Penile enlargement without surgery with the Andro-Penis®

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1. INTRODUCTION:

When the human tissues are submitted to a force of traction, they react by increasing in size.

The principle of traction is applied in modern medicine, for the generation of new tissue to cover burn wounds or areas of hair loss (placing a tissular expander underneath the normal skin) or for the lenghthening of bones.

In other cultures this principle is applied to lenghten different parts of the body, like the Giraffe Women of the Paduang tribe in Birmania, or the lenghtening of the lips in certain African tribes, that use wood to create traction. In India, they hang stones on the penis as a form of penitence with the resulting enlargement of the organ.

Based on this principle of external traction, the Andro-Penis® was designed. It is able to exhert a gradual traction force of 600 to 1500 grams.

The device consists of a plastic ring, where the penis is introduced and from where 2 dynamic metalic rods originate the traction. In the superior part there is a plastic support where a silicone band holds the glans in place.

Based on our clinical experience the traction device yields the following results:

- An increase in the lenght of the penis in erection and flaccidity.
- An increase in the perimeter of the penis in erection and flaccidity.

This results will be analyzed statistically to be verified and quantified. See next.

2. MATERIALS AND METHODS

Number of patients: 37 patients, ages between 22 and 60 years of age. These men come from different cities in Spain.

Selection of patients: patients included were healthy men with normal erection capabilities and without penile surgeries. Patients with penile curvatures or other diseases where excluded from the studies.

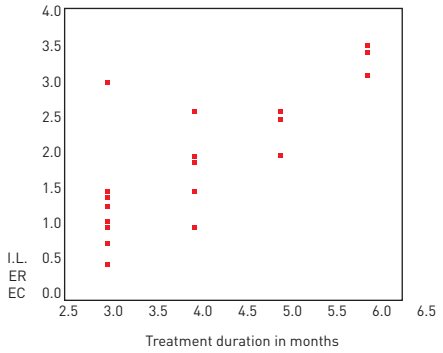
Traction device: The Andro-Penis® penile traction device.

Traction Force: 600 gr during 1st month, 900 gr during 2nd month, 1100 gr during 3th and 4th month, and 1200 gr during 5th y 6th month.

Usage period: 10 hours a day, during every day of the month for a period of 3-6 months.

3. RESULTS

3.1.- Increase of lenght in erection:
The increase in the length of the penis in erection, is relative to the length of time in which the device is worn. Such growth is lineal as is observed in the chart. This translates in: the longer the time of use, the more lenght is obtained. The lineal correlation coefficient between time of use and increase in length in erection is of 0.760 (p=0.000).



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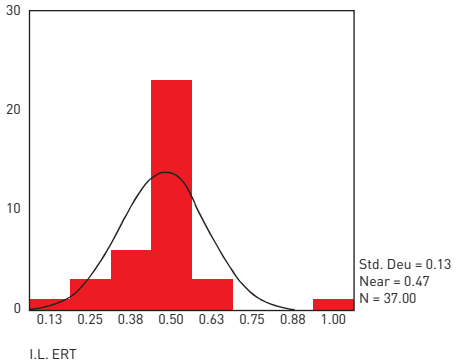
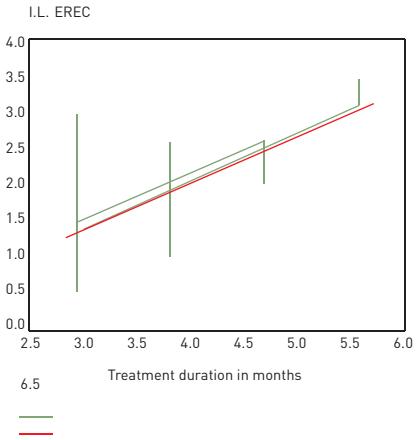
The average increase in the length of the penis in erection by month is of 0.4726 cm. The standard deviation is of 0.1329 cm. The confidential interval of 95% is of [0.4283 ; 0.5169] which indicates a minimal gain in the population of 0.4283 cm/month.



Regression line is:

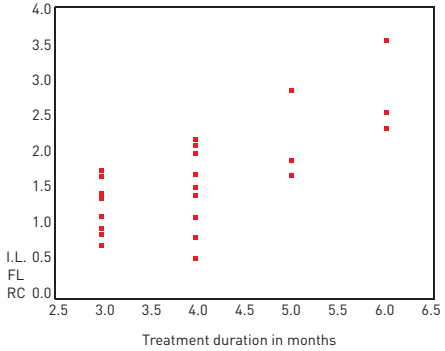
DL erec = - 0.327 + 0.562 x t

This calculation will allow us to estimate the increase in length of the penis in erection, based on the months of use of the device. There is a 57.7% variance in the increment in longitude, which is explained by the variance in the duration of treatment (R2= 0.577). The other 42.3% is due to other differences innate to each individual and not relative to the duration of the treatment.

