

## **CHAPTER EIGHTEEN ERECTILE DYSFUNCTION**

By Drs. Stephen Auerbach and Aubrey Pilgrim

About Stephen M. Auerbach, MD- He is a urologist who specializes in the treatment of impotence and male erectile dysfunction. He has worked in private practice in Newport Beach, California since 1980. Dr. Auerbach has been involved in clinical research of all of the medications which have recently gained FDA approval for the treatment of impotence. He currently is conducting clinical studies on the new medications discussed in this chapter.

Dr. Auerbach is a founding member of Affiliated Research Centers which is a nation-wide clinical research group. He is the Medical Advisor for Impotents' Anonymous, a support group for impotent men and their partners. Dr. Auerbach has worked as a consultant for many pharmaceutical companies helping them develop their clinical research protocols. He has also trained urologists on new surgical techniques in the treatment of impotence. As you will see in this section of the book, he stresses the emotional impact of this medical problem. He always prefers to get the patient's wife or partner involved in the treatment plan in order to achieve the best results.

Dr. Auerbach has authored a previous impotence book, entitled, "Partners In Overcoming Impotence." He has produced audio tapes entitled, "Prostate Solutions" and "Lifelong Potency" which have patient and partner interviews discussing the impact of these very personal problems.

### **Dedication**

Impotence affects over 30 million men and their partners. This part of the book is dedicated to all those men and their partners who are either facing the fear of possible impotence associated with the treatment of prostate cancer, or those who are already experiencing erectile difficulties. Impotence is a problem which can be very devastating, not only to the man, but also to his partner. It is difficult enough facing the diagnosis and treatment of prostate cancer. However, having to worry about a possible impotence problem makes the whole situation more complex, difficult and overwhelming.

I hope that this information will provide encouragement to all those men who have been afraid to seek help. Even if you have already asked your doctor for help and have not gotten an answer, don't be discouraged.

### **A Fate Worse Than Death**

Erectile dysfunction (ED) used to be called impotence, but the euphemism ED doesn't seem as harsh. A few years ago we had no treatments for ED. Even if he was the richest man in the world, if he couldn't get an erection, there was nothing that could be done. Sex, the drive to propagate the species, is the strongest drive

in man or animal. It is your one path to immortality. Half of each offspring comes from you. So the more offspring, the more of you is left behind. Some considered impotence to be a fate worse than death.

I have no doubt that even some of the early cavemen had ED. Even kings and the lowest slaves sometimes suffered from it. All kinds of witches brews, potions and drugs were tried. Few, if any, worked. Today we have several ways to treat ED, vacuum erection devices, drugs and prostheses for penile implants.

### **Help is available.**

Today there are several solutions. The most important message is that impotence, the inability of a man to achieve and maintain an erection suitable for vaginal intercourse, is one of the few diseases that can almost always be successfully treated. These are very exciting times for the impotent man and his partner. In 1998, Viagra received FDA approval and changed the way we look and talk about erection problems. Viagra made it OK to discuss this devastating problem.

Numerous other medications are undergoing investigation and are on the drawing board. Impotence can be treated and fixed! There is hope.

### **Impotence Is the Unspoken Topic**

Finding a doctor is a very difficult process for most men suffering from ED. Men generally do not talk about private issues. They especially do not like to talk about erectile problems. Many physicians are not aware of the different treatment alternatives and do not feel comfortable treating impotence. Also, many doctors don't look at ED as a real medical problem when they are taking care of men suffering from medical issues such as heart attack, hypertension, diabetes, etc.

ED is not a typical subject that a man discusses with another person. It is difficult for the patient and difficult for the doctor. Physicians frequently feel uncomfortable talking about this problem. Many doctors don't have the time or emotional energy to get involved in the treatment of ED.

A man may find it much easier to tell his work associates or a family member that he has been diagnosed with the prostate cancer or had a heart attack, than telling them about an erectile problem. ED is a taboo subject in our society. However, ED or impotence, affects every part of a man's life. Impotence is critical to a man's ego and self-image.

### **The Importance of Erectile Function**

Sex is extremely important in our society. Sex has gone from being the way of carrying on our species, by having children, to being the way we express ourselves as accepted men and women in our society today. We are one of the few species of animals that has sex for pure pleasure. Excluding the dolphins and man, every other specie has sexual relations only to reproduce off-spring.

The act of sexual relations is not just a necessity to carry on the life blood of the species, it is a pleasurable encounter. It is a way of adding value to our lives and gives couples an added feeling of wellbeing, closeness, and acceptance.

### **Delay in Seeking Treatment**

Most men think their erectile difficulties will be a fleeting problem that will go away on their own. They are told that it may take up to a year for their erectile activity to return following radical prostate surgery or radiation. Frequently, the erectile function will improve, but in many cases ED due the nerve or vascular injury may be permanent. It is a mistake to wait. The earlier the treatment, the more likely the success.

### **Nocturnal Erections**

The penis is a vascular organ that requires regular blood flow or “exercise”. There is something to the statement, “Use it or lose it!”. Normally men experience nocturnal or night-time erections while they are sleeping. They may experience 3 to 5 erections associated with REM (Rapid Eye Movement) sleep. These erections may last up to one hour or more in time. They are important for oxygenating or exercising the penile erectile tissue.

Research by Dr. Irwin Goldstein of Boston University has shown that men who experience these night-time erections have more smooth muscle in their penises, which is necessary to trap blood in the penis during the erection process. Men who do not achieve night-time erections, may have the smooth muscle in their penis replaced with collagen or scar tissue. The collagen is not able to trap the blood in the penis, and thus the man will experience erectile failure. This is especially common following injury to the nerves and blood vessels of the penis associated with the treatment of prostate cancer.

### **Psychological and Other Causes of Impotence**

Our brain is the most important sexual organ that we have. And there are hundreds of ways for the brain to cause our sexual apparatus not to operate at an optimum performance. There are many things that can cause a psychogenic erectile dysfunction. The psychogenic ED may be only temporary or may be permanent. A man may suffer ED with one partner, but be okay with someone else. There may also be many problems such as finances, work, health problems and dozens of other things that may cause psychogenic ED.

There can be psychological impotence associated with having cancer of the prostate. Following the diagnosis and/or treatment, many men experience fear of the illness and their own mortality. They may be depressed and really not be able to perform sexually. Men suffering from depression are at four times greater incidence of impotence than men without depression. Men with hypertension and diabetes are at two times greater risk of developing ED.

