

# What's Up with Erectile Dysfunction?

By Terri Saunders

Approximately 30 million American men and 300 million men worldwide experience erectile dysfunction, commonly called ED. Formerly referred to as impotence, ED is the inability of a man to develop or maintain a firm erection long enough for satisfactory sexual performance. While occasional difficulty keeping it up is normal, moderate to chronic ED is stressful and disheartening to both the man and his partner, causing relationship problems, low self-esteem and depression.

Cases of ED are most prevalent in men over 60 years of age, yet men of all ages can experience problems maintaining an erection. When ED occurs at least 25% of the time it is cause for concern. Many men are too embarrassed to discuss this problem with their physicians, but reported cases of some level of ED include 10% of men in their twenties and thirties, 50% of men aged 40 to 70, and 70% of men in their seventies. Approximately 1 in 10 adult males suffers long term from ED. Researchers conducted a survey of college-age males in Chicago and found to their surprise that 13% of 234 men reported having ED, and 6% reported using ED drugs.

The word impotence is derived from the Latin word *impotentia* which means lack of power. Throughout history, a man's sexual potency has been a marker of his masculine power. The first recorded reference to impotence was noted in the Indian Samhita in the 8<sup>th</sup> century BC. A suggested cure was to eat the testes of a goat boiled in milk with sesame seeds and porpoise lard. The ancient Egyptians considered impotence to be the result of either a physical disease or an evil charm. A recommended remedy was to smear a mixture of baby crocodiles' hearts and wood oil onto the man's penis.

Medieval belief attributed impotence to a witch's curse, a dogma that continued for centuries thereafter, resulting in men blaming women for the loss of their manhood. From the 13<sup>th</sup> through the 17<sup>th</sup> centuries impotence was the only grounds for divorce. Victorian era treatments included ingesting opium, digitalis and quinine, or scarring the perineum followed by bloodletting, then smearing mercurial ointment on the urethra.

Modern treatment of erectile dysfunction is a bit more humane, though the stigma associated with impotence still remains. It is now understood that 90% of all cases of ED are caused by physical imbalances in the body, while only 10% are of psychological origin. Emotionally based ED may be deeply rooted in childhood abuse, insecurity and low self-esteem, difficult past relationships, gender identity issues, and beliefs that create resistance to intimacy. In these cases, therapy can help to release the blocks that prevent pleasurable sexual communion with a partner. No matter what the cause, there is always a psychological component since the inability to achieve an erection causes stress and anxiety about sexual performance. This may result in the man avoiding sex altogether out of fear of failure, depriving him of a fulfilling intimate relationship. Partners of men with ED can feel rejected or angry without sufficient communication and understanding.

Achieving and maintaining an erection is a complex emotional and physical response involving perfect functioning and timing. The penis is equipped to do the job provided the rest of the body and mind are willing and able. The penis contains two spongy cylindrical chambers called the corpora cavernosa which run the length of the organ, surrounded by the tunica albuginea membrane. If adequate testosterone is present

to facilitate arousal, when a man is emotionally or physically stimulated, the brain sends out messages to the nerves in the pelvis to increase nitric oxide production in the genitals. The nitric oxide stimulates the production of the enzyme guanylate cyclase which activates another enzyme GTP to produce a chemical called cGMP which in turn tells the arteries in the corpora cavernosa of the penis to relax and dilate. The dilation allows up to 6 times the normal amount of blood flow into the penis causing the spaces in the corpora cavernosa to fill up and expand. The tunica albuginea membrane traps the blood in the corpora cavernosa to keep the penis firm. Meanwhile another enzyme, PDE5, is decomposing the cGMP back into GTP in a continuous cycle. As long as the man is aroused and the nitric oxide stimulates the guanylate cyclase enzyme to produce GTP and cGMP, the blood vessels will remain dilated and the erection will be maintained until ejaculation. At that point the brain turns off the nitric oxide cycle, the blood vessels return to their original undilated state reducing the blood flow into the penis which then becomes flaccid again.

