QUANTUM THERAPY USING RIKTA DEVICE
IN MANAGEMENT OF PATIENTS WITH ERECTILE DYSFUNCTION
Guidelines for Physicians

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INTRODUCTION

Impotence (erectile dysfunction) is inability to achieve or maintain erection necessary for penetration. Erectile dysfunction is categorized into hormonal, neurogenic, psychogenic and organic (vasculogenic). The latter may be related to penile arterial or venous insufficiency or cavernous tissue sclerosis.

Causes of erectile dysfunction are numerous and include congenital malformations, torpid viral and autoimmune infections. Erectile disorders in patients with trauma or spinal diseases may be related to the level and degree of spinal injury. Neural and vascular lesions causing sexual dysfunction may be caused by rectal, bladder and prostatic surgery.
Diabetes mellitus has a special place among endocrine diseases associated with erectile dysfunction. The pathogenesis of diabetes-related erectile dysfunction involves a variety of interrelated hormonal, psychologic, vascular and neurogenic factors. Lesions of the penile vasculature and cavernous tissue have a dominant role in the development of erectile dysfunction in these patients.

Organic causes related to penile and cavernous vessels have been reported to underlie 70 percent of erectile disorders. Perineal injuries, pelvic fractures and urethral lesions can result in arterial insufficiency. Erectile dysfunction occurs in 15-20 percent of patients with essential hypertension because of rigidity of penile arterial walls and negative effects of systemic hypertension on the cavernous tissue.

more common in old age. This is related to intensive connective tissue growth as an age-specific event.

Urogenital tract diseases (chronic prostatitis, prostatovesiculitis) are a frequent cause of erectile dysfunction. According to the Moscow Institute of Urology, 72 percent of patients with sexual dysfunctions had urogenital diseases, and 78 percent of patients with chronic prostatitis showed sexual functional disorders. Sexual dysfunction was found in 30-40 percent of patients with noninflammatory prostatic diseases (atonia, congestive prostatitis). Fifty percent of patients with benign prostatic hyperplasia displayed erectile dysfunction which persisted in the postoperative period in some.

Therefore, causes of erectile dysfunction are diversified and numerous. Knowledge of etiologic and pathogenetic mechanisms of erectile disorders is very important in the diagnostic work-up, the key task of which is to find an optimal therapy.

Patient evaluation begins with physical examination of constitutional features, development of secondary sexual signs, the hair pattern, testicles and epididymis, the prostate, seminal vesicles. The penis is examined for albugineous tunic abnormalities and a deformity. Laboratory tests of prostatic secretion and sperm can reveal inflammation, congestion and indirect signs of endocrine disorders. Evaluation of testosterone, prolactin, estradiol and gonadotropic hormone levels is useful.

Therefore, differential diagnosis of erectile disorders should comprise various methods. Not infrequently the diagnosis is elusive because of a cluster of etiologic and pathogenetic factors. Comprehensive assessment of the neurologic, psychologic and endocrine status of patients, of local hemodynamics, mechanisms and etiology of erectile dysfunction ultimately provides a therapy strategy.

**PRINCIPLES OF ERECTILE DYSFUNCTION THERAPY**

Conservative treatment of erectile dysfunction should be pathogenetically relevant and comprehensive

Pathogenetic therapy is aimed at improvement of penile hemodynamics and arterial blood inflow, correction of hormonal disorders and restoration of penile innervation in the presence of neurogenic impotence.

Any methods that are helpful for correction of organ and system function, metabolism, reversal of neurotic conditions and emotional stabilization may be added to the management of erectile disorders.
Drug therapy comprises angioprotectors, vasodilators, alpha-adrenoblockers, deaggregants, antihypoxic drugs and adaptogens. Three to four-week nicotinic acid, trental and curantyl therapy is also used.

Vitamins B, which exerts antihypoxic and specific stimulating effects on the male genital tract, can be used in therapy for 1-3 three months.

Common adaptogens are extracts and tinctures of ginseng, eleutheroococcus, leusea, radiola and pantocrine. Their tonic effects are related to their glycoside component and seen after 10 to 30-day treatment.

Selective improvement of penile blood flow is obtainable with yohimbin and tentex. Dopplerography shows a significant increase in penile arterial blood inflow after the intake of one yohimbin pill. Yohimbin treatment is two to four week-long.

**QUANTUM THERAPEUTIC DEVICE RIKTA IN MANAGEMENT OF PATIENTS WITH PROSTATIC DISEASE AND ERECTILE DYSFUNCTION**

Quantum treatment of erectile dysfunction associated with chronic prostatitis should be combined with traditional interventions, primarily antibacterial therapy which ought to be controlled by susceptibility tests of the prostatic secretion and ejaculate flora. The microbial flora as a rule is not found in prostatic secretion in the presence of congestive prostatitis and antibacterial therapy is unnecessary; magnetic-laser therapy alone is appropriate in these cases, as it improves prostatic microcirculation and venous outflow. Results of studies in our clinic suggest a high efficacy of quantum therapy in congestive prostatitis. Quantum therapy of erectile dysfunction uses the RIKTA device with pulse rates in the range of 5 to 1,000 Hz. Initial 50 Hz laser therapy is delivered to the perineum and the suprapubic area for five minutes. Perineal pain reversal, improvement of the general well-being and sleep are seen after the second or third treatment sessions. The frequency is increased to 1,000 Hz starting from the fifth procedure, and prostatic massage, warm baths, enemas with plant-derived antiseptics and a 10-day course of rectal suppositories are added to therapy.

