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Health Matters

Ask Dr. Ward Dean

Use of Korean Red Ginseng

We are interested in the RedGidity product. My husband does have high blood pressure that is controlled by a small dose of medication plus one aspirin per day. Otherwise, he is a strong and active healthy individual.

Your warning on RedGidity says that someone with high blood pressure should not take this product. If the high blood pressure is controlled with small dose of medication does this warning still apply?

ROBIN, San Diego, CA

Dear Robin,

I’ve sometimes wondered who writes many of the blurbs on the labels, myself. A lot of it sounds like an FDA-paranoiac attorney wrote it.

Panax ginseng has been used in traditional Korean and Asian herbal medicine as an adaptogenic tonic to restore and enhance normal well-being for thousands of years. Panax means “all healing,” and reflects the belief that ginseng is a panacea that heals all aspects of the body and promotes longevity.1

I graduated from Han Yang University College of Medicine in Seoul, Korea, in 1978, where I was imbued with the numerous anecdotal benefits of ginseng. I was surprised, therefore, by an early report in JAMA that ginseng allegedly caused hypertension.2 This was followed by a number of articles in “reputable” journals that parroted what I believed to be an erroneous observation,3 becoming a “pseudo-fact” that was even repeated on a Life Enhancement label.

One of the earliest well-done studies that I read that soundly refuted the mainstream dogma was conducted by scientists from the prestigious Seoul National University College of Medicine in Korea.4 The scientists evaluated the changes of diurnal blood pressure after 8 weeks of red ginseng medication (4.5 g/day) by 24 hour ambulatory blood pressure monitoring. In 26 subjects with essential hypertension, the 24-hour mean systolic blood pressure decreased significantly while diastolic blood pressure showed a non-significant tendency to decline. The decreases in pressures were observed at daytime (8 AM–6 PM) and dawn (5 AM–7 AM). In 8 subjects with “white coat hypertension,” no significant blood pressure change was observed. The scientists suggested that red ginseng might be useful as a safe adjuvant to antihypertensive medications.

In 2006, scientists from the Faculty of Medicine, University of Toronto, conducted the first-known randomized controlled trial (RCT) of the long-term effect of North American ginseng on blood pressure and kidney function.5 After a 4-week placebo run-in, 52 participants were given 3 g/day of ginseng or placebo for 12 weeks. This was followed by an 8-week washout and a subsequent 12-week period in which the opposite treatment was administered. 37 participants completed the trial (15 were removed from the study for unrelated reasons). The 12-week ginseng treatment was associated with no effect on all ambulatory BP parameters compared with placebo. Ginseng also did not affect serum cystatin C level (a sensitive, highly sophisticated test of kidney function). The scientists concluded that “Overall, long-term ginseng use had no effect on 24-hour BP and renal function in hypertensive individuals.”

More recently, scientists from the University of Zagreb, Croatia, conducted a study to evaluate the effect of American ginseng (AG) on arterial stiffness, as measured by augmentation index (AI), and blood pressure (BP), in type 2 diabetes patients with concomitant hypertension.6 In this study, 64 individuals with well-controlled essential hypertension and type 2 diabetes (22 Males, 42 Females, average age: 63 ± 9.3 years, BP: 145 ± 10.8/84 ± 8.0 mmHg, HbA1c: 7.0 ± 1.3%, fasting blood glucose (FBG): 8.1 ± 2.3 mmol/L) were given 3 g per day of AG or placebo for 12 weeks (in addition to their usual antihypertensive and anti-diabetic therapy). Compared to placebo, 3g of AG significantly lowered radial AI by 5.3% and systolic BP by 11.7% at 12 weeks, although there was no effect on diastolic BP. The scientists concluded that addition of AG extract to conventional therapy in hypertensive diabetics improved arterial stiffness and lowered systolic BP.

