

How to Get Hard in 60 Seconds!

*A little-known, sure faster way to
help you perform on demand
without the wait or flushing of pills*



An Educational Guide
By Larry Monroe

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Impotence: Background and Causes

It is estimated that there are 30 million men in the United States today who are clinically impotent. This means they are incapable of either achieving or sustaining an erection. Examining the ages, by the mid to late 50s, 1 in 4 men are impotent. By the mid 60s the number is half. And by the mid 70s the ballgame is sadly over for most men.

Of course, smoking and obesity are contributing factors as well. But younger men have a problem as well. According to the National Institute of Health, 5 percent of men aged 40 are also impotent. This means a huge total of men are suffering the results of impotence. Namely embarrassment, loss of self-esteem and relationship problems.

Often the cause is psychological. It may be attributed to stress, anxiety, or depression. Or perhaps even just fatigue. But interestingly, it is estimated that in over 90% of the cases, the problem can be biological.

But impotence may also be caused by use of certain medications such as antidepressants and antihistamines.

Other Men In Need

At the same time, millions of men are not impotent, but simply inconsistent. They achieve an erection usually, but not always. Indeed it is rare for even the healthiest and strongest men over 40 to gain an erection every time. Many men feel their manhood is threatened if they fail to perform. So these men too would like to improve their consistency.

Age of course is not your friend. As you grow older, your arteries gradually harden. You may experience high blood pressure, diabetes, kidney problems, and even prostate cancer.

Some even suggest that it is the aggressive nature of many feminist American women that contributes to the prevalence of impotence in the U.S.

Typical Experiences

Perhaps you yourself have suffered personal experiences like these...

Situation number 1

You're on your third date with a woman you think you could be serious about. She's so far resisted coming back to your place, but is now ready. So after dinner, you suggest a nightcap at your place, listening to music. She accepts. You know that this will lead to kissing, snuggling, petting, and hopefully to getting her in bed. She relaxes and loosens up. Not only does she not resist, she tells you she is ready. She seems to think it is time after three dates to make love.

So you take her home and lead her to your bedroom where you undress each other and climb into bed. Foreplay begins and it is obvious she wants you. She places your hand on her vagina and reaches to touch your penis. But...oh-oh, no response. You touch yourself to try to stimulate your stubborn organ. No success. So you make an excuse that you want to really take time to make love, not just have quick sex. She seems to accept that.

However, 30 minutes later, you are still limp as a noodle. She feigns understanding. She politely suggests you are probably tired or had a hard day. This just makes it worse. Now you know you'll never achieve an erection.

The end result is that your organ fails you. You are left frustrated and embarrassed. She is equally frustrated and left wondering if you will ever be able to perform. You think about it for a few days and finally decide you cannot call her. She doesn't call you, and you understand why. Thus, a promising relationship abruptly ends.

Situation number 2

You're at a party given by friends, with lots of pretty girls. You mingle and exchange small talk with several of them.

None of them turns you on. But suddenly a new girl enters and you feel that knot in your gut that says this could be the one. You offer her a drink and suggest chatting on the balcony. She seems to like you. The mutual attraction is immediate. She makes the first move, suggesting you leave for someplace to talk in private. She asks where you live, if your place is nearby. The sign is unmistakable.

When you arrive back at your apartment, she excuses herself for the bathroom. This gives you a moment to tidy up the place and straighten your unmade bed. You anticipate her return from the bathroom. When she opens the door carrying her handbag, she looks somehow different, and you realize what it is. Her blouse is opened more at the top and her breasts seem softer. You realize she has just removed her bra.

Now you are excited – but at the same time a bit nervous. You know yourself to be a man who likes to make the first move. It makes you feel more comfortably in charge. You're caught a bit off guard. And sure enough she comes directly to you, wraps her arms around you and kisses you passionately. No mistake – she wants you. And she wants you now.

She asks where your bedroom is and leads you there. In a flash, both of your clothes are off and you're between the sheets. She wastes no time in reaching for your organ while spreading her legs. She is ready – but you are not. You explain that it usually takes you a little time to “get there.” She accepts that. But 30 minutes later, you're still flaccid. So she closes her legs, turns to the side and suggests you both take a nap for a few minutes.

