

# Medicinal Plants for Enhancing Female Sexual Function: An Ethnobotanical Systematic Review

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Article Info	ABSTRACT
<p><b>Article type:</b> Review Article</p> <p><b>Article History:</b> <b>Received:</b> Sep 03, 2025 <b>Revised:</b> Feb 01, 2026 <b>Accepted:</b> Feb 03, 2026 <b>Published Online:</b> Apr 20, 2026</p> <p>✉ <b>Correspondence to:</b> Elnaz Afsari</p> <p><b>Email:</b> dr.afsari99@gmail.com</p>	<p><b>Objective:</b> Female sexual dysfunction and dissatisfaction are significant public health concerns influenced by a complex interplay of physical, psychological, cultural, and social factors. In recent years, increasing attention has been directed toward complementary and alternative therapeutic approaches, particularly the use of medicinal plants. Ethnobotanical knowledge, through the systematic documentation of traditional plant uses, plays a critical role in identifying potential natural resources for improving female sexual desire and function. The present study aimed to conduct an ethnobotanical systematic review of medicinal plants traditionally used to enhance female sexual function, thereby providing a scientific basis for future clinical and pharmacological investigations.</p> <p><b>Methods:</b> This study was designed as an ethnobotanical systematic review to identify and analyze medicinal plants used within the indigenous knowledge systems of Iran to improve female sexual desire and performance. Data were collected through a comprehensive and systematic search of national and international scientific databases. Eligible studies and sources were selected and analyzed according to predefined inclusion and exclusion criteria.</p> <p><b>Results:</b> Ethnobotanical evidence from Iran indicates the traditional use of several medicinal plants for enhancing female sexual function and managing sexual disorders. The identified plants include <i>Pistacia atlantica</i>, <i>Achillea santolinoïdes</i>, <i>Equisetum arvense</i> L., <i>Anthemis altissima</i> L., <i>Ducrosia anethifolia</i>, <i>Capsella bursa-pastoris</i>, <i>Plantago major</i> L., <i>Tripleurospermum disciforme</i>, <i>Salvia palaestina</i> Benth., <i>Helianthus tuberosus</i> L., <i>Foeniculum vulgare</i> Mill., <i>Adonis aestivalis</i> L., <i>Linum usitatissimum</i>, <i>Orchis latifolia</i> L., <i>Tribulus terrestris</i> L., <i>Matricaria aurea</i> L., <i>Rhus coriaria</i> L., <i>Valeriana officinalis</i> L., <i>Crocus abantensis</i>, <i>Cynodon dactylon</i>, and <i>Biebersteinia multifida</i>.</p> <p><b>Conclusion:</b> The medicinal plants identified within Iranian ethnobotanical knowledge systems demonstrate potential for improving female sexual function and enhancing sexual desire. These traditional resources may serve as valuable and reliable candidates for future clinical research and for the development of safe and effective complementary therapeutic interventions.</p> <p><b>Keywords:</b> Medicinal plants, Female sexual function, Ethnobotany, Complementary therapy</p>
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## Introduction

Female sexual dysfunction and dissatisfaction constitute major public health concerns, with the potential to affect the physical, psychological, emotional, and social dimensions of an individual's life [1]. Reduced sexual desire, arousal disorders, and difficulties related to sexual satisfaction are among the most commonly reported complaints and occur across different age groups, particularly during periods such as menopause, the postpartum stage, and times of heightened stress [2,3]. Despite its significance, women's sexual health remains insufficiently addressed in many societies, especially within traditional communities, where cultural and social constraints often limit open discussion and access to appropriate care [4]. Women's sexual health is defined as a state of physical, psychological, and emotional well-being in relation to sexuality and is strengthened through appropriate education, access to high-quality healthcare services, and respect for individual rights and choices [5].

