

Try This For 60 Days

"We believe that not every case of low melatonin levels is associated with PE, but every case of PE is associated with low melatonin levels."

If you would have told me that I would be sharing ideas on PE (premature ejaculation) 30 years ago, I would have laughed out loud. I'm kind of a private guy when it comes to sexual topics. But the fact is, this is a real problem for an estimated 30% of men worldwide. So if you can get male patients to admit it or their wives to admit it, I have some research that will bring encouragement.

Men are willing to invest in their sexual health when they balk at spending money in other areas, and the strategy I will present will increase overall health as a byproduct.

The experts at the International Society for Sexual Medicine endorsed the following definition for PE "ejaculation which always or nearly always occurs prior to or within about one minute of vaginal penetration." The ejaculatory reflex is predominantly controlled by a complex interplay between serotonergic and dopaminergic neurons. There is also



secondary influence with the neurons associated with choline, nitric oxide, epinephrine, norepinephrine, oxytocin, GABA and melatonin.

But a new study sheds light on this complex subject. Published in the 2014 issue of the International Journal of Urology titled "Relationship between plasma melatonin levels and the efficacy of selective serotonin reuptake inhibitors treatment on premature ejaculation", 60 men with self-admitted PE were compared with 40 men in a control group. The 60 men in the experimental group were

broken into 3 groups and each group given a different SSRI. The study lasted 4 weeks. The authors found they could raise melatonin levels with SSRIs and at the same time reduce PE.

I mentioned earlier that the ejaculatory reflex is predominantly controlled by a complex interplay between serotonergic and dopaminergic neurons. And as the study suggested, authors were able to increase performance by increasing melatonin levels. Here's how they put it. "We believe that not every case of low melatonin

levels is associated with PE, but every case of PE is associated with low melatonin levels." That being said, why not increase serotonin, dopamine and melatonin naturally? SSRIs are riddled with side effects and withdrawal issues.

Most of us know that 5-HTP is a precursor to serotonin and serotonin will convert to melatonin if the cofactors are present. The cofactors to convert 5-HTP to serotonin are B6, vitamin C, zinc and magnesium. The cofactors to convert serotonin to melatonin are B6 and SAME. Dopamine is derived from tyrosine and the cofactors are iron, B6 and folate. So make sure you check serum iron, ferritin and homocysteine to evaluate folate need.

There's no way we can guarantee success in this issue, there are just too many variables. However, based on this study and what we know about mitochondrial enhancement, we have an open window to increase overall health and a good chance of making some couples much happier.

Consider this 60 day strategy. Start with an anti-inflammatory diet to make sure existing hormones work effectively as well as reduce insulin levels. Support the serotonin pathway by using 100-200 mg 5-HTP at night and 100 mg in the am.

By the way, since up to 90% of serotonin is made and used in the gut, if the patient experiences any gastric bloating or distress with 5-HTP that's a sure sign of the need for gut repair. Stop the protocol and fix digestion and the gut first.

Support the melatonin pathway with 6-12 mg melatonin as Melatonin-B6/Mg at bedtime. Unless you are doing hormone testing, reduce the dose of melatonin to 3-6 mg after 30 days. Researchers are using doses much higher than that for cancer and viral protection but 3-6 mg is a safe dose.

The dopamine pathway can be supported with 500 mg of tyrosine in the am. In earlier conversations we have discussed the role of mitochondrial impairment and ways to increase cellular energetics. I mentioned that a variety of cofactors are necessary to increase cellular energetics.

Use VasculoSirt 5 bid for one month and then 3 bid for the second month to assure vitamin/mineral cofactors are present. One obvious reason to use VasculoSirt is the mitochondrial support with 200 mg of emulsified CoQ, lipoic acid, bioavailable B vitamins, magnesium etc. But the second reason to use VasculoSirt is the 1000 mg of Acetyl-L-Carnitine which has been shown to increase testosterone in older men.

As a side note, one of my favorite lecturers, Dr. Jim LaVelle shared with us at the IAACN in 2012 that 80% of all Americans are low in magnesium. By using 500 mg of magnesium, in most cases, low testosterone will return to normal.

PE may seem like an ancillary symptom to some, but if someone is low in melatonin, a variety of physiological forces are in play. Melatonin has immune modulating qualities and acts as a physiologic brake for someone in sympathetic overdrive by reducing excess cortisol. And let's face it, nothing refreshes and repairs like a good night sleep.

I put together a brief handout you might find helpful to begin the discussion with your male or female patients. It's been my experience that nothing motivates a man like the possibility of healthier sex. I think you will find more compliance in this area than any other. Ask them to try this program for 60 days and see if it doesn't improve performance on all levels.

Thanks for reading this week's edition. I'll see you next Tuesday.