

## **Title:**

**Preliminary results of the medically designed combination of pro-hormones and pro-sexual nutrients and their influence on male sexual desire, power, pleasure & passion.**

## **Abstract:**

ExtenZe (ambesium labidrol), is a proprietary medically designed formulation compounded with the objective of improving male sexual function. A limited initial pilot study was performed to obtain information of the effectiveness of the formulation and provide the basis for the design of future studies.

A group of 20 volunteers were given one tablet daily for eight weeks and a number of physical and perceptual assessments were performed. The process of participant selection started with advertisements in local papers. Specified criteria as to gender, age and sexual interest were integrated in the randomized selection development. This study was conducted in a private clinical medical setting. Based on the results of these assessments, the formulation appears to have some effectiveness.

## **Literature Review**

Sexual function is a fundamental part of a man's identity and how he feels about himself. A man's sexual health (or dysfunction) has also been found to be a key factor in determining the capacity for maintaining healthy relationships. Erectile dysfunction (ED), in its different forms, however, threatens this, and is thus an increasingly important topic. In fact, the cost for various interventions can be staggering both fiscally (Tan, 2000) and psychologically (Moore, Strauss, Herman & Donatucci, 2003) and have a considerable impact on quality of life (Sanchez-Cruz, Cabrera-Leon, Martin-Morales, Fernandez, Burgos, & Rejas, 2003; Shirai, Sakimoto, Ishii & Iwamoto, 2001). ED spans the world over, especially in older men and risk factors for ED overlap significantly with those for cardiovascular disease, sleep apnea and complications from endothelial dysfunction (Arruda-Olson, Olson, Nehra, & Somers, 2003).

According to the most recently published literature, more than forty million men in the U.S. suffer from low levels of testosterone (Bunch, Abraham, Wang, & Meikle, 2002) which in turn can lead to ED. Other symptoms, such as general fatigue, depression (Nurnberg, Seidman, Gelenberg, Fava, Rosen, & Shabsigh, 2002; Okulate, Olayinka, & Dogunro, 2003; Shabsigh, Zakaria, Anastasiadis, & Seidman, 2001) may be attributed to the normal ageing process but also ED (Bacon, Mittleman, Kawachi, Giovannucci, Glasser, & Rimm, 2003). In addition, it has been shown that chronic illness (Marumo & Murai, 2001), obesity (Chung, Sohn, & Park, 1999), diabetes (De Berardis, Franciosi, Belfiglio, Di Nardo, Greenfield, Kaplan, Pellegrini, Sacco, Tognoni, Valentini, & Nicolucci, 2002) hypertension (Burchardt M, Burchardt T, Baer, Kiss, Pawar, Shabsigh, de la Taille, Hayek, & Shabsigh, 2000), cardiovascular disease (Tan & Pu, 2003)

cigarette smoking (Mirone, Imbimbo, Bortolotti, Di Cintio, Colli, Landoni, Lavezzari, & Parazzini, 2002). Other studies mention prolonged stress, physical inactivity, and regular consumption of alcohol as factors that also may play a role in the development of ED. Additionally; studies evaluating the prevalence of antidepressant-associated ED (Rosen & Marin, 2003) have found that ED in patients on antidepressant therapy may occur in up to 90% of men who experience antidepressant side effects.

A longitudinal study looking at the incidence of erectile dysfunction in men 40 to 69 years old showed that the rate for ED was 25.9 cases per 1,000 man-years (95% confidence interval [CI] 22.5 to 29.9). The annual incidence rate was found to increase with each decade of age and was 12.4 cases per 1,000 man-years (95% CI 9.0 to 16.9), 29.8 (24.0 to 37.0) and 46.4 (36.9 to 58.4) for men 40 to 49, 50 to 59 and 60 to 69 years old, respectively (Johannes, Araujo, Feldman, Derby, Kleinman & McKinlay, 2000). Their research also suggested that the risk of ED could be estimated at about 26 cases per 1,000 men annually, and expected to increase with age, lower education, diabetes, heart disease and hypertension.

Another study evaluating a community-based sample of men 50 to 78 years old found that the prevalence of significant erectile dysfunction (defined as erections of severely reduced rigidity or no erections) increased from 3% in men 50 to 54 years old to 26% in men 70 to 78 years old and the prevalence of significant ejaculatory dysfunction (as defined by ejaculations with significantly reduced volume or no ejaculations) increased from 3% to 35% (Blanker, Bosch, Groeneveld, Bohnen, Prins, Thomas & Hop, 2001). Interestingly, the researchers found that, generally, the men were more concerned about erectile dysfunction than about ejaculatory dysfunction. Within the 70 to 78 year age group, most men had no or only little concern about their dysfunction and the men who reported being sexually active declined with increasing age and was lower in men with ED and in men without a partner.

