

# Comparison of Sexual Health Advices in the First Turkish Bahname of Ottoman Era with Current Scientific Literature

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## Abstract

The bahnames, an essential part of the Islamic medical corpus, generally address sexuality, sexual behavior, sexual dysfunctions, and protective, supportive and therapeutic applications in this field.

Our study investigated the oldest known Turkish bahname, translated by Musa b. Mes'ud during 15th century, in comparison with the current literature. Sexual health advices and treatment modalities in this bahname were evaluated and interpreted within the framework of current knowledge of sexology, urology, and andrology.

Although the work mostly mentions supportive and therapeutic practices in sexual health, it also provides advices on sexuality and sexual life. The author recommends many foods and compounds or specific drugs and ointments to enhance sexual stamina and avoid erectile dysfunction. In addition, he also tries to find solutions to some other sexual health problems related to men and women. These issues are generally evaluated in the context of health; a religious perspective is also provided when needed.

In comparison, a lot of the author's recommendations on sexual health and herbal or animal drugs are consistent with the current literature. Nevertheless, some information and suggestions mentioned in the bahname are entirely irrational and unscientific.

This study is an original investigation of the first translated bahname into Turkish. There is no other study examining the bahnames with this method. Thus, we believe that our work will be a significant contribution to the literature of Turkish-Islamic medical history.

## Introduction

In the Islamic medical literature, works dealing with sexual health issues are called "bahname". The word bahname is a combination of the Arabic word "bah", which means "sexual desire, lust, libido", and the Persian word "name", meaning "book".<sup>1</sup>

The Turkish Encyclopedia of Islam (TEI) defines bahname as "a type of book containing information about

all kinds of sexual issues, including especially the treatment of sexual disorders".

The bahnames, an essential part of the Islamic medical corpus, generally address sexuality, sexual behavior, sexual dysfunctions, and protective, supportive, and therapeutic applications in this field. Additionally, such

books may include social issues such as sexual life, family institution, marriage and pregnancy, measures to facilitate or prevent conception, problems during pregnancy, medical information about newborn children, and even child-rearing and upbringing.<sup>1</sup>

Many physicians wrote such works in different periods of Islamic and Ottoman medical history. Ali Haydar Bayat identified 45 different bahnames across all periods of Islamic civilization, including 21 in Arabic, 6 in Persian, and 14 in Turkish.<sup>2</sup> Ilter Uzel also listed 51 works in Arabic, Persian, and Turkish.<sup>3,4</sup> Jabir ibn Hayyan, Jabril ibn Bukhtishu, al-Kindi, Hunayn ibn Ishaq, Qusta ibn Luqa, al-Razi, Ibn Sina, Ibn Maymun, Ibn al-Bitriq, and Shayzari were among the most prominent Islamic scholars who wrote bahnames. According to the TEI, the oldest bahname in Turkish is a translation of the Bahname-i Padişahi with a dedication to the Sarukhanid Ya'qub b. Dawla in the fourteenth century. Additionally, the first known Turkish bahname in the Ottoman Empire is the translation by Musa b. Mes'ud with the same title as the original Persian version of Bahname-i Padişahi.<sup>4</sup>

Among the Bahnames in Ottoman era, especially those presented to the Sultanes are decorated with colorful miniatures, while those written for the public include no pictures or figures. The Bahname-i Padişahi translated by Murat b. Mesud is one of the first examples of the Ottoman era. Unlike most of the bahnames, it does not contain pictures and figures. One of the most famous samples which include figures was Cemaleddin Revnaki's book called Kitâbü's-Safâ ve's-surûr. Bahnames included more figures and became more pornographic after the 19th century.<sup>1,5</sup>

This study investigated the first translated bahname in the Ottoman Empire and concepts such as sexuality, sexual life, sexual desire/function disorders, and the protective, supportive, therapeutic applications in this work were compared to the current literature.

## Material and Methods

In this study, we submit the transcription of an original text in the Ottoman medical history and its comparative evaluation with the current literature.

