

A COMPLETE GUIDE TO

ERECTILE DYSFUNCTION

BY VICTOR LIU, M.D., F.R.C.S. (C). F.A.C.S.

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CHAPTER 1

WELCOME TO “A COMPLETE GUIDE TO ERECTILE DYSFUNCTION”

By Victor Liu, M.D., F.R.C.S. (C). F.A.C.S.

Greetings! My name is Dr. Victor Liu, and I want to congratulate you on taking what I believe is the first step towards a future without precedent. For the past 25 years, I've served the public as an M.D. in various capacities. I'm a board-certified plastic and reconstructive surgeon, board-certified general surgeon, and I hold a diploma in regenerative medicine as well.

In my two-plus decades in medicine, I've earned an accolade or two. Yet, this book isn't about me. This book is about you and the sexual health that you deserve. As I sit here writing, I can't help but think that one of my most significant accomplishments may

very well be the formation of the California Regenerative Clinic, which I hope will serve as a gateway to that future without precedent.

Let me explain by asking you a question.

At what age are you supposed to cease pursuing quality of life? That's a question I often ask men who walk into my office seeking treatment for erectile dysfunction. That's because about half the men who gather up the courage to see me in their pursuit of a healthy erection seem genuinely ashamed that they want to have more sex before they die. As if a man hits an age where he is selfish to pursue a certain quality of life. That's absolute nonsense, and I am always sure that I let them know it. In a discreet manner, of course.

The human sexual experience is core to our fundamental being. So at what point, or at what age, are you supposed to give that up?

When a man walks into my office seeking help with erectile dysfunction, I don't look at him with judgment. Instead, I look at him as a man who wants to live in every sense of the word, as long as both his body and consciousness are able. Pursuing a healthy sexual life is pursuing life. Period.

This leads me to this book and you. While I am thrilled with the men who walk into my office asking for help, I have always been burdened by the exponential number of men struggling with erectile dysfunction who never do. I lament for the years of possible sexual experiences thrown away because the man was embarrassed, ashamed, or simply willing to give up on life. But, fortunately, those men are not you and the fact that you are reading this book proves it.

It has often been said that to make a change, a man must first raise his standards. That is why you must understand that you deserve a better sex life than what you are experiencing now. So let's raise our standards together and begin our journey with that standard in mind. We are leaving the status quo behind and never looking back.

I am going to go out on a limb and highlight a few possible reasons you may have picked up this book and let's see if any of them sound familiar.

You used to be a sexual rockstar, but your penis seems to have forgotten as of late. You can get erections, but they are not as firm or long-lasting as your glory days. If that sounds like you, then you are in the right place.

You have not had sex in months or possibly a year, and you chalked that up to the drudgery or monotony of a long marriage.

Then, your spouse comes calling, and when you show up in the bedroom, you are shocked to find out your erection didn't go with you. If you are wondering where your erection went, this book is for you.

You've experienced a traumatic injury, and once the rest of your body has recovered, you can't seem to produce an erection. You are still young and otherwise healthy, but you know something is wrong down under. This book is definitely for you.

You have not gotten an erection in years, and you assumed this was the end of your sexual experience in life. Please listen to me. It's not over until it is over. This book is for you.

You have a sharp curve in your penis, and the shame and embarrassment you feel have caused you to avoid sexual scenarios. It's called Peyronie's Disease, and we cover it all right here in this book.

You are a female, and you are reading this book to support your partner through his experience with erectile dysfunction. This book is certainly for you and let me just say that you are a fantastic partner for doing so.

You have absolutely zero problems with sexual performance, and yet, you find yourself fascinated with the topic of erectile dysfunction, and you are inexplicably reading this book simply

for the joy of doing so. Well, I'm flattered, and I guess this book is for you too.

The truth is I could go on with an exhaustive list of why men seek my help and not cover the same reason twice. Your reasons for reading this book are as varied and unique as you are as a human. While I do not address it specifically in this book, I also treat women to enhance the sexual experience. Vaginal rejuvenation and vaginoplasty are excellent examples of women seeking the same full and healthy sexual life as men. So ladies reading this book, while I am speaking mainly to the men with this writing, know that my heart goes out to you as well.

So what can you expect from this book? You'll get a blend of the science behind erectile dysfunction, and the type of candid conversation men need to have with one another about it all. I do my best to make the medical jargon and scientific terminology more conversational so that any and all can understand. I didn't write this book for my fellow M.D.s. I wrote it for any man who is ready for a change.

We'll talk about the driving factors of erectile dysfunction, standard treatments, innovative approaches, and your health as a man in general. While I cover it in greater detail later, I feel that I must disclose this truth to you now. Erectile Dysfunction may not be your most significant health problem. But, lest some of you

not finish this book, know that E.D. can often be a symptom of a much more significant health problem. So even if you think you are ready to give up on sex, please read this book or seek medical help if E.D. is your current reality.

Your journey begins now. Remember when I told you at the beginning of this chapter that you have completed the first step towards a future without precedent by picking up this book? Now you have completed the first leg of that journey, and your life is about to get better. Already, you have done more than most men battling E.D., and you deserve to be rewarded. Finally, you are one step closer to the sexual life you deserve. Your partner is waiting for you on the other side of this book, and together, both of you will continue to live life to the fullest.

CHAPTER 2

DO I NEED HELP WITH ERECTILE DYSFUNCTION?

If you are reading this book looking for reassurance that your sexual performance is just fine, you may be sorely disappointed. But you will be highly encouraged to find out that there is hope and that you are not the first man to travel down this path. However, throughout all my years of treating erectile dysfunction, I can't think of any man who mustered up the courage to walk into my office, and the result was that I told him that everything is just fine.

I've found a certain threshold that must be crossed before most, if not all men will seek help for problems with their erections. I'm a man, and we've all had performances that were subpar, and yet, we didn't head to the doctor's office the

following day. If you have reached out to a doctor for help, that is a sure sign that you need it. It is the same process as this book. If you have picked up this book and worked your way through Chapter 1, then you need some help, and that's ok. As much as I would love to believe that you enjoy my writing on its merit and you would read a book on erectile dysfunction for leisure, I know why you are here. If there is any doubt, let's run through a few scenarios and see if any of them sound a little familiar.

My Wife or Partner Thinks I Don't Find Them Attractive Anymore.

During an extended relationship, it is natural for the sexual passion to wane a bit as days and months of young love turn into the routine or struggle of a monotonous relationship. However, most couples still find enough sexual passion regularly to remind each other that they still turn each other on. Even if it seems routine, there is something to be said about regular sexual intimacy. Men who have erectile dysfunction withdraw from that routine for several reasons, the least of which is that they don't find their partner attractive.

Moreover, when they engage in sexual intimacy and produce a less than stellar erection, or none to speak of at all, the partner has to make certain assumptions in the absence of any other information. Far too often, that assumption is that you no longer

find them attractive. If you are honest with yourself, you may have had the same belief early on during your struggle with E.D. You'll find out later in this book that the attractiveness of your partner is the least of your problems. Just remember, your partner doesn't know that yet. If you are reading this book and this is the only scenario that applies to you, kudos for acting early. As you'll see in the other scenarios, the problem could be much worse.

My Wife or Partner is Starting to Think That I Am Having an Affair

Fellas, having a wife who thinks you don't find her attractive anymore is a problem. Having a wife who thinks that you are having an affair because of your lack of sexual intimacy is miserable. After all, hell hath no fury like a woman scorned, right? This is a particularly tough place to be if you and your partner have had regular and satisfying sexual intimacy for many years. They understand your sexual needs and the frequency with which you seek them. You've likely been through droughts together, but the type of drought that erectile dysfunction brings is something altogether new.

Not only do men with E.D. not seek out sexual intimacy, but they will regularly rebuff it when their partner is the one to seek it out. "If you are not getting it from me, then you must be getting it from somewhere else" may be a familiar line. However, if you

have withdrawn from sexual activity and your partner has not yet said as much, my experience in treating men who have had erectile dysfunction for an extended period has led me to believe your partner has at least considered it.

My Wife or Partner is Starting to Believe That I Don't Love Them Anymore.

I often find this scenario to be the most tragic. There is a direct correlation between physical and emotional intimacy. Yet, a relationship can morph into something asexual and still have all the romance needed to make it last. However, this is only possible if the partner understands that erectile dysfunction drives the lack of physical intimacy. Unfortunately, most men tend to hide their struggle with E.D. from their partner out of shame. This shame causes the man to withdraw physically, but he will often start to withdraw emotionally as well.

Your wife or partner may be in an emotionally painful place right now, and yet, you still may not feel comfortable opening up to them. That's why this book and your seeking treatment are so important. I would advise you to talk to your partner about your struggle, but I've been around long enough to know that this is not always the case. If you are reading this book in a dark closet with a flashlight after your partner has gone to sleep, I at least applaud you for seeking help. Please don't let the flame of genuine

love be extinguished by erectile dysfunction. Again, that's the romantic in me talking, but if that sounds familiar to you, then you are in the right place with this book.

I've Been Given an Ultimatum to Produce a Better Erection, or the Relationship is Over.

Now, the last scenario may have stirred up the romantic in you, but this one can come across as a little cold. Either give your partner an erection that satisfies them or you are gone is the ultimatum you have been given. That's a scenario that will rock a man to his core as it strikes at the heart of what he has likely been told makes a good man for much of his life. Since human relationships have first been recorded, there has been a strong correlation assumed between masculinity and sexual prowess.

So here you are being told that your lack of sexual performance is why your partner is about to walk out the door. It is hard to hear, but if you can get past your initial reaction and put yourself in their shoes, perhaps you can see the logic behind it. Sexual intimacy is a healthy aspect of an adult relationship, and when it is missing, it is natural for your partner to long for it. Moreover, if your partner perceives you are not doing anything about it, they may not think it any different than if you withdrew emotionally or stopped talking to them altogether. This ultimatum is tough, and if that's what brought you here, I again congratulate you for

taking this bold step. I also want to encourage you as I've seen many men come back from this dangerous precipice and have fulfilling relationships with their partners after getting help.

I'm Worried the Reason I Can't Maintain a Relationship is Because of My Premature Ejaculation.

Not every form of sexual dysfunction revolves around erectile dysfunction, and if you thought you were out of the water when it comes to needing help, we have a few more scenarios to run through. It may be that you can produce an erection, but the problem is that you can't keep it up for a solid minute before you ejaculate. The "minute man" syndrome is genuine and much more common than you might imagine. With erectile dysfunction, the man often hides the true nature of the problem from his partner. However, with premature ejaculation, it is quite often the woman or partner that hides their dissatisfaction.

So it may be that your wife tells you that she is completely fine with your early ejaculations, but you know deep down in your heart that this is not altogether true. It may be the case that you find yourself floating from relationship to relationship, wondering why you can't seem to keep a partner more than a few months after sexual intimacy begins. Gentlemen, I have some hard news that I need for you to hear. No amount of apologizing after a quick erection is enough to satisfy a woman if the problem

persists. You know whether you are quick or not, and you would do well not to rely on the reassurances of your partner that everything is fine. If you find yourself a “minute man” today, please finish this book and get help to maintain your next relationship tomorrow.

Again, I know that this one sounds fairly shallow. However, you have to remember that sexual fulfillment is a legitimate part of a healthy relationship. When it comes to dating, if you choose to be sexually intimate before cementing the relationship with marriage, your partner will not assume things are going to get better when you get married. Most men try to put on their best performances during the courtship, and I’m sorry to say, your premature ejaculation may be a strain on these courtships. If this sounds at all familiar, please just know that you are not the only one.

I’ve Struggled with Erections Since Being Diagnosed with New Health Problems.

I’d submit that diabetes is perhaps one of the more common drivers of erectile dysfunction that most men didn’t see coming. It is an unfortunate consequence of the growing trend in obesity. As we get into this book further, you’ll see just how diet and nutrition play a huge role in erectile dysfunction. However, it is entirely possible that much of your focus has been on other health

issues that you would never have imagined would cause erectile dysfunction. Yet, here you are.

For one person, it may be diabetes, and yet for others, it could be any range of inflammatory diseases. Many of these conditions could very well have been out of your control. However, even when you find yourself on the mend, your erections are still not returning to proper form. The good news for you here is that your penis is just another organ of the body. Just like you might be recovering from prostate surgery or some form of trauma, your penis can recover as well.

It is not automatic, though, and you would do well to precisely understand what is driving erectile dysfunction due to your health condition. Men often feel ashamed because they have erectile dysfunction but not embarrassed by the fact that they had a severe bout with cancer. Just know that it is likely cancer or its treatment driving the sexual performance issues and not a lack of manliness. There is hope, and there is treatment.

I Have an Embarrassing Bend in My Penis

It's called Peyronie's' Disease, and we'll dedicate an entire chapter to it later in this book. Now, keep in mind, when we are talking about Peyronie's Disease, we are not talking about a slight degree of off-center. This is a noticeable bend that many men and

women find hard to deal with. It does not automatically mean that you cannot perform sexually, but it can be a driver of erectile dysfunction in a variety of different ways.

Men find it embarrassing at times which leads to a great deal of anxiety over sexual performance. Friends, it's really hard to produce a solid erection if you are worried that your partner is going to freak out when they see it. Once again, there is hope, and you are in the right place. We'll talk about it candidly, and you'll see that there is no reason Peyronie's Disease should keep you from having a long and satisfying sexual life.

Any Other Reason You Can Imagine

At the end of the day, I'm going to guess that you are here for one of two reasons. The first being that you suffer from erectile dysfunction, and you know it. You may not have shared that with many people, and your partner likely knows it, but once again, I don't think you are here for a leisurely read. The other possible reason that you are here is that your partner is struggling with erectile dysfunction, and you are looking to support them. Thank you for doing for your man what so many partners are unwilling to do.

Men, if your partner is reading this book, then you have a keeper. They are a true partner in every sense of the word. Give them a hug, kiss, and well, when this book leads you to the proper

treatment, give them a little something more if you know what I mean. There are so many reasons why men struggle with erectile dysfunction, and treating it will require a very specific and tailored approach. At this point in the game, why you are seeking treatment for erectile dysfunction is not as important as the fact that you are actually seeking treatment.

Doing What Many Men Do Not

In the next chapter, we are going to delve more deeply into the definition of sexual dysfunction. Just know that as we proceed and we discuss some very hard truths, you are treading ground that many men will not. They suffer as a result, and their partners suffer along with them. You are doing so much more than the average Joe with erectile dysfunction just by reading this book. Be proud of the fact that you are two chapters closer to the erection you deserve. All the pain and embarrassment belong in the past at this point. Yes, you struggled to produce an erection in the past, but what of it? You are here now, and the future looks very good. Let's dive a little deeper and see where it takes us.

CHAPTER 3

THE SCIENCE OF SEXUAL PERFORMANCE

It would be easy to fill this chapter with every locker room story we men have heard since our adolescence about what makes a man a stellar sexual performer. Never mind that most of us in middle school had no idea what we were talking about; that didn't stop us from joking about it. However, since you have decided in good faith that this book was right for you in the last chapter, the least I can do is give you more than locker room talk in return. Objective sexual performance is driven by science. Sexual preference may vary from individual to individual, but the science and biology behind an erection do not change from man to man. So in this chapter, we are going to focus on the science of sexual performance. For many men, it is helpful to think of their body as a machine as there is less personal guilt to think of your hydraulic system going down than there is with your inability to produce an

erection on command. The mind does play a part, and as such, we will talk about some psychology, but at the end of the day, science is science.

