

NATURAL HEALTH SERVICES

Keith Post, Naturopathic Physician
13170 SW Barlow Road
Beaverton, Oregon 97008

Telephone: (503) 644-4260
Email: keithpost@frontier.com
<http://naturalhealthservices.info>

Erectile Dysfunction and Andropause: A Holistic Perspective

By Keith Post, ND

By now, most readers know that the new medical term for male impotence is erectile dysfunction or ED. The definition, according to the *Merck Manuel*, is “inability to attain or sustain an erection satisfactory for normal coitus.”

Primary ED (not secondary to another ailment) is rare and is almost always due to mental or emotional factors. Secondary or acquired ED is much more common and about 70% of these cases are also largely influenced by mental/emotional factors. As to the remaining 30%, potential physical causes include alcoholism, drug abuse, decreased pituitary or thyroid function, diabetes or other systemic diseases, local vascular disturbances, i.e. atherosclerosis of the dorsal vein or neurogenic disturbances, i.e. multiple sclerosis or spinal cord injury. Also, many drugs, i.e. blood pressure regulating medications, can cause partial impotence as one of their common side effects. Aging is not necessarily a cause of ED, although the amount and force of the ejaculate does decrease as one ages.

Andropause in men is a relatively new medical term, first appearing in the medical literature in 1952, being defined as the “natural cessation of the sexual function in older men.” Sometime after the age of forty, there is a gradual decline in sexual function due to the decreased manufacture of testosterone by the testes. The first sign of decreased production is subtle: the absence of an erection upon awakening. Later on, there may be difficulty in maintaining erections during intercourse (ED), decrease in libido or sexual desire, along with other related symptoms, such as memory loss, difficulty concentrating, moodiness, atrophy of muscle tissues, increased body fat, osteoporosis and sleep disorders.

This term can be somewhat confusing and misleading, as it was most probably coined to link men’s declining sexual function with the female menopause (MP). Menopause is the term used to denote the cessation of the menstrual cycle in women, which is caused by decreasing ovarian function and therefore, decreased output of the ovarian hormones estrogen and progesterone. Women, however, can often retain normal sexual desire and function after menopause, although they may have atrophy (or thinning) of the vaginal walls and dryness of the tissues, making intercourse more uncomfortable.

Here are my perspectives on these interlinked conditions, along with some simple botanical suggestions for correction.

First of all, the major physiological systems of the body are: respiratory, cardiovascular, gastrointestinal, nervous (central and peripheral), hepatobiliary, renal, endocrine, immune, dermal, musculoskeletal, and reproductive. Of these, the reproductive system of any given individual is the least important in terms of the economy or maintenance of daily life functions. Therefore, it is often the first to show a decline in function, especially if the body’s energetic economy is under stress or being compromised.

Many chronic dysfunctions begin with fatigue as one of the chief symptoms. What is fatigue, but a cry of the body for rest, rebuilding of biological tissues and recuperation of energy reserves? Central nervous system stimulants, such as caffeine, are never a long-term solution, as they actually drain the energy reserves even further over time. The temporary “energy” that they generate puts an undue strain on the adrenal glands and nervous system over time, besides being habit-forming and overly acidifying.

Secondly, there is a gradual decline of functioning of all bodily functions over time, reflecting the aging process itself. Therefore, any therapy or nutritional program, which has a youthening effect, will also have a beneficial effect on one’s sexual function.

So, let’s now look at the obvious causes of the aging process. We are all born with a basic constitution, some more robust than others. However, as the years go on, it is often lifestyle choices that determine one’s biological age. Drinking alcoholic beverages, smoking tobacco, abnormal exposure to environmental pollutants, heavy metal or chemical toxicity, getting too little quality sleep, eating a poor diet and poor management of one’s stresses and are often critical factors leading to the decline of function and appearance that we refer to as aging.

Without sufficient enzymes, pancreatic function declines and our bodies are less and less able to perform the maintenance and repair functions at the cellular level. This leads to the glands and organs gradually become more shrunken and less functional. Dehydration can be a result of this process or a contributing factor. Therefore, it is important for the elderly to stay well hydrated, but also well oiled with quality oils such as fish or flax, as well as including plenty of saturated fats in their diets. Simple sugars and processed foods, however, should always be minimized in any age group.

Eating a diet high in meat, grains and starches, while being low in fruits and vegetables will tend to be acidifying. To compensate, the body is forced to compensate by borrowing from the only source of readily available alkaline ash minerals, the calcium phosphate of the bony skeleton. So, it is best to eat plenty of fruits and vegetables, in order to maintain a slightly alkaline environment and to avoid leaching of the skeleton, i.e. osteoporosis and osteopenia.

Also, the pH of the intracellular and extracellular fluid compartments needs to be maintained in a range that favors calcium remaining mostly in the bones and teeth, rather than leaking out and being deposited into the soft tissues. If this occurs, it can be a potential cause of a whole host of physical problems, including osteoarthritic joints, bursitis, degenerative disc disease, osteophytes (bone spurs), kidney stones and gallstones. Calcium crystals can also deposit in the inner ear leading to tinnitus, lightheadedness, dizziness or progressive deafness. Even wrinkles are a product of calcium deposition along with dehydration.

The medical approach to treating ED is reliant mainly on testosterone replacement therapy (TRT), which while effective on a short-term basis, does little to encourage the body’s own natural testosterone output. In fact, over time, it will have the opposite effect due to negative feedback inhibition of the pituitary or master gland in the brain. For, since the pituitary is continually monitoring blood levels of all of the hormones in the body, it will register the testosterone level as being “normal” due to the presence of the administered drug. So, it basically fails to further stimulate the testes to produce, hastening testicular atrophy and dysfunction and, therefore, permanent reliance on TRT.

