

### 3.2.2.3.2.4 Prolactin, the multiple culprit

This article builds on the scientific hypothesis (or, for the less scientifically minded, the assumption) that the hormone prolactin is a multiple culprit.

Obviously, prolactin also has its useful sides. As its name indicates, it is essential to initiate and maintain lactation in women who are about to give birth, or have been given birth. It also stimulates the secretion of progesterone, which has, as this hormone's name indicates, an important function in gestation.

Other effects of prolactin are less useful to modern man (which, grammatically and linguistically correct, includes the females of the species). I am referring to prolactin's power to down-regulate the effect of several other important hormones (especially testosterone), as well as some neurotransmitters (such as dopamine).

Prolactin is the ultimate sex drive killer. Women who have given birth, and men who have been the sexual partners of such women, know that a woman's sex drive can almost completely disappear for some time after having given birth and as long as breast-feeding is maintained.

And it is no secret to the medical community that the sex drive of men and women who suffer from a prolactinoma (cancer of the pituitary gland that causes gravely increased output of the hormone prolactin) is practically nil.

While only a certain percentage of all people suffer from prolactinomas, there is a clear tendency for almost everybody to have gradually increased levels of prolactin levels as one progresses in age. As is determined by our evolutionary development, it is best for the human species in its fight for survival (against other species) when species members of the age between puberty and, let's say, 30 are those who normally produce offspring.

Therefore, it should come to no surprise if physiological traits have developed over time which assure that younger members of the species are biologically better positioned to produce offspring than the older generation. Increased prolactin levels as we age certainly are one mechanism that works to this effect.

But what is best for mankind is not best for each and every individual. By means of genetic make-up, we, as individuals, are designed to vacate the surface of this planet when we have reached an age of, normally, less than 100 years. Crocodiles and parrots, and especially turtles, live much longer, up to hundreds of years, and some trees make it well beyond 1000 if they aren't murdered by man.

There is no logical reason why we should not imagine to live for thousands of years, once we have defeated mischievous mother nature, who, among other tricks, uses prolactin levels, which increase with age, to make sure that we don't compete with younger generations for the right and pleasure to have sexual intercourse. Prolactin's role, apart from initiating and maintaining lactation, clearly is one of down-regulating sexual instinct.

It doesn't do so only by interfering with testosterone. High prolactin levels are also reversely related to our sense of well-being, or directly related to depression. There is a correlation between sufficiently high testosterone levels and sufficiently high levels of the neurotransmitters dopamine.

When in the US, Andrea Yates murdered her children, the term "post-partum depression" became a household word. Her irrational behavior was linked to this condition. Post-partum depression is not uncommon, though it doesn't usually lead to infanticide. And it develops parallel to increased prolactin levels, necessary to initiate and maintain lactation.

I have mentioned initially that this article is based on the scientific hypothesis, or the assumption, that prolactin is a multiple culprit in age-related sexual dysfunction. I am not preaching this theory as the final truth.

However, in order to progress with cognition, we will have to proceed

through hypotheses. Hypotheses are based on circumstantial evidence. And there is plenty of circumstantial evidence that indeed, prolactin regulation is the key to many conditions of sexual dysfunction.

Strong circumstantial evidence also is provided from the use, and experimentation, with medications that effect prolactin levels. Lowering prolactin levels is commonly achieved with dopaminergic medications, used in the treatment of Parkinson's. Some of these medications, such as lisuride, cabergoline, bromocriptine, and L-dopa have the reputation to be useful for sexual enhancement.

I have tried some of these, and I definitely cannot recommend them for casual use. Some of them make healthy people feel terribly nauseated.

Probably the most gentle way to reduce high prolactin levels in men and women is via tongkat ali.

Tongkat ali (*Eurycoma longifolia* by scientific name) has been shown in several scientific studies to lower prolactin. Everybody can search for such studies via: [scholar.google.com](http://scholar.google.com)

Tongkat ali prolactin-lowering effect, of course, is a direct result of tongkat ali's capability to increase testosterone. Testosterone and prolactin are reversely correlated. When one is up, the other is down.

After years of experimenting, I now think that very short cycles of tongkat ali usage (3 days on, 2 days off) work best for most people.

The aim should be to throw a permanently high prolactin level or permanently low testosterone level off balance.

What a human body considers an age-related testosterone and prolactin homeostasis is genetically set. For practically everybody, the bias is towards testosterone in his or her youth, and towards prolactin at a later age.

It is unlikely that any medication or herbal will tilt this balance permanently. Even the most powerful Parkinson's medications work well just a few months.

What we can achieve, though, is to disturb the balance of sluggishness. Then we can have high testosterone levels, and low prolactin levels at least sometimes.

And during these episodes of low prolactin, we can have the most satisfying sexual experiences of our lifetimes.

Prolactin levels may return to their high baseline the next day, or even after a few hours. This does not matter. Because the memory of an extraordinary, really satisfying sexual experience can give happiness many days or even weeks.

When one selects tongkat ali as a route to control high prolactin levels, one should be aware of the following: when tongkat ali consumption increases testosterone, the body will answer with synthesizing more prolactin. In some individuals, this effect will set in rather quickly, so that they may not even feel the elevated testosterone.

But when the tongkat ali is all of a sudden withdrawn, that same body (actually the pituitary gland) will notice too high prolactin, and reduce production.

In such a therapy, the body will likely overshoot targets. Whether during on cycles or off cycles, there will be prolactin peaks and prolactin valleys.

During these tongkat ali-induced prolactin valleys, this is when we can experience orgasms as they would otherwise not be possible (and many female users have their first orgasms ever). For some two third of users, these orgasmic events happen during short, 3-day on-cycles. For about one third of tongkat ali users, the prolactin lows occur during off cycles, as a response to the tongkat ali withdrawal, when the pituitary also radically cuts prolactin synthesis.

Even if this radical prolactin low happens only once or twice a month, a few occasions of the best sex ever have a more positive effect on our well-being than boring sex every night.