PRIME CONTROL · A GUIDE FOR MEN OVER 40

Why Your Energy and Drive Aren’t What They Were at 30

and What You Can Do About It

From a man who spent most of his life being told his numbers were "fine," and finally found out what was really going on.

Máni
primecontrolbook.com

BEFORE YOU READ

A quick word first

This is my experience, not medical advice. I'm not a doctor. Erection problems can be a sign of something that needs medical attention, including heart and blood-vessel problems. Talk to your doctor before you change anything: medications, supplements, or treatment.

Your results will be different from mine. What worked for me was a combination of things, done with medical supervision. I'll tell you exactly what they were so you can have a better conversation with your own doctor.

Full disclosure: I recommend books in this guide that changed things for me. If you buy through my links, I may earn a commission. I bought every one of them myself first, am in touch with the author, my mate, and I'd recommend them either way.

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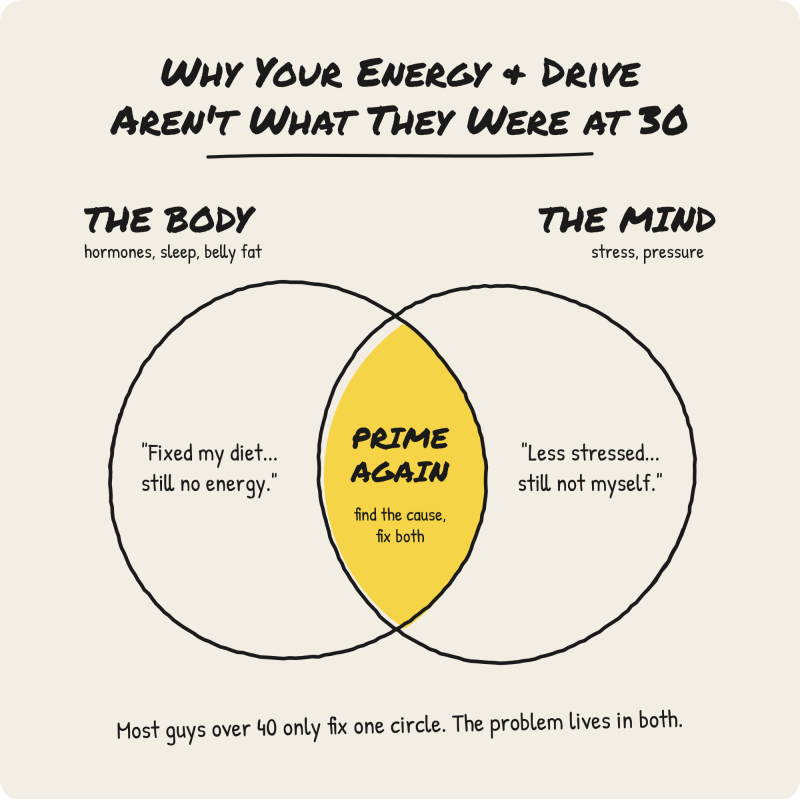
CHAPTER 00

Energy and drive: the fuel behind it all

My testosterone was "normal." I still felt like a phone stuck at 10%.

Before we talk about erections, pressure, or anything that happens in the bedroom, we have to talk about the fuel behind all of it: your hormones, your brain chemistry, and the daily habits that either build them up or quietly drain them.

Most men skip this part. They go straight for the pill or the technique, and wonder why nothing sticks. **Fuel first.**



The takeaway: low energy and low drive feel like "just getting older." They're usually signals: a hormone, a habit, your sleep, or your brain's reward system. Treat them as "normal" and you stop looking.

"Fine" isn't the same as full

For 15 years, doctors looked at one number, my **total testosterone**, and told me I was fine. My **free testosterone**, the part my body could actually use, was near the bottom (Chapter 1 has the full story).

Here's why. A protein in your blood called **SHBG** (sex hormone binding globulin) grabs testosterone and holds on to it. Bound testosterone can't do its job. So you can have plenty in the tank and still not be able to use it.

> Think of it like a paycheck. Total testosterone is what you earned. Free testosterone is what actually lands in your account after everything gets taken out. **You live on what lands, not on what you earned.**

The 3 levers you control

When I looked at how my friend Stirling Cooper and other performers live, men whose careers depend on their hormones working every day, three things kept showing up.

1. Eat the fats you were told to fear. Your body makes testosterone **from cholesterol**. It's literally the raw material. Stirling's go-to sources: whole eggs (the yolk is the point), grass-fed butter and steak, lamb, and wild-caught fish. One trick I took straight from him: **eat your healthy fats at dinner.** Testosterone production peaks overnight, typically before 8 a.m., so your body has the building blocks while you sleep.

2. Protect your sleep. Your body makes much of its testosterone while you sleep. Cut your sleep short and you cut your production short. The basics work: a consistent bedtime, a dark, cool room, no screens for the last 30 minutes, and caffeine before noon.

