CBH MEDICAL REHABILITATION

ED HEALTH & WELLNESS GUIDE

Understanding erectile dysfunction — what causes it, what is happening in your body, and what you can actually do about it.

CHOOSING BETTER HEALTH

TEN CHAPTERS INSIDE

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A NOTE FROM CHARLES

I want to start by telling you something most health guides skip.

I did not write this from research. I wrote it from experience. I had prostate cancer. I had the surgery. And I woke up afterward to something no one had prepared me for — my body was different, and no one had a roadmap for what came next.

There was no guide. There was no protocol. There was a prescription and a follow-up appointment and a lot of silence. I felt alone in something I now know affects millions of men. Over 80% of men who go through prostate cancer treatment experience erectile dysfunction. And most of them — like me — never get told what to do about it.

So I built the program I needed. I combined everything that worked for me and for the thousands of men I have helped since, and I put it into a structured approach that any man can follow from home. No clinic visits. No embarrassing conversations with strangers. Just the information and the tools that actually work.

This e-book is the education piece. Before you can commit to a program, you need to understand what is happening in your body — why it is happening, why the silence exists, and why what you do next matters more than most people will ever tell you.

Read this. Then reach out. We are here.

> *"You did not get here by giving up. You got here by looking for answers. That is the most important step."*
>
> — **Charles Hilson**

CHAPTER 1

THE TRUTH ABOUT ERECTILE DYSFUNCTION

Erectile dysfunction is defined as the inability to achieve or maintain an erection firm enough for sexual intercourse. But that clinical definition misses most of what the experience actually involves. It is not just a physical event. It is a blow to identity, confidence, and relationship. It is silence where there used to be connection. It is the feeling of being let down by your own body at the moment you least want to be.

Erectile dysfunction affects approximately 40% of men by age 40 and nearly 70% of men by age 70 — a 10% increase per decade. That is not a minority problem. That is the expected experience of aging male physiology. And yet most men suffer through it privately, assuming it is shameful or permanent or both. It is neither.

WHY MEN DO NOT TALK ABOUT IT

The silence around ED is cultural, not clinical. Men are taught — directly or indirectly — that sexual performance is tied to masculinity and worth. When the body stops performing, the instinct is to hide it. To not ask for help. To assume the doctor already said everything they needed to say. To wait and see.

Waiting is the single most damaging response to erectile dysfunction — especially after prostate cancer treatment. Time is not neutral. The tissue does not simply wait to be ready. Without consistent blood flow and active rehabilitation, the penile tissue weakens — and the longer it weakens, the harder recovery becomes.

THE MOST IMPORTANT THING IN THIS BOOK

Recovery does not happen on its own. It happens because you take consistent, informed action. The men who recover the most fully are not the ones who had the easiest treatments. They are the ones who started early, stayed consistent, and did not accept silence as an answer.

ED IS NOT THE END OF INTIMACY

Erectile dysfunction does not end your sex life. It changes it. Erections are not the only expression of desire, connection, or pleasure. The goal of treatment is to restore them where possible — but the goal of intimacy is broader than that, and it does not need to stop while recovery is in progress.

CHAPTER 2

HOW THE BODY GETS AN ERECTION — AND WHY IT STOPS

An erection is one of the most complex coordinated events in the human body. It requires the brain, the nervous system, the hormonal system, and the vascular system all working together in real time. Understanding this is essential to understanding why any of them failing — for any reason — causes ED.

Sexual arousal — whether from thought, touch, or visual stimulation — sends a signal from the brain through the nervous system to the penis. Specifically, through the neurovascular bundles — clusters of nerves and blood vessels that run along either side of the prostate gland and directly into the base of the penis. That nerve signal triggers the release of nitric oxide in the blood vessels of the penis. Nitric oxide causes the smooth muscle of the corpus cavernosum — the two spongy erectile chambers running the length of the penis — to relax. When the smooth muscle relaxes, the blood vessels dilate and oxygen-rich arterial blood rushes in. The chambers fill. The penis becomes firm.

