

The “Penis Health” on Men

Causes of Erectile Dysfunction, ED or Impotence

What is Erectile Dysfunction?

Previously known as impotence, erectile dysfunction as define by The National Institutes of Health is the consistent inability to achieve and/or maintain an erection satisfactory for the completion of sexual performance. Heard fondly joke and called ED as 'the pencil with no lead', 'the drop' or 'having the software but no hardware'.

Is ED inevitable in the aging male?

By the time a man is 40 years old, 90 percent of them have experienced at least one erectile failure. This is a normal occurrence, but many men get "panic" at the first sign of erectile problems. They are likely to run to an urologist and ask for the highly publicized impotence pill, which they may not need and may or may not find effective. His lack of knowledge about the sexual aging process to set him up for performance problems and that might have led his wife to blame herself for his lack of interest in making love and caused her to withdraw from attempts to initiate sex. If he hadn't received good advice and reassurance from someone he trusted, one might have "worried himself into impotence."

When it is Not Impotence?

Most men, however, know that the occasional erectile problem is typically linked to fatigue, over consumption of food or drink, or a relationship issue. At midlife, a man may read a lot about impotence. He may see his future in a failed erection. How he and his partner handle these occurrences helps determine how frequent they will be. These common changes in sexual response at midlife aren't indicators of impotence:

A man probably needs direct penile stimulation to have an erection, and he may no longer be able to get an erection just from thinking about sex or seeing his partner in an alluring pose. It may take him longer to achieve erection.

He may require more time for ejaculation and may not need to ejaculate every time he has intercourse. After a period of intercourse, he may find his erection subsides. After ejaculation, he also may find his erection subsides more quickly than it did. His erection probably won't be as hard as it was when he was a teenager.

The recovery time of older a male between ejaculations are usually longer. These changes are gradual, and you shouldn't be frightened by them. Changing response patterns enable a man to be a better lover than he was because he is now responding at a pace more similar to his partner's. Lack of knowledge and refusal to accept the aging process as an erotic opportunity can prevent him from seizing the sexual moment. Anxiety also plays a major role in creating impotence dynamic. If a man misinterprets his responses and becomes anxious about

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his potency, he will be tense and fearful about lovemaking and convey those negative attitudes to his partner.

Some men do experience erection difficulties that are much more serious than the normal. Psychological factors ranging from performance and stress issues to intimacy conflicts can contribute to erection disorders. Physical problems can also cause impotence. Illnesses such as diabetes, vascular disease, urological or neurological conditions, and others, can lead to impotence. Heavy smokers and alcohol drinkers may suffer extensive damage to the small blood vessels in the penis, again leading to impotence. For some men, impotence stems from a combination of physical and psychological factors. They need to be treated from a multi disciplinary healthcare perspective, with a therapist and medical doctors involved. Injections or medication pill alone won't solve their problem.

When ED is psychological

"I was terrified at the thought of having a penile implant," says Sam. "but I'd been suffering bouts of impotence for almost a year and I thought it was probably time to do something about it, even if that turned out to be surgery." Sam and his partner, Mary, 50s, were very discouraged about his erection problems by the time he sought help from his doctor. Though he sometimes had morning erections and sometimes was able to get an erection for masturbation, he was increasingly not able to become erect during lovemaking. Once he did get an erection, he would lose it quickly. And Mary was convinced she could 'make' him get up and keep a good erection. Both of them became worried and "obsessed" with the condition of his penis. They spent so much time watching his penis whenever they try to attempt to make love, so much so they'd turned sex into a spectator sport.

Sam's "sometimes" experienced and his ability to get an erection "sometimes" during masturbation were indicators that his problem might not be entirely physical or, if it was largely physical, his condition probably wasn't as far advanced as he feared. Routine medical tests showed that he had very high cholesterol levels, no surprise given his diet rich in saturated fats and diary cholesterol. The same substances that clog the arteries of the heart, his doctor explained; also clog the arteries of his penis. The damage done by a poor diet and high cholesterol levels had caused some problems with impotence for Sam. His doctor prescribed a diet and medication to bring down the cholesterol and recommended several sex-therapy sessions both alone and with his partner.

The above is rather common in elder health group. Both Sam and Mary are suffering from performance anxiety. Sam's case of "sometime can" and "sometime can't" may be referred as primarily impotent. The primarily impotent man arbitrarily has been defined as a male never able to achieve and/or maintain an erection quality sufficient to accomplish successful intravaginal connection. If erection is established and then lost under the influence of real or imagined distractions relating to intercourse opportunity, the erection usually is dissipated without accompanying ejaculatory response. No man is considered primarily impotent if he has been successful in any attempt at intromission in either heterosexual or homosexual opportunity. As Sam's case illustrates, impotence has a psychological component even when

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the cause is physical.

Psychological impotent is usually found in the young adolescent male. It is erectile dysfunction in the mind. The young male usually try to make his 'first attempt' at his or her home, worried about his physics and performance, sometime religion background. Tried mounting into the vagina excitedly and clumsily. The fear of being caught by his parents and sometime rejection by his partner may cause him to lose his erection. The penis is weakening even before putting on the condom, thus, unable to penetrate the vagina successfully. This problem may happen again and again with the same or different partner. Technically, his unsuccessful attempts remain him as a virgin. This leave the poor young man feeling humiliated as resulted.

Fortunately, most young men whom failed to perform successfully during their initial coital exposure and for a considerable period of time remained sexually inadequate. But yet they have recovered from their experiences with sexual dysfunction without specific psychotherapeutic support and, as far as can be ascertained from corroborative histories of husband and wife, have led effectively functional heterosexual lives. Others manage to regain as time passes. They at least partially neutralize the negative influences that have accrued as a combination of their environmental backgrounds and the trauma of their initial failures.

