Introductions and Mark Wight's Background

Hi there. Welcome to the Peptide Summit. My name is Doctor Matt Cook, and today I'm delighted to have, my good friend Mark Wight with me. Mark's the CEO of health gains gains with and family with.

And I think he's probably one of the, great medical business minds, in the world today. He started at the beginning, working in hormone replacement and, and, and I think is probably the most important person to bring the technology, achieve acoustic sound wave therapy for, sexual health, both for men and women, to the world.

And so he, has an organization that teaches and educates physicians. They do business coaching, practice management and, his clinics that, I've been to, and I've been super impressed by.

He's an amazing person, an innovator and, a friend. And so I'm delighted to have him here on the Peptide Summit to talk about sexual health. And, all of the, interesting ways that you can use modern science to kind of help your social life.

Not. I really appreciate that. And I actually appreciate you bringing me on this show and also just your general friendship. I think, you know, I've worked with thousands of doctors throughout the decades, and it's very rare to come across a guy who not only wants what's best for his patients, but also is willing to push the envelope to find the newest and most innovative stuff out there, not just like talking to you about things.

So I really appreciate that. Thank you very much. Oh, thanks a lot. Tell us, tell us a little bit about your journey of how you how you kind of got into the how how did you get into sexual health and wellness?

It's funny because I never, like, went to school thinking of science. In fact, I didn't do well in science. I enjoyed the business aspects. Yeah, I love marketing.

I like, in marketing, it's all about creating awareness around things. And it really started in 2001 when I met a physician who was prescribing testosterone replacement therapy.

Now, 20 years ago, testosterone replacement therapy was very taboo and very cutting edge. Now it's very mainstream. You're only given testosterone if you couldn't produce, and if you lost your testicles and he had a problem getting people into his practice.

I was learning about internet marketing, and we created a website to bring awareness, to help him. And what happens was that hundreds and hundreds of patients or potential patients nationwide started raising their hands, saying, this sounds interesting.

Can you find a practice doing testosterone replacement therapy? So we opened up a practice focused on testosterone bioidentical hormones for women. We were doing some human growth hormone.

And that was really our business for, you know, the first ten years, that was that was what we did. And a few things happened. Again, as a sexual wellness, first of all, you know, I always thought, like people that wanted to get on testosterone, like the image of people that wanted to get on testosterone for me beforehand was, oh, you want to do it because you want to look stronger in the gym?

That's probably furthest from the truth. What was happening were guys were coming to us in their 40s, 50s and 60s. They were complaining about three things.

They were complaining about mental acuity, mainly their body function. They were getting fat around their midsection. And they're complaining about sex.

They they no longer had the drive libido. And I would say libido was the number one thing guys were looking to fix one day. Get on testosterone. And what was happening with guys would get on testosterone.

They say albinos. Great. But guess what? I can't get an erection. Can you prescribe Viagra? And we were writing more prescriptions for Viagra and sending them off to their local pharmacy. And they're paying.

I think it was like $50 a pill. But I'm like, these guys really need help in this. And it's I think it's like one of our like Maslow's hierarchy that the need for just sucks and to procreate.

It's something that motivates everyone. And, you know, these guys, we get on on Viagra, but it wasn't really fixing what was going on. I mean, it wasn't, you know, give them the erection, but there were other modalities.

From Testosterone Clinics to Sexual Wellness

And in 2013, we came across a treatment that was using platelet rich plasma to inject in the penis. It's it's, known as the shot, which is a branded product by Doctor Charles Rannells.

And, he was certifying doctors and how to do the P shot, the o-shot and, also on how to do the vampire facelift. But he was also one of the first doctors to just bring awareness around regenerative therapy, because I think platelet rich plasma is a type of, of, regenerative therapy.

It's where you go and you are focused on fixing the root cause and all these guys that wanted to get on testosterone, they also wanted to fly in and get, this thing called the P shot.

The funny thing is, when you talk to a guy and you say, you know, we're doing this P shot, and he's like, well, what does it involve? I don't like the word shot.

Is it a shot of liquid? I take that's going to help as like, no, it's a needle that goes into your penis. Now when you say needle and penis to a lot of men, they cringe and they're like, you know what?

I'm not really crazy about that. And try mix coverage. It's been around forever. But you know, guys don't like having to inject themselves in their penis.

So we were looking for another modality that wasn't as invasive. And we came across all these studies. Use acoustic wave therapy or what's also known as shockwave therapy, which also it's not a great marketing name, by the way.

I mean, a shock to your penis, but it wasn't really a shock. It was a sound wave. And what the sound wave does is it, creates micro inflammation. And again, you're the scientist, you're the doctor.

