

## **For Men - Biology of the Libido**

(From Jim Pfaus, a professor of psychology and neuroscience at Concordia University in Montreal who specializes in the biology of the libido.)

### **First Principle**

Make sure to have lots of good sex in the present. This practice will provide good incentive for your partner to remain with you.

### **Second Principle**

Frequent, satisfying sex builds a buffer around your libido and primes the brain into wanting and expecting more sex later in life.

### **Third Principle**

Regular, heart-pounding exercise is another way to keep your sex drive healthy. Regular exercise helps to strengthen the lungs and heart, two organs critically important for sustained sexual performance. By increasing your body's blood flow, you'll have a lot easier time getting aroused. The high from exercise lasts for several hours afterward.

### **Fourth Principle**

Exercise also prevents obesity. Aside from impeding sexual performance due to too much girth and weight, research shows that fat cells in men tend to secrete estrogen, the female sex hormone. It's a proven fact that a woman's depleted sex drive is significantly boosted through supplemental testosterone, so increasing estrogen in a man is counterproductive for strengthening his sexual drive and performance.

### **Fifth Principle**

Stress is the main culprit for interfering with a man's sex drive. If a man begins to lose desire for sex, it may be due to emotional stress (an irritating job, work conflicts, financial pressure, loss of dignity), not physical performance.

### **How Stress Interferes**

And on a physical level (see *Other Major Damaging Effects of Stress*), stress can weaken sexual performance in men by: temporary erectile dysfunction by constricting the smooth muscles of the penis (and its arteries) and reducing blood flow to the penis, (and redirecting that blood flow to the major muscles), thus preventing erection.

In women, studies indicate that stress is a factor in diminished sexual desire and interferes with a woman's ability to achieve orgasm.

These principles are so effective, that research by Julian Davidson of Stanford University seems to indicate that a well-conditioned libido can even weather a dramatic slowdown of testosterone – the hormone that stimulates one's sex drive. His research identified that one-third of men with very low testosterone levels (usually due to testicular disease) were still able to have frequent, fulfilling sex. Davidson theorizes that these men had become so adapted to sexual activity that they were aroused without the aid of hormones.

### **Testosterone Improves Women's Sex Lives**

New findings from Swedish Research Council indicate that supplementation of testosterone provides a positive effect of the physiological and psychological aspects of women's sexuality.

While earlier studies have found that estrogen and progesterone have positive outcomes for

women after menopause, little knowledge existed as relates to the role of testosterone and what effects a deficiency of testosterone causes in women.

This new research, focusing on women who had their uterus and ovaries removed, has found that a combination treatment of estrogen and testosterone for 6 months resulted in a noticeable improvement in sexual functioning. In addition, this research confirms that endogenous testosterone plays a role in sexual desire, arousal, and satisfaction. Even more, the testosterone supplementation also shows enhancing results on bone metabolism and musculature.

© 2009 Five-Minute Stress Relief - All Rights Reserved

**Sources: Interview with Jim Pfaus** *Consumer Health Interactive* March 6, 2007 ([www2.vhi.ie](http://www2.vhi.ie)) **Sex and Aging** *Journal of the American Medical Association* Volume 357:820-822 August 23, 2007 Number 8 **Aging and Sexual Function in Men** *Archives of Sexual Behavior* Volume 22, Number 6 545-557 December, 1993 **Testosterone Patch for Low Sexual Desire in Surgically Menopausal Women** *Obstetrics & Gynecology* 2005;105:944-952 **Androgens and Sexual Behavior** *Annals of Internal Medicine* 1982 Apr;96(4):488-501