

3.2.2.3.3 Personal experience with enhancing testosterone as treatment of sexual dysfunction

I am sure that a healthy man at any age can enhance testosterone. I am not sure that it will do much for his libido and sexual function.

I have tried a good number of hormonal supplements, and, based on my own experience and the scientific studies of others, I would say that it's not the way to go for sexual enhancement. While the dopamine route is not perfect either, medications such as bromocriptine at least have a measurable effect on sexual parameters (if they are applied in the correct manner).

And then there always is yohimbe (or yohimbine, the extracted pharmaceutical), and Pfizer's Blue. Both work. Period.

I haven't had any pro-sexual effect from testosterone undecanoate (Andriol capsules). To the contrary, the supplemental Andriol has probably weakened my own testosterone production. Testosterone supplementation really only makes sense if the body can no longer be enticed to produce own testosterone.

I have taken DHEA for years. Sites that want to sell DHEA will usually include a statement in their sales pitches that DHEA enhances libido or sexual function. I don't think DHEA is counter-effective. But from the perspective of sexual enhancement, it's probably just a strong placebo.

For the whole concept of it, I believe that matters other than supplying hormones or precursors should be emphasized. All hormone supplementation, with Testosterone undecanoate, DHEA or pregnenolone, has not shown to enhance the sexuality of basically healthy men. And enhancing sexuality would be my primary aim anyway.

On the other hand, a combination of clomiphene citrate (Clomid) and anastrozole (Arimidex) results in a character modification that I judge to be testosterone-driven.

The clomiphene citrate stimulates the hypothalamus in a manner

that, several steps downwards, results in higher testosterone levels. Anastrozole avoids the conversion of testosterone into estradiol.

I have also experimented with tribulus terrestris and tongkat ali, both herbs that is said to increase testosterone levels on a pathway similar to clomiphene citrate.

Especially the tongkat ali has an effect similar to the combination of clomiphene citrate and anastrozole: a testosterone-driven character modification.

In both cases, I feel the testosterone by becoming aggressive more easily. Upon being provoked (for example in road traffic) I could spend minutes on imagining how I would maltreat a fellow driver who obstructed my path. I'd cut his ears, shoot his kneecaps, smash his balls, and drown him in a bathtub of human excrements.

But do I want to become more aggressive? Not really. I'm on the search for real great sex. I'm not a boxer or race driver, both of whom probably need aggressiveness to increase their chances of winning. Nor am I a body builder who would benefit from the anabolic component of an increased testosterone level.

Sadly enough, the character modification I had in mind (a general enhancement of libido and sexual performance) did not occur on any testosterone enhancement schedule.

I, for myself, have to make sense of my personal experience with testosterone-enhancing medications, especially when comparing them with scientific information on the same topic.

My current hypothesis (not a theory I would have invented myself) is that in the hormonal system, testosterone levels are not the crucial factor for enhanced libido and sexual performance. You probably have to have the appropriate receptor sites for the pro-sexual effect of testosterone, and the receptor sites have to be activated.

Apart from trying to be a good lay man, I'm also a layman. And like most laymen studying the endocrine system, I have initially strongly focused on hormones, and neglected the importance of receptors.

However, hormones exert their effects not just on tissue of any kind but only on tissue that has a chemical surface which is receptive to the hormone.

I assume that the effects of testosterone on libido and sexual performance are strongly correlated to certain receptor tissue in the brain (for the libido) and the reproductive organ (for erections). If you want to enhance, you will have to enhance both, hormones and receptor tissue.

Let's compare this to a concert ensemble. To start with, I have 4 musicians. That's ok for playing some famous Mozart melodies. But if I want to play a Beethoven symphony, I will have to upgrade. How?

By hiring more musicians? Of course. But if they don't have any instruments to play, they just stand around.

It's just the same as with testosterone.

Sexual intercourse is a concert. The musicians are the testosterone, and the musical instruments are the receptor sites.

All is set and running at the concert hall. They play Mozart melodies. If I take away the musicians, there will be silence (if I totally inhibit testosterone, no sex will happen, and my libido is dead).

However, such an experiment is no proof that liberally sending more musicians onto the stage will make for a full orchestra, capable of presenting that Beethoven symphony. I have to supply the additional violins, drums, and trumpets as well.

But enhancing testosterone (by supplying it exogenously, or by stimulating the hypothalamus, or by inhibiting aromatase) is just like sending empty-handed musicians onto the stage. They can't do much if you don't supply the musical instruments.

On the same level, testosterone can only have a pro-libido and pro-sexual-performance effect if there are specific tissue receptors where it can dock on. On other tissue, testosterone has no effect.

As far as I understand it, I (and probably most other men) don't suffer

from a lack of aggression receptor sites that can be influenced by increasing testosterone. With testosterone receptor sites for sexual prowess, however, I seem to have a number of receptor sites that largely correlates to my own testosterone production.

For a sexual effect from enhancing testosterone, both would have to be increased: testosterone AND receptor sites. Sadly enough, I have not come across any medication that claims to increase the number of sexual testosterone receptor sites.