Up until about a decade ago, medical treatment for ED was difficult and painful. For many men vacuum pumps, penile injections, and implants were the only alternatives to remaining limp. When Pfizer Pharmaceuticals introduced the popular ED drug Viagra in 1998, sales soared to \$2 billion within a couple of years. Viagra and similar drugs Cialis and Levitra work by inhibiting the PDE5 enzyme from deactivating the cGMP which keeps the blood vessels dilated allowing the penis to stay engorged and erect. The "little blue pill" is now advertised widely in the media, prescribed by thousands of physicians and taken by millions of desperate yet grateful men. These drugs are very effective yet potentially dangerous. Some of the milder side effects such as headache, nasal congestion, acid reflux and muscle pain may be worth the risk. However, for others these drugs can be deadly causing hypertension, stroke, blindness, hearing loss, blood clots, heart attack, and sudden death. Within two years after Viagra was introduced, 564 men died from it, most within 4 hours after taking it. Some of those men were elderly and on nitrate medication, but most of them had no reported heart problems, were not on heart medication, and were under age 65. ED drugs can also cause priapism, a prolonged painful erection that requires immediate medical attention.

From a physical perspective, problems maintaining an erection are often symptomatic of a more serious underlying health problem and can be a wake-up call for needed change. Lack of adequate sleep, poor diet, drugs, and continual stress can exhaust the adrenals, depleting energy and libido and creating hormonal imbalance and weight gain. Excess weight, particularly around the middle, increases estrogens stored in the fat, and decreases the levels of testosterone needed to stimulate desire and provide the physical stamina required for sex.

One of most common causes of ED is cardiovascular disease. High blood pressure, high LDL cholesterol, varicose veins and atherosclerosis all contribute to ED. Arterial plaque buildup in the arteries impedes circulation throughout the body, including the blood vessels in the penis, thus reducing the blood flow needed to achieve and sustain an erection. Widespread problems in the arteries may first become apparent in the smaller vessels supplying the penis before blockages in the larger coronary arteries develop. In October, 2008 the British

Medical Journal reported that erectile dysfunction could be a two to three year early warning sign of a heart attack. Recently the Mayo Clinic Proceedings Journal reported a study of 1,400 men initially free of heart disease which found that those with ED were 80% more likely to develop heart disease over the next decade. The study found that men who develop ED in their 40s had twice the risk of heart disease as men their age without ED.

Diabetes is another common cause of ED. Chronic high levels of blood glucose damage the nerves, muscles and blood vessels contributing to ED. Up to 75% of men with diabetes will experience erectile dysfunction, and on average develop ED about 10 to 15 years before non-diabetic men. Up to 43% of those with kidney disease also suffer from ED. Neurological diseases contribute to ED, including stroke, Multiple Sclerosis, Alzheimer's disease, Parkinson's disease and spinal chord injuries. Abdominal, rectal and prostate surgeries that damage nerves and compromise blood flow to the genitals can also cause ED. Plaque-like scar tissue in the tunica albuginea causes a benign condition called Peyronie's disease, resulting in abnormal curvature of the penis and erection problems.

Prescription medications are often the culprit behind ED. Antidepressants cause ED in 35% of men who take them. Blood pressure and cholesterol medications including beta blockers and diuretics, antihistamines, synthetic hormones, steroids, tranquilizers, chemotherapy, appetite suppressants, acid reflux and ulcer drugs can all contribute to ED.

Smoking restricts blood flow to the veins and arteries resulting in erection problems. Smokers are 40% more likely to have ED. Marijuana decreases libido due to the suppression of testosterone production.

While a glass of wine can help to get you in the mood for sex, too much alcohol in your system can actually keep the blood vessels open, allowing the blood to drain out of the penis making sustaining an erection difficult. 50 to 80% of alcoholics experience ED. A toxic liver can also contribute to ED.

Men who snore are at risk for ED, especially those that develop sleep apnea, a condition which results in periodic cessation of breathing during sleep creating an oxygen deficit. Without oxygen-rich blood you cannot produce an erection.