The chapter and folio numbers mentioned in our study for the bahname that translated by Musa b. Mes'ud refers to the copy registered in the Library of Istanbul University Istanbul Faculty of Medicine under call number 3778, one of five known manuscripts of this manuscript (Fig. 1-2).

First, the original manuscript of the translation was transcribed in Latin. The final version of the transcribed text was analyzed in the results. In discussion, findings were examined and interpreted within the framework of current knowledge of sexology, urology, and andrology.

## Results and Discussion

According to the index quoted by Uzel with reference to Sehsuvaroglu, Musa b. Mes'ud's bahname translation consists of seventeen chapters.<sup>3,6</sup> Table-1 shows the index of the bahname.

The topics of bahname can be grouped into two categories:

1. Issues related to sexuality and sexual life
2. Protective, supportive and therapeutic applications for the protection of sexual life.

It is assumed that this work was written in the thirteenth century and translated into Turkish in the fifteenth century. Although bahname was compiled about eight hundred years ago, we see that many of the foods and drugs or practices in bahname are still valid today. However, some of the recommendations put forward in the bahname according to the medical theories, belief values, and observational findings of the period contradict today's scientific knowledge and data. Suggestions and preparations of drugs and food reported above will be discussed in the following section in comparison with the current medical literature.

First, unlike the general acceptance of the period, there is no taboo concerning the ways of sexual intercourse in bahname. It is also stated that it is religiously permissible and lawful for husband and wife to have sexual intercourse as they wish. Similar to bahname current literature confirms that it is beneficial and sometimes necessary for the sexual happiness of husband and wife to excite and satisfy each other and to perform a sexual activity in every position as they wish.<sup>7</sup>

Although there is no prohibition on the forms of sexual intercourse in the bahname, it is claimed that some positions are harmful for various reasons in the fourteenth chapter.

There is a remarkable example: it consists of intercourse of the man lying on his back and a woman positioned on top of him. Damages claimed to occur in this position include diseases due to the discharge of female sexual secretions onto the penis and the genital area of the man,

bladder pain and injury, liver swelling, and the spread of these complaints to other organs. All these justifications are factually inaccurate and cannot be confirmed by current information and data. On the contrary, the type of intercourse described in which the woman takes a riding position is recommended, especially to treat dysfunctions such as premature ejaculation.<sup>7</sup> Finally, sexology and sexual psychiatry experts maintain that any position desired and enjoyed by a healthy couple can be practiced, and there is no position that is harmful to health.<sup>8-9</sup>

Although it is permissible from a religious perspective, the author stated that it is not considered appropriate for a man to look at his wife's genitals during sex. It is claimed that the boy born as a result of this sexual intercourse will be lacking eyes. Additionally, it is claimed that if a woman stimulates a man's genital with her mouth and then intercourse happens, the boy to be born will be weak and weary. We can easily say that these are nothing more than expressions of superstition and nonsense.

The author criticizes the attitude that too much sexual intercourse is harmful; moreover, he accuses those holding this view of being ignorant. Current literature leaves the spouses wholly free and does not set any limits in terms of sexual frequency. In addition, false ideas such as the suggestion that too much sexual intercourse will harm male health or that every man has the capacity for a certain limited number of ejaculations throughout his life are no longer accepted.<sup>7</sup> Besides, the author states that there are six pleasures for people; five of them are the senses of sight, hearing, taste, smell, and touch, and the sixth one is sexual intercourse. He points out that all senses and flavors are coming together in sexual intercourse. From this observation, it can be concluded that all five sense organs should be used in intercourse, and the current literature also confirms this.

The author does not limit or prohibit sexual intercourse timing; however, the work suggests the spring and the daytime compared to other times. Current literature confirmed that the level of androgen hormones, which provide libido and increase sexual activity, rises in spring and during the day in the diurnal rhythm of the male.<sup>10</sup> Additionally, current literature revealed that testosterone levels, sexual activity, and the number of ejaculations decrease in winter.<sup>11</sup>

The author claimed that children born due to sexual intercourse on certain days would be good-natured and healthy; by contrast, he claimed that they would be sickly and ill-natured on certain other days. The interpretations

in this chapter are based on the theory of the four senses of humor or astrological knowledge and beliefs in those times. Based on the current literature, we can say that the statements in this chapter are completely baseless superstitions.