So, you know, I don't even get into all the science behind it, but what it does is it creates more blood flow. It fixes all the, all the micro plaque that builds up over the years.

It creates new blood vessels. So it's really fixing the root cause of it. Nobody in the US was doing it, even though these studies were showing that this thing works.

And we knew that if we were going to tell the story, I'm calling shockwave Therapy. Pretty soon every doctor would be doing the same thing and nobody would know about it, because you can't build brand awareness around like, a generic name.

So it's very difficult to do. But it was funny because we start, we didn't even know if it was going to work when we brought in this device. It looks like, it's about the size of a small suitcase, and it has a wands that creates the sound wave and then it falls.

Is a doctor going up and down the blood vessels of the penis? For about 20 minutes. And it's supposed to result in

better erections. So we had a patient of ours who didn't like Viagra because he was getting headaches.

He was taking a lot of testosterone. Funny story is, he was a swinger. So I assume when you're a swinger and you can't get erections, it's it's not a good it's not a good thing.

Because like, a swinger, I guess having greater erections and being able to perform all the time is important. And he didn't he didn't like the shot because he was scared of needles.

So I said, you know what? There's this new treatment. You're going to be the first patient where ever trying it on. If we're going to we're not going to charge you for it because we don't even know if it's going to work.

And I was a little skeptical at first because I'm like, if this works, this is going to be the next Viagra. You know, so we do the treatment. And I remember I walked into my office the next day, my voicemail light is blinking, and I get a voicemail from this guy saying it's wrong.

Call me immediately. It's very important we talk and I'm like, Holy shit, did we did we hurt this guy? Like, I didn't know what to expect. So I call him.

He's like, Mark, I don't know what the doctor did, but I had erections all night long. I said, okay, but we're one for one. And then we did it on another patient and he had a similar story.

And then I actually had it done on myself. And, you know, it also creates it. Maybe you can explain the science, why it does it, but it also creates, your nerves are more sensitive, so you get more pleasure out of sex.

So there's something going on there. But it really, really worked. So but we decided to do was create a, trademark around it called Gains Wave, which refers not to the device but to the treatment.

Similar to what Doctor Reynolds did with a p shot. I started marketing it originally. The idea was we could market it. We'll get more patients in our door, but we have people all over the country.

California, New York, looking for a doctor in that area who can do gains with. So I said, you know, what we're going to do is why don't we certified doctors teach doctors how to do this?

And then the doctor, when he goes home, if we get any patient referrals, we'll send that to the doctor. So that's how it gains. We started and it was it was slow at first.

When I say slow like slow in terms of how many doctors we had. And then I get this call one day from our friend, Mr. Ben Greenfield, who said, you know, I heard about this treatment.

I want to come to Florida and see if it works. You know, if it works, I'd like to have a discussion about it on our show. And if it doesn't work, you'll never hear from me again.

So he comes in, and this is, December of 2016. I meet the guy. Most amazing guy. He's he's a brilliant thinker. He's a very deep guy. And I know you've been on his podcast a few times, and he comes in and gets the treatment and leaves and, you know, I took him out to lunch.

He's like, let's see how it goes. And then that night, I get this text from him saying I was having dinner with my grandma. And I started popping boners at dinner.

I was like, this is amazing. And then he talked about it on on the show with our medical director at the time. And then we started getting patients from all over the country.

And where can I get this done? And we started, getting doctors on board. They've asked for it was another person who wanted to try it. And, that's how I met you.

I think you were working with Dave at the time. Yeah, I love Dave. I love Dave and Ben. So, Yeah. So both of you and both of them said. Yeah, I think Dave was like, I got to meet my, this doctor I work with, he's this creative guy.

And then you, I remember you flew down, you took the red eye here, and we hit it off right away and got to arrange your. You're a Gainesville provider.

But that's how Gainesville we've got started. Okay, great. So there's a few things to unpack there. So then, but then I think within within just a little bit of that story is then a little bit of the secret of some of the stuff and sexual health.

It's not one thing. Sexual health is such a multi-faceted aspect. And so then suddenly you're hearing hormone replacement, the the acoustic wave therapy.

And a diversity of different things that are working on sort of creating a total package that, you know, I'm, I also teach for Doctor Reynolds. I'm a the shot and the o-shot, which is and it's interesting, the the p shot is, if you pull blood out and spin it down platelets, it turns out, are full of growth factors.

And so then if you inject those growth factors into the penis, then all of a sudden they release. And then they have a regenerative effect of kind of making the connective tissue.

They're healthier and they can have a, platelets, platelets and growth factors can be helpful both to nerves and to blood vessels.

