

3.2.2.3.7.10 DHEA - more hype than substance

When in the early nineties, US regulations regarding the sale of nutritional supplements were eased and alleged benefits could be claimed without having to be proven, DHEA was one of the first "wonder drugs" to hit the market.

Wild claims were made about its positive effects, and among the touted wide benefits of supplementing the hormone was nothing less than a general rejuvenation.

Because at that time, the American public had, for several decades, not been exposed to aggressive quackery, many people were easily deceived, and DHEA in many cases had a great placebo effect. It did on me. But I am more critical by now.

To start with, I do not doubt that the hormone DHEA has an important role in the human body. For example, if we completely inhibit DHEA synthesis, a wide range of unwanted conditions occurs in our bodies.

Sure, DHEA has many, many important functions. It may even be true that there is an age-related decline in the plasma levels of this hormone, and that this age-related decline is accompanied by a general decline in our functionality. But, please take note: that a general decline in functionality is accompanied by an age-related decline in DHEA plasma levels does not yet prove that the decline in functionality is caused by the decline in DHEA plasma levels. The decline of DHEA levels and our general functionality occur together, and they are both related to aging. But there are thousands of other aspects, which are also related to aging, and they do not disappear by just correcting the age-related decline of DHEA plasma levels.

And that DHEA has many useful functions does not mean that by just supplying more DHEA, all of these functions would be improved.

During the mid-nineties, I have taken DHEA for more than a year. I assume that this had a positive effect, not because the DHEA in itself would have done much, but because after reading exiting coverage on the supplement in Time or Newsweek, I was so convinced that it would have a positive effect. The DHEA perception, of that I am now sure, was more effective a medicine than the DHEA itself.

For philosophical reasons, my interest is primarily in sexual enhancement. That DHEA enhances sexuality is one of the strongest arguments of those who sell it. Better sex is the essence of better health. If there indeed is a way to enhance sexual pleasure and performance, who would not want to spare a few bucks?

I became critical of DHEA after I had experienced drugs that really work to that end: cabergoline, tongkat ali, yohimbine, sildenafil, bromocriptine, and a few lesser members of this family.

I have stopped taking DHEA, with no ill effect on my sex life, or my body composition, or my mood in general. The positive effects I would have ascribed previously to DHEA were all in my mind. When I had a great time while using DHEA, I did so because I was convinced that I should have a great time, having ingested DHEA.

I never had real proof of DHEA's effect, and nor do those who still tout it. The effect is supposed to be subtle, developing over a prolonged period of use. Nothing dramatic, they say, just turning back the time a few years.

But with yohimbine, or tongkat ali, or sildenafil citrate, or bromocriptine, I don't have to wait for subtle effects. The effects clearly manifest themselves after a few hours, and they are very measurable: erection firmness, erection duration, ejaculatory force, multiple orgasms.

I tried DHEA before I engaged in serious research on sexual enhancement medications. I have since tried on myself practically every substance that has been reported to have a positive effect on sexual function or sexual satisfaction. There have been many more placebos. Nevertheless, I have been able to engineer for myself a degree of sexual functionality that is much better than it was in the mid-nineties, even though I am now 10 years older.