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Review

Bravisimo-M: A substantial blend of natural clinically approved ingredients support to enhance Libido, Orgasm, Erections in male.

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Abstract

Erectile dysfunction (ED) or male impotence is defined as the inability to have or sustain an erection long enough to have a meaningful sexual intercourse. ED tends to occur gradually until the night time or early morning erections cease altogether or are so flaccid that successful intercourse does not occur. Sexual health is an important determinant of quality of life. Today, millions of men, young and old, suffer from ED due to high levels of synthetic hormones (known as Xenoestrogens) in our diet/environment. Nutritionally imbalanced diet resulting poor quality of extremely low levels of testosterone. To overcome the problem of sexual (or) ED various natural aphrodisiac potentials are helpful for researchers of R&D cell of LACTONOVA NUTRIPHARM to develop new aphrodisiac formulation. The present paper Reviews the Role of BRAVISSIMO-M Tablets, Scientifically Formulated Male Libido Enhancer developed by researchers of R&D cell of LACTONOVA NUTRIPHARM Pvt Ltd. Hyderabad in maintaining overall sexual pleasure & Satisfaction.

Keywords: BRAVISSIMO-M Tablets, Aphrodisiac, erectile dysfunction, Phosphodiesterease.

INTRODUCTION

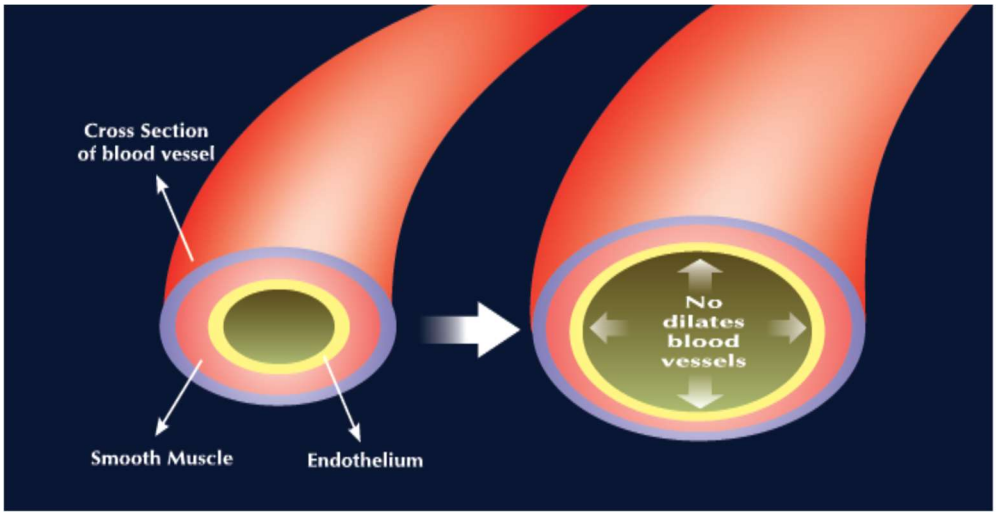


Fig 1:

ED is defined as the inability to sustain an erection well enough to perform intercourse and ejaculation.[1] While almost all men will experience some degree of sexual difficulty at one time or another, only those who are unable to have successful intercourse 75 percent of the time are considered impotent. Contrary to popular belief, ageing is not an inevitable cause of impotency. It does, however, take elderly men longer to develop erection and the force of ejaculation is diminished.[2] Conventional medicine usually addresses ED issues by prescribing a drug regimen or surgery. Oral medications such as *Erecaid*or testosterone are rarely effective unless the condition is due to low testosterone levels. *Viagra*, *Cialis* and *Levitra*, which act to relax corpus cavernosal smooth muscle and facilitate erections, are not without their side-effects.

Penile injections of Papaverine or Prostaglandin E1, which affect penile blood flow, can result in prolonged erections necessitating other drug therapy to counter act its effects. Additionally, the therapy can cause burning and eventual fibrosis of the penis. Lastly, malleable or inflatable prosthesis are used in severe cases, requiring surgical implantation. Such prosthesis often need to be surgically re-implanted, are uncomfortable and are subject to periodic failure.