Shockwave Therapy and the Birth of GainsWave

And so then, you know, we injected into the corpus cavernous, which is the kind of the vein, the vein part of the penis that gets all, all dilated, during an erection, the US what's the mechanism of the shockwave therapy?

I think one mechanism is, is that if there's a shockwave and there's one shockwave that is kind of almost like a little tiny jackhammer where there's a little, ball at this going back and forth, and it creates a sound wave, there's another one that creates a piece of electric electrical charge that creates kind of a sound wave.

But, I think that what happens is, is you probably, break down some platelets. And so it's kind of the equivalent it's a similar mechanism of a p shot because you're, you're, you're you're but then also it may help break down some of the plaque and some of the blood vessels.

And then the you create a healing response as a, as a result of that trauma because it's a measured, response that says the combination of all of those things we had we had been shot people.

And then we found that when we did the p shot and, and, gained weight together, it was a much better combination. And I think that's almost everybody that I've ever, Todd has, has, has told me that.

Yeah, they're they're very synergistic. You know, I think it's like one plus one equals three. And to your point, like, I think with sexual wellness and again, this is somebody who kind of got into this via a back door, like, I didn't ever think I was going to be doing anything around sexual wellness is like, we've noticed that there's like three reasons why guys get Ed.

One is hormonal, which is really addressed by having proper hormone levels, optimized hormone levels, one's physiological. But I think the thing that has been understated is the psychological component of why we get erections.

And it's it's much more complicated than any other type of treatment because of that psychological component. The, now, are you guys are using, PD one is PD 141, which is peptides, and there's a variety of different ones, but that one has come into, play.

And interestingly, you know, that one can at effects arousal. So have what's been what's been the experience out

of your clinic with with that one. So, so 141 we heard about that maybe 3 or 4 years ago.

It was a subcu injection. People were taking. A lot of guys said that they get nauseous when they take it, but their, sex drive increases it. It's funny, what we do for our pain is, like, I'll get nauseous as long as I can get an erection.

The other thing is, this is a hormone. But I think it helps on the psychological component is oxytocin. Which is that bonding response that, women produce a lot of oxytocin after they give birth.

That's why they bond with their child. But what we've noticed is that when guys have high oxytocin levels, their arousal also seems to increase. So, you know, we've been marketing RTE 141 along with oxytocin, and we've gotten a good response from the psychological side.

We've also made alliances with sex allergists, which I think it's interesting because I've never really heard of sexologists, but it's essentially a psychologist that focuses on on sex.

And, you know, if a guy has a bad experience early on in life, it can affect the drive. For guys addicted to porn, it can affect his ability to get an erection.

And they use like a combination of of CBT, cognitive behavioral therapy and talk therapy. And that works very well in conjunction with what you do in your practice on hormone optimization and what you've been doing with peptides, and also with regenerative therapy, which is really what I've seen is beyond the platelet rich plasma, this world of stem cells and exosomes, which are the messengers of stem cells and the amniotic fluid, that's been also really good.

I know the FDA is is trying to crack down on it, but I think that in the future we're going to see a combination of regenerative therapies, treatments like Gans wave.

I think you're going to see peptides, like there are a lot of exciting peptides. And that's why I'm, I'm excited about the peptide something because people don't know what the tides are.

But peptides can be used to target different, you know, like like whatever snippet the doctor is giving you, they can target whether you want better mental acuity, better sleep.

The peptide of T 141 and CTC 12, CJC 1295, along with open Mariella, that's kind of been the go to peptides that we've been using, for sexual arousal and sex drive.

So so then I'll give you a it's you know, one interesting thing is just to hear what people are doing, and then they kind of then go back and say, okay, let's defrag that and think about that and understand that.

Because if something's working, then it's useful to understand what's happening there. And I always like to come to you to know what's working, because then because you guys are so success oriented that if you guys are doing it, I know it's probably working so that now this is this one.

So interesting. And I'll explain this because it's going to be useful for people who are interested in the PT 141 so it turns out that there is a protein in your brain called MSH or alpha MSH.

And it's called alpha melanocytes stimulating hormone. So one of the things that can do is that stimulates you to get a little bit more tan, you know, which is give me get a in Florida.

But and and so then, it turns out that that protein then helps to, manage inflammatory stress in the brain. And so if you start to have, an elevation and inflammatory cytokines and, and, markers, what will happen is, is the MSH will, will help manage that inflammatory stress for you.

Interestingly, what happens over time and this is like just as a, as an aside, but then it's going to, I think be relevant. And I wanted to kind of talk through this one a little bit.