If Sam and the young man, could learned how to make love without so much emphasis on an erection and intercourse. It's really better and more sophisticated. However, if this psychological impotent is not treated soon, it may become physically permanent.

Psychological factors:

1. Depression
2. Sexual phobia
3. Religious beliefs
4. Performance anxiety
5. Attitude towards sex
6. Failure in relationship
7. Traumatic sexual experience

Physically ED

Mr. Z has a habit of cocktails before dinner frequently wine with his meals, and possibly a brandy afterward. At business point of view he has moved progressively up the ladder to the point at which alcohol intake at lunch is an integral part of the business culture. In short, consumption of alcohol has become a way of life.

On a Saturday evening, the man and his wife attended a party where alcohol is available in large quantity. Somewhere in the course of the late evening or the early morning hours, the party comes to an end. Mr. Z has had entirely too much to drink, so his wife drives them home for safety's sake. His wife retires to the bedroom quickly, and with a sense of vague irritation, a

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combination of a sense of personal rejection and a residual of her social embarrassment, prepares for bed.

However, Mr. Z has some trouble with the stairs, manages to arrive at the bedroom door. Suddenly he decides that his wife is indeed fortunate tonight, for he is prepared to see that she is sexually satisfied. It never occurs to him that all she wants to do is go to bed, hoping to sleep and avoid a quarrel at all costs. He approaches the bed, moves to meet his imagined commitment and nothing happens. He has simply had too much to drink. Dismayed and confused both by the fact that no erection develops and that his wife obviously has little or no interest in his gratuitous sexual contribution, he pauses to resolve this complex problem and immediately falls into deep slumber.

The next day, he is further traumatized by the symptoms of an acute hangover. He surfaces later in the day with the concept that things are not as they should be. The climate seems rather cool around the house. He can remember little of the last evening's festivities except his deeply imbedded conviction that things did not go well in the bedroom. He is not sure that all was bad but he is quite convinced that all was not good.

Obviously he cannot discuss his predicament with his wife. She probably would not speak to him at this time. So he kept mute throughout the evening and goes to bed early to escape. He sleeps restlessly only to face the new day with a vague sense of alarm, a passing sense of frustration, and a sure sense that all is not well in the household the Monday morning. He thinks about this over a drink or two at lunch and another one during the afternoon. On the way home from work, decides to check out this evening the little matter of sexual dysfunction, which he may or may not have imagined.

If the history of this reaction sequence is taken accurately, it will be established that Mr. Z does not check out the problem of sexual dysfunction within 2 days of onset, as he had decided to do on his way home from work. He arrives home, finds the atmosphere still markedly frigid, makes more than his usual show of affection to the children, retires to the security of the cocktail hour and goes to bed totally lacking in any communicative approach to his frustrated irritated marital partner.

On Tuesday morning, while brushing his teeth, Mr. Z has a flash of concern about what may have gone wrong with his sexual functioning on Saturday night. He decides unequivocally to check the situation out tonight. Instead of thinking of the problem occasionally as he did on Monday, his concern for "checking this out" becomes of paramount importance. On the way to work and during the day, he does not think about what really did go wrong sexually because he does not know either. Needless to say, there is resurgence of concern for sexual performance during the afternoon hours, regardless of how busy his schedule is

Mr. Z leaves the office in relatively good spirits, but thoroughly aware that "tonight's the night." He does have vague levels of concern which suggest that a little relaxation is in order; so he stops at his favorite tavern for a couple of drinks and arrives home with a rose only to

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find not only a forgiving, but an anticipatory, wife, ready for the reestablishment of both verbal and sexual communication that a drink or two together before dinner can bring.

Probably, for the first time in his life, he approaches his bedroom in a self-conscious 'Till I show her attitude. Again there has been a little too much to drink--not as much as on the party night, but still a little too much. And, of course, he does show her. With his conscious concern for effective sexual function and the onset of his fears of performance, that, aided by the depressant effect of alcoholic intake, he simply cannot "get the job done." When there is little or no immediate erectile reaction, he tries desperately to force the situation in turn, anticipating an erection, then wildly conscious of its absence, and finally demanding that it occur, of course, he got no erection.

While in an immediate state of panic, as he sweats and strains for his weapon to function, he simultaneously must contend with the added distraction of a frightened wife trying to console him in his failure and to assure him that the next night will be better for both of them. Both approaches are equally traumatic. He hates both her sympathy and blind support which only serve to underscore his "failure," and reads into his wife's assurances that probably he can do better "tomorrow" a suggestion that no longer can he be counted on to get the job done sexually when it matters "today." A horrible thought occurs to him. He may be developing some form of sexual incompetence. He has been faced with two examples of sexual dysfunction. He is not sure what happened the first time, but he is only too aware this night that nothing has happened. He has failed, miserably and completely, to conduct himself as a man. He cannot attain or maintain an erection.

Further, Mr. Z knows that his wife is equally distressed because she is frantically striving to gloss over this marital catastrophe. She has immediately cast herself in the role of the soothing, considerate partner who says, "Don't worry dear, it could happen to anyone," or "You've never done this before, so don't worry about it, dear." In the small hours of the morning, physically exhausted and emotionally spent from contending with the emotional bath her husband's sexual failure has occasioned, she changes her tune to "You've certainly been working too hard, you need a vacation," or "How long has it been since you have had a physical checkup?" Similarly heard wifely remarks which supposed to soothe, maintain, or support are interpreted by the panicked man as tacit admission of the tragedy they must face together: the progressive loss of his sexual functioning.

