

3.2.2.3.2.15 Apomorphine instead of yohimbine?

I have been taking yohimbe for years, and I have had memorable experiences with it. I have also tried almost everything else that is marketed as sexual enhancement, and have found almost everything else I tried entirely useless or even counterproductive.

However, yohimbe also has its limitations. For one thing, the side effects are difficult to manage: general over-excitation, heart palpitations, sleeplessness for some 20 hours after ingesting even an amount too little to have any pro-sexual effect.

I have developed some tolerance towards yohimbe and yohimbine, but this is not the principle limitation of the herb / drug. I can overcome tolerance by just increasing the dosage. When I started with yohimbine several years ago, 10 milligram was sufficient for a rock-hard erection for intercourse at least three times a day.

Over the years, I have increased the dosage to up to 50 milligrams. The pro-sexual effect is proportional to the dosage. The more yohimbe, the better the erection. If you go on increasing the dose, you will, for sure, reach the lethal mark. You'll certainly die with a text book-case of priapism, and they'll have to use a saw to make you look not too naughty in your shroud.

But great sex comes from the brain, not from the corpus cavernosum. This is why jealousy is such a great aphrodisiac. Constant yohimbe-use may increase one's susceptibility to jealousy, but daily yohimbe alone is no guarantee that, indeed, one will develop a nice pathological jealousy. There has to be

the right relationship for it as well. Once jealousy is induced, no yohimbe or other medication is needed for great sex. When I experienced great jealousy for months on end, I had more sex and better sex than I could achieve with any dosage of yohimbe or yohimbine.

There is nothing essentially wrong with my vital organ. I have good morning erections, and those months on jealousy proved to me that if the mental stimulus is okay, I'm good for 30 climaxes a week.

Unfortunately, that jealousy waned over time, giving me a hard time (or rather a not-so-hard time) when I am in a situation in which I should be enjoying myself. Pfizer's Blue is no solution for that. Sure... Sildenafil citrate eases erections. But erections on sildenafil citrate alone are like nighttime or morning erections.

I have them, and they are not necessarily sexual. Yohimbe is better than phosphodiesterase inhibitors in that there is a mental component.

During jealousy, erections occur because of specific mental constellations... and these reactions are better than those engineered with phosphodiesterase inhibitors or ad-hoc yohimbe.

In the seventies, it was fashionable to diagnose impotency as an entirely psychological problem.

Nowadays, it is fashionable to diagnose impotency as an organic condition. Something that has to do with the selective inhibition of cyclic guanosine monophosphate (cGMP)-specific phosphodiesterase type 5 (PDE5) in the pelvic region. The

reason for the diagnostic shift is obvious: the billion-dollar interest in selling Pfizer's Blue. The pendulum will swing backwards. Not quite as far back as in the seventies. But people will realize that good sex and good erections have to come from the brain. This doesn't mean that the problem is psychological.

There are several factors involved, both organic and psychological. They are obviously interlinked. Every mental state is expressed by a so-far largely unresearched biochemical constellation in the brain. But we have to be aware that our organisms are tuned to react on sensual input. What we see is what triggers biochemical processes. I am sure that there is an element of wear and tear with respect to our mental response. As we grow older, and richer in sexual experience, it is increasingly likely that certain sexual stimuli are no longer capable of triggering the desired response. Sometimes I think, I'd like to undergo some targeted amnesia in order to wipe out sexual experience so that reoccurring stimuli will feel entirely new.

However, getting used to sexual stimuli may not be the only thing that happens as our minds and brains grow older. There is ample scientific proof that sexual agitation is correlated to the activity of the neurotransmitter dopamine and the brain's dopamine receptors.

I have, throughout the years, repeatedly experimented with all kinds of dopamine agonists, such as bromocriptine, deprenyl, lisuride, and others. Bromocriptine had an extraordinarily positive effect for some time, but fast lost its effectiveness in small dosages, while larger dosages induced nausea so bad that I couldn't enjoy sex. (Please see my domain Bromocriptine.com for information on how to avoid the nausea when taking bromocriptine for sexual enhancement.)

According to the books, dopaminergic agents cause nausea because of the effect these therapeutic agents have not only on central dopamine receptors, but also on peripheral receptors. According to the books, the nauseating effect can be countered by taking some domperidone together with the bromocriptine or lisuride or whatsoever.

But domperidone in me reduces the pro-sexual effect of dopaminergic agents.

When I recently tried apomorphine, I was surprised indeed about its side effect-free sexual enhancement. (It doesn't have the reputation of being free of side effects in all people.)

Apomorphine, of course, is what is marketed in Europe as Uprima sublingual apomorphine, which after sildenafil citrate is the only additional pharmaceutical that has been approved specifically for the treatment of so-called "erectile dysfunction".

In the US, Uprima is not FDA-licensed for the treatment of erectile dysfunction. I read somewhere that this is related to a car accident, which had occurred in the testing phase; this accident had been linked to possible side effects of Uprima.

So, what does apomorphine do? First of all, it doesn't give me any negative side effects: no sleeplessness, no heart palpitations, and also no nausea, in spite of the fact that in the official apomorphine literature, nausea is listed as the most common adverse reaction.

I find apomorphine very subtle in effect. I have started with very small dosages, which I consumed in between yohimbine days. Usually, I am not good for any sexual encounter the day after a day with a full yohimbine schedule. So, I was surprised that I had sexual interest strong enough to carry me through intercourse.

I increased the dosages even beyond the 3 mg, and it still didn't provoke nausea. And I feel that the effect of apomorphine is more natural than the effect of yohimbine. When on yohimbine, it's impossible to forget that I'm on yohimbine. On yohimbine, I am drugged. (On a phosphodiesterase inhibitor, I am not drugged, but what do I do with an erection that isn't accompanied by appropriate desire... my problem rather is saturation, lack of libido, not the corpus cavernosum.)

I feel an effect of sublingual apomorphine after about 30 minutes. With yohimbine the first symptoms are increased salivation and an urge for a bowel movement, while the first symptoms of apomorphine are, for me, an urge to yawn. Yawning is, in a funny manner, correlated to the sexual response.

After taking apomorphine, I never feel drugged. I don't feel that I have taken a medication. I just have an increased interest in sex, which results in an increased likelihood of developing an erection.