You can sense her restlessness and you yourself feel both nervous and defeated. It's not going to happen. So she soon hops out of bed, dresses and says she really has to go because it is late. She says not to bother seeing her out and leaves without another word. Obviously you never see each other again.

Situation number 3

You have been married for four years. In the beginning, your sex life with your wife was exciting. You made love a couple of times a day, then once a day, then twice a week. Now it is once a month and even longer in between. She is either too tired dealing with the kids or, frankly, bored with your sex life together. You are caught in a dilemma. You no longer find your wife exciting and indeed your own drive is diminished. But occasionally you do feel horny. So you either fantasize about another woman when trying to have sex with your wife, or you consider an extramarital affair. Perhaps even a prostitute. The problem with that is you don't like the idea of cheating, and the last thing you want to do is bring back an STD and infect your wife. So you just stay in limbo, trying to have sex with your wife, but unable to get an erection. You realize this could go on for years.

Situation number 4

You're in a bar by yourself. You're unwinding after a hard day at the office. After your third beer, a very pretty and sexy young woman sits next to you and strikes up a conversation. Within five minutes she has sneaked her bar stool closer to you and her body language suggests she is looking for sex. Suddenly she reaches for your crotch. She frowns a bit as she feels no response. You're as limp as overcooked asparagus. You're also embarrassed. You make some lame excuse about having had too many beers. She gives you a look that says "whatever," and goes back to her drink. But five minutes later, she reaches to touch you again. Still no response. She smiles weakly as her eyes roam the room for another prospect. She thanks you and leaves.

The Current Solutions

Fortunately, recent years have seen breakthroughs in the treatment of all-too-common erectile dysfunction (ED). Men in need now have access to common treatments such as

Viagra, Cialis, and Levitra, as well as lesser known remedies such as Orexes and Ezerex.

While such current remedies have proven a godsend not only for men with acknowledged ED but for men who just want to improve the consistency of their performance, there are common problems and side effects which can be both frustrating and embarrassing.

Problem: The Wait

The first problem is the delay. When your partner is ready to have sex now, you must find a way to keep her waiting while you take one of the above pills. She is ready to go but you have to hold off. In some cases, your wait will be a full hour. With luck, you may be ready to perform in 30 minutes. Spontaneity is lost. The moment and the mood are gone. And in the meantime you have to find a way to keep her occupied while you wait for the pill to take effect. You run the risk of losing the moment as her patience runs out. Remember also that none of these drugs gives you an automatic erection. You still require physical stimulation from your partner.

Problem: Flushing

The second problem is the common flushing of your face caused by these drugs. How do you explain it? Most partners will ask what the problem is. They may even express concern about your blood pressure. To women in the know, this is a sure giveaway that you have problems with ED.

Some men solve the problem by being open and telling their partner directly that they are taking “the little blue pill.” Other men aren’t willing to admit that, so they invent some excuse for their red face – such as allergies, or joking that their excitement for the woman “gets their heart pumping.”

Still others cover the flushing by dimming the lights with the explanation that they find it more romantic to make love in the dark.

While today's popular drugs have given new life to millions of men suffering from ED, there is room for a better, faster solution. The purpose of this guide is to reveal and describe the proven alternative treatment that does now exist. It is a technique that helps you gain an almost immediate erection in no more than 60 seconds...hold that erection for two to three hours...and with none of the telltale flushing caused by the current drugs. It is less costly than the well-known drugs.

It is known to no more than 1 man in a million. And most important, this remarkably effective technique to give you a firm erection in 60 seconds is proven.

Before I reveal and describe for you this remarkable technique, let's review what your most common choices are today for getting an erection.

About VIAGRA

Viagra was approved by the FDA on March 27, 1998. The drug's scientific name is sildenafil. It was first studied in England as a medication for blood pressure. In the research, its effect on blood pressure proved disappointing. However, the study participants reported surprising improvement in erections. This caused the drug's manufacturer, Pfizer, to shift course and investigate it for impotence. Since then, the drug has been successfully sold to millions of men.