3. Lift something heavy. Strength training doesn't just bump testosterone for an hour; over time your body adapts to a new normal. In one study Stirling cites, men new to lifting saw a **40% rise in resting testosterone and a 24% drop in resting cortisol** (the stress hormone) after just 4 weeks. Two or three sessions a week of squats, presses, rows, and deadlifts is enough to start.

> **Check first:** if you have high cholesterol, heart disease, or a family history, talk to your doctor before changing your diet. If you're new to lifting or have injuries, start lighter and get coached.

The protein stealing your testosterone

Back to SHBG, because this was my problem. Stirling uses two things to help keep testosterone free instead of bound:

- **Vitamin D.** Most of us don't get enough sun. Low vitamin D is strongly linked to low testosterone, and more sunlight or vitamin D has been tied to higher **free** testosterone. It's on your lab list in Chapter 6.
- **Stinging nettle root.** Stirling uses it because it may help stop SHBG from binding testosterone, so more stays free and usable.

I'm not going to tell you to take anything. **Bring these two names to your doctor**, especially if your free testosterone or vitamin D comes back low. Supplements can interact with medications; I learned that the hard way.

The cheapest SHBG lever? **Losing belly fat.** When I went from about 30% to 15–16% body fat, my energy and my drive came back.

The dopamine reset

Dopamine is your brain's motivation chemical. It's what makes you *want* things: food, success, intimacy, a reason to get off the couch.

Porn, endless scrolling, sugar, and alcohol flood your brain with it all day, with no effort. Your brain protects itself by **switching off some of its dopamine receptors**. Then normal life feels flat, and you need more and more stimulation just to feel normal. The good news: those receptors recover.

Stirling's fix is a **30-day dopamine fast**. For 30 days, cut out:

- Porn and masturbation
- Sugar and alcohol
- Mindless social media

Notice what's *not* on the list: intimacy with your partner. **This single habit did more for my drive than anything I ever bought in a bottle.**

Why your drive dropped

Low drive after 40 almost always has a cause, often more than one. Find your two or three:

Cause	What to do
Low free testosterone	Test free and bioavailable, not just total (Chapter 6)
High prolactin, a hormone that switches desire off	Ask your doctor to test it; it's on your list
Sugar and high insulin	Cut sugar and refined carbs; get your A1c checked
Chronic stress (cortisol)	Daily calm practice (Chapter 7), lifting, sleep
Porn and constant stimulation	The 30-day dopamine reset
Belly fat	Lift, walk, eat whole foods; it lowers SHBG and estrogen
Alcohol	A drink is fine. Several a night dulls everything.
Medications	Some blood pressure drugs and antidepressants affect drive. Never stop one on your own; ask your doctor.

Your first step, tonight

1. **Dinner:** build it around a fat source from lever 1 (eggs, steak, salmon, butter on your vegetables).
2. **Bedtime:** pick a time 7–8 hours before your alarm, and put your phone outside the bedroom.
3. **Tomorrow:** start your 30-day reset. Write today's date + 30 on a sticky note where you'll see it every morning.

Then add **vitamin D** and **prolactin** to your doctor's list in Chapter 6.

> Almost everything in this chapter, the cholesterol link, eating fats at night, the lifting research, vitamin D and nettle root, the dopamine fast, prolactin and low drive, I learned from one book: **How I Grew My Penis, and Other Porn Industry Secrets**. Ignore the title. It's the most complete playbook I've found for the body side of being a man.

Fuel first. Now let me tell you how I found out mine was empty.

CHAPTER 01

My story

If your erections don’t last as long as they used to, if they’re unpredictable from one night to the next, if they’re not as firm as they were at 30, I want you to know something first: **I know exactly how that feels.** Not from a textbook. From most of my adult life.

A problem I never talked about

I’ve dealt with erection problems and premature ejaculation for as long as I can remember. My drive was low, so low that I quietly wondered if something was deeply wrong with me. I even questioned my own sexuality, because I just wasn’t that interested in sex.

It hurt my marriage. My wife (now my ex-wife) and I tried the blue pill. We tried pills from websites I’m embarrassed to admit I trusted. Very little worked.

Around 2010, I tried testosterone therapy. For about a month it was incredible. I wanted sex all the time, and I could last without any trouble. Then it all went back to nothing. The doctors didn’t know what to do with me. So I gave up.

"Your testosterone is fine"

For years after that, I saw urologist after urologist. They spent about two minutes with me, looked at my total testosterone (around 350), told me it was "fine," and wrote a prescription for a daily erection pill. ◔_◔

I knew nothing about any of this, so I trusted them. Looking back, that was my biggest mistake. A "normal" number while I still had every symptom should have been the start of the conversation, not the end of it. Bloody doctors. (I learned later urologists think of us as beneath them, bastards!)

Thousands of dollars on the wrong fix

I paid for six shockwave sessions. I almost paid $3000 for an injection treatment, the p-shot they call it. Neither did anything for me, because, as I found out much later, my problem wasn’t blood flow. Nobody had checked what my problem actually was before selling me the cure.

