



## Your Monthly Update

*Dear Colleague*

Welcome to the September 2010 newsletter from Pure Bio Ltd.

### Did you know:

A recent report showed the first human evidence that blueberries can boost memory and might help to ward off dementia (*J Agric Food Chem, 2010 Jan 4*)

The chosen topic for this month is:

## Impotence / Erectile Dysfunction (ED)

### Protocol Summary

Ranking	Nutritional Supplements	Botanical Medicine
Primary	<a href="#">N-Acetyl Cysteine</a>	<a href="#">Panax Ginseng</a> <a href="#">Yohimbe</a>
Secondary	<a href="#">Arginine</a> <a href="#">DHEA</a> <a href="#">L-Carnitine</a> <a href="#">Acetyl-L-carnitine</a> <a href="#">Pycnogenol</a>	<a href="#">Butea</a> <a href="#">Ginkgo</a> <a href="#">Horny Goat Weed</a>
Other		

**Primary** – Reliable and relatively consistent scientific data showing a substantial health benefit.

**Secondary** – Contradictory, insufficient, or preliminary studies suggesting a health benefit or minimal health benefit.

**Other** – An herb is primarily supported by traditional use, or the herb or supplement has little scientific support and/or minimal health benefit.

## **Symptoms**

Impotence has a number of psychological implications, since it is related with over-concern about performance and masculinity. Performance expectations can lead to a downward cycle, as fear, stress and anxiety interfere with normal body response to lovemaking.

## **Causes**

Impotence has a multitude of causes. Physical causes for impotence are often related to low testosterone levels, which ultimately cause infertility. Alcoholism, candidiasis and diabetes reduce testosterone levels. Many drugs can reduce libido and cause impotence, including antidepressants, ulcer medications, high blood pressure pills, and various recreational drugs including marijuana and cocaine. Heavy smoking and arteriosclerosis interfere with blood supply. Multiple sclerosis is a contributing neurological cause for impotence. Mumps can also be a factor in sexual dysfunctions. Pain during intercourse can quickly override desire. Poor libido can also cause impotence.

There are many complex psychological factors that cause a loss of libido. Depression is one of the more common reasons for a low sex drive in both men and women. Strong emotions such as anger, guilt, boredom and anxiety are involved. Sometimes these will be relieved simply by a light-hearted, healthier attitude towards sex. Fear of pregnancy can hinder desire. In a relationship, it helps to look at problems concerning trust and lifestyle.

Couples lose interest when sex becomes routine instead of pleasurable, or when work and family life become so busy that fatigue overwhelms any desire. Fatigue is a common source of sexual disinterest and is typical in couples with children, which limits the opportunity for sexual contact. Sometimes it is helpful to simply spend more time enjoying each other's company without the children, television or discussions about work and the household.

Age does not eliminate desire, nor does it cause impotence, although it does change sexual needs and function in the same way it affects other aspects of life.

## **Lifestyle Modification**

Men who smoke have been shown to have an increased incidence of ED.

In a study of obese men with erectile dysfunction, a two-year lifestyle program consisting of a low-calorie diet plus regular exercise resulted in a significant improvement in erectile function, which became normal in 31% of the participants.

A University of Michigan Medical Center study showed that vigorous exercise, hot tubs and saunas may result in lower production of hormones involved in potency, fertility and sex drive. Avoiding heavy exercise, hot tub baths and saunas may be of significant help for some men.

## **Dietary Modification**

A satisfying sex drive is dependent on general good health.

General recommendations include:

- a whole foods diet with plenty of fresh vegetables and whole grains
- nut and seed oils, such as flax seed, walnut or pumpkin seed oil. The essential fatty acids found in these unrefined, cold-pressed oils are particularly important for sexual health. Combine them with foods which provide vitamin B6, such as green leafy vegetables, nutritional yeast, raw wheat germ and whole grains, to facilitate the conversion of essential fatty acids to prostaglandins.
- Oats also improve stamina, replenish nutrient-depleted reproductive organs and strengthen the nervous system.
- impotence is often a circulatory problem. Niacin-rich foods such as eggs, peanut butter, nutritional yeast, wheat germ, avocados, dried figs and fish help increase blood flow and also remove arterial deposits. Fresh raw vegetables and sprouts, such as alfalfa sprouts, provide important electrolytes which keep arteries clear of mineral deposits.
- Vitamin E and zinc are the most important nutrients for the sexual organs. Vitamin E assists the oxygenation of the blood which engorges the erect penis. Raw wheat germ is the best dietary source of vitamin E. Other good sources include unrefined, cold-pressed vegetable oils, flax seed oil, nuts, eggs, sweet potatoes and leafy vegetables.
- Zinc prevents impotence and reduced sperm count. Alcohol and coffee should be avoided, since they limit the absorption of zinc. Vitamin B6 aids the absorption of zinc. Zinc is provided by pumpkin seeds, sunflower seeds, oysters, nutritional yeast, raw wheat germ, soy beans and eggs.
- Impotence and lack of sexual desire may also be the result of a magnesium deficiency. Figs, lemons, cashews, almonds, dark green vegetables, wheat germ, cocoa and apples are good sources of magnesium. Watercress juice supplies iodine when sexual potency is low or lacking altogether.
- Manganese and phosphorus are two minerals essential to a healthy sex drive. Both are found in legumes, eggs, nuts and wholegrain cereals. Iron is essential to general health, and an iron deficiency can lead to impotence. Iron-rich foods include leeks, all green leafy vegetables, red beets and red grapes.
- Spirulina is a valuable green food used as a remedy for impotence, lack of libido and premature ejaculation.

