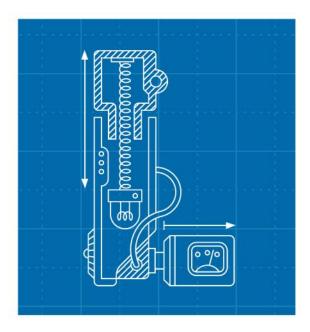




NEW Year MARCO GORAN ROMANO 0 NEW DICK He wanted harder erections and stronger orgasms. So he exposed his equipment to unconventional procedures on the needle's edge of penis enlargement. Why? Glad you asked. Allow him to explain. 0 0 BY BEN GREENFIELD PHOTOGRAPHS BY ANDREW HETHERINGTON 0 000000 000000 0 0 8 8 000 00 P. 109



LYING FACEDOWN AND BUCK NAKED ON AN

exam table, I grimace and squirm as a physician assistant in blue scrubs repeatedly inserts a small tube through an incision in my back. I grit my teeth, but the sting is dulled by the lidocaine injection coursing through my soft tissue. A loud sucking sound emanates each time she pulls the tube out, like a straw pulling up air from the bottom of an empty glass.

"You should've eaten more doughnuts," she tells me, which isn't the kind of thing you want to hear when the Spartan Race World Championships you've been training for are just two weeks away. "There's not a whole lot of fat tissue back here for the stem cells."

Should I get hit by a bus or suffer from a disease like Alzheimer's or Parkinson's, therapeutic stem cells just might hold the promise to one day help me heal like Wolverine. But I'm at the U.S. Stem Cell Clinic in Sunrise, Florida, for a more, uh, recreational purpose: to harvest my own stem cells so they can be injected into my penis. It's a procedure that poses serious risks (permanent limp dick), promises great upside (harder erections, increased size) and has little published data to support doing something so extreme to your manhood.

So why am I doing it? Well, I'm not a hypochondriac seeking to ward off erectile dysfunction and restore my teenage glory days, if that's what you're imagining. I'm a regular 35-year-old guy from Washington whose dick works just fine, thank you. I have a wife (yes, we're monogamous) and 9-year-old twin boys. We live on a small farm in the woods, where I keep an organic vegetable garden and several goats and chickens.

Despite my quiet and generally peaceful routine, I'm a relentless self-experimenter who pushes the boundaries of sound judgment. As a professional biohacker, I apply

technology to make my body more efficient while exploring the fringes of science and medicine. But the journalism can't be too immersive. These stem cell injections go into your *corpora cavernosa*. That would be the top, spongy area of your penis—a comforting thought should you envision (like I did) a giant needle being shoved into your pee hole.

OKAY, SO MAYBE I AM A LITTLE OBSESSED WITH MY

package. Over the past year, I've explored different ways to enhance my erections and induce toe-curling orgasms. High-intensity acoustic sound wave therapy blasting my crotch? Been there, done that. Red light therapy on the gonads? A daily must. Controlled ejaculation frequency? Cookie Monster's balls were never so blue.

Experimenting with stem cells seemed like the perfect capstone to my adventures. Apostolos Lekkos, D.O., a regenerative medicine physician in Santa Monica, says they have the potential to become any cell needed in the body and could really be a fountain of youth. "A stem cell can become a cardiac cell and replace damaged heart muscle after a heart attack. It can become a neuron and repair brain tissue after a stroke," Dr. Lekkos says. "We're currently using stem cells to improve a plethora of conditions related to autoimmune, neurological, orthopedic, and degenerative conditions such as congestive heart failure, COPD, kidney failure, liver failure, and erectile dysfunction."

Last March, the European Association of Urology published results of a clinical trial showing that stem cells can restore sufficient erectile function to allow previously impotent men to have spontaneous intercourse. Eight of 21 patients regained their sexual function, and it's the first time stem cell therapy has enabled

men suffering from ED to recover enough penis function to have sex. The Danish researchers utilized the same fat-sucking stem cell harvesting procedure that cost me a cool \$8,000 at the U.S. Stem Cell Clinic, which covers about 30 vials and "stem cell banking" (storage of extra cells for future treatments).

JUST THE TIPS

The other dick experiments our intrepid author tried.



