Effect of Tentex forte on the Male External Genitalia and Reproductive Performance

Subbarao, V.V., Lecturer in Physiology
Gupta, M.L., Professor of Physiology,
Mathur, U., Research Fellow and
Arora, H.L., Reader in Pathology,
Up-graded Department of Physiology, S.M.S. Medical College, Jaipur, Rajasthan, India.

The Medical Profession has been able to solve some of the most intricate riddles of diagnosis and to perform almost incredible feats of surgical skill, but has long been baffled by commonly occurring deviations and malfunctions of mind and body in the realm of sex behaviour and in the functions of the reproductive system.

Diagnosis and treatment in the field of sexual incompatibility may be most effective when handled by a man/woman team. In order to concentrate on the most frequently encountered complaints of the sexually maladjusted fairly unit, this paper has been arbitrarily confined to detailed consideration of the clinical problem of impotence.

Presuming a lack of spinal cord pathology and certain endocrinopathies, the physiologic systems of impotence have an almost constant psychogenic origin or background. Rarely, if ever, do pathologic lesions of the urethra develop physical symptoms of sexual impotence (Hyde, 1959). From a purely physiologic point of view there are three main types of male impotence that have been encountered clinically, both in sexually maladjusted and infertile males.

Type one impotence is seen in males who fail to achieve an erection or achieve a weak erection.

The second type of physiological impotence (premature ejaculation) is exemplified by the male who has to contend with the problem of ejaculation. In this situation, the individual has no difficulty in achieving an erection, but encounters grave difficulty in controlling the onset of ejaculation before the mounting process can be accomplished successfully. Many such males ejaculate almost immediately after an erection is attained, or before, during, or immediately subsequent to achieving actual vaginal penetration.

Finally, the third type of clinical impotence (non-emissive erection) is demonstrated by the male who has no difficulty in either achieving an erection of the penis or maintaining the erection over long periods of time.

It should also be emphasised that any male’s lack of ability to achieve or maintain an erection may be a clinical symptom of a state of chronic alcoholism.
Male sex hormones (principally testosterone propionate) have had a wide usage in the treatment of the syndrome of impotence, particularly type I in character. The results of this type of replacement therapy has been universally poor with the possible exception of treatment of hypogonadism. In this situation, however, multiple endocrine replacement is usually in order, rather than the restrictive usage of testosterone esters alone. The mention of the possible usage of testosterone in the treatment of impotence is only to underscore the disadvantages of the technique. Every increase of male hormone in the circulation inhibits the secretion of pituitary gonadotrophin, the less stimulation of the Leydig cells takes place and the less male hormone is produced. Therefore, administration of testosterone inhibits hormone production by suppressing the secretion of the Leydig cells.

A review of the literature revealed the utility of Tentex forte and Speman, two major non-hormonal preparations of The Himalaya Drug Company Pvt. Ltd., which have been advocated in cases of premature ejaculation, spermatorrhoea, enlarged prostate etc. Tentex forte in particular has been advocated in cases of depressed libido, unsatisfactory sexual performance, sexual neurasthenia etc. (Sahu, 1962; Agarwal and Mittal, 1969; Vyas et al., 1970; Heilig, 1968).

Bearing these considerations in view, the present investigation has been undertaken to study the effect of Tentex forte on the sexual behaviour and changes in the gonads and external genitalia.

**MATERIALS AND METHODS**

Experiments have been performed on male albino rats and langur monkeys. The rats were divided into two groups of ten each, they were fed with wheat flour, bengal gram and casein *ad libitum*. The first group served as control and the second group received 5% solution, 5 ml daily for 30 days, of Tentex forte orally by means of an oral feeding tube.

Six male L. monkeys were divided into two groups of three each and the first group served as control and the second group of monkeys were fed one tablet of Tentex forte daily in banana pulp for six months. The control group received plain banana pulp for the same period. To provide a natural environment female monkeys were also housed in the cages.

**RESULTS**

Tentex forte treated rats showed a gradual gain in the body weight. Tentex forte also caused an increase in the length and diameter of the penis, and also the size of the gonads. The animals also exhibited increased sexual desire (Table 1)

The monkeys also showed a gain in body weight. Tentex forte caused increase in length and diameter of penis (see photograph). The monkeys exhibited more sexual activity and the erection frequency was higher with a tendency to more frequent mountings in comparison to the control group.
Table 1: Effect of Tentex forte on the external genitalia, gonads and sex behaviour

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Experimental animal</th>
<th>Body weight</th>
<th>Gonads</th>
<th>Penis</th>
<th>Sex desire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tentex forte for 6 months daily 1 tablet</td>
<td>L. Monkey</td>
<td>Slight gain</td>
<td>Significant gain</td>
<td>Increase in length and diameter</td>
<td>Increased desire with persistent erection</td>
</tr>
<tr>
<td>A 5% solution 0.5 ml daily for 30 days</td>
<td>A. Rat</td>
<td>Slight gain</td>
<td>Slight gain</td>
<td>Increase in length</td>
<td>Not marked</td>
</tr>
</tbody>
</table>

**DISCUSSION**

From Table 1 and the photographs it is evident that Tentex forte produces enlargement of the penis and gonads. It also leads to sexual hyperactivity and increased erection power as revealed by the tendency of the animals towards more frequent mountings. In the case of the monkeys they tried to mount even on the male partners.

These observations substantiate the previous reports of Vyas and Saxena (1968), Heilig (1968), Vyas and Bhandari (1970), who reported an effective action of Tentex forte in increasing sexual desire and improving performance. It is known that sexuality is highly emotional and also that it is influenced by complex conscious and unconscious psychic factors and is also concerned with the neuroendocrine mechanisms. The beneficial effects of Tentex forte in the treatment of impotence in general and particularly its effects on the enhancement of the penis size, and constant erections with increased sexual desire makes one think that the drug might be stimulating the lower sex centres, and also its effects on increased matings on prolonged administration reveals that it might also be affecting the hypothalamus or limbic system as these are concerned with emotional and sexual centres.

The results suggest that Tentex forte can be safely recommended in various forms of sexual disturbances such as decreased libido, sexual neurasthenia, premature ejaculation etc.
REFERENCES