50 years old, and something had to change

At the start of 2026, I was 50 years old and around 30% body fat. My morning erections were gone. I got serious about training and nutrition, and over the year I brought my body fat down to around 15–16%. My morning erections came back. My energy came back. Something was finally moving.

The more I learned about health and fitness, the more I realized there was more to testosterone than one number on a lab report. I work with data for a living, and I finally started asking better questions about my own.

The first doctor who actually explained it

I booked a call with a doctor who specializes in testosterone. We talked for 25 minutes. It was the first time in my life anyone took the time to explain what was really going on.

> My total testosterone that day was **540**, which looks great on paper. But my **free and bioavailable testosterone**, the part your body can actually use, was **almost at the floor.**
>
> That was it. That was the problem nobody had looked for, in all those years of "you're fine."

He couldn't treat me directly because of where I live, so I found a men's health clinic near me. The nurse practitioner and her assistant, who had 10 years of hospital experience, confirmed it: my usable testosterone was the problem, and no supplement was going to fix that. Medical treatment could. I went on TRT.

I have a vein condition near my heart that makes blood clots a real concern, so I insisted on doing it carefully: small, split doses, increased slowly, with lab work at one month and three months. My NP spent an hour with me explaining everything. It was nothing like 2010.

The piece no doctor ever touched

Fixing my body was huge. But there was a part of the problem no doctor ever addressed: **what happens in your head when it matters.** The worry before anything starts. The pressure. Finishing too fast. Losing it halfway through.

That part, I learned from someone I never expected.

My pornstar friend

I know how that sounds. Stay with me.

Stirling Cooper is a former award-winning adult-film performer who now coaches men on sexual health and performance. Think about his old job for a second: perform on cue, under pressure, in front of a full film crew, with everyone's paycheck depending on it. If anyone on earth understands performance anxiety, it's him.

I bought all of his books. I read them cover to cover and did the exercises. Then I emailed him with questions, and he wrote back. We've been going back and forth ever since. He's the master; I'm the student. When I told him about my progress, he wrote back: **"Great work, mate!"**

The part I still can't get over with his advice:

- **I stopped watching porn completely.** I realized I didn't need it.
- **I can get an erection from a fantasy alone.**
- **I stay hard for 30 minutes using calm arousal.**
- **After a lifetime of finishing too fast, I learned to read my body** and now last longer than I ever have.
- **I stopped believing I was "too sensitive."** It turned out to be a myth, just like he said.
- **The mindset changed everything.** Learning that an erection is a relaxation response took the pressure off. His other mindset of selfish pervert or how to focus and reframe are priceless. GUYS, IT'S ALL IN THE HEAD (no pun intended)

Here's what he taught me that changed everything:

- **An erection is a relaxation response.** Not a performance. The calmer you are, the better it works. (Chapter 3 explains why.)
- **Calm arousal.** Instead of getting tense and over-excited when things get going, you train your body to relax *more* as things get more intense. (Chapter 7 shows you how.)
- **Quit porn.** He explains how constant porn overstimulates the brain's reward system until real life feels flat. I stopped completely. It was hard for a week, then it was a relief.

Where I am now

My morning erections are back. Some nights, my erections keep me up at night, and that's a problem I'll happily take. Someone is happy! My drive is coming back. I can get an erection quickly and keep it. And after a lifetime of premature ejaculation, I've learned to read my body and slow down before the point of no return, and I last longer than I ever have in my life.

My results aren't typical, and yours will depend on your own causes. But I'm proof it's not too late. After 20 years of shit, I deserve it, don't you think?

This guide is everything I wish someone had told me 15 years ago.

CHAPTER 02

No, it’s not "just normal after 40"

The most expensive belief I ever held was that weak erections were simply part of getting older.

Yes, things change with age. In a well-known study of men aged 40 to 70, about half reported some degree of erection difficulty. But **"common" is not the same as "normal."** When your erections change, your body is telling you something. Accepting it as "just age" means you stop listening.

I am the type of guy who just “accepts” that “you’re old, it’s normal you’re….” finish the sentence.

