

### 3.2.2.3.6.9 Yohimbe combined with bromocriptine or deprenyl

I have tried combining yohimbe with deprenyl and/or sildenafil citrate, as well as with arginine, and occasionally with bromocriptine. I tried these combinations over several weeks (though not every day).

#### Yohimbe plus bromocriptine

Bromocriptine in itself can have an effect on desire. However, with small doses, the effect wears off after just a few uses – and with larger dosages, nausea will eliminate any pro-sexual effect.

While nausea can be avoided when taking bromocriptine in very small dosages alone or with sildenafil citrate, the trick does not work when combining bromocriptine with yohimbe. When on yohimbe, I have never managed to avoid the nausea caused by adding bromocriptine. If nausea occurs when using bromocriptine alone, I can sometimes escape the discomfort by going to sleep. After ingesting bromocriptine with yohimbe I may get to sleep more easily than on yohimbe alone, but sleep quality is nowhere near what it would be without the yohimbe.

I do not recommend combining yohimbe with bromocriptine. And I do not recommend either alone. Both substances mess up sexual quality, and especially bromocriptine does damage to sexual parameters. This is in contrast to tongkat ali which improves long-term sexual health.

#### Yohimbe plus deprenyl

I have also tried deprenyl (selegeline, Jumex) with yohimbe. Deprenyl is a MAO inhibitor, and I had read that MAO inhibitors don't go well with yohimbe, so I was careful with the dosages. I had previously tried deprenyl alone, and found it to have an amphetamine-like effect at dosages of more than 2.5 milligrams (half a standard Jumex tablet). I don't feel the amphetamine-like effect anymore with up to 5 milligrams. But for me, deprenyl also detracts from the yohimbe when combined with it.

I have always found deprenyl's pro-sexual effects overrated. It's a dopaminergic substance, and dopamine is, to a certain extent, responsible for sexual desire. But dopamine overstimulation strongly interferes with erectile function and leads to a (reversible) shrinkage of the male organ. That's why cocaine, and amphetamines may make you horny, but also make erections and orgasms more difficult to achieve.

Deprenyl is not as bad as amphetamine and methamphetamine in making erections more difficult. It may even be that a 25-year-old would not feel any erectile impediment. But for a man of about 50, the anti-erection effect is stronger than the pro-libido effect, unless there is a clear dopamine deficit (as with Parkinson's patients).

One can counterbalance the anti-erection effect of deprenyl with a phosphodiesterase inhibitor. In fact, I have been told that drug users now regularly mix cocaine with sildenafil citrate to avoid shrinkage.

But why combine yohimbe and deprenyl when this is no better than yohimbe alone, and definitely worse than the combination of yohimbe with sildenafil citrate?

As deprenyl is an MAO inhibitor, it may possibly aggravate the negative side effects of yohimbe. Yohimbine is an alpha-2-receptor blocker; it frees systemic adrenaline and noradrenaline. Adrenaline and noradrenaline (epinephrine and norepinephrine) function as hormones and as neurotransmitters. The adrenaline and noradrenaline displaced by the yohimbe from alpha-2-receptors lead to mental agitation as well as increased heart rate.

This effect is countered by the enzyme monoamine oxidase (MAO), which breaks down adrenaline and noradrenaline, leading to relaxation after states of agitation. MAO inhibitors interfere with monoamine oxidase's capability to deaminate and destroy adrenaline and noradrenaline. In combination with yohimbe, this means that the agitated state lasts until the yohimbine has cleared from the alpha-2-receptors. With unimpaired monoamine oxidase, the agitation caused by the displacement of adrenaline from alpha-2-receptors should be countered by the breakdown of free adrenaline and noradrenaline.

Combining deprenyl with yohimbe will likely prolong the negative side effects of yohimbe, such as heart palpitation, nervousness, and sleeplessness, while doing little or nothing to enhance the pro-sexual effects.

What we would really like with yohimbe is increased MAO activity, not diminished MAO activity, so we could go to sleep after having enjoyed yohimbe's pro-sexual effects. Therefore, we don't want deprenyl, but some sort of 'anti-deprenyl' .