

IMPOTENCE, LOW LIBIDO, AND ERECTILE DYSFUNCTION

by Dr. Lawrence Wilson

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Sexual dysfunctions are extremely common today, and usually are the result of biochemical imbalances. This article is for both men and women. Let us begin with low libido or reduced sexual desire, which occurs more in women, but can occur in both men and women.

CAUSES FOR LOW LIBIDO

The most common cause of reduced sexual desire in both men and women, and especially women, is an overall lowered energy level. Sex is not a necessary function, and if the body's energy level decreases, often one will have less interest in sex. This shows up on hair mineral analyses often as a sluggish oxidation rate, a low sodium/potassium ratio, the presence of excessive toxic metals or other indicators of lowered energy production in the body cells.

SLOW OXIDATION AND SEXUAL DESIRE

In both men and women with low libido, most of the time a hair analysis reveals a pattern of slow oxidation. This means that the thyroid and adrenal glands are underactive. Most often, the levels of male and female sex hormones are also low, in part as a result.

The body's energy level is always reduced, at least to some degree and often to an enormous degree. The person is more prone to general fatigue, apathy, and symptoms such as vaginal dryness that can cause pain or discomfort with intercourse. In many cases, there is a tendency for depression and some psychological withdrawal, as well.

TOXIC METALS AND REDUCED LIBIDO

Toxic metals almost always play a role in reduced libido, erectile dysfunction, and other sexual problems. Cadmium is often involved, although copper imbalance, low zinc, high lead and other toxic metal problems are often present as well. Removing excessive toxic metals using nutritional balancing science is often a key to ending these symptoms.

HORMONE IMBALANCES AND SEXUAL DESIRE

In most cases of lowered libido in both men and women, the levels of the sex

hormones are often low. However, please do not be tempted to take hormone replacement therapy for this problem. It corrects itself, often rapidly, using nutritional balancing science without the need for hormones. Even natural or bio-identical hormone therapy is often extremely harmful in subtle ways.

THE CALCIUM SHELL PATTERN AND SEXUAL DESIRE

Another common pattern associated with reduced libido is a calcium shell pattern on a hair analysis. This is indicated by a hair tissue calcium level of about 170-200 mg% or above. Often this indicates lowered energy production, as discussed in the paragraph above. However, it also may indicate a degree of psychological withdrawal, in general, possibly some depression, and at times a certain degree of numbness or lack of sensitivity of the skin. This causes a person to feel less intense pleasure during sexual activity, and perhaps may block one from having orgasms as well. As such, it can cause many types of difficulty with sexual activity.

The calcium shell pattern is more common in women, usually younger women from the teens to the 40s or 50s, possibly. It is seen in men less commonly. Usually the person is rather sensitive, often spiritually oriented, and often not too healthy. In most cases, there is a copper imbalance with this pattern, and this also can affect hormone levels and other parameters that can affect sexual activity.

Also with this pattern, the person may have a lowered awareness level. It is as though the person is hiding out or living behind a wall. This also may influence sexual activity in some ways, as the person may be very unhappy, angry or depressed.

In some cases, the calcium shell is above 350 mg% or higher. This indicates a more severe tendency for this pattern.

CORRECTION OF LOW LIBIDO

Most often, low libido goes away quickly on a nutritional balancing program. Hormone levels begin to normalize, the body's energy level increases, often drastically, and if a calcium shell pattern was present, it will often begin to go away within a few months to no more than 1 year. Thus, in most cases, low libido is easy to correct without drugs or hormones using these program.

IMPOTENCE OR ERECTILE DYSFUNCTION

This is common in older men, but can occur at any age. As with amenorrhea in women, erectile dysfunction is usually due to a relative deficiency of minerals such as zinc and selenium, and a relative excess of minerals including copper, cadmium, arsenic, lead and other toxic metals that replace zinc and selenium.

Another possible cause is some arteriosclerosis of the arteries leading to and within the penis. Another cause in a few cases are other cardiovascular problems or hormonal imbalances.

Erectile dysfunction, even if it is due to arteriosclerosis, can often be reversed naturally without needing hormones, shots, surgery or other medical interventions. Men need to follow the program carefully and completely for at least six months or more in most cases to begin to reverse the deeper mineral imbalances that give rise to impotence and arteriosclerotic changes.