

THE SEXUAL DYSFUNCTIONS IN MALE- Part Two

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Abstract

Sexual dysfunctions are caused by functional disorders of the brain and of the whole body.

The treatment of male sexual dysfunctions is complex, starting with the psychological one, continuing with the drug therapy (hormonal, vasodilator, neurotrophic/stimulants of the central and peripheral nervous system, etc.) respectively, in certain pathologies, with the surgical one.

Keywords:

sexual dysfunctions, copulatory act, therapy

Introduction

The remission of the genital organs activity disorders (functional and organic) is achieved through complex treatment methods, which will be presented, in large part, in the following.

Sexual dysfunctions can be temporary or permanent.

1. Temporary sexual dysfunctions are determined by:

a) pharmacodynamic treatment with sedatives, tranquilizers, psychotropics, anti-convulsants, beta-blockers etc. imposed by general or local pathology and which directly modify the normal phases of sexual intercourse during their administration;

b) organ pathology: infectious (urinary bladder, urethral, periurethral, prostatic, epididymal, penile), or tumoral (bladder, penile or urethral);

c) physical trauma: at the level of the genital organs and/or injuries to the trunk, pelvis or spine.

In the framework of the temporary sexual dysfunction determined by immobilization as well as the medical treatment of an underlying disease with sedative, tranquilizer, psychotropic, anticonvulsant drugs, all these negatively influence the sexual intercourse.

The anti-infective treatment requires, in addition to a specific therapy, total sexual abstinence until the local inflammatory condition is cured.

2. The permanent sexual dysfunction can be caused by:

a) congenital penile anomalies;

b) penile abnormalities acquired, traumatic or associated with a general pathology (e.g. diabetes mellitus).

In the case of these dysfunctions, when the copulatory act itself cannot be performed, the sexual relationship will be reduced to manual maneuvers with erotic content performed by the male partner.

Sexual libido dysfunction

The sexual desire (libido) is dependent on the secretion of androgenic hormones and on the integrity of the central nervous system (CNS), as well as on the genetic support, respectively the biological potential of the individual.

The absence of libido characterizes the lack of erection and erotic behavior.

Libido dysfunction due to deficiency (hyposexuality):

a) Total absence of libido (or **anaphroditism**) it can be:

- **primary:** the libido never existed, as a result of the constitutional, morpho-functional structure of the individual;

- **secondary:** the absence of libido occurs after a period of its normal existence.

b) Partial decrease of the libido

It is characterized by a reduced sexual activity, below the normal limit (or **hyposexuality**).

The treatment of libido dysfunctions is complex and targeted, aiming to remove the cause, genital or extragenital.

In principle, the main treatment is directed towards the underlying disease.

Hormonal preparations (such as pregnyl, methyltestosterone), gonadotropic hormones, balneo-physiotherapy, psychotherapy, vitaminotherapy, natural preparations based on bee honey, but also changing the rhythm of life and diet when necessary, were used.

When it was necessary, sexologist's consultation was performed in the presence of the sexual partner.

Libido dysfunction due to excess (hypersexuality)

Moderate libido increase – In certain situations, the sex arousal factor may determine an increased stimulation of hormone synthesis and production.

Normal hypersexuality is explained by the increased biological potential in some men, this being variable from individual to individual.

This can exist in any male, giving him an increased libido.

Treatment: in general, men with hypersexuality do not address the doctor, the situation being interpreted as an individual performance.

However, the male patients requests a specialist consultation when extragenital symptoms or venereal diseases appear, at which point its presence is established.

Often, the excessive sexual behavior of the husband is presented to the doctor by the

wife, in which case it will not be easy for him to differentiate the normal behavior from the sexually pathological one, in some situations even the female partner being blamed. So, the therapy must be targeted to the main medical infliction.

In the simple forms of hypersexuality, sedatives, predominantly cortical acting, are used to prevent masturbation, such as bromines in doses of 1-4 gr./day, targeting cortical, mental and motor excitability (i.e. on soldiers on duty or on mission), i.e. tranquilizers and anxiolytics.

Predominantly subcortical sedatives, such as barbiturates and hypnotics, are also used.

Plant extracts can be utilized as moderate sedatives.

In hyperandrogenism, estrogens are administered (such as hexoestrol diacetate 1–5 mg), which decrease libido, producing morpho-physiological testicular secretory changes, including of the spermatogenesis process, which, however, returns to normal when the treatment is stopped.

