

3.2.2.4 Engineering optimal sexual function

3.2.2.4.0.1 Impotence or erectile dysfunction

Impotence is now medically referred to as erectile dysfunction. But impotence is more than just erectile dysfunction. It is lost maleness.

Impotence is a condition much more complicated than most diseases. Many diseases are single-cause conditions.

A specific virus causes the flu or hepatitis, and specific bacteria cause tuberculosis. Many other conditions are, by and large, single-symptom diseases. A broken bone, a cataract of the eye, or the shingles are easy to diagnose. There are clear symptoms that usually apply to just that health problem. Erectile dysfunction cannot be defined like this.

While “erectile dysfunction” has become the term of choice among doctors and educated patients, it’s probably less accurate a description of what’s wrong than the old word “impotence”. “Erectile dysfunction” is a technical term, and it sounds much less embarrassing than “impotence”.

But the general idea of lost maleness carried by the word “impotence” actually describes more precisely the implication of the condition discussed here. Impotence is more than just erectile dysfunction... it may or may not be a blood-vessel insufficiency. But it may also be a loss of desire regulated by a certain neurotransmitter balance. It may have hormonal or psychological causes, or it may be a problem of sympathetic and parasympathetic nerve impulses. Erectile dysfunction, a lack of erection, is just a part of the condition impotence. Assuring an appropriate blood pressure in the male sexual organ does not solve the problem. That’s why erection injections and erection pumps (see youtube, <https://www.youtube.com/watch?v=Sxvev8gXDUA&hd=1>) are not satisfactory by themselves. An erection without desire is a waste of effort (and money), and desire without the capability of a definite orgasm results in frustration rather than satisfaction.

3.2.2.4.0.2 The metaphysical relevance of sexual enhancement

Sexual enhancement is one of the most important topics in the world. It has to do with much more than erectile function and proper orgasms. Sexual enhancement has a clear metaphysical dimension because it puts us physically into a position to experience more sex and more exciting sex.

Lower animals get by just fine being driven by their instincts for survival and reproduction. The more we humans develop consciousness, the more we question “Why do we live?” and “What is death?”

Cognition is closely related to consciousness. While self-consciousness is just a state of having some ideas about oneself, self-cognition is to have correct ideas about oneself.

Religious lunatics do have self-consciousness; they clearly have some reflective ideas about themselves, and their positions in the universe. But they are objectively wrong. In as much as we now know that all religions are just inventions, and in as much as we are aware that we all are just the results of biological evolution, we have evolved enormously over the past few hundred years.

And our advanced cognitive capabilities teach us one thing: reproductive behavior (or, more clearly: having sex) is the only meaningful endeavor we can pursue, or the only thing that provides philosophical “meaning” in life as it is the only activity that is synchronized with evolution. Religions, ethics, and morals are all delusions.

3.2.2.4.0.3 Modulating brain chemistry

No matter how complex a pattern of thought or emotion, it is chemically encoded in the human brain in a manner specific to that thought or emotion. Brain chemistry determines whether a thought or emotion is associated with pleasure, fear, or sexual excitement.

No matter how complex our character, it is but the expression of specific biochemical constellations in our brains. The idea is tempting to modify one's character through chemical interference with the brain.

Some character-modifying drugs are famous. Prozac, for example. Too bad that the modification I have in mind is not one of being more contented with the status quo.

I'm a competitive personality, and I would like to re-create myself as an extremely sexuality-driven character.

There is no value in anything else than the sensual self-dissolution that is achievable only in sexuality. If my sexuality were lost, I could as well commit suicide. Though many a young and completely non-philosophical character may feel the same way, I believe my judgments rest on a sound philosophical base.

I don't think I'm fitted any better than other men for a lifestyle for which indeed I have decided by means of reason (which anyway is but a neurochemical constellation of my mind; with the difference maybe that philosophical thought molecules probably are better organized than molecules in general).

I lack in humbleness. I'd like my life to be an orgiastic fest. But I, and other people, have not been created for this. As we age, all of us do or will experience sexual dysfunction to a certain degree.