HIGH-INTENSITY ACOUSTIC SOUND WAVE THERAPY

• WHAT Shock wave therapy has been used to break up kidney stones. The idea with the penis is to treat a root physiological cause of erectile dysfunction: poor bloodflow. Eight to 12 weeks after the procedure, new blood vessels are supposed to grow in the genitals, a process known as neovascularization.

- **HOW** Use a clinic that specializes in this therapy. In the United States, more than 90 such GAINSWave clinics offer a patented form of acoustic soundwave therapy. Simply smear on the numbing cream, lie back, and let them blast your crotch with a wand for 20 minutes.
- ► cost \$3,000 to \$5,000, depending on the number of treatments needed.
- ► TIME COMMITMENT Severe ED may require six to 12 sessions, spread out over a year.



A QUICKIE INTERVIEW WITH MRS. GREENFIELD

Did you ever feel like Ben's guinea pig?

I'd rather him be "testing" on me versus him hiring a female lab assistant. We learned a lot about making sex more meaningful instead of just sneaking away after the kids were in bed. We connected a lot more.

How did you find the time for all his experiments?

We had sex several times a week instead of our usual one or two. We told our boys not to come into the bedroom if they heard music playing, because that means Dad is snuggling Mom.

Did you ever grow tired of the experiments?

The only thing I "had" to do was make love with my lover a few extra times a week. But I did get scared when his penis was all black and blue after the stem cell injections. He also woke me up a few times at night because some of the stuff kept giving him hard-ons while he was asleep. So I lost a bit of rest.

What do you think of Ben's penis now?

I like it even better. Maybe because he started grooming himself down there with these experiments.

Before committing to a penile injection, I reviewed the risks. If done incorrectly, I could suffer serious infection, nerve damage, and complete loss of sexual function, going from ramrod straight to wet-noodle saggy. Call me reckless, but I'm not one to let reasonable fear get in the way of personal discovery and a fun story.

First, my fat (adipose tissue) was removed in a process called mini-lipoaspiration. It was then spun in a centrifuge to remove the fat cells and create a bloody stew rich in mesenchymal stem cells—the type that can transform into other types of cells, such as bone cells, cartilage cells, or muscle cells. The stem cells are then filtered out and, when ready for injection, can be added into the patient's own platelet rich plasma (PRP) and injected into areas



- what I experienced A painless vibrating sensation, followed by nearly two months of nighttime erections as if I were 15 years old all over again. Don't snicker, but I was treated by an anti-aging doctor named Richard Gaines, M.D.
- ► EXPERT TAKE A study published in the journal Therapeutic Advances in Urology concluded that low-intensity shock-wave treatment aimed outside the body "is a revolutionary treatment of ED and probably possesses unprecedented qualities that can rehabilitate erectile tissue."
- ► UNEXPECTED FINDING The numbing agent they put on my penis wore off several hours later while I was having dinner at a Cuban restaurant with my 90-yearold grandmother. We were deep into a conversation about diabetic glaucoma when I felt something twitch in my loins, and I popped a tent like a teenager on the bus. I excused myself from the table and went to the bathroom to check myself. My penis was venous, big, and throbbing. Good thing I wore tight jeans. After dinner, I gave Grandma an awkward shouldersonly hug goodbye.



CONTROLLED EJACULATION FREQUENCY

- WHAT According to the eastern philosophy of Tao, men who regulate their ejaculation frequency and retain their semen will grow strong, have a clearer mind, and maintain high levels of testosterone, sperm, and semen.
- ► **HOW** The most common system is to limit ejaculation frequency

to every few days. You can still have sex; you're just not supposed to orgasm every time. On the edge? Jam your fingers into your perineum, the area between your scrotum and anus.

- ▶ **cost** Free, aside from the tranquilizers you might need to keep from transforming into a pentup, angry, moody, aggressive, blue-balled man when you decide to have sex but not ejaculate.
- **TIME COMMITMENT** Pedram Shojal, author of *The Art of Stopping Time*, recommends age-

of concern. Used to concentrate blood platelets and growth factors, PRP is becoming a solution for various orthopedic conditions, such as arthritis of the knee and tendinopathies, as well as muscle injuries and surgical repair.

