INTRODUCTION:
The sexual function and desire decreases spontaneously with advanced aging. Due to the aging there is decline in several important health factors in men such as decrease in muscle mass, muscle strength, physical performance, bone mineral density, blood formation and libido. Sexual dysfunction is serious medical and social problem occurs in 10 – 52% in men worldwide. Sexual dysfunction has been widely reported in developed western countries. A survey has estimated that more than 152 million men worldwide experienced sexual dysfunction in 1995 and this figure is likely to increase to 172-322 million in 2025[Derby CA et al., 2000]. The prevalence of Sexual dysfunction increases with incidence of degenerative diseases, increases in injuries, and stress and associated with industrial lifestyle [Esposito K et al., 2004].

Sometimes decrease in sexual desire and performance resulting in marked distress or interpersonal difficulty. It is estimated that up to 30 million US men have erectile dysfunction. There can be no doubt that the problem is a major quality-of-life issue for an increasingly healthy ageing population [Hatzimouratidis K et al., 2009]. The introduction of the first pharmacologically approved remedy for sexual dysfunction, sildenafil (trade name Viagra), in the 1990s caused a wave of public attention, propelled in part by heavy advertising. One indicator of the prevalence of sexual dysfunction, and its importance to men, is that 6 million prescriptions for sildenafil were written within the first 8 months of its availability in the USA [Siegfried ED et al., 2003]

APHRODISIACS:
An aphrodisiac is defined as any food or drug that arouses the sexual instinct, induces venereal desire and increases pleasure and performance. This word is derived from Aphrodite the Greek goddess of love and these substances are derived from plants, animals or minerals and since time immemorial they have been the passion of man [Yakubu MT et al., 2007].

Herbal drugs have been used since ancient times as medicines for the treatment of range of diseases. Medicinal plants have played a key role in the world health. In spite of the great advances observed in the modern medicine in recent decades, plants still make an important contribution to health care. According to the WHO because of poverty and lack of access to modern medicine, about 65-80% of world’s population which lives in the developing countries depends essentially on the plants for the primary health care. There are
many herbal drugs that have been used by men with erectile dysfunctioning with varying degrees of success. Herbal aphrodisiacs are potent and have little or very little side effects [Malviya N et al., 2011]. Currently the major pharmaceutical companies have shown renewed interest in the herbal medicinal products [Sapna S and Ravi TK., 2007].

WHO defines herbal medicines as finished, labeled medicinal products that contain as active ingredients aerial or underground parts of plants, or other plant material, or combination thereof, whether in the crude state or as plant preparations. Plant materials include juices, gums, fatty oils, essential oils, and any other substance of this nature. Herbal medicines may contain excipients in addition to the active ingredients. Medicines containing plant material combined with chemically defined active substances, including chemically defined, isolated constituents of plants are not considered to be herbal medicines. Similarly, the European Medicines Evaluation Agency (EMEA) defines herbal medicinal products as medicinal products containing herbal preparations as active substances.

Herbal medicinal products are marketed as a standardized preparation in the form of liquid, solid or viscous preparations. Standardization refers to the whole body of information and controls necessary to produce a material of reasonable consistency. This is achieved through minimizing the inherent variation of the natural product composition through quality assurance practices applied to medicinal plant growing, extraction and formulation development [Busse W., 2000].