Previously, this was considered a normal development in life. Now it finds the attention of the medical profession and the pharmaceutical industry, and is defined as a condition. I am grateful for this, because it delivers the substances needed for the kind of pharmacological intervention a.k.a. sexual enhancement.

If it were available, I'd like to have some genetic engineering done on myself. To be re-engineered in a manner that allows me to enjoy the sexuality of a 20-year-old for 200 years, or, why not, 2000 years. I am convinced that science will advance to a stage where this will be possible .

Too bad that I won't be around to enjoy the fiesta. But in spite of the fact that I have a clear vision of what science will achieve, I am, for the moment, occupied with the comparatively mean task of reacquiring my 20-years-old sexuality just a few years later.

As genetic re-engineering is not yet available, the only means for changing the chemistry of my character are pharmacological.

I've tried almost everything that is marketed as prescription or over-the-counter drug and sounded promising enough in terms of character modification. I have tried many herbs and other health supplements and was disappointed by most.

The pharmacological substances I have tried are of mainly two categories. Neurotransmitter modulators and hormonal modulators. Neurotransmitter modulators with a reputation to enhance libido are usually of the kind that enhance dopamine function. Practically all pharmaceuticals in the treatment of Parkinson's disease, and a single herbal, *mucuna pruriens*, do this (but they do not all enhance libido).

It is much easier to attest to the effectiveness of neurotransmitter modulators than to the effectiveness of hormonal modulators.

Neurotransmitter modulators produce a direct effect, which sets in between half an hour and one hour after they have been ingested orally.

Some have a definite effect such as bromocriptine, and, if taken properly, the effect does have a sexual component.

The problem is that if you don't know how to take dopaminergics correctly, and even more so if you don't know which ones to choose, you will likely be too nauseated to enjoy the dopaminergic benefits. You can get rid of much of the nausea, but even then you will still be aware of the fact that you have taken a neurological agent.

Apart from the fact that they are mostly short-acting drugs, there is another disadvantage with all neurotransmitter modulators used as Parkinson's disease treatments: their effect wears off.

For patients with Parkinson's disease, it means death. For those who take neurotransmitter modulators for sexual enhancement, it's just a disappointment.

Neurotransmitter modulators are inferior to changes in a man's hormonal profile. The following may happen if hormonal sexual enhancement is done right: stronger sexual fantasies, flashes of desire, and over time an improvement of sexual function.

The options for hormonal sexual enhancement include testosterone patches, testosterone injections, synthetic steroids, and maybe tongkat ali (a herbal medication with a reputation to increase testosterone levels).

3.2.2.4.0.4 Neuropharmacological help

One could consider any state of mind that is not sheer bliss an imbalance, or a neurological deficiency, or an outright illness.

Nature and evolution have, through natural selection, tricked mankind into being unhappy because unhappy subjects strive harder. So, most people genetically are descendants of unhappy winners.

Sooner or later, genetic engineering and neuroscience will correct nature. Maybe humans in the fourth millennium will be born with a genetic guarantee for a happy life, no matter what the conditions they actually live in will be.

Before that time, neurosurgery may do a good job to correct chronic unhappiness by cutting short the firing lines of some neural circuits. But certainly not by just drilling holes into the brains of unhappy people, as was done with lobotomies in the 1950s.

For now, mankind has at hand just a number of pharmacological solutions. How good people feel depends a great deal on the level of neurotransmitters at nerve synapses. Pharmaceuticals can upscale neurotransmitters, mostly serotonin, and that's what anti-depression medications are mostly about. The most widely used anti-depression medications are SSRIs, Selective Serotonin Reuptake Inhibitors. They interfere with the degradation of serotonin, thereby assuring that levels of serotonin stay higher than they otherwise would.

Many people could just take some Prozac, and by-and-large, be happier than they are now. But becoming happier would also make them less competitive.

In order to achieve the goal of great sex, a lot of preparatory work needs to be done, and to have it done requires competitiveness. One has to take care of one's appearance.

One has to study social conditions in order to know where they are favorable.