Straight-up PRP injections can be used to treat the penis, but

in this newer technique, PRP is blended with stem cells for their regenerative benefits. The injection can occur on the same day as the harvest. But in my case, according to the physician assistant, I was "way too skinny" (I prefer "shredded") to get enough fat tissue for multiple treatments on the same day.

After returning home from Florida, I looked up stem cell and anti-aging clinics in Eastern Washington and Northern Idaho. Most of the phone calls started like this: "Hi, have any of your physicians ever injected stem cells into a penis?" I didn't want a rookie with trembling hands dropping a syringe of my expensive stem cells, nor did I want someone's first time to be with my penis.

"Well," the receptionists typically said, "we do joints like knees and elbows, along with skin beautification procedures, but we could try, although—"

"Thank you! Have a great day!" Click.

Finally, on my fifth call, the office manager at Lenoue Integrative Medicine in Spokane told me, "Yes, Dr. Pasma has performed this several times. It's not a difficult procedure. Do you already have access to your stem cells?"

Eight weeks after being harvested, my baby Frankensteins were ready to be shipped. The U.S. Stem Cell Clinic sent me an order form, did a virtual \$500 swipe of my credit card, and voilà: There was a knock at my front door at 7 a.m. on the morning of my injection. Bleary eyed, I opened it and found a smiling, freckle-faced FedEx driver



OUR AIRBNB GUEST FOUND ME NAKED IN FRONT OF AN ENORMOUS RED LIGHT PANEL. SOMEHOW I STILL GOT A FIVE-STAR REVIEW.

holding a potential holy grail of sexual vigor. Two hours later, clutching my precious stem cells with both hands, I shouldered open the glass doors at Lenoue Integrative Medicine. An unshaven, messy-haired 20-something in blue scrubs and orange tennis shoes looked up from behind the counter. "Hi, can I help you?"

I cleared my throat and glanced around nervously, hoping to find anyone other than this apparent frat boy.

"I'm Ben Greenfield. I'm here for...you know...the injection." He smiled broadly and extended his hand. "Mr. Greenfield! We've been expecting you. I'm Dr. Jonathan Pasma."

Gulp. I reached over the counter and shook his hand, looking for even the slightest sign of a tremor. But I couldn't find an excuse to back out now. After unveiling my stem cells—two unimpressively small syringes on ice at the bottom of a large Styrofoam box—I filled out a few pages of paperwork. Within minutes I was in the exam room.

First, Dr. Pasma gathered a vial of blood from my arm, to be spun in a centrifuge and blended with my stem cells. Fifteen minutes later, he returned with a handful of syringes and an iPad. "So, what kind of music do you want to listen to?"

I shrugged at the unexpected question but thought to myself, *The kind that induces deep focus and concentration, doc.* When I opened my mouth, I said, "Deep house, I guess?" With techno beats thumping in the background, I fell backward on the table and jacked down my pants. Remember this the next time your doctor needs to check anything below the belt: It's like jumping off a cliff into the ocean. The longer you wait, the more awkward and difficult it becomes. In my year of so-called "dicksperiments," I had mastered CONTINUED ON P. 122

based orgasm frequencies: 20s, unlimited; 30s, three or four a week; 40s, two or three a week; 50s, one or two a week; 60-plus, one orgasm a week, if healthy.