Risk factors affecting women's sexual health include inadequate awareness and misinformation, unsafe sexual practices, sexually transmitted infections, experiences of sexual violence or coercion, psychological conditions such as stress and depression, deeply rooted cultural misconceptions, and limited access to healthcare and medical services. Collectively, these factors may directly or indirectly compromise women's sexual well-being [6]. Maintaining sexual health is essential for preserving both physical and mental health, preventing disease, and enhancing quality of life and healthy interpersonal relationships [7].

In recent years, the use of complementary and alternative therapeutic approaches particularly medicinal plants has increased markedly among women [8]. Concerns regarding the adverse effects of synthetic pharmaceuticals, the relative accessibility of medicinal plants, and the widespread perception of their natural origin and safety are among the key drivers of this growing inclination toward herbal therapies [9].

Ethnobotany, as an interdisciplinary field, explores the relationships between humans and plants within cultural, indigenous, and traditional contexts [10,11]. By documenting indigenous knowledge related to the medicinal use of plants, ethnobotanical research plays a pivotal role in identifying potential therapeutic resources [12,13]. Many contemporary pharmaceuticals are rooted in traditional ethnobotanical knowledge, and systematic investigations in this field may lead to the discovery of novel bioactive compounds [14].

Across diverse cultures, numerous plant species have traditionally been employed to enhance sexual desire, improve sexual performance, and promote hormonal balance in women [13–15]. However, available information regarding the efficacy, safety, and mechanisms of action of these plants remains fragmented and is often based on localized experiences and non-systematic evidence [15].

Ethnobotanical systematic reviews, through the collection, classification, and critical analysis of existing data, can provide a comprehensive and reliable overview of medicinal plants with potential efficacy in enhancing female sexual function [15]. In addition to preserving and documenting indigenous knowledge, such studies establish a foundation for pharmacological research and clinical trials, thereby helping to bridge the gap between traditional medicine and modern healthcare systems [15].

Despite the importance of this topic, relatively few ethnobotanical systematic reviews have specifically focused on medicinal plants affecting female sexual function [15]. Most existing studies are either geographically limited or address sexual health in a general context, without adequately considering gender-specific differences. This gap underscores the need for comprehensive and targeted investigations.

Accordingly, the aim of the present ethnobotanical systematic review is to identify and critically examine medicinal plants traditionally used to enhance female sexual function. The findings of this study may provide a robust scientific basis for

future research, support the development of safe and effective herbal products, and contribute to the promotion of women's sexual health.

## Methods

### Study Design

The present study is a systematic review conducted using an ethnobotanical approach, aimed at identifying, classifying, and critically analyzing medicinal plants traditionally used within indigenous Iranian knowledge systems to enhance sexual vitality and improve sexual function in women.

### Systematic Literature Search

A comprehensive and systematic search of the scientific literature was conducted up to the time of the study across major national and international databases, including PubMed, Scopus, Web of Science, ScienceDirect, Google Scholar, SID, Magiran, and IranMedex. The search strategy was developed using a combination of relevant keywords and Boolean operators (AND, OR). Searches were performed in both Persian and English to ensure comprehensive coverage of the available literature.

### Search Keywords

The following keywords were used in various combinations: medicinal plants; ethnobotany; sexual enhancement; female sexual disorders; sexual desire; ethnobotanical studies; herbal medicine.

### Inclusion and Exclusion Criteria

#### Inclusion

Ethnobotanical, review, cross-sectional, and

qualitative studies investigating the use of medicinal plants for enhancing sexual desire or improving sexual function in women were included. Eligible studies were required to be published in either Persian or English and have full-text availability.

#### Exclusion

Laboratory-based or animal studies that did not address indigenous or traditional uses of medicinal plants were excluded. Additionally, studies focusing exclusively on male populations, duplicate publications, case reports, letters to the editor, and studies lacking reliable or sufficient ethnobotanical data were excluded from the review.

### Data Extraction

Relevant data were extracted from the selected studies using a standardized data extraction form. Extracted variables included the scientific name of the plant, botanical family, plant part used (e.g., root, leaf, flower, seed, or other parts), the geographical region or ethnic group studied, and traditional applications related to enhancing sexual desire or improving sexual function in women.