Is Libido Biology or Psychology?

I think both would be the proper response to that question. When you stub your toe, the pain that you feel is very much a process of biology. How loudly you scream and curse, well, that's psychology. Libido is thrown around a great deal during conversations about erectile dysfunction, and for a good reason. You could easily define libido as sexual desire. In Latin, it would simply be translated as lust, desire, or longing. Sigmund Freud is perhaps most responsible for making the word a common occurrence, and a psychoanalytical approach would break down this sexual energy as a life instinct. We thirst, and there is water. We hunger, and there is food. We get horny, and well, there is sex.

By every measure in human history, libido is without a doubt a very powerful force, and if it can cause nations to go to war as in the case of Greece and Ancient Troy, then it can pull its sway over you as well. If you have lived your life without embarrassing yourself by gyrating on the dancefloor or fighting another man because of libido, then you have done well and better than most. The cold hard truth is that we men are willing to look fairly silly

and even get our teeth punched in for a shot at having sex. It's fascinating.

So it is with good reason that we stop and ponder why it waxes and wanes in life. We would die of thirst and hunger if those basic instincts didn't take over, so why does the desire for sex seem to go away at times? It is not quite as easy as pawning it off on a dull relationship. Yes, you may know exactly what position your partner is going to want and in what order, and in fact, exactly what they do afterward. Hold out long enough, and a man will want the familiar over nothing at all. Here, we come full circle back to biology and psychology.

The Psychological Impact of Stress on Libido - The phrases, "honey, I'm too tired" or "I've got a headache" might sound familiar to some men over their sexual careers. There are times when a woman is not into it, and the reasons are legitimate. Stress has become the more hidden factor that plays a large role in the decline of libido in modern society. It could be a sudden event like losing a job or perhaps the death of a loved one. Then again, it may just be what is known as chronic toxic stress like financial difficulties that play out over a long period of time. The bottom line is that stress is toxic to one's libido.

Sex is indeed a basic human instinct, but so is survival. When men go to war, their heart rate elevates, and their essential skills

like breathing and awareness become keen. Meanwhile, the body rightly designates an erection as non-essential and places those services to the side. This is natural, and otherwise, all the battle scenes from your favorite war movies would take an oddly erotic twist. Friends, if you are constantly stressed, it is natural for your flight or fight senses to take over. You may be going through a difficult season of life, and the lack of sex is the last thing on your mind. That's the stress talking, and you would do well to recognize this fact.

The Biological Impact on Libido - Remember that we are talking about sexual desire here, and that is the drive in a man for sex. Well, biology can make a man want less sex. A great example would be many medications that a man may take to cure some other ailment. This could include antidepressants, opioid pain relievers, or even chemo treatment for cancer. Yes, all of these medications can affect your physical ability to flood your penis with blood when aroused, but it can also just make you want sex less via a lowering of testosterone.

Your penis could work just fine, but the bottom line is that you are so tired and distracted that your one celebrity crush could come knocking on the door for sex, and you wouldn't answer. Men and women have been trying to understand libido since the dawn of time. We've got a little more science and biology at our disposal in modernity, but the problem of a low libido remains

the same. When you have no desire for sex, even a short trip from the living room to the bedroom seems like too much work to pull off sex.

Testosterone and Its Impact on Libido - Testosterone plays an important role in libido, and you may be surprised to find out that this is true for both men and women. Women need it at a lower level, but they need it nonetheless. On average, the normal range of testosterone in males is about 270 - 1070 ng/dL. The average of that range would hover around 679 ng/dL. Testosterone levels tend to peak in a young man around the age of 20 after which, it slowly declines. Now, I'm of the opinion that this does not have to be so. As men age, I will try to keep them somewhere between 900 and 1,000 ng/dL. This can be done safely using testosterone pellets and is administered every six months.

The Biology of a Solid Erection

A solid erection may be a bridge too far for many reading this book, and you'd take any erection at this point. Again, this is where it is helpful to think about the body as a machine. If something isn't working right, no amount of yelling and cursing at it to perform will make it work. What is more frustrating for many men suffering from erectile dysfunction is the fact that they remember a day when they were able to conjure one up at will. In

fact, as a teenager, they almost seemed to occur when you least expected them.

Once your brain has sent the signal to produce an erection, a biological wonder starts to take place. You see, there are two cylinder-shaped chambers called the corpora cavernosa that run the length of your penis and into your pelvis. That's right, you have a bigger erection than you know, but you can't see it because the rest is in your pelvis. You only see about 50% of your erection, and so, if you tell your partner that there is more where that came from, you are not necessarily lying. Within these tubes, you have a myriad of blood vessels and sponge-like tissue with many open pockets. In order to transmit urine and semen, you have a urethra that runs along the underside.

When the brain gives your penis the green flag, blood will start to flow into your penis as your arteries relax. It's fascinating, really, and the slightest stimuli or even memory can trigger the response. That's right, you can remember good sex or an erotic encounter of the past, and your brain tells you to get ready right now. Unfortunately, if you tricked your brain into thinking that it is "go time" once more, you will lose this erection when the signal stops and the veins open back up.

Now, I'm not sure whether you will find comfort or misery in this fact, but according to a 2013 study in *The Journal of Sexual*

Medicine, the average erection is 5.6 inches. Over a man's sexual career, he will remember rock solid erections that were aimed to please and subpar erections good enough to get the job done. Keep in mind that being satisfied with your erections is something altogether different than sexual dysfunction. Here, we are talking more about dysfunction, though I believe much of this will help you understand how to produce a more stellar result. I should also point out that it is entirely possible to "break" your penis while erect. If this has happened to you, then there is no mistaking what just took place. Just know that it is the vessels that have ruptured, and you have not actually broken your "boner." Now let's talk about the science behind ejaculation.

The Mechanics of Ejaculation

You may be surprised to find out that the substance you ejaculate is really a cocktail of fluids from four different sources in your body. You could explain it all during pillow talk time to your partner after sex, but I recommend you just keep this part for your own knowledge. The first part of the action is when sperm, which actually only comprises about 2 to 5% of your semen, is transported to the back of your urethra. Here, it is joined by fluid from the seminal vesicles and adds another 70% of the cocktail. Throw in another 25% of prostatic fluid and top it off with fluid from your bulbourethral glands, and you get the full mixture for the big show.

You see, your urethra can tell when there is a significant build-up of the fluid, and just as your excitement peaks, your body tells your spinal cord to get in on the action. Signals tell the muscles at the base of your penis to contract in a rapid manner and outflow the semen, whether you or your partner were ready for it or not. You could break the process of ejaculation into four phases that are arousal, plateau, orgasm, and finally, resolution or refraction. You didn't know it, but since the first time you experienced ejaculation, this is what has been taking place every single time.

When this event occurs at the end of a rousing sexual performance, it can be a very fulfilling experience. If, however, it happens in the first minute, it can lead to a great deal of frustration for the man and his partner. You may very well get some reassurance from your partner that it is fine, but you know deep down in your heart that this is not altogether true. This is what is called premature ejaculation, and it can be quite frustrating for all involved. Often, this struggle is psychological in nature, but that does not mean that biology is not playing a role here.

Then, there are men who seem to struggle to ejaculate at all, or if so, it takes a three-ring sexual circus marathon to make it happen. We refer to this as delayed ejaculation. It is not harmful in and of itself but can lead to friction between you and your partner. Often, the partner blames themselves for your lack of proof that you enjoyed the experience. Men can suffer from

lifelong delayed ejaculation, which means they struggle with it from the onset of sexual maturity. Men can also suffer from acquired delayed ejaculation, which occurs later in life for a variety of different reasons. Moreover, there are some men who suffer from delayed ejaculation. This means they can only ejaculate under certain circumstances, such as masturbation.

Finally, men can also suffer from what is called retrograde ejaculation. This takes place when the semen flows back into your bladder rather than exiting through your penis. There are no other ill health effects associated with retrograde ejaculation, but it is extremely hard to impregnate a woman when the semen stays with you rather than entering the woman. People will refer to this as “shooting blanks” as there does not seem to be any evidence of ejaculation, though a man knows he has reached orgasm. Thankfully, it can be treated, and normal reproduction can occur.

Achieving the Male Orgasm

Truthfully, you can find much more literature on achieving the female orgasm than the male orgasm as a male reaching orgasm is somewhat culturally assumed. Medically speaking, that is simply not true. Every male orgasm is the result of physical sensation, cognitive arousal, or some combination of the two. Just because we don't know the perfect recipe for every man does not

mean this is an outcome of chaos. The truth of the matter is that orgasm is not guaranteed during a sexual experience and if you are one of the ladies reading this book to support your man, feel free to shout “that’s the truth” quietly to yourself.

Medically speaking, the inability to produce an orgasm, despite receiving sufficient sexual stimulation is called Coughlan’s Syndrome. It does affect both genders, and you might hear it commonly referred to as anorgasmia. It is important at this point to clarify that anorgasmia and erectile dysfunction are two different things. They may overlap, but the drivers behind the two issues are not one and the same. Moreover, not all men will ejaculate when they reach orgasm. So you can’t tie a visual reference to the experience exclusively.

The orgasm is a biological experience informed by psychology. You will experience contractions of muscles around the perineum, anus, and penis in order to propel semen, and that physical sensation is unmistakable. Yet, at the same time, the reward center of the brain is flooded with information that enhances the experience and often elicits uncontrolled verbal outbursts that we associate with climax. The bottom line, it is a great human experience, and when it doesn’t happen, something has disrupted the various mechanisms driving that experience.

You could break anorgasmia down into two categories. First, you have what is known as secondary or situational anorgasmia. This is where a man can seemingly only achieve orgasm under certain circumstances. A common example would be where a man can only reach orgasm when he masturbates and not with sexual intercourse with a partner. Meanwhile, primary anorgasmia is where the man can't seem to reach orgasm if his life depended on it. There can be psychological or physiological causes for each one, and we'll cover those in more detail in the book.

The good news for you is that once a cause is discovered, there are solutions available. It most often just requires a man to open up to medical professionals about the problem. Be it anorgasmia or any other struggle of sexual performance, there is likely hope for each and every one of you. It's just biology and, in some cases, psychology. It has nothing to do with your "manliness," and your partner will salute you for embracing the best of modern science in order to solve this problem. Listen to me, my friends; you deserve a solution. Your partner deserves a solution. Other men in other relationships right now are reaping the benefits of those solutions. You may be reading this book right now because your partner is struggling as a result of this problem. If so, let's quickly talk about your partner's response as if they are aware. They can be a keen ally in the fight against erectile dysfunction.

CHAPTER 4

UNDERSTANDING YOUR PARTNER DURING YOUR ERECTILE DYSFUNCTION EXPEDITION

In the first chapter, I introduced myself to you and invited you to take part in a journey to rediscover sexual fulfillment. Then, in the second chapter, I spent a little time convincing you that you were in the right place at the right time in your life. In the last chapter, we discussed the broad spectrum of sexual performance and dysfunction. I'd now like to give you the opportunity to consider your partner's view and invite them on this journey if you see fit. It's a decision only you can make, and while I'll discuss the merits of fully understanding your partner's emotions during this time, the choice is yours.

Then again, if you have been with your partner for some time, they've already been on this ride with you, whether you wanted them or not. Perhaps, lack of a ride would be a better term, but we'll fix that too. If you find yourself partner-less at the moment, this chapter is for you as well. It may have been brutal responses from previous partners that brought you here, and you would do well to understand how their views were valid and not necessarily a condemnation of you. The human sexual experience is indeed an expedition, and no one truly knows when or where it will end. I'm just thoroughly convinced that your journey is not over, and neither are your partners'.

Waning Libido and the Drudgery of Life's Journey

If erectile dysfunction were like the sudden onset of an injury or a disease, your partner's reaction might very well be much easier to understand. Granted, that is the case for some men struggling with erectile dysfunction. Yet, for most, it starts to occur in a season of life where sexual desire, romance, and even the good old-fashioned desire to care start to wane. In that respect, it is insidious. Perhaps you are struggling with erectile dysfunction, but perhaps you are simply stuffed from eating too much on "date night" with the wife, and that History channel special is more tempting than a trip to the bedroom when you return home.

Now keep in mind, gentlemen, that you can be romantic without sexual contact. Novel concept, I know, but there could be problems that have been affecting your partner long before your penis failed to live up to its calling in life. So when you try to engage in sexual activity, and it doesn't work, your partner is not wrong to feel a certain way about that. In many ways, it could be the straw that broke the sexual camel's back. It's one thing to have it every couple of months, but something altogether different to be unable to do so when you actually give it a shot.

Without communication and without inviting your partner into this journey, you do run the risk of them blaming themselves. Perhaps they don't do it for you anymore, or maybe there is someone else who does do it for you. We covered that a bit in the first chapter, but here I want you to understand that opening up and inviting your partner into your struggle can help bring clarity where it is much needed. It may very well be that you could use an ally during this expedition, and the best ally may be the person you sleep beside every single night—just a thought to consider.

Another reason that you might consider inviting your partner to participate in your erectile dysfunction expedition is that they may finally be able to speak the truth. You see, human sexual fulfillment is a normal part of the human experience. Though many want that with varying degrees, and some do indeed pursue a life of celibacy, humans, in general, will want it. Namely, they

want to do it, and they want it done well. So when your partner tells you that they do not have a problem with your sexual dysfunction, they may want it to be true, but it is just not entirely so.

This may be a woman trying to help, and while her understanding is appreciated, her honesty may be of more value. “I do miss our sexual intimacy, but I am committed to romance” is an honest response. “Everything is fine, and I don’t care if you can’t perform anymore” is often not an honest response. Given that most men will struggle with erectile dysfunction after the age of 40, it may come in the second and third decade of a long and fruitful relationship. So your partner may be committed to you, regardless, but they do care.

Denial is Costly and Time is the Casualty

The other thing to remember about your partner’s response is that there is a good chance that you have been in denial about the problem for some time now. Listen, you may have been a sexual rockstar in your past, and that may very well have been what hooked your partner to begin with. It is not always easy for the man to admit that they are no longer in their prime, though they know it is true at heart. Denial can be costly, and your partner could have been struggling with this fulfillment for years or decades before you finally picked up this book.

You may not have lost your partner in that process, but you have lost time. The human sexual journey has a start date and an end date for us all. Both are final, and the time in between is finite. You may have wasted much of it, but the end is not today. I would ask you to consider the life of Theodore Roosevelt in response.

That's not President Teddy Roosevelt and famed Rough Rider, but rather his son. Theodore Roosevelt Jr. was a General in World War 2, and a little-known fact is that he was a Medal of Honor Recipient. Despite having severe ailments and being in his 50's, General Theodore Roosevelt Jr. insisted on being on the 1st wave with the troops on D-Day. Originally, his command denied him, but after much persuasion, they relented with the belief that they would never see the man alive again.