In a cross-national community-based study evaluating the prevalence of ED in Brazil, Italy, Japan, and Malaysia, Nicolosi, Moreira, Shirai, Bin Mohd Tambi, & Glasser (2003) ED was assessed, using self-reported data, as a subject's "ability to attain and maintain an erection satisfactory for sexual intercourse." Results indicated that the age-adjusted prevalence of moderate or complete ED was 34% in Japan, 22% in Malaysia, 17% in Italy, and 15% in Brazil. The data also showed that the overall age-specific prevalence of moderate or complete ED was 9% for men aged 40 to 44 years, 12% for 45 to 49 years, 18% for 50 to 54 years, 29% for 55 to 59 years, 38% for 60 to 64 years, and 54% for those 65 to 70 years. As in other studies, they also found that there was an increased risk of ED associated with diabetes, heart disease, lower urinary tract symptoms, heavy smoking, and depression; however their study found that it was inversely associated with education, physical activity, and alcohol drinking.

Other studies have looked at the relationship between ED and its relationship to depression, alcohol abuse and panic disorder (Okulate, Olayinka, & Dogunro, 2003). They found that among those men identified as having ED, 10% were depressed, 10.3% had alcohol problems and 0.6% had panic disorder. This study that age and depression

were found to be good predictors of erectile dysfunction but not alcohol abuse and panic disorder.

In a study evaluating the prevalence and severity of sexual dysfunction in combat veterans with and without post-traumatic stress disorder (PTSD), Cosgrove, Gordon, Bernie, Hami, Montoya, Stein & Monga (2002) found that patients with PTSD had decreased scores on overall satisfaction and orgasmic function, and showed trends toward less satisfaction with intercourse or erectile function although there was no statistically significant difference in sexual desire. Results indicated that the rate of erectile dysfunction was 85% in patients with PTSD and 22% in non-PTSD subjects suggesting that combat veterans with PTSD experience a significantly higher rate of sexual dysfunction than do veterans without PTSD. Although this research only evaluated the combat veteran population, it is important to consider these findings in relation to victims who experience other forms of trauma and its impact on emotional and sexual functioning.

Another study, evaluating the assessment of andropause awareness and ED among married men in Ile-Ife, Nigeria (Fatusi, Ijadunola, Ojofeitimi, Adeyemi, Omideyi, Akinyemi & Adewuyi, 2003) demonstrated a high level of misconception about andropause with 38.9% indicating that it is a myth, and another 23.6% attributing it to various causes other than being a natural aging process. These authors stressed the importance of educating the population about the ageing process and its relationship to male reproductive and sexual health.

Cerqueira J; Moraes M; Glina (2002) conducted a study looking at the prevalence of ED and associated variables in patients with chronic renal failure. This study looked at age, education, income, race, period of dialysis, period of complaints of ED, etiology of ED, use of erythropoietin, presence of arterial hypertension and/or diabetes mellitus, use of antihypertensive drugs, use of cigarettes, and psycho-emotional state of the patients. A multivariate analysis showed that the prevalence of ED in this population was 57.9% and the main variables associated with ED were age, psycho-emotional state, and levels of HDL-cholesterol suggesting that factors such as age, anxiety and depressive complaints, and dyslipidemia seem to play an important role in the origin of erectile dysfunction in such patients.

Breau, McGrath, & Norman (2003) assessed the role of utilizing self-help issues for patients with prostate cancer, interstitial cystitis, ED and urinary diversion. Results showed that patients with interstitial cystitis and ED reported having the greatest need but were least satisfied with the level of support and information they received. Inversely, patients with prostate cancer reported having the least need and were most satisfied with the self-help resources. The use and awareness of self-help measures were low in all groups but it was speculated that this lack of utilization was likely due to a low percentage of patients being referred to self-help by their physicians.

Although the majority of the literature review has focused on the prevalence, etiology and precursors of factors that may lead to ED, there is enough evidence to suggest that sexual functioning will decrease as part of the normal ageing process. It is to this issue that the focus of the current study is intended. While there are various forms of treatment available, more and more individuals are seeking alternatives to doctor-regulated pharmaceuticals. Multiple factors such as depression, pelvic surgery, negative mood, lack of self-esteem, problems with relationships, or just inadequate sexual experience can impact the actual *desire* for sex. Although a few men are actually seeking help, and not every man be a candidate for (symptomatic) or need medical treatment. However, they may consider and over-the-counter alternative.