In February, 2014, scientists from the Shanghai University of Traditional Chinese Medicine in China, aware of ginseng’s popular use to treat cardiovascular complications in oriental countries, investigated the mechanisms underlying the purported vascular benefits of ginsenoside Rb3 (Rb3) (an active component of the ginseng herb) in hypertension.7 Testing Rb3 on human endothelial cells derived from renal arteries of hypertensive patients, the scientists reported that Rb3 led to increased nitric oxide (NO) bioavailability (this is the same effect of the ED drug, Viagra), and reduced oxidative stress, suggesting (conservatively) that Rb3-containing medicinal plants might be effective in curtailing oxidative stress and protecting endothelial function in hypertension.

Aside from ginseng’s potential antihypertensive effect, other studies have confirmed the anti-hypertensive activity of other herbal combinations such as Ginkgo biloba and berberine, both of which are included in RedGidity. Thus, while RedGidity is not a panacea, it has been shown to be a potentially useful medication for the treatment of hypertension.

Please consider the above scientific evidence as you decide whether or not to continue the use of RedGidity.

Sincerely,

Dr. Ward Dean

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Health Matters

LIFE enhancement Call 800-543-3873 Fax 775-267-1544 www.life-enhancement.com

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diabetic, and cognitive-enhancing effects of Korean red ginseng. In view of the abundance of studies reflecting the numerous benefits of the ingredients in RedGidity, and absence of adverse effects, I would disregard what I consider an erroneous caution on the label, and include RedGidity in my daily regimen (which I do) as well as that of your husband.

Ward Dean, M.D.

REFERENCES:

Ginseng Improves Whole Body Insulin Resistance

Korean red ginseng (Panax ginseng) has anti-diabetic effects in skeletal muscle according to research that goes back a decade. Yet the mechanism of why this is so has not been intensively investigated. A recent study was designed to investigate the effects of Korean red ginseng supplementation on muscle glucose uptake in high-fat fed rats. Sixteen rats were randomly divided into two groups: a control group with 8 rats and a Korean red ginseng group, also with 8. The ginseng group ingested red ginseng extract (1 g/kg, 6 days/week) mixed in water for two weeks.

After the treatment, plasma lipid profiles, and glucose and insulin concentrations were measured. The triglyceride and glucose transporter 4 (GLUT-4) levels were also measured in the skeletal muscle and liver. Furthermore, the rate of glucose transport was determined under a submaximal insulin concentration during muscle incubation.

Plasma free fatty acid concentrations were significantly decreased in the ginseng group. Liver and muscle triglyceride concentrations were also decreased in the experimental treatment group (compared to the control group). In addition, resting plasma insulin and glucose levels were significantly lower after Korean red ginseng treatment. However, muscle glucose uptake was not affected by Korean red ginseng treatment, as evidenced by the rate of glucose transport in the epitrochaealis muscle (near the elbow) under submaximal insulin concentrations.

These results suggest that while red ginseng supplementation could improve whole body insulin resistance and plasma lipid profiles, it is unlikely to have an effect on the insulin resistance of skeletal muscle, which is the major tissue responsible for plasma glucose handling.

REFERENCE
Ask Dr. Ward Dean

Erectile Dysfunction and Enjoys Sex
I am a 74-year old man with ED who enjoys sex. I do get erections sometimes, but they are soft. I was told to do the injections, but I don’t feel that is the answer. I am in very excellent health. I walk 4 miles a day, have a lot of energy, and look 10 years younger. My medications are:

Aggrenox: 25 mg (aspirin)/200 mg (dipyridamole)
Amlodipine besylate: 10 mg
Simvastatin: 10 mg

I need your help. Please give me some advice about the supplements I can take that would help my erection problem. It is driving me crazy.