For men whose impotence is caused by psychological factors, Viagra has been shown to work in 90% of such cases. For impotence caused by biological factors, Viagra has achieved an effectiveness rate of 60%-70%. Such numbers are impressive.

Using Viagra

Here's how Viagra works. It tends to relax the smooth muscle of the penis. Such a relaxed state permits better blood flow and thus better potential for erection.

It is recommended that Viagra be taken a half-hour to a full hour before sex. You'll probably get an erection through physical stimulation. The erection may last for as long as four to six hours after you have taken it. If you are still hard after four hours, this may lead to a Priapism and you may be wise to consult a doctor. The Viagra label should carry a warning about Priapism. Be sure to read it carefully.

If you are trying Viagra for the first time and want to be sure it works, you may wish to take a pill to judge your erection and then masturbate. This test will save letting your partner down.

There is no known upper age limit for Viagra to be effective. But elderly men, particularly those with severe vascular disease, may not see much improvement.

Viagra is available in various strengths. It is best to consult with your doctor for his recommendation on the proper dosage.

The Drawbacks

Because Viagra does lower blood pressure somewhat, those taking nitrates such as nitroglycerine (which also reduces blood pressure) shouldn't take Viagra at the same time.

Viagra may lead to fainting. Also, you should talk to your doctor if you're taking antibiotics or antifungal drugs, like ketoconazole, before taking Viagra.

As with so many drugs, there can be side effects. These can include headache and in some cases certain vision changes. For instance, some men notice a blue tint or "halos." At the

same time, ophthalmic studies have not shown problems of the rods, cones, or retina in the eye.

The two disadvantages that many men experience are:

Time wait for effectiveness. Viagra must generally be taken 30 to 60 minutes before anticipated sexual activity. This puts a damper on spontaneity and can cause your anxious partner to wonder and question “what’s keeping you waiting.” Also, it is important to understand that the drug only allows an erection to result following sexual stimulation. No sexual stimulation; no erection.

Flushing of the face. Some men may find their faces turning red which leads to the embarrassment of explaining why. Some handle this by always turning down or off the lights.

Also, following ejaculation, your erection may not go away for awhile. While this may be appealing to your partner, you may be left with a condition known as Priapism. The Viagra label generally carries a label with a warning of Priapism.

These drawbacks aside, for men with a documented impotence problem, Viagra is generally considered a safe, effective solution for impotence.

What Viagra Will NOT Do

Viagra won’t improve your sex drive. It is not an aphrodisiac. It won’t allow you to recover more quickly so you can ejaculate more frequently. Indeed, some men report that while Viagra makes them hard, it can also make it more difficult to ejaculate.

Nor will Viagra gives you an instant erection. Physical stimulation is required to make you hard.

Cost for Viagra is \$11.70 USD per pill.

About CIALIS

Cialis is advertised as the only prescription erectile dysfunction (ED) tablet clinically proven to go to work fast, in as little as 30 minutes for some men, and also work up to 36 hours.

Taking Cialis will not automatically produce by itself an erection. When you take it before sexual activity, Cialis helps to increase blood flow to the penis when you are sexually aroused. Thus, sexual stimulation is required in order for it to work. When you are sexually aroused, Cialis works for up to 36 hours to help you get an erection.

It does not mean you'll have an erection for a full 36 hours. Once your sexual activity is over, blood flow to the penis decreases, and your erection will go away.

A Treatment But Not a Cure For ED

Cialis is not a cure for ED (erectile dysfunction). Clinical studies showed that Cialis produced the following improvements:

- The ability to get an erection
- The ability to keep an erection for successful sexual intercourse
- The ability to complete sexual intercourse
- Erection hardness and satisfaction with hardness

Plus, users experienced both greater satisfaction with their sexual Intercourse and improved confidence in their ability to perform.

Who May Be Helped

- Men with mild, moderate, and even severe ED
- Men with ED who have other medical conditions

Cialis is convenient to take because you don't have to plan around meals. The absorption of Cialis is not affected by food. That means you can eat and drink what you want to as long as it is in moderation. Too much alcohol can increase your chances of:

- Getting a headache
- Feeling dizzy
- Having your blood pressure drop
- Having your heart rate increase

For example, you can take Cialis at dinner and be ready for the right moment later that evening...or the next morning...or the next night. But remember – you must receive sexual stimulation for it to work.