On folio-18a, the author recommends abandoning some habits to protect male sexual health. It is claimed that certain behaviors, such as delaying urination after sexual intercourse despite feeling the need, running constantly and walking too much, sweating profusely in the bathhouse, or staying awake at night too long, when becoming repetitive practices and habits weaken the male genitalia. Another behavior that the author recommends avoiding is exaggerated horse riding. An activity today that could be compared to horse riding is the use of bicycles. Indeed, modern urology shows that prolonged cycling can adversely affect erectile function. Just like riding a horse, cycling is a chronically traumatizing factor for the perineum. In a meta-analysis investigating the relation between cycling and erectile dysfunction, Gan et al. stated a positive correlation between cycling and erectile dysfunction.<sup>12</sup> The argument that horse riding for long periods of time would reduce erection due to chronic trauma caused during that time can only be confirmed by careful observation and from a perspective based on experience.

The work points out that if a man has sexual intercourse on a day when he is overworked and tired, the heart will work hard (possibly referring to tachycardia). Therefore, the author doesn't recommend having sexual intercourse during such periods. Although this statement cannot be considered completely correct with current knowledge, modern urology has shown that there is a close relationship between sexual activity and heart rhythm and blood pressure. Sexual activity was found to be equivalent to climbing a 2-storey ladder in 10 seconds in terms of exercise load and the cardiovascular system's capacity. In this case, although the heart rate remains below 130 beats and systolic blood pressure is below 170 mmHg, the workload required during sexual activity increases in the presence of old age, obesity, cardiovascular disease, and excessive food and alcohol consumption.<sup>13</sup> Similar to the literature, sexual activity was determined in the *bahname* as an action that strains the capacity for expending energy and the risk of being tired and developing weakness during coitus.

Many simple or compound drug formulations and foods for preserving sexual health, increasing sexual power and the semen amount, and treatment of erectile dysfunction are recommended in the *bahname*. Vegetables such as

carrots, chickpeas, broad beans, onions, ginger, parsnips, long pepper, milk, dates, mustard, and leeks; foods containing animal and vegetable protein (red or white meat varieties, eggs, milk, legumes, etc.), and dried fruits such as pine nuts, hazelnuts, peanuts, almonds, coconut, and pastes containing saffron, ginger, galangal, and long pepper to obtain such benefits are recommended in several chapters. It is possible to find studies in the current literature confirming the bahname about almost all of the foodstuffs listed in bahname. Current scientific information on a few of these will be presented here:

Carrot (*Daucus carota*), mentioned in different chapters, was proven to be positively contributing to sexual functioning by increasing the level of sex hormones in men and women and to be beneficial for all parameters of female sexual functions such as desire, arousal, orgasm, and satisfaction<sup>14</sup>, to increase testosterone levels in men, trigger sperm production, and increase the reserve of sperm cells in the tail of the epididymis.<sup>15</sup>

It has been revealed that saffron (*Crocus sativus*) improves erection quality in men<sup>16-17</sup> and also positively affects sperm morphology and motility.<sup>18</sup>

Ginger (*Zingiber officinale*) has an aphrodisiac effect by increasing the blood flow to the testicles, sperm count and motility, testicular volume, and serum testosterone levels.<sup>17</sup> Additionally, Stein et al. reported that Ginger (*Zingiber officinale*) significantly improves erection quality and sexual satisfaction in middle-aged and older men.<sup>19</sup>

Similarly, Galangal (*Galanga officinalis*) increases the percentage of normal sperm, vitality, motility, and testosterone levels;<sup>20</sup> administered orally, according to the current literature, it significantly increases the total motile sperm count.<sup>21</sup>

Two separate experimental studies conducted with clove (*Syzygium aromaticum*) revealed that sexual activity was significantly and sustainably increased in male rats receiving clove. Furthermore, it positively affected sexual behaviors in male mice.<sup>22,23</sup> Thus, certain current studies support observations found in the bahname in terms of medicaments.