One holistic alternative would be the usage of glandular orchic substance from animals instead of the actual hormones, in order to escape the negative feedback suppression of the pituitary gland. Glandulars have been proven in scientific studies to be effective in increasing organ structure and function over time.

In fact, glandulars and hormones are two of the few therapeutic agents, which have been shown via radioactive isotope tracing methods to arrive specifically at the target organs that they were intended for. Most medicinal agents, i.e. antibiotics for example, tend to diffuse in a general manner throughout the entire body, lessening their effectiveness. In other words, glandulars are organ specific, but do not need to be species specific.

Currently, the major sources of most therapeutic glandular substances are bovine (cow), porcine (pig) and ovine (sheep). It should also be noted that cavemen always enjoyed the organ meats, as opposed to relying solely on muscle meats, as is the custom today. Many have found that a viable compromise is to continue with the modern custom while supplementing with tablets containing freeze-dried organ meats, i.e. Catalyn by Standard Process.

Also, throughout the ages, indigenous men (and women) have always known which root to chew or which herb to brew to make an effective sexual tonic. The Peruvians have their Maca, the Argentineans their Matte, the Mexicans their Damiana and Sarsaparilla, the Chinese their Ginseng and Horny goat weed, the natives of India their Ashwagandha and Tribulus, the Africans their Yohimbe, and the Malaysians have their Tongkat Ali or "Ali's walking stick." Brazil, known for its' passion has several. Among the most well known are Guarana, Catuaba, Suma ("Brazilian ginseng") and Muira puama ("Potency wood").

In my practice, I group these male tonics loosely into three groupings, although there is certainly plenty of overlap.

Group one consists of botanical remedies that tend to boost overall function, strength, sense of well being and, therefore, also boost sexual function as a side benefit. Maca, Suma, Ginseng, Siberian ginseng, Astragalus, Ashwagandha, Sarsaparilla, Cordyceps and Rhodiola all belong to this group and can usually be consumed on a daily basis in the elderly without a problem. They are also classified as adaptogens, which mean that they are botanicals that have the property of aiding the organism to adapt to stress, including increased immune function.

Ginkgo, which functions in a manner similar to a peripheral vasodilator, can also be quite helpful to the elderly over time, as it not only improves the circulation necessary for ideal sexual function, but decreases the risk of a cerebrovascular accident (CVA), i.e. "stroke." It is also very helpful in restoring function after a CVA has occurred.

A second group of remedies would be those which tend to stimulate the central nervous system. These can have some effect on sexual function, but I do not recommend them, as they are best used short-term such as during a crisis, rather than on a habitual, daily basis. This would include botanicals such as Guarana, Coffea, Cacao (chocolate and cocoa), Camelia (black and green teas) and Mate.

The problem, it appears, is that modern life can often seem to be one unending crisis. Hence, the importance of developing a unique repertoire of stress-reducing techniques and coping strategies to use in one's life, rather than depending on stimulants on a constant basis.

The third and final category consists of botanicals, such as Yohimbe, Muira puama, Catuaba, Epimedium, Tribulus and Tongkat Ali, which have actually been shown to increase testosterone production and/or sexual function. These are the plants that have traditionally been referred to as "aphrodisiacs." They will often have a bitter taste that can be quite irritating to the gastrointestinal tract, so are best consumed with or after food.

Maca root, also known as “Peruvian Ginseng,” is one of my favorite botanicals to start men of any age on, as it has many of the beneficial properties that the ginsengs are noted for, plus it tastes good. In fact, freshly ground Maca root has almost a vanilla-like taste to it. It boosts semen production in males, is rarely irritating to the GI tract and can be used on a long-term basis without any ill effects. Then, if more correction is necessary, I will recommend adding other more potent botanicals, especially on those days that sexual relations are intended.

Botanical names/Common names

Group One: Adaptogenic or Nutritional

- Astragalus membranaceus/Astragalus
- Avena sativa/Wild oats
- Cistanche deserticola/ Rou cong rong
- Cordyceps sinensis/Cordyceps
- Eleutherococcus senticosus/Siberian ginseng
- Gingko biloba/Gingko
- Lepidium meyenii/Maca
- Panax ginseng/Asian, Korean or Chinese ginseng
- Pfaffia paniculata/Suma
- Rehmannia glutinosa/Rehmannia
- Polygonum multiflorum/Fo ti
- Rhodiola rosea/Rhodiola
- Schisandra chinensis/Wu wei zi
- Smilax officinalis or medica/Sarsaparilla
- Withania somnifera/Ashwagandha (Winter cherry)

Group Two: Stimulants (minimize or avoid)

- Camelia sinensis/Black or green tea
- Coffea arabica, robusta/Coffee
- Ilex paraguariensis/Yerba mate or Mate
- Paullinia cupana/Guarana
- Theobroma cacao/ Cacao (Chocolate and cocoa)

Group Three: Aphrodisiacs

- Corynanthe yohimbe/Yohimbe
- Epimedium sagittatum/Yin yang huo (Horny goat weed)
- Erythroxylum catuaba/Catuaba
- Eurycoma longifolia/Tongkat Ali (Ali’s walking stick)
- Mucuna pruriens/Cowhage or Velvet bean)
- Ptychopetalum olacoides/Muirea puama
- Tribulus terrestris/Tribulus, Gokshura (Puncture vine or Caltrop fruit)
- Turnera diffusa or Turnera aphrodisiaca/Damiana

This article was written by Keith Post, ND, a board-licensed physician practicing in the Portland, Oregon area and is available online at <http://naturalhealthservices.info>.