Overall health and fitness is a prerequisite for optimum sexual health. Men who have addressed their emotional issues, lead a healthy lifestyle, and are in good physical health generally enjoy a great sex life. While ED drugs may enable erections, they do not address the cause of the problem and create dependence on a substance that can further endanger health. ED, like all other health imbalances, can be healed naturally by bringing the body/mind into balance.

Exercise is vital to a healthy circulatory system and sexual health. Daily exercise oxygenates the blood, strengthens the heart and muscles, relieves stress and uplifts the mood which enhances sexual performance. One study showed that a brisk daily walk of just two miles can decrease rates of erectile dysfunction. Cardio workouts, yoga, and exercises which strengthen the core abdominal muscles, hips and thighs are highly beneficial for good sex. Bicyclists beware--Some cases of ED have been linked to long distance bike riding due to the pressure of the bicycle seat on the perineum.

Choose to eat foods that nourish and build your body, including organic fruits, vegetables and meats, gluten-free grains, sea vegetables and fermented foods. Eliminate refined sugar, caffeine, alcohol, smoking, and toxic substances from your diet and environment. Drink purified water, get adequate sleep, fresh air and sun. Radiation from cell phones (especially

when kept in your pocket) and other wireless devices negatively impact sexual health. Attach EMF protection chips to cell phones, cordless phones, computers, routers and other wireless devices ([www.mybiopro.com/sunriseherbshoppe](http://www.mybiopro.com/sunriseherbshoppe)).

Potassium rich foods help to maintain normal heart function and a balanced nervous system which enhances sexual performance. These include spinach, beets, turkey, fish, bananas, strawberries, dried fruits and watermelons, etc. Watermelons are especially beneficial due to their citrulline content which, like Viagra, causes the blood vessels to relax, enhancing erections. Pumpkin seeds and pumpkin seed oil are rich in vitamin E and zinc which are essential to sexual health.

Adequate vitamin D3 (approx. 10,000 IU/day) is crucial for circulatory health and hormonal balance. Magnesium (approx. 800 mg/day) is necessary for nitric oxide production which is a catalyst for erections. The amino acid L-Arginine (500 mg or more per day) is also important for nitric oxide production and erections. Research has shown that men who took L-Arginine for ED demonstrated an 87% improvement in sexual performance. Zinc (up to 50 mg/day) is critical for testosterone, sperm production and prostate health. Iodine (in seaweed or supplement) is important for glandular balance.

An adrenal formula and DHEA supplementation can also help with sexual performance and rejuvenation. VitalzymX systemic enzymes can clean out arterial plaque and reduce scar tissue, helping to restore proper blood flow to the penis (and healing Peyronie's disease). Ketsumisei formula can help to safely resolve diabetes and ED related problems. Colon cleansing and liver flushes are essential to keep the internal plumbing in good working order.

Nature has given us several herbs to support sexual health. Peruvian Maca, often called herbal Viagra, increases libido and fertility in both men and women, supports the entire endocrine system and enhances strength and endurance. A study showed that rodents fed maca demonstrated a dramatic increase in energy and sexual activity. Another study found that men who ingested maca for 4 months showed a significant increase in semen volume, total sperm count and sperm motility.

Epimedium sagittatum, or "horny goat weed" is a Chinese aphrodisiac herb that helps to prevent impotence caused by the stress hormone cortisol, elevates sperm count and testosterone levels, and improves mood and energy. South American muira puama or "potency wood" can dramatically enhance sexual performance. A study of 94 men showed muira puama to intensify libido in 70%, increase the frequency of intercourse for 66%, and improve erectile function in 55%. Damiana, Korean ginseng, oatsraw, saw palmetto, ashwaganda, ginkgo biloba, and yohimbe (contraindicated for those with hypertension) also enhance sexual potency and performance.

If ED has come into your experience, be grateful for the wake-up call it has given you and take steps to improve your health and your life. You will surely reap the rewards in the bedroom!

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