The plant is known as *Papaver somniferum* in Latin, sometimes called opium in the bahname and sometimes poppy, causes the smooth muscles of the corpus cavernosum to relax and triggers a strong erection due to papaverine.<sup>24</sup> As a breakthrough development in modern urology and andrology, achieving an erection by

injecting papaverine into the spongy tissue of the penis has been in clinical practice since the 1980s.<sup>25</sup> The papaverine injection not only induces an erection but also leads to a longer than usual duration.<sup>26</sup> Papaverine was also beneficial in topical application to the penis and the genital area.<sup>27</sup> Moreover, papaverine injection is also featured in leading publications in urology/andrology in current reviews regarding the treatment of erectile dysfunction.<sup>28,29</sup> In addition to these selected examples from the bahname, we can say as a general assessment that the positive effect of almost all of the herbal or animal extracts and preparations proposed is in line with current scientific data.

The author recommended various administration methods for the different plant, animal, and organic extracts and mixtures. Furthermore, these cures were in different forms such as solid food, oral paste, beverage, cream, and ointment to be applied to the soles of the feet or genitals, suppositories, enemas, and sublingual pills. Especially, the sublingual application is quite remarkable, considered from the current scientific knowledge. In an age when the physiological absorption and action mechanisms were not yet scientifically known, proposing this method based on the absorption of drugs under the tongue to create an effect on the target organ was possible only as a result of the experiment, observation, and inference.

Chapter-7 explains the topical applications that work by a transdermal mechanism of action with ointments, creams, pomades, and plasters used to strengthen erection. Since the 1990s, positive results obtained by applying a topical gel containing the active substance to the penis and the genital area in human patients and animal experiments. These substances include papaverine<sup>27</sup> and prostaglandin-E1.<sup>30</sup> Current literature found that topical application of both agents increases the penile blood flow significantly, and potent erections are achieved after topical application. Various reviews indicate that oral therapy is a promising method for groups of patients who cannot be treated by intra-cavernous injection due to drug interactions or non-responsiveness, needle fear.<sup>31,32</sup>

Another remarkable drug administration method recommended to support erection is the application of a preparation in the form of suppositories to be inserted through the urethra. Since the 1990s, preparations containing prostaglandin-E1 have been administered through the urinary tract with this method, which is seen as an ideal and practical treatment of erectile dysfunction today, known under the name of MUSE.<sup>33,34</sup> Although its effectiveness is not as great as intra-cavernous application, its ease of use and non-invasiveness make



this a preferred method.<sup>35</sup> Another preparation containing prostaglandin-E1, which is also found in the current literature, is administered by dripping it into the urethral orifice recommended these topical preparations applying to the penis, groin area, and testicles.<sup>33</sup> Similarly, topical gels are applied to the penis, perineum, and testicles in modern transdermal erection therapy.<sup>27</sup>

Chapters-16 and 17 include a recipe intended to make the vagina warm, soft, and even as tight as that of a virgin girl, administration of the liquid prepared from some drugs was suggested either in the form of a bath to sit in or by inserting a woolen tampon soaked in the liquid into the vagina. Current medical knowledge and scientific literature do not include any pharmaceutical or herbal drugs having such an effect.

Similarly, the seventeenth chapter says that some drugs soaked up by wool and then inserted into the vagina will ensure pregnancy immediately. Such a practice is not found in modern science. In addition, the author claimed that if a man applies tar or sesame oil on his penis before sexual intercourse, the woman will not conceive, or even if she becomes pregnant, she will have a miscarriage. There is no corresponding information in the current literature.

