.75 |
| 2 | <i>Sarcocephalus latifolius</i> (Sm.) E.A.Bruce | Rubiaceae | African peach | Egbesi | Root | UILH/506 | 19 | 22.35 | 40.63 |
| 3 | <i>Asclepias syriaca</i> L. | Apocynaceae | Common milkweed | Modun moro | Bark | UILH/952 | 18 | 21.18 | 38.51 |
| 4 | <i>Anogeissus leiocarpus</i> (DC.) Guill. & Perr | Combretaceae | African birch | Ayin / Marke/ Atara | Root | UILH/854 | 15 | 17.65 | 32.09 |

| | | | | | | | | | |
|----|--|--------------------|----------------------------|---------------------------------------|--------------------|-----------|----|-------|-------|
| 5 | <i>Cassia fistula</i> L. | Legumino- sae | Purging cassia | Aidan toro | Root | UILH/528 | 15 | 17.65 | 29.42 |
| 6 | <i>Peperomia pellucida</i> L. Kunth | Piperaceae | English cow- foot | Ewe rinrin | Leaf | UILH/1373 | 15 | 17.65 | 23.53 |
| 7 | <i>Vitellaria paradoxa</i> C.F. Gaertn | Sapotaceae | Shea butter | Emi gbegi | Shell and nut | UILH/1276 | 14 | 16.47 | 27.45 |
| 8 | <i>Musa paradisiaca</i> L. | Musaceae | Plantain | Ogede | Fruit | UILH/1182 | 11 | 12.94 | 21.57 |
| 9 | <i>Citrullus lanatus</i> (Thunb.) | Curcubita- ceae | Watermelon | Elegede | Fruit | UILH/1149 | 10 | 11.76 | 18.18 |
| 10 | <i>Acacia nilotica</i> | Legumino- sae | Egyptian mimosa | Baani/ booni/gab- aruwa | Seed | UILH/1174 | 8 | 9.41 | 17.11 |
| 11 | <i>Citrullus colocynthis</i> L. (Schrad.) | Curcubita- ceae | Apple, Wild Gourd | Bara / Egusi elili | Seed | UILH/1056 | 8 | 9.41 | 15.68 |
| 12 | <i>Garcinia kola</i> Heckel | Clusiaceae | Bitter kola | Orogbo | Seed | UILH/1268 | 8 | 9.41 | 14.48 |
| 13 | <i>Senna alata</i> L. (Roxb.) | Legumino- sae | Ringworm plant | Asunwon | Leaf and flower | UILH/1069 | 8 | 9.41 | 14.48 |
| 14 | <i>Acanthospermum hispidum</i> DC. | Compositae | Goat's head | Dagunro | Leaf | UILH/1153 | 7 | 8.24 | 14.98 |
| 15 | <i>Carpolobia lutea</i> G. Don | Polygala- ceae | Cattle stick | Osunsun | Bark | UILH/1424 | 7 | 8.24 | 13.73 |
| 16 | <i>Hybanthus enneasper- mus</i> L. F. Muell | Violaceae | Spade flower | Abiwere | Leaf | UILH/1092 | 7 | 8.24 | 12.68 |
| 17 | <i>Newbouldia laevis</i> (P.Beauv) seem. | Bignonia- ceae | Fertility tree | Akoko | Leaf | UILH/1323 | 7 | 8.24 | 12.68 |
| 18 | <i>Rauvolfia vomitoria</i> Afzel. | Apocyna- ceae | Devil pep- pers | Asun feyeje | Root | UILH/981 | 7 | 8.24 | 13.73 |
| 19 | <i>Tetrapleura tetraptera</i> (Schum. & Thonn.) | Legumino- sae | Aidan tree | Aidan/ Uhio | Seed and leaf | UILH/1131 | 7 | 8.24 | 12.68 |
| 20 | <i>Vernonia amygdalina</i> Delile | Compositae | Bitter leaf | Ewuro | Leaf | UILH/1023 | 6 | 7.06 | 10.66 |
| 21 | <i>Annona senegalensis</i> <i>Pers.</i> | Annonaceae | African cus- tard apple | Abo / Gwan- da-daji | Leaf | UILH/499 | 6 | 7.06 | 11.15 |
| 22 | <i>Terminalia glau- cescens</i> Planch. | Combreta- cea | Tropical carpet grass | Idi / báúshe/ èdò | Root | UILH/1039 | 6 | 7.06 | 9.92 |
| 23 | <i>Bambusa vulgaris</i> Schrad. | Poaceae | Bamboo | Oparun | Leaf | UILH/714 | 5 | 5.88 | 10.69 |
| 24 | <i>Cnestis ferruginea</i> Vahl ex DC. | Connara- ceae | Alum plant | Gboyin gboyin, Fura am- arya | Root | UILH/1034 | 5 | 5.88 | 10.69 |
| 25 | <i>Euphorbia deightonii</i> Croizat | Euphorbia- ceae | Spurge | Oro agogo | Seed | UILH/1423 | 5 | 5.88 | 9.05 |
| 26 | <i>Gnetum africanum</i> Welw. | Gnetaceae | African jointfir | Jenfoko | Leaf | UILH/568 | 5 | 5.88 | 9.05 |
| 27 | <i>Aframomum melen- gueta</i> K. Schum. | Zingibera- ceae | Alligator pepper | Atare | Leaf | UILH/1166 | 4 | 4.71 | 8.56 |
| 28 | <i>Citrus aurantiifolia</i> | Rutacea | Lime | Osan- wewe | Root | UILH/1059 | 4 | 4.71 | 7.85 |
| 29 | <i>Rourea coccinea</i> (Schum & Thonn) Benth | Connara- ceae | Crimson thyme | Amuje wewe | Leaf | UILH/729 | 4 | 4.71 | 6.17 |

