Are exercises (and not nutrition, spectacles or pills) the key to weak eyes and bladders in aging?

April 7, 2014 By Mike Barr

We all know of pelvic floor exercises by now. And I am told Chinese men have their own version of Kegel exercises to keep their junk in prime form as they age. But in the past two weeks I have been told by two different people (both of them, for what it's worth, from Russia) that it is eye exercises (and not bil lutein or bilberry or goji berry or Ju Hua or anything else for that matter) that are the ticket to staving off eye glasses in our 40s or 50s and reclaiming our dimly lit restaurant menu reading moxie.

(More on the old Chinese junk exercises later…)

Here is a handy Presbyopia Reduction Eye Exercise chart, thoughtfully provided free and without the nowadays ubiquitous commercial noise from a Dr Ray Gottlieb (PhD osteopath).

Thank you Natalya. Thank you Tatiana!

While we're on that other topic, a naturopath reminded us last week that there are over 200 medications capable of causing erection problems. *Men's Health* once had an Erection Offenders most unwanted list, but seems their link has also lost its power. Here are some others:

- from netdoctor.co.uk

(I only disagree with the characterizations of the effect of SSRIs (and probably also SNRIs). It has been my (and friends') experience that SSRIs lead to delayed or lack of ejaculation--particularly during the first couple of days, weeks or even months after starting to take them (most likely because they down-regulate (or antagonize) the sympathetic nervous system--and that's the half, the "fight or flight" side, of the autonomic nervous system required for ejaculation (the parasympathetic nervous system, or the "rest and digest" side, is needed in order to get an erection. Thank you, Dr. Olga!). They do not, however, at least in most people, lead to inability to get erection or to soft or short-lasting erections. Guys who suffer from psychogenic E.D. or

performance anxiety may actually experience better, longer, harder erections with some of the SSRIs--they will just have trouble, er, finishing.)

Medicines that can affect sexual function

Antidepressants are the medicines most frequently implicated in causing sexual dysfunction. This is because they work by altering levels of chemicals in the brain. In particular, SSRIs increase serotonin levels, which inhibits sexual function.

Blood pressure lowering (antihypertensive) medicines are also implicated, although the mechanism by which they cause sexual problems will vary from medicine to medicine.

The table of medicines below lists the sexual side effects that some people have reported during their use. This list is not exhaustive.

Remember, not everyone experiences side effects with medicines and your sexual difficulties may be completely unrelated to your medication, even if it does appear in this list.

Antidepressants	Main use	Possible effect on sexual function
MAOI antidepressants (eg moclobemide, phenelzine)	Depression	Decreased sex drive, impotence, delayed orgasm, ejaculatory disturbances
SSRI antidepressants (eg fluoxetine)	Depression	Decreased sex drive, impotence, delayed or absent orgasm, ejaculatory disturbances
Tricyclic antidepressants (eg amitryptiline)	Depression	Decreased sex drive, impotence, delayed or absent orgasm, ejaculatory disturbances

Antiepileptics	Main use	Possible effect on sexual function
Carbamazepine	Epilepsy	Impotence

Antihypertensives	Main use	Possible effect on sexual function
ACE inhibitors (eg enalapril, lisinopril)	High blood pressure, heart failure	Impotence
Alpha-blockers (eg prazosin, doxazosin)	High blood pressure, enlarged prostate	Impotence, ejaculatory disturbances
Beta-blockers (eg atenolol, propranolol and including timolol eye drops)	High blood pressure, angina, glaucoma	Impotence

Calcium channel blockers (eg verapamil, nifedipine)	High blood pressure, angina	Impotence
Clonidine	High blood pressure	Impotence, decreased sex drive, delayed or failure of ejaculation
Methyldopa	High blood pressure	Impotence, decreased sex drive, ejaculatory failure
Thiazide diuretics (eg bendroflumethiazide)	High blood pressure	Impotence

Antipsychotics	Main use	Possible effect on sexual function
Phenothiazines (eg chlorpromazine, thioridazine)	Psychotic illness	Ejaculatory disturbances, decreased sex drive, impotence
Risperidone	Psychotic illness	Impotence, ejaculatory disturbances

Cholesterol lowering medicines	Main use	Possible effect on sexual function
Fibrates (eg clofibrate, gemfibrozil)	High cholesterol	Impotence
Statins (eg simvastatin)	High cholesterol	Impotence

Other	Main use	Possible effect on sexual function
Benzodiazepines	Anxiety and insomnia	Decreased sex drive
Cimetidine	Peptic ulcers, acid reflux disease	Decreased sex drive, impotence
Cyproterone acetate	Prostate cancer	Decreased libido, impotence, reduced volume of ejaculation
Disulfiram	Alcohol withdrawal	Decreased sex drive
Finasteride	Enlarged prostate	Impotence, decreased sex drive, ejaculation disorders, reduced volume of ejaculation
Metoclopramide	Nausea and vomiting	Decreased sex drive, impotence
Omeprazole	Peptic ulcers, acid reflux disease	Impotence
Opioid painkillers (eg morphine)	Severe pain	Decreased sex drive, impotence
Prochlorperazine	Nausea and vomiting	Impotence
Propantheline	Gut spasm	Impotence

Spironolactone	Heart failure, fluid retention	Impotence, decreased sex drive

Mike Barr is a board certified acupuncturist and herbalist and can be reached at Manhattan Acupuncture Associates, with offices at Columbus Circle and Flatiron. His expertise and interests include sports acupuncture, pain syndromes, liver health, immunological support, low energy, mood disorders, anxiety, insomnia, GI complaints, and herbal and acupuncture approaches to getting off/putting off prescription medications of unsatisfactory or unclear benefit, and in helping to manage the side-effects of other necessary and life-saving biomedical interventions. He has also been busy exploring the application of East Asian herbal therapies, and specific acupuncture protocols, for all aspects of sexual health and anti-senescence.

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