

AKARALI

Tongkat Ali

Complete User Guide For Men's Sexual Health

Libido · Erection · ED Type Probability · Protocols · Stacks

Based on peer-reviewed clinical data 2010–2025
Eurycoma longifolia · AKARALI® Physta® Standardized Extract

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1. What Is Tongkat Ali?

Tongkat Ali (*Eurycoma longifolia* Jack) is a flowering tree native to Malaysia, Indonesia, Vietnam, and Thailand. Its root has been used for centuries in Southeast Asian traditional medicine to support male vitality, hormonal health, and sexual function.

Today, it is one of the most clinically studied herbal supplements for testosterone support, libido enhancement, and erectile function. Over 26 human clinical trials have investigated its effects, with the most robust evidence centred on the Physta® standardized hot-water extract — the same extract used in AKARALI® products.

KEY ACTIVE COMPOUNDS

Eurycomanone (primary quassinoid), Eurypeptides, Glycosaponins, Alkaloids, and polyphenolic antioxidants. These bioactives work synergistically through multiple hormonal and neurological pathways to support sexual health.

2. How Tongkat Ali Works: 6 Biological Pathways

Tongkat Ali does not work through a single mechanism. It operates simultaneously across six distinct biological pathways, which is why it may address multiple root causes of low libido and erectile dysfunction. Here are the six pathways (mechanism of actions) of Tongkat Ali on how it may support men's sexual health and general revitalization amongst aging and low-T men.

PATHWAY 01

Testosterone via HPG Axis

1. Hypothalamus releases GnRH, stimulating the pituitary gland
2. Pituitary secretes LH & FSH into the bloodstream
3. Leydig cells in the testes produce testosterone from cholesterol
4. Eurycomanone inhibits SHBG, raising free testosterone

Outcome: *Increased libido drive & spontaneous erections*

PATHWAY 02

Cortisol Reduction & HPA Regulation

1. Chronic stress elevates cortisol via HPA axis activation
2. High cortisol suppresses testosterone & dopamine signals
3. TA adaptogens modulate adrenal cortex, lowering cortisol
4. Restored T:cortisol ratio revives sexual motivation

Outcome: *Reduced psychogenic ED, restored desire*

PATHWAY 03

Dopaminergic Neurotransmitter Pathway

1. Rising testosterone upregulates dopamine receptor sensitivity

PATHWAY 04

Nitric Oxide & Vascular Blood Flow

1. TA improves endothelial function, stimulating eNOS activity

<ol style="list-style-type: none"> 2. Mesolimbic reward pathway activated — nucleus accumbens fires 3. Dopamine triggers hypothalamic pro-erectile signals via oxytocin 4. Oxytocin & nitric oxide co-released to penile smooth muscle <p>Outcome: Heightened arousal, motivation & erection initiation</p>	<ol style="list-style-type: none"> 2. eNOS produces nitric oxide (NO) in penile vasculature 3. NO activates guanylyl cyclase to produce cGMP, relaxing smooth muscle 4. Corpus cavernosum fills with blood — penile engorgement <p>Outcome: Firmer, sustained erections via improved blood flow</p>
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<p>PATHWAY 05 Insulin Sensitivity & Metabolic ED</p> <ol style="list-style-type: none"> 1. Insulin resistance causes endothelial dysfunction & reduced NO 2. TA bioactives improve glucose uptake via GLUT-4 translocation 3. Reduced blood glucose lowers AGE formation, protecting nerve tissue 4. Restored vascular & neural signaling supports erectile response <p>Outcome: Reduced diabetic & metabolic-induced ED</p>	<p>PATHWAY 06 Free Testosterone via SHBG Inhibition</p> <ol style="list-style-type: none"> 1. Most testosterone is bound to SHBG — biologically inactive 2. TA quassinoids compete with testosterone for SHBG binding sites 3. Displaced testosterone becomes 'free T' — active fraction rises 4. Free T binds androgen receptors in genitalia, brain & muscle <p>Outcome: Amplified hormonal signal without increasing total testosterone</p>
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3. Will It Work for Your Type of ED?

Not all erectile dysfunction is the same. The probability of Tongkat Ali working varies significantly by ED type. The estimates below are based on aggregated consumer reviews (Trustpilot, Reddit, Amazon, TikTok, Quora) combined with peer-reviewed clinical data from 2010 to 2025.

