3.2.2.3.2.1 Sexual enhancement approaches

Pfizer's Blue is a medication specifically for erectile dysfunction. It will do nothing for other aspects of good sexual function: libido (desire, arousal, excitement), orgasm, and ejaculation.

Erections and libido are interconnected, but they are also amazingly independent from each other. Erections are mostly a matter of the vascular system. When the parasympathetic nervous system is in control, blood flow is directed to internal functions such as digestion, as well as to reproductive availability (the facilitation of erections). Partially, this works through the regulation of the adrenergic system (epinephrine and norepinephrine, which, at the same time, work as hormones and neurotransmitters). Adrenergic impact usually causes vascular constriction (making erections impossible). Yohimbine is a peripheral alpha-2-adrenergic receptor blocker, which means that it prevents the adrenergic hormones' effects on alpha-2-adrenergic receptors, which are mainly located in the abdominal and genital areas. If the vasoconstrictive impulse of adrenergic hormones in the abdominal and genital areas is inhibited, erections happen with ease.

But in the human body, there are usually alternative avenues to achieve a desired effect. The efficacy pathway of Pfizer's Blue is very different from that of yohimbine.

Pfizer's Blue works on an enzymatic level. It suppresses the enzyme phosphodiesterase type 5 (PDE5), which naturally occurs in erectile tissue. Phosphodiesterase type 5 (PDE5) breaks down the body chemical known as cyclic GMP. Cyclic GMP is produced during arousal and causes muscular and vascular changes, which lead to an erection. Men who don't produce a sufficient amount of cyclic GMP will have problems achieving an erection, and men with high levels of the enzyme phosphodiesterase type 5 (PDE5) will have problems maintaining one. In both cases, Pfizer's Blue provides a solution by keeping phosphodiesterase type 5 in check.

This has little to do with libido (desire, arousal, and excitement), orgasm, and ejaculation.

Libido is to a certain extend, dependent on testosterone, kept in a fine balance with a number of other hormones. When testosterone is

elevated, sexual fantasies are more daring, and they occur at a higher frequency.

The most dramatic effect of elevating testosterone is seen in men who have clinically low testosterone levels, caused by non-functioning testes or pituitary tumors.

However, in men in whom impotence is caused by problems of the vascular system in the genital area, and not by endocrine insufficiencies, a phosphodiesterase type 5 inhibitor will work much better than testosterone therapy.

But the diagnosis of impotence is usually obscured by the fact that there is a parallel decline of a number of bodily functions. For example, men with vascular problems may also have low testosterone levels. While declining testosterone levels may play a role in declining health, it is not that low testosterone levels are the direct cause of vascular problems in the male genitals. The two syndromes just tend to emerge at around the same time.

A lack of capability to achieve an erection, or generally weak erections, are the symptoms by which the affected male usually defines impotence. Which is why “erectile dysfunction” is a more precise term for the condition he primarily wants ameliorated.

Pfizer’s Blue can take care of the erectile dysfunction. While men on phosphodiesterase inhibitors can have erections all right, sex still is not the same as it was in their 20’s. They become aware of the fact that their libido, too, isn’t what it used to be.

Working on one’s testosterone levels can have a distinct positive effect on libido, but not all possible methods work equally well. My own experience with direct testosterone replacement therapy (Andriol, Proviron) as well as an indirect approach via the hypothalamus and pituitary glands (clomiphene, anastrozole) is that it is hard indeed to differentiate whether all of this does any good.

The connection between testosterone and libido is also not as obvious as the one between phosphodiesterase inhibitors and erections. It’s not that one could just apply some testosterone (as gel, patch, or injection) or take a medication that activates

testosterone synthesis, and an hour later, one would be ready with heightened libido. If you do take medications to elevate testosterone levels, you can never be quite sure whether and when an effect will kick in. On a regular regimen of testosterone elevation, there may be situations, randomly occurring, when sexual fantasies will, rather suddenly, occupy one's mind.

I do not doubt that elevating testosterone has an anabolic effect. Proviron (toxic to the liver) and tongkat ali can make for quicker muscle gains during a weight exercise program, and help with body fat control. And for men grossly deficient in testosterone (hypogonadism), rectifying testosterone supply can be a great help for sexual function. But as a treatment for standard, age-related impotence, or for plain sexual enhancement, just supplying the body directly with testosterone (e.g. with testosterone patches) has practically no value.

Try another approach.