Antiandrogens, antigonadotropics, antithyroid drugs (in hyperthyroidism) or pituitary extracts may be utilized in certain cases.

For example, cyproterone acetate (Androcur) blocks dihydrotestosterone receptors, reducing the effects of androgenic hormones produced by the gonads and adrenals.

Stimulating foods or drinks will be removed from the diet, the stimulant marine climate or other excitatory factors, such as pornographic films and photos or specific literature, will be avoided.

Sports activity in any form is helpful.

Corticosteroid therapy may be used for 2–3 weeks in hyperandrogenism due to adrenal disease.

Erectile dysfunction

Erectile dysfunction (ED) is characterized by the disorder of the penile erection mechanism, the penis no longer having the possibility of obtaining and maintaining the tone necessary for vulvo-vaginal penetration and of achieving the fecundative intercourse.

ED exists at any postpubertal age, being more common after 40 years. **It may be transient or permanent.**

ED may be a pathognomonic sign of certain systemic diseases, such as cardiovascular, metabolic-diabetes mellitus, liver or kidney inflections, obesity, endocrine, neuropsychiatric, lesions in the hypothalamus and limbic system (septo-preoptic area), in depressive states, anxiety, major stress or schizophrenia. Also, medication administered in mental illnesses, by increasing prolactin, causes a low level of testosterone, another cause of ED.

In relation to the etiology of erectile dysfunction, ED can be:

-organic;

-psychogenic;

-mixed.

In relation to the degree of alteration of the penile erection, there may be:

Anerection or total lack of penile erection. The penis remains permanently flaccid,

regardless of the stimulus.

The anerection can be:

- **total:** the penile erection is totally absent from the beginning of the sexual act, making vaginal intromission and the performance of the copulatory act impossible.

- **partial (secondary).** Anerection occurs after a previous erectile or semi-erectile state that allowed vaginal intromission, but by reducing the penile tone, the copulatory act cannot be performed and therefore neither can the orgasm be achieved.

Clinical types of erectile dysfunction due to anerection:

- **early erectile dysfunction.** It generally appears as a disorder of the onset of sexual activity.

The treatment consists of measures of psychogenic therapy, with sexual education and preparing the adolescent for the first sexual contact. The disappearance of inhibition will give the young man confidence in himself and the entry into a status of sexual normality.

- **erectile dysfunction with selective anerection.** The overstressed status can, paradoxically, cause a neuropsychic inhibition with a negative effect on the erection.

- psychogenic erectile dysfunction. Frequent especially in young men, it differs from organic erectile dysfunction in that, in this case, there is a strong nocturnal erection, due to the lack of inhibitory factors such as stress.

- ED with abandoning erection (selective): after intromission or during sexual intercourse, the erection fails.

The treatment is complex and aims to remove the causative factor. Specific drugs as well as psychotherapy, vitamin A, E, C should be administered.

If the male has nocturnal erection, in general the symptoms are psychogenic, there being no organic vascular-nervous changes. In the absence of normal serum testosterone levels, testosterone preparations can be administered for a short period of time.

ED treatment is complex and includes:

I. Pharmacodynamic treatment:

Targets the basic disease (extra-genital) that represents the direct cause (diabetes, endocrine disease, hypo- or hyperthyroidism, which influences the normal physiology of the testicles, respectively the ability to have a normal sexual act, cardiovascular disease - erection is a purely vascular phenomenon, liver disease, mental illness, etc.) and stimulation of the gonad in various forms.

In hypogonadism, androgen therapy does not stimulate spermatogenesis, but restores sexual function, improves secondary sexual characteristics, prevents osteoporosis and improves mental functions.

The administration of these hormones is contraindicated in breast and prostate cancer, the treatment with androgens being done only after performing the prostate specific antigen test - PSA or free PSA - and with great care in heart, kidney, liver, diabetic patients, for the retention effect water, as well as for the medicinal interaction with diuretics and antidiabetics (increases the hypoglycemic effect).

In ED caused by the presence of diabetes mellitus, some specialists recommend treatment with gonadotrophins (100–3000 mg per week), or testosterone administration (100–150 mg per week), under clinical and laboratory control, especially of blood sugar and of fundus.

Balancing blood sugar and preventing vascular-nervous complications are essential to avoid sexual disorders in diabetics, which modifications are at their peak after 8–10 years.

It has to be mentioned that, in the case of diabetes, the indicated treatment must take into account the strict recommendation of the diabetologist, and in the case of thyroid diseases, that of the endocrinologist. The treatment should always be disease-targeted.