ED TYPE	LIKELIHOOD	CONSUMER SENTIMENT	EXPERT VERDICT
Hypogonadal ED <i>Low testosterone / androgen deficiency</i>	75% High	Most positive reviews. Trustpilot & Reddit users with confirmed low-T report increased morning erections within 4-8 weeks. Standardized hot-water extract rated highest.	Best-supported use case. 2012 RCT (76 men): 90%+ normalized testosterone in one month. Dr. Ismail Thambi confirmed mild-to-moderate libido gains.
Stress-Induced ED <i>High cortisol / psychogenic origin</i>	68% High	Strongly positive. Reddit & Quora users report improved mood and desire within 4-6 weeks. Common thread: stress relief leading to erection confidence.	Well evidenced. Talbott 2013 RCT: cortisol fell ~16%, erection quality improved vs. placebo. Direct cortisol-to-ED link confirmed.
Age-Related ED (ADAM) <i>Androgen deficiency in aging males</i>	62% Moderate	Broadly positive among men 45+ on Trustpilot & Amazon — better energy, morning erections, libido. Some need 8-12 weeks. ~20% report no effect.	Clinically supported. Brazil 6-month RCT: erectile scores +15.2%, sexual satisfaction +29-34%, sexual desire +235% with exercise pairing.

ED TYPE	LIKELIHOOD	CONSUMER SENTIMENT	EXPERT VERDICT
Psychogenic ED <i>Performance anxiety, mild depression</i>	55% Moderate	Surprisingly positive on Quora & Reddit — reduced performance pressure and improved confidence after 4-6 weeks via dopamine/cortisol reset.	Indirect benefit. Reduces cortisol + boosts dopamine, easing anxiety. Best combined with lifestyle support and professional therapy.
Vascular ED <i>Atherosclerosis / poor blood flow</i>	48% Moderate	Mixed results. TikTok reviewers note modest gains only when paired with 3+ months aerobic training. TA alone insufficient for vascular cases.	Adjunct support only. TA may improve eNOS/NO pathway but cannot clear arterial plaque. Works alongside — not instead of — proven vascular treatment.
Diabetic / Metabolic ED <i>Insulin resistance, high blood sugar</i>	38% Low	Limited reports. Diabetic men on forums note partial libido improvement but persistent erection issues. Requires root-cause management first.	Possible adjunct. Animal studies show ~30% insulin sensitivity gain; robust human RCT data lacking. Blood sugar must be controlled first.
Endothelial Dysfunction ED <i>Severe vascular / nerve damage</i>	12% Very Low	Negative sentiment dominates. Amazon & Reddit users with documented endothelial conditions report no meaningful erection improvement from TA.	Not recommended as primary treatment. TA cannot repair endothelial damage. PDE5 inhibitors or medical intervention required.
Medication-Induced ED <i>SSRI / antidepressant side effects</i>	18% Very Low	Mostly negative. Reddit threads on SSRIs + TA report limited success. Possible drug interaction concerns noted by medical professionals.	High caution. Potential interactions with SSRIs and hormone-modulating medications. Always consult a physician before combining.

4. How to Use Tongkat Ali — The Optimal Protocol

4.1 Recommended Dosage

Clinical trials consistently use standardized hot-water extracts at the following doses:

GOAL	DAILY DOSE	TIMING
Libido boost (general)	200 mg/day	Morning with food
Hypogonadal / Low-T ED	400 mg/day	1 hour before exercise
Stress-induced ED	200-400 mg/day	Morning, consistently
Athletic performance	400 mg/day	1 hour pre-workout
Age-related / ADAM	200 mg/day	Morning, with exercise programme

4.2 When to Expect Results

Tongkat Ali is not a fast-acting drug. It works by gradually modulating your hormonal environment. Realistic timelines based on clinical data and consumer reports:

- Week 1–2: Improved energy, mood, and reduced fatigue
- Week 3–4: Increased sexual desire and motivation
- Week 4–8: Noticeable libido improvement and morning erections in most users
- Week 8–12: Measurable testosterone increase; improved erection quality
- Week 12–24: Full benefits in age-related and metabolic ED cases

IMPORTANT

Consistency is critical. Taking Tongkat Ali sporadically will not produce results. Commit to at least 8 consecutive weeks before evaluating effectiveness.