### Data Analysis

The extracted data were analyzed using descriptive and analytical methods. The frequency of use of each plant species, the most commonly represented plant families, and the most frequently utilized plant parts was determined. The findings were summarized and presented in the form of comparative tables and graphical illustrations. The study selection process, including the number of articles identified, screened, excluded, and ultimately included, is illustrated in Flowchart 1, which clearly depicts each stage of the selection procedure.

#### criteria

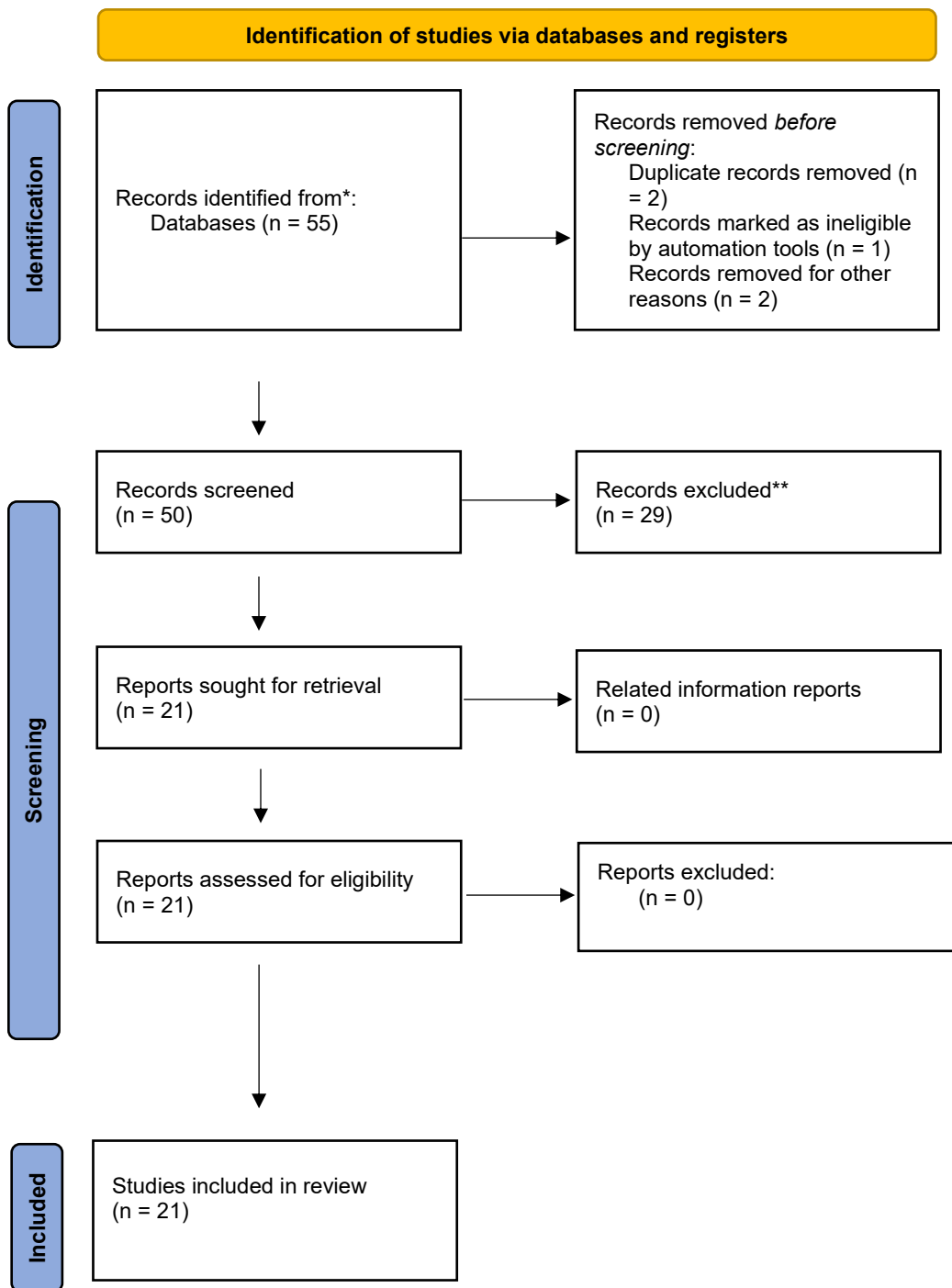


Chart 1: Search strategy flowchart

## Results

Ethnobotanical studies conducted in Iran indicate that a wide variety of medicinal plants have traditionally been used to enhance sexual function and manage sexual disorders in women. These plants include *Pistacia atlantica*, *Achillea santolinoides*, *Equisetum arvense* L., *Anthemis altissima* L., *Ducrosia anethifolia*, *Capsella bursa-pastoris*, *Plantago major* L., *Tripleurospermum disciforme*, *Salvia palaestina* Benth., *Helianthus tuberosus* L., *Foeniculum vulgare* Mill., *Adonis aestivalis* L., *Linum usitatissimum*, *Orchis latifolia* L., *Tribulus terrestris* L., *Matricaria aurea* L., *Rhus coriaria* L., *Valeriana officinalis* L., *Crocus*

*abantensis*, *Cynodon dactylon*, and *Biebersteinia multifida*.

According to the reviewed ethnobotanical evidence, these species have been employed within indigenous Iranian medical traditions to improve sexual performance, enhance sexual desire, and alleviate various forms of female sexual dysfunction.