From the moment of second erectile failure (72 hours after the first such episode), this man may be impotent. In no sense does this mean that in the future he will never achieve an erection quality sufficient for intromission. In brief, fears of sexual performance have assumed full control of his psychosocial system. Mr. Z thinks about the situation constantly. He occasionally asks friends of similar age group how things are going, because, of course, any male so beleaguered with fears of sexual failure is infinitely desirous of blaming his lack of effective function on anything other than himself, and the aging process is a constantly available cultural scapegoat.

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He finds himself in the position of the woman with a lifetime history of non orgasmic return that contends openly with concerns for the effectiveness of her own sexual performance and secretly faces the fear that in truth she is not a woman. In proper sequence, he does as she has done so many times. He develops ways and means to avoid sexual encounter. He sits fascinated by an x-rate movie, in order to avoid going to bed at the usual time with a wife who might possibly be interested in sexual contact. He fends off her sexual approaches, real or not, with excuses; "I don't feel well," or "it's been a terrible day at the office," or "I'm so tired." He jumps at anything that avoids confrontation.

His wife immediately notices his disinclination to meet the frequency of their routine sexual intercourse. In due course she begins to wonder whether he has lost interest in her, or if there is someone else, or whether there is truth in his most recent assertion that he couldn't care less about sex. For reassurance that she is still physically attractive, the concerned wife begins to push for more frequent sexual encounters, the one approach that the self pressured male dreads above all else. Obviously, neither marital partner ever communicates his or her fears of performance or the depth of their concerns for the sexual dysfunction that has become of paramount importance in their lives. The subject either is not discussed, or, if mentioned even obliquely, is hastily buried in an avalanche of words or chilled by painfully obvious avoidance.

Within the next two or three months, Mr. Z failure to erect for a time or two begin to make both husband and wife panic. She decides independently to avoid any continuity of sexual functioning, eliminate any expression of her sexual needs, and be available only should he express demand. And because she also has also developed fears of performance, her fears are not for herself but for the effectiveness of her husband's sexual functioning. She goes to great lengths to avoid anything that might be considered sexually stimulating, such as too-long kisses, handholding, body contact, caressing in any way. In so doing she makes such sexual encounter much more of a pressured performance and therefore, in much less of a continuation of living sexually, but the thought never occurs to her.

Over the centuries, the male sexual dysfunction has been the level of 'cultural' demand for effectiveness of male sexual performance. Most men feel that they must accept full responsibility for establishing successful intercourse connection, has placed upon every man the psychological burden for the lovemaking process and has released every woman from any suggestion of similar responsibility for its success. Well, there has never been an impotent woman anyway.

When a male loss the ability to achieve and to maintain an erection, it can cast a shadow of doubt upon the effectiveness of his sexual performance and this disturbed the state of his masculinity. Once a shadow of doubt has been cast, it will be registered at his mind for awhile or even longer. He may become more anxious about his next potential sexual encounter. Failure to attempt coital or intercourse connection continuously might lead to a subsequent pattern of erection failure to be established. Some men whom experience more serious than normal erection difficulties (example absence of nocturnal or nighttime erection, morning

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erections, no erection when stimulated,) associated with aging and chronic illness for instance:

Heart disease

Any disease process that can affect arteries may likely affect the arteries that supply the penis. Men contracted with coronary artery disease or pain in the chest, cerebro vascular disease, peripheral vascular disease, high blood pressure and high cholesterol. Accidents that cause severe pelvic fracture or direct injury to the penis are at risk for erectile dysfunction.

Diabetes

A major physical cause of impotence, diabetes can also accelerate other causes like penile artery damage from cholesterol may become significant in a shorter period of time than it would if not complicated by diabetes.

High cholesterol

Impotence research in the past several years has led a few authorities such as the New England Male Reproductive Center at Boston University Medical Center to conclude that high cholesterol is "probably one of the leading causes of impotence in America. The penis is a vascular organ, made up of layers of venous tissue and blood vessels. High cholesterol adversely affects erectile tissues.

Prostate problems

Chronic pain and swelling in the prostate area can affect sexual functioning in an indirect manner if a man finds erection or ejaculation painful or uncomfortable. Although studies show 80 per cent of men can return to sexual functioning after prostate surgery, many don't, indicating a possible psychological barrier.

Radiation therapy

The administration of radiation to kill cancer cells for colon cancer or prostate cancer can cause damages to the blood vessels supplying to the penis.

Neurology Conditions

The most common are spinal cord injury, stroke, multiple sclerosis, lumbar disk disease, pituitary disease, Parkinson's and Alzheimer's disease.

Medication

This is another major cause of impotence. A study reported by the Journal of the American Medical Association showed that 25 per cent of all sex problems in men were caused or complicated by medications and other drugs. Tranquilizers, antidepressants, some high-blood-pressure drugs, corticosteroids (taken for arthritis), analgesics (for pain), alcohol, tobacco, and illegal drugs such as cocaine and marijuana affect libido and performance in men.

Others

Surgery or other factors unrelated to disease can also cause erectile dysfunction. Take for

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example; long distance biking with small hard seats has been implicated as a cause of impotency, possibly by nerve compression. Habitual lifestyle like alcoholism, tobacco, eating habit and diet that causes malnutrition and lead to obesity.

Sam's case may seems psychological but as his doctor go in depth, it got more than it meets. Consider his age, at 50 plus, the onset and period of his problem, his medical background, the severity of the problem and other factors which may involve.

8 ways of Preventing Impotence!