When General Roosevelt arrived onshore, it turns out the landing craft had drifted more than a mile off course. The soldiers were confused, chaos ensued, and it was now clear they were nowhere on target. Among the heavy enemy fire, General Roosevelt calmly responded, "Well, we'll start the war from right here then." Gentlemen, regardless of what time you may have squandered in denial, you are here today, and we will start the war from right here. Just know that your partner may have some genuine feelings that need to be addressed. You may have lost time, but in the vein of Teddy Jr., we'll start the war from right here.

The Partner's Ultimatum to Perform or Get Out is Valid

Harsh, but valid nonetheless. If you find yourself with a partner who has given you that ultimatum or the visible signs of frustration are so clear that you feel it is coming, you are not alone. However, nor are you entitled to berate them with how insensitive they are, particularly if you have not invited your partner into your journey thus far. If a newlywed couple waits until marriage to consummate that relationship and one partner is unable to do so, few will blame the partner for their frustration. Well, just when are partners supposed to give up their expectations for sexual fulfillment in life?

Is the fact that you gave them 20 years of sexual performance supposed to satisfy them for the next 20? Exactly when is it that partner is supposed to give up on sexual fulfillment in life? At what age are they supposed to be done? The dreaded ultimatum is harsh, but it's not completely out of the left field. The fact that you are here reading this book lets me know you understand that to some degree, but some men never get it.

A Famous Meatloaf song states, "I would do anything for love, but I won't do that." Friends, the "that" is not supposed to be a refusal to find out how to get an erection again. Your partner is not wrong for wanting sex, and you are not wrong for struggling to give it to them. You just need a little help, and you may buy

yourself some valuable time by bringing them into the conversation. In fact, I would suggest that if you find yourself with a committed partner, you might as well invite them on the journey because they are already on it.

Adding an Ally When You Need it Most

If you are currently without a partner, I want to thank you for reading this chapter. I also want to suggest that you not invite your partner to join you on your journey of erectile dysfunction on the first date. Let's try and tackle the problem first, and then you can hit up Tinder. However, for many men, this struggle occurs in the midst of a relationship that they want to preserve. To you men, I'm going to again suggest that inviting your partner to take part in what they already know may be of some value. Again, that's your final call.

In many ways, I feel that in addition to being a doctor, I am a merchant of hope. That's not false hope, as I've seen most men recover strong sexual performance abilities. It just takes a great deal of hope in men that a solution is possible. I need you to believe that a sexual future without precedent is possible, and it may very well be the case that your partner needs to believe that as well.

I've never met your partner, but if I had to guess, I would say that they prefer a hard, firm erection to a flaccid penis any day.

I'm sure there are studies that support that, but I'm going to go out on a limb there. You gave that to your partner at one point, and though you struggle today, there is hope for the future. If you feel comfortable, inviting your partner into this process allows them to have the same hope that you have right now. Remember that beyond hope, they may feel hopeless right now because they think the problem is with them. When you take that burden off their shoulders, they may become your greatest ally, and rightfully so. Some of the happiest couples I know today are ones who took this journey together and came out on the other side more committed to one another than ever.

Your Partner's Response is True and Valid

At the end of the day, you may reject the logic behind your partner's response to your erectile dysfunction, and you may even be a little angry about it. Yet, that is their response, and it is true and valid. Humans long for sexual fulfillment, and your partner is not wrong to expect it and, if not at the very least, hope for it. Men, there is great danger in making yourself feel like the victim here. Even if you are subject to unreasonable and unloving responses, the answer to your erectile dysfunction still lies ahead of you.

You are captain and commander of your own destiny, and though the path is different for every single man, every path

forward requires a certain level of ownership. I have no problem speaking those bold words because men without ownership do not pick up books like this one and look inward. You are in the right place and in the presence of great men. Your partner is not alone in this struggle, and nor are they wrong for how they have felt up until now. We are getting ready to jump into the science in full swing, and if you approach it with the right mentality, you will emerge victorious over this problem if you can bring your partner along on this journey with you; kudos to both of you. If not, then there is still a path forward, and we'll walk that path together.

CHAPTER 5

UNDERSTANDING THE RISK FACTORS DRIVING ERECTILE DYSFUNCTION

So far, we've covered your need to be here reading this book, your partner's need for you to be here reading this book, and the broad spectrum of sexual dysfunction on a surface level. Would it be safe to assume that you have some form of sexual dysfunction and some motive to see it treated? I'm going to hope so because we are about to dive a little deeper into science, and your attention span will benefit from remembering what brought you here in the first place. You see, whereas I hope you would reach out to me after you finish this book and explore treatment options, I realize that this won't be the case for everyone reading this book. This book will be the last conversation that you and I have on the matter for many of you. I'm okay with that so long as I know that you receive the treatment you deserve somewhere.

So for everyone involved, I want to equip you as to what types of questions to ask when you go and see your doctor. A little pro tip for you, but if you spend less than 5 minutes talking to your doctor about your erectile dysfunction and he instantly prescribes you a pill, then you are not in the right place. Go and find a doctor who can answer your questions and perform a thorough intake for your problem. There is no one size fits all approach to erectile dysfunction, as you will see in subsequent chapters. After this chapter, you should be armed with the proper knowledge to ask the right questions that will allow you to evaluate whether your doctor knows his or her stuff.

You see, the fact that your doctor is aware of erectile dysfunction is not enough. For that matter, we have evidence as far back as the 8th century B.C. that humans knew about erectile dysfunction and even tried to understand it. In India, ancient Sanskrit texts from that period put forward possible causes of erectile dysfunction that included voluntary drivers, congenital drivers, early-onset erectile dysfunction, and even diseases of the genital organs. So my friends, modern medicine has come a long way since then, and if your doctor sounds like they are reading off of 8th century Sanskrit tablets, it's time to move on.

Finally, as we talk about these risk factors, you will hear age come up quite often. Age indeed plays a role, but no age becomes a death sentence for your penis. Men in their 80's can have very

fulfilling sexual lives. There may come a day where you receive the final erection of your lifetime; I need you to hold out hope and believe that day is not today.

Vascular Risk Factors that Drive Erectile Dysfunction

Your penis is a fascinating structure full of vascular activity that happens in the blink of an eye. As much as you may struggle to produce an erection today, you can remember a time it took mere seconds to go from flaccid to rock hard and ready to go. When this occurs, the biological mechanics at play always have and always will require a healthy vascular network to pump the blood. That's why vascular risk factors play such a significant role and are almost always at play when a man struggles to produce an erection. Whether it is due to a biological or a psychological cue, the penis is not ready to go if the blood doesn't flow. The most common cause of this vascular disruption is what is known as atherosclerosis. This occurs when there is an obstruction, or there is a buildup of plaque in the vascular network that prevents the blood from flowing properly.

Now, there are various risk factors that drive atherosclerosis, and the most common revolve around lifestyle choices such as smoking that can lead to obesity, high blood pressure, and high cholesterol. Sadly, we live in an era of American history where such health-related problems are becoming epidemics. By the

time these risk vectors have restricted the flow of blood in the penis to the point that it causes erectile dysfunction, a range of health problems typically now exists. Moreover, you could trace many of these problems back to the often-overlooked problem of inflammation. Chronic inflammation can cause damage to the blood vessels and restrict the flow of blood to your penis. So let's run through a few of the common risk factors that drive inflammation and atherosclerosis in more detail.

Diabetes - Diabetes may be the word that the late and great Wilford Brimley made famous with commercials, but it is also a major driver in erectile dysfunction. You may also hear it referred to as diabetes mellitus, hyperglycemia, high blood sugar, or elevated blood glucose. Long story short, your body struggles to respond appropriately to insulin and leaves way too much glucose in circulation. This leads to inflammation which restricts the blood flow, and voila, you've got yourself one flaccid penis when you least want it.

Remarkably, the link between diabetes and erectile dysfunction is so common that many have come to think of erectile dysfunction as an early warning sign that diabetes may be on the horizon. Yet, the problem when it is all said and done boils back down to the vascular network in your penis. Diabetes is not alone in this regard.

Smoking - Smoking tobacco is bad for you in every sense of the word. I know that is hard to hear for many of you who love a good smoke, but I think at this point in the evolution of modern medicine, you know that it is true. It can lead to lung cancer, COPD, and, you guessed it, erectile dysfunction. Maybe that's why couples wait to smoke a cigarette after sex? In reality, it takes smoking for a consistent period of time to result in erectile dysfunction. So if you only smoke a cigarette after a round of sexual intercourse, you will likely be just fine unless you have sex at the rate of a pack of cigarettes a day, that is.

When the nicotine and the carbon monoxide are inhaled, it reduces the amount of oxygen carried by the red blood cells. This leads to a buildup of plaque in the arteries, inflammation, and a lack of proper blood flow to the penis. Remember how I said that seemingly all roads would lead back to the vascular network in your penis? Even in younger men, smoking results in signs of atherosclerosis. There are many reasons not to smoke, but the notion that it is wreaking havoc on your ability to produce an erection while you still can rank high among them.

Cholesterol and High Blood Pressure - I could write plenty about each one of these as a driving force behind erectile dysfunction, but I'm still going to come back to the word atherosclerosis in the end. Too much cholesterol of the wrong makeup will cause inflammation that damages your arteries. Keep in mind, not all

cholesterol is bad. Meanwhile, high blood pressure (hypertension) can also damage the walls of your arteries. Fats from your diet will build upon these walls, and once again, atherosclerosis raises its head.

Venous Leak and Erectile Dysfunction

The vascular network of the penis is essential for getting the right amount of blood to flow into it in order to produce an erection. However, like puncturing a full water balloon with a pin, when you have a leak of that blood, it is nearly impossible for a penis to stay erect. This is what is known as a venous leak. When too much blood flows out of the penis, it really doesn't matter how much blood you are pumping into it.

In order to correct this problem, attempts have been made to increase circulation to the penis, but it is rarely successful. That's because the compromised circulation is usually in the more terminal small branches, which are difficult, if not impossible, to correct. Moreover, even when some veins are blocked by surgery, the body is extremely efficient at opening up new paths for the blood to escape. I'm not saying venous leak is impossible to treat, but many men find a penis implant as the only viable option.

Neurological Risk Factors for Erectile Dysfunction

Supposing that the vascular network in your penis is just fine, there are other factors that can drive erectile dysfunction on their own accord. Just keep in mind that most men suffer from a combination of risk factors and primary drivers. So when we say neurological risk factors, please understand that we are not talking about psychological risk factors. Rather, we are talking about the way your body sends messages from the brain to the spine and other parts of the body.

We learned in previous chapters that an erection, ejaculation, and orgasm involved messages sent throughout your nervous system. When these messages get disrupted at any point in the process, it basically short circuits the erection before it ever gets started. In many cases, this is caused by trauma or damage to the spine, and in that regard, it can happen to a man of any age. Moreover, the trauma can occur during a medical procedure, and it may actually be targeted at organs around the spine that produce the same effect.

Fortunately, for many men, once the body heals and the trauma has been corrected, their ability to produce an erection returns. However, you could waste precious weeks, months, or years hoping for this to be the case only to find out that it is not so. Moreover, because there can be overlapping drivers of erectile

dysfunction, you would do well to seek treatment rather than try to wait it out. When it comes to neurological causes of erectile dysfunction, your heart and body may want an erection with a passion, but if your brain can't deliver the message, then it isn't happening.

Emotional Risk Factors for Erectile Dysfunction

The Journal of Urology put out a 2002 study that should cause the world to stop and pause before passing judgment on men who struggle with erectile dysfunction. In a survey of combat veterans who were seeking treatment for post-traumatic stress disorder, 85% of those veterans were simultaneously reporting symptoms of erectile dysfunction. Keep in mind that many of these men are in the physical prime of their lives. In a control group of men not seeking treatment for PTSD, the numbers came in at only 22%. While it is not fully understood, there is an undeniable link between the experience of trauma and sexual dysfunction.

Now, when you combine that trauma with the experience of some form of sexual trauma, such as rape or early childhood abuse, you have a recipe for sexual dysfunction that many will struggle with for much of their lives—as such, judging someone's ability to perform sexually without knowing all the facts is heartless and cruel. When a patient comes in for a consultation, at times, the most ethical thing I can do is to stop and simply listen

to them as they tell their story and respond in a manner that does not pass judgment upon them.

It would also be unethical for me to simply prescribe a pill and hope for the best. Victims suffering from this type of trauma deserve respect and treatment. If you find yourself in this boat, I would love to help you with erectile dysfunction, but I would strongly implore you to seek treatment for your trauma as well. The two will work hand in hand, and a beautiful and sexually fulfilling life can lie ahead for you and your partner.

Medications as Risk Factors for Erectile Dysfunction

We've all seen the commercials on television where the narrator describes the beautiful and life-changing effects of a particular medication. Then at the very end of the commercial comes a full disclosure of possible side effects read at the speed of a live auctioneer. Yet, very rarely do we ever hear the phrase "could cause erectile dysfunction" spoken out loud. The truth of the matter is that medications are a frequent risk factor for erectile dysfunction. To name just a few of the drugs, blood pressure medications, antihistamines, acid-reflux drugs, antidepressants, anti-inflammatory drugs, muscle relaxers, opiates, and recreational drugs are all known to contribute to erectile dysfunction in some men.

Now, if you have begun treatment for cancer and the drugs are inhibiting your ability to perform sexually, your erectile dysfunction may be the least of your concerns. Moreover, there could be a long delay between the time you start medication and the time you attempt sexual activity. So you may not make the correlations between the meds and the erectile dysfunction.

Obesity is driving high blood pressure in men at an alarming rate, and as such, erectile dysfunction is on the rise as a result of the prescribed medications. Once again, this is why sitting down with a doctor who will take the time to listen to you is so important. Prescribing yet another pill may not be the solution.

A Summary Review of Risk Factors

Truthfully, I could likely write an entire book on the various risk factors of erectile dysfunction. Lifestyle choices or emotional factors that drive erectile dysfunction could be an entire book by themselves. Then there are smaller and more difficult to discern factors such as nutritional deficiency and a low presence of nitric oxide. However, in most cases where there is a physiological effect, it all comes back full circle to the vascular network in your penis. Now, this is good news because we know a great deal about how to stimulate that network to behave properly. Yet, it still requires a thorough intake and a mapped-out plan to arrive at a solution.

If you think your doctor is not working hard enough to understand your unique risk factors and understand your unique problem with erectile dysfunction, then you are likely correct. That's why I want to arm you with this information so that you can know what questions to ask. Should you and I have the fortune to sit down together in a doctor's office, then I encourage you to quiz me on it as well. After all, it is your penis, and while I will do my best to help it function properly, no one on this planet will care more about your own penis than yourself.

This chapter was not meant to provide you with a diagnosis, as only a trip to a competent doctor will provide that. However, this chapter was designed to help you decide whether or not you have a competent doctor. Now, let's get to the good part. In the next chapter, we are going to cover some of the treatments which mean you are a step closer to your goal of leading a fulfilling and meaningful sex life. You are at the halfway point, and I'm thrilled you've made it this far. So let's jump right in.