In hyperprolactinemia, in the absence of a pituitary adenoma, bromocriptine may be administered, which will regulate the the pituitary gonadotrope, reducing the antidopaminergic action of prolactin thus determining libido increase.

In certain permissive cases, the effective therapy may be done, in the short term, with testosterone, in dosages of 5–25 mg/24 hours, administered in various forms and treatment schemes (methyltestosterone p.o., patches or gel-Undestor).

Androgens should not be administered for a long period, except on the express indication of the endocrinologist, when the hormonal treatment must be properly justified. It can also be used human chorionic gonadotropin, in the presence of a pronounced decrease in testosterone, or gonadolib-

rin, which acts on the pituitary gland (LH, FSH) restoring the hormonal and spermatogenic balance.

The treatment is performed under the strict control of the health care provider, who must not cross the optimal hormonal threshold as a daily dose and as the specific time period.

Side effects may appear such as gynecomastia, acne, fluid retention, alteration of liver function or even prostate cancer, in case of excessive testosterone use.

In order to stimulate the penile erection, the following drugs may be used:

1) Sildenafil citrate (Viagra) – is a selective inhibitor of phosphodiesterase 5 (PDE5). It is administered in the form of oral tablets of 25, 50, 100 mg. It can be administered 30 minutes before sexual intercourse.

It is not indicated for men with severe diseases that contraindicate sexual intercourse, in cardiovascular diseases in which drugs containing nitrates are administered (the combination can cause severe hypotension). The drug's active period is of 4 hours.

It has side effects, i.e. lowers blood pressure, dizziness, headaches, digestive disorders, transient changes in color perception; also the drug has a high price. It can cause serious vascular accidents, which may be lethal. In the case of inefficacy, it is not recommended to repeat the dose, especially if it was a large amount. Sildenafil has a faster effect (10–20 minutes) if taken on an empty stomach.

2) Tadalafil (Cialis) is another PDE5 inhibitor. It can be administered as oral tablets of 10 or 20 mg. Administration is done 30 minutes - 12 hours before sexual intercourse.

Drug's contraindications are those mentioned above, especially in angina pectoris, myocardial infarction in the previous 3 months, heart failure, oscillating blood pressure, recent cerebral stroke, serious liver and kidney diseases or if nitrate drugs treatment is already present. Tadalafil's active period may be as long as of 24 hours.

3) Vardenafil (Levitra) – is also a PDE5 inhibitor. It should be administered 30 minutes before the intercourse. Vardenafil has the same contraindications as mentioned above. It's active period is of 12 hours.

- dopaminergic agonists that act centrally:

Apomorphine - acts at the CNS level; Uprima is available in the form of tablets of 2 mg. It should be administered 20 minutes before the sexual intercourse.

The drug is contraindicated in patients with severe angina pectoris, recent myocardial infarction, low blood pressure, in diseases that expressly contraindicate sexual intercourse, or in patients on nitrate treatment.

Dostinex (cabergoline) is indicated in the presence of hyperprolactinemia (which decreases libido and erection), as it stimulates dopaminergic receptors at the pituitary level, which decrease prolactin secretion. Tablets of 0.5 mg are used, orally, after meals.

- **alpha-blockers** - act centrally and peripherally:

a) Phentolamine - has a reduced vasodilatory action, being associated with papaverine or alprostadil. Side effects include dizziness, tachycardia, stuffy nose.

b) Yohimbine (yacan) – can be associated with low doses of viagra. It is generally indicated for men with average forms of ED.

The combination of yohimbine and l-arginine is also used. Arginine is the precursor of nitric oxide. Yohimbine hydrochloride is used, as 5 mg tablets.

II. Local treatments (at penile level):

Intracavernous injections, intraurethral therapy and vacuum devices are used.

a) intracavernous injections - they have an invasive character and are generally not accepted by normal men. It is administered:

- **papaverine or papaverine + phentolamine**. The effect appears in about 10 minutes. The efficiency is 80–85%.

The injections, which are done on the side of the penis, are painful, unpleasant and over time may cause local fibrosis.

For these aspects, they are agreed with difficulty by men, being accepted only in certain situations.

- **prostaglandin E1 (alprostadil)** - Caverject 10 µg and 20 µg lyophilized and solvent for injection solution.

Injections are painful and unpleasant. They give intermittent or continuous erection (priapism and Peyronie's disease),

drop in blood pressure, penile fibrosis.

They also have the disadvantage of a high price. They are generally not accepted by the normal man, being out of date.

b) intraurethral therapy - it is obviously much less invasive, and the results are more modest.