And one has to work on one's capability to enjoy those moments for which one lives. Erection problems, or the failure to have a satisfying climax, are disturbances, not only to the mood but also to the whole system of values of Kreutz Ideology.

But like happiness itself, sexual desire, erections, and orgasms, too, are matters of engineering. They are mechanical problems of wiring (nerves) and plumbing (blood vessels).

Currently, the only effective method to interfere with the neuromolecular basis not only for happiness but also sexual desire, are pharmaceuticals.

Yohimbe (with the pharmacologically active ingredient yohimbine) is effective, though, unfortunately, it also is very side-effective. It helps somehow with the wiring. Though not a MAO inhibitor, yohimbe does feel as if it elevates dopamine levels. One feels agitated, even though blood pressure is lowered by yohimbine.

Anything that raises dopamine levels is likely to have a positive effect on desire. That's why practically all medications for Parkinsonism cause increased sexual interest. (Parkinsonism is a pathological depletion of the neurotransmitter dopamine through interference with the dopamine production sites in the brain.)

The main effect of yohimbine is on the plumbing. Yohimbine blocks presynaptic alpha-2-adrenergic receptors, resulting in increased blood flow to the sex organs, and in reduced outflow. Thus better erections can be engineered, and because of the increased pressure in the sex organ, there is also increased pleasure, and the experience of orgasms can be heightened, though this is not guaranteed.

Bromocriptine is a prescription Parkinson medication (Parlodel by Sandoz), which also reduces prolactin levels.

It helps in sexual intercourse primarily because it raises desire. In many cases, this will lead to better erections, too, though the effect may not be as pronounced as what is achieved by pharmaceutical agents acting directly on the plumbing. But bromocriptine can make for memorable orgasms.

Deprenyl is another prescription Parkinsonism medication, a selective MAOI blocker. I do find that it raises desire but it also leads to some shrinkage, similar to what people experience on amphetamines.

DHEA has been hyped for years. It simply has no effect on sexual parameters.

Ginkgo Biloba is an herbal product that presumably increases the blood flow to the extremities, including the brain and the sex organs. Hyped but useless for sex.

Arginine is an amino acid and nitric oxide precursor. It has been much touted as an erection booster but one never notices even the slightest effect.

Pfizer's Blue obviously works.

Scientific research indicates tongkat ali raises the body's own testosterone production, and this could have a positive effect on several sexual parameters.

3.2.2.4.0.5 Pharmacological enhancement

Unfortunately, many more herbs have a reputation to aid in sexual function than actually have an effect. And some of the herbs that do have a clear effect, such as yohimbe, have bad side effects. Yohimbe certainly aids erections, but it's too heavy on the heart to be a comfortable choice.

Prescription drugs also have their downsides. Sure, phosphodiesterase inhibitors all work well to engineer erections. But the erections caused by each of these medications are cold. The above three do not increase sexual pleasure. Dopaminergics can increase sexual excitement, but for most of them, the window of opportunity isn't very wide, and one has to know what to expect.

Many dopaminergics, including sublingual apomorphine (Uprima) have a tendency to make you feel unwell. A slight nausea sets in when dopaminergics become effective, and one desires to lie down (even without a sexual partner at hand). For many people, including me, the slight nausea is accompanied with sleepiness. Sleepiness, of course, is, in men, often accompanied by erectile ease.

So, combining apomorphine with a phosphodiesterase inhibitor like Pfizer's Blue will certainly produce a nice erection, and sexual excitement (in spite of the accompanying nausea) if one gets the timing right. This means, one has to start to engage in sexual intercourse at the time the dopaminergic kicks in (when the slight nausea first appears). If one misses this point, and falls asleep, even just for 15 minutes, the opportunity for sexual enhancement has passed and the combination of a dopaminergic and a phosphodiesterase inhibitor is likely even worse than just taking the phosphodiesterase inhibitor alone.

3.2.2.4.0.6 Love drugs

Love drugs have occupied medical research before there has been the term “medical research“.

For hardly any medication were the rich and powerful throughout the ages as willing to spend substantial amounts of money as they were for drugs that were sold to them with the promise of returning virility or providing that extra prowess.