| | | | | | | | | | |
|----|--|---------------|---------------------------|-------------------|----------------|-----------|---|------|------|
| 30 | <i>Datura stramonium</i> L. | Solanaceae | Jimson weed | Gegemu | Root | UILH/1256 | 3 | 3.53 | 5.43 |
| 31 | <i>Massularia acuminata</i> (G.Don) Bullock ex Hoyle | Rubiaceae | Chewing stick | Pako ijebu | Stem | UILH/1090 | 3 | 3.53 | 5.88 |
| 32 | <i>Solanum macrocarpon</i> L. | Solanaceae | African eggplant | Igba | Shell | UILH/1045 | 3 | 3.53 | 5.88 |
| 33 | <i>Aspilia africana</i> (Pers.) C.D. Adams | Compositae | Bush marigold | Yunyun | Leaf | UILH/371 | 2 | 2.35 | 4.27 |
| 34 | <i>Merremia dissecta</i> (Jacq.) Hallier f. | Convulvaceae | Alamo Vine | Alamo | Seed and fruit | UILH/1380 | 2 | 2.35 | 3.92 |
| 35 | <i>Nicotiana tabacum</i> L. | Solanaceae | Tobacco | Taba | Leaf | UILH/504 | 2 | 2.35 | 3.61 |
| 36 | <i>Olox subscorpioidea</i> Oliv. | Olacaceae | Breadfruit | Ifon /Bere-furutu | Root | UILH/722 | 2 | 2.35 | 3.77 |
| 37 | <i>Syzygium aromaticum</i> L. | Myrtaceae | Clove | Kanafuru | Seed | UILH/1107 | 2 | 2.35 | 3.77 |
| 38 | <i>Abelmoschus esculentus</i> L. (Moench) | Malvaceae | Okro | Ila | Leaf | UILH/1421 | 1 | 1.18 | 2.14 |
| 39 | <i>Curcuma longa</i> L. | Zingiberaceae | Turmeric | Ata ile pupa | Root | UILH/1105 | 1 | 1.18 | 2.15 |
| 40 | <i>Glyphaea brevis</i> (Speng.) Monarch | Malvaceae | Monachino | Atorin | Bark | UILH/783 | 1 | 1.18 | 1.69 |
| 41 | <i>Holarrhena floribunda</i> (G. Don) T. Durand & Schinz | Apocynaceae | False rubber tree | Dagba | Melon | UILH/787 | 1 | 1.18 | 1.55 |
| 42 | <i>Jatropha curcas</i> L. | Euphorbiaceae | Physic nut | Lapalapa | Leaf | UILH/1030 | 1 | 1.18 | 1.97 |
| 43 | <i>Persea americana</i> | Lauraceae | Avocado pear | Eero igba | Seed | UILH/747 | 1 | 1.18 | 1.97 |
| 44 | <i>Spermacoce verticillata</i> L. | Rubiaceae | Shrubby false button-wood | Irawo ile | Bark | UILH/767 | 1 | 1.18 | 1.55 |
| 45 | <i>Vangueria agrestis</i> Schweinf. ex Hiern | Rubiaceae | Black aphrodisiac | Bakin gagai | Stem | UILH/955 | 1 | 1.18 | 1.39 |
| 46 | <i>Viscum album</i> L. | Santalaceae | Mistletoe | Afomo | Whole plant | UILH/1210 | 1 | 1.18 | 1.35 |
| 47 | <i>Xylopiya aethiopia</i> (Dunal.) A. Rich | Annonaceae | Ethiopian pepper | Edun alamo | Seed | UILH/1089 | 1 | 1.18 | 1.12 |