THREE THINGS HAPPENING WITH EVERY ERECTION

- **Blood supply** — Oxygen-rich blood enters and feeds the cells of the penis.
- **Elasticity and length** — The tissue stretches like elastic. This is where length comes from and how it is preserved.
- **Smooth muscle conditioning** — The corpus cavernosum is exercised, maintaining girth and strength.

When erections stop — for any reason — all three of these processes stop. The tissue begins to weaken.

WHY THE TISSUE NEEDS REGULAR BLOOD FLOW

The smooth muscle of the corpus cavernosum requires regular engagement to stay healthy. When erections stop — from surgery, radiation, low testosterone, or vascular disease — the smooth muscle cells experience hypoxia: oxygen deprivation. Chronically hypoxic smooth muscle undergoes fibrosis — healthy, flexible tissue is gradually replaced by collagen and scar tissue that does not expand, does not fill with blood, and does not respond to nerve signals. This is penile atrophy. It is preventable. But it is what happens when nothing is done.

THE ROLE OF TESTOSTERONE

Testosterone is a direct regulator of penile tissue health. Testosterone receptors exist in the smooth muscle of the corpus cavernosum, and testosterone maintains the structural integrity of that tissue. When testosterone falls — from natural aging, hormone therapy for prostate cancer, or other causes — the tissue loses a key maintenance signal. Low desire from low testosterone is not a lack of attraction. It is the body lacking a key ingredient for erectile function.

CHAPTER 3

PROSTATE CANCER AND YOUR SEXUAL HEALTH

Prostate cancer treatment is life-saving. And it comes with consequences most patients are not fully prepared for. The prostate sits at the center of a complex web of nerves, blood vessels, and structures that control urinary and sexual function. Any treatment affecting the prostate — surgical removal or radiation — affects all of them to some degree.

SURGERY

Radical prostatectomy requires working in close proximity to the neurovascular bundles that control erections. These bundles lie within millimeters of the prostate on either side. Even in nerve-sparing procedures, the bundles are stretched, handled, and potentially bruised during the operation. The resulting nerve disruption is called neuropraxia — temporary loss of nerve function that requires time and support to recover from. During neuropraxia, the nerve signal that triggers erections is absent or significantly reduced. Without that signal — and without mechanical intervention — the tissue begins hypoxia and fibrosis. Research indicates nerve loss is most apparent in the first 4–8 months after surgery. This is the critical window.

RADIATION

Radiation causes progressive damage to the blood vessels that supply the penile tissue. This damage may not be fully apparent for months after treatment ends — and for many men the low point in erectile function occurs two to three years after radiation, not immediately after. Hormone therapy — androgen deprivation therapy — is often used

alongside radiation, suppressing testosterone to near-castrate levels. Within six weeks of starting hormone therapy, most men experience significant ED that can continue for one to three years after the treatment course ends. The tissue is not receiving adequate blood flow or hormonal support during this entire period.

> *"You need to start exercising your penis. You had major surgery or you went through radiation. You need to do this for the health of your body."*
>
> — Charles Hilson

THE CASE FOR PREHABILITATION

Prehabilitation — beginning penile rehabilitation before treatment — is one of the most overlooked aspects of prostate cancer recovery. Men who begin daily vacuum therapy and pelvic floor training before surgery or radiation enter treatment with healthier, better-oxygenated tissue. They already know how to use the device correctly before managing post-treatment recovery at the same time. If you have just been diagnosed and treatment is ahead of you — this is your most important window. Even two to three weeks of prehabilitation is better than none.

IT IS NEVER TOO LATE

The most common thing CBH hears is: "I wish I had found this sooner." Men who are years past their treatment — quietly waiting for things to improve — often assume they have missed their chance. They have not. The recovery window is longer than most men are told. The tissue continues to respond to consistent blood flow at any post-treatment stage. Improvement at one year post-surgery, two years, even further out — it happens for men who start and stay consistent.

CHAPTER 4

PEYRONIE'S DISEASE — THE CURVATURE NOBODY TALKS ABOUT

Peyronie's disease is the development of fibrous scar tissue — plaque — inside the penis, causing curved and often painful erections. The penis can curve upward, downward, left, or right. Charles notes: "We see a lot of Peyronie's in men age 40 to 65. And 90% of the men who have that are having some form of erectile dysfunction." The vacuum device addresses both the curvature and the underlying ED simultaneously.