JOE, Bellmore NY

Dear Joe,

Your question is not uncommon in men our age. Causes of ED are usually due to some degree of neurogenic, atherosclerotic or hormonal deficiency, or a combination. Although you indicated that you were in excellent health, it appears from your medications that you are being treated for several cardiovascular risk factors: hypertension (for which you are taking Amlodipine—a calcium channel blocker), hyperlipidemia (treated with Simvastatin), and risk for blood clots (the usual reason for taking Aggrenox, a combination of aspirin and dipyridamole [Persantine]—both platelet aggregation inhibitors).

Before initiating treatment for ED, we need to consider reversible causes, including potential side effects of your medications.

I don’t think there’s a problem with Aggrenox, but there may be questions about Amlodipine or Simvastatin. Although Amlodipine rarely causes ED, if you do an Internet search of “Amlodipine AND ED OR Erectile Dysfunction,” a number of anecdotal reports will pop up.

Likewise, the statin drugs aren’t commonly associated with ED, but a growing number of reports are emerging which indicate that Simvastatin and other statins may be a cause of ED.1–3 The best way to determine whether a drug is causing your ED would be to discontinue the medication for several weeks to see if there is any improvement—and then to “rechallenge” yourself with the medication to see if the problem recurs. Of course, make sure you discuss this with your physician before making any changes.

While you’re at it, I suggest you ask your physician to check your testosterone levels. If they are in the low or low-normal range, you might ask him to prescribe testosterone. I prefer injectable testosterone (cyponate or enanthate), usually 200 mg injected intramuscularly every 2–3 weeks. Alternatively, the topical creams or gels may also help, although I believe topical testosterone is not as effective as the injectable route.

Another approach in this regard, is Life Enhancement’s Tribulus Desire, which contains the herb, *Tribulus terrestris*, designed to naturally increase your testosterone. In a study conducted in Bulgaria, a *Tribulus* extract was given to eight apparently healthy men, ages 28–45, in a dose of 250 mg three times per day for five days. The testosterone levels increased, on average, threefold.4

There are several nutritional alternatives to *Viagra* and the other phosphodiesterase (PDE-5)-inhibiting drugs like *Cialis* and *Levitra*, all of which are designed to increase the production of endothelium-derived *nitric oxide* (NO), one of the most important signaling molecules in our bodies. Nitric oxide was designated “Molecule of the Year” by the journal *Science* in 1992, and a Nobel Prize in Physiology or Medicine was awarded in 1998 for its discovery. Unfortunately as we age, we lose our ability to produce NO. This puts us at risk for a host of conditions, including hypertension, atherosclerosis, myocardial infarction (i.e., heart attacks), stroke, Alzheimer’s disease, and *erectile dysfunction*.

One way to increase NO is to consume the nitric oxide-producing amino acid, *arginine*. The effect of oral arginine intake to improve erectile response was first investigated in animal models. Older rats supplemented with arginine demonstrated increased nitric oxide synthase activity and increased nitric oxide levels, which caused improved erectile response. The authors suggested dietary supplementation with arginine might lead to improved sexual performance in humans, as well.5

The first published evidence that oral supplementation with arginine might improve human sexual function came from a short-term study in 1994.6 The study showed a positive correlation between arginine supplementation and sexual performance and satisfaction.

These intriguing findings were supported by a more recent, larger study conducted at the Department of Urology and Nephrology at Tel Aviv University in Israel. Fifty men with confirmed erectile dysfunction were administered either a placebo or 5 g/day arginine for six weeks. Thirty-one percent of the subjects receiving arginine reported improvement and satisfaction in their sexual performance. In the placebo group, only 12% of the men noted improvement in sexual function.7 The percentage of patients reporting improved performance (31%) may not sound like an impressive number, but keep in mind that up to 50% of *Viagra* users report no benefit from taking this expensive prescription medication.

As one source of arginine, I suggest Life Enhancement’s *ProSexual Plus*, which offers a hefty 3000 mg of L-arginine per serving.