Don't take your erections or your potency for granted! Is the message men need to hear around their fortieth or fiftieth birthday. Some change was inevitable, but some men were experiencing too much change especially if they had it earlier. Learn to accept the fact that age does changes a lot of things including sex. Learn to be a better lover. If you aren't getting erections, open your heart and talk to your partner, doctor or someone whom have gone through it. But that's not the kind of thing men do. If so, why not take preventive measure before it approaches you?

Healthier lifestyles will most likely lead to healthier erections but as any man can expect to lose an erection during lovemaking on occasion. If he doesn't let that bother him, he'll likely get it back. The worst thing you can do about a subsiding erection is focus on it.

There are always ways to improve the quality of your erections, extend penis longevity and minimize the possibilities of losing an erection during lovemaking by adopting some following suggestions:

1. Healthy eating habits. Eat a low fat diet and exercise regularly. Diet and exercise influence a man's sexual desire and sexual performance.
2. Stop or quit smoking. Smoking causes much of the vascular damage in the penis that could result in impotent. Long term and heavy smokers have a greater probability of becoming impotent than do non-smokers. One recent study found that men who smoked a pack a day for 20 years had a 60 percent greater chance of becoming impotent than non smokers.
3. Have frequent sex. The more you make love, the more you will be able to make love. Erectile tissue becomes less supple with age. Without frequent erections, there is no regular flow of blood into the penis. After several months or a year of not having an erection, a man may have difficulty in achieving one.
4. Don't make ejaculation your goal of lovemaking. Once you take the pressure to ejaculate out of lovemaking, you will probably have more frequent erections, sustain them longer, and enjoy the experience much more.
5. Expand your 'sex.' There is more to making love than having intercourse,

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especially during midlife. A man is also more likely to have erection difficulties if his lovemaking style is intercourse driven. The pressure to perform will be greater for him than for a man who enjoys satisfying his partner in a variety of ways. Don't make love unless you want to.

6. Share information with your partner. Explain your changing sexual response pattern to your partner. If intercourse has always ended in ejaculation until recently, she may think she has failed to excite you sufficiently. Let her know that your sexual patterns now more closely resemble hers. She has been able to enjoy inter course without needing to reach an orgasm every time.
7. Masturbation two or three times in a week helps in achieving erections for older male. This method is in the combination of two techniques. By having a sustained erection, you can take your mind off your penis because you will know that you are capable to sustained erection even if you ejaculate. This will allow you to enjoy sex without worry.
8. Don't take medications if you don't need. Prescription drugs may produce negative effect on erections. If you keep your weight down and exercise regularly, you're less likely to develop high blood pressure, mild depression or other conditions requiring continuing use of medications. When a doctor prescribes a drug, ask about its sexual side effects, if an alternative drug might not have the same side effects, and whether or not a lifestyle change would enable you to go off medication as soon as possible.

Ejaculation Incompetence

The process of Ejaculation

Have you ever wonders how the whitish or cloudy fluid shoots out from the penis? Well, not all of us attended biology class right? Here's simply how; the sperm is produced by the testes, once formed, it will move into the epididymis and keep store until sexual activity. Only when the penis is stimulated during sexual activity, the process of ejaculation starts to take place (imagine as if you're engaging your gear of your vehicle...)

Emission is the first stage and it is the contraction of the epididymis, vas deferens, seminal vesicles and prostate that let the seminal fluid to enter the urethra. The penis excited and aroused, with the rhythmic contractions of the pelvic muscles produces the orgasm and is ready to 'erupt!' Coincidentally, the second stage of ejaculation is the eruption of the semen out of the urethra.

After the orgasm and volcanic eruption of the penis, the erection usually returned to its flaccid state. The penis went into rest and reproduction period. Hence, is difficult to have another erection or ejaculation again in a short time.

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Premature Ejaculation

It is extremely difficult to define the syndrome of premature ejaculation. Most definitions refer specifically to the duration of intra-vaginal containment of the penis or a man who cannot control his ejaculatory process for at least the first 3 seconds after penetration. In 1981, the Hite Report on Male Sexuality was based on a survey of over 7000 men and found that 2% of these men ejaculated within 60 seconds of penetration. While another 62% ejaculated within 5 minutes. Only one in six men lasted for over five minutes after penetration, and only one in ten lasted over ten minutes. The report also showed that there is no difference between races, circumcised men and non-circumcised men.

Most men say that they would like to sustain their erection long enough to satisfy their partner. More than 30% of men suffer severe premature ejaculation and almost all men will occasionally ejaculate very quickly. Any man who says it has never occurred to him is probably either a virgin or a liar.

What cause Premature Ejaculation

Physical

Some men thought it is a question of 'time', but rather it should be a question of 'control'. The big head should be controlling the small head rather than the other way around. Premature ejaculation has a physical and a psychological cause. The physical cause has to do with the nerve supply to the skin of the penis. These nerves are very sensitive. If this sensitivity is too great, very little contact is needed to bring on ejaculation. This sensitivity can actually be measured by using a machine called a biesthesiometer. This machine gives off very small vibrations that can be measured in amplitude. If your penis can pick up very low amplitude vibrations, then the penis is regarded as being highly sensitive.

On the contrary, 3 to 60 seconds of intra-vaginal containment is quite sufficient to satisfy a woman, if she has been highly excited during sex play and is fully ready for orgasmic release with the initial thrusts of the penis. However, during most coital opportunity, the same woman may require variably longer periods of penile containment before attaining full release of sexual tension.

Psychological

In the majority of men with premature ejaculation, the origin is psychological. It most happened during the first sexual encounter. An enormous pressure to perform is placed on the shoulders of a poor young man who is about to embark on his first important task. Before he knew it, ejaculation has occurred. At times, he is not in the right place and time.