4.3 Cycling Protocol

While Tongkat Ali is considered safe for continuous use, many health practitioners recommend a cycling protocol to prevent potential receptor desensitisation:

- Standard cycle: 5 days on / 2 days off (weekend break)
- Alternative cycle: 8 weeks on / 1 week off
- Long-term users: 3 months on / 2 weeks off

Note: Cycling is not mandatory based on current clinical evidence, but many users report better sustained results with intermittent breaks.

5. Exercise Protocol — Maximise Results

Exercise is the single most powerful amplifier of Tongkat Ali's effects. Clinical studies consistently show that Tongkat Ali paired with regular exercise delivers significantly better outcomes than supplementation alone — including the Brazil 6-month RCT that showed a 235% increase in sexual desire in the exercise group.

5.1 Recommended Exercise Stack

EXERCISE TYPE	FREQUENCY	DURATION	BENEFIT
Resistance Training	2-3x / week	45-60 min	Raises LH, boosts testosterone synthesis
HIIT Sprints	2x / week	15-20 min	Spikes growth hormone, improves insulin sensitivity
5km Run / Cardio	2-3x / week	30-45 min	Improves blood flow, cardiovascular health, NO production
Swimming	1-2x / week	30-45 min	Full-body aerobic, improves V02 max, reduces cortisol
Walking (brisk)	Daily	30 min	Baseline cardiovascular support, cortisol management

5.2 The Optimal Tongkat Ali + Exercise Routine

For best libido and erection results, take Tongkat Ali 60 minutes before your workout session. This timing allows the active compounds to be absorbed into your bloodstream as your body's hormonal response to exercise begins, potentially amplifying both the testosterone spike from training and the sustained effect of the supplement.

WEEKLY EXAMPLE PROTOCOL

Mon: Resistance training + 400mg TA | Tue: 5km run + 400mg TA | Wed: Rest or brisk walk | Thu: HIIT + 400mg TA | Fri: Resistance training + 400mg TA | Sat: Swimming | Sun: Rest

6. Supplement Stacks & Natural Pairings

Tongkat Ali works well in combination with several other natural compounds that share complementary mechanisms. The following stacks are based on clinical evidence and widely reported consumer experiences.

6.1 Hormonal Support Stack

Best for: Hypogonadal ED, Age-related ED, general testosterone optimisation

SUPPLEMENT	DOSE	MECHANISM	SYNERGY WITH TA
Ashwagandha (KSM-66)	300-600 mg/day	Reduces cortisol, supports adrenal function	Dual cortisol suppression — amplifies TA's HPA regulation
Zinc	15-30 mg/day	Essential cofactor for testosterone synthesis	Supports Leydig cell function alongside TA's LH stimulation
Vitamin D3	2000-5000 IU/day	Steroid hormone precursor, raises free T	Complements TA's SHBG inhibition for higher free testosterone
Magnesium Glycinate	300-400 mg/day	Reduces SHBG, improves sleep quality	Synergistic SHBG reduction + sleep supports hormonal recovery
Boron	6-10 mg/day	Reduces SHBG, raises free testosterone & DHT	Powerful SHBG reduction amplifier — use cautiously

6.2 Blood Flow & Erection Quality Stack

Best for: Vascular ED, general erection firmness, nitric oxide support

- L-Citrulline (3-6g/day): Converts to L-Arginine in the body, directly boosting nitric oxide production — the same pathway TA stimulates via eNOS. Combining both creates a synergistic NO effect.
- Pine Bark Extract / Pycnogenol (100-200mg/day): Enhances eNOS activity and endothelial function, directly complementing TA's vascular pathway.
- Pomegranate Extract (500mg/day): Rich in punicalagins — potent antioxidants that protect nitric oxide from free radical degradation.
- Watermelon Juice (2-3 glasses): Natural source of citrulline. Easy daily addition to improve penile blood flow alongside TA supplementation.

6.3 Stress & Mood Stack

Best for: Stress-induced ED, psychogenic ED, performance anxiety

- Ashwagandha KSM-66 (300-600mg/day): Synergistic cortisol reduction — both Ashwagandha and TA reduce cortisol through complementary pathways (HPA and adrenal).
- L-Theanine (200mg/day): Promotes calm focus without sedation. Reduces performance anxiety and pairs well with TA's dopamine upregulation.
- Rhodiola Rosea (300-500mg/day): Adaptogen that reduces fatigue and burnout — useful for men whose ED is stress or work-related.
- Magnesium Glycinate (300-400mg/day): Improves sleep quality, critical for overnight testosterone production and cortisol clearance.