Unfortunately, the intestinal enzyme, *arginase* reduces the effectiveness of the conversion of oral arginine to NO.
by metabolizing arginine, reducing the amount that is available for conversion to NO. **Citrulline may offer a solution.** Citrulline is a semi-essential amino acid that is not found in the diet—it is synthesized in the body via a mechanism called the urea cycle (Fig. 1). It has recently been shown that oral citrulline supplementation increases the plasma arginine concentration and augments NO-dependent signaling in a dose-dependent manner. This provides the rationale for using oral citrulline supplementation as a donor for the arginine/NO pathway in those with ED.

In a study in the journal *Urology*, researchers tested the efficacy and safety of oral **citrulline** to improve erection hardness in patients with mild ED. In this study, 24 men with mild ED [erection hardness score (EHS) of 3] received a placebo for 1 month, followed by citrulline, at 1.5 g/day split into two doses, for another month. At the end of the study, 12 (50%) of the 24 men reported achieving an EHS of 4 (an EHS of 3 is considered “hard enough for penetration but not completely hard,” while an EHS 4 is “completely hard and fully rigid”). Thus, citrulline increased hardness by 50%. In addition, citrulline increased successful intercourse connects by 56% more than placebo, and all patients whose EHS improved from 3 to 4 reported being “very satisfied.” Life Enhancement’s *Inner Power* contains 500 mg of citrulline per serving.

Perhaps the most effective way to increase nitric oxide has recently become available. It is a patent-pending combination of natural products, developed at the University of Texas Health Science Center, in Houston, Texas, called Neo-40. Neo-40 is primarily a combination of nitrate-rich *beet root*, and nitrate reductase activity-enhancing Hawthorn Berry extract, plus a relatively small amount of citrulline.

Preliminary clinical studies at the Houston Institute for Clinical Research indicate that Neo-40 has demonstrated clinically relevant increases in NO and serum nitrate concentration, improvement in triglyceride levels, and normalization of blood pressure in hypertensive patients. Anecdotal reports from my patients who have used Neo-40 also include rapid relief from angina attacks, and Viagra-like enhancement of sexual performance.

Another approach to improving erectile dysfunction is the time-honored multi-purpose herb *Ginkgo biloba extract* (GBE). In a 1991 study, fifty patients with proven arterial erectile impotence were treated with 240 mg of GBE daily for nine months. The patients were divided into two groups. The first group had achieved sufficient erections with intracavernous papaverine injections before beginning treatment with GBE. The second group had not achieved sufficient erections with high-dose papaverine injections.

In the first group (n = 20), all patients regained spontaneous and sufficient erections after six months of oral GBE treatment. Arterial flow rates were actually improved after three months and continued to improve at six months. Rigidities at the penile tip and base were significantly improved after six months and remained constant during the nine month duration of the study.

In the second group (n = 30) (this was the group that did not respond to high-dose papaverine injections—i.e., a very severe state of ED), improved arterial penile flow rates and rigidities were noted at six and nine months. Nineteen patients, responded to intracavernous PGE1 following GBE treatment. Of these 19 patients, 9 required a minimal dose of 5 mcg PGE1, while the other 11 required a maximal dose of 20 mcg. The remaining 11 patients remained impotent.

Thus, it appears that *Ginkgo biloba* extract at a dose of 240 mg per day may also greatly assist those with ED.

I would be remiss if I did not include the time-honored, traditional aphrodisiac, Korean Red Ginseng. Although this herb has been honored for thousands of years, scientists continue to study its properties, generally confirming its libido and performance-enhancing properties. For example, in a double-blind, placebo-controlled study, 45 men with moderate to severe erectile dysfunction had found improvement in their scores on erectile performance and sexual satisfaction after treated with three times daily doses of 900 mg Korean red ginseng for 8 weeks. A similar study on 60 men with erectile dysfunction also reported marked improvement in erectile function including rigidity, penetration, and maintenance of erection after taking Korean red ginseng (1000 mg) three times daily for 12 weeks.