Most men expect their bodies to respond like machines. They may be fearful to even pursue sexual contact following their treatment for the fear of failure, possible injury to the treated area, or even embarrassment of possible side effects, such as urinary incontinence. Because of these fears, some men may actually avoid sexual contact.

Even if the man still has some erectile function, the fear of possible failure may actually cause him to develop psychological impotence. The anxiety and stress would cause him to be unable to achieve and maintain an erection.

Fear causes our bodies to secrete adrenaline which may be necessary for our survival in case of emergency. Adrenaline causes increased blood flow to the vital organs necessary for survival. There is increased blood flow to the heart, brain, and muscles. Our hearts pound faster and stronger, we become more alert, and our muscles get the necessary blood flow to deliver oxygen so that our body can respond to the danger and increased demand put on them.

At the same time, blood is shunted away from the non-vital organs such as our stomach, intestines, and penis. Though these organs are important, they are not vital for the immediate survival of our species. Therefore, we actually experience a physical response from a psychological event.

After experiencing an erectile failure, the man often expects failure the next time he tries to engage in sexual activity. The man may hope the problem will get better on its own. But by delaying treatment, a small problem may become much bigger and more difficult to treat. At some point in time, the man will expect to fail on every attempt at sexual intercourse. At this time the problem may become much more significant.

### **Fearful of Treatment Options**

Every man wishes that there was a magic potion, lotion or pill he could take which would reinvigorate his sexual appetite and ability. If this type of medication is ever discovered there will be an acute shortage immediately because even normal functioning men would want to buy it to improve and insure their sexual functioning.

From early times, there has been tremendous concern by men about their sexual functioning. The search for the magic potion or cure has been a top priority. Ginseng tea has been touted as a sexually enhancing brew. The rhinoceros has almost been hunted to extinction since the 15<sup>th</sup> century because men thought its horn would make them horny. The Chinese thought the ground up horn offered potent strengths and qualities to whoever took it. Unfortunately, none of these things help very much. The magic potion still eludes us.

With the release of Viagra, we have opened the door of maintaining sexual vitality throughout our lives. Viagra is not an aphrodisiac, but it is a medicine that

helps to assist and maintain blood flow to the penile tissue. Unfortunately, it does not work in all men, especially those whose erectile nerves were removed or severely damaged due to a prostatectomy or other cancer treatments.

Prior to Viagra, when patients were told of the different treatment options, they usually were not pleased with the choices. One patient said, "When I was told that I needed a penile implant I felt that this was too drastic a step and I sought help elsewhere. I was happy to find out there were other options. I received a full work-up and found that medication could help me."

Other patients are not pleased with the thought of having to use a needle for penile injection therapy. But whatever the treatment, patients must realize that this is a solvable problem. They should investigate the options and get the advice of a qualified urologist who is knowledgeable about erectile problems and have a proper diagnostic work-up.

If at all possible, talk to patients who have undergone some of the available treatments. Today, with chat rooms and mailing lists on the Internet, this becomes possible. A good mailing list for sexual questions is at PCAI (which stands for Prostate Cancer And Intimacy). For a free subscription, send e-mail to:

[majordomo@prostatepointers.org](mailto:majordomo@prostatepointers.org)

Subject: leave blank

Message: Subscribe PCAI

## **Achieving Success**

### **1. Gather information**

Information helps you to regain your power. At one time the subject of impotence and erectile dysfunction (ED) was seldom mentioned. But information is available everywhere today. There are articles on the Internet about every form of therapy available. Use any search engine such as [www.yahoo.com](http://www.yahoo.com), [www.excite.com](http://www.excite.com), [www.lycos.com](http://www.lycos.com), or any of the other search engines and search for erectile dysfunction. You will find dozens of sites. At the American Urological Association (AUA) meeting in 2000, there 89 abstracts presented regarding ED and/or Sexual Dysfunction. There were six papers presented on Female Sexual Dysfunction (FSD).

The subject of ED is now often discussed on radio and TV shows. Numerous articles and books are in print. There are a few Impotents' Anonymous support groups for patients and their partners.

The following resources can be helpful in finding a qualified doctor who is knowledgeable of the latest medical therapies for the treatment of impotence. Here is an excellent Internet site:

[www.hisandherhealth.com/](http://www.hisandherhealth.com/)

Another very good site is [Impotence FAQ](http://www.palace.net/~llama/asifaq.html)  
<http://www.palace.net/~llama/asifaq.html>

This site has a resources section for autoinjectors and lots of other information.

The Impotence Institute of America & Impotence Anonymous at (800)-669-1603 is a very good resource. They publish a newsletter with all of the latest ED information.

I have an excellent tape, entitled, "Lifelong Potency", which discusses all of the causes of impotence, diagnostic treatment options and therapies. This can be purchased through my office at: 400 Newport Center Drive Suite 501, Newport Beach, CA. 92660 Tel: 714-644-7200 Cost \$14.95 + Shipping

## **2. Ask For Help**

Finding a doctor can be very difficult for most men. It may be difficult for a man to gather the courage to ask for help. And frequently, when he does ask his doctor for help, he is met with less than a satisfying answer. Many doctors are not knowledgeable of the different treatments that are available. Moreover, many of them do not consider ED a real medical problem.

I lead an Impotent's Anonymous meeting which discusses any issue surrounding male sexual dysfunction and impotence. We get 40-60 men and their partners to each meeting. Many of them feel very nervous, uncomfortable and anxious when they first come to these meetings. A real good ice breaker for us is to ask the question, "Has anyone ever asked their doctor for help?" Usually 45-50 men will raise their hands. When I ask them, "Did you get an adequate answer to your problem?" Only one or two men leave their hands in the air.

Following this question, everyone realizes that they are on common ground. It is very painful for a man to ask for help regarding this very private subject. He is embarrassed and shamed. When he is left hanging with a less than helpful response, he may become even more discouraged.

The doctor should offer you all of the different treatment options discussed in this book. If a doctor only offers you surgery for penile implants or nothing, you have the wrong man or woman. Most men can be effectively treated medically. Surgical treatment should be the last option and not the first one.

## **3. Partner Involvement**

It is important to have your partner involved in the treatment process. The more she understands about the causes and available treatment, the better the couple can work as a team. There will also be much better acceptance of the entire treatment process. However, in my experience, many men avoid getting their partners involved in the diagnostic and treatment process. They may feel vulnerable and ashamed.

