Subject: Erektile Dysfunktion...L-Carnitin!
Posted by tino on Tue, 10 Jan 2006 23:06:19 GMT
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Hallo Jungs

Bin gerade zufällig auf diesen Artikel gestossen,da ich seit heute L Carnitin nehme,..weil es den IGF-1 Spiegel stark anhebt.

Da viele hier über erektile Dysfunktionen unter Finasterid klagen,..möchte ich hier unter Berufung auf die untere Studie darauf hinweisen,das es eine ED signifikant verbessern kann.Ausserdem wrkt es ähnlich anabol wie Testosteron,und scheint auch die Hirnchemie zu beeinflussen,da es in der unteren Studie auch Depressionen und Fatique(beides abhängig von der zellulären IGF-1 Produktionim Hirn u.a),signifikant verbesserte!

Hier wurde mit klinisch wirksamen Dosen gearbeitet,..ich möchte darauf hinweisen,das Babydosen hier nicht einen solchen Effekt,und auch keine Serum IGF-1 Erhöhung verursachen werden.

Urology. 2004 Apr;63(4):641-6.

Carnitine versus androgen administration in the treatment of sexual dysfunction, depressed mood, and fatigue associated with male aging.

Cavallini G, Caracciolo S, Vitali G, Modenini F, Biagiotti G.

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OBJECTIVES: To To compare testosterone undecanoate versus propionyl-L-carnitine plus acetyl-L-carnitine and placebo in the treatment of male aging symptoms. METHODS: A total of 120 patients were randomized into three groups. The mean patient age was 66 years (range 60 to 74). Group 1 was given testosterone undecanoate 160 mg/day, the second group was given propionyl-L-carnitine 2 g/day plus acetyl-L-carnitine 2 g/day. The third group was given a placebo (starch). Drugs and placebo were given for 6 months. The assessed variables were total prostate-specific antigen, prostate volume, peak systolic velocity, end-diastolic velocity, resistive index of cavernosal penile arteries, nocturnal penile tumescence, total and free testosterone, prolactin, luteinizing hormone, International Index of Erectile Function score, Depression Melancholia Scale score, fatigue scale score, and incidence of side effects. The assessment was performed at intervals before, during, and after therapy. RESULTS: Testosterone and carnitines significantly improved the peak systolic velocity, end-diastolic velocity, resistive index, nocturnal penile tumescence, International Index of Erectile Function score, Depression Melancholia Scale score, and fatigue scale score. Carnitines proved significantly more active than testosterone in improving nocturnal penile tumescence and International Index of Erectile Function score. Testosterone significantly increased the prostate volume and free and total testosterone levels and significantly lowered serum luteinizing hormone; carnitines did not. No drug significantly

modified prostate-specific antigen or prolactin. Carnitines and testosterone proved effective for as long as they were administered, with suspension provoking a reversal to baseline values. Only the group 1 prostate volume proved significantly greater than baseline 6 months after testosterone suspension. Placebo administration proved ineffective. Negligible side effects emerged. CONCLUSIONS: Testosterone and, especially, carnitines proved to be active drugs for the therapy of symptoms associated with male aging.