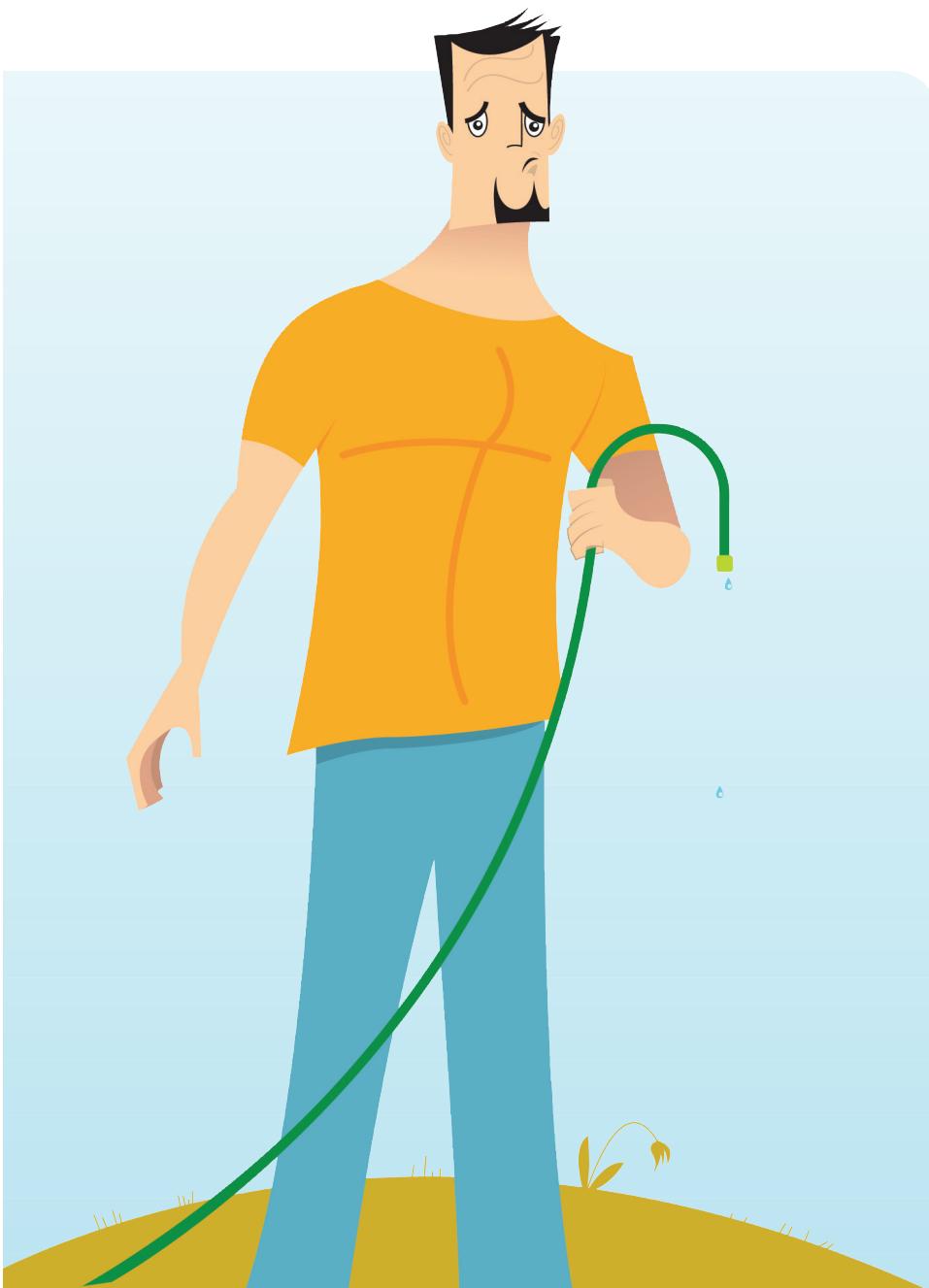


WHAT'S YOUR DYSFUNCTION?

Breaking down the touchy and, *um*, sensitive subject of what to do when your little soldier stops standing at attention.

BY SCOTT HAYS • ILLUSTRATIONS BY SCOTT THIGPEN



FROM HIS TEENS THROUGH HIS 30S, Frankie was ready to rumble – morning, noon and night – confidently relying upon a stiffened wand hard enough to pound nails. Sex in the head, sex in the sack, daily. Maybe too much stress or too much booze sometimes caused his carrot to wilt. Mostly, though, good ol' Frankie was a veritable sex machine. No problem. No worries.

Frankie had just turned the corner on age 40, however, when he noticed something rather strange about his sex life: He didn't have one. His desire for sex had dropped and his nocturnal erections were infrequent, at best.