Table 1 presents a comprehensive list of medicinal plants reported to be effective in enhancing sexual function and managing sexual disorders in women, as documented in ethnobotanical sources.

**Table 1:** Medicinal plants ethnobotanical used for improving female sexual function and managing sexual disorders

Common Name	Scientific Name	Botanical Family	Part(s) Used	Region	Ref.
Wild Pistachio	<i>Pistacia atlantica</i>	Anacardiaceae	Fruit	Abadeh, Fars	[16]
Yarrow	<i>Achillea santolinoides</i>	Asteraceae	Flowering aerial parts	Abhar, Zanjan	[17]
Field Horsetail	<i>Equisetum arvense</i> L.	Equisetaceae	Aerial parts	Abhar, Zanjan	[17]
Tall Chamomile	<i>Anthemis altissima</i> L.	Asteraceae	Flower	Arjan, Fars	[18]
Ducrosia	<i>Ducrosia anethifolia</i>	Apiaceae	Inflorescence	Qashqai Tribe, Fars	[19]
Shepherd's Purse	<i>Capsella bursa-pastoris</i>	Brassicaceae	Fruit	Bazargan of Tafresh, Markazi	[20]
Greater Plantain	<i>Plantago major</i> L.	Plantaginaceae	Seed	Behbahan, Khuzistan	[21]
False Chamomile	<i>Tripleurospermum disciforme</i>	Asteraceae	Flower	Biranshahr, Lorestan	[22]
Palestinian Sage	<i>Salvia palaestina</i> Benth.	Lamiaceae	Stems and leaves	Dehloran and Abdanan, Ilam	[23]
Greater Plantain	<i>Plantago major</i> L.	Plantaginaceae	Leaves and fruit	Dehlolou, Kerman	[24]
Jerusalem Artichoke	<i>Helianthus tuberosus</i> L.	Asteraceae	Leaves and tubers	Zarivar, Kurdistan	[25]
Fennel	<i>Foeniculum vulgare</i> Mill.	Apiaceae	Seeds	Zanjan, Zanjan	[26]
Summer Adonis	<i>Adonis aestivalis</i>	Ranunculaceae	Aerial parts	Saqquez, Kurdistan	[27]
Flax	<i>Linum usitatissimum</i>	Linaceae	Seeds	Sirjan, Kerman	[28]
Broad-leaved Orchid	<i>Orchis latifolia</i> L.	Orchidaceae	Tuber	Eastern Khuzestan, Khuzistan	[29]
Puncture Vine	<i>Tribulus terrestris</i> L.	Zygophyllaceae	Fruit	Eastern Khuzestan, Khuzistan	[29]

