

Check-up

ABOUT
Erectile
Dysfunction

Shock Waves for Virility

Erectile dysfunctions are no longer an issue for many men thanks to virility pills. However, the pills do not work in one out of three men who suffer from impotence. A new therapy gives hope.

By Verena Thurner

Fourteen years ago the first virility pill revolutionised men's sex life. All of a sudden, the pill seemed to have eliminated men's primal fear of impotence, which has robbed them of their sleep for thousands of years. However, about one third of all men with erectile dysfunctions do not respond to the relaxing effects of the PDE5 inhibitor, the drug used in all three virility pills.

Low-dose shock wave therapy now gives hope to those who do not respond to the virility pills. Five years ago first trials were made, although on the heart. "Low-dose shock wave therapy was applied to the areas that had died off after a heart attack", explains urologist Dr Peter Karrer. This was done with the aim to supply these areas with blood again. As a result, blood vessels were regenerated and the blood supply could be improved on a permanent basis.

These findings served as the basis for a study carried out by a work team from Israel who examined men with vascular erectile dysfunctions. "The method was mainly tested on men whose erectile dysfunctions were due to a diabetic disease", specifies Dr Karrer. In the course of two times three weeks, with a break of three weeks in between, the patients underwent low-dose shock wave treatment twice a week.

The results were amazing: About 70% of the test persons reported satisfactory erections afterwards, i.e. they were able to perform a penetration. On request, the diabetic patients received a PDE5 inhibitor two months after the therapy. And really, it also worked. Dr Peter Karrer, who is already using this method, is not astonished by this result. "If shock waves can improve the blood supply in the heart, why not in the penis as well?"



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Fig. 1: Shock wave therapy system
DUOLITH® SD1 T-Top

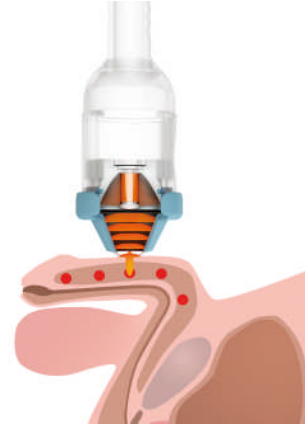


Fig. 2: ED treatment with
F-SW hand piece