Some men try to hide their ED from their wives. Frequently, men will avoid any physical contact that could lead to sexual activity. They go to bed earlier or later than their wives just to avoid contact. Perhaps the problem has already been present for sometime prior to the onset of prostate cancer. The whole process is very embarrassing to a man.

#### **4. Focus on the Problem and Solutions**

Be specific about your concerns. Write down any questions you may have. Concentrate on those issues that you can control. Don't waste your time and energy on extraneous topics. Your goal is to solve the problem of impotence. Do whatever it takes to be successful in this endeavor. Get all the information you can about the problem of impotence and more importantly, learn about the solutions.

I have found that many of the men I have treated focused much of their energies on the facts, costs, and potential problems. Very few men have really evaluated how their problem has hurt them or their relationship. It is so much easier for a man to look at the cold facts than to think about feelings. For this very reason, support groups such as Impotent's Anonymous have been very successful. Call Impotence Institute of America & Impotence Anonymous at (800)-669-1603 and ask if there is a support group in your area.

These groups offer a forum where men and their partners can hear how the problem of ED affected others before and after treatment. Most men discover that there is hope through these meetings. Hearing how couples have successfully dealt with their impotence problem, is extremely helpful for facing either the prospect of becoming impotent or those already experiencing the problem.

#### **5. Choosing the most effective treatment**

Keep an open mind about treatments - Knowledge is power. Become informed. Learn about your options. There are many choices you can make. I tell my patients about the different options available to them after a diagnosis has been made. We usually start with the least invasive treatment option and progress to others if the less aggressive therapy fails.

Some men are fearful of the treatments, and the thought of regaining their sexual function alone, is not enough to motivate them to treat their problem. Frequently, the potential loss of their self-esteem or a relationship, will be the motivating factor that drives them into the doctor's office for help.

#### **Hitting Bottom**

Sometimes, so much water can pass under the bridge that there can be irreparable damage to a relationship. Communication between the partners can come to a standstill. There can be much arguing and fighting. Much anger and

resentment can be expressed toward each other. Both men and women may have affairs to see if things will be better with someone else.

Often, one partner may blame the other for the cause of the problem. The final result can be separation and even divorce. Hopefully, the man and his partner will be directed to proper help so they don't have to hit bottom.

A recent study of 75 patients with organic impotence was performed by researchers Kristine Zurowski, Herbert Kayne, and Irwin Goldstein, M.D.. Patients were asked questions about how impotence affected their life and behavior. The findings showed the following interesting results:

- o Approximately 65% reported a decline in their self-esteem and self-confidence. (Personally, I think the number is closer to 90% or even 95% in the patients I have examined and treated).
- o 71% reported increased levels of frustration.
- o 61% reported increased anxiety.
- o There were significant increases in smoking and drinking.
- o One in four speculated that their impotence was a definite or possible factor in a break-up of a relationship.

A man will seek treatment when he has experienced enough pain and realizes and feels the impact of his problem. Action occurs when his pain and potential loss of his partner or self-esteem becomes greater than his fear and embarrassment associated with this problem and expected treatment.

### **Impotents' Anonymous Support Group**

Patients feel much better after attending an IA (Impotents' Anonymous) meeting. One patient stated, "Just that I had done something made me feel better. The fact that other people had worked through and were experiencing the same type of problems that I was going through made me feel better. I was not a freak. I was not alone."

The advantage for a patient attending an impotence support group is that both the man and his partner have the opportunity to learn about impotence. They not only learn factual information regarding impotence, but more importantly see and feel the effects of impotence on their lives.

The despair, sadness, pain and most importantly the hope that there is life after an erectile problem can be solved. The experiences of others can be a facilitative tool to helping him seek help.

Women, on the other hand are more interested in the whole relationship and hearing about how other couples have solved their problems. Most women are concerned about the change in their partner's confidence and loss of closeness in their relationship. Some IA groups have separate IA-ANON groups where the women can meet to discuss their issues. There is a lot of support from patients

who have already undergone treatment and this can be extremely helpful for the couple seeking an answer to their problem.

Again, call Impotence Institute of America & Impotence Anonymous at (800)-669-1603 and ask if there are any support groups in your area. If not, maybe you could start one. If you belong to a prostate cancer support group, you may be able to have several of the men and wives join an IA support group.

### **Physiology of Erection:**

An erection is a vascular event. Our arteries are made up of tubular muscles in a closed system. By constricting the arteries in one area of the body, and relaxing them in another area, blood can be shifted to where it is most needed at that time. In the flaccid state, the arteries of the penis are in a constricted mode.

When a man thinks about sex, or is physically stimulated, nerve impulses are sent through the spinal cord to the penile tissue. This action results in the release of nitric oxide (NO). The NO causes a chemical reaction to form cyclic Guanosine Monophosphate (cGMP). The cGMP and NO causes a marked relaxation of the smooth arterial muscle and erectile tissues. The relaxation of the smooth muscle in the penile arteries allows an influx of arterial blood. The blood flows in faster than the veins can move it out. The expanding blood filled spongy tissue compresses the veins against the sheath around the penis. This compression of the veins helps trap the blood in the penis and rigidity is achieved.

The body has a natural way to reverse this process. There is an enzyme called, type 5 Phosphodiesterase, (PDE 5) which breaks down cGMP. Without the cGMP, there is no nitric oxide and the arteries again become constricted, the inflow of blood is reduced and the penis returns to its flaccid state. Viagra inhibits the PDE 5 and prevents the breakdown of cGMP.

### **The Erectile Nerves**

There is a bundle of nerves and blood vessels that lie along each side of the prostate. Quite often these nerves are severed or severely damaged during a radical prostatectomy when the prostate is removed. These are the nerves which cause the nitric oxide to be produced. Without these nerves, there will be no nitric oxide and cGMP and Viagra may have little or no effect. But even without the erectile nerves, some men have been able to have a partial effect from Viagra. Some men then use a vacuum erection device (VED) to create a firm erection.

### **Diagnosis of Impotence**

#### **History**

The patient's history of his erectile problem is very significant and can help the physician make a proper diagnosis. First the doctor will want to know if the man is able to get any kind of erection with foreplay, masturbation, or upon awakening in the middle of the night or in the morning. Frequently, these night erections are noticed when the man has to get up to urinate in the middle of the night. These

erections are associated with the dream phase of a man's sleep. This dream phase is called REM sleep. REM stands for "rapid eye movement". It is a positive sign if the man is capable of achieving any kind of erection at all.