Health food stores and the Internet are filled with products boasting claims of increasing sexual performance and penile growth. Since there has been very little hard science to validate these claims the following study was created to evaluate the effectiveness of the ingredients in ExtenZe and its effect on sexual functioning and sexual desire in a non-pathological sample. **ExtenZe is designed to address sexual dysfunction secondary to the NORMAL ageing process, not medical pathology or illness)**

## The Current Study

ExtenZe (aunctus philtrum), is a unique over-the-counter formulation that was designed from a variety of pro-hormones and pro-sexual nutrients that have been touted to promote sexual health and well-being for centuries. It was created as a non-prescription pro-sexual herbal and male sexual pro-hormone supplement to enhance sexual health and vitality and well as increased sexual desire. We hypothesized that in addition to promoting sexual health and sexual performance, the added sense of well-being would have an effect on *desire* for sex.

Since the market is flooded with herbal supplements, claiming amazing results that are physically and physiologically impossible to achieve, it was our intent to document authentic, experienced results on sexual intimacy from a clinical perspective. The study objective was to determine if ExtenZe improves sexual functioning as defined by physical and perceptual self evaluations. The following is an overview of the ingredients that are included in this product.

### Tribistol

Tribistol, the active ingredient in tribulus terrestris, has been demonstrated to increase the secretion of lutenizing hormone. Research suggests that the lutenizing hormone stimulates the release of testosterone, and LH enhances the level of testosterone production (Adaikan, Gauthaman, Prasad & Ng, 2000; Li, Shi, Xiong, Prassin, Tezuka, Hareyama, Wang, Tanaka, Namba, & Kadota, 1998). It has been used for centuries in Chinese medicine to treat a variety of ailments including premature ejaculation, low libido, and male infertility.

### DHEA

DHEA, is the precursor for estrogen and testosterone, which have been reported to decrease with the aging process (Morales, Nolan, Nelson & Yen, 1994). Research shows

that cortisol, the stress hormone, is elevated in major depression. DHEA has been found to counteract cortisol. DHEA supplements help those who have adrenal deficiency and low levels of DHEA (Araghinikam, Chung, Nelson-White, Eskelson & Watson, 1996; Yen, Morales, & Khorram .....**NEED DATE**) . The benefits from DHEA supplements (in those who are deficient) include improved sense of wellbeing, more alertness and stamina, and enhanced sexual interest and enjoyment.

### **Korean Ginseng**

Korean Ginseng is classified as an *adaptogen*, and it is said to promote longevity, vitality, and act as aphrodisiac and sexual tonic. Research studies have found a slight connection between sex drive and consuming ginseng, although a direct link and the mechanism of action are still unknown (Murphy & Lee, 2002). Moreover, some tests with lab animals and ginseng have shown that Korean ginseng promotes the growth of male reproductive organs, increases sperm and testosterone levels, and increases sexual activity in laboratory animals. In general, scientists believe the link between ginseng and sex drive is due to ginseng's effect of strengthening overall health and balancing the hormonal system. A caution about Ginseng is that caffeine products or other stimulants should be avoided as they may potentate the effects of Ginseng.

### **Tongkat Ali**

Tongkat Ali (*Eurycoma longifolia*) has an ancient reputation as an aphrodisiac in Malaysia and Indonesia, where it's known as Pasak Bumi. Its name means "Ali's staff or walking stick" in reference to its effects on male sexuality. **Need to say more about this one and add reference.**

### **Eurycoma Longifolia Jack**

Research has shown that *Eurycoma Longifolia Jack* contains several phytochemicals that support healthy testosterone levels required for healthy male sexual functioning. It also said to promote sexual health and sex drive in men and increase mental alertness. **Need to say more about this and add reference**

### **Yohimbine**

Yohimbine has been approved by the FDA as a vasodilator and for treatment of male impotence, whether due to vascular problems, diabetes, or psychogenic causes. It is has been said that the natives of West Africa used yohimbe for centuries to help promote love as well as war. It is also believed that Africans used yohimbe during fertility ceremonies as a means of increasing libido, enhancing penis size and improving sexual performance. Research has also demonstrated its use in the treatment of ED (Ernst & Pittler, 1998; Morales, Condra, Owen, Surridge, Fenemore & Harris, 1987; Riley, 1994; Sonda, Mazo, & Chancellor, 1990; Vogt, Brandl, Kockott, Schmitz, Weigand, Schadrack, & Gierend, 1997). Scientific studies on yohimbe conducted since the 1930s have confirmed that the herb has definite effects on aspects of sexual performance and have confirmed its ability to increase blood flow to the penis and cause "erectile stimulation."