Preparations with alprostadil, such as MUSE (dosages of 250 µg, 500 µg, 1000 µg) are used. It is administered 10 minutes before the start of sexual intercourse. Its effectiveness appears in 40–60% of cases.

It causes local penile or testicular pain, stinging, priapism, lowers blood pressure (up to syncope), and for female partner-vaginal itching in 6–8% of cases. It also has a high price.

c) therapy by integumentary or mucosal administration, in men with a semi-erect penis, the glans is smeared with various ointments before penetration.

Creams and gels with alprostadil or re-vulsive or irritating substances are used. It causes vaginal itching and stinging to the female partner, as well as a drop in blood pressure, dizziness and sometimes penile irritation.

d) mechanical devices:

- **vacuum devices (vacuum pump)**.

By creating a negative pressure on the penis, it is possible to drain the blood at its level, determining an erection.

This is maintained by elastic bands applied to penile base, thus blocking the blood flow.

Among the side effects, there have to

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be mentioned penile pain, petechiae on the glans or delayed ejaculation. It is not used for more than an hour, because it can cause vascular disorders, sometimes major (gangrene of the penis).

In general, it is indicated to be used only in stable sexual couples.

- **attaching a weight to the penis.** It is a very old practice. The weight or the device that fixes the base and tip of the penis produces an increase in length by 1-3 cm by elongating the penis.

The technique can be applied empirically or using a special device that is worn daily for at least 12-16 hours and is maintained for several weeks, respectively until the desired effect is achieved.

A similar type, called the “pro-extender” system, was invented by the Danish Jorn Ege Siana in 1994 and consists of a device with two ends and an adjustable length system.

It acts by gradual traction, allowed by the multiplication of the constituted tissue, finally obtaining an 1-3 cm longer and thicker penis.

- **the “Puissance X” patch.** Contains ginger, ginseng, guarana, Levitra.

III. CNS stimulants:

- **strychnine** is an alkaloid of a tree from India (*strychnos nux vomica*); mixtures containing strychnine are usually used as tonic substances and as stimulants in interpersonal relations.

- **Xanthines** (caffeine, theophylline, theobromine), which are found in many

plants and whose aqueous extracts are used by locals as indigenous drinks or directly, chewed.

Their use arose from the observation that the animals that ate these plants changed their behavior, becoming tense, agitated, and did not sleep.

Plants or fruits, very diverse, are specific to each country (guarana for Brazil, kola nut in Sudan), stimulate sensory and mental functions, reduce fatigue and remove sleep, improve perception, synthesis and association of accumulated data, intensify motor activity;

IV. Surgical treatment:

a) penile vascular surgery. It is recommended for people up to the age of 50 who have suffered traumatic accidents that also affected the penis, which no longer has an erection.

By-pass operations are performed, which are difficult, by involving the small vessels. However, the results are modest.

The indication for surgical intervention is given, among others, by the arteriography of the penis.

For such an operation the surgeon must be very experienced;

b) liposuction of the pubic adipose tissue. It is practiced in the case of overweight men. The fat in the pubic region encloses 1–3 cm of the base of the penis, which it shrinks.

For the efficiency of the operation, it is necessary, first of all, to reduce the abdominal adipose panicle.

The operation releases 1-2 cm from the penile base. The operation is light and easy to perform.

However, it can be avoided through a process of weight loss, namely the reduction of the excess fat panicle.

c) section of the suspensory ligament of the penis. It is a non-physiological operation, because the subsymphyseal ligament keeps the penis and urethra in a normal position.

The section of the ligament changes the topography of the penis, it no longer directly excites the clitoris during copulation.

The ligament is an element of the penile fixation. It has to be mentioned that surgical interventions on the phallus, aimed at the section of the vasculo-nervous elements, not only do not increase the penis or its thickness, but sometimes cause very serious complications, such as loss of penile sensitivity, anerection or local necrosis.

d) penile implant: it is always recommended only after other means of treatment depletion, thus being the last therapeutic option.

It was indicated in diseases such as diabetes mellitus, prostate cancer, or in male patients who underwent cancer chemotherapy.

The method is invasive, with very modest results and, sometimes, severe complications. Semi-rigid or inflatable penile prostheses are applied within the implant. The actually used implant consists of two cylinders, a pump and a fluid reservoir.

The technique consists in introducing two cylinders covered with silicone into the two cavernous bodies of the penis.