The total course of quantum therapy includes 12-15 procedures. Adaptogens and drugs improving the penile blood flow (tentex forte, yohimbin) should be prescribed to patients with congestive prostatitis and vesiculitis after this therapeutic regimen. In this period, quantum therapy is delivered to the lumbosacral plexus projection in a line linking iliac crests. A 50 Hz frequency is used during first three treatments and 1,000 Hz later. Exposure is five minutes. A total of ten procedures are delivered. In our experience, this is an effective therapy increasing the number of frictions and improving erection in patients with a weak sexual constitution.

It is useful to repeat this therapy in two months.

**CHRONIC PROSTATITIS WITH ERECTILE DYSFUNCTION**

Chronic prostatitis is commonly an outcome of an acute inflammatory prostatic disease. Treatment of erectile dysfunction complicating chronic prostatitis should be a part of multimodality management. Quantum therapy is delivered to the perineum and the suprapubic area. The irradiation regimen is adjusted to the inflammation activity, and the pulse rate is increased from 50 Hz to 1,000 Hz. Exposure is 5 minutes. The regimen includes 10-15
treatment sessions. We saw normalization of the prostatic secretion and alleviation of prostatic edema after six to eight treatments. Prostatic secretion leukocyte counts increased in 37 percent of patients. We interpreted it as favorable sign indicative of stimulation of prostatic secretory and excretory function with restoration of excretory duct draining due to mucus and detritus elimination. Lecithin granule numbers grew, an indication of functional recovery of the prostate.

If causative organisms are found in a prostatic secretion or ejaculate culture, we recommend the following quantum therapeutic regimen: three-five treatment sessions to stimulate prostatic microcirculation and permeability to antibacterial drugs. Starting from the fourth-sixth session, antibacterial drugs are added with consideration for findings of prostatic secretion and ejaculate susceptibility tests. We obtained sterile urethral secretion cultures in all cases after such therapy. After treatment of chronic bacterial prostatitis is completed, quantum therapy should be used in combination with the above presented interventions for erectile dysfunction. Preventive therapy of these patients should be carried out two times a year. Inclusion of quantum therapy in the patient management significantly improves prostatic function and results in qualitative and biochemical normalization of the ejaculate presenting as its lower viscosity, higher activity and motility of sperm cells.

QUANTUM THERAPY IN MANAGEMENT OF PATIENTS WITH DIABETES MELLITUS AND ERECTILE DYSFUNCTION

Diabetic patients with erectile dysfunction pose a special problem for a physician. Diabetes mellitus is associated not only with microangiopathies of "target" organs like the retina, kidney vessels and the heart but also with circulatory disorders in the small pelvis and the penis. Erectile insufficiency has been reported in 74 per cent of diabetic patients and ejaculation disorders in 69.9 percent. Therefore, treatment of erectile dysfunction in patients with diabetes mellitus is a very complex task. Apart from insulin and other drugs correcting glucose levels, microcirculation-improving drugs such as angioprotectors trental, curantyl and nicotinic acid should be used for three-four weeks. Acetyl salicylic acid is prescribed as a deaggregant, 100-250 mg overnight, and Aevit as an antioxidant, one pill three times a day.

Quantum therapy is delivered with two emitters. One is applied between the anus and the penis root and the other on the lower abdomen near the middle of the pubis. The emitters are tightly pressed to even body surfaces. The procedure is carried out once a day. A 50 Hz frequency is used during the first 2-3 treatments and 1,000 Hz later. Exposure is five minutes. The number of treatment sessions is at least 15. The patient should stay in a warm room for at least an hour after a procedure.

To improve the penile blood flow, quantum therapy is delivered by scanning of lateral surfaces of the penis at 50 Hz. Exposure is two minutes on each side. Not less than 10 treatments are given.

Therefore, quantum therapy of certain diseases associated with erectile dysfunction is pathogenetically relevant and helpful. A major mechanism of therapeutic effects of the RIKTA is microcirculatory improvement and normalization of the blood rheology, hormonal balance, cell-mediated and systemic immunity, all resulting in improvement of organ morphologic and functional activity.

Broad use of quantum therapy using the RIKTA device in the management of patients with erectile dysfunction yields a more sustainable effect as compared to conventional therapies.
RECOMMENDATIONS TO THE PATIENT

Esteemed Patient! Your physician has prescribed a quantum therapy regimen after a careful examination. We remind you that the efficacy of therapy is expectable if you comply with all recommendations of your doctor. We also remind you of the need to meet the following recommendations:

1. During therapy you should adhere to a diet that is free from spicy foods and contains enough fruit and vegetables. It is important that the intake of mineral water, fruit juices or compottes is at least 1.5 liters.
2. Quantum treatments should be carried out at one and the same time of the day.
3. Treatments should be conducted with the patient lying on an even surface with a cushion under the lower part of the body.
4. The urinary bladder should be full during a treatment session.
5. Plug the RIKTA device into the power mains without turning on the emitter.
6. Place one emitter on the middle line of the perineum between the anus and the scrotum, tightly press it against the skin and put the second emitter on the lower part of the abdomen above the pubis, also snugly. Your physician determines the exposure time and a number of treatments.
7. If your physician has prescribed to you quantum therapy with insertion of the RIKTA device's emitter into the anus, put a condom on the emitter, grease it with sterile vaseline oil and introduce it not deeper than 8 cm. The second emitter is placed on the urinary bladder area and tightly pressed against the skin.

Esteemed Patient! We remind your that rarely, after the second or third treatment, there may be a certain deterioration of your disease. However, it is a sign of prominent therapeutic effect. As a rule, stable improvement occurs after the fourth or fifth treatment.

WE WISH YOU GOOD HEALTH!

LITERATURE