This feeling of inadequacy to perform will hover around him for a while. Subsequent experiences are marred by the memory of this humiliating failure. This self-imposed pressure of performance gets greater every time he faces sex. With the repeatable bad experiences, the more he thinks about it the worse it gets. Before he knows it, it has become a permanent problem in his lovemaking. This may lead to feeling inadequate, inferior and frustrated. Some

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men go their whole lives never really experiencing control of their ejaculation.

The complainant usually the partner instead of showing concern, rolls her eyes up in disappointment. If the male ejaculates regularly during mounting sex play or during attempts at mounting or even with the first few thrusts, there rarely is opportunity for effective female sexual expression. Time and again women's sexual tensions are elevated by fore play or sex play, further aroused by the additional stimulation of the penetration process, only to be confronted with almost instantaneous ejaculation and subsequent loss of penile erection. This will result in high level of female frustration. Particularly when this male response pattern is repeated routinely time after time.

Some men have premature ejaculation and were fortunate enough to have sex. Subsequently after ejaculation, they could sometimes pretend nothing had happened. That is, after ejaculating, the thrusting still continues until the partner looked satisfied or until next possible ejaculation again.

Premature Ejaculation is good at times

Rapidity of ejaculation is not considered a sexual hazard, in fact it may provide welcome relief for the woman accepting and fulfilling a role as a sexual object without exposure to or personal belief in the concept of parity between the sexes in the privileges and the pleasures of sexual functioning. Rapid release from sexual service frequently is accepted as a blessing by women living in the restrictive levels of this sub-culture's inherent double standard.

Ejaculation Incompetence in Aging Male

The Aging Effect

The alteration of sexual patterning is probably the most important psycho physiological in midlife especially 50 to 70 year period. It is also the male's loss of high levels of ejaculatory demand. So many men in the older age groups consider them old fart and are too old to function sexually, yet cannot explain how they have arrived at this conclusion.

As age rises, he not only enjoys an unexpected increase in ejaculatory control but also at the same time has a definite reduction in ejaculatory demand. Example, if a 60 plus years old man has intercourse on an average of once or twice a week, his own specific drive to ejaculate might be of major moment every second or third time there is coital connection. This level of innate demand does not imply that the man cannot or does not ejaculate more frequently. He can force himself or be forced by the partner to ejaculate more frequently, but if left to resolve his own individual demand level he may find that an ejaculatory experience every second or third coital connection is completely satisfying personally. Explicitly his own subjective level of ejaculatory demand does not keep pace with the frequency of his physiological ability to achieve an erection or to maintain this erection with full pleasure on an indefinite basis.

This reduction of ejaculatory demand for the aging male is the entire basis for effective prolongation of sexual functioning in the aging population. If an aging man does not ejaculate,

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he can return to erection rapidly after prior loss of erectile security through distraction or female satiation.

The older man can easily achieve and sustain an erection if there is no ejaculatory threat in the immediate offing. The unreformed partner poses an ejaculatory threat. She believes that she has not accomplished her purpose unless her sex partner ejaculates. How many women in our culture feel they have fulfilled the feminine role if their partner has not ejaculated? Whether he likes it or needs it, she must be a good sexual partner--"We all know man needs to ejaculate every time he has intercourse"--so goes the phrase.

If the male is confident on his own sexual demand schedule and to have intercourse as it fits both sexual partners' interest levels. An average but reasonably healthy couple will be capable of performing sex even at the age of 80 year!

Masturbation combat premature ejaculation & ejaculation incompetence

The best results from this treatment are achieved when the exercises are done with a partner working with you and supporting your efforts. However, this treatment can be also being accomplished on your own without a partner. It can be done even if you are not yet in a relationship. This last approach is important because many men avoid forming a sexual relationship because of this problem. The treatments are divided into masturbation exercises and exercises with intercourse. Masturbation exercises Ninety-seven per cent of men masturbate. What most men are unaware of is that the way that they masturbate may have a dramatic effect on the way they perform sexually.

Points to ponder: "Where do you think is the most sensitive part of your body when you're masturbating?" Your answer might be the glans of your penis, or knob or tip of the penis, is regarded as being the most sensitive part while masturbating, right?

Well, not exactly true. Some men felt the most sensitive parts of their body while masturbating are the ears. How true this is? Masturbation is an activity that boys and men choose to do privately. It is not a subject for open discussion though it may be a daily routine during teenage. It serves as a release for sexual fantasies. However, society frowns on this activity for reasons hard to understand, so it is imperative that one is not caught in the act. This is a cause for anxiety.

As you get older, masturbation is important as a sexual release. The quicker this release can be achieved, the less chance there is of being caught. This may result in the development or a mindset of rapid ejaculation that is difficult to change. Unfortunately, this mindset may cause rapid ejaculation at the first opportunity for intercourse. We are not prepared or trained in controlling ejaculation.

These exercises should be practiced two to three times a week. If you don't have the privacy you need, the bath or the shower may be the best option. While performing these exercises, don't fantasize and don't use erotic magazines or videos. The basic idea is to keep

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a good firm erection for 5 to 10 minutes without ejaculating. Here are the steps:

- A) Start by masturbating slower than usual.
- B) While masturbating, focus on the sexual sensations that you are getting and concentrate on the sensations in your penis as your sexual arousal increases.
- C) If your excitement level rises close to the point of no return that is ejaculation is about to blow, STOP.
- D) Rest for a few seconds and let the excitement level fall again.