If the man's impotence is secondary to the treatment of prostate cancer, he may give a history of having good erections prior to either surgery or radiation, and then noticed the onset of ED immediately after the treatment phase. Sometimes, if the erectile nerves were only damaged and not severed, he may slowly regain some or all of his function as time passes. Some men will see improvement up to 1 year following surgery.

### **Medications**

Many medications can affect a man's erectile function. Most medications used for the treatment of hypertension and depression may inhibit the normal erectile response. Most of these medications inhibit normal erectile function by either decreasing the amount of blood reaching the penile chambers or working centrally in the brain by inhibiting the initiation of the erectile process. At times, the offending medication can be changed to an alternative medication, that may result in a return to normal sexual function.

### **Hormone Therapy**

Prostate cancer thrives on the male hormone, testosterone. Often the patient will be treated by combined hormonal blockade or an orchiectomy (surgical removal of the testicles). Without testosterone, there is loss of sexual libido. However men may still be sexually active, using Viagra, MUSE, penile injections, the vacuum device or other treatments.

### **Viagra (Sildenafil) & Complete Androgen Blockade**

Drs. Scholz and Strum did a study of a few men who were on complete androgen blockade (CAB) and the use of Viagra. Most men who are on CAB have no libido, but they still have intact erectile nerves and blood supply so they should be able to attain erections.

The Journal of Urology printed their report in the June 1999 issue, page 1914. Drs. Scholz and Strum say, "It was the first... (study) to our knowledge on the efficacy of Viagra in patients with erectile dysfunction due to complete androgen blockade. We agree that in these patients the administration of sildenafil once or twice a week to facilitate sexual intercourse might be of importance in reducing the risk of prolonged cavernous tissue hypoxia and subsequent irreversible tissue damage" Again and again, use it or lose it. They only had 21 patients in the study, but it seemed to prove that men could have sex even with a castrate level of testosterone and no libido.

Reasons offered for wanting to use sildenafil varied and included regard for partner needs, enjoyment of intimacy and closeness, partner insistence and the concern, "use it or lose it." Regarding this latter motive, we have noted that physicians commonly fail to consider how protracted loss of nocturnal erections

leads to irreversible erectile dysfunction. This problem needs to be addressed openly because intermittent combined androgen blockade is being used with increasing frequency for early stage prostate cancer.

Sildenafil induces erections of adequate quality for intercourse in men with castrate testosterone levels and may avert the development of penile atrophy if used regularly. We believe that the option of weekly or biweekly sildenafil should be discussed with patients on combined androgen blockade therapy as a possible means of averting future erectile dysfunction. Additionally, patients seem to benefit and be comforted by resumption of physical closeness during a difficult period of illness and uncertainty.

Mark Scholz and Stephen Strum Prostate Cancer Research Institute 4676 Admiralty Way #101 Marina del Rey, California 90292

**Editorial Note:** If you are on CAB, the penile tissues will atrophy and shrink if the tissues do not receive nourishing blood occasionally. One of the better ways to do it is to use a vacuum erection device (VED). Even if you don't plan to use the erection for fun, you should use the device once in a while to keep the penis nourished.

### **Medical Research Offers Hope**

For many years men have dreamed of a magic pill that would solve their impotence problems. With the release of Viagra, we have experienced valuable hope and help to the millions of men suffering from ED. Viagra is a medication which was originally designed to increase blood flow to the heart for men with angina or chest pain. During initial clinical trials, many men experienced unexpected erections. Viagra has been investigated in numerous clinical trials. Several million prescriptions have been written world wide. A few men have died of heart attacks while on Viagra, but out of the millions who have used it, the number who died may have died if they were not using Viagra. Viagra has been shown to be efficacious and safe in the treatment of ED.

The clinical results have been successful in most men. Viagra has been shown to be effective in about 70% of men with organic impotence and up to 92% of men with psychogenic impotence. The most common side effects associated with the use of Viagra are:

Headache	16%
Flushing	10%
Indigestion	8%
Nasal Congestion	4%
Urinary Tract Infection	3%
Visual Disturbances	3%
Muscle Aches	1%

Most men also experience seeing a blue haze, almost like looking through blue colored glasses. It does not seem to cause any physical damage.

Patients receiving nitrates such as nitroglycerin in any form can NOT use Viagra under any circumstances. Combining Viagra with nitrates can result in a serious lowering of the blood pressure of up to 50 mmHg. This large drop in blood pressure can result in heart attack and death. Viagra is safe for men taking high blood pressure medications, Coumadin, anti-arrhythmic heart medications, and alcohol.

Studies show that Viagra does not increase the risk of serious cardiovascular event including heart attack over placebo. Exercise and stress on the heart is usually the cause of heart attack in men, not the Viagra.

Viagra should be taken with an empty stomach about 1 hour before planned sexual relations. To create an erection requires sexual stimulation. If a man is eating or drinking alcohol, he should wait 2 hours before engaging in sexual activity. Men should be relaxed when first using Viagra. A man must have physical or emotional readiness when using Viagra. We start patients on 50 mg of Viagra for 5 doses to see if it will work. They are increased to 100 mg if the results are not satisfactory.

Note that most pharmacies charge about the same 100 mg as for the 50 mg. If you respond to 50 mg, you may be able to save money if you buy the 100 mg tablets, then use a pill splitter to cut them in half. Most pharmacies will sell you a pill splitter for a nominal amount.

### **VASOMAX (Regitine or phentolamine)**

Vasomax is another medication that works to increase penile blood flow. It is currently undergoing investigational clinical trials in the United States and world wide. The medication has previously been used for years to help with erections as an injectable medication. Recently, the manufacturer, Zonagen, Inc., in Texas, has developed an oral delivery system for this medication which is designed to work within about 10 minutes. It will be most useful in those men with mild vascular problems causing their erectile failure. It will probably not be effective in those men with severe erectile failure.

Vasomax is being developed by ScheringPlough and studies are waiting to resume.

The results at this time have not been very encouraging for this drug.

### **Uprima (Apo-Morphine)**

This is a medication manufactured by TAP Pharmaceuticals and is awaiting approval by the FDA. It was expected to be approved in late 2000, but it has been delayed so that more tests can be done.

Apo-Morphine is being evaluated for the treatment of psychogenic and also organic impotence. It appears to work by blocking the adrenaline response initiated by the brain. Men with psychogenic impotence have the ability to

achieve an erection but tend to lose it soon after starting intercourse because they are afraid of possibly failing. When a man has failed previously with sexual relations, his body will emit small doses of adrenaline and negative messages from his brain. From an emotional event, a physical response occurs. The adrenaline causes constriction of the penile arteries and subsequently there is loss of the erection.