I don’t accept that just because I’m 50, it’s OK to be fat…

In the same way

I don’t accept that just because I’m 50, my erections are gone…

Three things to take from this chapter

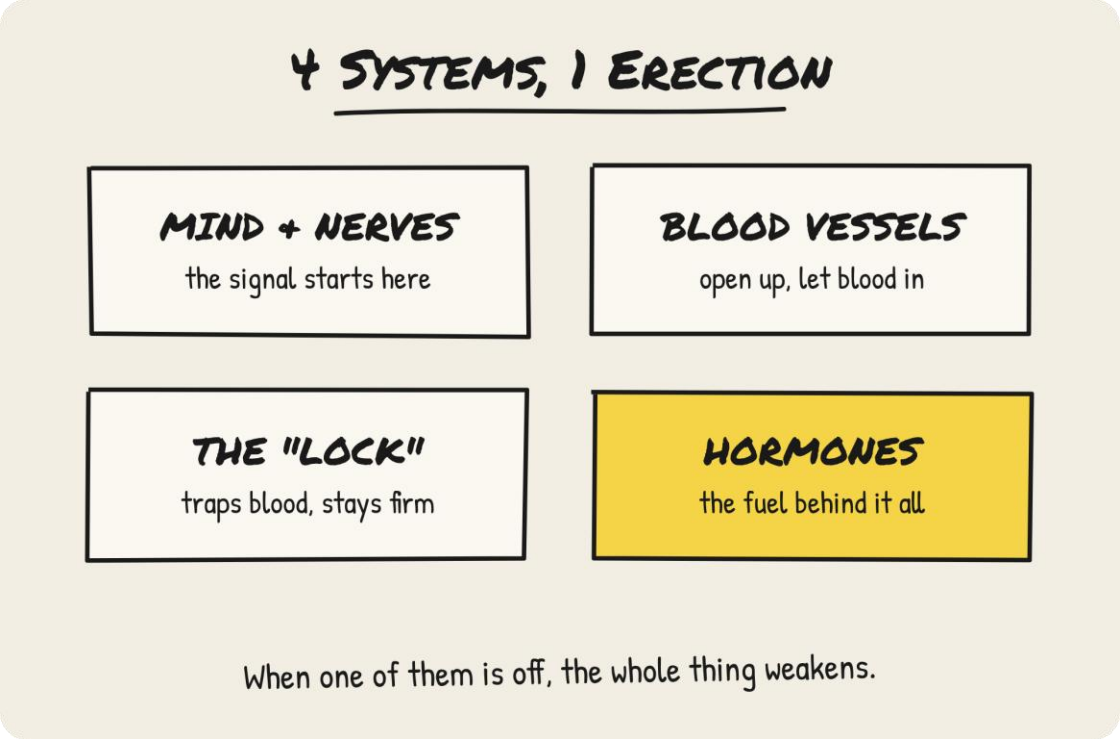
1. **It’s common, not inevitable.** Many of the causes after 40 can be improved.
2. **It’s a health signal, not just a bedroom problem.** Find out why, the way you would with chest pain or high blood pressure.
3. **"Your numbers are fine" isn’t the end of the conversation** if you still don’t feel fine. See the lab work you need to do at the end of this book

CHAPTER 03

How an erection actually works

Nobody ever explained this to me. Once I understood it, a lot of things finally made sense. I swear I didn't know.

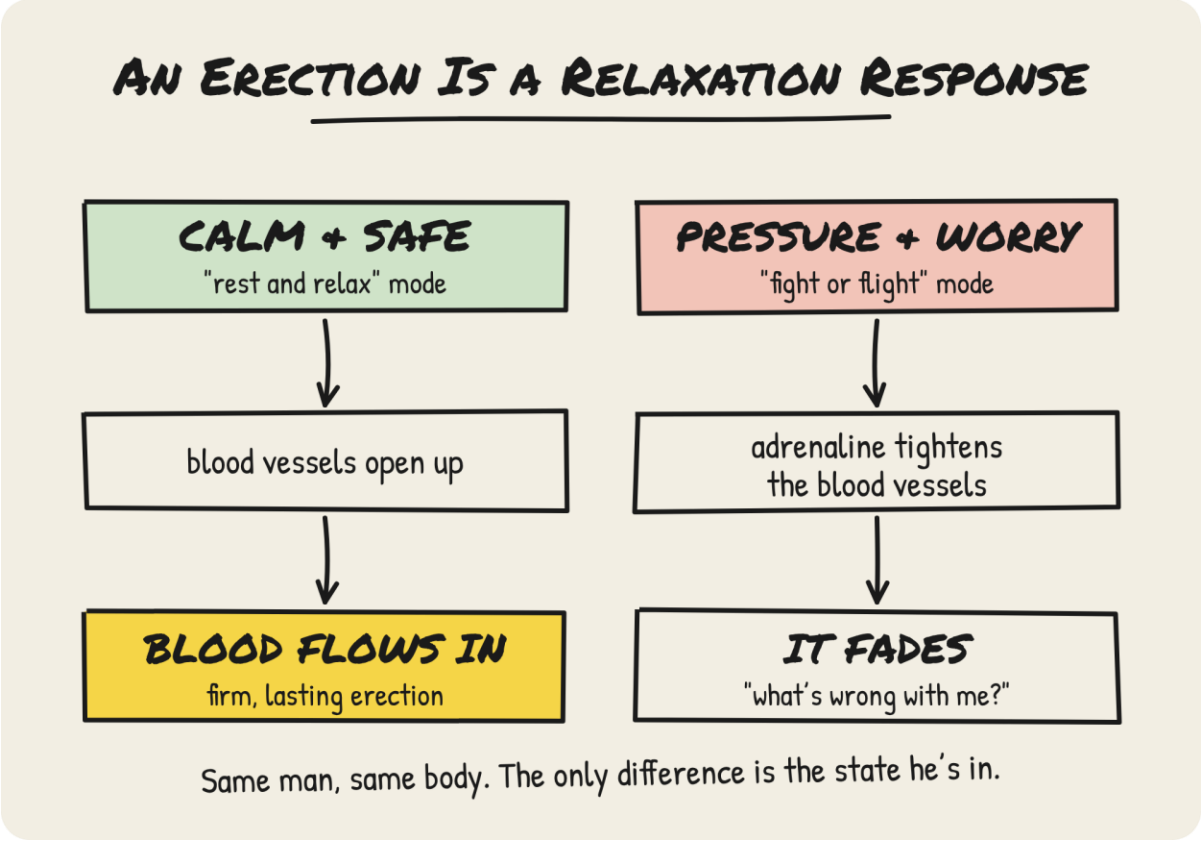
An erection is a team effort between four systems. When one of them is off, the whole thing weakens:



System	Its job
Your mind and nerves	Arousal starts in the brain and travels down the nerves as a signal to "open up."
Your blood vessels	The arteries relax and widen so blood can rush in. Healthy, flexible arteries matter.
The "lock"	As the tissue fills, it presses on the veins that drain it. That traps the blood and keeps you firm.
Your hormones	Testosterone drives desire and supports the whole system. It's the fuel behind the signal.

The insight that changed everything for me

Your nervous system has two main modes. One is "rest and relax." The other is "fight or flight." **An erection can only happen in the first one.**



When you're calm and feel safe, the blood vessels open and blood flows in. When you feel pressure, worry, or fear of failing, your body releases adrenaline, and adrenaline *tightens* those same blood vessels. Your body thinks it's in danger, and nobody needs an erection while running from danger.

I didn't know an erection is in fact a relaxation response. Stirling taught me. Turned out **he's right.**

That's why trying harder makes it worse. You can't force a relaxation response.

CHAPTER 04

The common reasons erections change after 40

Most men have more than one of these going on at once. That's why a single pill rarely solves it.

In the body

1. Blood flow. Arteries stiffen and narrow with age, high blood pressure, high cholesterol, high blood sugar, and smoking. Less flow in means weaker, shorter erections.

2. Hormones, and the number that might be missing. Testosterone is usually measured as a "total," but much of it is bound up and can't do its job. The usable part is called **free** and **bioavailable** testosterone. That's what was missing in my case. It may not be yours, which is exactly why the right labs matter.

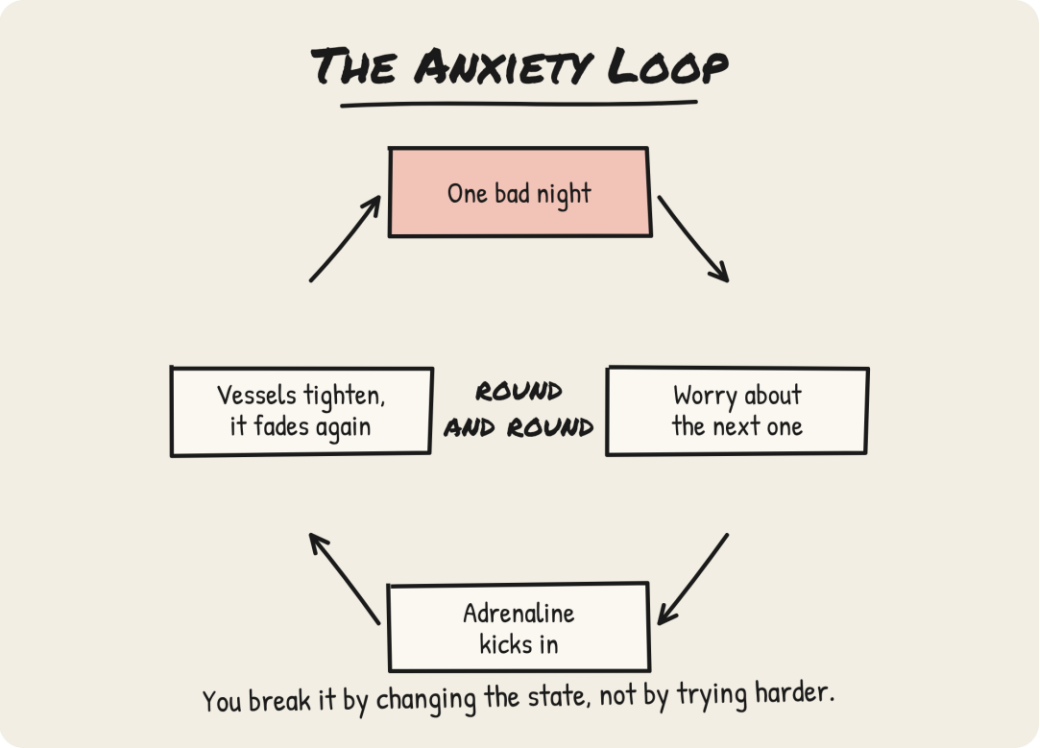
3. Body fat, especially belly fat. Extra fat is linked to lower testosterone. Fat tissue converts some testosterone into estrogen, and it's tied to the blood-flow problems above.

