HOLD THE LINE

The Maintenance & High-Risk Quick Guide

by Tunde A.

A Note Before You Begin

This guide is educational and does not replace medical care. It's designed to work alongside your prescribed treatment, never instead of it. Do not stop, reduce, or change any medication based on anything in this guide without speaking to your doctor first. If you experience chest pain, severe symptoms, or anything that feels seriously wrong, contact a doctor immediately.

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INTRODUCTION

The Essentials, No Fluff

You already have The Village Healer's Antidote. This isn't a replacement for it, and it isn't the full 12-week Extended Protocol either. It's the middle ground: the core tools from both, condensed into something you can start using today without committing to a longer program.

Who This Is For

If you're on a beta-blocker, a thiazide diuretic, or a combination that includes metformin, you already know from the base guide that your case sits in a higher-risk category. Maybe the full Extended Protocol feels like more than you want to take on right now - that's a fair call, not a wrong one. This guide gives you the essentials from that system in a fraction of the space: know your risk, do the one exercise track that matters most, and keep it up.

What This Guide Won't Pretend To Be

This isn't the 12-week system. It's one streamlined exercise track instead of a full progressive program, a one-page reference instead of a full explanation of your medication's mechanism, and a maintenance checklist instead of a 12-week tracker. If you work through this and find you want more structure, more depth on your specific medication, or a proper week-by-week progression, that's exactly what The Extended Protocol is for - this guide will tell you plainly if that's where you land.

> **SAFETY NOTE**
>
> Nothing here replaces your doctor. If anything in this guide ever conflicts with what your doctor has told you about your case, your doctor's guidance wins.

Let's start with the fastest part: knowing exactly where you stand.

CHAPTER 1

Quick Win: The 5-Minute Risk Check

You don't need twenty minutes for this one. Just your current medication list and the table below.

Why This Matters

Not every blood pressure medication carries the same risk to erectile function - the base guide already told you that. This chapter gives you the condensed version: a single scannable reference so you know exactly which category you're in without re-reading a full chapter.

The High-Risk Medication Quick-Reference Sheet

Medication class	Examples	Risk level	What it means for you
Calcium-channel blockers	Amlodipine, nifedipine	Lower risk	Generally neutral to mildly favorable for erectile function
ACE inhibitors / ARBs	Lisinopril, losartan, valsartan	Lower risk	Generally neutral to mildly favorable for erectile function
Beta-blockers (older)	Atenolol, metoprolol, carvedilol	Higher risk	More consistently linked to erectile difficulty; newer beta-blockers like nebivolol carry lower risk - worth asking your doctor about
Thiazide diuretics	Hydrochlorothiazide (HCTZ)	Higher risk	Affects vascular smooth muscle and depletes zinc, magnesium, and potassium over time

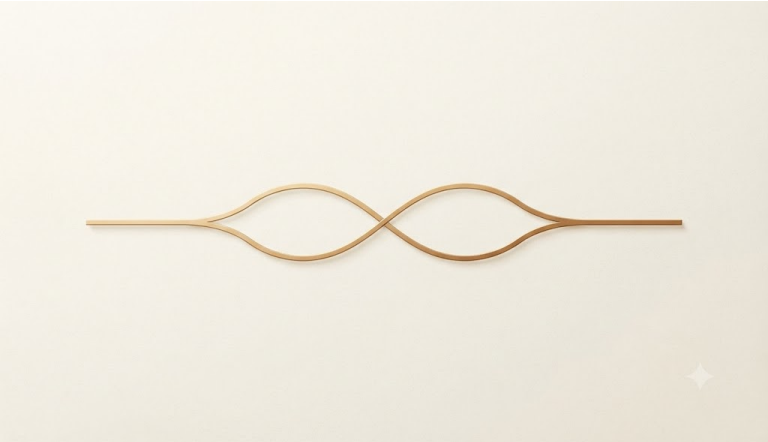
Medication class	Examples	Risk level	What it means for you
Metformin (with BP medication)	Metformin	Mixed evidence	Research is genuinely split - worth a direct question to your doctor rather than an assumption either way

Your check, right now: find your medication(s) on this table. If you're in the "Higher risk" or "Mixed evidence" rows, the rest of this guide is built specifically for you. If you're in the "Lower risk" rows and still experiencing difficulty, that's still worth a conversation with your doctor - this table describes general patterns, not your individual case.