Uprima (Apo-Morphine) blocks this adrenaline response pattern and has been shown to be most effective in some patients with psychogenic symptoms. The medication is taken sublingually (under the tongue) just prior to sexual relations. Uprima works within 15 minutes.

It is necessary to proceed with foreplay and then start the desired sexual activity. Uprima has been effective in certain groups of patients. The benefit of this medication is that it works quickly. The primary side effect has been nausea which has been seen in a small percentage of men. It was more common with higher doses, but further research shows that by cutting back on the dose has worked well with much fewer side effects.

### **Other New Medications**

#### **ICOS –**

ICOS has developed a longer-acting medication similar to Viagra. The ICOS drug is also a Phosphodiesterase 5 (PDE-5) inhibitor. They are developing this medication with Eli Lilly. The ICOS medication has a longer half-life and will work up to 24 hours after administration. This medication will probably achieve FDA approval by the year 2001-2002.

Many females also have sexual dysfunction. Females have been added to the ICOS clinical trials. Trials using Viagra on women are also ongoing.

#### **Bayer –**

Bayer is also working on a Viagra-type medication that looks promising. They have just completed their Phase II. The biggest challenge to Viagra may be the next drugs in its class of PDE-5 inhibitors. If they work better or carry milder side effects, Viagra users may defect. Bayer, which aims to start large trials in the spring, hopes to have a drug in this category that lasts for 18 hours, compared with 4 hours for Viagra. Pfizer itself is also looking for newer, better PDE inhibitors.

### **Vacuum Erection Devices**

These are devices that work to create an erection mechanically. They consist of a hollow, cylindrical tube which is placed over the penis. There is a pumping device which creates a vacuum, thus drawing blood into the penis. Once the penis is enlarged and firm, an elastic ring device is released from the cylinder and is slipped onto the penis. The blood is then trapped in the penis, giving it rigidity. See fig. 18-1.

The process was invented in the 1970s by Geddings Osbon Sr., a retired tire dealer and Pentecostal preacher who fashioned prototype devices from tire pumps.

When Geddings began marketing his ErecAid, the Post Office and several other government officials decided that the device and its instructional literature were pornographic and obscene. His devices that were sent through the mails were seized and he was threatened with fines and prison. The business was almost ended before it could get started.

Mr. Osbon was finally able to convince a few doctors of the benefits of the ErecAid and they began to prescribe it for their patients. There are now millions of patients who use vacuum devices. These devices allowed the impotent patients to finally enjoy the pleasures of sex. Several other companies besides Osbon are now selling devices that are essentially the same as the original Osbon device.

At one time you needed a prescription from your doctor to purchase one of these devices. But several companies now offer them without a prescription. You will still need a prescription if you want your insurance company to pay for one. If you are a Medicare recipient, the government will even pay for it if you have doctor's prescription.

The vacuum devices may cost from \$79 from some companies and up to over \$300. Some deluxe VEDs have a small motor to create the vacuum. These deluxe units may cost as much as \$400 or more. Walmart and several drugstores now carry non-prescription units that cost about \$120. You may also call 1-800-475-3091 or 888-231-2486 for units that cost about \$80.

The Osbon Company has a booklet called A Patient's Guide for the Treatment of Impotence. Call Osbon at 1-800-438-8592 for a copy of this informative booklet and a brochure about their ErecAid.

They also have a web site at <http://www.timmmedical.com/> The web site has photos and a vast amount of information about the VED.

Some of the rings are narrow and can be rather uncomfortable. Some companies, such as Mission Pharmacal at 800-531-3333, have developed rings that have a wide band that spreads the constriction over a wider area so that they are more comfortable. They have a web site with lots of information at <http://www.missionpharmacal.com/>

There is an old expression, use it or lose it. If a man goes without an erection for a long time, the tissues in the penis may atrophy and the penis will shrink. Most men complain that they don't have enough already and don't want to lose any. The VED can bring fresh blood into the penis. Some men have even claimed to have enlarged their penis by regular daily use of the VED.

Many men have found these devices to be successful. The advantage is that there are no medications or invasive procedures. The disadvantage is that there is some preparation time and less spontaneity of the sexual act.

### **FDA Approves First Female Sexual Aid Device, Eros**

The Food and Drug Administration (FDA) has approved the first prescription device designed to help women with sexual dysfunction problems. The device, called the Eros Clitoral Therapy Device (CTD) works on the same principle as the vacuum pumps sold to help men achieve erections. It helps pump blood into the genital area. Fig. 18-7 shows the Eros device.

Made by Urometrics, a small, privately owned company in St. Paul, Minnesota. Female sexual arousal disorder (FSAD) is classified as a legitimate disease by the National Institute of Health and is characterized by one or more of the following symptoms: inability to experience an orgasm, lack of lubrication (often causing painful intercourse and/or lack of desire or decreased libido), and lack of clitoral sensation.

FSAD is often characterized by a lack of vaginal lubrication, painful intercourse and / or a reduced ability to achieve an orgasm. Certain physical conditions which cause constriction of the vaginal and clitoral arteries may interfere with or prevent a woman from achieving clitoral tumescence. It is believed that the difficulty or inability to achieve clitoral tumescence may be related to other symptoms of female sexual dysfunction such as: lack of desire, difficulty achieving orgasm, insufficient vaginal lubrication and painful intercourse.

Application of a vacuum over the female clitoris will cause clitoral engorgement and blood flow. FSAD and orgasmic disorder are believed to be related to reduced blood flow in the female genitalia.

It has been estimated that as many as 50 percent of U.S. women complain they have problems enjoying sex after they go through menopause. These problems can be physically measured and often have to do with decreased blood flow to the genital area -- the same physical problem that underlies many cases of erectile dysfunction.

To find out more about the Eros-CTD go to: [www.urometrics.com](http://www.urometrics.com)

About one third of the penis is within the man's body- most of the clitoris is also within the female's body. The actual length of the entire clitoris is almost four inches long.

There is an informational site designed for women and their partners who have questions and concerns about women's sexual health at:

<http://www.womenssexualhealth.com/>

### **MUSE (Medical Urethral System for Erection)**

This is a product developed by Vivus Corporation in California. It is a small cream pellet with the active component being Prostaglandin E1. The pellet dissolves and is absorbed through the urethra into the cavernosal bodies. This results in dilation of the cavernosal erectile tissue of the erectile chambers. See fig. 18-2.