CHAPTER 6

THE COLD HARD TRUTH ABOUT HEART DISEASE, NUTRITION, AND ERECTILE DYSFUNCTION

Before we dig too much deeper into erectile dysfunction, I feel I have a moral obligation to speak to you as a doctor about your health in general. I know that you may be in a season of life where the inability to produce an erection seems like the worst possible thing in existence. However, your erectile dysfunction may very well be trying to tell you something about your existence itself. Namely, that your existence may be in peril if you don't start immediately treating nutrition seriously. Your heart is at risk, and erectile dysfunction could simply be a warning sign about your heart. So let's talk about nutrition and general health.

Heart Disease and Nutrition

Heart disease is an umbrella term that actually encompasses several diseases and conditions. What's important to know is that heart disease is the leading cause of death in the United States. Heart disease includes:

- Arrhythmia: heart rhythm abnormality
- Atherosclerosis: hardening of the arteries
- Cardiomyopathy: causes the heart's muscles to harden or grow weak
- Congenital heart defects: heart irregularities that are present at birth
- Coronary artery disease (CAD): caused by the buildup of plaque in the heart's arteries
- Heart infections: caused by bacteria, viruses, or parasites

I don't mind telling you the frightening truth that your erectile dysfunction could be a warning side of heart disease. That's because changing your general health and lifestyle is always the first step in combating erectile dysfunction. Perhaps the fear of meeting an untimely death will drive you towards making the

lifestyle changes that may treat your E.D. at the same time. When in doubt, be healthy because you will live longer.

Nourishing the Heart is Nourishing the Penis

Let's start with the most obvious choice, and that is the food and beverages we consume. There are diets that support optimal erectile function and simultaneously support your heart. If you make these lifestyle changes and live a longer life with more full erections and never have to walk into my office, I'm happy for you. A gained erection for you is what this whole book is about.

Recent data show that men who followed an organic diet or intermittent fasting were significantly less likely to experience erectile dysfunction. Intermittent fasting is simply not eating for about 16 hours of the day and timing your meals accordingly. It gives your body a rest from digestion and time to repair your body. Meanwhile, the "organic" in an organic diet simply refers to the way foods are produced. Organic foods are farmed or grown without the use of any antibiotics, hormones, chemicals, or genetically modified organisms.

Now, organic or not, a healthy diet for your heart and your penis is going to include some very common themes. First, low sugar should be a part of whatever diet plan you pursue. Back off on the soft drinks or artificial sweeteners and try water instead. Rather than a piece of cake, grab a sweet fruit and let that satisfy

your sweet tooth. You'll also want to drop your simple carbohydrate intake. That means to drop the pasta and bread for leafy greens, broccoli, and cauliflower. Next, reduce the hydrogenated fats like canola or vegetable oil and cook with olive, avocado, and nut or seed oils. Finally, pick good proteins. Pursue vegetarian options or emphasize grass-fed beef, heritage-raised pork, or organic chicken. Fish is great but drop the farmed fish.

I'm not going to "prescribe" you a diet right now, as that should always be done in consultation with a physician or nutritionist when crafting a meal plan to treat any disease. However, if you follow the above guide, you're going to land squarely in the middle of great heart and penis health.

Healthy Heart and a Healthy Penis

If you take good care of your heart, you will take good care of your penis. Likewise, if you focus on a diet that boosts optimal erectile performance, you are going to be taking good care of your heart. While I'm not sure which motivates you more, I'm going to assume that if you want to produce an erection, you want to live. Isn't it amazing how they both seem connected? That's because a healthy sexual experience is a natural part of life. However, I've sadly seen too many men give up on treating their erectile dysfunction only to be taken down a short time later by untreated heart disease.

Your penis is supposed to work. When it doesn't, something is amiss, and it could very well be your heart. We are going to get back to talking specifically about erectile dysfunction, but I want to warn you. If you are reading this to support your partner, know that this is what is on the line for your loved one. If his heart and his penis are in question, perhaps changing the nutrition of the household should be a primary discussion. Partner alongside your man and make this healthy and nutritional journey together.

Nutrition plays such an important part in our health that we have requested Dr. Patty DiBlasio, a functional medicine, and nutrition specialist, to contribute a chapter on this topic.

CHAPTER 7

ERECTILE FUNCTION AND NUTRITION

By Patty DiBlasio, M.D., M.P.H.

What if I were to tell you that what you eat and how you move your body affect your erectile function? Just a short read of this chapter will give you a whole new lease on what you can do to improve function, and it can all be done at little or no cost to you!

Lifestyle-associated changes remain the first step in improving erectile dysfunction (E.D.). The Third Princeton Consensus Conference in 2010 recommended lifestyle adjustments in men with E.D. not only to reduce cardiovascular risk but also to improve E.D. symptoms [1]. Specifically, reduced smoking and alcohol consumption, regular moderate exercise along with a choice of diet—particularly the Mediterranean diet—have shown efficacy. [2]

Choice of Diet

Upon further evaluation, what type of diet seems to be supportive of optimal erectile function?

A recent landmark 2020 study showed that patients who reported an organic diet or intermittent fasting were significantly less likely to have E.D. This is the first study that has suggested that organic diet and intermittent fasting offer protection against E.D. [3] [4]

What does intermittent fasting look like?

Simply don't eat anything for about 16 hours, 3-4 days each week. The easiest way to do this is to eat an early dinner, finishing by 6 p.m., and then not eating breakfast until 10 a.m. the next morning. Or, you can eat 2 meals during the day, the first round 8–10 a.m. and the second around 4–5 p.m. This gives your body time to rest from digestion and to repair and restore the body.

What does it mean to eat an organic diet?

You might want to start with avoiding the “dirty dozen” and eating more of the “clean fifteen,” per the Environmental Working Group (EWG). [5]

Here's the EWG's Dirty Dozen Shopper's Guide to Pesticides in Produce™ List. These fruits and vegetables should be

consumed ideally as organic produce to avoid the high pesticide load that contributes to suboptimal health:

1. Strawberries
2. Spinach
3. Kale
4. Nectarines
5. Apples
6. Grapes
7. Peaches
8. Cherries
9. Pears
10. Tomatoes
11. Celery
12. Potatoes

Also, you might want to avoid sweet corn, papaya, and summer squash that is often produced from genetically modified

seeds unless it is organic, which by definition will not be genetically modified produce (see below Clean Fifteen list).

And, here is the EWG's Clean Fifteen Shopper's Guide to Pesticides in Produce™, foods that are not organic but are produced with fewer pesticides and make good choices if organic is not available or too costly:

1. Avocados
2. Sweet Corn
3. Pineapple
4. Onions
5. Papaya
6. Sweet Peas, frozen
7. Eggplant
8. Asparagus
9. Cauliflower
10. Cantaloupe
11. Broccoli

12. Mushrooms

13. Cabbage

14. Honeydew Melon

15. Kiwi

Not only is it important to eat as much organic produce as possible so that you have less exposure to pesticides, but there will also be more nutrients present in the produce.

You also want the other foods you eat to be clean as well. Grass-fed and finished beef, pastured eggs and organic chicken, heritage-raised pork, and wild-caught fish are staples and worth the extra money if you want to have an optimal erectile function. Eating clean protein allows you to avoid the added hormones and antibiotics that farmed fish and non-organic meats contain, which can affect your hormonal balance and increase estrogen levels in your body. Elevated estrogen levels lower testosterone, and this is never good to have suboptimal testosterone levels in the body when your goal is to avoid E.D.

Not only can foods affect E.D., but certain drinks should be avoided, such as alcohol and sweetened and artificially sweetened drinks. These can be toxic to the body's organs, blood vessels, and especially the brain, and thus slows down appropriate erectile

response. Instead, choose purified or sparkling water and tea as life-enhancing drinks.

Calorie restriction coupled with exercise has shown to improve detrimental changes in aging-related that contribute to E.D. These lifestyle interventions help to restore smooth muscle cells and increase nitric oxide, which permits more blood flow to assist with erectile function. The ideal amount of caloric restriction is unknown, but in one animal study, a 40% reduction of daily food intake for 6 weeks demonstrated improvement. This would equate to setting a goal of no more than 2500 calories daily for an average-sized man for a 6-8-week period. [6]

Foods that Support Erectile Function

Oysters have been used traditionally in Eastern cultures as folk remedies and have been considered natural aphrodisiacs to combat male impotence. A peptide substance in oysters has been shown to increase serum testosterone and nitric oxide, which can support erectile function. [7]

Almond consumption, particularly in males with diabetes, may prevent or reduce E.D. [8]

Some foods boost nitric oxide, which can dilate blood vessels and increase blood flow to support erectile function. The following are several foods you can easily add to your diet: [9]

- Beets contain dietary nitrates that your body can convert to nitric oxide.
- Garlic boosts nitric oxide levels and can also help to lower blood pressure and improve exercise performance.
- Organ meats, fatty fish, beef, chicken, and pork contain higher concentrations of CoQ10, a helper in the body that preserves nitric oxide. Don't forget to choose organic meat and wild-caught fish.
- Dark chocolate contains flavanols that help establish optimal levels of nitric oxide to help protect cells against oxidative damage. Choose dark chocolate that is at least 85% dark chocolate.
- Leafy green vegetables like kale, spinach, arugula, and romaine lettuce help maintain sufficient levels of nitric oxide in the blood and tissues.
- Citrus fruits like grapefruit, lemons, limes, and oranges are high in Vitamin C, which increases the body's use of nitric oxide.
- Avocados contain high levels of Vitamin E, beta carotene, and magnesium. These nutrients help promote the

production of sex hormones and have regenerative properties.

- Pomegranate is full of potent antioxidants—substances that protect your cells against damage. Drinking pomegranate juice can increase nitric oxide levels in the blood.
- Nuts and seeds have high levels of arginine, an amino acid that helps to produce nitric oxide.
- Watermelon is a great source of citrulline, an amino acid that helps to enhance nitric oxide levels in the body.

Complementary Medical Treatments and Supplements that Support Optimal Nutrition

Acupuncture has shown moderate efficacy to improve E.D., with a study of twice-weekly acupuncture for 8 weeks demonstrating an improvement in erectile function in 39% of men [10].

Oral complementary supplements with potential benefits in E.D. treatment include yohimbine, l-arginine, and ginseng. [11]

Food supplementation with *Spirulina plantensis* emerges as a promising new therapeutic alternative for the treatment of erectile dysfunction, in particular as induced by

obesity. *Arthrospira platensis* or *Spirulina plantensis* is a complete food supplement that contains all of the essential amino acids and supports optimal erectile function. It represents a rich source of vitamin B12 and other vitamins, minerals, essential fatty acids, and complex carbohydrates that exert anti-inflammatory, antioxidant, anti-obesity, and protective and relaxing effects. [12]

Conclusion

The good news if you are experiencing E.D. is that improvement in your symptoms is under your control and is often free or low cost. It does involve willingness on your part to make lifestyle changes to eat healthy foods, exercise regularly, and consider other options in this book.

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CHAPTER 8

GENETIC TESTING AND THE NEW FRONTIER OF ED

SUMMARY

Erectile dysfunction is associated with a myriad of medical conditions, such as arterial diseases, heart diseases, neurological diseases, and toxicity. Genomic study of your DNA helps to detect many of these conditions and to determine the chances of your developing these conditions in the future. These conditions may possibly be prevented by very simple means, such as a change in diet, taking special supplements, and a modification of your lifestyle.

In modern medicine, it is difficult to discuss any disease or symptom without speaking of the rapid advancements we have made in genetic testing. In the case of erectile dysfunction, this is good news as certain aspects of D.N.A. are directly related to your

struggle. I feel the need here to diverge for a moment and clarify that the type of genetic testing that we are doing here is not the same kind that you see popularized on television with regards to your ancestry. These do-it-yourself kits might tell you if you have Viking blood running through your veins, but they won't do anything to get that Viking blood to help with your erectile dysfunction. The type of D.N.A. testing we perform is specifically for the purpose of creating a treatment plan based on your specific D.N.A. Crafting a plan for your D.N.A. is about as individualized a plan as one can create. Your D.N.A. is yours. There might be many people like you, but your D.N.A. is unique and one of a kind. So let's start by diving into the basics of D.N.A.

The Building Blocks of YOUR Life

Your D.N.A. determines everything about you. That's the way you look, the way you think, and even what you like or dislike. Many people dismiss the idea that there is a code inside their body that determines that much of the course of their lives, but the data is more conclusive with each passing study. If that is hard for you to swallow, then let's just come to an agreement that your D.N.A. matters a great deal to your health and wellness.

In the nucleus of each cell in our bodies, there are about three billion D.N.A. pairs. Meanwhile, we have trillions upon trillions of cells that make up our bodies. It doesn't matter whether it is a

cell from the skin, heart, or anywhere else; they all have exactly the same D.N.A. No one else in the universe has your exact same D.N.A., and yes, that can also be true of identical twins. Though they are indeed a genetic match, early mutations in development can cause seemingly identical twins to be separate and unique.

The building blocks of your D.N.A. are made of four different nucleotides, represented by the letters A, T, G, and C. These are paired up as A-T, G-C. In about one in a hundred pairs, a substitution occurs. That means instead of an A, it could be a G; or, instead of a T, it could be a C, and so on. This means there are about 30 million of these variants, and they are called SNPs (Single Nucleotide Polymorphism). This is the recipe that determines why each one of us is a unique creation. Otherwise, we'd all be identical twins.

Here is where we bring it back to erectile dysfunction. The SNPs also determine whether we are likely to have certain conditions now or in the future. Not all SNPs make a difference, but some do. A gene that is responsible for a certain function in your body has a definitive D.N.A. structure. If that gene has a variance, the function of the gene may become absent or less effective, or in certain cases, become more effective. This may result in certain diseases or malfunctions. I know it is terribly disappointing to find out that you might have mutated D.N.A. and that your mutant superpower is erectile dysfunction. So let's

talk more about your D.N.A. and its importance in the treatment of erectile dysfunction.

The Study of D.N.A. and Erectile Dysfunction

There are some SNPs that are directly concerned with erectile dysfunction. Meanwhile, there are other SNPs that are indirectly connected to, but still important too, erectile dysfunction. We've already covered at length how an erection occurs due to the increased flow of blood to the erectile tissue and is held in that position to prevent the blood from leaking out. This means when there is any condition that leads to decreased blood flow or too much blood leaking, this will cause problems with erection. There are SNPs that result in decreased blood flow, and when they are identified, certain steps can be taken to treat the problem.

It is well known that erectile dysfunction often coexists with other medical conditions, and we covered many of those in this book already. For example, the chance that an individual with erectile dysfunction develops heart conditions within a few years is estimated to be over 50%. That's why you'll see chapters 5 and 6 in this book warn you about your general health. Meanwhile, the existence of these other diseases will simultaneously cause problems with your erection.

An example would be patients who suffer from diabetes will have problems with micro-circulation, which in turn decreases the amount of blood flow into the penis. Therefore, genetic testing will show what medical conditions the patient may have a predisposition for and which ones can be mitigated to indirectly help prevent erectile dysfunction. The good news is that many medical conditions that you are unaware of now or that you may develop in the future can be prevented. The even better news is that much of that prevention can be accomplished by a simple change in diet, nutrition, and lifestyle.