6.4 What to Avoid When Taking Tongkat Ali

TESTOSTERONE-SUPPRESSING FOODS & HABITS TO AVOID

The following are known to raise SHBG levels or suppress testosterone — counteracting TA's mechanisms. Reduce or eliminate these for best results.

- Excessive alcohol (>2 drinks/day): Directly suppresses testosterone synthesis and impairs Leydig cell function
- High soy consumption (phytoestrogens): May raise estrogen and SHBG, blunting TA's effect
- Excessive nut consumption, especially walnuts: Known to raise SHBG — counteracts TA's SHBG inhibition
- Chronic sleep deprivation (<6 hours): Reduces testosterone by up to 15% — undermines all supplementation
- Sedentary lifestyle: TA works best when combined with physical activity — exercise is non-negotiable
- Processed foods high in sugar: Promote insulin resistance, worsening metabolic ED
- Plastic food containers (BPA/phthalates): Endocrine disruptors that suppress sex hormone production

7. Dietary Recommendations

Diet directly influences the hormonal environment in which Tongkat Ali operates. The following foods support testosterone production, nitric oxide synthesis, and sexual health — reinforcing every one of the six pathways described in Section 2.

7.1 Testosterone-Supporting Foods

- Eggs (whole): Rich in cholesterol — the direct precursor to testosterone synthesis in Leydig cells
- Red meat (lean, grass-fed): High in zinc and saturated fats that support androgen production
- Oysters: Highest natural zinc content of any food — essential cofactor for testosterone
- Cruciferous vegetables (broccoli, cauliflower): Contain DIM (diindolylmethane), which helps clear excess estrogen
- Avocados: Rich in monounsaturated fats and vitamin E — both support testosterone production
- Pomegranate: Antioxidant-rich, clinically shown to increase testosterone levels and protect NO

7.2 Nitric Oxide & Blood Flow Foods

- Watermelon: High citrulline content — converts to arginine and directly boosts NO production
- Beetroot juice (200-300ml/day): Rich in dietary nitrates, clinically proven to raise NO levels
- Dark chocolate (>70% cocoa): Contains flavonoids that enhance eNOS activity
- Garlic: Allicin compound shown to improve blood flow and reduce blood pressure
- Leafy greens (spinach, rocket): High nitrate content for sustained NO production

8. Choosing the Right Tongkat Ali Extract for ED

Not all Tongkat Ali products are equal. Consumer reviews on Reddit, TikTok, and Amazon consistently reveal that product quality is the primary reason why some users report no effect. This section helps you identify a high-quality extract.

8.1 Extract Type Comparison

EXTRACT TYPE	BIOAVAILABILITY	CLINICAL EVIDENCE	RECOMMENDED?
Standardized Hot-Water Extract (Physta®)	Highest	26 human clinical trials	YES — Gold Standard
Standardized Ethanol Extract	Moderate	Limited human data	Caution — liver risk
Root Powder (raw)	Low	Minimal clinical data	Not recommended
Non-standardized extract	Variable / unpredictable	No reliable data	Avoid

8.2 Quality Checklist

When evaluating any Tongkat Ali product for ED, libido or men’s health, verify the following:

- Standardized extract — look for specified eurycomanone content (minimum 1-2%)
- Hot-water extraction method — not ethanol-based
- Third-party lab tested — Certificate of Analysis (COA) available
- Malaysian-sourced root — Indonesia may vary in potency due to soil differences
- Mature root stock — minimum 5+ year old plants for highest bioactive concentration
- No fillers, proprietary blends, or undisclosed ingredients
- Clearly stated dose per capsule — avoid "proprietary blends" with hidden quantities

9. Safety, Side Effects & Drug Interactions

Tongkat Ali has a well-established safety profile at clinically studied doses. The majority of reported side effects are mild and transient, typically occurring during the first 1-2 weeks of supplementation.

9.1 Common Side Effects (Mild, Transient)

- Insomnia or vivid dreams (rare) — take in the morning, not at night
- Mild irritability or restlessness (rare) — reduce dose to 200mg if this occurs
- Nausea (rare) — take with food to minimise
- Elevated energy / difficulty winding down (common) — normal adaptogenic response

9.2 Who Should NOT Take Tongkat Ali

CONTRAINDICATIONS

Tongkat Ali is NOT appropriate for everyone. Stop use and consult a doctor if you fall into any of the following categories.