It has about a 66% success rate in the clinical studies. The man is instructed to void prior to using the medication. He then inserts the applicator into his penis and releases the medication. The penis is massaged and usually within 10-20 minutes, the man will achieve an erection. It has been well tolerated by most men and there have been no side effects from women with possible transfer of seminal fluid. MUSE has been effective in a certain group of patients who have been very happy with their results.

The VIVUS Company has recently re-formulated MUSE by adding a drug they call ALIBRA to make it easier to be absorbed and more efficacious.

### **Injection Therapy**

Injection therapy was first introduced at the American Urology Association meeting in Las Vegas in 1984. Dr. Brindley was presenting a paper on how the medication, Papaverine, could be used to dilate the blood vessels in the penis and create an erection. Papaverine had been used in open heart surgery to dilate blood vessels which were in spasm following the bypass procedure. When Papaverine was squirted on the coronary vessels, they would dilate and allow them to function properly.

When Dr. Brindley made his presentation at the convention about Papaverine he was afraid that no one in the audience would believe him. He told them of performing an injection 45 minutes prior to the speech. At the completion of his talk, he dropped his trousers in front of 3,000 doctors and gave them absolute proof that the injections worked. There he stood, with a complete erection while the audience stared in shock. Thus, the world was introduced to penile injection therapy.

This was the first effective medical therapy. Prior to this form of therapy, the only effective treatment was through the use of penile implants and the vacuum erection device. Today there are two injection medications which have been approved by the FDA. They are Caverject, manufactured by Pharmacia-Upjohn and the medication, Edex, manufactured by Scwharz Pharma. These medications are effective in about 85% of patients. The active erectile medication in both of these drugs is Prostaglandin E. Fig. 18-3 shows the Caverject kit. Fig. 18-4 shows the injection instruction insert that comes with the Caverject kit.

### **Bi-Mix and Tri-mix**

Occasionally, Papaverine by itself or with Regitine will be used. When the two are mixed it is called a bi-mix. Prostaglandin E1 may also be added for a tri-mix. This

tri-mix combination usually works better than any one of them used alone. The bi-mix and tri-mix are usually much less expensive than Caverject or Edex.

### **Physiology of the Injection**

Injection therapy works by relaxing the smooth muscles in the arterioles of the penis. The arteries of the penis are fairly deep, the veins are near the surface. The penis has several tubular layers or sheaths around it. As the blood flow to the penis increases, the pressure squeezes and presses the veins against the outer sheaths of the penis. The pressure closes the veins so that little of the blood can escape from the penis. This makes the penis rigid and firm.

Approximately 80% of erectile problems are associated with vascular problems. There is either not enough blood being delivered to the penile chambers, or there is too much escaping through veins which are not closed effectively. Injection therapy increases the blood flow to the penile chambers and is able to achieve good results unless there is significant vascular problems.

### **Advantages of Injection Therapy**

Injection therapy has been a very successful mode of treatment. Between 85%-90% of men respond with good results. It has offered many men and their partners a very effective way of regaining their sexual relationship. Frequently, men will even regain their own natural erections.

Some men will have erections lasting just a few minutes and others can have the dose titrated up to allow a 30-45 minute erection. The length of time is directly related to the dose of the medication used. An infrequent problem can be an erection that lasts between 2-4 hours or more. If it lasts longer than 4 hours, he may need to go to emergency. This is called priapism. If the blood is trapped in the penis for a long period of time it can become gangrenous.

Injection therapy can be very useful in men recovering from radical prostatectomy where the nerves may have been bruised or in shock, or if the nerves were completely severed. If the nerves are still intact, the use of the injection may help in erectile recovery. Injection therapy immediately following radical prostatectomy or radiation therapy may prevent atrophy of the smooth muscle necessary for erections.

We mentioned earlier that about one third of the penis is inside the body. If a man uses a vacuum erection device (VED) to create an erection, only the part of the penis on the outside will be firm. The part of the penis inside the body may not be filled with blood. The penis will have what has been described as the "hinge effect". It may flop around from side to side and will not have the upward angle. This may not be attractive but it does not detract from the pleasure. The injection therapy causes all of the penile tissues to become engorged, even that inside the pelvic area. This makes it more like a normal erection.

### **Disadvantages of Injection Therapy**

The fear of the penile injection is what scares every man to the core when he is first informed of this form of treatment. The thought of a penile injection is totally foreign to every man. Sticking a needle into such a sensitive area is difficult for any man to accept. I have found that the man's fearful expectations are much worse than the actual injection process. Some men visualize the injection going into the glans penis. In actuality, it goes into the side of the penis and feels like a tiny pinch.

When examining a patient, I will often pinch him at the base of the penis and ask him would he be willing to trade that pinch for a 45 minute erection. Most men are willing to try an injection for diagnostic or therapeutic evaluations. We have been able to overcome the fear by using an automatic injection device. This hides the needle and automatically injects the medication with minimal discomfort. The whole process is more of a mental issue than the actual discomfort of the injection.

The injection device works so quickly that a man doesn't even realize that it has taken place. The automatic injector is spring loaded and fires when a button is depressed. The erection is usually complete within 5 to 10 minutes.

The most common side effects of injection therapy include minor bruising and discomfort. There can be possible scarring to the penile chambers. A few patients may experience an aching sensation in the erectile chambers, especially with the Caverject or Edex.

### **Autoinjector**

One big problem with injections is that, like most people, I Aubrey, hate needles. I have given gallons of blood. I didn't mind the small amount of pain when I thought about the fact that I might be helping to save someone's life. But to stick a needle into my penis is something else.

Actually there is very little pain associated with the injection. But when I had the opportunity to purchase an autoinjector, I grabbed it. The autoinjector is a spring loaded device. You fill the syringe with the drug, place it in the autoinjector, then press a button and it automatically does the rest. This is a tool that can be used by diabetics or by anyone for any type of injections. The Owen Mumford Company at (770) 425-5138 manufactures several different types of auto injectors. Call them for a list of re-sellers. A few of the resellers are the St. Louis Medical Pharmacy at 800-950-6020, the Diabetic Express at 800-338-4656 and the Diabetic Wholesale Supply at 800-925-8299.

It is best if both the man and his partner have been involved in the diagnosis and the injection process. Frequently women feel left out of the injection therapy process. Since it affects them also, it is much better if it is explained so that they are a part of the process.