## **Zinc**

Another recent finding is that zinc deficiency changes the sequence in which seminal secretions are ejaculated. The secretions from the seminal vesicle, which are usually ejaculated last, are released along with the sperm instead. Lack of zinc may cause swelling of the prostate gland, which will slow sperm traveling up from the testes. This swelling will also slow the release of prostatic secretions. **Need to say more about this and add reference**

## **Method**

### ***Subject Selection***

Subjects were solicited through local newspaper ads. The goal of this study was to obtain at least 25 participants of which 20 completed the eight week study (n=20). Inclusion criteria included gender (male only), between the age of 18 and 65 and participants must have agreed to be reached by phone for the weekly evaluation of each measured variable. The study required a commitment of at least 8 weeks participation. Subjects were also required to meet with primary researcher in person at week one and at week eight at a private clinical setting.

Exclusion criteria included: 1) severe hypertension (whether or not pharmaceutically controlled) and 2) medically diagnosed impotence due to physical/medical conditions. Both criteria requirements were reviewed by a medical doctor.

Participants were instructed to take one tablet of ExtenZe daily, at the same time each day to achieve a more controlled **day to day** level. Each subject received two bottles of ExtenZe, and an availability day and time was agreed upon. To increase the likelihood of compliance with the research design requirements, a one year supply of ExtenZe was offered to each participant as incentive to complete study.

## ***Measures***

### **Questionnaire**

Subjects were given a series of 13 questions to answer each week. Criterion Validity of questions was assessed under three sub headings: 1) Sensuality/Energy, 2) Size/Strength/Performance, and 3) Overall Sexual Health Evaluation. Limited to 7 day intervals, ratings were documented utilizing the Likert scale from one to ten. Results were obtained weekly (past seven days) through phone conversations using the same 13 questions at each time.

#### **A. Sensuality/Energy**

Under **heading one**, Sensuality/Energy, the following four questions were considered:

- 1.) How many significant events have you had in the last week? (Events are intercourse, masturbation, oral sex, anal sex)
- 2.) How many times did you masturbate in the last week?
- 3.) How often did you respond to sexually erotic content last week? (Including all forms of media, internet, personal encounters)
- 4.) How often did you sexually fantasize last week?

## **B. Size/Strength/Performance**

**Heading two**, Strength/Performance,

The following six questions were considered under heading two:

- 1.) State your confidence in being able to achieve and erection?
- 2.) How much stimulation did it take to achieve and erection?
- 3.) How firm were your erections?
- 4.) How satisfied were you with your erection?
- 5.) How often did you maintain an erection throughout the sexual event?
- 6.) Rate the pleasure associated with sexual events in the last week?

## **C. Overall Sexual Health Evaluation**

**Heading three**, **Sexual Health Evaluation** The following three questions were considered:

- 1.) How satisfied were you with your sexual performance last week?
- 2.) How satisfied have you been with your sex life as a whole?
- 3.) Give us an estimated overall percentage of improvement since taking ExtenZe.

The psycho-somatic effect of taking such sexual enhancement drugs was taken into consideration and during questioning; attention remained focused on each participant's *perception of improvement*. This phenomenon has been studied in a multitude of drug regimen studies (for example, medication taken to lower blood pressure) and is a foreseen and positive variable. Each morning, while taking the medication, subjects were asked to monitor their thought process of such control and document level of stress. It works in the participant's favor. ... (explain what we mean by this)

## **Penile Measurements**

Penile measurements were also documented at intervals of week one, week two, month one and month two. During the first interview, participants were asked to purchase a measuring tape, and the method of measurements was explained in detail to the participants. **This needs to be explained in more detail...for example, what was the wording used to demonstrate to make sure that each subject measured the same way???** Discuss w DSS Demonstration of measurement requirements and procedure was then reviewed in private with each subject. Upon realizing the consistent reluctance and protest of subjects being expected to have penile measurements according to the design protocol, (perhaps due to shyness of exposing genitals to a stranger, or compromised ego

regarding self impression of inadequate penile size, and/or because primary examiner responsible for collecting data was a woman), it was decided to adjust this aspect of the procedure and “self measurement” was implemented as the standard. Because consistency of measurement could not be controlled for due to personal bias and/or “perception” of penile growth or enlargement, results from this data are not included in the discussion sections.