Cialis does not:

- Cure ED
- Increase a man's sexual desire
- Protect a man or his partner from sexually transmitted diseases, including HIV
- Serve as a male form of birth control

The Drawbacks

Cialis may have some side effects, the most common of which can be: headache, upset stomach, back pain, muscle aches, flushing, and stuffy or runny nose. Like Viagra, flushing of the face can be embarrassing, causing your partner to guess you are taking a drug for ED. Fortunately, these side effects usually go away after a few hours.

Patients who suffer back pain and muscle aches usually get it 12 to 24 hours after taking Cialis. Such discomfort usually subsides within 48 hours. You should call your doctor if you get any side effect that bothers you or does not go away.

IMPORTANT: As with any ED (erectile dysfunction) tablet, in the rare event of priapism (an erection lasting more than four hours), you should seek immediate medical help to avoid long-term injury including the possible inability to achieve an erection.

Cialis is available in various doses: 5 mg, 10 mg, and 20 mg. For most men, the recommended starting dose is 10 mg. It is recommended that you take one Cialis tablet before sexual activity. In some patients, the readiness for sexual activity occurred at approximately 30 minutes after taking the tablet.

It should be taken no more than once a day. And as with all ED drugs, it is best to consult with your doctor for his recommendation on the proper use and dosage.

Cost for Cialis is \$12.70 per pill.

About LEVITRA

Levitra is an FDA-approved oral prescription medication for the treatment of erectile dysfunction (ED) in men. It is available in 2.5-mg, 5-mg, 10-mg, and 20-mg tablets and is to be taken only when needed.

The main active ingredient in Levitra is Vardenafil HCl. Like Viagra, vardenafil is considered a PDE5 inhibitor. It increases the release of nitric oxide into the smooth muscle of the penis, which in turn causes blood vessels to dilate and the muscle to fill with blood, thus producing an erection.

Also like sildenafil, the main active ingredient in Viagra, vardenafil only causes an erection when sexual stimulation occurs. Levitra may only be taken once in a 24-hour period. It will cease to be effective once the sexual act is completed.

Time for effectiveness. Most men find that they are able to achieve an erection within 60 minutes of taking the recommended dosage.

Levitra has been clinically shown to improve erectile function, even in men with other health factors such as high cholesterol, or high blood pressure, or diabetes.

Men taking Levitra reported having harder erections and greater success at maintaining their erections long enough to achieve sexual fulfillment.

Drawbacks

Levitra was administered to over 4430 men in clinical trials. The age range of the men was 18-89 with a mean age of 56.

The most common adverse reactions were as follows:

- 15% of the men reported headaches
- 11% suffered flushing
- 9% reported inflammation of the nose

Thus the side effects paralleled those of Viagra and Cialis.

With Levitra, 4% suffered indigestion and 2% reported back pain or discomfort.

Some men also find it disappointing that Levitra only allows them one sexual act in a 24-hour period.

Cost for Levitra is \$10.80 USD per pill.

Orexis

Orexis is a non-prescription male sexual enhancement product that is popular with some men because it effectively provides both immediate and long term results. It works in just 45 minutes after consumption. The long-term benefits provide a permanent increase in erection size, orgasm control and stamina.

The combination of superior natural herbs and the unique Orexis manufacturing process is said to set the bar for the results a non-prescription male sexual enhancement product can deliver. Orexis does not contain any of the harsh chemicals that can be found in prescribed medications.

What also seems to separate Orexis from other products, is that it uses a patented delivery technology so that the ingredients bypass the stomach acids for immediate results. The proprietary manufacturing process extracts the natural ingredients 15 times their normal strength.

The claim is that because this product has natural ingredients that are as strong as prescriptions, it produces no negative side effects. It is designed to be taken every day.

Cost for Orexis is \$39.99 USD for a one month's supply in a bottle of 60 pills. This comes to \$.67 USD per pill.