The world hasn't changed. In proportion to production costs and considering that it's a mass-market product, sildenafil citrate was, when it was introduced, an expensive medication indeed.

And rightly so. The incapacity to have a satisfying sex life is such a tremendous loss of quality of life that a good number of men would chose the leg if given the option to either loose a leg or that organ which rightfully is called vital.

There are hundreds of substances, both herbal and synthetic, which can ruin a man's capability to have an erection. And there are only a few substances that actually enhance male sexual function and could treat impotence.

However, male sexuality is comprised of two components: sexual plumbing (vascular issues), and sexual wiring (the involvement the brain).

The two functions are distinct, and in a way contrary to each other. There are a good number of substances that are good for the one, and bad for the other aspect of sexuality. Cocaine can enhance sexual desire, while at the same time obstructing penile function by shrinking the organ.

Pfizer's Blue, on the other hand, is good for erections, but if one ingests more than one needs, it will weaken orgasm and cause headaches.

Men in which synthetic phosphodiesterase inhibitors cause headaches, and weak orgasms, can try *Kaempferia parviflora*, which is a herbal that has been shown in scientific studies to inhibit phosphodiesterase in a more subtle manner, compared to Pfizer's Blue.

Very few substances are good for both, erections and libido. Yohimbe, the bark, or yohimbine, the active ingredient, which has been extracted and is sold as pharmaceutical, facilitate erections by blocking adrenaline from abdominal and pelvic receptors, and enhance libido by increasing adrenaline effect on the brain.

However, there is no question that the side effects of yohimbe and yohimbine are a serious deterrent. The adrenaline blocked from the abdominal and pelvic areas also causes heart palpitations and sleeplessness, and both events are not supportive of general health.

While the discovery of the use phosphodiesterase inhibitors for erectile function has been a definite achievement, the bigger challenge is to develop a medication that can enhance libido. The impact that such a medication could have on the behavioral patterns of young and aging men around the world is substantial.

There are basically two pathways for the enhancement of libido: a hormonal route via testosterone and a neurotransmitter route via dopamine. While the outright application of testosterone may have a clear anabolic effect, exogenous testosterone has the potential to lower both libido and fertility in men, not just to raise it. What effect it will have will depend on baseline values, set points, and dosages.

A more promising route is to support the body's own testosterone synthesis with tongkat ali or *butea superba*, two Southeast Asian herbals.

3.2.2.4.0.7 Growth hormone

I have tried almost every medication that has been reported to have sexual side effects. When I achieved no clear sexual effect from testosterone, I even tried female birth control pills. Not recommended.

Information on growth hormone on the Internet typically is of two categories:

1. enthusiastic reports on the use of growth hormone for practically every medical condition on sites that also sell growth hormone
2. critical reports, usually by people who have never tried it.

I have injected about 300 IUs of growth hormone over several months. I know one thing: you can forget it for sexual enhancement.

3.2.2.4.0.8 Depressed for a reason

For many people, the reason for depression is a lack of sexual satisfaction, and a lack of interest in sexual satisfaction. The two are interconnected in the following manner: a person's permanent sexual partner is not, or no longer, capable of providing sexual satisfaction, simply because of the boredom that has set in. And because a person is caged in traditional moral beliefs, new, exciting sexual partners are ruled out. Thus, the person loses interest in sex overall. Depression sets in.

Depression, of course, is now readily treated with selective serotonin reuptake inhibitors, such as Prozac and Zoloft. Because these drugs cause a state of mind that would be adequate for a person with a high level of satisfaction, the need to engage in sexual activities is by-passed.

The drug-induced state of non-depressiveness is far inferior to what is achieved with a generally healthy and satisfying love-life. Which is why "patients" on antidepressants often seek advice on what to do to re-establish sexual desire and function.

3.2.2.4.0.9 The quality of orgasms

Optimal sexual experience, followed by a comfortable death, is the only sensible concept in life.

We do not live to please a specific god, or for the sake of our children, and there is no meaning in an, however identified, common good. The only perspective that makes philosophical sense is that we live to please ourselves, and orgasms are the ultimate pleasure.

