

3.2.2.3.2.18 How to take lisuride for sexual enhancement

The reader quoted in part 1 of this lisuride series mentioned that he used domperidone (doesn't that sound like a brand of champagne) to counter the nausea caused by the lisuride:

“To offset the nausea, one can take some domperidone ahead of time. Domperidone is available in Europe but not the US. It is sold as an anti-emetic; it works by blocking peripheral dopamine receptors (but not blocking the central ones that are responsible for the sexual effects). I got some over the counter in Holland.”

I disagree with his judgment on domperidone. In my own experiments, the domperidone has always countered the sexual effect of dopamine agonists, but never fully suppressed the nausea.

The trick with all dopaminergic agents that are a frontline treatment for Parkinson's disease is to take the with a generous amount of food. Package inserts usually mention that these medications should be taken with food, but usually do not sufficiently emphasize this.

Frontline treatments for Parkinson's disease are drugs such as bromocriptine, lisuride, apomorphine, and L-dopa, all of which I have tried for sexual enhancement, and all of which work to that end.

All of them cause a bad nausea when not taken with food, and are tolerable from the nausea perspective when taken with food. They all enhance sexual parameters in a similar manner, in the brain.

However, if one's sexual dysfunction (or age-related weakness) is rather vascular, they won't do much good. But together with sildenafil citrate or another phosphodiesterase inhibitor, they are powerful tools for sexual enhancement, or as a solution for sexual dysfunction in men. The dopamine agonists enhance desire, while the phosphodiesterase inhibitor delivers the erection.

Because nausea is a problem for many who ingest dopamine agonists for sexual function, especially when not taken with enough food, some people may feel inclined to try other dopaminergic drugs which are less efficient as Parkinson's medications.

I myself have tested the MAO-B inhibitors deprenyl. But for me, deprenyl is too similar to amphetamine. It makes me only hyperactive, not hyper-sexed. And like amphetamine, it causes a shrinkage and a loss of the sense of touch in the male organ.

I tried amineptine (Survector), an anti-depressant that works by enhancing dopamine levels. Though it makes me feel OK, I don't get a sexual kick out of it.