

WOMEN'S LIBIDO

REVIVE AND ENHANCE SEXUAL AROUSAL



FORMULA'S



Blood Flow Enhancers and Vasodilators

Most Popular Formulas

- **Vitocin Nasal Spray (Oxytocin)**- 40iu / 0.1ml spray
- **Climax Formula** - Aminophylline 3% / Arginine HCl 6% / Ergoloid Mesylate 0.05% / Pentoxifylline 5%
- **Triple Orgasmic Cream** - Aminophylline 3% / Ergoloid Mesylate 0.05% / Isosorbide 0.25%
- **Scream (Dream) Cream** - Aminophylline 3% / Arginine 6%
- **Scream Cream With Sildenafil** - Aminophylline 3% / Arginine 6% / Sildenafil 2% w/ added Sildenafil 1-2% Vaginal (Topical) Cream
- **Women's Intimacy Enhancer** - water based lubricant with ginkgo biloba and menthol

MULTIPLE STRENGTH COMBINATIONS AVAILABLE

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WHAT'S IN IT?

- ➔ **Oxytocin:** A powerful "bonding/love" hormone that acts as a neurotransmitter in the brain, influences behaviors empathy, generosity, and orgasm. Oxytocin levels increase naturally with hugging and kissing.
- ➔ **Aminophylline:** A vasodilator used to dilate (open) blood vessels, which allows blood to flow more easily.
- ➔ **Ergoloid Mesylate:** A combination of several drugs used to treat some mood, behavior, or other problems that may be due to changes in the brain, helps improve cognitive function.
- ➔ **Arginine HCl:** An amino acid with a hydrogen chloride molecule, used to increase oxygen delivery and blood flow during sexual activity.
- ➔ **Isosorbide:** A vasodilator that works by relaxing the blood vessels.
- ➔ **Pentoxifylline:** A vasodilator that works by improving the flow of blood through blood vessels.
- ➔ **Sildenafil:** A PDE5 inhibitor that studies show to increase local blood flow to clitoris/genital tissue, improved genital response and overall sexual experience.
- ➔ **Ginkgo Biloba:** An antioxidant that can regulate the behavior of blood vessels (vasoregulation), increase oxygen and nutrient supply to tissues, and prevent ischemia (inadequate blood supply).
- ➔ **Menthol:** A cooling compound obtained organically from certain types of mint, or made synthetically.

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Female Sexual Dysfunction

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Persistent, recurrent problems with sexual response, desire, orgasm or pain – that distress you or strain your relationship with your partner – are known medically as sexual dysfunction.

Sexual dysfunction has many possible symptoms/causes, formulas and treatments vary. It's important to understand the woman's normal sexual response. Also, her goals for her sex life are important when choosing a treatment and evaluating whether or not it's working.

Effective treatment for sexual dysfunction often requires addressing any underlying medical conditions or hormonal changes.

Female Sexual Arousal Disorder (FSAD)

Female sexual arousal disorder (**FSAD**) is characterized primarily by an inability to attain or maintain sufficient physical sexual arousal that causes distress or interpersonal difficulty. It is the female counterpart to ED in men.

Symptoms

Symptoms vary depending on what type of sexual dysfunction you're experiencing:

- **Low Sexual Desire-** This most common of female sexual dysfunctions involves a lack of sexual interest and willingness to be sexual.
- **Sexual Arousal Disorder-** Your desire for sex might be intact, but you have difficulty with arousal or are unable to become aroused or maintain arousal during sexual activity.
- **Orgasmic Disorder-** You have persistent or recurrent difficulty in achieving orgasm after sufficient sexual arousal and ongoing stimulation.
- **Sexual Pain Disorder-** You have pain associated with sexual stimulation or vaginal contact.

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Causes

Sexual problems often develop when your hormones are in flux, such as after having a baby or during menopause. Major illness, such as cancer, diabetes, or heart and blood vessel (cardiovascular) disease, can also contribute to sexual dysfunction.

Factors – often interrelated – that contribute to sexual dissatisfaction or dysfunction include:

- **Physical-** Any number of medical conditions, including cancer, kidney failure, multiple sclerosis, heart disease and bladder problems, can lead to sexual dysfunction. Certain medications, including some antidepressants, blood pressure medications, antihistamines and chemotherapy drugs, can decrease your sexual desire and your body's ability to experience orgasm.
- **Hormonal-** Lower estrogen levels after menopause may lead to changes in your genital tissues and sexual responsiveness. A decrease in estrogen leads to decreased blood flow to the pelvic region, which can result in less genital sensation, as well as needing more time to build arousal and reach orgasm.

The vaginal lining also becomes thinner and less elastic, particularly if you're not sexually active. These factors can lead to painful intercourse (**dyspareunia**). Sexual desire also decreases when hormonal levels decrease.

Your body's hormone levels also shift after giving birth and during breastfeeding, which can lead to vaginal dryness and can affect your desire to have sex.

- **Psychological and social-** Untreated anxiety or depression can cause or contribute to sexual dysfunction, as can long-term stress and a history of sexual abuse. The worries of pregnancy and demands of being a new mother may have similar effects.

Long-standing conflicts with your partner – about sex or other aspects of your relationship – can diminish your sexual responsiveness as well. Cultural and religious issues and problems with body image also can contribute.