The new D.N.A. tests that we use provide the clinician with in-depth, evidenced-based, science-focused genomic intelligence. When the results are ready, you will meet with your doctor to discuss the risks and benefits of your genomic profile. You will then work with your doctor on a plan for potential prevention, intervention, and other strategies designed to help you obtain optimal health and wellness.

We also need to make this distinction very clear. The reports from your D.N.A. testing will not make a single healthy decision for you. Rather, they provide deep insight into your unique genetic makeup to assist your clinician in developing truly personalized care with you as a partner. You, as the individual, must still decide to act upon the information and to follow the plan. Much like finding out that you are a descendant of Vikings

doesn't instantaneously make you a dangerous seafaring warrior. You will still have to put in the work.

How is the D.N.A. Test and Analysis Performed?

At this point, you might be wondering how to go about this process, as it is surely not as easy as having an ancestry D.N.A. kit mailed to your house. This is correct, and for instructional purposes, I'm going to walk through the steps as if you were one of my patients. The first thing we are going to do is to conduct a thorough history and physical examination, as well as a comprehensive blood test. Just because we are going to be reading your D.N.A. doesn't mean we ignore what the rest of your body has to tell us.

Next, we are going to conduct a comprehensive D.N.A. analysis using cells obtained from your saliva and send them to our testing partner, who will examine the D.N.A. and SNPs. They will then send a comprehensive report that includes all the SNPs back to me. That's where I'll take the information and consult with an expert on genomics to formulate a plan of treatment. Under my supervision as well as the consultant's, a health coach will be assigned to you. We'll typically aim to follow that plan for a period of six months.

Based on the results, we may need to evaluate your plan and make modifications. The one thing we won't need to do is test your D.N.A. again, as that has remained the same since the time of your birth. Just as an example, I'm going to include a table below that shows just some of the SNPs involved and an example of some of the possible treatments that could be pursued. This list is not meant to be comprehensive but rather for instructional purposes.

CONDITION	GENES & SNPS INVOLVED	POSSIBLE TREATMENT
Cardiac	LPA CDKN2A/2B IL1RL1 IL37 COMTV158M IL1B	~some or all of the following: Vitamin D with K2; consider Ashwagandha; ~consider Rhodiola Rosea ~limit caffeine to < 2 cups coffee daily ~special consideration for CRP, Homocysteine, Obesity, Diabetes, and Vitamin D ~citrus bergamot for lowering cholesterol ~lower saturated fat diet
Coagulation & Deep Vein Thrombosis	F11 F13	~compression stockings ~if taking estrogens, they should be bio-identical and topical ~Bromelain ~Omega 3 ~fish/krill oil/curcumin/ECGC supplements ~baby aspirin
Erectile Dysfunction	May be of interest: MC ₄ R SIM ₁ MCHR ₂	
Cognition & Memory -Alzheimer's	TOMM40 PEMT IL1A MME ABCA7 CYP17A1 MS4A4E PICALM IL33	~check APOE4 risk ~low glycemic mildly ketotic diet and plant-based fats ~Ashwagandha/Sulforaphane/Curcumin, bioidentical estrogen/testosterone ~PaleoValley organ capsules, omegas and 1-2 cups coffee or green tea daily ~NAD+ intravenously or intranasally.

CONDITION	GENES & SNPS INVOLVED	POSSIBLE TREATMENT
Diabetes Type 2	ADRB3 PPARGC1A TCF7L2 KCNQ1 FTO MTNR1B IL6R ARAP1 SLC30A8	~diet with low-glycemic index ~gymnema and curcumin
Macular Degeneration (blindness)	CFH C3	avoid tobacco exposure; zinc, resveratrol, curcumin, EGCG, sulforaphane, lutein and zeaxanthin; add Magnesium and omega 3s supplement; use saffron (can also take as supplement) and ginger in cooking ~intermittent fasting ~monitor with Amsler grid annually starting at age 40 https://www.allaboutvision.com/conditions/amsler-grid.htm -eat organic and low glycemic diet ~check C-Reactive Protein in annual blood tests
Obesity and Weight Control	STAT3 FTO LEPR LEP MC4R PLIN1 APOA2 TMEM18	~see Diabetes pathway recs ~consider American/Korean Ginseng (anti-viral and can decrease leptin and cholesterol) ~low saturated fat diet
Obsession, Rumination and Compulsions		~consider Vit D, B12, NAC, zinc, magnesium-L-threonate, inositol, curcumin, ashwagandha, folic acid, CDP-Choline, sulforaphane, omega 3s and borage oil. ~Additional recs include low sugar diet and CBT

CONDITION	GENES & SNPS INVOLVED	POSSIBLE TREATMENT
Osteoporosis	TIMP2 OPG RANK MMP2	~daily weight-bearing exercise ~take Vitamin D with K2 ~eat alkaline diet with high fruits and vegetables and low processed foods ~add Ashwagandha (promotes osteoblast survival); Vitamin K2 (calcium goes to bone and not arteries); Sulforaphane/Curcumin/Fish oil helpful ~consider bioidentical estrogen, progesterone, and testosterone if indicated
Anesthetic Agent Intolerance	HTR2A GABRA2	~May be more sensitive to Propofol requiring less dosage. ~May have lower heart rate induced by Propofol
Intolerance to Toxins such as Benzene and Pesticides	CYP1B1	~ Increased risk of cancer from exposure ~Increased side effects of tobacco and alcohol
Hypertension Drugs	KCN1P4 ADRB1 NEDD4L CACNA1C ACE AGT C4072T AGTR1 SIGLEC12 GRK4 TNF KCNIP4 XPNPEP2	~May influence response to beta blockers, thiazide, diuretics and calcium channel blockers

I know all of that information above sounds like a lot of medical jargon, but remember, the best treatment for any disease is prevention. Understanding your DNA gives us the opportunity to prevent that which we are most susceptible to. Much like if you have a strong family history of, say, heart disease, then you should take special care to prevent heart disease. That means regular exercise and keeping your weight in check. Finally, let's wrap up with what I assume are some of the most common questions that you may have at this point.

COMMON QUESTIONS

If I know my genomics, what can I really do about it?

Your DNA is not your destiny. In fact, understanding your genomic profile empowers you to make intelligent health and wellness choices that may impact your future quality of life. IntellxxDNA™ reports focus on the health and wellness of the whole person rather than an isolated disease state. Your clinician will review your genomic profile as one of the several factors of consideration when making clinical decisions to help you achieve optimal health.

Why do I have to go through my clinician to receive IntellxxDNA™ testing and genomic reporting?

Unlike ancestry-based genomics, the field of medical genomics is complex, even for well-trained clinicians. IntellxxDNA™ provides clinicians with ongoing education to ensure that they have access to research-based, accurate information.

Does health insurance pay for IntellxxDNA™ tests or reports? Will genetic testing affect my health insurance?

IntellxxDNA™ is not direct-to-consumer and is not covered by insurance at this time. IntellxxDNA provides each patient their individual privacy-protected portal. All identifying information is changed so the patient cannot be identified. The patient's genomic information is not shared with nor can it be accessed by other healthcare providers or employers, so it does not become a part of a patient's medical or employee records.

What has genomics got to do with erectile dysfunction?

Erection is due to decreased blood flow into the erectile tissue of the penis and held in position to prevent leaking out. Erectile dysfunction can be the result of a lack of blood going into the penis or too much blood leaking from the penis during erection. Therefore, any condition that causes decreased circulation into the penis will cause a problem with erection. There are certain

SNPs that result in decreased blood flow, and when these are identified, certain things can be done to take care of the problem.

Erectile dysfunction very often coexists with other medical conditions. It is estimated that when someone has erectile dysfunction, the chances of developing a heart condition within a few years is over 50%.

The existence of other diseases will also cause problems with erection. For instance, patients with diabetes will have problems with micro-circulation, which, in turn, decreases the amount of blood flow into the penis. Therefore, genetic testing will show which medical conditions the patient has risk for developing, and which could possibly have been prevented, therefore, indirectly preventing erectile dysfunction. There are genes that are responsible for the control of blood flow into the penis, and this could be corrected if it is defective.

CONCLUSION

When you have issues with erectile dysfunction, you should consult a doctor who specializes in this because, in most cases, there are simple solutions, such as low-intensity shock wave treatment, PRP injections, stem cell therapy, modification of your diet, and special supplements such as nitric oxide. Others may need hormone replacement as well.

In more complicated cases, especially when associated with other conditions, you may need genomic testing, and appropriate therapy may be given. You may be surprised by what else you may have. For example, you may have SNPs that predispose you to Alzheimer's or macular degeneration. What is it worth to you if this knowledge can help you prevent these horrible diseases? DNA is indeed the new frontier, and I'd encourage you to ask your doctor about pursuing this approach once you have finished this book. If that's me, you won't have to worry about it as I discuss this with all my patients. I'd love to tell you that all doctors are up to speed on this new frontier, but sadly, that is not the case. Now, let's jump in and get to some of the good stuff. Namely, treatment for erectile dysfunction.

CHAPTER 9

COMMON APPROACHES TO COMBAT ERECTILE DYSFUNCTION

We've spent a great deal of time discussing the common risk factors for sexual dysfunction and how that sexual dysfunction manifests itself in various men. As you now know, it is not always erectile dysfunction that plagues men, but it is certainly the most common ailment. After many years in the field, I've run into countless men who could care less what is causing their erectile dysfunction or what we have to do to fix it. They just want their beloved erection back. Unfortunately, they've seen one too many commercials or heard one too many jokes, and they walk in the door saying, "just give me the damn pill, doc." Well, a pill may very well be the appropriate treatment for you, but the pill is not a one size fits all treatment. So let's run through the most common approaches to combat erectile dysfunction that you may see on a

regular basis. This is not to discount these methods as they do work for some men, just not all men—what better place to start than the infamous magical pill that has become all the rage these days.

PDE-5 Inhibitors Are Not Magical Pills

When a pill turns a soft penis into a rock-hard erection for a man who has struggled with erectile dysfunction, it certainly seems like magic. I suppose it is no different than a caveman who rubs two sticks together and gets fire as, at the end of the day, it works. Viagra (Sildenafil), Cialis (Tadalafil), Levitra (Vardenafil), or Stendra (Avanafil) are what are classified as PDE5 inhibitors. Long story short, PDE-5 inhibitors help the blood vessels in your penis to remain open and enlarged for a longer period of time during sex. Once again, it goes right back to that vascular network in your penis, which is the most common culprit when it comes to erectile dysfunction. They do work for many men, but not all. Moreover, the side effects could be devastating to a man's overall health if a doctor is just too quick to prescribe this quick fix.

It's thought that over 20% of men do not have a positive response to PDE-5 inhibitors. In addition to not getting erection of the dreams on command, they can potentially experience nausea, dizziness, back pain, upset stomach, headaches, and nasal congestion. Believe it or not, some men experience vision and

hearing loss. However, perhaps one of the more dreaded side effects is the infamous 4 hour plus erection. I know that sounds awesome to some men, but trust me, it's a nightmare. This could lead to serious complications such as stagnant blood in the penis and a painful throbbing sensation in the penis, which is not the kind of throbbing penis anyone prefers. Not to mention the fact that few women are going to want to enjoy your full and firm erection for four straight hours.

Finally, we have to remember that many men who struggle with erectile dysfunction do find themselves at an advanced age. Many of these men have heart problems and are on medications to treat those ailments. If you have heart problems and you take a PDE-5 inhibitor, there is an increased risk of irregular heartbeat, stroke, or heart attack. I don't want to alarm you if you are currently taking PDE-5 inhibitors and have heart conditions, as these side effects are rare. Yet, they are real, and if your doctor prescribed you a PDE-5 medication in haste, they might have done so negligently if they did not take the time to do a proper and thorough intake.

Ultimately, this is the heart of my objection to PDE-5 inhibitors as the automatic response to erectile dysfunction. It is not that they do not work, and I prescribe them with great results on a regular basis. However, the magic pill is not my automatic answer when you tell me you are struggling with erectile

dysfunction. I'm sorry, but I took an oath as a medical professional to do no harm, and prescribing this pill without all the necessary information could violate that oath, in my opinion.

TriMix Penile Injections When Required

Now, for as many men as I have had to walk into my office and demand the magic pill, I have never in my long career had a man walk into the office and demand a penile injection. TriMix penile injections involve a man injecting the substance into his penis prior to intercourse, and as such, it's not your first option. However, when required, it helps many men enjoy a full and satisfying sex life. There are three medicines involved to include alprostadil, papaverine, and phentolamine. As a mixture, they will help support the work of the blood vessels in the penis when PDE-5 inhibitors fail to have an effect or because the side effects of PDE-5 inhibitors in a man outweigh the benefits. TriMix penile injections have been around since the early '80s, and when we use them, we have a very high success rate.

The magic behind a trimix penile injection is finding the right mix and custom blend that has the right outcome that suits each individual patient. This means there is a little testing, trial, and error involved. That experience could vary depending on your particular doctor. In most cases, a test dose is given in a clinic, and then your erection is monitored for the next hour or so. Yes, you

are going to have a medical professional evaluating your erection for hardness and duration. Don't worry; they won't be offering their opinions on your erection, but just an honest evaluation of what is working and what is not.

This is another reason why it is important to visit a clinic or doctor that specializes in erectile dysfunction. After all, who wants a bunch of amateurs musing about your erection with poor results. Once you are given the proper treatment, then you can simply administer the injection prior to sex, and it's up to you whether you want to let your partner know what's up. I've found that some couples can discuss it openly, whereas many men find a way to excuse themselves before they think things are about to get intimate. Keep in mind that this is a one-time use approach, and you must repeat the injection before another sexual encounter. Moreover, you need to wait at least 24 hours between injections. So if you have dreams of an all-night sex fest as you take one injection after the other, please don't try it. You'll be in the emergency room soon enough if you do.

The Infamous Penis Pump

Believe it or not, the penis pump is a real thing and not just the creation of Hollywood humor. Here in the medical field, we will refer to it as a VED or Vacuum Erection Device, but a penis pump by any other name is still a penis pump, I suppose. Whereas some

men will attempt to use it as a manner to enhance an erection when they are otherwise healthy, there is a medical use for the device, and it is most often used when both PDE-5 inhibitors and TriMix appear to be ineffective.

Now, you've likely seen a penis pump in some movie used as a prop, and as such, you can recognize one when you see it. It's a plastic tube that is placed over the penis with an electric or hand pump to create the vacuum seal. As air is removed via the pumping action, blood is pulled into the penis, and the penis is subsequently fully engorged. Once you remove the seal, the blood would naturally exit the penis, and the erection would subside. In order to prevent this from happening, a band is placed around the base of the penis to trap the blood. While the blood remains, you can have intercourse as normal.

While the VED can be effective, it does have its downsides. The erections may not last very long, and it can feel somewhat unnatural as the penis seems to know it did not arrive in this erect state on its own. The upside is that it can work, and you don't have to inject anything into your penis, which seems like a win for many men. As a treatment option, the penis pump has its place, but there are other options that can be considered before resigning yourself to a lifetime of pumping yourself up before intercourse.