## Results

### *Data*

#### *Raw data*

### *Analysis of Data*

A total of 32 subjects responded to the request for participation through local newspaper ads. Of the initial subject pool, 20 completed the eight week study (n=20).

Results were obtained weekly (past seven days) through phone conversations using the same 13 questions at each time. The questionnaire was comprised of 13 questions, which in turn were divided under three headings named Sensuality/Energy, Strength/Performance, and Evaluation. Each question was rated by the participants on a Likert scale from one through ten. The psycho-somatic effect of taking such sexual enhancement drugs was taken into consideration and during questioning attention remained focused on each participant’s perception of improvement.

It is worth mentioning that subjects were asked to report penile measurements in either flaccid or erect state at week one, four and eight. However, as previously noted in the subject design section, the penile measurement data were not submitted for analysis due to subjects reluctance to comply with the standardized measurement procedure as outlined in the protocol. Although “self measurement” seemed to be a rational alternative, “self” measurements were not repeatable nor consistently controlled for which, in fact, influenced the integrity of the whole study.

The results for each of the thirteen questions had staggering similarities. Focus will be on one question only of each variable group under each heading. A p-value <.01 is called highly significant. Week one was the first interview before the start of ExtenZe.

Under **heading one**, Sensuality/Energy, the following four questions were considered:

- 1) How many significant events have you had in the lasts week? (Events are intercourse, masturbation, oral sex, anal sex)
- 2) How many times did you masturbate in the last week?
- 3) How often did you respond to sexually erotic content last week? (Including all forms of media, internet, personal encounters)
- 4) How often did you sexually fantasize last week?

The overall p-value for question four under this heading in number of sexual fantasies is  $p=.0016$  and therefore highly significant. The results show a 99% level of difference between week one and week eight utilizing a Fisher post-hoc paired t-test to see which means were different. The occurrence of sexual fantasies rose significantly in all participants taking [ExtenZe](#) once a day.

**Heading two**, Strength/Performance, question one will be highlighted. The following six questions were considered under heading two:

- 1) State your confidence in being able to achieve an erection?
- 2) How much stimulation did it take to achieve an erection?
- 3) How firm were your erections?
- 4) How satisfied were you with your erection?
- 5) How often did you maintain an erection throughout the sexual event?
- 6) Rate the pleasure associated with sexual events in the last week?

The p-value for question one evaluating confidence to achieve erection level was  $p=.0498$ . ( $p<.05$  is called significant) The post hoc shows a 95% level of significant difference between week one and week eight in the confidence of the participants to be able to achieve an erection, which in turn increases the number of sexual events.

**Heading three**, Evaluation, again question one will be highlighted. The following three questions were considered:

- 1) How satisfied were you with your sexual performance last week?
- 2) How satisfied have you been with your sex life as a whole?
- 3) Give us an estimated overall percentage of improvement since taking [ExtenZe](#).

The p-value for question one evaluating satisfaction with overall sexual performance between week one and week eight was  $p=.0015$  and therefore highly significant. The post-hoc shows a 99% difference in satisfaction with sexual performance after taking [ExtenZe](#).

The differences between week one and eight are of such significance that a similar study, with control group, is warranted. These results delivered enough evidence to conclude that when taking [ExtenZe](#) it is advisable to continue for at least eight weeks before the full effect can be noted. Results of this study suggest a positive influence and increased sexual enhancement and pleasure. Post-hoc t-test did not show a significant difference between week one and week four.

**Insert TABLE**

## ***Interpretation of results***

The following are the results on a percentage basis:

Increase in weekly sexual events. (Intercourse, masturbation etc.)	18/20 = 90%
Increase in sexual desire	17/20 = 85%
Increase in sexual fantasies	20/20 = 100%
Improvement in confidence to achieve an erection	15/20 = 75%
Increase in penile sensitivity, less stimulation needed	13/20 = 65%
Increase in firmness of erections	18/20 = 95%
Increase in patient satisfaction with erections	18/20 = 90%
Increase in maintaining erection to complete intercourse	20/20 = 100%
Increase in overall pleasure	15/20 = 75%
Increase in personal sexual performance satisfaction	17/20 = 85%
Increase in satisfaction of sex life as a whole	16/20 = 80%
Increase in overall improvement including sexual activity, vim, vigor, performance	20/20 = 100%

## **Conclusions**

Results of this study suggest a positive influence and increased sexual enhancement and pleasure.