Multiple orgasm for men

It was mentioned earlier that a matured male will experience a better ejaculation control as compared his younger peers. As a man aged, his orgasm is much more intense, deep and rich. His midlife orgasm is triggered by intense physical and psychological stimulation that may last for about 20 seconds. Do not think that a few second is too little. The effect can be electrifying.

Orgasm Promote Health

Just when you thought it's only "Hugh and Oomph", orgasm for the matured and elder age group actually does well for health. You will be surprise that orgasm promote conditioning on the cardiovascular, glowing skin, tone up the body generally. In addition, orgasm will trigger the release of chemical in the brain that could relieve headache and some minor pain or ache. An intense orgasm is a whole body event even your fingers and toes could feel it; do you realize you clutches your fist and locked your toes, and some parts of your body were some what intensified when you "cum"?

How men can Achieve Multiple Orgasm

Did you also know that orgasm at midlife can be extended and multiple? During midlife, the refractory period maybe 24 hours while the older men takes a few days. You will be thinking; if this is so, how are there multiple orgasm possible?

The refractory period is the time following ejaculation before a man can have another erection, does increase with age. In young and virile men, the refractory period is about 24 hours but for older male, it can last days in a man who is in his seventies or older. By midlife, the refractory period may be as long as 24 hours. How are multiple orgasms possible under these circumstances?

According to clinical researches, male orgasm and ejaculation is the same thing. Multiple orgasms are rare in men. But in Eastern belief, male orgasm, like female, is a psycho-sexual event that typically includes ejaculation, but not always. In other words, orgasm, the pleasurable sensations of the rhythmic contractions and ejaculation, and the release of semen are separate events. To this view of male sexuality, men can say that experience multiple

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orgasms and are far more likely to do so at midlife when they have greater control of the ejaculatory process and are able to differentiate between orgasm and ejaculation.

Doctor from the Institute for Advanced Study of Sexuality in San Francisco, often credited the concept of male multiple orgasms through his workshops and the national media attention they garnered. They discovered a man has his own multiple orgasm capability at midlife and quite by accident. They have accidentally discovered the difference between ejaculation and orgasm. When one of their doctors had a vasectomy, he has to ejaculate himself for sperm count test. Discovered, after 15 minutes of "the most unsensation masturbation" of his life, he produced the required sample. As he was walking back to his station, he thought to himself, that was a non orgasmic ejaculation. This led him to the study the Eastern erotic arts. The following techniques were tried and adapted from those exotic sources.

Master the Art of Male Orgasm without ejaculation Separates men from boys:

1) Finger Draw.

Practiced in China for as long as five thousand years, is a simple technique. According to eastern practitioners, it is an effective method for inducing multiple orgasms. Similar to the perineum massage, the finger draw uses three curved fingers to apply pressure to one spot on the perineum, rather than the whole area, at the point of ejaculatory inevitability. Locate the pressure point at mid perineum, area between the anus and the scrotum. Use three slightly curved fingers to apply pressure, not too light and not too hard, to the perineum point as soon as you feel ejaculation is imminent. Repeat as often as necessary until you can experience a non ejaculatory orgasm.

Some practitioners recommend practicing during masturbation because it's not easy to find the right spot. When you find the spot, don't expect a miracle to happen instantly. This takes time and patience. Was it worth the trouble, you may asked? It is worth once you had it. Sometime multiple orgasms and sometime single orgasm both without ejaculation. Either way, it makes you ready for lovemaking again sooner after you have ejaculate. You partner will love it.

2) The Pull Back.

Some men train themselves to experience orgasm without ejaculation fairly easily using the art of brinkmanship by pulling back at the last possible second before ejaculation. Practice this while masturbating. Continue stimulation to the point of imminent orgasm. Then stop. Don't resume stimulation until your arousal level has declined. Repeat as often as possible. With regular practice, you should be able experience the contractions of orgasmic release without ejaculating.

It was something similar to avoid ejaculating inside a girl so as not to make her pregnant. During youth, man had little control in ejaculation. The message doesn't make it to the brain in time for the body to react. As a man mature, there is exquisite control. One can learn to use

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this technique to prolong, increase, and multiply my orgasms. I really believe any man can do it. The only thing stopping most men is ignorance.

3) **Big Draw Technique.**

First of all, you got to have strong pelvic muscles. To achieve that one can practice kegel exercises regularly. When you feel ejaculation is imminent, stop thrusting the penis. Pull back to approximately one inch of penetration but do not withdraw the penis entirely. Flex the pelvic muscle and hold to a count of nine. Alternately, flex the pelvic muscle nine times in rapid succession instead of holding the count. Resume thrusting shallowly and repeat as often as necessary until you experience a non ejaculatory orgasm.

It will take several months to develop strong pelvic muscles and make the big draw work for you. But it is worth investing your time.

4) **The Valley Orgasm.**

According to the eastern practitioners, male orgasm with ejaculation is one fleeting moment of intense and even excruciating pleasure. On the other hand, the valley orgasm without ejaculation is a continual rolling expansion of the orgasm, a greatly heightened ecstasy. Men who experience the valley orgasm feel like a rolling series of orgasms without ejaculation. Here's how to experience one:

First, make love using the nine shallow, one deep method. Stop thrusting when you feel near orgasm. Use the big draw or the three-finger draw or your pelvic muscles to delay ejaculation. Hold and embrace your partner closely and comfortably. Continue shallow thrusting.

Each time you feel ejaculation is imminent, use the big draw. You will experience the sensations of orgasm, though more diffuse, without ejaculation.