The bahname also described the artificial penis used by women to masturbate, which is known as *zıbık* in the Middle East and *dildo* in Western languages. Similarly, modern sexology suggests the dildo using for therapeutic purposes. Another version of a dildo that increases pleasure through vibration is a vibrator subjecting many scientific studies. Herbenick et al. reported that sex devices such as vibrators and dildos are frequently recommended to patients; another article stated that vibrators are an important option in the hands of clinicians to increase sexual function and respond to certain sexual problems.<sup>36,37</sup>

Among the therapies used in treating sexual dysfunction, especially female orgasm and arousal disorder, it is reported in today's scientific literature that erotic devices, including dildos and similar items, contribute positively to the solution of these issues.<sup>38</sup>

In case the erect penis did not soften again, the author recommended washing with cold water. Similar to bahname, the first step in priapism treatment is the application of cold compresses, and in some cases, this simple intervention can achieve the desired softening.<sup>39,40</sup> Pryor et al. also suggest cold compresses or a cold shower as the first aid method that can be applied by the

patient himself or by auxiliary health personnel.<sup>41</sup> Interestingly, a similar method was proposed in the bahname six centuries ago.

## Conclusion

We investigated the fifteenth-century translation by Musa b. Mes'ud of the Bahname-i Padişahi, which is the oldest known Turkish example of a bahname. We discussed the preventive, supportive, and therapeutic practices associated with sexuality, sexual life, and sexual health issues mentioned in the bahname and analyzed the suggested treatments and recommendations from a period of about seven centuries in the light of the current literature.

The author synthesized empirical information with experiences from the past in the bahname while dealing with sexual life and sexual health issues. These issues are generally evaluated in the context of health; a religious perspective is also provided when needed. In particular, the author's recommendations on sexual health and herbal or animal drugs are consistent with the current literature.

The work must have been written as a result of careful observation and profound experience. In addition, we can say that the author went beyond the generally accepted beliefs he lived in, especially on issues of sexual life. Nevertheless, some of the information and suggestions included in the book are entirely irrational and unscientific in the light of the current literature.

Finally, this study is an original and novel investigation of the bahnames, which have not attracted the attention they deserve in today's academic studies, although they are an essential part of the Turkish-Islamic culture. We revealed all critical information in the bahname and compared it with Turkish and international sources in the current literature on urology, pharmacology, andrology, and sexology. There is no other study examining the bahnames with this method. Thus, we believe that our work will be a significant contribution to the research literature.

