

Clitoris to Brain Connection

Have we found the Neurotransmitter?

Arousal may begin in the amygdala, with infusions of testosterone and with clitoral stimulation. Measurement of arousal and orgasm may be as simple as a saliva or serum assay for the 'love' hormone, oxytocin.

Honeymoon Cream™ and Oxytocin

Independent clinical studies show that topical application of Honeymoon Cream™ raises the serum oxytocin levels 50% above 'old' orgasm levels and 60+% 20 minutes later. Another product offers a unique delivery system that bypasses the blood-brain barrier sending oxytocin levels 'skyrocketing.'



Dealing with Pelvic Pain

The most severe pelvic pain of endometriosis was relieved by Lichten's protocol of anabolic steroids that indirectly increased testosterone and blocked xeno-estrogen's high SHBG levels. From abstinence for 2 years to active sex and orgasm took 4 weeks. <http://theEndoCure.com>

I.R.B.: Putting it all Together

We invite those interested in treating HSDD in heterosexual, lesbian and MTF transgender individuals to participate in an I.R.B. protocol that measures hormone, serum and saliva oxytocin levels at rest, at orgasm and 20 minutes later on day 3, 14 and 23 of each cycle.

I.R.B. Phase I and Phase II

Psychological and Hormonal Evaluation

- 1) negative effects of hormone contraception
- 2) repeat in ovulatory cycle off hormone agent

Post I.R.B. Retrospective Chart Review

- 3) With unique Honeymoon Cream™
- 4) With unique oxytocin delivery system

The actual total cost of the study will be \$7500 or more for each patient to be performed on 3 days/ cycle in each of the 4 arms. A minimum of 50-75 contraception-using patients drives the cost to greater than \$500,000. Investigators wishing to participate are invited to communicate their interest and institutional financial commitment to funding 10 of their women to complete each of the 4 phases.

CODE for WEB SITE: IASR

YOUR NAME: _____

AFFILIATION: _____

Email: _____

TELEPHONE: _____

Contact Dr. Lichten Cell: 248.420.8726

The Pharmacology of Hypoactive Sexual Desire Disorder



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Poisoning Our Environment

For the last 60 years, manmade chemicals called Endocrine Disrupting Chemicals (EDCs) have been dumped into our environment and ourselves at an alarming and exponential rate. Originally intended to fatten our livestock, these xeno-estrogens are not only fattening us up, causing diabetes in one of three children, but, also destroying our natural desire and enjoyment of sexual relations. Bisphenol-A, DDT, Dioxin, and hormonal contraception (most scathing of all), leave only 7% of middle-age couples enjoying sex. Young adults having the most exposure, are most dissatisfied; they are miserable and in search of answers which we professionals have not been able to answer.

PHARMACOLOGY NOW EXISTS TO TREAT ALL ASPECTS OF H.S.D.D.

Sexual dysfunction disorders

Sexual dysfunction disorders may be classified into four categories:

- Sexual desire disorders
- Arousal disorders
- Orgasm disorders
- Pain disorders

Sexual Desire Disorders

Testosterone is the Hormone of Desire stated Dr. Suan Rako in her 1996 best seller. While testosterone creams have been used for more than 50 years to increase both a woman's and man's libido/ desire, the medical literature has not found testosterone levels to be a consistent biomarker. This is because the xeno-estrogens increase the Sex Hormone Binding Globulin (SHBG) which reduces the bioavailability of testosterone. The biomarker used is the Free Androgen Index (FAI): total testosterone/ SHBG ratio from Burke & Anderson, SHBG is an Oestrogen Amplifier, in *Nature* 1972.

Testosterone & Anabolic Steroids

Sherwin and Gelfand in Montreal in the 1980s confirmed that testosterone increased desire, arousal and orgasm even more than estrogen in menopausal women. Hormonal contraception is seemingly linked to the profound frustration reported in young women suffering from HSDD.

Hormonal contraception act as estrogens that directly suppress pituitary release of FSH/ LH prohormones: They decrease testosterone and increase SHBG. FAI drops by 5 to 10-fold.

Supplementing testosterone and suppressing SHBG not only increases both a woman's and man's desire, arousal and shortens time to a more intense orgasm-- it is key to treating medical disorders of diabetes, heart, Crohn's, endometriosis and inflammatory diseases.

Endocrine Hormonal Evaluations

"You are only as old as your Hormones"

Lichten in Textbook of Bioidentical Hormones delineates a comprehensive list of basic blood tests <http://www.usdoctor.com/labtests> to screen for metabolic disease at less than \$400.00 in US cost. Optimal biological health is necessary to achieve sexual health. LEF labs copy omits IGF-1, SHBG, insulin and RT3. Sexual health starts concurrently with bio-identical total body hormonal replacement to healthy levels. In taking a women's history, special note is made of hormonal events: onset of menstruation, menopause, childbirth, starting/ stopping hormone contraception, pregnancy, loss of sexual interest, orgasm, pain as well as depression and anxiety status.

Topical Testosterone for Women Only

For more than 50 years, gynecologists have prescribed compounded 0.2% testosterone to the vagina for arousal, libido, better orgasm, to treat vaginal dryness and local pain. For the simple forms of HSDD, try this first. Men's 2% testosterone gel raises estrogen levels in men without offering the benefits of injectable testosterone. Testosterone 2% on the clitoris causes uncomfortable swelling and avoidance pain. Our initial therapy for women (and men) includes anabolic steroids injections. Positive responses bring patients back to be educated in treating the *CAUSES* and avoiding the prescriptions that only address *SYMPTOMS*.