The brain is a major player in regulating sexual response. To make sure the brain receives a constant supply of the glucose it needs, the intake of sugary foods should be limited, in order to minimise fluctuations in blood-sugar levels.

## **Other therapies**

ED that cannot be linked to physical causes has been successfully treated by hypnosis. In one trial, three hypnosis sessions per week, later decreased to one per month, over a six-month period led to improvement in 75% of men in the trial.

Acupuncture might be of some benefit for men with ED. Electroacupuncture, which is acupuncture accompanied by electrical stimulation, was performed on various acupuncture points in men with ED in a preliminary trial of men with this condition. Two treatments were administered every week for one month. An improvement in quality of erection was observed in 15% of the participants and an increase in sexual activity was reported by 31% of the men.

## Nutritional Supplement Treatment Options

[Arginine](#) (also [Nitric Oxide Support](#)) - *1,600 to 2,800 mg daily*. Dilation of blood vessels necessary for a normal erection depends on a substance called nitric oxide, and nitric oxide formation depends on the amino acid [arginine](#). In a preliminary trial, men with ED were given 2,800 mg of arginine per day for two weeks. Six of the 15 men in the trial were helped, whilst none improved while taking placebo. In a larger double-blind trial, men with ED were given 1,670 mg of arginine per day or a matching placebo for six weeks. Arginine supplementation was found to be particularly effective at improving ED in men with abnormal nitric oxide metabolism.

[DHEA](#) – *to be taken under medical supervision: 50 mg daily*. Low blood levels of the hormone [DHEA](#) (dehydroepiandrosterone) have been reported in some men with ED. In one double-blind trial, 40 men with low DHEA levels and ED were given 50 mg DHEA per day for six months. Significant improvement in both erectile function and interest in sex occurred in the men assigned to take DHEA, but not in those assigned to take placebo. No significant change occurred in testosterone levels or in factors that could affect the prostate gland. Experts have concerns about the safe use of DHEA, particularly because long-term safety data does not exist.

[L-Carnitine](#) and [Acetyl-L-Carnitine](#) - *2 grams of each daily*. In a double-blind study, supplementing with the combination of [L-carnitine](#) and [acetyl-L-carnitine](#) (2 grams of each per day) for six months significantly improved erectile function in elderly men with erectile dysfunction associated with low testosterone levels. L-carnitine and acetyl-L-carnitine were significantly more effective than testosterone treatment.

[Pycnogenol](#) - *120 mg daily*. In a double-blind study of men with erectile dysfunction, supplementing with 120 mg per day of Pycnogenol, (*Pinus pinaster*), improved erectile function, whereas placebo treatment had no effect.

## Botanical Treatment Options

[Panax ginseng](#) - *900 mg of a concentrated herbal extract BID or TID*. Panax has traditionally been used as a supportive herb for male potency. A double-blind trial found that 1,800 mg per day of Panax ginseng extract for three months helped improve libido and the ability to maintain an erection in men with ED. This was confirmed in another double-blind study, in which 900 mg TID was given for eight weeks.

[Yohimbine](#) (the primary active constituent in [yohimbe](#)) - *15 to 30 mg a day of yohimbine* - has been shown in several double-blind trials to help treat men with ED. Yohimbe dilates blood vessels and may help, regardless of the cause of ED. A tincture of yohimbe bark is often used at a dose of 5 to 10 drops TID. Standardized yohimbe

extracts are also available. A typical daily amount of yohimbine is 15 to 30 mg. It is best to use yohimbe and yohimbine under the supervision of a practitioner.

[Butea](#) - 500 mg daily for the first four days, then followed by 1,000 mg daily. **Butea superba** is a Thai plant that has been used traditionally to increase sexual vigor. In a preliminary trial, 82% of men with erectile dysfunction reported an improvement in erectile function while taking the plant for three months, at a dosage of 500 mg per day for the first four days, followed by 1,000 mg per day thereafter.

[Ginkgo](#) - 60 to 240 mg daily. Ginkgo biloba may help some men with ED by increasing blood flow to the penis. One double-blind trial found improvement in men taking 240 mg per day of a standardized **Ginkgo biloba** extract (GBE) for nine months. A preliminary trial, involving 30 men who were experiencing ED as a result of medication use (selective serotonin reuptake inhibitors and other medications), found that approximately 200 mg per day of GBE had a positive effect on sexual function in 76% of the men.

[Horny Goat Weed](#) - 5 grams TID. Horny goat weed has long been used in traditional Asian medicine for people with sexual difficulties. It is almost always prescribed in conjunction with other herbs to improve its efficacy and to prevent side effects. People with kidney failure being treated with dialysis had improved sex drive after taking horny goat weed, compared with a similar group not given horny goat weed.

## Homeopathy

A sample of the many prescribed remedies for sexual dysfunctions is given below. For persistent problems, consult an experienced homeopath for constitutional treatment.

*Take the 30c strength every twelve hours for up to five days.*

- Take [Graphites](#) for lack of desire for sex, and premature or no ejaculation, especially if diagnosed with herpes.
- [Lycopodium](#) is recommended for premature ejaculation or inability to have an erection.
- Take [Phosphoric acid](#) for apathy and indifference.

***For further information, contact:***

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