How to have an Orgasm without Genital Contact

An orgasm achieved with no genital contact is an extra genital orgasm. Fewer than 10 percent of women or men can reach orgasm simply from kissing passionately or by having their breasts or nipples kissed or sucked, their thighs caressed or licked, or their ears or neck nuzzled. How can it be done? Women and men who experience extra genital orgasms are able to excite themselves through erotic thoughts and fantasies to the point where any form of physical stimulation sends them over the edge into orgasm. In men, the phenomenon most frequently occurs in the "wet dream," a nocturnal orgasm and ejaculation following an erotic dream.

Caress or have your partner caress your penis and testis until you are on the verge of another orgasm. Switch the stimulation to a non genital area such as abdomen, groin or inner thighs. Alternate from genital to non genital, stimuli until you are so close to orgasm that a simple touch like running a finger down the inner thigh could induce it.

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How to have a Spontaneous Orgasm

The ultimate no-hands solitary sex experience, a spontaneous orgasm occurs with no physical stimulation at all. How do to do it?

First, relax. Take a warm bath, have a glass of wine, put on some light music, light aromatic candles, create a lush, passionate, and emotional sexual fantasy. Breathe and lay on your back, knees bent, feet spaced well apart, take deep breaths. Pull your breath down into your body so deeply you can feel your diaphragm expanding and can imagine air going all the way down to your genitals. Slowly you breathe out. Pull that air all the way out, again imagining you are drawing it up through your genitals into your body. Pant.

After a dozen or so deep breaths, pant. Breathe rapidly from your belly with your mouth open. Now use the fire breathing technique. Begin with relaxing shallow breaths. Then breathe deeply and inhale through the nose, exhale through the mouth. Make the breathing continuous or circular. Imagine a circle of fire beginning first as a small circle, nose through mouth, then expanding to include chest, belly, and finally the genitals. Feel the erotic heat moving in a circle throughout your body as you breathe.

Flex the pelvic muscles alone or in combination with the breathing. Coordinate your flexing with deep breathing. Switch to panting, and then back to deep breathing, finally to fire breathing all the while flexing the muscles. If you don't have an orgasm this way, don't despair. Most won't. But use the technique during masturbation or intercourse and feel how much stronger your orgasm is.

How to have a whole body orgasm.

The whole body orgasm occurs when you are feeling particularly sensual, sexual, or both. For most, the experience is a complex blend of emotional, sensual, and sexual elements. It is possible in midlife than earlier. If you want to experience one, try this:

- ◆ Practice the techniques for extending orgasm until you are able to do so.
- ◆ Practice the techniques for spontaneous orgasm until you are arouse almost to the point of orgasm through fantasy and breathing alone.
- ◆ Practice the techniques for multiple orgasms until you are able either to have them or, to continue a state of arousal past orgasm. Combine the skills you've mastered in a lovemaking session with your partner when you are feeling very emotionally connected.

If you do not experience a whole body orgasm, you will almost undoubtedly have a wonderful time together.

The point of this mastery is to encourage you to expand your orgasmic potential, not set

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orgasm goals or measure your performance against any other men. The exercises are worth doing, whether they result in extended, whole-body, extra genital or multiple orgasms, or not. They will improve the quality and perhaps the quantity of the orgasms you're having now. In turn, it will give you physical, psychological, and emotional benefits as well as help strengthen the intimacy bond with your partner. Some couples believe that the ultimate expression of sexual intimacy is the simultaneous orgasm.

Restore Sex

4 steps to Restore Man Sexual Function:

Step 1.

If you lose your erection during intercourse, just let it go. Then tried something different like performing cunnilingus on your partner. You may get hard again or even if you don't, you have satisfied your partner, which makes a man feel good too.

Step 2.

Concentrate on pleasing your partner. Perform cunnilingus when erection falters, is a good one. When a man forgets his own perceived "problem" and concentrates on giving his partner pleasure, he relieves his performance anxiety. He creates a win-win situation. Maybe he will get his erection back, but even if he doesn't, he will feel good about himself as a lover.

Step 3.

Use a partial erection to good advantage. When you feel the erection subsiding during intercourse, pull out your penis, take penis in hand and get creative. Grasp penis firmly but not choking, start stimulate your partner's clitoris with the head, brushing it back and forth, often bring her to orgasm this way. Use the head of your penis to stroke her inner thighs or her nipples. You could get really hard at the same time. This way both you and your partner can enjoy penis play

Some men can also have intercourse with a partial erection by holding the base of the penis firmly as they thrust. You don't need a full erection to make love with your penis. Experiment with ways of stimulating your partner with the erection you have.

Step 4.

Don't blame your partner. In hurt pride following an erectile failure, a man might lash out at his partner, accusing her of failing to arouse him sufficiently. Don't do that as not only will you hurt her and invite a defensive assault, you'll only feel worse about yourself later. Once a couple have started a cycle of blaming, they'll find it hard to break free and move to a place of acceptance and understanding. Let down the barriers and share your fears and concerns with her, without blaming her or yourself.

Some men find it more difficult to talk about their erection problems than their emotions. For them, a savvy and understanding woman can make the difference between an impotent future and a transition into another, less erection based kind of lovemaking.

Woman can Help Man Gain His Erection

While men are concern, you will be surprise our partner, women, are more obsess than men do. Here's how women can help and participate together in gaining erection for her man.

Let It Go.

As just mentioned, if your man loses an erection during lovemaking, let it go. Unless he requests or indicates by his behavior that he wants you to perform fellatio or manually stimulate his penis to try to bring the erection back--don't. Focusing on his limp penis probably won't help and may hurt by intensifying his performance anxiety.

Love him.

Hold him. Kiss and stroke him, but ignore his penis. You don't have to prove your desirability by bringing his penis back to erotic life.

Ask for oral sex or manual stimulation yourself.