Ducrosia	<i>Ducrosia anethifolia</i> Boiss.	Apiaceae	Inflorescence	Northeastern Persian Gulf	[30]
Syrian Rue	<i>Peganum harmala</i>	Zygophyllaceae	Seeds	Ajabshir, East Azerbaijan	[31]
Chamomile	<i>Matricaria aurea</i> L.	Asteraceae	Flower	Fasa, Fars	[32]
Sumac	<i>Rhus coriaria</i> L.	Anacardiaceae	Fruit	Kohgiluyeh, Kohgiluyeh va Buirahmad	[33]
Valerian	<i>Valeriana officinalis</i> L.	Valerianaceae	Root	Mobarakeh, Isfahan	[34]
Saffron Crocus	<i>Crocus abantensis</i>	Iridaceae	Flower	Meshgin Shahr, Ardabil	[35]
Bermuda Grass	<i>Cynodon dactylon</i>	Poaceae	Aerial parts	Mehriz, Yazd	[36]
Biebersteinia	<i>Biebersteinia multifida</i>	Zygophyllaceae	Aerial parts	Hezarkuh, southeastern Iran	[37]

Among the 24 recorded plant species, the family Asteraceae exhibited the highest representation with five species. This was followed by the families Apiaceae and Zygophyllaceae, each comprising three species, while the remaining families were represented by one to two species each.

Regarding plant parts utilized, fruit and aerial parts were the most commonly employed, each reported in four species. Flowers were used in three species, and inflorescences in two species. Other plant parts including seeds, grains, stems and leaves, leaves

### Discussion

In the context of Iranian ethnobotanical knowledge, medicinal plants have traditionally been employed to enhance sexual function and address female sexual disorders. Plants such as *Vitex agnus-castus* (chaste tree), flaxseed, savory tea, and licorice are recognized for their effects on ovulation, sexual desire, and reproductive health. Scientific evidence suggests that these plants can support ovarian function, mitigate the complications of polycystic ovary syndrome (PCOS), and promote overall female reproductive well-being [38].

Despite their historical use, only a limited number of studies have systematically explored the role of ethnobotanical remedies in improving female sexual function. Reviews of traditional medical texts and contemporary scientific databases indicate that plants such as *Vitex agnus-castus*, flaxseed, savory tea, and licorice may enhance ovulatory processes, strengthen ovarian health, and alleviate the symptoms associated with PCOS [39]. A further review highlights that in Iranian traditional medicine, aromatic herbs and fragrant substances applied via inhalation, topical use, fumigation, or smoke have been utilized to treat sexual disorders and infertility. Warm fragrances such as musk, jasmine, and narcissus were believed to stimulate sexual desire. These findings could form a foundation for novel clinical studies in aromatherapy aimed at improving both reproductive and neurological function [40].

and fruit, leaves and tubers, tubers, and roots were reported in one to two species each.

The medicinal plants included in this study were collected from diverse regions across Iran, with the highest number of species recorded from Abhar, Zanjan and Eastern Khuzestan (two species each). All other regions contributed one species each. This distribution highlights the wide geographical spread of these ethnobotanically significant plants throughout Iran.

Research also demonstrates that different medicinal plants exhibit distinct effects on sexual dysfunction. For instance, rose (*Rosa* spp.) has been shown to enhance sexual desire and orgasmic response, ginger appears effective in reducing erectile dysfunction, and tribulus (*Tribulus terrestris*) can improve sperm quality and increase testosterone levels, thereby addressing various sexual disorders [41]. In Nigeria, the use of medicinal plants for treating sexually transmitted infections is influenced by economic constraints, limited healthcare access, and issues of drug resistance. Ethnobotanical surveys identified 52 therapeutic preparations, with species such as *Ageratum conyzoides* and *Nicotiana tabacum* being employed in the management of HIV/AIDS, highlighting their potential as a basis for new drug discovery and improved healthcare interventions [42]. Early detection and effective management of pregnancy-related complications are crucial for safeguarding maternal and fetal health and can significantly reduce associated risks. Thorough investigation of these complications provides valuable guidance for clinical decision-making, facilitating the delivery of optimized and personalized care [43-45]. Furthermore, the implementation of appropriate interventions before and during pregnancy, including the preventive use of medicinal plants, can effectively mitigate adverse outcomes and improve overall pregnancy outcomes.