Through pumps, the fluid is introduced from a reservoir into the cylinders, producing the penile erection. By draining the fluid from the cylinders, the penis becomes flaccid.

The pump and reservoir are fixed in various places, such as inside or outside the cylinders, in the scrotum, the adipose tissue located anterior to the urinary bladder, in relation to the technique decided to be used.

It has to be noted that:

- the penile implant techniques should be performed only by experienced surgeons
- the implant fluid may get shortened, thus directly influencing the erection occurrence,
- the hydraulic system may get damaged
- postoperative complications are frequent,
- deficiencies of the hydraulic system require reparative surgical interventions (approximately 2–4% annually).

V. Other techniques:

- **psychotherapy for psychogenic dysfunction**-consists of cognitive-behavioral psychotherapy for minor and major dysfunctions; psychoanalysis of man's behavior in the interpersonal relationship; family therapy; group therapy.

Psychotherapy is also provided for sexualization deficiencies in youngsters during puberty and adolescence.

Relaxation, systemic desensitization, hypnotherapy, integrated sex therapy may also be used in adult males.

- **acupuncture treatment** aimed at:

- main points (the spinous apophysis of the lumbar vertebra next to the line joining the iliac crests; the calf region, internally, one palm above the ankle, on the posterior edge of the tibia);

- secondary points (the point located in the middle of the pubic-umbilical line; the wrist, externally, next to the little finger)

- **prostate massage** - is indicated in prostate diseases.

- **targeted sports activity;**

- **homeopathy;**

- **allopathic medication;**

- **physiotherapy** such as electromagnetism treatment;

- **the use of phytohormones** (*gr. phytos* = plant, *hormaein* = to stimulate, excite), vegetable substances, which in plants stimulate and regulate their flowering, growth and development.

The active substances, created by the plants' protoplasm, are used in nutrition and in the synthesis of some sexual hormones.

It should be mentioned the stigmastrol from soybean oil, belonging to the

phytosterols and phytoncides group, which are found in garlic, onion, radishes, or zoosterols, which generally predominate in animal organs, but have also been found in plants such as algae.

- **aphrodisiacs** are products that improve the quality of the intercourse by determining the occurrence of, accelerating or increasing the sexual pleasure through sexual stimulation due to their content in active principles, alkaloids, sexual hormones.

Aphrodisiacs induce the erotic state by increasing arousal, as well as by influencing the biosynthesis and discharging of the pituitary gonadotropic hormones, thus increasing the degree of brain eroticization. So the aphrodisiacs influence the entire sexual behavior.

They are found in plants (seeds, roots, leaves) in the form of phytoandrogens and in animal organ preparations.

The direct mode of action of aphrodisiac substances on neuro-endocrine structures is complex.

They are administered by olfactory, oral, injectable ways or by dermal absorption, depending on the type of preparation (volatile substances, creams, pheromone oils, injectable or oral preparations etc.).

The following may be used:

- **Guaraná** (*Paullinia cupana*). It is a climbing plant, around the trees of the Amazon valley, which has an alkaloid (guarana) as its active principle.

The fruits, the size of a hazelnut, bright red in color, have three cavities that contain seeds.

The local people fry the fruits over a slow fire, after which they chew the seeds, in the desire to restore their well-being and strength, the effort and work capacity, thus being a general tonic, energizing and stimulating, but also an aphrodisiac (after the erection, the manifest desire appears in order to perform an intercourse), determining a state of excitation (a tensed state, agitation, removing the state of sleep).

Guarana calms hunger and pain, accelerates metabolism and fat burning. It is sold in liquid form, capsules (of 250 mg, 400 mg and 500 mg), reddish powder or culinary preparations.

The capsules are administered once or twice per day (maximum 1 gram daily), which is the equivalent of 30–40 mg of caffeine.

Guarana is contraindicated in patients with hypertension, cardiovascular diseases, coagulation disorders, or during treatment with aspirin or, obviously, when there is hypersensitivity to xanthines, caffeine, theophylline, theobromine or to the guarana plant.

It should not be administered in combination with diuretics and it may increase the digoxin toxicity.

Guarana overdose causes an increased state of excitation, with cardiovascular disorders, tachycardia, muscle tension, delirium, thus requiring gastric lavage and the administration of solutions containing glucose, electrolytes, vitamins, as well as targeted symptomatic treatment.

– **Cola** (*Cola acuminata*) comes from the cola tree, originally from Africa.

The seeds contain alkaloids (theobromine, caffeine), organic acids and tannins, having an energizing, antidepressant, diuretic and slightly aphrodisiac role.