Informant consensus factor

The most cited plants from Shao market, Jimba-Oja and Oke-Oyi were *P. amarus*, *Sarcocephalus latifolius* (Sm.) E.A.Bruce and *Cassia fistula* L., respectively. The highest ICF value computed was 0.93 from Shao market while the

least ICF computed was 0.57 from Jimba-Oja (Table 4). Similarly, the least cited plants were *Persea Americana* Mill., *Viscum album* L. and *X. aethiopia* with ICF values of 0.05, 0.12 and 0.00 respectively (Table 4).

Table 4. Informant consensus factor from the three major study area

| Study area | Most cited plant | ICF | Least cited plant | ICF |
|-------------|---------------------------------|------|---------------------------|------|
| Shao market | <i>Phyllanthus amarus</i> | 0.93 | <i>Persea americana</i> | 0.05 |
| Jimba-Oja | <i>Sarcocephalus latifolius</i> | 0.57 | <i>Viscum album</i> | 0.12 |
| Oke-Oyi | <i>Cassia fistula</i> | 0.84 | <i>Xylopiya aethiopia</i> | 0.00 |

Available evidence of scientific research

The available evidence in open-scientific literature supporting or refuting the traditional claims

on the use of the documented plants for FSDI are summarized in Table 5.

Table 5. Available evidence of scientific research

| S/N | Plants | Phytochemical constituent(s) | Reported studies supporting or refuting traditional claims |
|-----|---|---|---|
| 1 | <i>Phyllanthus amarus</i> Schum & Thonn | Alkaloids, flavonoids, steroids, saponins and tannins [51] | Restoration of sexual competence; attenuation of fluoxetine-induced anti-estrogenic activity [41,42] |
| 2 | <i>Sarcocephalus latifolius</i> (Sm.) E.A.Bruce | Alkaloids, saponins, tannins and glycosides [52] | - |
| 3 | <i>Asclepias syriaca</i> L. | Quercetin and glycosides [53] | Not available |
| 4 | <i>Anogeissus leiocarpus</i> (DC.) Guill. & Perr | Saponins, steroids, phenols, glycosides and alkaloids [54] | Prolongation of estrus cycle and hormonal upregulation [55] |
| 5 | <i>Cassia fistula</i> L. | Tannins, flavonoids, saponins and glycosides [56] | Anti-estrogenic and anti-implantation activity [57] |
| 6 | <i>Peperomia pellucida</i> L. Kunth | Alkaloids, flavonoids, steroid, glycosides and terpenoids [58] | - |
| 7 | <i>Vitellaria paradoxa</i> C.F. Gaertn | Alkaloids, phenols, saponins, tannins and polyphenols [59] | - |
| 8 | <i>Musa paradisiaca</i> L. | Alkaloids, tannins, phenolics, flavonoids and steroids [60] | Antiovarulatory and estrogenic activity [61] |
| 9 | <i>Citrullus lanatus</i> (Thunb.) | Saponins, flavonoids, lycopene and citrulline [62] | Enhanced sexual behavior, improved histoarchitecture of ovary and uterus [62] |
| 10 | <i>Acacia nilotica</i> | Terpenoids, tannins, alkaloids, saponins and glycosides [63] | Suppression of ovulatory activities and induction of follicular atresia [64] |
| 11 | <i>Citrullus colocynthis</i> L. (Schrad.) | Quercetin, isosaponin, myricetin and isovitexin [65] | Improved follicular morphometric disorder in rats induced into polycystic ovarian syndrome state [66] |
| 12 | <i>Garcinia kola</i> Heckel | Saponins, phenolics, tannins, alkaloids and glycosides [67] | Altered estrous cycle, inhibits ovulation and teratogenic [68,69] |
| 13 | <i>Senna alata</i> L. (Roxb.) | Saponins, flavonoids, phenolics, alkaloids and cardiac glycosides [70] | Anti-implantation, antigonadotropic and fetotoxic activity [71] |
| 14 | <i>Acanthospermum hispidum</i> DC. | Alkaloids, saponins, tannins, flavonoids and terpenoids [72] | Abortifacient and teratogenic activity [73] |
| 15 | <i>Carpolobia lutea</i> G. Don | Terpenoids, polyphenols, alkaloids and saponins [74] | Contraceptive and anti-estrogenic activity [74] |
| 16 | <i>Hybanthus enneaspermus</i> L. F. Muell | Flavonoids, phenols, saponins, glycosides and tannins [75] | Profertility [76] |
| 17 | <i>Newbouldia laevis</i> (P.Beauv) seem. | Carotenoids, flavonoids, tannins, flavonoids and alkaloids [77] | - |
| 18 | <i>Rauvolfia vomitoria</i> Afzel. | Alkaloids, saponins, tannins and flavonoids [78] | - |
| 19 | <i>Tetrapleura tetraptera</i> (Schum. & Thonn.) | Flavonoids, alkaloids, tannins, saponins, steroids, terpenoids and phenols [79] | Impairment of reproductive hormones, estrus cycle and fertility parameters [80,81] |
| 20 | <i>Vernonia amygdalina</i> Delile | Saponins, tannins, alkaloids, flavonoids and terpenoids [82] | - |
| 21 | <i>Annona senegalensis</i> Pers. | Terpenoids, saponins, tannins, alkaloids and phenolics [83] | Antifertility effects [83] |
| 22 | <i>Terminalia glaucescens</i> Planch. | Triterpenes, saponins, alkaloids and phenolics [84] | - |