Penis Implants are a Legitimate Option

Most of the time, when we think of an implant for sexual purposes, we think of it as some manner of augmentation like breast implants. However, few men consider a penis implant as anything other than a resort or last option. Medically, I don't believe I could justify giving a man a bigger penis because he wanted one, as this procedure cannot be reversed. So if you are not ready to give up on sex and all else has failed, I've got good news for you. Many men live healthy and enjoyable sex lives with a penis implant. If you are just a little disappointed in your natural penis and you are looking for an upgrade, it's not going to happen with me.

First of all, a penis implant involves a surgically implanted device that is now a permanent fixture of the body. It's not like taking your dentures out at night. A man basically has three options for an implant, and I'll offer a quick review below:

Three-piece inflatable - The three-piece inflatable pump involves placing two cylinders in the penis, an inflatable pump in the scrotum, and a fluid-filled container in the abdomen. All of these components are connected by special tubing. Squeezing the pump in the scrotum causes fluid to move from the container into the cylinders, thus creating an erection. When the release valve is squeezed, fluid moves out of the cylinder and back into the

container, thus making the penis flaccid. When inflated, a three-piece inflatable pump implant acts and feels like a natural erection. The implant also feels natural and comfortable when flaccid.

Two-piece inflatable - This is similar to the three-piece inflatable device and works in the same way, although, instead of a separate fluid-filled container, the fluid is kept within the pump in the scrotum. The two-piece device is not as rigid as the three-piece implant. In some cases, it is a matter of preference, and in others, it is a matter of necessity.

Semi-rigid/malleable rods - This implant involves implanting two flexible rods into the penis. The implants never change in size or stiffness and maintain a semi-rigid state. It is normally bent downward but can be straightened into an upward position when needed for sexual intercourse. While easy to use, many men find the constant rigid state of being a bit uncomfortable.

A penis implant is expensive, requires extensive surgery, and recovery is quite painful. As you can imagine, this is a decision that men cannot pursue lightly, and I make sure that every patient understands the full implications of their decision. However, as we discussed in Chapter 5, men who suffer from erectile dysfunction caused by a venous leak may find a penile implant as the only viable option. As such, penis implants work for many

men. Moreover, when pursued after all other options have failed, there is nothing to be ashamed of when this route is necessary. It might seem like a harsh treatment option, but it is much more preferable to this last option.

Do Absolutely Nothing

Now, in the next chapter, we are going to cover some alternative and out-of-the-box treatment options emerging for erectile dysfunction. So I don't want you to think that this chapter is the full list. Rather, these are the most common that you will hear discussed. The final popular option that many men choose is to do absolutely nothing and to give up on the sexual experience that they and their partners deserve. Doing nothing and hoping for the best wastes one of the most precious resources in the universe, and that is time.

So many men do absolutely nothing, and they hope for the best. They hope that their penis will naturally return to its former glory, and months, years, and even decades go by before they realize that they are running out of time. Now, it is possible that some men will experience a recovery over time. You just can't hope that you will be among those few if you want to squeeze the very best out of life.

Keep in mind that if you go to a reputable and respected doctor who specializes in treating erectile dysfunction that they

are not going to prescribe you a penile implant on the first visit. If done properly, they are going to listen to your full story and find a solution that not only works but one that you are ready for. Moreover, doing nothing can exacerbate problems like anxiety and depression that will only make the struggle more difficult. There is so much to be gained and time to be recovered by reaching out for help and so much to lose by doing nothing.

Once again, if you have taken the bold step of picking up this book, please be courageous enough to go one step further and reach out. The treatment options we just discussed are the most common, but there continues to be a great deal that we are learning as medicine and science progress. In the next chapter, we will go over some of those out-of-the-box options that may just be the right treatment for you.

CHAPTER 10

INNOVATIVE TREATMENT FOR ERECTILE DYSFUNCTION

PDE5-inhibitors, TriMix injections, penis pumps, and even the penis implant are perhaps the most common treatments that you will run across while researching treatment for erectile dysfunction. However, those common treatments do not always address the root cause of erectile dysfunction. The science and medicine behind treatment for erectile dysfunction is constantly expanding, and there are a variety of out-of-the-box treatment options that can be considered, and many can run concurrently with those more common treatment methods. I would say that more often than not, the guidance I give my patients includes a comprehensive treatment plan that includes multiple approaches. Once again, we are seeking to arm you with the necessary

information you need to walk into your doctor's office and ensure you are getting the most comprehensive treatment available.

Change Your Lifestyle to Combat Erectile Dysfunction

As a physician, I'm always concerned for your health, and I'll almost always advocate for lifestyle changes as part of your erectile dysfunction treatment plan. Your body is an amazing machine, and its ability to repair itself is remarkable. Consider when you cut yourself, and you begin to bleed; if you did absolutely nothing, the body begins the process of healing right away. The blood starts to clot up, you develop a scab, and meanwhile, beneath that scab, your body is repairing the damage. The scab then falls off, and voila, you're good as new. That required zero medical intervention.

What we do as physicians is essentially assist the body in the repair process. We may clean up a wound or stitch a deep cut, but the healing work is all done by your own body. The same thing is true when it comes to what you put in your body. Your body wants to perform well and has a biological mandate to do so. However, when you feed your body full of chemicals, sugar, soda, and alcohol at a high level, you make it hard for your body to function properly. Moreover, if you deny your body plenty of water, nutrients, healthy proteins, and fats, your body is denied the necessary fuel to function optimally. We throw unnecessary

stress on our minds and bodies via social media and wonder why we are so anxious. As it pertains to erectile dysfunction, everything we discussed above can lead to inflammatory conditions that can lead to vascular damage.

Friends, your penis is just one of the reasons you should help your body operate as it should through lifestyle changes. Now, lucky for you and me, our bodies can be very forgiving. When you treat it right, your body will do the work to return to peak performance. Please do not take that as you can simply wait out the erectile function and let it heal itself. You have to do the work and make better decisions. You will take actions that aid the body, and if it's not too late, your body will forgive you for past abuses. So let's start with one of the most basic lifestyle choices that we can use a little help with.

Gentlemen, you have got to get a handle on what you are putting into your body. At some point, you've got to want that powerful erection more than you want that next basket of cheese fries or another 6-pack of beer. Now, I recognize that while you are dealing with the anxiety and depression that often comes with a prolonged struggle with erectile dysfunction, those cheese fries and beer may be offering you a little comfort. However, they are trojan horses allowing the enemy to ravage the vascular network in your penis even further. High blood pressure, obesity, diabetes, and high cholesterol can all be tackled with a better diet.

You see, when you eliminate the foods that ravage your body and replace them with foods that nourish your body, you become your penis's biggest ally. Your penis wants to get an erection, and the vascular network in your penis wants to operate properly. They just need you to exercise a little control. Again, I know this is easier said than done, and there is an entire billion-dollar industry dedicated to diet. However, this is the discernible truth. Your penis needs you on its side. Your partner needs you to throw your penis a bone and get a hold of your diet. Listen, I've never met a patient getting ready to undergo a penis implant who said decades of cheese fries were worth what was about to happen. You can do this, and I believe in you, but it's got to be a place that we start.

Regulate Your Hormones to Combat Erectile Dysfunction

The most common hormone that men associate with sexual performance is testosterone. It's not alone as other hormones like Vitamin-D and thyroid hormones play a role, but testosterone gets all the press. Testosterone will decline naturally in men as they age at a rate of about 1-2% a year. Now again, as I mentioned early in the book, I do not think this is something that men have to resign themselves to. There are ways to keep a man in the testosterone business. As testosterone is depleted, it directly affects a man's libido or sexual desire. Think back to your days as a young adult, and the thought of turning down sex seemed like

blasphemy. Now, that history channel special on Dwight Eisenhower and World War 2 is somehow more enticing than the partner waiting in the bedroom. To be fair, I do love the History Channel. Testosterone injections are not in itself a cure for erectile dysfunction. However, it greatly assists the process.

Vitamin-D is rarely associated with erectile dysfunction in most people's minds. Yet, there is more and more evidence that low levels of Vitamin-D are a contributing factor. No, you can't just drink whole milk and produce a rockstar erection. However, Vitamin-D supplements can produce a wide range of health benefits. Vitamin-D is associated with brain function and combating depression. The sun naturally provides a healthy dose of Vitamin D, but few of us—even those of us living in high sun environments—can get enough Vitamin D from the sun and thus need Vitamin D supplements. Again, not a cure for erectile dysfunction, but it certainly can't hurt. Hypothyroidism can also interfere with the production of testosterone. Many if not more than half of men struggling with hypothyroidism will also report a loss of libido. Any doctor you speak with about erectile dysfunction should be evaluating and offering some form of guidance on regulating your hormones. If they don't, now you know to ask and insist.

Nitric Oxide and Erectile Dysfunction

Nitric Oxide is a fascinating molecule that plays a pivotal role in dilating the blood vessels in your penis when you are sexually aroused. In fact, I'd go so far as to say Nitric Oxide is the most important molecule responsible for your erectile function. However, it provides a wide array of benefits that extend far beyond your penis. Nitric Oxide helps regulate blood pressure, reduce inflammation, and even helps move food more cleanly through your bowels. Sometimes as a man nears or enters his 60's, he witness a significant drop in Nitric Oxide. Fortunately, boosting levels of Nitric Oxide is not that difficult.

You can consume vegetables high in nitrates like celery, kale, arugula, lettuce, beetroot, and spinach. You can also supplement with certain amino acids like L-arginine and L-citrulline. You would also do well to limit the use of mouthwash or toothpaste with fluoride as they can kill beneficial bacteria on your tongue that help produces Nitric Oxide. Keep in mind that deficiencies in Nitric Oxide and the ensuing consequences do not affect men alone. So if you have a female partner who is walking this erectile journey with you, modifying your diet to boost levels of Nitric Oxide can have mutual benefits.

Shockwave and Acoustic Wave Therapy

Don't let the name scare you. This is not electric shock therapy from some 1900's insane asylum, and nor will anyone be putting jumper cables on your penis. This is simply a controlled impulse of energy from a handheld device that is directed at the tissues of the penis. It's showing a great deal of promise over the past decade or more, and we see it used with more frequency and greater results. It's in many ways the same technology that has been used to treat kidney stones for decades.

This type of therapy has demonstrated the ability to help remove micro-plaque within the blood vessels. This can trigger what is known as neovascularization which facilitates the growth of new blood vessels in the penis. Remember when I told you in earlier chapters that it almost always comes back down to the vascular network in your penis? This is just another example of that being the case. It is not a time machine that completely reverses your penis to that of a 21-year-old male in his prime. However, it does buy back some time by allowing your penis to increase blood flow and produce better erections. Each treatment takes about 30-minutes or less and is not painful in any manner. The benefits can last for years, and the healthier your lifestyle afterward, the longer the results tend to last.

Platelet Rich Plasma

The use of platelet-rich plasma has been around since the late '70s and is most often used to help aid the healing process from surgeries. Athletes like golfer Tiger Woods and famed Pittsburgh Steeler Troy Polamalu have all used PRP to help recover after surgical procedures. Meanwhile, celebrity diva Kim Kardashian has been known to use the therapy during a popular type of facelift where platelet-rich plasma is used to reduce the signs of aging in her face. So if it will get the wrinkles out of a Kardashian's face, then maybe it can help stiffen up your penis as well, right?

Whereas PRP doesn't produce an erection, it does reduce inflammation and stimulates the growth of new blood vessels. Some men report increased penis size, longer-lasting erections, and even more powerful orgasms. It can also be used in conjunction with other therapies such as shockwave therapy. However, once again, your lifestyle choices can hinder the results. So if you undergo PRP therapy and continue to smoke, drink excessive alcohol, or neglect your diet, then you will not see optimal results.

Counseling and Therapy

I would be remiss in discussing only the treatment options that I can provide as a medical doctor. I routinely will recommend

counseling or therapy as a powerful treatment option for erectile dysfunction. We've talked about how psychological factors like PTSD, anxiety, depression, childhood trauma, and even the fear of poor sexual performance can impact erectile dysfunction. While I consider myself a top-notch listener, I'm simply not the right person to perform this treatment. Keep in mind, many of my patients seek treatment for the biological factors from me while simultaneously addressing the psychological factors with a mental health professional.

There are a variety of treatments you could pursue, and they are not all limited to trauma-focused therapy to address PTSD or past sexual trauma. It may be that seeing a licensed sex therapist can help you and your partner work through and resolve sexual difficulties and preferences. This is not just about having better sex but revolving around some key issues that may be affecting your libido and satisfaction. Neuro Emotional Technique blends modern science with centuries-old eastern healing methods. It seeks to find the balance between the body's emotional health and physical health at the same time. Homeopathy is growing in popularity and is used to treat a range of emotional and psychological conditions. The purpose is to stimulate the body and mind to heal at the cellular level.

In Summary

I dedicate an entire chapter to these out-of-the-box approaches because I recognize that each male that walks into my office is a unique creation. Whereas I will always give my best medical advice, you don't get a great deal of arrogance from me as I point to my degree and insist you do exactly as I say. I want to be a helpful partner with you on this journey, and you insist that homeopathy is part of that journey, well, then that's fine with me. If we have talked through all the options and you are convinced that shockwave therapy is the right course for you, so long as no medical risks are preventing its use, I'm open to considering that with you. This is your penis. There might be many like it in the world, but this one is yours. So you will always have a large voice in my office as we pursue a treatment option together.

CHAPTER 11

THE COLD HARD TRUTH ABOUT PEYRONIE'S DISEASE AND ERECTILE DYSFUNCTION

For many men reading this book, Peyronie's Disease is what brought you here today. The bend or curve of your penis may not only be a contributing factor to your erectile dysfunction, but the curvature in your penis is making penetration during intercourse extremely difficult or perhaps so painful that it doesn't seem worth it. I'll also acknowledge some of the embarrassment and shame that you have felt in the past. You wouldn't be the first man to break down and cry in my office over that matter, and I doubt you would be the last if you walked into my office today. Consequently, you may be struggling with the mental and emotional trauma from Peyronie's Disease that makes it even

more difficult to get an erection. Moreover, Peyronie's Disease and vascular problems in your penis are not mutually exclusive. The means you could be suffering from emotional factors leading to erectile dysfunction, vascular factors leading to erectile dysfunction, and Peyronie's Disease at the same time. This means we need to have a candid conversation about this topic, and as such, it warrants its own chapter.

The History of Peyronie's Disease

Peyronie's disease takes its name from a French Surgeon named Francois Gigot de la Peyronie, who described the condition in 1743. While he may have covered the topic in the 1700s, the bend and curvature of the penis have likely been around throughout history as long as penises have been around. At the end of the day, the condition is one that results from fibrous scar tissue that either gradually or suddenly forms in the penis. The consequence is a noticeably bent penis that leads many to simply refer to it as the curved penis disease.

Now, occasionally you will see Hollywood movies make light of it, and locker room jokes may have made it an object of ridicule, but it is a serious medical condition that warrants care. When we speak of the fibrous scar tissue that builds up under the skin of the penis, what we are referring to is plaque. That's not the same plaque that builds up in your arteries or accumulates on your

teeth when to fail to brush enough. You'll recognize the plaque as it starts to build up in the penis by feeling flat lumps or hard bands of tissue. If you think you feel any of this right now, you may want to schedule an appointment with your medical provider.