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## References

1. Özcan A. Bahname. Türkiye Diyanet Vakfı İslam Ansiklopedisi; 1991:489-90.
2. Bayat AH. Türk-İslâm tıbbında Bahnameler ve Tifâşi'nin Rucû'u'ş-Şeyh ile's-Sıbâh fi'l-Kuvveti 'ale'l'Bâh'. İstanbul: Tıp tarihi araştırmaları; 2002;11:144-62.
3. Uzel İ. Tuhfetü'l-Müteehhilîn evlilik armağanı. Tabip Mustafa Ebu'l-Feyz'den sadeleştirilmiş metin. Ankara: Kebikeç yayınları; 2005:6-15.
4. Şeşen R, Akpınar C, İzgi C. Türkiye kütüphaneleri İslami tıp yazmaları kataloğu. İstanbul: IRCICA, 1984.
5. Şehsuvaroğlu BN. Osmanlı padişahları ve bahnameler. Ankara: VI. Türk Tarih Kongresi; 1967. pp.423-8.
6. Kendirci M, Gümüş E. Bahname: Sex compendia of the Ottoman times. In: Kendirci M, Kadioğlu A, Miroğlu C editors. The History of Male-Female Sexuality and Fertility in Asia Minor. İstanbul: Publications of Turkish Society of Andrology, 2003:187-93.
7. Taşçı Aİ. Cinsel Eğitim. İstanbul: Yedirenk kitapları; 2001.
8. Westheimer RK. Encyclopedia of Sex. New York: Continuum International Publishing Group; 2002.
9. Gillan P, Gillan R. Sex Therapy Today. London: Open Books Publishing Ltd; 1976.
10. van Anders SM, Goldey KL, Bell SN. Measurement of testosterone in human sexuality research: methodological considerations. Arch Sex Behav 2014;43(2):231-50.
11. Fortenberry JD, Orr DP, Zimet GD, Blythe MJ. Weekly and seasonal variation in sexual behaviors among adolescent women with sexually transmitted diseases. J Adolesc Health 1997;20(6):420-25.
12. Gan ZS, Ehlers ME, Lin FC, et al. Systematic Review and Meta-Analysis of Cycling and Erectile Dysfunction. Sex Med Rev 2021;9(2):304-11.
13. Acar G, Akkoyunlu M. Erektıl Disfonksiyonlu Hastalarda Kardiyak Değerlendirme. In: Resim S, Kadioğlu A, editors. Erkek ve Kadın Cinsel Sağlığı. İstanbul: Türk Üroloji Akademisi Yayınları, 2016:61.
14. Molkara T, Akhlaghi F, Ramezani MA, et al. Effects of a food product (based on *Daucus carota*) and education based on traditional Persian medicine on female sexual dysfunction: a randomized clinical trial. Electron Physician 2018;10(4):6577-87.
15. Nouri M, Khaki A, Fathiazar F, Rashidi MR. The protective effects of carrot seed extract on spermatogenesis and cauda epididymal sperm reserves in gentamicin treated rats. Yakhteh 2009;11(3):327-33
16. Hosseinzadeh H, Ziaee T, Sadeghi A. The effect of saffron, *Crocus sativus stigma*, extract and its constituents, safranal and crocin on sexual behaviors in normal male rats. Phytomedicine 2008;15(6-7):491-5.
17. Kotta S, Ansari SH, Ali J. Exploring scientifically proven herbal aphrodisiacs. Pharmacogn Rev 2013;7(13):1-10.
18. Heidary M, Vahhabi S, Reza Nejadi J, et al. Effect of saffron on semen parameters of infertile men. Urol J 2008;5(4):255-9.
19. Stein RA, Schmid K, Bolivar J, Swick AG, Joyal SV, Hirsh SP. *Kaempferia parviflora* ethanol extract improves self-assessed sexual health in men: a pilot study. J Integr Med 2018;16(4):249-54.
20. Mazaheri M, Shahdadi V, Nazari Boron A. Moleccular and biochemical effect of alcoholic extract of *Alpinia galanga* on rat spermatogenesis process. Iran J Reprod Med 2014;12(11):765-70.
21. Fedder MD, Jakobsen HB, Giversen I, Christensen LP, Parner ET, Fedder J. An extract of pomegranate fruit and galangal rhizome increases the numbers of motile sperm: a prospective, randomised, controlled, double-blinded trial. PLoS One 2014;9(9):e108532.
22. Tajuddin, Ahmad S, Latif A, Qasmi IA. Aphrodisiac activity of 50% ethanolic extracts of *Myristica fragrans* Houtt. (nutmeg) and *Syzygium aromaticum* (L) Merr. & Perry. (clove) in male mice: a comparative study. BMC Complement Altern Med 2003;3:6.