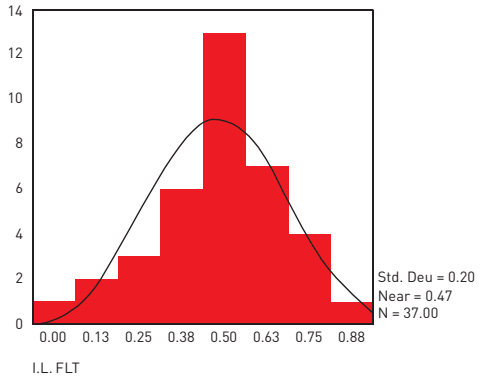


3.2.- Increment in length in the flaccid state

The increment in length in the flaccid state is relative to the time of usage of the device. Such an increment is linear as shown in the graph. The longer the device is used, the greater the increase in length. The coefficient of the linear correlation between the time of usage and the increment in longitude in the flaccid state is of 0.725 (p=0.000).



The average monthly increment in longitude of the penis in the flaccid state is 0.4834 cm and the typical deviation is 0.1983 cm. The confidence interval of 95% is of [0.4173 ; 0.5495] and indicates a minimum increase in the population of 0.4173 cm/month.



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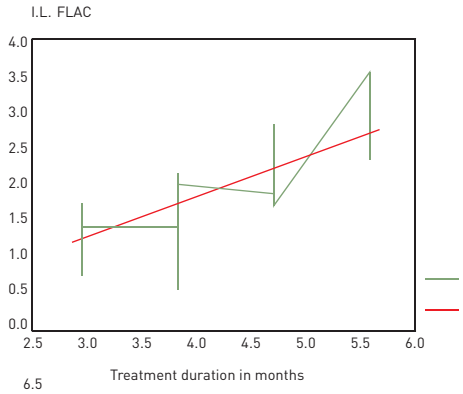
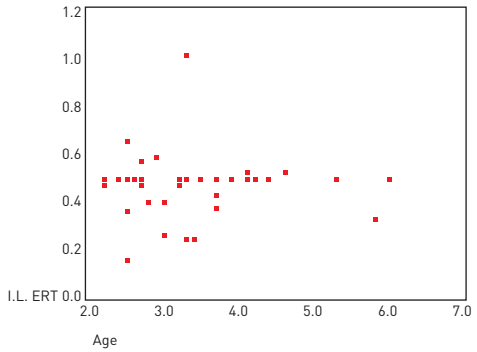
Regression line is:
DL flac = - 1.300 + 0.840 x t
This calculation allows us to estimate the increment in longitude in the flaccid state based on the months in which the device is used. There is a 52.5% variance in the increment in longitude, which is explained by the variance of the duration of treatment (R2= 0.525). The other 47.5% is due to other differences innates to the individual and not relative to the duration of the treatment.



3.3.- Variability:
The variability in the increment in longitude in erection is different from that of flaccidity, being the difference in variance significant (p= 0.003) which indicates a greater dispersion of the increases in length during flaccidity than in erection.



3.4.- The increment in longitude does not depend on the age:
A very interesting result was that the increment in longitude does not depend on the age of the patient, since the coefficient of the linear correlation is not significant (r=0.008, p=0.961). In other words, the age of the patient does not effect the increment in longitude.

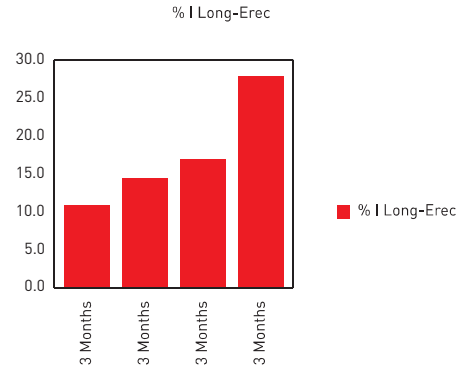
3.5.- INCREMENT IN THE PERIMETER IN ERECTION:
In erection, the average increment of the perimeter was of 0.8405 cm and the typical deviation s=0.5382. The medial growth percentage of the initial perimeter (7.1743%). The growth interval of 95% of the population studied is (0.611 ;1.0200) which shows a minimal growth increment of 0.6111 cm.