There are a good number of aspects that play a role in orgasms, and their quality. Orgasms aren't alike. Men can produce ejaculate as the result of laboring their sex organs, almost unaccompanied by sexual fantasies or sexual pleasure. They also can ejaculate almost involuntarily, purely as a result of psychological, not physiological stimulation. There is no doubt that the second kind of orgasms provides a much higher level of satisfaction.

In accordance with the materialistic principles of science, psychological aspects have their physiological equivalents. Jealousy, for example, is an emotion, but it also is a biochemical process. Nevertheless, I sort jealousy under psychological aspects because it has a mental expression. The health of my cardiovascular system, a precondition for good erections, does not have a primary mental expression... but nevertheless greatly influences the quality of my orgasms.

I am sure that the solution to the problem of loss of excitement in orgasms will first be pharmacological, then surgical, and finally genetical. It will not be psychological, and even less philosophical. When overcoming the loss of excitement in orgasms will be as easy as stopping by a pharmacy, there will no longer be any need for treatises as the one you are currently reading. Such essays will be as unnecessary as sessions with a psychotherapist for the purpose of overcoming depression. Go and buy yourself some Prozac.

The loss of the orgasm quality is physiological. Our brains and testes no longer produce the right mix of hormones, neurotransmitters, prostaglandins, peptides, and whatever else is of relevance to afford us the ultimate bliss.

Medical science so far does not concern itself much with orgasm quality, but there already are prescription pharmaceuticals, dopaminergics, that somehow improve orgasms. These drugs are used in the treatment of Parkinson's disease. However, in people not afflicted with Parkinson's, they tend to cause nausea. Worst in this respect is lisuride.

While the nausea may be bearable for some people more than for others, these Parkinson's medications are prescription drugs all the same for everyone. Some of them are also extremely expensive.

Butea superba, a Thai herbal, is probably the only pharmacological agent that improves orgasm quality without side effects.

Butea superba has a unique double mode of action by enhancing testosterone synthesis and inhibiting phosphodiesterase at the same time.

Phosphodiesterase inhibition is the route of action of prescription drugs for erectile dysfunction.

But butea superba doesn't feel like these prescription drugs. Butea superba facilitates erections more naturally because they happen in tandem with heightened libido.

And then, more specifically, butea superba extends the time frame of the pre-orgasmic plateau.

For most men, the pre-orgasmic plateau is just 2 or 3 seconds, and younger men often don't know how to enjoy it.

The pre-orgasmic plateau is the moment when male ejaculation becomes certain, regardless of whether penetrative thrusting is continued or not.

Physiologically, it is the time when sperm and the fluids of the seminal vesicles accumulate at the base of the urethra for expulsion.

This phase of the orgasm is already highly pleasurable, even though younger men are hardly aware of it. Older men more often can enjoy this phase, and they stop penetration, and let it come all by itself.

Butea superba can extend this plateau phase, and give it a duration of 5 to 10 seconds, which feels like an eternity of the most exquisite pleasure.

Because the directors of porn movies usually demand that ejaculation happens in front of the lens, rather than inside the female body, studs often supplement with butea superba. Not only does butea superba help them to stay focused on their assignment of the day in spite of unromantic onlookers; butea superba also allows them more time to withdraw from the woman and position their vital organ before the camera before shooting their loads.

3.2.2.4.0.10 Negative feedback

Negative feedback is a principle of anything sexual. It is equally present in the realm of sexual physiology and sexual psychology.

Any sexual stimulus loses its power the more often or the longer it is experienced or applied.

In the realm of psychology, everybody, sooner or later, gets bored with one and the same sexual partner all over again.

In the realm of endocrine physiology, any pro-sexual hormonal spike is followed by a hypothalamic impulse to down-regulate precisely this spike.

And in the realm of pharmacological libido enhancement, dopaminergic drugs noticeably decline in effectiveness after a number of applications.

It's our destiny to constantly be on the search for the new thrill. And the more successful we are in colonizing new territory, the more we need to expand. You can't beat the system. We are ever only satisfied for the moment, but in reality, we never have enough.