## Conclusion

The evidence indicates that medicinal plants documented in Iranian ethnobotanical traditions hold significant potential for enhancing female sexual function and stimulating sexual desire. These plants may improve ovulation, support ovarian and hormonal health, and reduce the symptoms associated with PCOS. Beyond reproductive benefits, they appear to positively influence sexual motivation and the functional integrity of the nervous and reproductive systems. These findings provide a strong rationale for designing clinical trials and pharmacological investigations. Furthermore, exploring traditional knowledge and ethnobotanical practices offers a rich resource for discovering novel drugs and safe complementary therapies. Overall, the targeted and scientifically guided use of these medicinal plants could play a meaningful role in promoting female sexual health and fertility.

## Declarations

### Conflict of Interest

The author declares no conflict of interest related to the publication of this article.

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### Consent for Publication

The author confirms that the final version of the manuscript has been reviewed and approved for publication.

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None.

### Authors' Contributions

EA was responsible for conceptualization, review, data collection, analysis, writing, and manuscript preparation.

### Ethical Approval

As this study is a review article, it does not involve human or animal subjects and therefore does not require ethical approval or informed consent.

## References

1. Shahhosseini Z, Gardeshi ZH, Pourasghar M, Salehi F. A review of affecting factors on sexual satisfaction in women. *Mater Sociomed*. 2014 Dec 14;26(6):378.
2. Basson R. Sexual desire and arousal disorders in women. *N Engl J Med*. 2006 Apr 6;354(14):1497-506.
3. Basson RO. Sexual desire/arousal disorders in women. In: *Principles and Practice of Sex Therapy*. 4th ed. 2007. p. 25-53.
4. Packer CA. Using Human Rights to Change Tradition: traditional practices harmful to women's reproductive health in sub-Saharan Africa. *Intersentia nv*; 2002.
5. Amaro H, Raj A, Reed E. Women's sexual health: The need for feminist analyses in public health in the decade of behavior. *Psychol Women Q*. 2001 Dec;25(4):324-34.
6. Figà-Talamanca I. Occupational risk factors and reproductive health of women. *Occup Med (Lond)*. 2006 Dec 1;56(8):521-31.
7. Caserta D, Mantovani A, Marci R, Fazi A, Ciardo F, La Rocca C, et al. Environment and women's reproductive health. *Hum Reprod Update*. 2011 May 1;17(3):418-33.
8. Nergard CS, Ho TP, Diallo D, Ballo N, Paulsen BS, Nordeng H. Attitudes and use of medicinal plants during pregnancy among women at health care centers in three regions of Mali, West-Africa. *J Ethnobiol Ethnomed*. 2015 Oct 9;11:73.
9. Alqethami A, Hawkins JA, Teixidor-Toneu I. Medicinal plants used by women in Mecca: urban, Muslim and gendered knowledge. *J Ethnobiol Ethnomed*. 2017 Nov 17;13:62.
10. Prance GT. What is ethnobotany today? *J Ethnopharmacol*. 1991 Apr 1;32(1-3):209-16.
11. Khan I. Ethnobotany and medicinal uses of folklore medicinal plants belonging to family Acanthaceae: An updated review. *MOJ Biol Med*. 2017 Jan 1;2(1):1-7.
12. Voeks RA. Are women reservoirs of traditional plant knowledge? Gender, ethnobotany and globalization in northeast Brazil. *Singap J Trop Geogr*. 2007 Mar;28(1):7-20.
13. Jain SK. Ethnobotany and research on medicinal plants in India. In: *Ciba Foundation Symposium 185—Ethnobotany and the Search for New Drugs*. Chichester, UK: John Wiley & Sons; 2007. p. 153-68.
14. Bibi T, Ahmad M, Tareen RB, Tareen NM, Jabeen R, Rehman SU, et al. Ethnobotany of medicinal plants in district Mastung of