ED can be broken down into primary and secondary impotency. Primary causes are rare and may be associated with low androgen levels, genetic defects and severe psycho-pathology. Secondary impotency is much more common and, as the name implies, results from something else such as diabetes, arteriosclerosis, neurological disorders, psychological issues, prolonged stress or previous surgery to the genitalia. Blood pressure medications and antidepressants may also lead to impotency, especially in the elderly.

Dietary factors largely ignored by conventional medicine, also fuel the problem as men with diets high in caffeine, sugar and alcohol experience more ED, as do men who smoke and use recreational drugs. [3] Psychological causes account for the majority of impotency complaints.

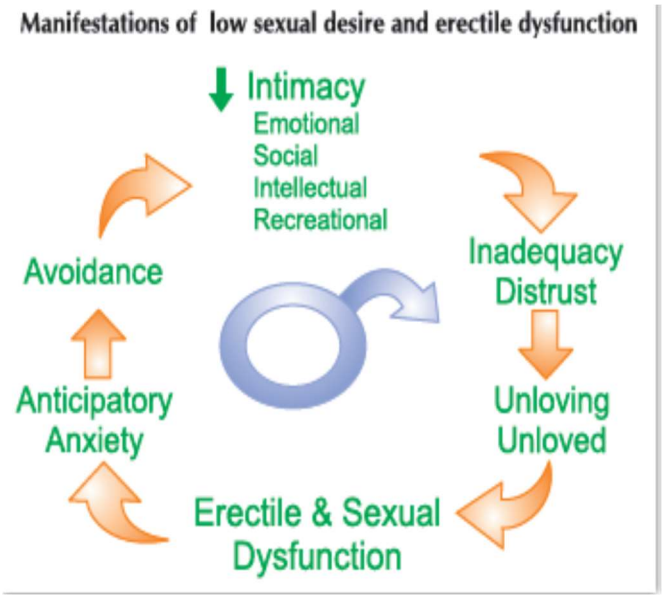


Fig 2:

Men experience three types of erections

- Reflexogenic erections are induced by tactile stimulation of the genitals. Men with lesions of the cervical or thoracic spinal cord (paraplegics) are still able to have this type of erection. A small number of men with complete transection of the spinal cord can also have erections, which are psychogenically induced.
- Psychogenic erections are induced by visual or memory associations.
- Nocturnal erections occur during rapid eye movement sleep and may take place anywhere from three to six times a night, lasting from 20 to 40 minutes. Generally, nocturnal erections begin with the onset of puberty and diminish in intensity, duration and frequency later in life. Erections during arousal and intercourse are often achieved as a combination of reflexogenic and psychogenic and a deficit in one or both areas can lead to impotency.

Male Sexual Dysfunction

Sex disorders of the male are classified into disorders of sexual function, sexual orientation and sexual behaviour. In general, several factors must work in harmony to maintain normal sexual function. Such factors include neural activity, vascular events, intracavernosal nitric oxide system and androgens.[4] Thus, malfunctioning of at least one of these could lead to sexual dysfunction of any kind. Sexual dysfunction in men refers to repeated inability to achieve normal sexual intercourse. It can also be viewed as disorders that interfere with a full sexual response cycle. These disorders make it difficult for a person to enjoy or to have sexual intercourse. While sexual dysfunction rarely threatens physical health, it can take a heavy psychological toll, bringing on depression, anxiety and debilitating feelings of inadequacy. Unfortunately, it is a problem often neglected by the healthcare team who strive more with the technical and more medically manageable aspects of the patient's illness.[5]