4. Sleep and alcohol. Testosterone is largely made while you sleep, and studies show that even a week of short nights can lower it. Heavy drinking dulls the nerve signals and blood flow you need.

5. Medications. Some common medications, including certain blood pressure drugs and antidepressants, can affect erections. **Never stop a prescription on your own.** Ask your doctor whether yours could play a role.

In the mind

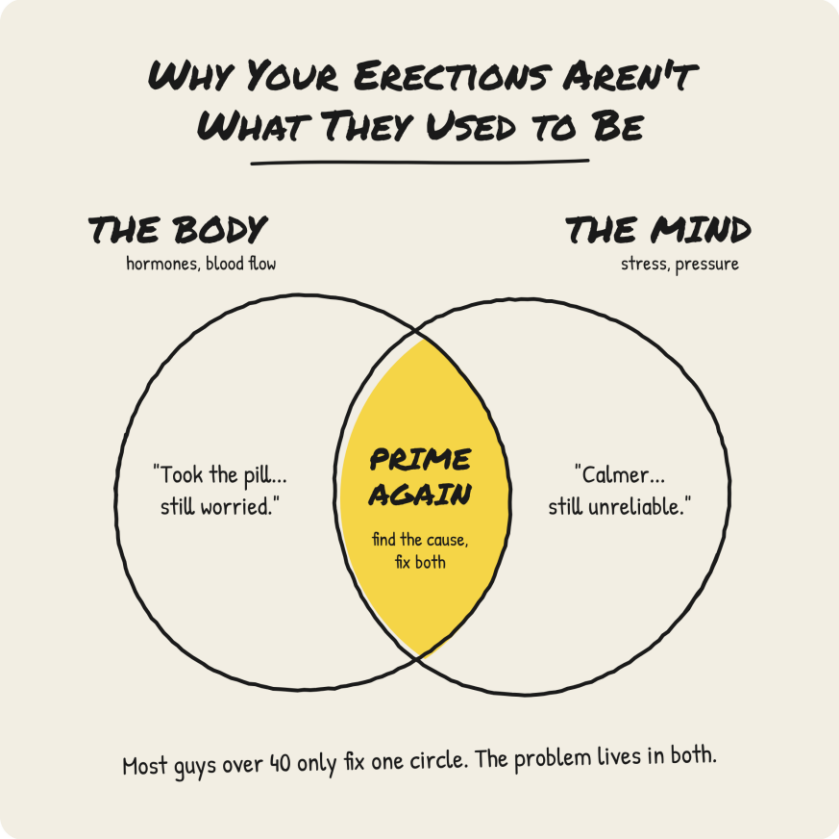
6. The anxiety loop. One bad night makes you worry about the next one. Worry triggers adrenaline. Adrenaline tightens the blood vessels. The next night goes badly too, and the loop tightens. Plenty of men with perfectly healthy bodies get stuck right here.



7. Overstimulation. Endless scrolling, and especially online porn, floods the brain's reward system with dopamine. Stirling explains it well in his books: the brain protects itself by turning down its own sensitivity, so you need more and more stimulation to feel the same thing. Real life starts to feel flat by comparison. The good news is that the brain resets when you step away. Quitting porn was one of the best decisions I ever made.

If you're stuck in the performance anxiety trap, **this mindset will change you**.

Body and mind together



The takeaway: there's rarely just one cause. It's usually two or three stacked together, in the body *and* the mind. Fix only one circle and the problem keeps living in the other.

CHAPTER 05

Stop paying for the wrong fix

I’m a little embarrassed to tell you how much money I spent before anyone checked what was actually wrong.

- **Erection pills.** They helped a little, sometimes. But they treat the symptom, not the cause.
- **Cheap pills from websites.** Money gone, nothing changed, and no idea what was really in them.
- **Six shockwave sessions and a $3000 injection treatment.** Both aim at blood flow, I was told. Some men with blood-flow problems get real benefit from them. My problem wasn’t blood flow, so they did nothing for me.

Find the cause before you pay for the cure.

Before you buy another bottle, book another clinic, or sign up for another package, ask one question:

> **"Has anyone actually tested what’s causing this?"**

If the answer is no, the next chapter is your first step.

CHAPTER 06

The labs to ask your doctor about

Bring this list to your appointment. Your doctor decides what makes sense for you, but asking the right questions changes the conversation.