3.6.- PERIMETER INCREMENT IN FLACCID STATE:
The median increment of the perimeter in flaccid state was 0.8405 cm and the typical deviation s=0.6057. The median percentage of growth was 9.0741%. The confidence interval of the population studied was (0.6386 ; 1.0425) and shows a minimal perimeter growth increase of 0.6386 cm.

3.7.- Longitude increase in erection state depending on use:
Dividing the population studied in four sub groups depending on the usage time of the Andro-Penis®, we obtain the following results.

Three months usage:
The median longitude increment in erection state was 1.4118, obtaining a median growth of 10.5580% over the initial longitude.The confidence interval of 95% of the studied population was (1.1522; 1.6713) which shows a median minimal growth of 1.1522 cm in three months.

Four months usage:
The median longitude increment in erection state was 1.8462, obtaining a median growth of 14.1113% over the initial longitude. The confidence interval of 95% of the studied population was (1.5809; 2.1114) which shows a median minimal growth of 1.5809 cm in four months.



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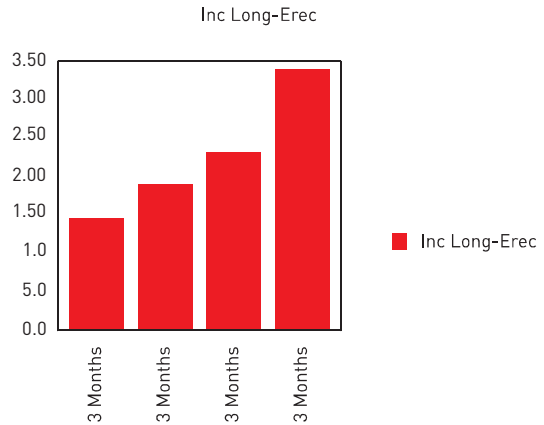
Five months usage:
The median longitude increment in erection state was 2.2750, obtaining a median growth of 16.6303% over the initial longitude. The confidence interval of 95% of the population studied was (1.7656; 2.7844) which shows a median minimal growth of 1.7656 cm in four months.

Six months usage:
The median longitude increment in erection state was 3.3333, obtaining a median growth of 27.5% over the initial longitude. The confidential interval of 95% of the population studied was (2.8162; 3.8504) which shows a median minimal growth of 2.8162 cm in six months.

The samples corresponding to five and six months are very small, which makes small intervals and less reliable.



3.8.- Distribution:
Although the variables considered in the population are not normal, the median samples have normal distribution since the amount of the sample is greater than 20.

3.9.- Abbreviations:

Inc-Long-Erec	Longitude increment in erection state
DL erec	Change in longitude increment in erection state
I.L.ERT	Longitude increment in erection as a function of the time variable
I.L.FLAC	Longitude increment in flaccid state
DL flac	Change in longitude increment in flaccid state
I.L.FLT	Longitude increment in flaccid state in function of time
Inc-Long-Erec	Longitude increment in erection state
% I Long-Erec	Longitude increment percentage in erection state.

4. CONCLUSIONS

The use of the traction device (Andro-Penis®) will increase the length of the penis, both in the erectile and flaccid state.

The increase in length, both in erection and flaccidity, is directly proportional to the time of use.

The increse in length both in erection and flaccidity, does not depend on the natural size of the patient.

The average growth in length of the penis in cm/month in 95% of the patients was between 0.4283 and 0.5163 in erection, and between 0.4173 and 0.5495 in flaccidity.

The increments of change in length of the penis in erection are more uniform than those in flaccidity, which tend to be more disparate .

The increment of change in the length of the penis in erection is not relative to the age of the patient.

The use of the penile traction device will increase the perimeter of the penis, both in erection and flaccidity.

The average growth in perimeter in cm/month in 95% of the patients was between 0.6111 and 1.0200 in erection, and between 0.6386 and 1.0425 in flaccidity. Treatment was 3-6 months duration.

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5. ANEX

Patient results (Using the Andro-Penis®):