### **Erectile Dysfunction Papers at AUA**

There were 89 papers presented on erectile dysfunction at the American Urological Association Convention in Atlanta, April 29-May 4, 2000. In addition, there were six papers presented on female sexual dysfunction.

Here are some resources on the Internet that was posted by a friend Charo Boyett:

I have listed below several URL's where more information may be found on injection therapy for ED:

#### **Impotence FAQ**

<http://www.palace.net/~llama/asifaq.html>

It has a section for each type of ED treatment and frequently asked questions for each.

#### **Autoinjector source list.**

Medical Center Pharmacy

<http://mccpharmacy.com/trimix.html>

Discussion of and explanation of different type "mixes".

#### **Caverject**

<http://www.caverject.com/>

#### **Rockwell Physicians Supplies**

<http://www.rockwell-physicians.com/rockwell.map?142,11>

A general discussion site for injection and "mixes". With specific how to inject information.

#### **Baylor ED site**

<http://www.urol.bcm.tmc.edu/wwwroot/erectdys.htm>

Site discusses all type ED treatments. Specific info for injections. Great graphics on how to and where to inject.

### **Treatment With a Penile Prosthesis**

Proceeding with a penile prosthesis can be one of the most difficult steps for a patient to take. Most patients are extremely nervous, anxious and fearful about a penile implant. Many patients will not even consider an implant as a viable option in the treatment plan. Common questions are, "How can all that equipment fit into me? Will sex feel natural? Will I be able to ejaculate? Will other people know that I have an implant? Will I look natural?" These questions and many more need to be asked and answered.

Getting a penile implant is a very serious decision. The patient and his partner should never be forced into any specific type of treatment. I like patients to consider proceeding with an implant only after they have been fully educated on all of the treatment options and are completely ready emotionally and intellectually.

### **How Does a Penile Implant Work?**

A penile implant gives rigidity to the penis. There are two erectile chambers which normally fill with blood. An implant is a cylindrical device which fills the erectile chambers and gives rigidity during the sexual act, allowing a man to once again enjoy normal sexual relations. Over 250,000 implants have been placed. Men can usually still achieve orgasm and ejaculation with an implant if they were able to do so before.

Men who become impotent following radical surgery, radiation, or cryosurgery, may find the emission of seminal fluid decreased or completely absent. However, they will still experience the sensation of orgasm. The implant works by giving penile rigidity and consists of several basic types:

#### **Semi-Rigid Implants**

These were the first implants developed. They are made of silicone and may have an internal core of a braided silver wire which helps them to be pushed downward when the prosthesis is not in use and to be placed upward when a man wants to be sexually active. Fig. 18-5 shows a semi-rigid implant from American Medical Systems (AMS).

These types of implants are usually placed in the man who has arthritis and has decreased manual dexterity. They are simpler and have fewer things that can go wrong. There are fewer malfunctions of this type device that might require revision work. More physicians know how to put in these types of implant and they are easier to install.

#### **Inflatable Penile Prosthesis**

This implant was developed by Dr. Brantley Scott in 1973. Today this offers the most effective way of fixing the impotency problem. We are looking at very good success rates with the new products. Initially the inflatable penile prosthesis had

many problems, but they have been re-engineered. Today, we are looking at about a 90-95% success rate at 5 years after implantation. This means that if 100 implants were placed, about 90 of them would still be functioning in 5 years.

We have stronger, better materials available today. The problem areas or weak links in the implant have been re-designed to allow a much more natural product which has seen very good patient and partner acceptance. In fact, both manufacturers of the inflatable penile prosthesis give the patient a lifetime guarantee on their products with free re-placement of the implant if there should ever be a mechanical malfunction. Fig. 18-6 shows an inflatable implant from American Medical Systems (AMS), a division of Pfizer. The AMS Company has a web site about their Penile Prosthesis Product Line <http://www.visitams.com/products/index.asp>  
This site has drawings and more information about all of the different penile implants.

The inflatable penile prosthesis consists of two cylinders which are implanted into the penis. A pump is placed in the scrotum, and a reservoir is placed either behind the abdominal muscles or in the scrotum. The complete device is under the skin and is not visible to the naked eye.

A man can shower at their golf, tennis, or health club without anyone being aware of his implant. These prostheses can be inserted at an outpatient surgery center or as an inpatient in the hospital. The procedure takes about one hour or less in an experienced surgeon's hands. Most men tolerate the surgery very well. I tell my patients that this procedure causes about as much discomfort as a glorified hernia procedure. The scrotal area is usually the most tender and there is a heavy feeling in that part of the body for 2-4 weeks. Most men can return to their work within 1 to 4 weeks depending on the physical demands of their job. Men who perform very physical jobs may require more time off work.

The prosthesis is activated when the man pushes on the pump through the scrotal skin. The pumping action transfers fluid from the reservoir into the penile implants in the erectile bodies. These types of devices have been very successful and seem natural for both the man and woman.

Implants may only be necessary in about 10% of patients. Most other patients can be treated medically or with a vacuum erection device (VED).

The penile implants may be rather expensive. There was a story about a man who went to a urologist to discuss the possibility of getting an implant. Since this was something that concerned his wife, he brought her along. The doctor explained the procedure and told the couple that it would cost about \$10,000. The wife said, "Wow, that is an awful lot of money. We will have to think about it and let you know."

A few days later, she called the doctor and said, "About the penile implants, we have made a decision. We have decided to re-do the kitchen instead."

### **Masturbation**

The ability for a man to have an orgasm doesn't necessarily depend on a firm erection. With sufficient arousal and stimulation, a man can have quite a good orgasm even without a prostate and with a limp and flaccid penis. Of course without a partial erection, it is very difficult to perform intercourse. Many women can have a good orgasm with oral and clitoral stimulation. After all, the clitoris is a miniature penis. Some women may prefer clitoral stimulation rather than internal vaginal thrusting.

Some women enjoy having their "G" spot stimulated. The G spot is in the upper part of the vagina, about one inch from the vaginal opening. The G spot can be stimulated by hand, vibrator, or best of all, by a good erect penis.

The G spot is about where a prostate would be if a woman had one. In some women, the G spot is very sensitive, in others it doesn't even seem to be there.

Some women wouldn't ever consider masturbation or stimulating themselves. But it may be okay if someone else does it for them. Some women can have a good orgasm by getting on top and rubbing their clitoris on the penis, even if it happens to be flaccid or soft.