A lot of the people who we see who have Lyme and mold and kind of complex illnesses have low MSH. And so then one of our one of the sort of the major strategies that's working around diagnosing, for patients who are sick, you'll see high inflammatory markers and we'll paint this picture that is, a lot of people describe as something called, chronic inflammatory response syndrome.

Well, so MSH is this protein that's all over in the brain and has these diverse effects. Well, it turns out 141 is a subsegment of that. And so then that's where it works.

It works up in these deep brain areas. And so then and interestingly, the mechanism that part 41, it turns arousal on in the brain, which is interesting.

And so then it was and at the early uses of it was actually for female arousal. And so the kind of came out as as more of an arousal, thing. But it turns out, it also has a side effect from the brain, actually, not from, peripherally of causing causing a little bit of an erection.

So it kind of turns on arousal. And then for men, it has a side effect of an erection, but it also has an arousal, a probably a physical arousal, aspect for women as well.

But great talent and and then it also has the side effect of a can. So but what can happen is this because it's stimulating in these deep brain areas, then it can cause nausea.

And so then there's going to be a percentage of people that have nausea. It turns out it's subcutaneous. There are also some people who have a nasal spray from the compounding pharmacy.

You can get a little bit more hypertension occasionally with the nasal spray and, but the nasal spray can be quite effective. And so then, so suddenly now you've got this thing and just for, for people who are thinking about dosing, the dosing usually is 1 to 2mg.

Most people don't like to do it all the time. I know a lot of people who will do it maybe once a week, twice a week. And, interestingly, as you think about some of the other drugs that we used, Viagra and Cialis vs the dilate, the blood vessels actually in the penis.

And so then when you take Viagra, cialis and PT 141, they kind of work synergistically. And then as you were saying then sometimes people will take oxytocin, which is can kind of increase with that bonding.

And so suddenly now you're bringing a whole bunch of things together to create kind of a, a, a great kind of, mental, emotional, spiritual kind of experience.

One of the things we've been trying, and we've been testing it is there's, there are truckies or sublingual as you can take that combine or tadalafil or something to fill with oxytocin and PT.

141 I'm not sure. And I'm not sold yet that you can, get a response from PT 141 if it's taking sublingual. But I know people that have been trying this are getting a good response.

I mean, they're multiplying it from the oxytocin and from the tadalafil, but it's I think if there's if you remember when we were little, there was like this whole thing called the Spanish fly.

Yeah. Spanish fly was like this thing you would take or a woman would take it and they would get really horny and excited and all that. It was like this mythical thing and it's like, well, you know, if we can create this troca where you can combine everything we now have that scientists have created, the Spanish fly.

And I always look, things through. Does this have demand?

Combining PRP, Peptides, and Regenerative Treatments

Because like, I'm on the demand side, you're more on the supply side, you know, can we do it? Can science do the R&D? Can we make it work? My side's a little bit different, which is is there a market for it and how do you bring awareness to it.

And I think when you know, you see these things like Spanish flu going around, there's already demand. It's just like can science now meet that demand?

And every day we're seeing that come true. Yeah. That's amazing. Well, you know, they, they say, that when, when when you do. Because I know you're a great person in terms of understanding some of the business metrics, but when, the, the somebody told me, they said people in terms of cash pay medicine will only pay for three things to look good and feel good or to have good sex.

That was like a old term that people used to say, it's it's funny, like on the, you know, like going back to, like, what we do and what you do is, you know, guys will have they'll they'll have chest pain.

They'll say, you know, I'm gonna put it off or they'll have some other thing that can indicate serious illness and they'll put it off. But the moment a guy has a bad night, the moment the guy can't perform, he's he's like, already on the internet, searching for a solution.

And it's almost like a lot of times what we find is, is Eddie or poor Richie response is almost the canary in the coal mine. So you know, we've, we've identified guys who have come looking for gains while they were looking for a solution for Eddie.

And he has a serious cardiovascular issue because he has other blockages going on. So yeah, I think that's interesting because that's the way you get guys to really look at their overall health.

That's where functional medicine comes in. Right. And so then imagine it's like let me take imagine I had that that person. And so then let's say 1.0 and because that 1.0 people just want to do something and they want to do something to feel better.

And so then that might be that person, it might be the gains way. Because that and, you know, regardless of the, cardiovascular status, the gains for efficacy is going to be 100% safe.

And I actually have seen some people who kind of are metabolic syndrome. And, they, they've got, the a plumbing problem, not enough blood flow to the penis.

And so they do gains where I've been shockwave therapy. And next thing you know, all of a sudden the the penis is getting, more blood flow and that will help.