Ezerex

Ezerex is an all-natural supplement that claims to help you “get a rock hard erection for up to 72 hours starting in just 25 minutes or less.” Its natural formula uses rare, aged ginseng and requires no prescription. What is important is that it supposedly produces no side effects. A pill can be taken with any kind of alcohol -- beer, wine, or spirits -- and still enable you to perform at your best.

Cost for Ezerex is \$1.99 USD per pill.

The Better, Faster Alternative

You are now about to discover what pitifully few men know. There is now something far more effective – and 10 times faster – than any of the drugs described above. It is a technique known to probably not one man in 1,000,000. It works, and has none of the awkward side effects of the

better known remedies for ED. Also, surprisingly, it is cheaper than any of the above.

Here is the story of how I discovered it, the dramatic change it produced in my life, and what I am suggesting it may do for your sex life, as well...

Personal History

It happened in April, 1993. I was 53 and had recently divorced and moved into a condo in Encino, California in the San Fernando Valley just outside Los Angeles. I decided to enjoy my first splash in the building's outdoor swimming pool. Lolling in the Jacuzzi was a very pretty woman of, I guessed, about 37. Friendly, great body, sexy as all getout. And eager to chat. Hmm... We talked and I invited her to dinner.

She lived above me on the second floor and when she answered the door I thought, "WHOA! Have I lucked out big time." She'd prepared herself for me with all the visual tricks of enticement that a woman who knows she's a knockout is used to practicing. Casual swept back brown hair, subtle make-up with lips that were pink to invite kissing and not glistening red to discourage it. And just enough cleavage to suggest that her breasts were ample, erect and ready for hungry groping.

Anyway, that was the start of my 10-month relationship with Carla. A relationship that, curiously, led to both the greatest disappointment and the greatest fulfillment of my life.

Simply stated, Carla wanted sex more than I could provide. And she liked it fast, straight missionary, with no variations at all. After about 5 months of sometime-sex, I really started to worry. I just didn't have enough desire. I was 56, in good health, a non-smoker and social drinker only. No drugs – ever. But the unit below just wasn't responding. It

wasn't that I had the urge but couldn't get it up. I just didn't have the urge, period.

I figured something was wrong in my head. Some kind of psychological block. So I made an appointment with a Los Angeles urologist who claimed to specialize in low sex drive.

The Nasty Surprise

Dr. Samuels examined me and opined that I had low testosterone. He ordered the usual blood test for analysis. When he called me in for the interview after the blood results, he was as amazed as I was.

“Look,” he said, “a man’s testosterone count should be a minimum of 200 to 250. Yours, my friend, is a dismal 44.” “Your problem,” he added, “is that you’re trying to drive a car that’s got no gas in it. You’ve got an empty tank.” Dismayed, I asked how we could fill it up. “But there’s more,” he went on. “Your prolactin count is all out of whack. A man’s prolactin count should normally range between 2 and 6 or 7. Yours is 66. I repeat, 66.”

Jesus, I thought, what now? What’s the reason? Is my sex life forever screwed? Is there a cure? Is this rare? Am I a freak? What do we do next?

“What I can say at this point, Larry,” (the doctor was trying to sound reassuring) “is that there’s something going on with your pituitary gland. So let’s take a look.”

That next look was an MRI, Magnetic Resonance Imaging, which I scheduled three days later.

Now if you’ve never had an MRI, let me digress a bit to describe that neat little experience. They lay you flat on your back on a kind of moving tray. Your head is held in a cradle of sorts so it can’t move during the MRI exam. They

then ask if you're ready, and slide the tray holding your body into the MRI machine tunnel.

There's a reason they ask if you are ready. If you are the slightest bit claustrophobic, you are definitely NOT ready.

The tunnel is so small in diameter as to allow just three inches or so of clearance above your face. Even if you close your eyes, you feel the super tight enclosure. It is unnerving to say the least. I couldn't handle it. "Get me out of here," I blurted. They slid the tray back out and I quickly sat up.

Fortunately I'd learned Transcendental Meditation (TM) a few years earlier. So I asked for two minutes to prepare myself. I determined to go through with it. I felt a bit better when the technician sympathized and said that many people cannot handle the close quarters of an MRI exam.