| | | | |
|----|--|--|--|
| 23 | <i>Bambusa vulgaris</i> Schrad. | Polyphenols, flavonoids, catechins, alkaloids and saponins [85] | Abortifacient activity [86] |
| 24 | <i>Cnestis ferruginea</i> Vahl ex DC. | Saponin, flavonoids, cardiac glycosides and tannins [87] | - |
| 25 | <i>Euphorbia deightonii</i> Croizat | Not available | - |
| 26 | <i>Gnetum africanum</i> Welw. | Tannins, steroids and saponins [88] | Phytoestrogenic [89] |
| 27 | <i>Aframomum melengueta</i> K. Schum. | Gingerinone, diaryheptanoids, dihydrogingerinone A and B, hydroxyphenylalkanone [90] | Anti-estrogenic activity <i>in silico</i> [90] |
| 28 | <i>Citrus aurantiifolia</i> | N-Methyltyramine, limonene, caneil, linalool, terpinene, citral and pinene [91] | Irregular estrous cycle, deleterious effect on fetal development and female reproductive histology [92,93] |
| 29 | <i>Rourea coccinea</i> (Schum & Thonn) | Flavonoids, alkaloids and saponins [94] | - |
| 30 | <i>Datura stramonium</i> L. | Glycosides, saponins, tannins, phenols and lignins [95] | Antiestrogenic and antioviulatory [96] |
| 31 | <i>Massularia acuminata</i> (G.Don) Bullock ex Hoyle | Triterpenoids, phenolics, gallic acid and flavonoids [97] | - |
| 32 | <i>Solanum macrocarpon</i> L. | Alkaloids, tannins, saponins and coumarins | - |
| 33 | <i>Aspilia africana</i> (Pers.) C.D. Adams | Alkaloids, glycosides, tannins, saponins, flavonoids and resins [98] | Contraceptive, alteration of estrus cycle and derangement of oocytes and uterine tissues [99,100] |
| 34 | <i>Merremia dissecta</i> (Jacq.) Hallier f. | Alkaloids, glycosides, tannins saponins, and steroids [101] | - |
| 35 | <i>Nicotiana tabacum</i> L. | Flavonoids, saponins, tannins, reducing sugar [102] | - |
| 36 | <i>Olox subscorpioidea</i> Oliv. | Saponins, tannins, cardiac glycosides, flavonoids, alkaloids [103] | - |
| 37 | <i>Syzygium aromaticum</i> L. | Eugenol, phlobatannins, saponins and flavonoids [104] | Prevents oocyte vitrification and improve blastocyte formation [105] |
| 38 | <i>Abelmoschus esculentus</i> L. (Moench) | Tannins, steroid, flavonoids, saponins, alkaloids, phenols, and cardiac glycosides [106] | Reduction of follicular atresia with improved ovarian function [107] |
| 39 | <i>Curcuma longa</i> L. | Carbohydrates, flavonoids, saponins and tannins [108] | Antifertility and contraceptive activities [109,110] |
| 40 | <i>Glyphaea brevis</i> (Speng.) Monarch | Ferulic, catechuic, flavanols and coumaric acids [111] | - |
| 41 | <i>Holarrhena floribunda</i> (G. Don) T. Durand & Schinz | Conessine, alkaloids, phenols, saponins and terpenoids [112] | Enhancement of female sex hormones with normal follicle and oocytes [113,114] |
| 42 | <i>Jatropha curcas</i> L. | Flavonoids, steroids, tannins, triterpenoid and saponins [115] | Anti-implantation, antifertility and abortifacient activities [116,117] |
| 43 | <i>Persea americana</i> | Alkaloids, glycosides, steroids and triterpenoids [118] | Profertility, anti-endometriosis [119–121] |
| 44 | <i>Spermacoce verticillata</i> L. | Alkaloids, flavonoids, tannins, saponins and terpenoids [122] | - |
| 45 | <i>Vangueria agrestis</i> Schweinf. ex Hiern | Phenolic acids, flavonoids and terpene glycosides [123] | - |
| 46 | <i>Viscum album</i> L. | Coumarins, alkaloids, tannins, flavonoids, glycosides, emodin and reducing sugar [124] | Restoration of polycystic ovarian syndrome conditions [125] |
| 47 | <i>Xylopiya aethiopica</i> (Dunal.) A. Rich | Saponins, alkaloids, tannins, saponins and flavonoids [126] | Pregnancy termination [127] |