The differences between week one and eight are of such significance that a similar study, with control group, is warranted. These results delivered enough evidence to conclude that when taking ExtenZe it is advisable to continue for at least eight weeks before the full effect can be noted.

No Difference in results trending with age.

## **Discussion**

It was hypothesized that ExtenZe can increase sexual pleasure and improve sexual performance naturally for adult men of all ages. As evidenced by the statistically significant data, subjects experienced a dramatic increase in sexual desire. Whether the

subject was 30 or 60 years old, ExtenZe appeared to effect sexual enjoyment and contributed to longer lasting, more frequent, and more stimulating sex in as little as two to four weeks. And it was found to be a safe and effective alternative for men who prefer an all natural approach to sexual enhancement. According to subject's self report, there were no adverse or side effects observed in our study, with ExtenZe taken daily as directed.

As evidenced in this pilot study, ExtenZe was shown to strengthen sex drive, enhance sex performance, boost sexual ability, increase sexual stamina, and improve sexual self confidence which in turn, led to more frequent sexual contact, more gratifying and rewarding sexual contact, and a better quality of life in general.

According to the results of this study, ExtenZe was found to improve BOTH sex drive and sexual performance for normal men, and may reasonably be expected to have even more dramatic effects on men with a weak libido or low sexual stamina. It is estimated that these symptoms occur in about 15 million American men, and may be related to the inexorable natural hormone decline which begins at 20 years old and continues in a downward decline the older one gets. It may also be associated with aging, stress, fatigue, pressure from work in balance with pressure at home as mentioned in the literature.

Since poor and declining genital circulation may insidiously affect the vast majority of men, ExtenZe's male pro-hormone blend may be used by the body as a means to replenish this decline and restore youthful healthy zest for life, better mood, and improved sexual appetite, and performance. ExtenZe's proprietary blend of time-proven herbal supplements previously studied in a variety of contexts, have been shown to increase natural blood flow. This may be attributable to the synergy of the ingredients, as well as the bio-enhancer effect of its Ayurvedic components which have specifically targeted optimal and fast absorption of ExtenZe's natural ingredients.

Curiously, the observed increase in erectile firmness, fullness, size, sensitivity, and function may well be due to the cumulative effects of its ingredients. While the brain is stimulated by thoughts, fantasies (conscious and subconscious), and mood, the penis gets the message during dream sleep to become erect. In previous studies at the Foundation for Intimacy conducted by Dr. Daniel Stein *et al* younger men with higher DHEA and Testosterone levels were found to have an average of 5 nocturnal erections a night and measured by "Rigiscan" testing. Younger men frequently awaken with a morning erection. These dream and AM erections dilate and distend the spongy tissue in the corpora cavernosa and corpora spongiosa, like wetting then wringing a sponge. With age the night time sleep erections and sometimes the AM erections as well decline in strength and frequency. The sponge is less pliable; it is like an old forgotten about sponge that stiff and hard as a rock. Even when rehydrated, its absorbency and elasticity have been lost. ExtenZe helps keep them expanded and readily distensible by promoting the blood flow that keeps working even during sleep. The formulation of ExtenZe's natural prosexual formula was found to not only work all day, every day but all night, every night as well.

From a relationship standpoint, increased desire and romantic sexual thoughts set the table for better sexual communication, longer lasting intimate encounters, and more time to exchange the love that intimacy communicates from one partner to another. That means that increased stamina, stronger erections, and enhanced pleasure for both partners. As previous research has demonstrated, Viagra only improves erection strength, and has NO EFFECT on desire, lust, passion, stamina, or overall virility. Furthermore, because there no cost or inconvenience of scheduling an appointment with a physician to obtain a prescription (as it is to obtain Viagra or Cialis), the OTC availability of [ExtenZe](#) gives added appeal.

Although each of [ExtenZe](#)'s testosterone- [supporting](#) ingredients have been studied separately and have been shown to potentiate testosterone production in varying degrees, future studies should examine the relationship between individual combinations determine if .....out components to see if any one is the culprit, or it requires a mixture

- Recommendations
- Larger Study.
- F-Test (See Notes)
- Better Controls

Self evaluations could result in biasing.

**Ingredients In terms of recommendations for future studies, although, [needs conclusion...DSS](#)**