Of course, if she is any kind of lady, she will reciprocate and stimulate her partner, either by hand or orally. Some men can have an orgasm if the limp penis is placed against the vagina and stimulated by hand.

Many men of our generation don't like to talk about masturbation. (The term masturbate is from the Latin manus for hand + stuprare which means to rape. So literally, when one masturbates, he or she is raping oneself by hand.) To many of us masturbation is embarrassing, shameful and sinful. Only perverts and those of weak character resort to such a wicked practice.

Many of the younger generation seem to have no shame. Many of them unabashedly admit to the evil practice of self gratification. There are many older religious men and women who were convinced that if they masturbated, they would surely go to hell. Today we know that there is nothing sick or perverted about doing something that makes you feel good. It harms no one, especially, not you. Besides, it belongs to you. Why should anyone tell you what you cannot do with an important part of your body.

If a person is forced to go without sex, it can cause a lot of stress build up. Masturbation can help relieve stress and nervous energy. Reduction of stress can help improve the immune system's ability to combat illnesses. Even if you are happily married, there may be times when the wife has a headache or just doesn't feel like doing it. This should not stop you from having a bit of pleasure alone.

In speaking of masturbation, Truman Capote was quoted as saying, "The good thing is that you don't have to get dressed up for it."

We would also add that you would seldom be rejected or turned down.

Some other things to consider, you don't have to buy dinner and drinks for your date. You don't have to worry about performance or whether you are pleasing someone else. You need only worry about pleasing yourself.

Husband and wife researchers, Samuel and Cynthia Janus, surveyed 2,765 men and women about their sex habits and practices. In their book, Janus Report on Sexual Behavior, reported that 47 percent of the men and 23 percent of the women admitted that they masturbate on a daily or weekly basis.

The authors didn't report as to whether any of these sinful men and women were growing hair in the palms of their hands or whether any were going blind. Other disorders that may be caused by masturbation is carpal tunnel syndrome and a related disorder called repetitive strain injury (RSI). Just kidding :- ) (an internet grin).

Here is an item that was reported on Dr. Dean Edell's radio show and by several news agencies. A woman filed for workman's compensation, claiming Repetitive Stress Injury (RSI) which is often the same as Carpal Tunnel Syndrome (CTS).

What is unusual about this case is that the woman worked answering telephones for a phone sex operation. She was instructed to keep the customers on line as long as possible and to be as realistic as possible. To do this she held the phone in one hand and masturbated with the other, which caused the RSI. This injury has prevented her from doing her job, so she believes that she is entitled to compensation.

This report should be an ample warning- all things in moderation- or just switch hands once in a while ☺

Notice in the Janus report that less than one fourth of the women admitted that they masturbate. Again, this shows the vast difference between men and women. One reason that women are not as interested in sex as men are is because they don't produce as much testosterone as men. Most of the testosterone in men come from their testicles, but about ten percent is produced by the adrenals. Women produce adrenal testosterone also. If their testosterone level goes down, then their libido diminishes. Some women who have no sex drive may be helped by supplemental testosterone. Men have searched for some sort of aphrodisiac for eons. A little bit of testosterone might be what they are looking for.

One reason why more women don't masturbate could be that they don't know how. Some years ago in San Francisco, a women's group set up a class to teach women how to masturbate, or how to get in touch with themselves. According to reports, it was a very popular class.

A comic came up with the line that said, "When you ask a man if he masturbates, about 50 percent will admit that they do. The other 50 percent will lie about it."

Anything that you do by yourself or to yourself should be nobody's business but yours. Anything that you do to another adult or with another adult, as long as you both consent, should be nobody else's business. There should absolutely be no cause for shame, guilt or a violation of law.

There was a story of a young man who got a job on a sport fishing boat to bait the hooks for the patrons. He started work as an apprentice, but he worked very hard and within six months he became a master baiter.

Modern technology has provided us with several sex toys, accessories and devices. There are some rubber toys that have the consistency and feel of real skin. Many of these things can be a great help to both men and women. Times have changed. Some people receive sex toys for birthday presents nowadays, even those who are happily married.

The sex toys and accessories are usually hidden away in sleazy adult book stores. Many people are too embarrassed to enter one of these places.

Masturbation can never be as good as the real thing. But if you take a Playboy or Penthouse magazine to bed with you, you won't go blind or grow hair in the palm of your hand. And you won't catch any of the horrible diseases such as gonorrhea or AIDS. Or be arrested for breaking the law by paying a woman for sex.

### **Audiovisual Sexual Stimulation**

Someone once said that one good fantasy is worth a thousand realities. Visual stimulation such as X-rated tapes help many people create fantasies. For one reason or another, some people think that pornography and sexual aids in any form should be banned and outlawed. Many states and cities do not allow adult bookstores. Pornography and some of the sexual aids are of great value in the struggle against ED. Pornographic materials should be available to any adult person. Each individual should be able to make up his or her own mind. No one should decide or tell an adult person what he or she can view or do in the privacy of their own bedroom. If they are not hurting anyone, why should it be any business or concern of anyone else, especially the government?

There are several mail order companies who will discreetly ship pornographic materials to you in a plain brown wrapper. If you call them they will send you a catalog. Here are the phone numbers and web sites of a couple of companies:

Adam and Eve at 1-800-765-2326 or [www.adameve.com](http://www.adameve.com)

Direct Video & DVD at 1-800-874-8960 or [www.sexvideostore.com](http://www.sexvideostore.com)

### **Attitude Change After Treatment- New Lease on Life**

Talking to previously treated patients can be very helpful. Most patients have the same questions, fears, and motivating factors regarding the treatment of their impotence. A patient who has already undergone therapy will usually be glad to talk with a man or couple seeking a solution to their impotence problem. The information from a satisfied patient may be helpful and give more insight than that from the most qualified physician.

This is one of the most exciting parts of my work. When treating an impotent man, I feel like I am able to offer him a "life transfusion." With most medical problems we are taking something away or dealing with a negative process. In correcting impotence, we are giving back a man's hope, his self-esteem, his ego, and a good feeling for the future. It is very exciting to see the change in the man and in his partner's attitude as they progress through the treatment process and rebuild their intimate relationships.

If your doctor is not offering the different treatments options, find one that is. This is a very exciting time for impotent couples. Most all men can be successfully treated with one of the different therapeutic options. Again, ED is one of the few medical problems that can be successfully treated and helped in almost 100% of cases.

You can be one of the success stories.

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