That will take the focus off his penis and give him the opportunity to feel like a good lover. Be responsive to his ministrations. A woman's arousal is very arousing to a man. It's possible that he'll regain his erection by losing himself in your excitement.

Don't be solicitous.

Show your understanding by not fussing over him. If he's feeling inadequate, don't tell him his lack of erection isn't important. A man who has been sexually humiliated doesn't want his wife saying, "Don't worry, darling, it doesn't matter."

Don't blame yourself.

And don't let him blame you. His erection problem may be physical or psychological. Even if it's rooted in relationship conflict, you are not the "cause" of the problem. Sex is a cooperative effort. So is relating. After an erectile failure, however, is not the right time to analyze the relationship.

Regain sexual desire lost to illness, disability, aging.

Some men and couples will stop making love in response to these situations. As illness can cause the sufferer to withdraw oneself away, if you are the healthy one, do not take your partner's withdrawal as personal rejection. Reach out and coax him back to you.

Give your partner and yourself a sensual treat everyday.

Take time to walk in the park and smell the flowers with him. Cook his favorite meal or filled your bedroom with soft music, silk pillow, crisp cotton bed sheets

Treatment and Side Effects

If you want Strong Erection through penis injection therapy, penis vacuum device, penis

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implant or Viagra.

Read about the Negative Effect before you hit it.

Having a sustained erection that remains can be compared to walking around barefoot. At first, when walking barefoot you feel everything under your feet--rough stones, prickly branches, crispy dried leaves. After a while, your feet become desensitized and you don't notice the discomfort. The same is true with a sustained erection. The penis becomes desensitized and will not over react to stimuli as it has in the past.

Vacuum device

The device consists of a clear plastic tube that fits over the penis and is attached to a pump. The pump creates a vacuum, drawing blood to the penis. A rubber ring is placed around the base of the penis maintains the erection for half an hour. The drawback? The pain that occurs when ejaculating with a tight rubber band around the base of your penis will stop your premature ejaculation. It will probably stop you from wanting to ejaculate at all. However, this is not a recommended approach to the problem.

Injection therapy

This treatment used in most clinics achieved a good rate of success. The part involves producing a sustained erection that remains strong and erect for 30 minutes or more. This erection should be strong enough to be sustained even after ejaculation. This will be achieved by the use of intrapenile injection therapy.

However, it carried certain risk that when injected the medicine such as papaverine or prostaglandin E, the inflow of blood is maintained and low pressure outflow of blood is obstructed in the penis. This results in erection lasting for 6 hours or more. The other risk is displacement of tissue within the penis and formation of scar tissue. Patients were also warned of side effects like pain when injecting and bruising of the penis. One should try to avoid hitting the blood vessels though bruising will go away in a few days. Hypotension, if the user requires large dose of medication into the penis that may cause light headedness (due to a drop in blood pressure).

If the patient uses this therapy for a long period, a formation of small nodules may develop at the injection site. (Most patients find that the penis feels comfortable injecting at the same spot). By piercing the penis via the undersurface urethra, spots of blood may appear at the gland. Correct injecting measures have to be done carefully. Patient should practice personal hygiene before administering the medicine. Proper washing and cleaning, using new syringe and needles each time can prevent unnecessary infection.

Penis implant

This is the oldest treatment in modern medicine so far. An implanted device is surgically inserted into the penis to enable an erection. The device with inflatable cylinders (like an elongated balloon) runs along the penis has a tube connected to a reservoir containing fluid in the abdomen. All one had to do is manually squeeze the pump in the scrotum to allow the fluid

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to flow to the cylinders, hence erecting the penis magnificently. Another device is inserting semi-rigid rods into the penis but the erection is permanent! Unless, there is no other alternative to help you, penis implant might be your last straw. Here are some criteria specify for penis implant:

- a) that you should be below the age of 40 years old
- b) should have erectile dysfunction condition due to poor arterial inflow of blood (usually caused by accident).
- c) have no vascular problems.

Viagra

The popular prescribe oral medications that bring on an erection in less than an hour. There has been dispute if it should be called as a treatment. The blue pill definitely made a man's job easy but after the medication or drug subsides, he cannot erect by himself. For many it works but some it did not, and there are 30 per cent of the pills takers find it not helpful for them even after 8 tries on the pill.

Many older male thought the pill can increase their libido and hard rock erections, unfortunately it does not. It simply restores the erection if he desires to. Viagra has also been tried to combat premature ejaculation and in so far it has not proven successful for this condition. In many countries where the drug is easily available, is abused by young party male. These young pill takers usually do not have erectile problem. They took it because their body and penis are 'puncture' by the excessive alcohol intake and they can't get an erection after that. Unknowingly to them, they might become dependent on Viagra and that's sad.

Before popping the blue pill down, one should know some side effect it will bring, otherwise check with your doctor. Common side effects are: headaches, red flushes around the face, neck and chest, diarrhea, nausea, blur vision and increasing pulse beat due to the powerful blood pump in the arteries. There were some cases leading to death. Here are some checks you could do prior to taking the pill:

NOT recommended:

If you have congestive heart failure or recent heart attack

- a) If you are on antibiotic drugs
- b) Suffer liver disease
- c) Have low blood pressure
- d) A recent history of stroke

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- e) Retinal disorders of the eye (retinitis pigmentosa)

- f) Have high blood pressure that require three or more medication to control

When man gets older, having sex twice in one session becomes more difficult. Most men would assume that this is a matter of fatigue, you feel spent, or you've had enough. The reality is that getting an erection for a second time demands a lot of energy, not just physical energy but mental energy as well. This becomes an almost impossible task at the end of a long haul day. How do we achieve this feat?

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