

DR MUHAMMAD HARIS BURKI INTERNATIONALLY RENOWNED PSYCHIATRIST SEXOLOGIST PROVIDES CONSULTANCY IN SEXUAL AND ,MENTAL HEALTH. HE IS MBBS DOCTOR HOLDING PHD DEGREE IN SEXOLOGY.IN FIELD OF PSYCHIATRY HE IS WPA CME CERTIFIED .HE IS CERTIFIED BY AMERICAN MEDICAL ASSOCIATION IN FIELD OF SEXOLOGY AND PSYCHIATRY.

.DR BURKI IS EXCLUSIVELY QUALIFIED IN TREATING SEXUAL DYSFUNCTION DUE TO PSYCHIATRIC DISORDERS AND PSYCHIATRIC PROBLEMS DUE TO SEXUAL DISORDERS.AS A COUPLE THERAPIST HE SALVAGE MARITAL LIFE OF HUSBAND AND WIFE.DR HARIS HAS CONDUCTED DOZENS OF RESEARCHES IN FIELD OF SEXUAL PSYCHIATRY.UP TILL NOW HE HAS MADE 50 INTERNATIONAL PRESENTATION IN CONFERENCES OF PSYCHIATRY AND SEXUAL HEALTH HELD IN CANADA,SPAIN,FRANCE,AUSTRALIA,SWEDEN ETC.

PREMATURE EJACULATION, ERECTILE DYSFUNCTION AND VARIOUS ORIENTAL SEXUAL DISORDES LIKE DHANT,ZAKAWATEE HISS, EXCESSIVE NOCTURNAL EMISSION (ahtalam) POST ORGASMIC FATIGUE AND GUILTS AND DEPRESSION DUE TO SEXUAL MYTHS ARE AMONG HIS SPECIAL INTERESTS.DR BURKI HAS DESIGNED TWO MAOEUVRES FOR PREMATURE EJACUALTION.WITH HELP OF VIDEOS PATIENTS ARE TAUGHT HOW TO IMPROVE SEX TIME .HE HAS CREDIT OF INTRODUCING NEW DRUGS FOR THIS PURPOSE AS WELL.DR BURKI HAS INTRODUCED ORIENTAL CONCEPTS OF LIKE ZAKAWEETAY HISS TO WEST ON SCIENTIFIC BASES HE IS AN AUTHORITY IN TREATMENT OF THESE DISEASES

DR BURKIIN LAST TWO YEARS HAS FOCUSED ON FIELD OF FEMALE SEXUALITY AND WITH ASSISTANCE OF FEMALE GYNEACHOLOGIST IS GIVING CONSULTANCY TO WOMEN.HE HAS PROVED IN HIS RESEACHES THAT PAKISTANI WOMEN SUFFERING DUE TO LEUCHORRHEA ACTULAY HAVE PSYCHIATRIC PROBLEM THAT CAN BE TREATED.

WEDDING NIGHT PACKAGE IS FOR UTRAINED FEAR FUL BRIDEGROOMS.WITH HELP OF VIDEOS AND MODELS BRIDEGROOMS ARE TRAINED FOR SUCCESSFUL PERFORMANCE ON WEDDING NIGHT.

DR BURKI ALSO PROVIDE ONLINE CONSULTANCY FOR THOSE WHO ARE FAR AWAY FROM LAHORE.OVERSEAS PATIENTS ARE ALSO ENTERTAINMENT.

GOLDEN PRINIPLE FOR SEXUAL HEALTH ARE GIVEN IN PICTURES BELOW

DR BURKI IS AFFLIATED WITH INTERNATIONAL ORGINIZATION LIKE

(WAS) World Association Sexual Health

ISSM international society for sexual medicine

scientific and research groups of WAS

AEP Association of european psychiatrists

WPA world psychiatric association as senior member ELN

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PREMATURE EJACULATION IN PAKISTAN — Lahore

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PREMATURE EJACULATION IS MOST PREVALENT SEXUAL DISORDER.IN WARM CLIMATE LIKE [PAKISTAN](#) AVERAGE SEX TIMING OF MALE IS MINIMUM.INCMOPTABILITY OF TIMING BETWEEN MALE AND FEMALE HAS CAUSED FRUSTRATION IN COUPLE.COMPLIAN OF DROPS (DHANT) AND EXCESSIVE NOCTURAL EMISSION(AHTHALAM) ARE ASSOCIATED DISORDERS.MANY PATIENT S GET HOOKED TO ADDICTION DUE TO THIS ORDER.