- Balochistan province-Pakistan. J Ethnopharmacol. 2014 Nov 18;157:79-89.
15. del Carmen Juárez-Vázquez M, Carranza-Álvarez C, Alonso-Castro AJ, González-Alcaraz VF, Bravo-Acevedo E, Chamorro-Tinajero FJ, et al. Ethnobotany of medicinal plants used in Xalpatlahuac, Guerrero, México. J Ethnopharmacol. 2013 Jul 9;148(2):521-7.
  16. Razmjoo D, Zarei Z, Akbari M. Ethnobotanical study of some medicinal plants of Abadeh County, Fars Province. J Agro-Plant Ecophysiol. 7(3):431-44.
  17. Vafadar M, Toghranehgar Z. Ethnobotanical study of some medicinal plants of Abhar County, Zanjan Province. J Med Plants. 2020;19(75):30-54. doi:10.29252/jmp.19.75.30
  18. Dolatkahhi M, Dolatkahhi A, Bagher Nejad J. Ethnobotanical Study of Medicinal Plants Used in Arjan-Parishan Protected Area in Fars Province of Iran. Avicenna J Phytomed. 2014;4(6):402-12.
  19. Fouladi M, Roosta'i F, Malekabadi M. Ethnobotanical investigation of the winter and summer pastures of the Qashqai tribe. 2023. Available from: <https://civilica.com/doc/1931433>
  20. Mohammadi M, Jalali S, Tavakoli Z, Ghahremaninejad F. Medicinal plants of the Bazrejan region (Tafresh, Markazi Province, Iran). Sci-Res Q Univ Alzahra. 1399;99(9):[page numbers not provided].
  21. Ethnobotanical study (identification, medicinal properties and usage) of some medicinal plants of Behbahan County, Khuzestan Province. 16(4):11.
  22. Delfan E, Khodayari H, Azizi K. Ethnobotany of indigenous medicinal plants in Zagheh and Biranshahr regions, Lorestan Province, Iran. J Ecophytochem Med Plants. 2019;7(4):[page numbers not provided].
  23. Ghasemi Pirbalouti A, Momeni M, Bahmani M. Ethnobotanical study of medicinal plants used by Kurd tribe in Dehloran and Abdanan districts, Ilam Province, Iran. Afr J Tradit Complement Altern Med. 2013;10(2):368. doi:10.4314/ajtcam.v10i2.24
  24. Vakili Shahrababaki SMA. The ethnobotanical study of medicinal plants in Dehe-Lolo-Vameghabadbidoieh Village, Kerman, Iran. J Med Plants By-prod. 2016;1:105-11.
  25. Ethnobotanical study of medicinal plants of the Zarivar region, Marivan County, Iran. 14;2(54):[page numbers not provided].
  26. Toghranegar Z, Vafadar M. Ethnobotanical study of some medicinal plants based on indigenous knowledge of women in Zanjan County, Iran. Plant Ecosyst Conserv. 12(24):[page numbers not provided].
  27. Derakhshan N, Khatamsaz M, Zolfaghari B. Ethnobotanical uses of plants in the Saghez (Kurdistan, Iran). J IITM. 2017;7(4):507-16.
  28. Sharififar F, Kouhpaieh A, Motaghi MM, Amirhosravi A, Pourmohseni Nasab E. Ethnobotanical investigation of medicinal plants of Sirjan County, Kerman Province, Iran. J Herbal Drugs. 2010;3:19-28.
  29. Khodayari H, Amani S, Amizi H. Ethnobotany of medicinal plants in the northeastern region of Khuzestan Province, Iran. J Ecophytochem Med Plants. 2(4):[page numbers not provided].
  30. Ethnobotanical study of medicinal plants of the northeastern Persian Gulf watershed. 13;2(50):[page numbers not provided].
  31. Maleki-Khezerlu S, Ansari-Ardali S, Maleki-Khezerlu M. Ethno-Botanic Study and Traditional Use of Medicinal Plant of Ajabshir City. J IITM. 2017;7(4):499-506.
  32. Ramezani M, MinaeiFar AA. Ethnobotanical study of medicinal plants in Fasa county. J IITM. 2016;7(2):221-31.
  33. Jahantab E, Hatami E, Sayadian M, Salahi Ardakani A. Ethnobotanical study of medicinal plants of Boyer Ahmad and Dena regions in Kohgiluyeh and Boyer Ahmad Province, Iran. Adv Herb Med. 2017;3(4):12-22.
  34. Mardani Shahinnejad A, Farahani Khosravani MR. Investigation of native medicinal plants. Iran J Med Plants. 2022;13(3).
  35. Sabzinojedeh M, Amani M, Younesi Hamzeh Khanlou M, Badri L, Fathizadeh O, Sheidaie Karkaj E. Medicinal plants with therapeutic applications in indigenous communities of the Sabalan slopes (Case study: Meshginshahr County, Ardabil Province). Rangel Watershed Manag J. 2021;74(3):529-42.
  36. Minaeifar AA, Hasanbarani M, Fatemeh. Identification of medicinal plants and their ethnobotanical investigation in Mehriz of Yazd province. Ethnobiol Biodivers Conserv. 2024;4(1):22-36.
  37. Rajaei P, Mohamadi N. Ethnobotanical Study of Medicinal Plants of Hezar Mountain Allocated in South East of Iran. Iran J Pharm Res. 2012;11(4):1153-67.
  38. Nemandalali T. Biological evaluation of ethnobotanical selected medicinal plants used in the management of male sexual health [doctoral dissertation]. University of South Africa; [year not specified].
  39. Pardakhti R, Javdani M, Ahmadi K, Ghaderi A. A Review of Medicinal Plants Effective on