Anyway, I took a deep breath, closed my eyes, started to focus my mind on my TM mantra and said I was ready. Well, I got through it. It takes 45 minutes and when the images are being taken, the machine belches out a heavy knocking sound. Finally, mercifully, it was done. In subsequent MRI exams I imagined that the knocking sound was the engine of a motor boat I was aboard in the Caribbean. That seemed to work.

And now came the results.

Uh-oh – a Tumor!

My urologist got right to the point when I returned to his office the next day. "You, Larry, have a tumor on your pituitary gland: a pituitary adenoma." Oh, swell, that's nice, I thought. Now what the hell do we do? His response was that these things were usually benign but I should see a neurosurgeon for his opinion. He called one he knew well and I scheduled a visit for two days later.

But before that visit, I did my own research. It seemed there were two possible treatments. One was radiation. Fat chance, I thought. You mean, try to radiate just the tumor without cooking the pituitary gland itself? Forget it.

The second choice was even worse. A surgical procedure whereby they break through the roof of the mouth, go up behind the eyes and try to cut away the tumor.

I thought I'd pass on that one!

The neurosurgeon eased my shakes. He proposed neither. He'd consulted with my urologist and they both agreed on the remedy. Just take a pill every day of something called Parlodel, also known as Bromocriptine. This would block the production of excess prolactin and restore it to normal.

I've done so every day now for the past 15 years, and that has worked. At the age of 68, my prolactin count remains normal.

However, one significant problem remained – the low testosterone.

Fill 'er Up

OK, the prolactin issue was solved. Now how about the empty tank? How to fill 'er up? Dr. Samuels' answer was simple. Shots of depo-testosterone. Where do those shots go, I questioned? Not in Peter itself? God forbid. No, he replied, it would be in the arms or butt.

I got my first shot from Dr. Samuels in May, 1993 – just 2 weeks after my pituitary tumor diagnosis. 4 words tell the story: It changed my life.

I went from a near eunuch to a raging horn dog overnight. I suddenly understood why in my thirties and forties I could go for months without thinking about women. Without

bring turned on by the sight of a short skirt, tight blouse, or slinky walk. I'd been on empty for all that time.

But suddenly I was alive and totally back in the ballgame. I started getting laid over and over again. Curiously, women seemed to pick up a scent and spontaneously made themselves available. I was invited into bed after bed after bed. I was reveling in a new me. Me – a real stud at 56!

Back to Carla

Remember Carla, the sexy neighbor who inspired this quest? You'd think I'd be happily back in the saddle with her – right? Nope. A curious thing happened with her. Though physically I was back in action, I now faced a psychological block. I just couldn't get it up with her. One of the reasons, of course, was her rigid unbending rules for sex. Carla had no interest in oral sex. Going down on her was a no-no. She only wanted it one way. Straight missionary position. Me on top. Get in, get off, and back to life. It was the only way she could have an orgasm and it came fast.

The problem was, she had no patience for me. I even asked her to try some known techniques such as massage with no intent for sex. The theory being that this takes all the pressure off the man and as a result he relaxes and can then perform. We tried massage once and Carla said she just couldn't handle it.

Now here's the ironic part. Carla was a professional urology nurse. Of all people, you'd think she should have sympathized and empathized with my problem. But she couldn't and didn't. It ended. At least the intimate part of our relationship. To this day we remain close friends. But not a word is spoken of the past.

Making Up for Lost Time

Over the next 4 years I got more action than any 3 guys half my age combined. It was as though women picked up my scent. They seemed to get a whiff of the extra testosterone. Women were coming on to me like bees to flowers. It was flattering. And of course I felt it my duty to honor their requests and satisfy their needs. (I'm a giving guy and feel it's my responsibility to serve where I am needed.)

However, one problem irked me. I was being hit on by women in their late 40s and 50s. Some of them pretty tasty, to be sure. But my eyes were pointing toward younger fillies in their 20s and 30s. Yet here I was, a guy of 60 with average looks and little money. I'd kept my paunch flat and thin. Alas, my wallet matched it.

If you, mister reader, are in your 50s or 60s, you know well the trick that nature plays on us. Our bodies sag and droop with age, but our minds and feelings remain those of a younger man. Young people start to address us as "sir" or open the door for us. And we think, "Hey, hold on! Inside I'm still 38 or 40 – don't you see it?"