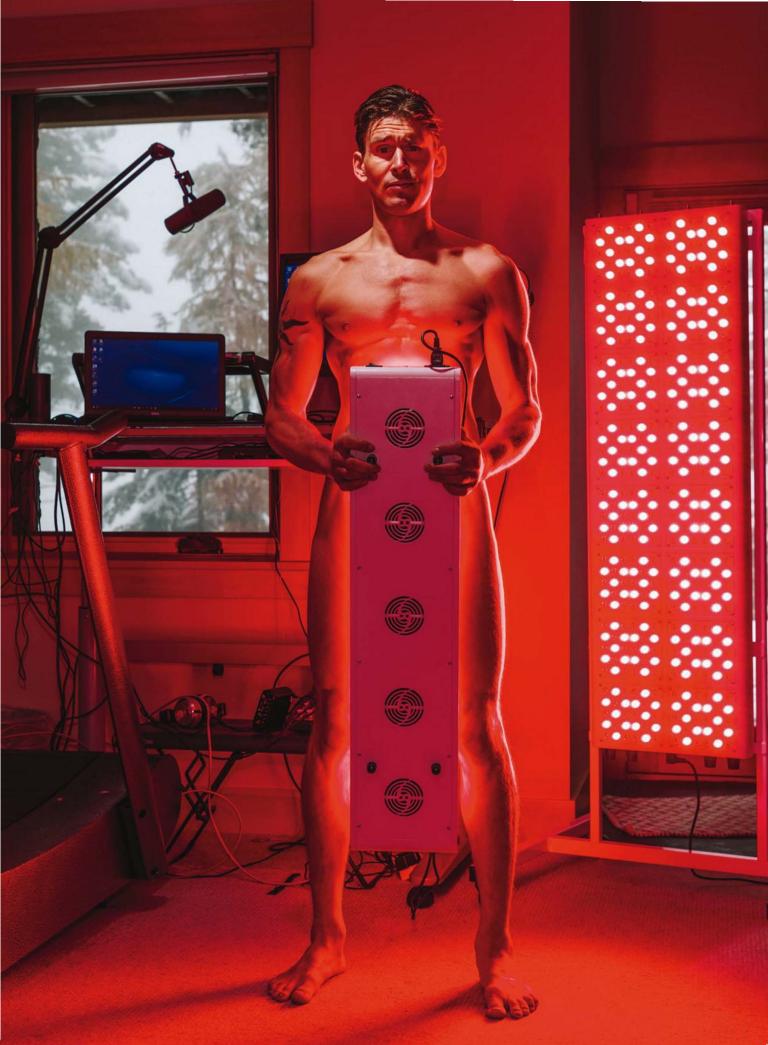
- **WHAT I EXPERIENCED** It's hard to "finish" without blowing your load. I only lasted a month.
- EXPERT TAKE According to researchers from the Boston University School of Public Health, ejaculating at least 21 times a month may reduce a man's prostate cancer risk, depending on age.



RED LIGHT THERAPY ON THE GONADS

- what Studies have shown the positive effects of red light and low-level laser light on human sperm samples, which increases motility without causing any DNA damage from the radiation exposure. Research has also shown a link between continuous light and increased testicular function in rats.
- How You want a red LED light so you don't end up frying your sack. Make sure the device is able to produce wavelengths in the 600-to-670 nanometer range; I used the Joovv Full Body LED Red Light Therapy panel. Then it's simple: Bathe your balls in red light for about five to 20 minutes a day. You're well advised to invest in a quality pair of sunglasses or tanning bed glasses to wear during use.
- **COST** Anywhere from \$70 to \$795, depending on how fancy you go with your red light.

- TIME COMMITMENT For me?
 Zero, since I did it while talking on the phone, typing, and reading.
- ► WHAT I EXPERIENCED More vascularity and firmer erections. The full-body effect of the large red light panel seemed to improve my mood as well.
- PEXPERT TAKE While research has been conducted on men's semen samples (and those of other species), the overall impact on human health is unknown. Anyone using this method is doing so at his own risk.



the drill: Wear loose pants, preferably no underwear, and expose yourself as if it is the most natural thing in the world.

The next few minutes went by quickly. Dr. Pasma injected a nerve block into the right and left sides of my penis. A few seconds later, he took the two syringes of my stem cells, mixed them with plasma, and injected them into the top of my penis. I sighed in relief; this guywas no slack—he was just a fast-working professional. The entire procedure took less than five minutes.

As I pulled up my pants, he held out another syringe. "You want this?" he asked.

I furrowed my eyebrows. "You didn't inject all the stem cells?"

"Nah, this is just leftover plasma. But it makes a great facial moisturizer."

SO IS THIS ALTERNATIVE MEDICINE

junk science ... or *junk* science? "For men without any symptoms oferectile dysfunction, stem cell injections in the penis are unlikely to cause any benefit but are more likely to cause harm," says Alex Shteynshlyuger, M.D., a surgeon at New York Urology Specialists. "We know that the injection of medications into the penis predisposes men to a small risk of scar formation called Peyronie's disease, which can lead to erectile dysfunction, bent penis, and shortening and narrowing of the penis. While the risk from a few injections is small, it is not a pleasant risk for men who have no problems to start with."