In summary, I recommend evaluation of testosterone levels, and replacement, if appropriate, or using Tribulus *Desire*. Arginine (3–5 gm per day) and Citrulline (1.5 gm per day), Ginkgo biloba (240 mg per day), Red Ginseng (as in RedGidity) 900–1000 mg per day. I don’t recommend starting everything at one time—rather, begin with one nutrient at a time, and add other nutrients in sequence so you can tell what is (and is not) working.

Ward Dean, M.D.

**REFERENCES**


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**Fig. 1. The Urea Cycle.** In this metabolic pathway, arginine is catalyzed by the enzyme arginase to urea and ornithine. Ornithine, in turn, is converted to citrulline, which is converted to argininosuccinate, which is converted back to arginine, completing the cycle.


FIRM UP YOUR SEX LIFE WITH KOREAN RED GINSENG

Ancient herbal remedy can enhance erectile function and sexual satisfaction

By Dr. Edward R. Rosick

In 1998, the pharmaceutical company Pfizer introduced a new medication called Viagra®. Within a year, this small blue pill racked up sales of over 1 billion dollars, and its popularity is still going strong. It is estimated that over 4 million men in the United States take Viagra on a regular basis (many women do too). Because of its popularity—and, therefore, its ability to generate enormous profits for Pfizer—other drug companies are working around the clock to develop drugs similar to Viagra. TAP Pharmaceuticals plans to introduce Uprima®, to compete with Viagra, early in 2003.

The reason that Viagra is such a bonanza for Pfizer (besides an aggressive, ongoing, multimillion-dollar ad campaign) is that this prescription drug revolutionized the treatment of impotence (which is called erectile dysfunction by those who lack the courage to speak plainly). In the United States, it’s thought that at least 30 million men suffer from impotence.

Achieving Erections Is Hard Work

The physical and biochemical processes involved in achieving and maintaining an erection are complex, which is one of the reasons it took drug companies decades to come up with a product such as Viagra. In simplified terms, here is what happens. The first spark in the erection process occurs in the brain (the number one sex organ), which sends nerve impulses to the penis to get things going. The action begins with the production of nitric oxide (NO) from the amino acid arginine. NO, a vitally important neurotransmitter, penetrates the outer membranes of almost all cells in the human body, and it helps regulate many cellular functions.

In the smooth muscle cells of the penis, NO stimulates the production of a compound called cyclic GMP, which causes these cells to relax. This allows copious amounts of blood to enter and engorge the penis (in a specialized area called the corpus cavernosum), which obligingly stiffens as a result. Voilà—an erection. To ensure that the erection doesn’t last too long, however (believe it or not, that can be quite uncomfortable and even dangerous), the smooth muscle cells of the penis also contain phosphodiesterase (PDE), an enzyme that breaks down cyclic GMP. When this happens, the excess blood drains from the penis, and the erection wilts.

Knowing the mechanism just described, one can imagine several ways in which an erection could be induced and maintained for longer periods of time. The way Viagra exerts its biochemical magic is by inhibiting the action of PDE, thereby allowing cyclic GMP in the penis to remain at high levels. Because of this, the blood doesn’t drain out, and the erection lasts longer. Uprima, the first prescription drug to compete with Viagra, works earlier in the process by amplifying the brain’s erection signal to the penis.

Viagra Is Not for Everyone

Although many men may view Viagra as second-best only to getting a drink from the fountain of youth, the fact is that this drug is not for all men—even those who are impotent. First of all, it is not 100% effective: some studies show a failure rate of 40–50%. Second, Viagra is expensive: most pharmacies charge between 9 and 10 dollars per pill! Viagra is also not without side effects, some quite serious. A significant percentage of men who use this drug experience headaches, facial flushing, and upset stomach—none of which goes particularly well with sex.

For men who don’t want to pay $300 a month for Viagra, there is a safe, natural alternative known for at least 5000 years.