In fact, struggles to produce an erection can be an early indicator of Peyronie's disease. You won't wake up in the morning and suddenly see a massive curve in your penis. So your erectile dysfunction could be warning you that something bigger is afoot. You'll also start to notice some severe pain in your penis. You may experience this pain with an erection, or you may feel the pain without one. This pain is another warning sign and often what sends men in to seek treatment long before they've even considered Peyronie's Disease as the culprit. Finally comes the penile deformity that every man dreads, and it can actually be worse than you think.

We all know about the bending or curve of the penis, and it may very well be that you see narrowing indentations of the penis that give it an hourglass shape. However, you might be surprised to find out that Peyronie's Disease can actually cause a shortening of the penis. You read that correctly. Most of you are reading this book trying to figure out how to produce the largest erection of your life, and now I'm telling you that Peyronie's Disease is going to send your penis in the opposite direction. If left untreated, both the shortening and curvature will worsen over time. It might be

that time will bring you some relief from the pain, but that curve is not going to straighten itself.

What Causes Peyronie's Disease

There is no single cause that leads plaque to build up in the penis, and as such, you'll need a thorough intake with a doctor to determine a course forward. However, a good number of cases of Peyronie's Disease are caused by significant or repeated trauma to the penis. Now, if this has happened to you, then it is unlikely that you didn't notice significant trauma to the penis. So it should be easy for you to recall when speaking with your doctor. However, you might be a little embarrassed once again as many reports to me that the source of their trauma was breaking their penis during intercourse. Yes, that is absolutely possible.

Now, there is no breaking of a bone per se. No matter how many times you speak of your boner, there is no actual bone in the penis. In the heat of passion, it is possible for the penis to exit your partner and slam into a portion of the body that was not meant to be penetrated. This often happens with the partner is on the top and in charge of the force and speed. In many cases, you will hear a noticeable loud pop followed by screaming that is not quite the kind you like to hear during intercourse. That news might cause some of you to take your time next and proceed with caution during your next sexual session, but then again, fortune

does favor the bold. If you miss and break your penis, you won't be the least bit confused about what just happened.

Now, it doesn't have to be a session of cowgirl gone wrong to cause trauma to your penis. Athletes find themselves in such situations in high-contact games where they are not properly protected. No, they are not playing rugby with a massive erection. Trauma to the penis can happen in many of the most inexplicable ways possible. Some wounded soldiers have experienced such trauma in combat and face this condition as well. It is when the penis begins to heal that the scar tissue forms. This doesn't form in any organized or logical manner, and the result is random nodules of plaque in the penis.

So when you start to get an erection, and the blood flows to the penis, some parts of the penis begin to stretch and expand while the scar tissue does not. This is what results in the disfigured penis and the source of much of the pain. The scar tissue does not go away on its own, and unless you address the scar tissue, you are not going to see any improvement. Remarkably, the more we learn about genetics, the more we understand that your genes could play a role in making you more susceptible to this disease. I'm not saying because your grandfather missed the target and broke his penis that you are equally likely, but rather that there are other factors than the trauma that can lead to Peyronies.

Apologies for giving you the mental image of your grandfather breaking his penis with your grandmother. Moving on.

Connective tissue disorders have also been proven to make men more susceptible to Peyronie's Disease. Given that men in the latter decades of their life are at an increased risk of developing the disease, it often blends in with the other age-driven factors that lead to erectile dysfunction. There are those men who have undergone recent prostate surgery that report emerging problems similar to Peyronie's, and overall general health risks such as smoking increase the risk as well.

As it pertains to Peyronie's Disease, the truth is that while trauma to the penis is not the exclusive cause, it is the most obvious. It actually gets really difficult to track down the cause of Peyronie's apart from trauma, but regardless of the cause, the outlook is still good. There are treatment options for most because what we are addressing is the buildup of plaque. There are men, even young men, who suffer from Peyronie's who have no memorable instance of trauma. Yet, with the proper treatment, they can have a full life ahead of them with sexual fulfillment. So regardless of where you are on this journey, please do not give up hope. Talk to a doctor and if that doctor didn't tell you what you had hoped for, feel free to track me down and reach out to me. I will always tell you the cold hard truth, and that truth

is that there is great hope for most men with Peyronie's Disease. So let's talk about the treatment options.

Very briefly, let's sum up the reasons why you would want to treat Peyronie's Disease. Remarkably, there are some men who think the embarrassment they would experience in treating the problem is not worth the benefit. Yet, if you are having extreme pain during sexual intercourse because of Peyronie's, then you really need to treat it. Some people may enjoy a little pain during sexual intercourse, but this is not the kind you want. If the curvature of your penis makes it impossible to have sex, then you want to treat it. Generally speaking, if the curvature is less than 25 degrees, it may not require treatment. You know if you are capable of having sex or not, and if you can't, reach out for help. Finally, the shame and embarrassment you feel from erectile dysfunction or Peyronie's doesn't have to haunt you for the rest of your life. While the treatment options we describe below might seem daunting, we are professionals, and we are doing this for you.

How to Treat Peyronie's Disease

The first step to treating Peyronie's Disease is getting a good assessment of the status of your condition. Truthfully, this might be the most awkward part of the entire process. It may be that your doctor will ask to feel your penis when it is not erect so that they can identify the location of the scar tissue. It is possible that

they will measure your penis to get a good assessment of the current status and evaluate if the situation has stabilized or is progressing. You may even be asked to bring in a picture of your erect penis to evaluate the condition. Now, 20 years ago, this would have seemed even more bizarre. But since we live in the digital age of the selfie and the infamous “dick pic,” this might seem more routine these days. I told you I’d always be candid with you.

In other cases, you may be asked to take an ultrasound which may seem like a more appealing route for you than what we previously discussed. However, just know that you will likely receive an injection that will cause your penis to be erect during the procedure. Unfortunately, there is no easy way to treat Peyronie’s or to talk about these subjects. This is why I applaud and commend every one of you for coming this far in the conversation. So many men give up early just to avoid having the conversations that you and I are having right now. You are courageous, and you should know it. The next thing we have to decide is whether or not you are in the acute phase or the chronic phase. The acute phase is when you first notice the symptoms or you have been recently injured. The chronic phase is when the pain may have subsided, but you waited to seek treatment, and any resulting deformity has somewhat reached a point of

conclusion. The phase will determine the treatment option, but the good news is that there are options.

It is important to note that there are really not any desirable treatments for Peyronie's Disease. You can try to wish upon a star and hope your penis is straight as Pinocchio's lying nose by morning, but I've not found that to be a successful course of treatment. So let's talk about traction therapy. This involves the process of stretching the penis with a mechanical device that is worn for as little as an hour or up to 8 hours a day. It's not pleasant, but it does not have to be painful or unbearable. Safely applied, it can work wonders and give you back a life of sexual fulfillment. So a little discomfort today can get you back in action in the bedroom tomorrow.

It may be that your doctor recommends medications. These could be medications that you take orally as well as injections into your penis. I know that sounds painful, but you'll likely get an anesthetic, and at least you won't have a medieval penis stretching device attached to your penis while you are at work. There is a good chance you will receive collagenase clostridium histolyticum injections directly into the plaques to dissolve them. Note that many doctors shy away from this procedure because the side effects of the injection could be over the breakdown of the surrounding tissue, most importantly, the wall of the erectile chambers resulting in ballooning or even rupture of the wall. This

is a serious complication and therefore should only be used by doctors who are very experienced with its use. It is currently the only FDA-approved medication for this purpose, though other medications have shown promise. It will likely be used in conjunction with the modeling of your penis, which involves the physical shaping and bending of your penis in the opposite direction.

Finally, it may very well be that surgery is in your future. Certainly, this is not the option that many men want, but when you can't have sex because of your deformity, this may be the best option. Surgery might include plicating or suturing the unaffected side of the penis. This means your penis is allowed to be straighter, which is much of the point of the procedure. The main purpose of this procedure is to shorten the normal side of the penis so that it matches the shorter diseased side. This results in shortening of the penis, which for obvious reasons, is a cause for concern and is objected to by many patients. Another way is to actually surgically remove the plaques. When the penis is straightened, "holes" are formed where the plaques are removed. These "holes" are then repaired by using grafts. These grafts can be obtained from the pericardium (lining of the heart) obtained from animals. An alternate source is using the dermis (deep part) of the patient's own skin. There could be several cuts that are

made to the sheath that allow the penis to stretch out and straighten or some form of incision or grafting.

A low-intensity extracorporeal shock wave has been found to be effective in breaking down and softening the plaques enough so that the penis can be straighter on erection. Another possible effective treatment is by injection of the plaques with platelet-rich plasma (PRP) and/or stem cells. This is very safe with no known side effects. In extreme cases, especially when the patient has erectile dysfunction in addition to severe Peyronie's, a penile implant may be used.

Regardless of which course your doctor may recommend, I want you to leave this chapter feeling like there is hope because there most likely is hope for you and your partner. This is a very tough subject, and while I find that men can more openly speak about erectile dysfunction, Peyronie's is more difficult to discuss. Everything I described above can work, but it is not the final list of everything that is possible. Extracorporeal Shockwave Therapy has been shown to break up some of the scar tissue, and when combined with stem cells or platelet-rich plasma, progress has been made.

I'd love for you to reach out to me and discuss all the options, but I realize that may not be the case for each and every one of you. So I want you to be equipped with the proper knowledge on

how to have this conversation with your doctor. I'd love to say that every doctor will do you right, but that's just not reality. You have to be the biggest advocate for you, your partner, and your lifelong friend, your penis. Peyronie's disease is a tough one, but Peyronie's doesn't get the last word in your sex life. Now we are getting ready to wrap this book up, but first, we have to talk about the gold standard solution in treating erectile dysfunction. Any doctor worth their salt should spend a great deal of time getting to the bottom of what we are going to discuss in the next chapter. So get excited because we are close to a solution for you and your partner.

CHAPTER 12

SIZE MATTERS – PLASTIC SURGERY OF THE PENIS

One of the most commonly requested procedures for men in my office is penile enlargement. While this is not directly related to erectile dysfunction, it is, at least, indirectly associated with it. This is also something that should not bring with it an ounce of shame. This is your sex life and your penis. That means you get to do with it as you please and pursue the life you want. Typically, there are three groups of men who seek penile enlargement:

1. Those born with small penises, a condition known as micropenis and defined as being less than 3 inches when erect;

2. Those who just want a larger penis because their body image is that their penis is small;
3. Those who have large body size with proportionately small penises

If you fall in one of the three groups above, penile enlargement may be for you. The scope of this book precludes a discussion of the social-psychological aspects of penile enlargement. Now, I recognize that many of you reading this book right now would be content with an erection of any size; to say nothing of a larger penis. However, since we are talking about all things penis in this book, let's cover penile enlargement as well.

Penile enlargement (or phalloplasty) includes both increasing the girth (circumference) as well as the length of your penis. This is different from the correction of erectile dysfunction, although it could increase your self-confidence and may indirectly affect your sexual performance.

The first part of penile enlargement involves increasing the length of your penis. Lengthening of the penis is, in fact, just placing your penis more forwardly and, therefore, increasing the functional length. In fact, half of the penis is hidden behind the pelvic bone so that if the penis is 5 inches long as seen on the outside, there is another, at least 3 or 4 inches of the penis behind

the attachment to the pelvic bone. So, by detaching this attachment, you can, in effect, push the penis forward, increasing the length by 2.5 to 4 centimeters. When the penis is in the flaccid, non-erect state, this increase in length is significant. However, when there is an erection and during intercourse, the actual length involved in sexual intercourse is not as much increased. This is because now that the attachment to the bone is detached, the penis can move back slightly during intercourse and the effective length of the penis actually is not much increased.

The greater increase in the size of the penis is in its girth or circumference. This can be accomplished satisfactorily in a variety of ways. The most common way is by injection of your body fat together with platelet-rich plasma (“PRP”) obtained from your own blood and with the platelet concentrated. This helps to nourish the fat injected and improves the survival rate of the fat. The advantage of this procedure is that the fat is from your body, and although some fat disappears after a while, the portions that remain stay for a long time, likely forever.

Additionally, a lot of the fat can be injected, if desired, and multiple sessions can be performed as well. The other way of doing it is to inject the area with a filler, such as hyaluronic acid. The biggest advantage of using artificial hyaluronic acid is that it is commercially available and does not need to be harvested from your body. The disadvantage is that it always disappears with

time. It could remain as long as one or two years, and some of the newer hyaluronic acids fabricated for this purpose can last up to 5 years. Nevertheless, it will be absorbed eventually, and the patient will have to repeat the procedure. Undoubtedly, the biggest advantage is that the fat does not need to be extracted from your body through minor liposuction.

Other methods of increasing the girth of the penis include silicone sheet insertions and, at times, fat dermis graft insertions. Either approach considerably enlarges the penis, increasing, for example, its circumference by as much as 2-3 centimeters.

The biggest advantage of fat injection is that the fat is from your own body, and your surgeon can inject as much as needed, and the fat that survives lasts a long time. And, if the patient has associated erectile dysfunction, the PRP can be injected into the tube of the penis itself, the “corpus cavernosum,” improving erectile dysfunction. Other materials used for enlargement include fat dermis graft obtained from your own skin, or acellular dermal matrix sheets, which are artificially fabricated with the cells completely removed, and because there is no foreign body involved, there is no risk of rejection. Very often, in obese patients, the amount of fat in the pelvic area, abdominal wall, and thighs hide the penis, thus reducing the effective length of the penis. This could be improved with the removal of fat by liposuction.

The above is just a general outline of the procedures. Different indications for different patients require a thorough physical examination of the patient as well as consideration of the patient's needs and desires. So you are advised to consult a plastic and reconstructive surgeon experienced in these aspects of medical treatment.

For those of you with erectile dysfunction that is refractile to medical treatment and requires a penile implant, this may be a good opportunity to have your penis enlarged. Although not routinely done with penile enlargement by a penile implant, some procedures can be done to improve the size as needed. You should discuss this with your surgeon prior to making a decision.

It is important that you select the right surgeon. Many plastic surgeons do not do this type of procedure, and you must ensure that the surgeon you consult is well versed and experienced with this kind of treatment. After a detailed consultation with your surgeon, and if you decide to have the procedure done, your surgeon will explain to you how to prepare for surgery and the kind of recovery to expect.

I will briefly explain what to expect to help you decide if you want to have this kind of procedure.

Although it is not absolutely required, stopping smoking prior to surgery to promote better healing and prevent compromise of circulation is highly recommended.

You should not take anti-inflammatory drugs such as aspirin and herbal medications that can increase bleeding. It is crucial to be well hydrated before and after surgery for safe recovery.

The surgery is usually performed as an outpatient and, most of the time, under local anesthesia, although you may request general anesthesia if you wish. The procedure can be done in a hospital, surgical center, or office-based surgical certified center. Depending on the procedure done, the surgery takes between 1 to 3 hours.

Risks associated with surgery vary according to which procedures are done. If any foreign body is put into your body, it is extremely important to do everything to prevent infection. Prophylactic antibiotics are usually prescribed. Your surgeon will discuss these with you.