Name	Age	Start	L-Erec1	L-Flac1	P-Erec1	P-Flac1	Month	L-Erec2	L-Flac2	P-Erec2	P-Flac2
LAA	60	15.1.98	12.0	8.0	12.0	10.0	3.0	13.5	9.0	13.5	10.5
EAG	37	30.1.98	14.5	8.0	12.0	8.5	4.0	16.5	9.5	13.0	10.5
VA	27	26.11.97	16.3	10.4	13.9	10.1	3.0	17.8	12.5	14.5	11.5
EAA	46	15.3.98	14.5	10.5	12.0	10.0	6.0	17.6	15.7	13.2	11.2
JBV	25	27.3.98	15.0	8.0	13.0	9.0	3.0	16.6	9.5	13.3	10.5
ABB	39	29.6.98	14.0	11.0	13.0	11.0	3.0	15.5	12.5	14.0	12.0
CBG	37	19.1.98	12.5	6.0	12.0	9.0	4.0	14.0	8.8	12.5	9.4
JBL	25	7.5.98	13.7	9.0	11.5	10.0	4.0	16.3	11.5	13.5	12.0
JCB	27	19.11.97	13.0	8.0	14.5	12.0	6.0	16.4	11.1	14.2	12.2
JJCA	33	1.6.98	10.5	4.9	11.0	9.5	3.0	12.0	5.5	11.5	9.5
JCA	32	4.2.98	14.0	10.0	10.0	9.0	4.0	15.9	12.0	12.2	10.5
ODV	25	4.3.98	16.5	9.5	13.0	9.7	3.0	18.0	11.0	13.3	10.0
PDS	22	10.6.98	14.4	8.3	11.0	7.8	3.0	15.8	9.0	11.6	8.3
AGM	41	26.11.98	13.0	9.0	11.0	10.0	4.0	15.0	9.5	11.0	10.0
MGF	32	29.9.97	12.5	5.5	12.5	10.0	4.0	14.5	8.0	13.0	10.0
AHM	44	5.3.98	11.5	8.0	13.0	12.0	3.0	13.0	9.5	14.0	12.0
AAMP	37	12.3.98	12.7	7.0	10.5	7.5	3.0	14.0	9.0	11.0	9.0
JLMO	34	30.1.98	14.8	11.0	11.0	9.3	4.0	15.8	11.0	12.7	9.3
JAMV	41	28.7.97	17.0	10.0	14.0	12.5	5.0	19.6	12.3	15.0	13.5
FOR	30	9.11.97	12.5	7.0	10.0	9.0	5.0	14.5	11.0	11.0	10.5
ROM	28	12.11.97	16.0	8.5	13.0	9.0	5.0	18.0	12.5	13.5	10.5

Name	Age	Start	L-Erec1	L-Flac1	P-Erec1	P-Flac1	Month	L-Erec2	L-Flac2	P-Erec2	P-Flac2
JPC	33	16.1.98	13.7	7.2	12.3	10.1	3.0	16.7	8.7	13.1	10.9
JAPG	29	4.11.97	10.0	8.0	12.0	10.0	6.0	13.5	11.5	13.0	11.0
FPR	30	20.3.98	10.5	7.0	12.0	10.0	3.0	11.3	7.3	12.7	10.0
JPF	42	23.3.98	13.0	7.0	13.0	10.0	3.0	14.5	8.5	13.0	10.5
AJRF	26	28.11.97	14.0	9.0	13.0	9.0	4.0	16.0	10.7	13.0	10.0
ARR	58	7.10.97	11.0	7.0	11.0	9.0	3.0	12.0	8.0	12.0	10.0
RRG	25	25.11.97	14.5	11.0	11.0	10.0	3.0	15.0	12.4	11.7	10.8
CSM	35	24.2.98	15.0	9.0	11.0	9.0	3.0	16.5	11.0	12.0	10.0
ASE	35	20.3.98	12.5	7.5	11.5	9.0	4.0	14.5	9.5	12.5	10.5
ASPA	42	7.11.97	14.0	7.5	12.0	9.0	4.0	16.0	9.5	13.0	10.5
SSF	27	15.8.97	14.5	7.0	14.5	8.0	3.0	15.9	8.0	15.0	8.7
ISB	22	23.9.97	11.5	7.5	11.0	9.5	4.0	13.5	10.2	11.3	10.3
FT	53	19.11.97	14.5	10.0	13.0	10.0	3.0	16.0	11.5	13.5	10.5
EVC	24	29.12.97	11.0	7.0	11.5	9.0	5.0	13.5	9.0	12.5	10.5
PV	33	8.10.97	12.0	8.5	15.5	13.0	4.0	13.0	9.5	16.0	13.0
JSVS	32	24.1.98	12.0	6.0	10.5	9.0	4.0	14.0	8.5	12.5	9.5

L-Erec1 = Length in Erection initial
L-Flac1 = Length in Flaccidity inicial
P-Erec1 = Perimeter in Erection initial
P-Flac1 = Perimeter in Flaccidity inicial
L-Erec2 = Length in Erection final
L-Flac2 = Length in Flaccidity final
P-Erec2 = Perimeter in Erection final
P-Flac2 = Perimeter in Flaccidity final