– **Celery** (*Apium sativus*) contains vitamins (A, B, C), minerals (Fe, Ca, Na, K, Ph, Mn, Mg, I), glutamic acid, tyrosine etc.

As a very frequently used food, it has been used since the time of the Romans in states of asthenia, demineralization and in erectile dysfunction.

– **Ginseng** (*Panax ginseng*). The plant is brought from China and Korea, being rich in alkaloids and active principles, which are concentrated in the root of the plant.

It is used in states of anemia, in erectile dysfunctions or to improve the number and quality of spermatogenesis, prolongs sexual intercourse and stimulates libido, erection, reduces prolactin secretion. It is available in pharmacies in the form of tablets, syrups.

– **Tea** (*Thea chinensis*) is used for its content of xanthine bases (theobromine, theophylline, theine), for the stimulating effect (black and green tea), the intake of vitamins (B2, C, P, pantothenic acid), mineral salts and tannins, with a beneficial role for the digestive tract.

There are countless varieties of teas, in relation to the place of origin (India, Ceylon, China). Due to its stimulating substances, tea plays an important role in sexual dysfunctions.

– **Garlic** (*Allium sativum*) contains vitamins and minerals, having an immune and aphrodisiac role.

The unpleasant smell given off by the volatile substances makes it little used in food.

– **Onion** (*Allium cepa*) contains vitamins (A, B, C) and mineral salts (Ca, Fe, I, S, Si, K, Ph, nitrates, acetic acid, oxidases, glucokinase etc.), having a beneficial role regarding erectile dysfunctions.

Onions have been used since ancient times for physical and intellectual overwork, to prevent senescence and impotence. It is used raw or in some dishes, in salads, raw vegetables, appetizers.

– **Dates** (*Phoenix dactylifera*) contain vitamins (A, B1, B2, C, D) and mineral salts (Ca, Ph, Fe, Mg), but also coumarin, being indicated for people with erectile dysfunction. The fruit is used as such.

– **Coffee** (*Coffea arabica*), brought from Abyssinia, was acclimatized in Africa, Arabia, South America. Contains food principles, minerals (F, I, Mg, K, Mn, Cu, Zn, Rb), vitamins (PP), alkaloids (caffeine, trigonelline), aromatic substances. It is used as a tonic for the nervous and cardiac systems, for the muscular system, having a euphoric effect. It is an important stimulant.

Green coffee has a large amount of free caffeine, partly associated with caffeic acid. Bean roasting destroys some of the caffeine. Coffee is contraindicated in patients with cardiovascular diseases, especially hypertension or with gout.

– **Ginger** (*Zingiber officinale*), originally from India, has active principles in the bulbs, which, transformed into powder, constitute the spice called „curry” in India.

It is used in drinks (beer, ginger brandy), sweets (biscuits, cookies, jam), in teas and salads, giving them a specific taste, but also for its beneficial digestive and aphrodisiac effects, being used since ancient times as a plant that „awakens the desire of older men” and used in erectile and libido dysfunctions.

– **Bee honey.** It’s aphrodisiac effect is known from the time of the Romans.

Honey contains minerals (iron, copper, manganese, silicon, chlorine, calcium, potassium, sodium, phosphorus, magnesium) and pantothenic acid (vitamin B5), precursors of coenzyme A, being a very good antioxidant.

It has an important role in regulating human cellular osmotic exchanges and in stimulating the human body’s complex processes of cellular regulation with an energizing effect. It stimulates the libido, being sexually beneficial.

– **Chocolate** is beneficial due to its content of phenylethylamine and serotonin.

There can also be used: volatile oils of cinnamon, cloves, juniper, oysters (rich in Zn necessary for the spermatic fluid), of clams, or preparations containing the above-mentioned substances.

– **Preparations from animal organs and vegetable oils.** For over 100 years, testicular extracts have been used as immediate, local and general remedies for ED.

The classic example of doctor Brown-Sequard is well-known, who, at the age of 72, used testicular extracts and obtaining very good remedies, but died of testicular cancer after 5 years of such treatment. In

men, preparations with androgens such as testosterone propionate and methyl-androstenediol may be used, as well as preparations from the mentioned plants.

These preparations are administered by injection, orally or with local application, on mucous membranes or on skin.

– **Pantocrine** is an exciting substance from the horns of the rhinoceros (the one-horned rhinoceros), of reindeer or of Siberian deer. Horn powder contains phosphorus and energetic substances, with an exciting effect, but also beneficial for the brain.