During the recovery period after surgery, the doctor will explain to you the possible problems that could arise and the signs to look for. Your doctor will also advise how long to abstain from sexual activity.

When the anesthesia wears off, you may experience some pain, although this is not usually extreme. There will also be some redness and swelling after surgery. If following surgery, you experience pain that is extreme or long-lasting or redness and swelling that is abnormally severe, you should contact your physician immediately.

FREQUENTLY ASKED QUESTIONS

How long will the results of penile enlargement last?

The results of penile enlargement (phalloplasty) are permanent. The material injected for augmentation lasts for varying periods of time depending on what material was used. Most of the injected material will eventually disappear. However, when fat is injected, some will be absorbed, but the portion that remains lasts a long time, possibly permanently.

How much does the procedure cost?

The cost ranges from \$2,000 to \$10,000 or more, depending on which procedure is done. In some parts of the country, it could be higher. A hospital facility or general anesthesia will also increase costs. These will be discussed and decided with your surgeon.

What are the possible complications?

Bleeding, accumulation of blood (hematoma) which may require aspiration, and infection are some of the possible complications. A change of sensation, usually temporary but possibly permanent, may occur. Allergic reactions to the injected material could occur, although this is very rare. If your own fat is used, there is absolutely no risk of rejection. This will cause some scarring both on the skin and inside the penis where the surgery is performed. Most of the scars will disappear with time. However, the scar on the skin is always permanent but is usually in a place covered by pubic hair. Accidents can occur and can result in damage to underlying tissue. The injected material, regardless of fat or filler, can cause obstruction of the blood vessels and may cause complications, and will require treatment. Unsatisfactory results may necessitate additional procedures.

There are other risk complications specific to penile enlargement, including reduced sensation, which may be permanent or temporary. The erection may be affected, and in rare cases, problems with urination can occur.

How much increase in penis size can be achieved with these procedures?

The girth of the penis can be increased by as much as 50% to 60%. However, the length is increased minimally even if the suspension ligaments are removed in lengthening the penis. The penis may appear longer in the unerected state. However, during erection and especially during intercourse, part of the penis is pushed back under the bone, and the effective length will appear minimally increased.

CHAPTER 13

ACCEPT NOTHING LESS THAN A THOROUGH INTAKE

We've spent a good 8 chapters sorting through various risk factors, ailments, and treatment surrounding erectile dysfunction, and I hope that you have found it helpful on your journey. However, much like Frodo Baggins stepping up to the fires of Mount Doom, it's pretty much useless if you don't actually throw the one true ring into the lava. In this case, a thorough intake that digs deep for the root cause of your erectile dysfunction is the one true solution. What I have been doing for the sum of this book is preparing you to walk into your doctor's office informed and properly armed with the knowledge to demand nothing less. Once again, I would love for you to come to see me, and I'll give you such an opportunity in the final chapter.

Yet, I realize this may not be possible for every single one of you, and it could be that my schedule is packed. So, if it must be that you seek out help elsewhere, I want you to be able to ask the hard questions of your doctor. Perhaps not so much that you try to play the doctor, but enough that you can spot a poor doctor when you see one. Remember, no one will advocate more strongly for your penis than you. You and the fella have been through a lot in life, and your penis needs you to speak up. For the remainder of this chapter, let's talk about what a thorough intake and digging deep for the root cause should look like.

Doing Your Part for a Thorough Intake

I like to think that I am a good Doctor as I've certainly dedicated many years and passion to what I consider my life's calling. Moreover, at a minimum, I'd like to at least fulfill my Hippocratic oath to do no harm. That being said, I'm not a mind reader. I cannot sense your past trauma with a special force, nor can I conjure up an image of your penis in my mind. For you to receive a thorough intake, you must come into a doctor's office ready to open up and share with as much transparency as you can stand to offer. It's hard, trust me, I understand, but this is a big part of the process.

I cannot speak for every doctor, but I have heard and seen it all to be able to offer a listening ear and hear what you are saying with

judgment. If you have not had sex in ten years because you can't form an erection, I need to hear that. If your penis has a distinct curve, and this has caused 10 out of 10 of the last people to see it to burst out in laughter, I need to see it. I need to see your penis, and trust me; I won't laugh. This shouldn't come as a surprise to you, but I've seen a lot of penises in my career, and there is not a twist, bend, or turn that I have yet to see. Some come ready to talk, and if your doctor doesn't ask you to speak up, that's a red flag.

How to Spot a Red Flag Doctor

Now, I'm not trying to disparage my peers in any manner, as we all have our strengths and weaknesses. I wouldn't say anything at all if it were not for the fact that so many men have walked into my office after previously seeking out medical help, and I cringe at what I hear. "Can't you just give me a pill like the last doctor?" is a common question I hear as well as, "Why do you need to know that because the last doctor didn't ask me any questions?" They are almost taken aback that I am genuinely trying to dig deep and discover the root cause of their erectile dysfunction.

There is no "one-size-fits-all" treatment for erectile dysfunction, and a doctor that seems to dispense the same course of action with little information is doing you a disservice. In fact, they might even be violating their Hippocratic oath as dispensing the wrong treatment may very well do you harm. Because of the

success of drugs like Viagra or Cialis, some G.P.s consider themselves an expert in men's sexual health. Then, there are those who may be pitching expensive and less-than-ideal treatments in order to chase the money.

So, I'm sure your doctor is great, and the vast majority of my peers are excellent men and women. Just allow the information in this book to arm you with the proper knowledge to spot competency and incompetency when you see it. Consider this case study. I've had men walk into my office who seemingly had no reason to be experiencing erectile dysfunction. After some deep questioning, it turns out the patient was taking some OTC meds for his seasonal allergies.

He didn't know that medications with phenylephrine can help decongest the nose by targeting the blood flow and that it could simultaneously lead to decreased blood flow to the penis. Now, who here wants to have a doctor scour over your penis and refer you for costly and painful treatments only to find out that you needed to change allergy meds? Which doctor you see for your erectile dysfunction matters.

Please Be Open to Receive Better Mental Health and Psychological Care

I've got a pretty good track record with patients who come into my office wanting a pill and then finally accepting the notion that another course of physical treatment is more appropriate for them. That doesn't mean that we can't still see some temporary improvement in some patients with PDE-5 inhibitors, but that addressing the root cause will require another treatment. However, it is a harder sell to some men that they need to pursue and treat their mental health with a mental health professional. For some men, this is simply a bridge too far.

I've gotten quite skilled at knowing when to refer men for psychological care, but I'm not a mental health professional. I can listen with empathy, but when their significant trauma is involved, my best efforts are simply not enough. If I am referring you to a mental professional, then that is because it is my best medical advice. I recognize that it is difficult to walk in the office expecting a pill, and now you are being told you have to talk to a psychologist, but you've got to fight for the erection you deserve. We'll still treat the physical elements, but as you'll see soon, most erectile dysfunction treatment regimens are a combined effort.

A Combined Approach to Treat Erectile Dysfunction

So let's say you've found a great doctor, and they've done a thorough intake; there is still nothing wrong with you as a patient inquiring about additional approaches that might help. Your doctor should mention these, but even good doctors do not always offer up every alternative at first. Yet, I always respect the research and interest of my patients as it is their penis, and not mine, after all. When a patient asks me if he should quit smoking to assist his erectile dysfunction treatment, I always say yes. If the question is whether or not they should lose a little weight, I'm always going to recommend that approach along with what I direct. In fact, quit smoking and try to be a little less obese is sort of a universal prescription for everything from us in the medical field. Note that there are additional alternatives that can help as well.

We've already talked about Extracorporeal Shockwave Therapy. If you recall, this involves using an FDA-approved device to send impulse/shock/acoustic waves through your pelvic area in order to help repair the vascular damage in your penis. This encourages your body to heal a little faster and can be used in conjunction with other treatment methods. Platelet-rich plasma is a treatment that has been used with many athletes looking to accelerate recovery from an injury. For you, this might involve injecting your own blood into parts of your penis to stimulate the

healing process, reduce inflammation and grow new blood vessels. You could also pursue stem cell treatment while simultaneously receiving treatment from more traditional methods.

When in doubt, at least ask your doctor about these options as an addition to a combined approach. If your doctor has some valid concerns about these approaches, then they should share that with you at that time. I'm not saying they are wrong if they say no, but they should at least hear you out. I've found that indulging the wishes of my patients where there is no harm being done gets them more invested in the treatment process. I am of the opinion that a thorough intake should involve at least a conversation about these combined approaches.

An Erection Today Doesn't Mean the Battle is Over

Finally, a thorough intake will set the stage for the long-term battle with erectile dysfunction. You might get excited about your first erection in weeks, months, or years, but that doesn't mean the war is over, nor does it mean that the root cause of your erectile dysfunction has been addressed. As I mentioned earlier, we might use a PDE-5 inhibitor for an erection today while we are pursuing a longer course of treatment to address that root cause. Vascular networks need time to repair. Physical trauma to the body must be addressed. Deep seated psychological trauma takes time to

address. So please don't get your first erection and then assume everything is fine and deviate from your treatment plan.

You would also do well to understand that as quickly as lifestyle changes can bring relief to the problem of erectile dysfunction, that problem can resume if you give up on those changes. I realize this may be a struggle for those battling addiction. It is common for alcoholics to feel great when they have given up alcohol for a period of time, and yet, that great feeling makes them feel well and healthy enough to have a drink again. It may very well be for you that while you can have great relief from erectile dysfunction, it may be that a lifetime of changes is the best path towards a long and fulfilling sexual life. A good doctor will be honest with you about what is needed during treatment and long after treatment has ended.

Settle for Nothing Less than a Thorough Intake that Addresses the Root Cause

I love it when a man's participation is involved in the treatment process, and he is equally committed to finding a solution. Let me tell a woman that the reason her man is struggling to get an erection is due to poor diet and just watch her get that man on a diet in a heartbeat. It sort of simplifies when a man knows he has to choose between that extra-large Philly cheesesteak or sex with his wife. She'll call him on his diet, I assure you.

However, whether this is a solo journey you are traveling or doing so with your partner, you deserve an actual solution.

That solution will only come about after a thorough intake, and it will only last as long as the root cause is addressed. Again, I'd love to tell you that every doctor understands that, but I've seen too much to believe that is the case. It is my sincere hope that I've equipped you with the information needed to meet with a doctor and advocate for your penis as no one else would. I've seen men in their 80's have fulfilling sexual lives with the right treatment, and as much as no one may want to picture grandpa and grandma living that dream, it can happen for you too.

So, the die is cast, and the stage is set for you. We're going to wrap this book up with one more call to action and perhaps discuss the most important element of this book. If you've read this far, then I encourage you to stick around for one more chapter. A sexual future without precedent awaits you, and the journey is about to begin.

CHAPTER 14

A CALL TO ACTION AND A CALL TO LIVE

I told you at the beginning of this book that you were taking the first step toward a future without precedent. I congratulated you after the first chapter that you had concluded the first leg of this journey, and I implored you to press **on**. Now, here you are at the conclusion. You are a man who knows how to see a journey through to its fruition. You've arrived at the end of this book, and by now, you are armed with information that will allow you to take charge of your sexual destiny and fight for the life you know you deserve.

Granted, you will have no doubt noticed by now that reading through this book has not cured you of erectile dysfunction. So when I tell you that you have reached a conclusion, what I really mean is that you completed your training and you are now ready

for action. I emphasize the word action as that is exactly what is required of you.

First, let's review what you've learned. We began this journey by reassuring you that you were indeed in the right place with this book. I told you that life requires both your body and consciousness to live it to the fullest. Yet, there was something wrong with the body, and your struggle to produce an erection was holding you back. So then we looked at the science of sexual performance. Much like the hydraulic system involved in any machinery, if something is amiss, there is a reason, and where there is a reason for a problem, there exists a solution.

We spent a little time talking about your partner, who is very much a part of this process. You deserve sexual satisfaction, and so do they. Their emotions are very real, and the fact that you have now finished this book shows me that you care greatly about your current or potential partner. I showed you the risk factors that may have been contributing to your erectile function, and “not being man enough to produce an erection” was nowhere listed among them.

We spoke of the common approaches to treatment as well as the innovative approaches revolutionizing the industry. Specifically, I showed you that there is hope, and no two treatment plans are exactly the same. Nutrition will always play a

vital role in your sexual health, and there is no sense in talking about one without the other. I then showed you how to gather the sum of this knowledge and insist on the proper treatment from your doctor. That's right; I'm a doctor telling you to speak boldly to my fellow M.D.s.

That's because I understand how specific this knowledge is, and not every doctor has chosen to specialize in this area as I have. You have to be the biggest advocate for your own penis, and no degree or lab coat will ever change that. However, now you can advocate from a position of knowledge. Yet, this requires you to undertake this next and essential step. You must take action and reach out to a medical professional.

If not me, then please, reach out to someone. You've come too far to simply sit on this knowledge. You've broken down far too many walls to cease at this last step. Life is indeed rare, and yours is not over yet. If you can breathe and there is a heart-pumping in your body, then we can get that blood pumping to your penis in one fashion or another.

How many years of sexual fulfillment is that? Could you have 10 years, 20 years, 40 years, or more of healthy sexual activity? Yes, you can, and you deserve it. Your partner deserves it. It simply requires a small dose of extra courage on your part. Pick up the phone and give me a call. Head over to our website, and let's

schedule an intake. You may be thinking to yourself just how many erections a man needs in a lifetime, to which I always answer, one more will do.

This is a call to action, but more specifically, this is a call to live. A call for you to seize the most out of this journey we call life.

There are amazing doctors who specialize in sexual health across this nation, and now, you have the ability and the knowledge to spot one. It doesn't have to be me, and yet, I'm thrilled that you allowed me to be a small part of your journey with this book.

Remember earlier in the book when I told you that for a man to make a change, he must first raise his standards? Dream big about your sexual health and realize the science and biology to support your dream. Raise your expectations and be the agent of change in your own life and that of your partner. Remember what it was that brought you here as you did not finish this book by mistake.

My partner gave me an ultimatum to perform or get out: If that's you, then I encourage you to show your partner this book if you have not already. Treatment is a journey, and let them know that you are taking it seriously.

My partner says she is fine with my E.D., but I know it's not true: Don't force her to lie any longer. You know your partner deserves satisfaction as much as they deserve air, food, and water. It's life, and you can give it back to them.

My partner thinks I don't love them anymore or find them attractive: Please don't let your partner carry this burden any longer. Again, I encourage you to show them this book. Relieve them of the terrible thoughts they may be having and let them know it's the vascular network in your penis to blame.

I can't keep a partner because of my inability to perform: Some of you long for a partner, and the isolation you feel is a heavy burden. You deserve companionship, and the performance issues that have robbed you of that will soon be over.

Whatever it was that caused you to pick up this book, remember that motivation and take hold of it once more. Reach out for help because if I've convinced you of anything in this book, I hope that it is the genuine belief that help is available and within reach. You just have to take it. It has been my great honor to spend this time with you, and, I hope to see you soon. Congratulations, my friends, you've finished the book, and a future without precedent awaits.

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