Dr. Shteynshlyuger also says that penile stem cell injections currently being marketed to men should be called "god knows what" injections. While the hope is that stem cells lead to penile regeneration, he says, there is no assurance that they won't become abnormal cells, such as precancerous ones. Dr. Lekkos, the regenerative medicine physician from Santa Monica, sees it differently. "Stem cells tend to form into the tissue based on the environment where they are placed," he says, noting that adipose-derived stem cells (the ones I used) are less risky to use than embryonic stem cells.

The more I learned, the more my head spun. But I had already started questioning things the day after my stem cells were harvested at the U.S. Stem Cell Clinic in Florida. That was the day the FDA issued the clinic a warning letter for "violating"

good manufacturing practices," including ones that could affect the sterility of their products. FDA commissioner Scott Gottlieb, M.D., also warned the clinic about misleading "vulnerable patients into believing they are being given safe, effective treatments that are in full compliance with the law." The clinic maintains that procedures" in which a patient's own cells are reinjected back into the patient are based on sound science and are conducted by a licensed health care professional in a safe environment." However, the clinic hasn't had any of its biological products reviewed or approved by the FDA.

As for my own experience: Three hours after the stem cell/PRP injections in Spokane, my dick looked as if it had been run over by a tractor trailer. The next morning, before I left town for business, I had a quickie with my wife. I felt firmer, bigger even, and the orgasm was mind-blowing. Afterward, upon seeing how black and blue my penis was, my wife said, "That must've hurt." It did, a little, but I was committed to this story.

Four days later, back home from my business trip, we went at it again. By now the bruising was gone and the sex was even better. We've lived together going on 15 years, and though my wife has rarely uttered aword about the size of my penis, she remarked, as I emerged from the shower one morning, "Is that swelling from the surgery, or is it just growing? It's bigger."

According to New York City urologist David Shusterman, M.D., these sound like the benefits of PRP-also known as a Priapus shot or P-shot-which should always be administered by a urologist to maximize the effects and minimize bruising.

"PRP is effective for HD and will increase penis size and firmness during an erection," Dr. Shusterman says. "The difference between stem cells and PRP is that PRP is better studied and is, in my opinion, safer for now. Stem cells may be another treatment option over time, but stem cell therapy is currently more experimental and not as effective as the P-Shot."

Should my genitalia turn gray, fall off, or explode, I will cry, curse myself, and be sure to let everyone know. For now, at least, I just have to figure out how I'm going to tell my children that Dad spent a hefty portion of their college fund on his dick.•

lunch, he elaborates: Calorie balance alone does not explain obesity; it's a complex phenomenon involving how our environment interacts with multiple biological mechanisms. And he's not convinced that low-carb is the answer for everyone.

At a rematch debate at Columbia University last April, Hall ran slides headed "Ludwig versus Ludwig" that purported to show instances in which Dr. Ludwig's own data seemed to contradictthe carb-insulin theory. In a recent review, Hall reported that there was no reason to fund more diet trials evaluating whether low-carb diets achieved marginally different average weight losses than other diets. Instead, he said, more resources should go toward tailoring effective diets to individuals and to identifying factors that help sustain people over the long haul. One diet cannot possibly rule them all.

"It seems like there's an effort to close down a promising line of investigation," Dr. Ludwig responds. "Both Hall's study and our study showed previously unrecognized effects of diet on caloric expenditure. We need more research, not less."

"Proponents of different diets are often convinced that their diet has a good scientific explanation," Hall counters, "but is the science behind it that strong? How well has it been directly tested?" He insists that he doesn't favor one diet over another, but adds, "Not everything you think you know about nutrition is wrong."

SEEKING A WAY TO RESOLVE THIS

polarized debate, I turn to Christopher Gardner, Ph.D., director of nutrition studies at the Stanford Prevention Research Center. Gardner has just completed his own lengthy comparative diet study. Called DIETFITS, its aim, in part, is to compare healthy lower-fat and healthy lower-carb diets but in free-living people; his study participants were not confined to a hospital as Hall's had been.

Gardner has gained a reputation in the scientific community as an honest broker. His rigorous 2007 clinical trial found that low-carb diets (Atkins and Zone) were no better for weight loss than a standard low-fat diet or an ultralow-fat Ornish diet. In follow-up research, Gardner found that people who were considered insulin resistant responded better to a low-carb diet than to a low-fat diet.