– **Pheromone oils** have been used since ancient times in massage, especially erotic massage.

– **Aphrodisiac creams**, both natural and chemical, have substances that, through reabsorption, act excitingly on the central and vegetative sympathetic nervous system, stimulate the neuro-endocrine and urogenital system, act as a metabolic regulator, antioxidant and as an immunological stimulant.

It has to be mentioned that these aphrodisiac substances have been used since ancient history.

The Egyptians used mixtures obtained by macerating some aromatic flowers, to which they added oils, resins, lemon, wine and natural dyes.

Some of the substances have a very strong excitatory effect, which may lead to serious accidents and even death (yohimbine, obtained from the tree in Cameroon and the Congo Basin, cantharides, extracted from the dry body of the Spanish fly, strychnine). These compounds are used singly or in combinations.

General measures:

These must be associated with the above-mentioned therapeutic measures. In this sense, it is indicated to avoid the harmful effects of toxic substances, of excessive alcohol ingestion, which acts especially on the erection reflex, of heavy smoking (see the description above).

The removal of stressful relationships from work or family, the integration of a diet appropriate to the age and to the associated pathology, respectively the performance of physical activity aimed especially at the circulatory system of the lower limbs and the pelvic region, also contributes positively, knowing that the activity of the respective muscles increases the regional vascularization, thus increasing the amount of blood drained to the genitals, facilitating the occurrence of the erection, but also the orgasm, which is also achieved through the contraction of the specific pelvic muscles.

Also added is the use of phyto-androgens, aphrodisiac substances, perfumes with pheromones, massage oils, avoiding fatigue, advising the diabetic that he can never have a firm erection at high blood sugar levels. In the case of elderly people, the active penile stimulation by the sex partner is important, due to its efficiency.

The administration of vitamins A, C or E is indicated, which intensify the biocatalytic processes of the basal metabolism, giving a euphoric and eutrophic effect, thus completing the ED's complex treatment.

All these above mentioned lead to the resumption of a favorable sexual activity due to the stimulation of the synthesis and secretion of brain monoamines such

as dopamine, serotonin, endorphins and enkephalins, causing structural changes in the functionality of intricate systems (cardiovascular, pulmonary, endocrine, metabolic system).

To prolong the copulation period, it is recommended to avoid ejaculation by:

- hastening of ejaculation
- copulation movements are not made continuously, respectively when the erotic tension increases, pauses are made for a few seconds, after which the copulatory act is resumed;
 - copulatory movements can be stopped, to change the position;
 - the copulatory act can be interrupted in order to sanitize the genital organs, removing the accumulated residues;
- when the erotic tension increases, ejaculation being imminent, withdraw the penis from the vagina and wait a few seconds, after which the copulatory movements resume;
 - the libido does not disappear before ejaculation, unless the pause achieved is excessively long;
 - cerebral control of ejaculation and orgasm allows the intentional delay of the completion of the copulatory act.

Intermittent and continuous erection

Plastic induration of the penis (Peyronie's disease) is characterized by the presence of lesions in which the elastic fibers of the albuginea transform at the level of the septum into fibrous tissue, which sometimes also presents calcareous, carti-

laginous or even bone deposits. The disease may be associated with diabetes mellitus, syphilis, Dupuytren's disease, metabolic diseases, scleroderma or local trauma.

The treatment is complex and targets the underlying disease.

Medical supervision of the patient will be carried out, establishing the presence and evolution of the painful penile erection as well as the established deformity.

Corticosteroids, anti-inflammatory drugs, vitamin E, local physiotherapy can also be used in this way.

If the induration is unique, well-circumscribed and stabilized, it is treated surgically, aiming for as small a lesion as possible at the level of the corpora cavernosa (a large scar can be more harmful than plastic induration).

Surgical treatment is also indicated in the secondary, chronic period when the wound reduces the flexibility of the penis and causes continuous pain in the erect penis, thus directly affecting the sexual relationship.

The surgical procedures remove the albuginea opposite the fibrous wound and shorten the penis, folding the albuginea to straighten the curvature of the penis and shorten it, excision of the wounds and skin grafting.

In the case of severe pain and a marked penile curvature, scar removal and penile prosthesis can be performed.

It should be noted that in approximately 15-20% of cases the disease can be cured without treatment.

Priapism -characterized by intermittent or continuous, painful and irreducible penile erection, occurring outside of a sexual stimulus, the patient not reaching ejaculation or, if it occurs, it is accompanied by pain.