Key: - There's dearth of scientific information supporting or refuting the traditional claims reported in this study

Discussion

The present study highlights the broad spectrum of plants used for the management or treatment of FSDI in Ilorin, Nigeria. In African culture, a public discussion of sex and related problems is attributed to shamelessness. Such societal belief makes it difficult for people to discuss their problem or ask for help where necessary. A total of 85 respondents of reliable knowledge and character who play vital roles such as councillors, midwives and healers in the community participated in the survey. Most of the respondents (67%) were female which can be attributed to the gender specificity of the survey (FSDI). However, the male respondents (33%) also elicited a wide range of knowledge and understanding about the condition which implies that the women are not completely alone with their problems as the males demonstrate interest and are supportive. Similarly, most of the respondents (90.60%) were educated which might explain the level of interest expressed by the male respondents (to understand a female problem) as education will help in straightening their opinion and bias towards gender inequality. This is similar to the findings of Umair *et al.* [30] where 80.06% of the respondents had some level of education. Also, majority of the respondents were older than 40 years which is a fair indicator of their experience, knowledge and duration of practice as early marriage is a common practice in Ilorin [31].

Furthermore, the sexual alertness of most of the respondents was high as 67.06% reported a sexual activity frequency of 3 times or more weekly whereas 10.59% reported a sexual ac-

tivity frequency of once per month or longer. Interestingly, age was not a limiting factor for sexual alertness as most of the respondents above 60 years were reported to be moderately active. The fecundity of the Ilorin clan was corroborated by the fact that 98.82% of the respondents were able to produce offspring while their awareness of FSDI as a global problem was highlighted by the fact that approximately three-quarter of the correspondents had treated or received treatment for FSDI at a particular point of their life thereby proffering credence for the authenticity of their information.

Unsurprisingly, a quarter of the respondents declared that they do not intend to transfer their knowledge probably due to the sensitivity of the topic or to protect trade secrets that have been in their family line for generations [32]. However, 44.71% of the respondents would prefer to transfer knowledge through an apprentice who must have served them for 10 years or more. This particular trend and belief in knowledge transfer had contributed a lot to the loss of knowledge over generations as most apprentices lack the patience to complete their training while the offspring have shown little interest in acquiring folkloric knowledge [32] as evidenced by the findings from our survey. Such lack of interest could be attributed to socio-cultural changes, availability of orthodox medicine as well as the increase in digitalization which provides a haven for many youths to interact and escape from the realities of the real world around them. This finding was in contrast to the study reported by Kidane *et al.* [33] and Nguyen *et al.* [34] where vertical transmission (between

family i.e parent to children) was the preferred means of knowledge transfer.