- Polycystic Ovary Syndrome from the Perspective of Traditional Medicine. Medicinal Plants Congress: Mechanization and Processing, Karaj; 2021. Available from: <https://civilica.com/doc/1486627>
40. Nasiri Lari Z, Attarzadeh F, Ghorishi PS, Hosseinkhani A, Jaladat AM. Aromatherapy in Sexual Disorders: A Review Study in Iranian Traditional Medicine. 2018. Available from: <https://civilica.com/doc/1727801>
  41. Farahmand M, Ramazani Tehrani F. The Effect of Medicinal Plants on the Treatment of Sexual Disorders: A Narrative Review. *Iran J Obstet Gynecol Infertil.* 2021;24(5):87-102. Available from: <https://sid.ir/paper/951495/fa>
  42. Gbadamosi IT. Ethnobotanical survey of plants used for the treatment and management of sexually transmitted infections in Ibadan, Nigeria. *Ethnobot Res Appl.* 2014 Dec 15;12:659-69.
  43. Shahali S, Sahhaf Ebrahimi F, Taghavi S, Afsari E. Diabetes consequences on preterm premature rupture of membrane complications. *Journal of Obstetrics, Gynecology and Cancer Research.* 2022 Dec 27;8(1):1-0. doi: <https://doi.org/10.30699/jogcr.8.1.1>
  44. Afsari E, Abbasalizadeh F, Fardiazar Z, Shahali S, Ahmadi YS. Is there a relationship between the severity of preeclampsia and fetal renal Doppler indices?. *Int J Women's Health Reprod Sci.* 2021 Oct 1;9:263-7. doi: <https://doi.org/10.15296/ijwhr.2021.48>
  45. Ayatollahi H, Yekta Z, Afsari E. A pilot randomized controlled clinical trial of second uterine curettage versus usual care to determine the effect of re-curettage on patients' need for chemotherapy among women with low risk, nonmetastatic gestational trophoblastic neoplasm in Urmia, Iran. *International journal of women's health.* 2017 Sep 21:665-71. doi: 10.2147/IJWH.S139226.