Test	Why it matters
Total testosterone (morning)	The usual starting point. Levels are highest in the morning.
Free and bioavailable testosterone	The usable part. **The one that was missed in my case.**
SHBG	The protein that binds testosterone and makes it unusable.
Estradiol	Estrogen, which tends to rise with body fat.
LH and prolactin	Show whether the signal to make testosterone is working.
Fasting glucose or A1c	Blood sugar problems damage blood vessels and nerves.
Lipid panel	Cholesterol and the health of your arteries.
Blood pressure	A key part of blood flow and heart health.
Thyroid (TSH) and vitamin D	Both affect energy, mood, and drive.

Ask your doctor: "My total testosterone may look normal, but can we also check free and bioavailable testosterone?" And if you get a diagnosis: "What's causing it, and what are all my options?"

If a doctor gives you two minutes and a prescription, it's okay to get a second opinion. That's what finally worked for me.

CHAPTER 07

Train your mind: calm arousal

This is the part no doctor ever addressed for me, and the part that changed the most. Don't just read this chapter. **Do the exercises.** Most take less than two minutes, and you'll feel the difference right away. **It's more of a mindset shift than anything else.** Stirling knows how to reframe and how to give you a porn mindset, not to perform in front of camera, but to **perform despite intrusive thoughts**

EXERCISE 1 Feel your body change on command (60 seconds)

Right now, notice your shoulders, your jaw, and your belly. Most men are holding tension in at least one of them without knowing it.

1. Breathe in slowly through your nose for a count of 4.
2. Breathe out slowly through your mouth for a count of 8, like you're fogging a mirror.
3. Repeat 5 times. On each exhale, let your shoulders drop and your belly go soft.

Notice the difference? Heavier, warmer, slower. **You just switched your nervous system from "fight or flight" toward "rest and relax" on purpose.** That's the same switch an erection needs. And you just proved you can flip it.

EXERCISE 2 Build your "calm button"

In NLP (neuro-linguistic programming), an "anchor" is a link between a physical touch and a feeling. Athletes use anchors to switch into their best state on demand. You're going to build one for calm.



1. **Remember** a time you felt completely relaxed and safe. A beach, a hammock, a warm bath.
2. **Step into it.** See what you saw, hear what you heard, feel the warmth. Make the colors brighter and the feeling stronger.
3. **At the peak** of the feeling, press your thumb and middle finger together firmly for a few seconds.
4. **Shake it off.** Release, open your eyes, and think about something neutral, like what you ate for breakfast.
5. **Repeat** steps 1 to 4 five times. Then **test it:** press your thumb and finger together and notice the calm come back.

The more you practice it, the stronger it gets. You're going to use it in Exercise 3.

EXERCISE 3 Calm arousal: relax more as it gets better

This is the concept from Stirling's book *Preventing Premature Ejaculation* that helped me the most. He calls it **"calm arousal."**

It turns out that it's a **porn industry secret**, go figure!

Most of us were conditioned the opposite way: see her body, get excited, tense up, worry about finishing too fast, tense up more, and lose control. Calm arousal flips that. **You train your body so that the more aroused you get, the more you relax.**

Here's how Stirling explained it to me, and how I practice it:

When you see her body, you start to relax. Exhale slowly. Let your shoulders drop. Fire your calm button.

As things get more intense, you relax even more. Soften your belly and your jaw. Slow your breathing down.

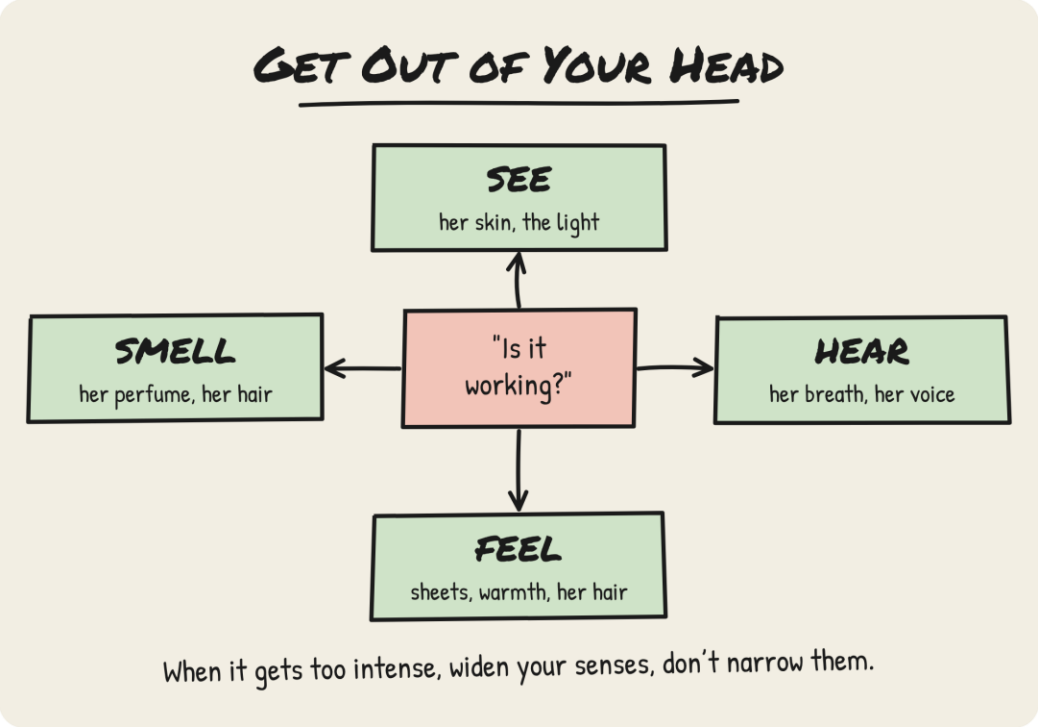
Excitement and relaxation stop being opposites. Your body learns that intimacy is a place to let go, not a test to pass.