So I embarked on the quest that many men in their 50s and 60s think about but rarely pursue. How could I, a guy of 60 with average looks and little money find, attract, and bed women half my age or less? Obviously, if I were bucks up, drove a Jag, and could pop for \$300 dinners, I'd have no problem. Money talks. Enough of it will get any woman in the sack. So since I couldn't compete on that level, I'd have to think outside the box.

So I began by finding and reading every book I could about how to attract and date women. Some had good ideas about how to court ladies, play the gentleman, show respect, and be patient. But it was all common sense stuff. Other books focused on how best to make love to a woman and please her in bed. All about how younger guys just want to "get on, get off, and get away." How they don't have a clue and

just leave their conquests unsatisfied and frustrated. But...not one title addressed itself to the techniques for attracting and seducing younger women.

Dating Services – A Bust

I tried several of the better known dating services like Great Expectations, Match.com, PerfectMatch.com, and Matchmaker.com, etc. But even lying about my age brought nothing but women in their late 40s and 50s. Not what I was looking for at all.

And speaking of lying, I was amazed at how many women posted pictures that looked nothing like them. I learned that lesson by meeting two or three. One woman I met posted totally fake pictures of another woman. An entirely different person showed up. I couldn't believe her deceit! Obviously it was a short meeting.

Miracle: Erect in 60 Seconds!

Like most guys my age over 60, I need a boost to perform up to the expectations of a female of 22 to 25. Problem is, Viagra has lost its impact for me. I started with just 25 mg and found that worked. I'd buy 50mg pills and cut them in half. Then I needed 50 and eventually 100. Now that no longer does the trick. As for Cialis, that never worked for me at all. I never tried Levitra, so cannot comment on its results. Nor have I tried the other products described above.

Through research and following the recommendation of a friend I finally found the perfect alternative. It is the remarkable treatment for ED available from the Boston Medical Group. It works in 60 seconds flat.

What I am about to describe to you is my own personal experience with and review of this product. I am not promoting the company, nor can I claim that your success will equal mine.

For accurate and authoritative information about the Boston Medical Group and to determine whether it will work for you, I suggest that you contact the company directly at the address shown at the end of this guide.

How It Works for Me

The simple procedure involves a syringe and prostaglandin which is injected directly about midway into the shaft of the penis – not in the center but to the left or right side. Now this may sound very off-putting, to say the least. But the needle is very thin and the dosage small. As a result, the discomfort is barely noticeable.

The needle is inserted in a spring device whereby you just set it in place and push the button, which releases the needle automatically to just the right shallow length to penetrate to the correct minimal depth.

Here is the main benefit that sets it apart from all other products described in this guide...

As opposed to waiting for a half hour or more for these ED pills or tablets to work, the prostaglandin causes a firm erection within seconds. Indeed, if your experience is like mine, you can achieve a full erection in just 60 seconds flat!

Moreover, your erection may last two to three hours for repeat sexual activity, if you choose. In my experience, the slight pinprick of the needle is barely noticeable and well worth the dramatic results.

Trimix

A less expensive alternative to prostaglandin is Trimix which, in my experience, works just as well. In both cases, one does have to watch out for a priapism, which is a prolonged erection. If it lasts more than four hours, you

should see a doctor to bring it down. Otherwise it can cause circulation problems.

What You Will Need

A vial of Prostaglandin or TriMix which can only be obtained by prescription. This should be kept cold in a refrigerator. A vial will only cost you about \$70 or less and can last you a full month, depending on your frequency of use.

Supply of Syringes

The syringe I use is the BD Ultra-Fine Syringe 1 cc for 100 units or less, 12.7 mm length needle, 29 gauge. It is very thin and should cause only the most minor discomfort when applied to the shaft of the penis. For the proper dosage, seek the counsel of a doctor.

How I Use It

It is easy to use at home, but less convenient when you visit your lover's place. Here is how I plan for its use at home.

I always keep the vial, as required, in my refrigerator. I am sure to hide it behind some bottles or on a lower shelf to prevent discovery by inquisitive female eyes.

