

**ABSTRACT**

**EFFECT OF HYPERBARIC OXYGEN THERAPY ON INTERNATIONAL INDEX  
OF ERECTILE FUNCTION-5 SCORE AND HS-CRP LEVEL IN ERECTILE  
DYSFUNCTION MAN**

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**Introduction:** Erectile dysfunction (ED) is defined as the persistent inability to achieve or maintain penile erection sufficient for satisfactory sexual performance. ED affects 10-25 percent of middle age and elderly men. Vasculogenic ED is the most common cause of type II ED (organic). Atherosclerosis is considered to be the most common cause of vasculogenic ED. It is now widely accepted that ED is not only related to sexual activity but also act as a predictor for systemic endothelial dysfunction and cardiovascular events in the future. Atherosclerosis restricts the inflow of blood into the penis leads tissue hypoxia. Hyperbaric oxygen therapy (HBOT) is 100 percent oxygen at a pressure more than 1 atmosphere absolute (ATA). HBOT increases eNOS in Rat cavernous injury model.

**Aim:** The aim of this study was to determine whether hyperoxia that induced by HBOT can improve the endothelial dysfunction and the IIEF-5 Score in ED Man

**Methods:** This study is a quasi-experimental and the study design was pre-posttest design. We conduct eight males with ED. The dosage of HBOT was 2.4 ATA 3x30 minutes, air breaks for 5 minutes as long as five sessions. The blood was drawn a day before treatment and day five after treatment to measure the hs-CRP and the IIEF-5 Score taken at a day before treatment and seven days after treatment.

**Results:** Pre-treatment hs-CRP was  $0.439 \pm 0.321$  and post treatment was  $0.151 \pm 0.046$  ( $P \geq 0.01$ ) and the pre-treatment IIEF-5 score was  $14 \pm 4.567$  and the post treatment IIEF-5 score was  $16.25 \pm 2.964$  ( $P \geq 0.01$ )

**Conclusion:** Hyperbaric Oxygen Therapy doesn't improve the hs-CRP and IIEF-5 score in Erectile dysfunction males

**Key Words:** Hyperbaric Oxygen Therapy, Erectile Dysfunction, hs-CRP, IIEF-5