For men who have heart problems and are taking any kind of medicinal nitrates (such as nitroglycerin for chest pain), Viagra’s side effects can be much more serious, with death being a very real possibility. Uprima also has some significant side effects, including nausea, vomiting, and blackouts—and women just don’t take kindly to such things during intimate moments.
Ginseng is the name given to at least three different plants that are used as “tonics”—substances to strengthen the body and regulate stress. The most widely used ginseng is Panax ginseng, variously known as Asian, Chinese, or Korean ginseng. American ginseng, Panax quinquefolius, is also considered a true ginseng. Siberian ginseng, however, is not a true ginseng but a closely related plant, Eleutherococcus senticosus.

Even though all three ginsengs are used as tonics, herbalists and others familiar with herbal remedies tend to use them for different purposes. Korean ginseng is considered to be the most potent or stimulating type of ginseng. In traditional Chinese medicine, Korean ginseng is said to have more yang energy (yang and yin represent all the opposing properties in the universe, such as male and female, active and passive, hard and soft, hot and cold, stimulating and sedating, etc.). American ginseng, on the other hand, is said to be more yin in nature and is used for people who feel worn out because of a high-stress environment. Siberian ginseng, like Korean ginseng, is seen as having more of a yang nature and is often used to increase a person’s endurance and stamina.

Recent scientific studies have shed some light on the different natures of the two true ginsengs. Korean ginseng has been shown to contain more Rg1 ginsenosides, which have more stimulating effects, whereas American ginseng has a higher percentage of Rb1 ginsenosides, which have more sedating effects.

With so many men suffering from impotence, prescription drugs such as Viagra will continue to make millions of dollars for their pharmaceutical creators, no matter how outrageously priced they are or how unpleasant the possible side effects. However, for men who don’t want to pay $300 a month for Viagra or who are on nitrates and don’t want to pay with their life for a night of fun, there is a safe, natural alternative that has been known for at least 5000 years.

**Ginseng—A Natural Prosexual Herb**

Ginseng, often called the “king of herbs,” has been used in the Far East since antiquity. Chinese inscriptions representing ginseng have been found on bones and tortoise shells that date back to about 3000 B.C., and the earliest record of its being prescribed for medicinal use dates from about 500 A.D. For at least that long, people in China, Korea, and other regions of the Orient have used this remarkable herb to increase stamina, decrease fatigue, and give a boost to their libido.* Now research on the biochemistry of ginseng and on its effect on human sexuality is showing that these ancient tales are well founded in scientific fact.

*Ginseng’s biological activity is found in extracts of the root of the plant. Owing to the root’s oddly characteristic two-legged shape, and the effects that the extract has on men, ginseng is often called “manroot.”

**Korean Red Ginseng Works in Men Too**

Of course, as good as a supplement (ginseng or any other) may look in the laboratory, no significant claims...
should be made about it until it is tested in humans. Fortunately for men who are interested in taking Korean red ginseng for impotence, such tests have recently been conducted, and the news is all good.

A recent study done in Korea examined the effects of KRG in 45 men (average age 54) who had documented impotence, defined by the authors as the “persistent inability to achieve and maintain an erection sufficient for normal sexual satisfaction.” All the men underwent a rigorous, week-long baseline medical evaluation, including testing of their erectile function (or lack of it). They were then randomly selected to take either 900 mg of KRG or placebo three times a day for the next 8 weeks (the study was double-blinded, so no one knew who was getting what). There followed a 2-week “washout” period during which none of the men received any pills. Then there was another 8-week testing period during which the men who had initially received the KRG were put on placebo, and vice versa. In this way, each man served as his own control—a technique called crossover.

Significant Improvement in 60% of Men
The results of this study showed that Korean red ginseng lives up to its reputation as a prosexual herb. A full 60% of the men taking KRG reported a significant improvement in achieving and maintaining an erection (this percentage is comparable to that of Viagra). Furthermore, the men who took KRG reported higher scores for sexual desire and satisfaction in intercourse.