Practice it alone first. When you're aroused, rate your excitement from 1 to 10, where 10 is the point of no return. When you notice yourself around 7, slow down, breathe out, and relax until you drop back down. Learning to recognize your 7 is what let me stop finishing before I wanted to.

For the full method to get rock hard, including the pelvic floor training and reconditioning, **Stirling's book is the one**

EXERCISE 4 Get out of your head

When things get intense, the mind narrows. It starts watching and judging: "Is it working? Is it firm enough?" That inner commentator is adrenaline in disguise. The fix is to **widen your senses instead of narrowing them,** something else I picked up from Stirling.



Try it now, wherever you are: name 3 things you can see, 2 things you can hear, and 1 thing you can feel against your skin. Notice how much quieter your head got in 20 seconds.

In the moment, it's the same move: the freckle on her shoulder, the sound of her breathing, the smell of her hair, the warmth of the sheets. **You can't be fully in your senses and stuck in your head at the same time.**

EXERCISE 5 Make it about her: dirty talk

Here's something I didn't expect: dirty talking during intimacy is one of the best ways to stop watching yourself, so you keep your calm arousal and dick going.

When your attention is on your own erection, you're a spectator in your own bedroom. When your attention is on **exploring what she wants,** her fantasies, what she's been thinking about, what she wants next, you're back in the moment, and she feels it too.

Start simple. Ask, don't perform: **"Tell me what you've been thinking about."** Then listen, and follow her lead. But don't follow me on this, follow sterling. I am just a student who got great results so far and I am sharing. If you want the full playbook (what to say, how to start when you've never done it, and how to build from there), Stirling's course covers it: **Dirty Talk 101**

CHAPTER 08

Train your body: what to do this week

None of these are magic. Together, they're what moved the needle for me.

- **Book a doctor's visit** with the list from Chapter 6. This is step one, not step five.
- **Start losing body fat.** Lift weights at least 3 to 4 days a week and clean up how you eat. Going from about 30% to 15–16% body fat brought my morning erections back. You can join my inevitable community of winners.
- **Protect your sleep.** Aim for 7 to 8 hours a night.
- **Cut back on alcohol,** especially before intimate nights.
- **Train your pelvic floor.** These are the muscles you use to stop urinating midstream. Studies show strengthening them can help with firmness and control. Front Kegels, back Kegels, and reverse Kegels, BC/PC muscles. Each tied to a body sensation you can copy
- **Move every day.** Walk, do cardio, anything. Blood flow everywhere means blood flow where it counts.
- **Supplements.** More isn't better. Tell your doctor about everything you take, especially if you're on any prescription. I personally take WOOD MAX for blood flow and arterial health as per stirling.

One change at a time. Don't change ten things at once. Start with the doctor and one habit, then add the next. That way you'll know what's working.

CHAPTER 09

What changed for me, and where to go next

Here's my honest scorecard, and what I credit for each part:

What changed	What did it
Morning erections came back	Losing body fat and training consistently
Drive and energy returning	A doctor who checked free and bioavailable testosterone, and careful treatment with regular labs
Confidence, control, and no more anxiety spiral	Calm arousal, getting out of my head, quitting porn, and doing the exercises, all from Stirling's books

The medical part needed a doctor. The mind and performance part, no doctor ever addressed. That came from my pornstar friend.

Go deeper

These are the Stirling Cooper books and courses I recommend, since I bought all of them in ONE full sweep, in the order I'd read them:

1. **The Ultimate Guide to Performance Anxiety.** Start here if your head is the problem.
2. **Preventing Premature Ejaculation.** Calm arousal, pelvic floor training, and reconditioning.
3. **Dirty Talk 101.** Get out of your head and into hers.
4. **How I Grew My Penis, and Other Porn Industry Secrets.** His complete system: body, blood flow, supplements, and mindset.
5. **Sexual Dominance Escalation:** techniques to become the kind of lover women fantasize about for years.
6. **Wood Max**: 7 Best Nutrients for Bedroom Performance

Over the next few days I'll send you a few short emails with what I couldn't fit here: what I learned about testosterone, the anxiety loop, and the mistakes that cost me years.

You're not too old, and it's not too late. I was 50.

Máni

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Fitness Control · course.fitnesscontrolbook.com