

### 3.2.2.3.2.8 How does bromocriptine feel – personal experience

How does bromocriptine feel? Probably the first effect it has on me is a slight desire no, not for intercourse but to lie down. This may set in as early as one to one-and-one-half hours after ingesting it. I do have to stress that at that point, I do not feel nauseated if, and only if, I have ingested the bromocriptine with a generous amount of food.

I know that the bromocriptine is kicking in when I feel a stuffed nose. If at that point, I have the opportunity to be sexually active, I have a great time.

I have received readers' mail complaining about exactly this: the stuffed-nose effect. It's not disturbing to me, because I feel it is strongly correlated to the pro-sexual effect of bromocriptine.

The stuffed nose is a pronounced histamine reaction. The histamine released into the nasal tissue causes the tissue to swell, just as in allergic reactions. The word "anti-histamines" is probably better known than the word "histamines". Anti-histamines are a category of drugs that are prescribed for people suffering from allergies, and even as remedy for the common cold. It is known that anti-histamines can interfere with sexual function.

My best climaxes have always been accompanied by a good histamine reaction, even when I did not enhance my sex life pharmacologically. So, when I had a real good time, I typically had a stuffed nose, too.

A long time ago, I have read in a scholarly report (was it of Masters and Johnson?) that a good number of women have a tendency to develop red spots between the neck and the breast when they experience an orgasm, especially if they are among those women who seldom reach a climax. Such red spots certainly would also be a histamine reaction.

The sexuality-enhancing effect of bromocriptine is specific to the wiring, not the plumbing of male sexual function. Therefore, in vascular insufficiencies, it will not be of much help.

An increase in libido, of course, is difficult to measure, compared to erection circumference or persistency. Even empirical studies on intercourse frequency with bromocriptine and placebo use will not tell the full story. There is too wide a range of inhibiting mechanisms.

The following I feel as an increase in libido after bromocriptine usage: 1.) I am more likely to really get going when I'm already at it. 2.) A controlled high-plateau phase that would be impossible to reach without bromocriptine, or, for that matter, with any other sexuality-enhancing drug I know (including yohimbine).

Bromocriptine does not make me sexually more interested in general, or before I am engaged in a sexual act. I don't know of any drug that would achieve this. If one were to be found, it surely would be a hit.

Of course, certain pro-sexual agents can provide enforcement for sexual interest. Both sildenafil citrate and yohimbine can cause erections out of the blue. Most people will think that because they have an erection, they must be horny. They will check their minds for sexual thoughts because they believe they must be present, otherwise they wouldn't have an erection. And when they are searching for sexual thoughts, they may indeed discover them.

But it's still wrong logics. It's just that both sildenafil citrate and yohimbine open the faucet for penile blood inflow, and close it for outflow. Voila, you have an erection. Many men (and women) will take the erection in itself as proof of sexual stimulation, but it's plain physiology, just as nighttime erections that do not have to be accompanied by sexual dreams.

By the way, while sildenafil citrate is purely plumbing, yohimbine does have its effects on the wiring. Yohimbine does enhance the moment of orgasm, while with sildenafil citrate, no such effect can be derived. On the sildenafil alone, orgasms can be disappointing, especially when a larger dose was used (which may have produced a world-class erection).

The controlled high-plateau phase which I mentioned above as a bromocriptine effect is worth to be described in more detail. It sets in

at a moment at which one would normally ejaculate, but, oh wonder, one can go on while the pressure in the urethra builds up and up. While usually, the point of no return is definite (a certainty that lasts for only a few seconds), it is much prolonged on bromocriptine. If you are skillful enough, you can experience this plateau for several minutes, thanks to bromocriptine. It's really one of the most rewarding feelings in life, and it is usually followed by an ejaculation with a lot of force, reaching half a meter if unobstructed, even for an older (but healthy) man.

This is very different from the orgasm enhancement that can be felt on yohimbine. The pre-climax pressure on yohimbine is not so much in the urethra but in the penile tissue that reaches wood-hard rigidity. The plateau phase may or may not be enhanced, but when orgasm comes, you'll experience very pleasant shivers up the spine.

Yohimbine also gives me a histamine release effect, but it's different from bromocriptine's. On yohimbine, skin flushing is likely even before or without sexual activity. But a stuffed nose will occur only at and after orgasm. With bromocriptine it is present from the onset of sexual activity.

As long as one isn't too used to bromocriptine, this is.

Unfortunately, the full pro-sexual effect of bromocriptine, wonderful as it may be, cannot be enjoyed day after day. Actually, in me it wanes rather fast. After usage on five or six days in a row, I should take a week's break at least to get sober. The effect will return after the pause, though it is likely that a lasting tolerance will develop over time.

If all of this reminds you of heroin, you're on the wrong path. Bromocriptine definitely is non-addictive.

Bromocriptine is a dopaminergic drug, which means that its principal use is in the treatment of Parkinson's. The case of waning effectiveness of single dopaminergic drugs is well documented in the treatment of this brain disease, which is why new, alternative drugs are constantly being developed.