A visit to the doctor revealed that Frankie was afflicted with andropause, the male version of the dreaded menopause. What's worse is that the science-types, Frankie was told, are slowly realizing that every man passes through it, just like every woman eventually comes to a bleeding end.

Frankie was petrified. Could it be that he would never again see his banner gallantly streaming? Had he, at a mere 40 years old, entered his twilight's last gleaming?

Without desire, and with a penis at half mast, life just didn't seem worth the effort anymore. "I just had a better outlook on life when I was horny all the time," he brooded. "Now that I'm in my 40s, a victim of some 'change' I didn't even know was coming, I just don't have zest for life anymore."

But Frankie was hardly alone. Some afflicted men thought they were "just stressed." Others thought the proverbial mid-life crisis had arrived, and it was time for the usual pick-me-up: the spiffy new sports car or a new buxom blonde. But the science-types knew

what it was: the very hormones that made these men – well – men were now failing them in a very big way.

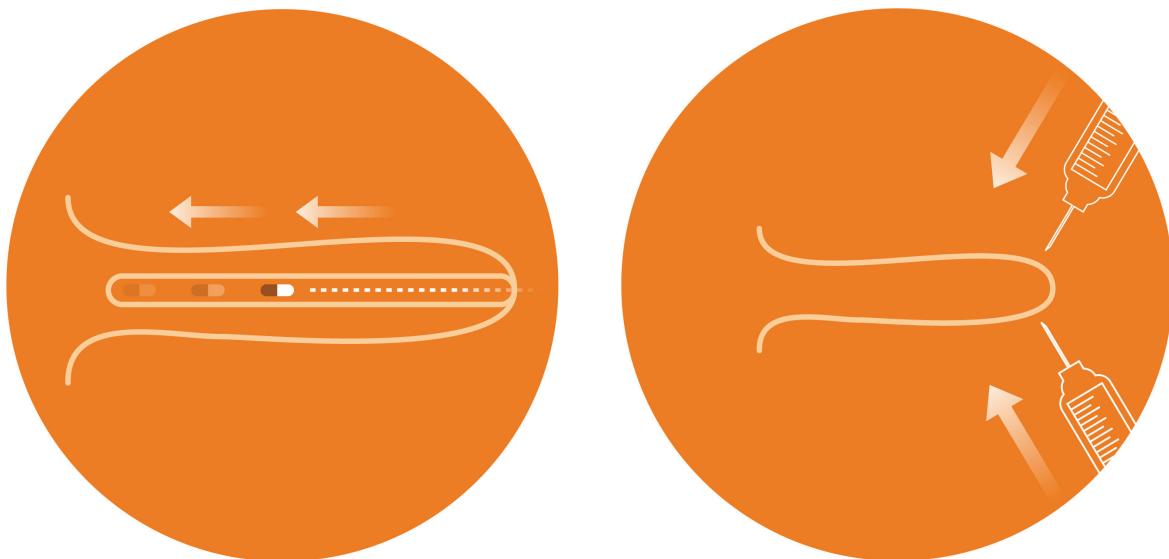
Roughly 25 million American males between ages 35 and 55 are experiencing some degree of Erectile Dysfunction (ED). And doctors know that fewer than 10 percent of these men have been treated, mostly because they either don't know, or refuse to admit, that they have a problem.

decrease in your sex drive, a decline in hardness and frequency of erection. This will occur more slowly in healthy, younger men, and more quickly in those who have ignored their health, or are affected by certain illnesses.

So let's engage in a little "penis talk." After all, you're not shy about listening to "car talk," are you? And which would you rather have: a car or a penis?

implant? Fork over \$20,000. Manufacturers of these devices boast of a 97 percent success rate – one of the highest in the ED treatment business – and nobody seems to be calling them liars.

Risks: Well, it's surgery, to begin with. Which means going under the knife, enduring recovery and the possibility of post-surgical infection. And then there's that 3-percent failure rate, which can



PENILE SUPPOSITORIES ARE JAMMED DOWN THE URETHRA TO INDUCE AN ERECTION. IF THAT DOESN'T WORK, DOSES OF 'JUNGLE JUICE' MIGHT HELP.

Even these days, when Oprah and Dr. Phil yammer madly about breast augmentations and vaginal rejuvenations, when it comes to a man and his "magic stick," silence reigns. In that silence, every affected man believes the problem is his alone. So, rather than facing the change, many men just give up, accept abstinence as a way of life and miss out on the intimacy they could still enjoy.

No man in his randy prime ever believes the day will come when his banner may no longer wave. But it will, soldier. Even for you. There will come a time when you, too, will notice a

Draastic Action

Let's cut (excuse our terminology) straight to the drastic action available when the rod no longer works. Even when all seems forever limp, there are still remedies available. And it's not like it'll cost you an arm or a leg: the most expensive treatments carry the greatest risks, while the cheapest treatments are the safest and most effective.