WHY STRETCHING WORKS

By creating consistent, controlled expansion of the erectile tissue through daily vacuum sessions, the plaque is subjected to a slow, steady stretch. Over time this softens and breaks down the fibrous tissue, reducing curvature and restoring more normal anatomy.

> *"We are using your blood to stretch the penis. Stretching it so we can help break that plaque down. By stretching it, not only are you breaking that plaque down, now you're getting the penis healthier. So actually you're killing two birds with one stone. You are exercising the penis twice a day, getting erections, not for sex, and you're helping stretch it and breaking that plaque down."*
>
> — Charles Hilson

WHAT TO EXPECT

Most men notice softening of the plaque before visible straightening. Visible curvature reduction typically begins at three to six months of consistent twice-daily sessions. Charles on timelines: "Each person is different. There's no certain time on how long it takes for the plaque to break. But doing this regular will help stretch it, help break the plaque, at the same time help get your penis healthier."

CHAPTER 5

GENERAL AND ORGANIC ED — WHEN IT IS NOT CANCER

Organic ED — ED arising from physical causes — is driven by conditions that reduce blood flow, nerve function, or hormone levels. Diabetes is one of the strongest predictors: men with diabetes are three times more likely to develop ED. Cardiovascular disease, high blood pressure, high cholesterol, obesity, smoking, Parkinson's disease, certain medications, pelvic trauma, and chronic stress all impair the vascular function that erections depend on. In all cases, the underlying mechanism is the same: the blood supply, nerve function, or hormonal environment that erections require is compromised.

THE ADVANTAGE OF ORGANIC ED

Men with organic ED have one significant advantage over post-surgical patients: the penile tissue itself has not been directly operated on or radiated. The erectile chambers are physically intact. The disruption is upstream — in blood flow, nerve signaling, or hormones — not in the tissue itself. This means that when blood flow is restored mechanically through daily vacuum therapy, the tissue responds. Improvement for organic ED patients is often faster and more visible than for post-surgical patients precisely because the tissue is healthier at baseline.

THE COMPOUNDING PROBLEM OF INFREQUENT ERECTIONS

Healthy men experience three to five erections during sleep — a natural physiological process that oxygenates the penile tissue overnight. As organic ED develops, these nocturnal erections decrease in frequency and firmness. The tissue receives less blood

flow. The smooth muscle weakens. The condition accelerates its own progression. Vacuum therapy interrupts this cycle. Daily mechanical blood flow replaces the nocturnal erections the body is no longer producing consistently. This is why the program produces results even when the underlying condition — diabetes, cardiovascular disease — has not changed. The device does not cure the condition. It does what the condition is preventing the body from doing on its own.

CHAPTER 6

PENILE REHABILITATION — WHY IT WORKS

The clearest way to understand penile rehabilitation is through the physical therapy analogy. After knee replacement surgery, no one expects the joint to heal correctly without structured PT. The tissue needs guided, progressive use to rebuild strength, restore range of motion, and prevent scar tissue formation. Penile rehabilitation operates on the same principle. The erectile tissue is smooth muscle that requires consistent, guided use to maintain health and function during the period when the body cannot provide that use naturally. Without it, fibrosis and atrophy develop quietly. With it, the tissue remains viable and responsive.

HOW VACUUM THERAPY WORKS

A vacuum erection device is an FDA-cleared medical device that creates gentle negative pressure around the penis, drawing oxygen-rich arterial blood into the corpus cavernosum. Research shows that vacuum therapy induced erections have 58% arterial blood origin, with oxygen saturation of corporeal blood immediately after vacuum therapy of approximately 79% — significantly higher than venous blood at 54.7%. This confirms that vacuum therapy delivers meaningful oxygenation to the erectile tissue with each session.

The device bypasses the nerve pathway entirely. It does not require a nerve signal to function. This makes it uniquely valuable for post-surgical patients whose nerve function is temporarily absent, and for radiation patients whose vascular supply has been progressively damaged. Standard oral ED medications depend on a functioning nerve signal to amplify blood flow. The device does not.