Interestingly enough, there was no difference between KRG and placebo when the men were asked about orgasmic function. The researchers, while admitting that the number of patients in the study was small and that further studies are needed, nonetheless concluded, “Considering that some patients with erectile dysfunction are reluctant to depend on a drug to achieve erection, Korean red ginseng could be used as an alternative remedy with its multiple beneficial effects on health.”

**Korean red ginseng lives up to its reputation as a prosexual herb.**

**A full 60% of the men taking KRG reported a significant improvement in achieving and maintaining an erection.**

Korean Red Ginseng—An Ancient Herb for the Modern Man
Impotence is a common yet still too often ignored problem in men. Although drugs such as Viagra undeniably help many men with this affliction, the high cost, as well as the unpleasant side effects, are obstacles to many others, who are left with the feeling that they have lost a vital part of their life. For these men, and for others who desire the benefits of Korean red ginseng for whatever reason, this ancient herb may be just the boost they need to be able to rise up each day with a smile on their face.

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**EJACULATION AND ORGASM—TWO PARTS OF ONE WHOLE?**

Most men (and most women), if asked what the difference is between male orgasm and ejaculation, would probably say they’re the same thing. After all, for the vast majority of men, the one doesn’t occur without the other. Yet the surprising fact is that ejaculation and having an orgasm are two different things, and they do not necessarily go together.

Ejaculation—the release of semen—is a purely reflexive action. Men who have suffered severe spinal cord injuries that left them in wheelchairs can ejaculate without having an orgasm; in fact, they can ejaculate without having any sensations at all. Orgasm—that overwhelming sensation to which no words can do justice—is associated with rhythmic contractions of the pubococcygeal muscles, located in the pelvis, and represents the sudden release of accumulated sexual energy and tension.

In Western culture, an orgasm with ejaculation is generally seen as the culmination of sex. In many Far Eastern cultures, however, it has long been known (and taught) that orgasm and ejaculation are not one and the same thing. Men who learn to separate the two are able to have multiple orgasms throughout their lovemaking activities while maintaining a firm erection. While this might strike some as New Age nonsense, the noted sex researchers Alfred Kinsey, William Masters, and Virginia Johnson all came to realize that ejaculation and orgasm are indeed two separate parts of one pleasurable whole.
If you want to stay current with the latest practical scientific health news, it would be wise to make it a practice to read Life Enhancement magazine, a monthly periodical available at www.life-enhancement.com. In its pages you will encounter articles that take you into the future of what you can do now to slow the aging process! It will free you from the shackles of conventional wisdom.

Featuring the research and writings of the provocative life extension researchers Durk Pearson & Sandy Shaw, along with publisher Will Block’s salient longevity articles, and Dr. Ward Dean’s insightful how-to longevity column, Life Enhancement will help to insure that your health future transforms to one that is robustly optimistic and justifiably so.

Longevity escape velocity is a term used in the life enhancement/life extension movement to represent the time in the future when life expectancy is being increased faster than time is being expended. But hypothetical or not, it is currently true that each year we live expands our lifespan. The expansion may only amount to three or four months now, but with the changes that are occurring in the health sciences—of which we can take advantage—the rate of expansion is accelerating.

This goal of longevity escape velocity—the point when our life is moving faster than the approach of age-related degeneration and death—is not merely to remain healthy but to achieve more healthfulness than we have ever known. If a new technology can give you 10 extra years of healthy life, then you could benefit from the end results of another 10 years of added medical research and development. Thus, those end results will extend your healthy life span again, and so on. If medical technology advances rapidly enough—as the law of accelerating returns predicts—then your life span will no longer be limited by disease and aging; you will have beaten the curve.

And that is what Life Enhancement can help you to do. Read it as your first source of practical scientific health news. Don’t wait for your physician to hear about it.

Life Enhancement