- Men with hormone-sensitive cancers (prostate, testicular cancer)
- Men on testosterone replacement therapy (TRT) — may interact with hormonal balance
- Men on SSRIs, antidepressants, or hormone-modulating medications — interaction risk
- Men with liver or kidney disease — particularly ethanol-based extracts pose risk
- Men with cardiovascular conditions — consult cardiologist before use
- Men taking blood thinners or anticoagulants

9.3 Drug Interactions to Watch

Always inform your prescribing physician if you are considering Tongkat Ali alongside:

- SSRIs / SNRIs (antidepressants): Potential interaction via dopaminergic pathways
- Immunosuppressants: TA may stimulate immune activity, counteracting these drugs
- Diabetes medications: TA may lower blood sugar — risk of hypoglycaemia if not monitored
- Anti-hypertensives: Possible additive blood pressure effects via vascular pathways

10. Frequently Asked Questions

How long before I see results?

Most users report initial libido improvements within 3-4 weeks with some experiencing a stronger erection after 24 to 72 hours. Measurable testosterone increases and erection quality improvements typically require 8-12 consistent weeks. Age-related or metabolic cases may take up to 6 months.

Can I take it every day?

Yes. Clinical trials have used daily dosing for periods of 1-6 months without adverse events. A cycling protocol (5 days on / 2 off) is optional and preferred by some practitioners to maintain sensitivity.

Will it work if I have normal testosterone levels?

Users with low-to-normal testosterone (borderline range 300-450 ng/dL) often still see libido and erection improvements, primarily through SHBG inhibition increasing free testosterone and cortisol reduction. Users with clinically normal, high testosterone may see less pronounced hormonal effects but may still benefit from the dopaminergic and vascular pathways. Prolonged use at moderate doses paired with regular three-times a week exercises may ease blood flow and circulation to the penile area which may help improve morning erection. Some active adults may gain stronger erection after 30-60 minutes brisk walk or light running at moderate pace, whilst some may feel increased libido after moderate-to-heavy weight training.

Can women take Tongkat Ali?

Some research suggests women may benefit from TA for energy, mood, and libido — particularly post-menopausal women with low androgen levels. However, most clinical data is male-focused. Women should use lower doses (100-200mg/day) and consult a physician, particularly if pregnant or breastfeeding.

Is it better than prescription ED medication?

Tongkat Ali addresses root hormonal and vascular causes and is most appropriate for mild-to-moderate ED. Prescription PDE5 inhibitors (sildenafil, tadalafil) are faster-acting and more predictably effective for acute erection support. Tongkat Ali is best considered a long-term hormonal optimisation tool, not an immediate performance drug.

Why did it not work for me?

The most common reasons for non-response: (1) using a non-standardized or low-quality extract, (2) having the wrong ED type (see Section 3), (3) insufficient duration (<8 weeks), (4) not pairing with exercise, (5) testosterone-suppressing lifestyle factors such as poor sleep, alcohol, or chronic stress.

11. Medical Disclaimer

IMPORTANT MEDICAL DISCLAIMER — PLEASE READ CAREFULLY

This document is intended for educational and informational purposes only. It does not constitute medical advice, diagnosis, or treatment recommendations.

The information contained in this user guide is derived from publicly available peer-reviewed research, clinical trial data, and aggregated consumer experiences. Probability estimates are indicative only and are not derived from formal statistical modelling.

Tongkat Ali (*Eurycoma longifolia*) is a dietary supplement, not a pharmaceutical drug. It has not been evaluated or approved by the Food and Drug Administration (FDA), the Medicines and Healthcare products Regulatory Agency (MHRA), or equivalent regulatory bodies in other jurisdictions to diagnose, treat, cure, or prevent any disease — including erectile dysfunction.

What you should do before starting:

- Consult a licensed healthcare professional before beginning any supplement regimen, particularly if you have existing health conditions or take prescription medications
- Obtain a comprehensive blood panel including total testosterone, free testosterone, SHBG, LH, FSH, cortisol, and PSA before starting
- Disclose all supplements to your prescribing physician to rule out drug interactions
- Seek professional diagnosis for erectile dysfunction — it may signal underlying cardiovascular or metabolic conditions requiring medical attention

Sources & Clinical References

This guide draws on the following peer-reviewed publications and clinical sources:

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