CLINICALLY PROVEN

Vacuum Erection Devices are the only FDA-cleared ED medical device proven over 90% effective in creating erections strong enough for penetration. Recommended by the American Urological Association. Used safely since 1982. The goals of penile rehabilitation are to improve penile oxygenation, prevent penile cell death, and promote early recovery of erectile function.

KEGEL EXERCISES — THE OTHER HALF OF REHABILITATION

Vacuum therapy addresses blood flow and tissue health. Kegel exercises address the muscular support structure for erections and urinary control. The pelvic floor muscles play a direct role in trapping blood in the erectile chambers during erection and in maintaining continence after prostate treatment. Studies confirm that men who begin pelvic floor training before surgery and continue it afterward regain urinary control faster and see improved erectile outcomes. Three sets of ten repetitions daily, done consistently, condition the pelvic floor in ways that no device can replicate. Together, vacuum therapy and Kegel exercises address the two primary physical systems — vascular and muscular — that erectile function depends on.

THE DIFFERENCE BETWEEN MEDICAL GRADE AND CONSUMER PRODUCTS

Not all vacuum devices are the same. The critical feature of an FDA-cleared medical-grade vacuum erection device is the built-in vacuum safety limiter — an automatic shutoff that prevents the device from exceeding safe pressure levels. This feature does not exist in consumer products. For daily therapeutic use over months and years, this safety feature is essential. CBH Medical Rehabilitation uses only FDA-cleared devices with this mechanism.

CHAPTER 7

THE MIND, THE BODY, AND RECOVERY

Charles says it plainly in the video tutorial: "The only way a man can get an erection is from what he thinks and what he sees. This is the control tower. This controls a man's erection. It sends a signal to the nerves to fill the penis up with blood." This is not a metaphor. It is physiology. Arousal originates in the brain. During rehabilitation, using mental stimulation during pump sessions actively exercises this nerve pathway. Arousal sends real chemical signals — nitric oxide, neurotransmitters — that amplify the blood flow the device is mechanically producing.

ANXIETY AND ED — THE FEEDBACK LOOP

One of the most damaging dynamics in erectile dysfunction is the anxiety-performance feedback loop. A man has difficulty getting an erection. He becomes anxious about it. Anxiety — through cortisol and sympathetic nervous system activation — constricts blood vessels and further inhibits erection. The next attempt goes worse. The anxiety increases. The cycle deepens. Understanding this loop is the first step to breaking it. The program is not just about the device. It is about rebuilding a patient, pressure-free relationship with your own body — where attention is on how you feel, not on measuring results.

JOY IS PART OF THE PROGRAM

Charles includes this in the program materials, and it belongs in the e-book too: "Do things in your daily life that make you happy, that you enjoy doing as often as possible. Play music, get out in nature, sunlight daily, watch a funny movie." Chronic stress and

depression elevate cortisol, which directly suppresses testosterone and reduces penile blood flow. Studies confirm a well-established link between depression and erectile dysfunction — each worsens the other. Joy and movement are not optional extras. They are part of the biology.

> *"Focus on how great it is to feel again. Focus on how you feel, not what you see."*
>
> — Charles Hilson

CHAPTER 8

INTIMACY DURING AND AFTER RECOVERY

Recovery from ED takes time. For most men, that means a period during which penetrative intercourse is difficult or impossible. This does not mean intimacy stops. It means intimacy changes. Let your partner know what is happening — not just "things are not working" but what you are doing about it, how you are feeling emotionally, and what kinds of connection feel good right now. Many couples find that this period, approached openly, actually deepens their relationship. The pressure of performance is removed. Other forms of closeness that may have been neglected become central.

WHEN YOU ARE READY TO TRANSITION TO INTERCOURSE

Charles offers a direct and practical observation: "After you do this for a week to 10 days, your wife might get tired of seeing it going up and down. You guys may want to enjoy each other." When your physician clears you and erections are firm enough for penetration, you begin using tension rings — the restriction rings that come with your device kit — to maintain the erection after the cylinder is removed. The device builds the erection. The ring traps the blood. Intimacy can proceed for up to 30 minutes before the ring must be removed. Start slowly and expand as comfort and confidence grow. Each successful experience builds the next one.