What To Do With This

Nothing dramatic. Just clarity. Knowing your category means you're not guessing at why six weeks felt harder than expected, and it tells you exactly which of the next two chapters matters most for you: the exercise track (everyone) or the maintenance essentials (once you're past the base guide's six weeks).

Next: the one exercise track worth doing if you're only going to do one.



CHAPTER 2

The Condensed Exercise Track

The full Extended Protocol has three phases across twelve weeks. This isn't that. This is the one track - six weeks, one progression, no phases to track - for the reader who wants the single highest-value exercise habit without managing a full program.

Why This One Track

Pelvic floor training is the strongest non-drug tool the research supports for men managing medication-related erectile difficulty - not a guaranteed fix, but genuinely the most evidence-backed habit available to you. The strongest trials on this ran for twelve weeks with a full progressive structure. This condensed version keeps the core mechanics - right muscles, consistent frequency, gradual increase - without asking you to track three separate phases.

Same honest note as always: most of the underlying research studied men broadly, not specifically men on beta-blockers or thiazides. This is your best non-drug tool used alongside your doctor's management of your medication, not a replacement for that conversation.

Finding the Right Muscles

Next time you urinate, try to stop the stream partway through - the muscles you just used are your pelvic floor. Use this only once, as a way to identify the sensation, not as a regular test. Once you know it, practice the contraction without needing to urinate.

Getting it right:

- Tighten for 3-5 seconds, then relax fully for the same count

- Breathe normally - don't hold your breath
- Keep your abdomen, buttocks, and thighs relaxed
- Start seated or lying down before trying it standing

The 6-Week Track

Week	Reps	Hold Time	Sets/Day	Position
1	10	3 sec	3	Seated/lying
2	10	5 sec	3	Seated/lying
3	12	5 sec	3	Mixed
4	12	6 sec	3	Mixed
5	15	8 sec	3	Standing
6	15	8-10 sec	3	Standing

That's it. Three sets a day, six weeks, one steady progression. Print this page and check off each day you complete it.

> **SAFETY NOTE**
>
> Stop and speak with your doctor if you experience pelvic pain, urinary difficulty, or any new symptom that wasn't there before you started.

If Six Weeks Isn't Enough

Some men find six weeks of this track gives them real, sufficient improvement - if that's you, Chapter 3 covers how to maintain it. Others find six weeks shows some movement but not the full picture, especially if you're in the "higher risk" category from Chapter 1. That's not this track failing - it's exactly what the fuller research would predict for higher-risk medications, and it's the honest reason The Extended Protocol exists as a full twelve-week, three-phase system for that situation.

CHAPTER 3

Holding the Line: Maintenance Essentials

Whatever your six weeks looked like, this chapter is about not losing it.

The Maintenance Exercise Habit

Once you've completed the 6-week track, drop to 2 sessions a week, keeping the Week 6 parameters (15 reps, 8-10 second holds, standing). That's enough to hold what you built without the daily commitment of the build phase.

The Maintenance Food Basics

Thiazide diuretics in particular deplete zinc, magnesium, and potassium over time. You don't need supplements or precise tracking - just steady intake of ordinary foods:

- **Zinc:** pumpkin seeds, beans, eggs, groundnuts
- **Magnesium:** leafy greens (ugu, spinach), beans, bananas
- **Potassium:** bananas, sweet potatoes, avocado, beans

If you're on a thiazide long-term, it's worth asking your doctor for a simple blood panel checking these three levels at a routine visit - a five-minute ask that gives you real numbers rather than guesswork.

Your Weekly Maintenance Checklist

[ ] 2 exercise sessions this week (Week 6 parameters)

[ ] At least 4 servings this week from the zinc/magnesium/potassium food list above

[ ] Water throughout the day, especially if you're on a diuretic

Keep this one card going indefinitely. It's not meant to be intense - just consistent.

An Honest Last Word

If you find yourself six weeks in with no real change, or if new symptoms show up along the way - fatigue, muscle cramping, chest discomfort - that's a signal worth a doctor conversation, not a reason to push harder on your own. And if you get through this guide and want more structure, a longer timeline, or specific guidance for your exact medication combination, The Extended Protocol is built for exactly that. This guide was never meant to be the last word - just a solid place to stand while you decide what's next.

Take care of yourself out there.

- *Tunde*