When I believe a woman will be coming home after a date, or whenever I suspect any visiting woman will be a candidate for sex, I preload a syringe with the prostaglandin or trimix.

When my date and I are ready to go to bed, I find (as I'm sure you do also) that she, like most women, will go to the washroom first to tidy up or prepare. Some even take a shower. That gives me the short time required to go to my kitchen, remove the preloaded syringe from my refrigerator and give myself the quick painless shot. I then remove my

clothes and climb into bed, awaiting my partner. When she joins me, I am 100% ready for action and performance.

Sometimes, my partner will marvel at how I stay hard after ejaculation, I explain it by saying I am still turned on by her. Often my partner will be excited by that and want to go for a second or third round. I may not be able to release again, but I am certainly capable of penetration again and again.

Away From Home

It is tricky when you are invited to your partner's home, because you have to find a way to bring your "little kit" with you. What I have done is put a pre-loaded syringe or a vial with separate syringe in a flask with ice. I explain that I am on a diet of purified spring water and drink lots of it daily. Women who are into nutrition will accept and understand this. When I sense that sex looks likely, I excuse myself to her washroom, remove the vial and syringe, open my zipper, inject myself, zip up my fly, and return to her living room or bedroom while licking my lips as though I have just taken a swallow of my spring water. I am now ready to go. Fortunately, no woman has ever asked me if she might taste my water.

Travel

I have traveled frequently with my vial and syringes. I am careful to use a fairly large flask which can hold enough ice to keep the prostaglandin or trimix cold for 15 to 20 hours till I get to my destination hotel. It is essential that you pack the flask into your bag which you are checking in. You cannot bring it with you in a carry-on because of the restrictions against liquids. You may be able to carry it with you if you have your doctor's prescription with you. It depends on the particular security guard. Even then, they may take it away from you. So it is always best to pack it in your checked luggage.

When I get to my hotel, I always make sure that my room will have a small refrigerator. Then, upon checking in, I remove the vial from my flask and place it in the room refrigerator behind some of the cans or bottles – again, to hide it from inquisitive eyes.

If I am on an extended trip, I bring two vials with me plus a supply of syringes. In my numerous trips to the Philippines, my favorite locale for women, I have never failed to gain a firm erection at any time of day or night.

The Drawbacks

There are two drawbacks to using this technique. One is very minor and the other is similar to that sometimes caused by Viagra, Cialis, and Levritra.

The minor drawback is that sometimes your needle will hit a vein and cause a red spot at the point of injection. When this happens, I hold my member as though I am stimulating myself. Never has this caused a problem or question.

The second inconvenience is the same that is caused by the three well-known drugs above. While your erection may be hard, and stay hard, it can sometimes take longer to ejaculate. Not always, but sometimes. I am told this is a fairly common occurrence experienced by men using any of these remedies.

The procedure I have described above is my own chosen practice. It works wonders for me. You may develop your own method.

Final Thoughts

The method described above is one followed by myself following specific guidance and recommendation from The Boston Medical Group. It is not suggested as a guideline

for you. I have written this review in the belief that this particular alternative solution to the challenge of ED has proven dramatically beneficial in my own life. In my experience, there is no product I have tried or heard about that can compare to the ease, fast response, and low cost of injection with Prostaglandin or TriMix.

This is neither a promotion for The Boston Medical Group approach, nor is it an authorized recommendation that you try it yourself. It is my own personal review only, and I believe it essential that you consult your own doctor before attempting the above procedure on your own.

The Boston Medical Group can be contacted at the following website: www.BostonMedicalGroup.com. The phone number is: 1-866-382-6256. Beyond that, you should also consult your own doctor.

I wish you the same good fortune and improved sex life that I now experience at the age of 68.

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Update: TriMix-Gel

Recently a new product has come to market, TriMix-Gel (trimixgel.com for more information).

Given the fact that many men cringe at the thought of using a needle in their most precious parts, a doctor has created a gel version of TriMix. The website mentioned will have more details.

I have not personally tried the gel form of the medicine, as the doctor does say it is less effective than the injection method, and I personally have had great success with the injection. It is fast and works amazingly well. As always, consult your own personal doctor before attempting either of these.