3.2.2.3.2.10 Dostinex – another anti-prolactin ergot derivate

Dostinex (cabergoline by generic name) is a comparatively new medication used in the treatment of Parkinson's disease and prolactinomas (tumors of the pituitary gland). Because another medication used for the treatment of the same conditions, bromocriptine, can have a sexuality-enhancing effect if properly used, I imagined that Dostinex would work in the same direction.

Cabergoline is a medication based on ergot alkaloids. Ergot, of course, is the fungal disease of rye and other grasses, and a potent neurotoxin. Ergot alkaloids heavily interfere with neurotransmitter activity. Probably the best-known ergot derivate is LSD, which strongly messes with the neurotransmitter serotonin.

There are a good number of ergot alkaloids that are used in conventional medicine. Usually, these medications are developed for their dopaminergic capabilities. Such medications are needed to treat the severe deficiency of the neurotransmitter dopamine that leads to Parkinson's.

The ergot alkaloid bromocriptine can be used for its sexuality enhancing properties. Actuality, of all substances I have tested on myself for their sexuality-enhancing properties, bromocriptine is among the few for which I can attest some, albeit limited effectiveness. However, bromocriptine has to be taken in a specific manner to avoid the nausea that otherwise overshadows its sexuality-enhancing properties.

It's the pharmaceutical similarity to bromocriptine, which makes Dostinex such an interesting substance. Of all dopaminergic medications used for the treatment of Parkinson's, Dostinex resembles bromocriptine the most, with its double action of enhancing dopamine levels and inhibiting the secretion of the hormone prolactin from the anterior pituitary gland.

This dual action could be crucial to sexual enhancement. Prolactin, the hormone, which has been named for its function of inducing lactation in women, directly interferes with sex drive in both women

and men. It controls to a certain extend the secretion of gonadotropin, the hormone which, one step further down the chain, controls the secretion of testosterone in both men and women.

Regardless of which hormonal constellation in this sequence is responsible for a lowered sex drive, the reversal of the sequence through drugs like bromocriptine theoretically supports sexual desire.

As sexuality is the main source of happiness for practically all forms of higher living, including man, and as utmost sexual satisfaction can only be experience as a sequence to sexual desire, it is a logical quest to provide ourselves with a better long-term hormonal profile than intended for by our genetic blueprints. Anti-sexual changes of our hormonal levels as a consequence of the aging process is an unacceptable provision, which nature, our enemy, has designed in order to install the specific generation turnover rate of humans (20 to 30 years).

Increasing prolactin levels and, at the same time, decreasing testosterone levels are two inter-linked causes why aging men don't have as much sex drive as younger men, why they don't have orgasms as powerful as they used to have, and why they don't get as much pleasure out of their sex lives as when they were in their 20's.

To interfere with this chain of events isn't easy. Testosterone supplementation often doesn't do the trick. Each person's body has its own genetically set ideas what the person's age-appropriate testosterone levels ought to be. Supplying additional testosterone will, in healthy subjects, just provoke the body to down-regulate its own testosterone production, as well as to initiate other measures by which the testosterone balance returns to the aforementioned genetically set levels.

Willfully oversupplying testosterone, or supplementing with synthetic steroids is usually useless, at least for men. Women, if they don't mind the androgenic side effects (increased muscle buildup), may be able to increase desire and orgasmic capacity through both testosterone and synthetic steroid supplementation.

But for men, forcing testosterone levels beyond the genetic set

points through the supplementation with synthetic steroids, has some very counterproductive side effects. It will, for example, result in shrinkage of the male organ, as well as in problems to achieve an erection.

My own experimentation with the supplementation of testosterone (Andriol capsules) had no measurable effect on sexual desire at all, not immediate and not long-term.

There is are enormous number of compounds, both herbal and synthetic, which can kill sex drive and interfere with sexual performance. There are also a good number of products, both herbal and synthetic, which are sold with the promise that they help to overcome a lack of sexual desire or so-called erectile dysfunction.

I have been writing about pharmacological sexual enhancement for years, and I take the matter seriously. I have tried almost everything that is available under the sun, whether from below (ginseng) or above (ginkgo) the grass line, and both natural and synthetic (such as sildenafil citrate).

While Pfizer's Blue works for erections, I feel that it alone does not provide any kick in the desire or orgasm departments.

The best option for better sex is still tongkat ali. It does raise testosterone levels, as has been shown in numerous animal and human studies, and by raising testosterone also lowers prolactin. This in turn allows more dopamine impact on libido.

And unlike dopaminergics, tongkat ali is practically free of negative side effects.

And it has a long history as an aphrodisiac in Malaysia and Indonesia. If you do buy some, just make sure you do not fall for any of the widespread tongkat ali scams.