LOW DESIRE — WHEN THE MIND SAYS NO

For men on hormone therapy, low sexual desire is a direct biological effect — not a psychological failing. Testosterone is the hormone that drives libido. When testosterone is

suppressed by androgen deprivation therapy, desire goes with it. This is not a reflection of attraction to a partner. It is a pharmacological side effect. Communicating this clearly to a partner changes the dynamic from feeling personally rejected to understanding a medical reality.

RECOVERING WITHOUT A PARTNER

The daily rehabilitation routine is not about preparing for sex with another person. It is about maintaining the health of your own body. The physical sensation of blood returning to the tissue during sessions — the feeling of engorgement, of the body responding — is its own form of connection to the recovery process. Focus on how you feel, not what you see. The work you are doing is building toward something real.

CHAPTER 9

LIFESTYLE — WHAT HELPS AND WHAT HURTS

Nitric oxide is one of the primary chemical messengers responsible for the smooth muscle relaxation that allows blood to flow into the erectile chambers. The body produces nitric oxide from amino acids found in specific foods. Adding these foods regularly to your diet directly supports the biology of erections. The foods highest in nitric oxide precursors are beets, leafy greens (spinach, arugula, kale), pomegranates, watermelon, citrus fruits, garlic, and nuts. These are not supplements — they are whole foods that support vascular health across the body, including in the penis.

WHAT TO REDUCE

The CBH program describes these directly as erection blockers: alcohol, fatty foods, toxic relationships, and chronic stress. Alcohol depresses the central nervous system, reduces testosterone, and impairs nerve signaling even at moderate intake levels. Processed and fatty foods impair vascular health over time — the same mechanism that causes cardiovascular disease directly reduces penile blood flow. The penis is, in many ways, an early warning system for cardiovascular health: ED often precedes heart disease by years. Chronic stress elevates cortisol, constricts blood vessels, and suppresses testosterone. The sympathetic nervous system — activated by stress — and the parasympathetic nervous system — required for erections — cannot both dominate simultaneously.

MOVEMENT, SUN, AND HYDRATION

Daily physical movement — even a 20-minute walk — improves cardiovascular blood flow and supports testosterone production. Sunlight triggers vitamin D production which supports testosterone levels — vitamin D deficiency is extremely common and strongly associated with low testosterone. Hydration directly affects blood viscosity — dehydration thickens the blood and reduces circulation. These three habits, done consistently, meaningfully support everything the program is trying to accomplish.

> **FROM CHARLES**
>
> "Do things every day that make you happy. Play music. Get outside. Watch something funny. The internal pressure felt during therapy feels good, it feels familiar. This helps the brain nerve stimulation and healing." Joy is not optional. It is part of the biology.

CHAPTER 10

YOUR NEXT STEP

You have just read everything most men going through prostate cancer treatment, Peyronie's disease, or organic ED are never told. You understand what is happening in your body, why it is happening, and what the path forward looks like. You know that recovery requires a plan. You know the window matters — but also that it is longer than most people will tell you. You know that you are not alone, and that what you are experiencing is common, expected, and addressable. That knowledge is the most important thing. Everything else is implementation.

THE CBH PROGRAM

The CBH Medical Rehabilitation program is an at-home penile rehabilitation system that puts everything in this e-book into a structured daily practice. It includes an FDA-cleared vacuum erection device with a 5-year warranty, a custom step-by-step rehabilitation routine tailored to your specific condition, video tutorials, the Complete Program Guide, and live 1-on-1 coaching with a CBH ED advocate. No clinic visits. No embarrassing conversations with strangers. You do the work privately, at home, in your own time. And when you have questions — about the device, the routine, what you are experiencing, what to expect — Charles and the CBH team are available to you personally.

THE CBH PROGRAM INCLUDES

FDA-cleared vacuum therapy device + 5-year warranty

Custom step-by-step penile rehabilitation routine

Video tutorials — device setup, 5-5-5 maintenance, and Peyronie's protocol

Complete Program Guide

Ongoing support and check-ins

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Ships discreetly in 3–5 business days

Prices starting at $150

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