DR MUHAMMAD HARIS BURKI IS WORLD WIDE AUTHORITY DEALING WITH THIS PROBLEM.HE HAS CONDUCTED RESEARCHES PRESENTED PAPERS ON THIS TOPIC ,IN ALL PARTS OF WORLD.HE IS DESIGNER OF NEW TECNIQUE FOR DELAYING EJAVULATION COMMONLY KNOWN AS BURKI,S MANOUVER.HE ALSO HAS INTRODUCED NEW MEDICATION GABAPENTINE FOR TREATMENT OF PREMATURE EJACULATION IN MADRID (SPAIN) IN CONGRESS OF EUROPEAN PSYCHIATRY.DR BURKIHAS DISCOVERED INTIMATE RELATION BETWEEN

ANXIETY DEPRESSION AND PREMATURE EJACULATION.HE HAS EXCLUSIVE TREATMENT FOR CONCOMITANT PSYCHIATRIC PAIN AND MISERY.

VERY RECENTLY DR BURKI HAS DESIGNED NEW MANOEUVRE BURKI II FOR PREMATURE EJACULATION.C;Just click following links

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PDE5 Inhibitors for LUTS: Discussion

Authors and Disclosures

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Abstract and Introduction

Background

Epidemiologic Data

NOS/NO Theory

AH and the Metabolic Syndrome

Rho-kinase Activation

Pelvic Atherosclerosis

The Effects of PDE5 Inhibitors on LUTS

Discussion

References

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Both ED and LUTS secondary to BPH are found to be increasingly prevalent as men age. Several large epidemiologic studies have shown an association between LUTS and ED independent of age and other co-morbidities, implying a causal relationship. Few studies have examined a temporal association, and further research is required.[91,92] Four possible pathophysiologic mechanisms have been described and may explain the role of PDE5-inhibitor therapy in LUTS. PDE5 inhibitors facilitate smooth muscle relaxation through the NO/cGMP pathway, with effects in the bladder, prostate, and urethra. This theory is supported by the findings of multiple large trials showing significant improvement in LUTS after PDE5-inhibitors therapy. In addition, PDE5 inhibitors have been shown to counter AH (which is mediated through increased second messengers NE and endothelin levels). Rho-kinase's effects are mediated in part by these same second messengers, and it too can be affected by PDE5 inhibitors. Pelvic atherosclerosis and ischemia tie together all these concepts. In its presence, Rho-kinase is upregulated, NOS is downregulated, and AH is induced as a component of the metabolic syndrome.

The results of these studies imply that PDE5 inhibitors predominantly improve storage symptoms (IPSS) rather than voiding symptoms (Qmax). However, the exact mechanism of action is not well understood. Earlier studies have shown increased LUTS in aging men and women, pointing to a source other than the prostate causing these symptoms.[93] Experimental models, in human and rat tissue, have shown that PDE5 inhibitors decrease nonvoiding bladder contractions.[94,83] In addition, PDE5 inhibitors have been shown to improve urodynamic parameters in SCI patients.[82] PDE5 inhibitors offer an opportunity to treat ED and LUTS concurrently. Furthermore, there may be a role of PDE5 inhibitors in the treatment of LUTS in men without ED and in women.

« Previous Page Section 9 of 9 Table of Contents

Abstract and Introduction Background Epidemiologic Data NOS/NO Theory AH and the Metabolic Syndrome Rho-kinase Activation Pelvic Atherosclerosis The Effects of PDE5 Inhibitors on LUTS Discussion

[CLOSE WINDOW]

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