23. Tajuddin, Ahmad S, Latif A, Qasmi IA. Effect of 50% ethanolic extract of *Syzygium aromaticum* (L.) Merr. & Perry. (clove) on sexual behaviour of normal male rats. *BMC Complement Altern Med* 2004;4:17.
24. Drewes SE, George J, Khan F. Recent findings on natural products with erectile-dysfunction activity. *Phytochemistry* 2003;62(7):1019-25.
25. Virag R, Frydman D, Legman M, Virag H. Intracavernous injection of papaverine as a diagnostic and therapeutic method in erectile failure. *Angiology* 1984;35(2):79-87.
26. Levitt EE, Mulcahy JJ. The effect of intracavernosal injection of papaverine hydrochloride on orgasm latency. *J Sex Marital Ther* 1995;21(1):39-41.
27. Kim ED, el-Rashidy R, McVary KT. Papaverine topical gel for treatment of erectile dysfunction. *J Urol* 1995;153(2):361-5.
28. Lue T, Goldstein I, Traish A. Comparison of oral and intracavernosal vasoactive agents in penile erection. *Int J Impot Res* 2000;12 Suppl 1:S81-8.
29. Khera M, Goldstein I. Erectile dysfunction. *BMJ Clin Evid* 2011;2011:1803.
30. Goldstein I, Payton TR, Schechter PJ. A double-blind, placebo-controlled, efficacy and safety study of topical gel formulation of 1% alprostadil (Topiglan) for the in-office treatment of erectile dysfunction. *Urology* 2001;57(2):301-5.
31. Yap RL, McVary KT. Topical agents and erectile dysfunction: is there a place? *Curr Urol Rep* 2002;3(6):471-6.
32. Ohebshalom M, Mulhall JP. Transdermal and topical pharmacotherapy for male sexual dysfunction. *Expert Opin Drug Deliv* 2005;2(1):115-20.
33. Padma-Nathan H, Steidle C, Salem S, Tayse N, Yeager J, Harning R. The efficacy and safety of a topical alprostadil cream, Alprox-TD, for the treatment of erectile dysfunction: two phase 2 studies in mild-to-moderate and severe ED. *Int J Impot Res* 2003;15(1):10-7.
34. Hanchanale V, Eardley I. Alprostadil for the treatment of impotence. *Expert Opin Pharmacother* 2014;15(3):421-8.
35. Gökçe Mİ, Yaman Ö. Erektile Disfonksiyonlu Hastalarda Cerrahi Dışı Tedaviler. In: Resim S, Kadioğlu A, editors. *Erkek ve Kadın Cinsel Sağlığı*. İstanbul: Türk Üroloji Akademisi Yayınları, 2016: 69.
36. Herbenick D, Barnhart KJ, Beavers K, Bengt S. Vibrators and other sex toys are commonly recommended to patients, but does size matter? Dimensions of commonly sold products. *J Sex Med* 2015;12(3):641-5.
37. Herbenick D, Reece M, Sanders S, Dodge B, Ghassemi A, Fortenberry JD. Prevalence and characteristics of vibrator use by women in the United States: results from a nationally representative study. *J Sex Med* 2009;6(7):1857-66.
38. Yeni E. Kadın Cinsel İşlev Bozuklukları. In: Resim S, Kadioğlu A, editors. *Erkek ve Kadın Cinsel Sağlığı*. İstanbul: Türk Üroloji Akademisi Yayınları, 2016: 359.
39. McAninch JW. Disorders of the penis and male urethra. *Smith's General Urology* 2000;16:619-20.
40. Korgali E, Asdemir A. Priapizm ve tedavisi. *Türkiye Klinikleri J Urology - Special Topics*. 2017;10(4), 299-307.
41. Pryor J, Akkus E, Alter G, et al. Priapizm, peyronie hastalığı, penil rekonstrüktif cerrahi. In: Lue TF, et al., editors. *Seksüel tıp, erkek ve kadında seksüel fonksiyon bozuklukları*. İstanbul: İstanbul Medikal Yayıncılık; 2006: 385.
42. Karaman MI, Az A. The evaluation of the first Bahname written in Turkish in the Ottoman Era concerning current urology. *Turk J Urol*. 2022;48(6):446-454.

<b>Chapters</b>	<b>Title</b>
Chapter-1	Body Temperaments and their Symptoms
Chapter-2	Foods Strengthening Sexual Intercourse
Chapter-3	Simple Foods
Chapter-4	Compound Foods
Chapter-5	Drinks
Chapter-6	Pastes
Chapter-7	Ointments
Chapter-8	Pills
Chapter-9	Girdles and Belts
Chapter-10	Drugs Applied to the Soles of the Feet
Chapter-11	Drugs Enhancing Sexual Appetite
Chapter-12	Enemas for Strengthening Sexual Intercourse
Chapter-13	Powders
Chapter-14	Sex Positions
Chapter-15	Penis-Enlarging Drugs
Chapter-16	Drugs Making the Vulva Tight and Soft
Chapter-17	Contraceptive Drugs