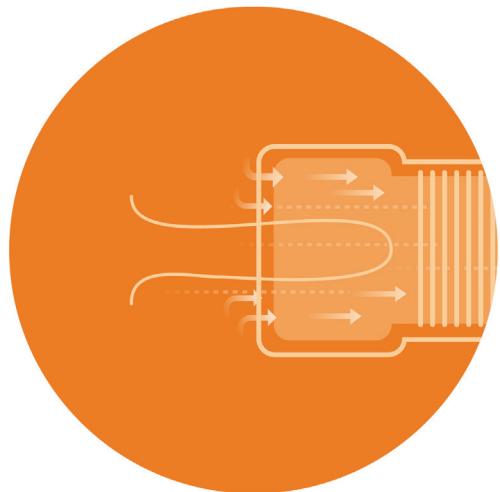
Here's a brief rundown of penile remedies available to one and all (if you're brave enough):

The Implant. Want a surgical penile

involve internal breakdown of parts (some implants are pretty complicated) to actual erosion of the device through the sides or end of your penis. Ouch.

Hormone Therapy. You'll pay about \$8,000 a year for hormone therapy, which involves injections or trans-dermal infusions of testosterone. That's the hormone-governing sex drive, and it declines naturally in men as they age. If your ED is related to abnormally low levels of testosterone, this therapy can help.

Penile Injections. How 'bout grabbing



a needle and jabbing it into both sides of the top of your penis? High doses of this “jungle juice” will induce erections. Depending on how often you want to tube-snake, this particular option can cost \$2,400 or more per year.

Risks: One risk is a prolonged erection (four hours or more). Also, continued injections can lead to infection and scarring, which may lead to Peyronie’s Disease, or an unnatural bend in the penis.

VACUUM THERAPY PRODUCES A SOLID ERECTION FOR 90 SECONDS. IT REGENERATES TISSUE AND NERVES THAT HAVE ATROPHIED OVER THE YEARS DUE TO NO ERECTIONS.

Penile Suppositories. Here, you use a small device to jam a pill-like suppository down your urethra. A fairly high dosage of the drug is absorbed through the walls of the urethra and into the penile tissues, resulting in an erection. It costs about the same as injections: \$2,400 a year.

Risks: Four-hour boners aren’t much fun.

Oral Drugs. There are now three oral drugs for ED on the market. They all work by delivering chemicals to the penile tissues that “pre-dispose them” to erection. The cost is an average \$10 a pill – maybe \$1,700 a year for the average male. The drugs don’t actually

create erections, but simply allow them.

Risks: You and your partner(s) still have to provide mental and physical stimulation sufficient to raise the banner. Good luck.

Vacuum Therapy: First invented in the 1970s, vacuum therapy was cheap and produced a solid erection in 90 seconds – with no side effects. The device draws oxygen and nutrient-rich blood into the penis and helps regenerate tissue and nerves that may have atrophied in men who haven’t had an erection in years.

Risks: Nothing has changed since the ‘70s. Do you really wanna fool around with grandpa’s therapy? **ME**

SIZE MATTERS: Tools For Enhancement

THOSE SEEKING TO MOVE FROM LITTLE TO BIG SHOULD FIRST KNOW THAT THE MEDICAL TERM FOR ALL FORMS OF PENILE ENLARGEMENT IS PHALLOPLASTY. Such organ enlargement, it is said, may be accomplished surgically, pharmaceutically or by gently stretching your penis on a sort of handheld, 21st-century version of the medieval rack.

Hangin’ Low

The most-common surgical technique involves cutting those ligaments in the abdomen that hold the penis in place. Because this makes the penis hang lower, it appears longer. It may not actually *be* longer, but it’ll look that way: a sort of sleight-of-pants trick. A more invasive surgical technique includes injecting skin, gathered from elsewhere on the patient, into the penile shaft. This procedure increases girth; thus, it’s the option favored by those seeking the beer-can look. Surgical costs generally range from \$7-12,000.

Pill Poppers

Also popular are penis-enlargement pills. These days, people think there *must* be a pill somewhere that can improve virtually any biological, physical or mental

condition. Many men have popped many a pill, believing the manly medicine will swell his maraca. But does it? No. Alas, as of yet, there is absolutely no evidence that any pill has ever enlarged a single penis – by even a millimeter.

Fast Size

Growth can be induced by carefully stretching penile tissue in a controlled manner, says Richard Wineland, M.D., a urologist with the Anaheim Urologic Medical Group in Anaheim, Calif. This is the “rack” option, and should be pursued only via safe and medically-approved techniques. Wineland favors a device called The FastSIZE Extender (www.FastSIZE.com), which is used in a controlled stretching regimen, followed by a period of recovery, followed by additional stretching. It is said to produce visible results, all for only \$300.