Fertility and sexual problems is a global problem that has plagued many women most of whom suffer in silence and cannot express their sexual desires or difficulties due to various insecurities such as name tags (whore, slut, etc.), gender inequality, religious belief, cultural bias amongst others [35,36]. Anorgasmia was the most cited type of female sexual dysfunction managed or treated which can be attributed to the age group of the sample population.

Rubiaceae and Leguminosae were the most cited families with 4 species each. Previous studies by Sharma *et al.* [37], Chassagne *et al.* [38] and Kidane *et al.* [33] also reported Leguminosae as the most cited plant family. This might be due to its wide spread growth and broad range of species as it is the third largest plant family. The fidelity level was an index to measure the most favoured plant species for the management or treatment of FSDI by the indigenous people of Ilorin. *P. amarus* had the highest fidelity level which might be attributed to the popularity of the plant amongst the population of the study area and/or availability of the plant [39]. Plant species having high fidelity level are usually considered as important for biological, chemical and pharmacological studies to authenticate their validity for the production of novel drugs and herbal products [30,39]. Hence, it is no surprise that several scientific studies such as antimalarial activity [40], female sexual dysfunction [41,42], hepatotoxicity and nephrotoxicity [43], anti-allergic [44], antidiabetic [45], antioxidant [46], anti-inflammatory and antinocicep-

tive activity [47], antitumor and anticarcinogenic activity [48] have been reported on the plant. Three different plants (*P. amarus*, *S. latifolius* and *C. fistula*) were cited at the three different study areas (Shao, Jimba-Oja and Oke-Oyi) as the most commonly used plants for FSDI. The values of ICF computed in the present study are relatively high which is suggestive of a wide knowledge base and practice amongst the respondents. Also, the variation in choice of plants across the study area is a function of availability and dispersal of ethnomedicinal plants.

Our findings revealed that the leaf was the most reported plant part used for the management or treatment of FSDI. This can be attributed to the abundance of bioactive secondary metabolites as the leaf is the major organ for photosynthesis and act as a storage site for exudates or photosynthates some of which are beneficial to human health [30,49]. Furthermore, harvesting of leaves is non-destructive and thus, has no detrimental effect on the survival of medicinal plants whereas other parts like the root, stem and whole plant are destructive which can have a negative impact on plant survival [33]. Also, several studies have reported the use of leaves as the most preferred part for the treatment of various human diseases [30,33,34,50].

Of the 7 methods of preparation reported in this study, decoction (plant parts used are boiled in water until 25% of the original volume is left) was the most cited method of herbal preparation. Previous studies by Chassagne *et al.* [38], Umair *et al.* [30] and Nguyen *et al.* [34] also reported decoction as the most preferred choice of preparation. Similarly, oral administration was

the most cited route of administration while other methods like suppository, topical, inhalation and steambath were also reported. This finding was in compliance with several other previous studies [30,33,34].

The present study did not investigate the use of the plants cited in the management of other ailments in Ilorin. Also, the potency of each of the plants cited was not evaluated with scientific research as it is beyond the scope of the present study.

Conclusion

The present study reported 47 medicinal herbs used by the Ilorin District of Kwara State for the management/treatment of FSDI most of which are yet to be substantiated or refuted with scientific evidence. Hence, the documentation of medicinal plants would enable the forthcoming phytochemical and pharmacological studies necessary to provide bioactive agents that could serve as lead to drug discovery and facilitate the conservation of knowledge. Apparently, herbal medicine is highly relevant and reliable for the management of various ailments particularly FSDI in the health care system of many local people. The survival of folkloric knowledge is increasingly threatened by the lack of interest and over dependence on orthodox medicine most of which are unavailable, expensive and faulted by known complications. Creation of a digital knowledge database, implementation or introduction of policies to promote forestation over deforestation (to mitigate bush burning for firewood and charcoal), control animal migration (to prevent overgrazing) and urbanization

could be applied for the conservation of herbal medicinal plants thereby creating more awareness and interest in learning about them.

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Conflict of Interests

The authors declare no conflict of interest.

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