*Table-1: The index of Bahname quoted by Uzel with reference to Sehsuvaroglu*





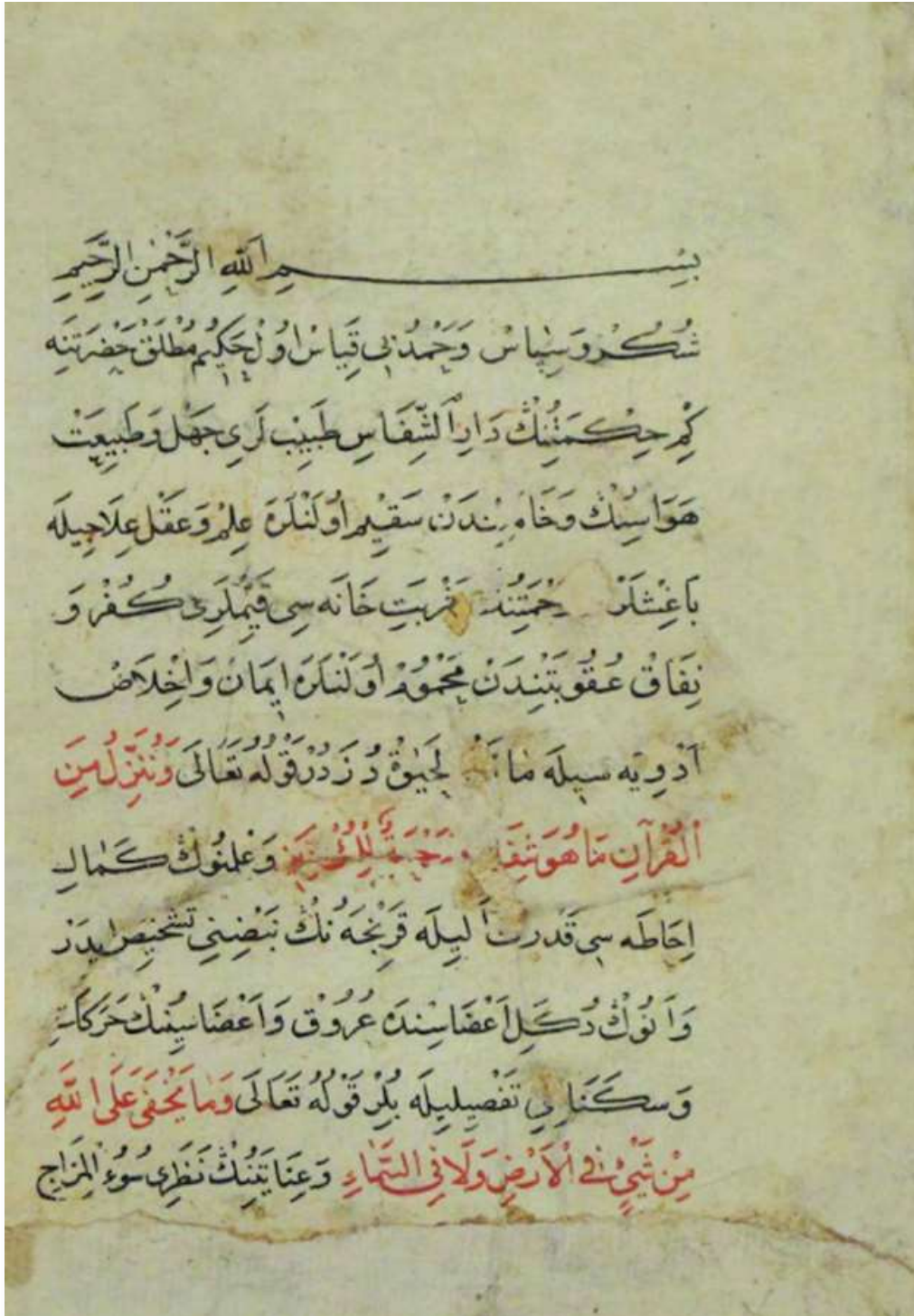


Figure 2: Example page from the manuscript that is investigated in our study.