Libido is a mental and neural affair. And while hormones such as testosterone do work on the frame of mind for sex, we have to be aware that evolution has designed humans as an animal species that is primarily guided by sensual input (mainly sights and sounds) and the cognitive processing of this sensual input.

Which is why the right kind of cognitive processing has the greatest potential to positively affect libido. That sounds like a job for a psychologist. But going to the shrink may not be the right move. The function of psychologists in modern society is to make us good members of this society, so that we won't cause any problem, neither to public security, nor to the public health system. It's not their aim to make us ready to pursue the ultimate sexual experience, as this may, when multiplied by hundreds or thousands of men, result in all kinds of social and public health problems. The shrink will condition you to be a monogamous family man, not a wild playboy.

I guess that most of us have clear evidence from own experience on how the right sensual input and the right cognitive processing work wonders on libido. Usually, new sensual signals are more powerful than repeat signals. Which is why our libido usually is stronger when with a new partner. Also, forbidden sensual input, and cognitive

awareness that it is forbidden, have a stronger impact on libido than sanctioned or routine sensual input. Which is why, so often, boredom rules conjugal bedrooms.

Need an example for the libido power of cognitive processing? Take jealousy. It's all just perceptions. No medication, no therapy needed.

If your wife loves, or makes love with, another man, your blood will rage, and you will want to establish your rights by sexual penetration. Just imagine how she goes along in bed with her lover, and your ears will feel hot, and your loins ready.

Because jealousy has such a profound effect on libido, and because heightened libido is such a gratifying state of mind, I have been working for years on my own personal strategy of supplying just the right amount of jealousy to my daily love life. This, of course, requires a special kind of relationship. It's not sufficient that my partners give me reason to be jealous by having, or having had, relationships with other men. I must also first perceive a particular partner as my property. Which means that I will have to invest in her, mentally and probably also economically.

But then, I would not want to do so with just any girl with whom I may have casual sexual intercourse. I also have to be free from other close personal relationships. If I do want to harvest the positive effects of well-dosed jealousy, the person who makes me jealous will have to be the main focus of my love life. Which, in turn, is why it is difficult to be made jealous by more than one woman at a particular period of time.

Jealousy is strong medicine. It can raise libido to previously unknown levels. It's great for sexual enhancement. If only we were able to control its supply to our minds in the same way as we can control the supply of erection medications to our bodies.

Close your eyes and imagine your wife loving, and making love with, another man. Don't feel anything? The point is, you can't deceit your cognitive apparatus. Your mind cannot be aware of a perceived unfaithfulness of your wife just because you willfully want to perceive it. It won't work. It will have to be real. And when it's real, then too, it can be out of control.

Isn’t there a simpler method? A pill to swallow for better libido.

You could try Dostinex (generic name: cabergoline). Or, in a broader sense: dopamine agonists. But don’t expect too much.

Dostinex is a new drug. But dopamine agonists have been around for many decades, and their pro-libido effect is well established. Apart from cabergoline, the assortment of dopamine agonists includes bromocriptine, pergolide, pramipexole, lisuride, apomorphine, and a few more. Actually, apomorphine (brand name: Uprima) is sold in Europe as a medication for erectile dysfunction.

But it’s wrong marketing. Dopamine agonists don’t work for erections as reliably as phosphodiesterase inhibitors. They work on libido. Therefore, Uprima typically is a disappointment for men whose problems are primarily vascular. I assume that Uprima is sold as a medication for erectile dysfunction mainly because erectile dysfunction meanwhile is an accepted medical condition, while low libido is not.

I have been using dopamine agonists for sexual enhancement for several years. And not only dopamine agonists.

To summarize my observation: while Pfizer’s Blue and yohimbine work on erections, and while elevating testosterone levels has an effect only when I do it with tongkat ali extract, some dopamine agonists can be used, on a limited scale, for enhancing libido and orgasm.

Because dopamine agonists (including tongkat ali) suppress the hormone prolactin, which in turn suppresses testosterone, dopamine agonists can, in people with elevated prolactin levels, function in the same way as a testosterone replacement therapy would. This most clearly happens in patients with pituitary cancer, which typically expresses itself in strongly elevated prolactin levels. Those afflicted by the disease have very low testosterone levels. Thus, for them, Dostinex and other dopaminergic agents work as hormonal therapy. The hormonal effects of Dostinex (cabergoline) are less extreme in healthy subjects.

Dopamine agonists not only strongly support libido; they also tend to enhance orgasm and make for a stronger ejaculation.

But dopamine agonists have their downsides. All the older ones can cause bad nausea.