The treatment is surgical and medicinal. Intervention in the first 36 hours from priapism onset, in general, leads to the disappearance of symptoms, preventing local fibrosis and permanent erectile dysfunction, with preservation of erectile function.

Ice pack applied to the penis and on the perineal region prevents the appearance of edema. Parallel to the treatment of the underlying disease, sedatives, tranquilizers, anticoagulants must be administered.

The surgical treatment of priapism consists in draining the contents of the cavernous bodies, bilaterally, on the penile dorsal side, approximately 2-3 cm, restoring the sectioned artery or its surgical ligation, maintaining circulation through collateral vessels, restoring normal blood drainage, local aspiration and using the shunt as a way of drainage.

Plastic induration of the corpora cavernosa, determined by the formation of a fibrous cord or fibro-calcareous covering of the corpora cavernosa, causing erectile dysfunction (incomplete erection) and ejaculation, requires general and local surgical treatment.

Cavernitis (inflammation of the cavernous bodies of the penis through infection transmitted from the urethra, foreskin, balano-preputial groove, perineum) requires anti-infective and surgical treatment, incision, drainage and local dressing.

Balanitis, caused by infection of the glans due to balano-preputial secretions, requires systemic and local urological antibiotic therapy.

Penile elephantiasis has an infectious cause, due to the blockage of the penile lymphatic drainage and regional lymphatic stasis, in a context in which the glans can no longer detach, thus resorting to urgent surgical treatment.

Copulation dysfunction

Copulation dysfunction can be: organic or functional.

The functional dysfunction is psychogenic, the treatment being psychotropic.

The organic dysfunction is caused by malformations of the penis or its secondary anatomical changes (traumatic, surgical), by pathologies that cause priapism or peripheral neurological type.

The treatment is targeted and aims at the determining factor; for certain vascular causes, the anastomosis of the dorsal artery of the penis with the epigastric artery was performed. For others, penile prosthesis was used.

When copulation lasts very little, treatment with anesthetic sprays, which are applied to the glans, is indicated.

For easier penetration of the vulvo-vaginal introit, oily solutions can be used to lubricate the glans or the vulva.

Ejaculatory dysfunction

Ejaculation is activated reflexly by exciting the sensitive support on the glans muco-sa and has two phases: of filling and of expulsion. Forms of ejaculatory dysfunction:

Total anejaculation is associated with testicular diseases, peripheral neurological pathologies, blockade of nerve influx by sympatholytics.

The treatment is targeted and aims at the determining cause (psychological, neurological, endocrine, metabolic, urological, etc.).

Retrograde ejaculation, that occurs in transurethral resection of the prostate or during treatment with alpha-blockers or in diabetes mellitus, can be treated with ephedrine or imipramine, but with modest results.

Premature ejaculation is one of the most common sexual dysfunctions, which occurs especially in young males, for which local anesthetic spray (lidocaine) administered on the glans, before intromission, can be used.

However, the active substance reduces the quality of the sexual act by decreasing the sensitivity of the penile receptors.

A special role may be played by psychotherapy, which requires self-control and prolongation of the orgasm triggering time.

Psychotropics such as selective serotonin reuptake inhibitors can also be used.

Involuntary late ejaculation is drug-induced or is due to peripheral sensory neuropathy, hormonal deficiencies or to sexual excesses.

The treatment is etiological, combined with psychotherapy, aphrodisiacs, CNS sti-

mulants (caff eine, strychnine), with androgens (testosterone, methyltestosterone) in male postclimax, as well as with reducing alcohol consumption.

Orgasm dysfunction

Orgasm is a psychosensory phenomenon perceived as a feeling of satisfaction and pleasure, at the moment of rhythmic perineal and penile contracture, for the elimination of spermatic fluid.

Orgasm disorders can produce partial or complete anaphrodisia. As a treatment, substances that increase sexual arousal such as caffeine, strychnine, and drugs like androgens may be used.

Conclusions

The dysfunctions of the intercourse are determined by functional and organic disorders of the structure of the human brain, of the genetic support and of the biological potential of the individual.

Brain eroticization triggers a sexual response by cortical command to the genitals that, in the absence of brain eroticization, would be mere information without effect (i.e. sex drive, erection).

The desire to have a sexual intercourse is essentially conditioned by the synthesis of testosterone as well as of seminal fluid which, according to the genetic structure, determines the perpetuation of the human species.

Conflicts of Interest

The author declare no conflict of interest.

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