Sexual dysfunction is more prevalent in males than in females and thus, it is conventional to focus more on male sexual difficulties. It has been discovered that men between 17 and 96 years could suffer sexual dysfunction as a result of psychological or physical health problems. Generally, a prevalence of about 10% occurs across all ages. Because sexual dysfunction is an inevitable process of aging, the prevalence is over 50% in men between 50 and 70 years of age. As men age, the absolute number of Leydig cells decreases by about 40%, and the vigour of pulsatile lutenizing hormone release is dampened. In association with these events, free testosterone level also declines by approximately 1.2% per year. These have contributed in no small measure to prevalence of sexual dysfunction in the aged. Male sexual dysfunction (MSD) could be caused by various factors. These include: Psychological disorders (performance anxiety, strained relationship, depression, stress, guilt and fear of sexual failure), androgen deficiencies (testosterone deficiency, hyperprolactinemia), chronic medical conditions (diabetes, hypertension, vascular insufficiency (atherosclerosis, venous leakage), penile disease (Peyronie's, priapism, phinosis, smooth muscle dysfunction), pelvic surgery (to correct arterial or inflow disorder), neurological disorders (Parkinson's

disease, stroke, cerebral trauma, Alzheimer's spinal cord or nerve injury), drugs (side-effects) (anti-hypertensives, central agents, psychiatric medications, antiulcer, anti-depressants and anti-androgens), life style (chronic alcohol abuse, cigarette smoking), ageing (decrease in hormonal level with age) and systemic diseases (cardiac, hepatic, renal pulmonary, cancer, metabolic, post-organ transplant).[4]

Sexual dysfunction takes different forms in men.
A dysfunction can be life-long and always present, acquired, situational, or generalized, occurring despite the situation. A man may have a sexual problem if he:

- Ejaculates before he or his partner desires
- Does not ejaculate, or experiences delayed ejaculation
- Is unable to have an erection sufficient for pleasurable intercourse
- Feels pains during intercourse
- Lacks or loses sexual desire.

MSD can be categorized as disorders of desire, disorders of orgasm, ED and disorders of ejaculation and failure of detumescence.

Disorders of Desire

Disorders of desire can involve either a deficient or compulsive desire for sexual activity. Dysfunctions that can occur during the desire phase include:

i. Hypoactive sexual desire (HSD) defined as persistently or recurrently deficient (or absent) sexual fantasy and desire for sexual activity leading to marked distressor interpersonal difficulty. It results in a complete or almost complete lack of desire to have any type of sexual relation.
ii. Compulsive sexual behaviours (CSBs) constitute a wide range of complex sexual behaviours that have strikingly repetitive, compelling or driven qualities.

They usually manifest as obsessive-compulsive sexuality (e.g., excessive masturbation and promiscuity), excessive sex-seeking in association with affective disorders (e.g., major depression or mood disorders), addictive sexuality (e.g., attachment to another person, object, or sensation for sexual gratification to the exclusion of everything else) and sexual impulsivity (failure to resist an impulse or temptation for sexual behaviour that is harmful to self or others such as exhibitionism, rape .[6]

Erectile Dysfunction

This is a problem with sexual arousal. ED can be defined as the difficulty in achieving or maintaining an erection sufficient for sexual activity or penetration, at least 50% of the time, for a period of six months. It results in significant psychological, social and physical morbidity, and annihilates his essence of masculinity.[7]

Fig 3:

Composition

Supplement Facts

Serving size : 1 Tablet Servings per container : 15

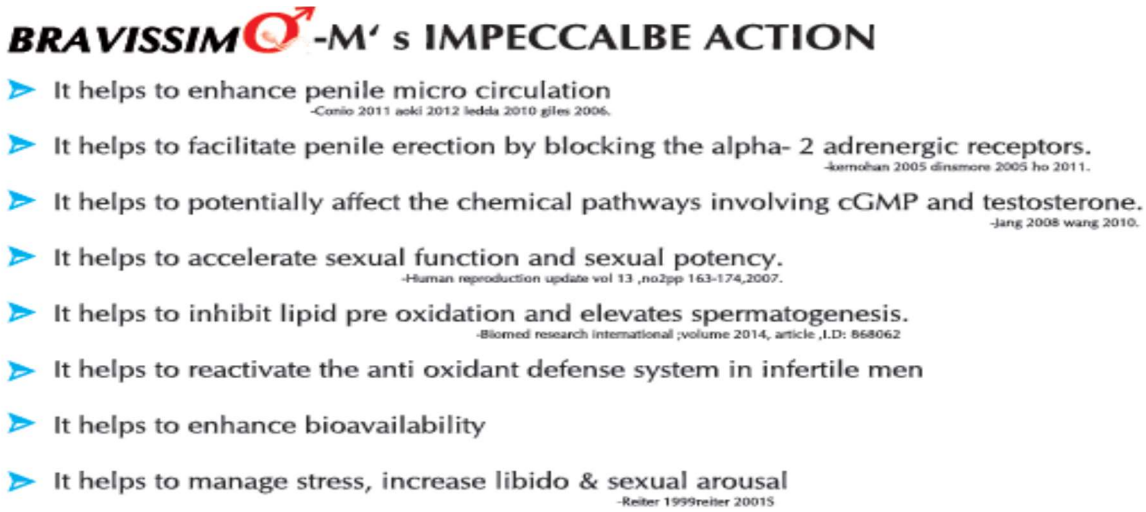
Each film coated tablet contains	
L-Arginine	350mg
Damiana extract PE 4:1	100mg
Ginkgo Biloba extract Standardized extract containing min.24% Ginkgoflavonglycosides and 6% Terpene Lactones	100mg
Ashwaghandha PE 10:1	100mg
Kola nut (Caffiene Therobromine 10%)	75mg
Epimedium sagittatum extract PE 10:1	50mg
Asperagus Adscendens extract (Saponin 30%)	100mg
Mucuna pruriens extract (Levodopa 10%)	50mg
Yohimbine bark extract (Yohimbine 10%)	20mg
Shilajith extract (Fulvic Acid 50%)	20mg
Piper nigrum extract	10mg

PE – Plant extract

Contains prolonged release complex of : L-Arginine.

Mechanism of Action

BRAVISSIMO-M Tablets, Scientifically Formulated Male Libido Enhancer.ANaturally correcting hormonal, nutritional, and stress-induced imbalances that decreases the desire for sexual intimacy. BRAVISSIMO-M Tablets contains a very precise blend of herbals, nutrients, and aphrodisiacs that work together to gently and naturally restores a desire for and enjoyment of sex.



PHARMACOLOGY: Potent Vasodilation by nitric oxide , increased penile blood flow, enhances smooth muscle relaxation there by penile erection, increase hormones such as testosterone which increases sexual desire and sexual function, resolves erectile dysfunction and restore sexual vitality and heightened sexual arousal, increases overall satisfaction reduces prolactin levels (sex drive reductor), increases spermatogenesis and ejaculation and sperm count and motility.

INDICATIONS: Bravissimo-M helps in treating erectile dysfunction, low sexual desire, low libido, orgasm dysfunction.

SAFETY: Bravissimo-M is completely safe, in case of over dose it may cause anxiety, fine trimor.

CONTRA INDICATIONS: The product is contraindicated in patients with a history of hypersensitivity with any of its ingredients.

MODE OF ADMINISTRATION: Take one tablet 1-2 times daily or as recommended by the healthcare practitioner.

INTERACTIONS: Bravissimo-M interacts with anti-coagulant drugs like warfarin and decreases their effects.

STORAGE: Store in cool and dry place

PACKING: 1 x 15 Tablets

CONCLUSION

Sexual function is an important component of quality of life and essential for subjective well being in humans. Sexual problems are widespread and adversely affect mood, well being and interpersonal functioning. Sexual problems are related to sexual desire and male erectile dysfunction. Successful treatment of sexual dysfunction may improve not only sexual relationships, but also the overall quality of life. the side-effects occur through the use of allopathic drugs may limit the use of such drugs; therefore, the use of herbal formulation BRAVISSIMO-M Tablets, Scientifically Formulated Male Libido Enhancer can be used as an alternative as there are less side effects in herbal medications.

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