And that often is kind of like if sexual dysfunction is a canary in the coal mine that was a, convert station starter for a lot of people that, really helped us because they gave us something to do.

Know, I remember I had somebody who come became a good friend of mine that I worked with, and he came in and I looked at his penis and it was great. And, you know, he's 65, but it was like gray.

Oh, ashen. And we used that term, you know, as, like if you see somebody in the emergency room. But I was kind of shocked when I saw it. And then we started doing shockwave therapy, and next thing you know, I would see him and it would be pink.

And so I was like, oh, let's get a check it. He didn't get any better, but, it started to look better. And he, he could tell that this is, you know, it's not working yet.

And he had he was doing, injectable therapy with Baymax with Prime X, and so then with, which is, an injectable, vasodilator that causes, causes erections.

But I think it also probably causes scarring. And so probably if you can possibly avoid doing that, you want to and so then we sort of started to work our way through and ended up helping.

But, you know, then you think for that person that let's say we do shockwave therapy and then we say, okay, let's try something else. Viagra. Viagra is good, but some patients with heart problems, it will be delayed in other places.

Too much and so they can have issues. A lot of those patients will do great with PT 141 and then, interestingly, PD 141 can cause nausea sometimes, and PT 141 is very similar to another peptide called Mylanta ten to both of which are analogs of MSH.

And so they both cause nausea with the Mylanta ten, what you do is you start at a real low dose and go up, and then you can make a nasal spray out of Mylanta ten also.

And the way you make it, I'll just drop some pre knowledge here. The way to make a nasal spray out of Mylanta ten is take ten milligrams of Mylanta ten and put it in a, a five milliliter, nasal spray and then do like 1 or 2 sprays.

Mylanta ten and 141 can both cause a little bit of anxiety. And then and because they're, they're such central, stimulating and and Mylanta ten quite a bit more which is why we usually say do PT 141 over Mylanta ten and then, you know, I had a friend of mine called me this weekend on Sunday morning.

I was like, my first call. And I'm like, what? What's going on? First thing in the morning, Sunday morning and Saturday night. And I and he goes the, the, the cialis and the Mylanta ten were and the PD 141 worked.

So he's called me to tell me that. So I was happy to hear that one. I'll tell you, one of the things we do when people come into our practice here to get gains, if we always test their testosterone levels, we we have a, lab in house that gives a real time test.

And what we've noticed is over 50% of the people that come in because they want to get gains. We've, have suboptimal testosterone. And, you know, I think a lot of times it's like that hormone optimization is you always want to have those optimal hormone levels for everything, because if your hormone levels, if your testosterone levels are low, you don't have the libido.

So you, you know, that sometimes fixes the libido. PT 141 enhances it. You don't have the, the the not only the sex drive, you just really have no interest in sex, and you're probably an asshole, like grumpy.

And women don't even want to be around you because you're just grumpy. So I think a lot of times, fixing, the hormone markers and optimizing hormones is always the best base to build upon.

And we see that all the time. There's a, there's an idea that I have that, Your how you feel is actually just an average of your hormonal and biochemical balance.

And so then for example, a lot of the people with Lyme and mold and especially mold will have really low MSH and a variety of other inflammatory things going on in their brain.

And so as a result of that, they feel bad. If, if you're running around and you've got a testosterone, of, 100 the side and one of the side effects of that is people feel bad.

In fact, you know, I'm it's interesting, just as a side little note, you know, I, I, I've probably written like 100. I probably written 100 pain narcotic prescriptions.

And like, the last five years, at the most and I do complex injections, but, being on pain medication lowers testosterone. It's like a classic. And so then that's one of the reasons why we're so against, being on long term pain medication.

Because you see people who are on long term pain medication, they'll come in their testosterone. I'll be 50 or 100.

They'll be like totally in the tank. And that's.

And then one of the side effects of that is you feel terrible. But then and you have a yeah, just for people should know if they want to, work with you.

You've got a great telemedicine service for for testosterone, right? Yeah. It was actually funny because during the pandemic, we had to close our office for a couple months, even though we are in Florida.

And there's a myth that Florida didn't close down. We did have a couple months where we couldn't see patients. But we continued to service them. The, telemedicine, which is really sending, person out to your house to get labs and then having your physical exam done, either you get a copy of the physical or that person who does the labs does vital signs, and then you do a call with a doctor via zoom or via, some sort of asynchronous communication and people like that.

So it does allow us to expand our reach. So that and I think telehealth is going to be the future of health care along with I mean, everything we're seeing now, just in general is, using technology to be able to make a connection.

I mean, we we can, you know, ten years ago, you and I couldn't do this summit via zoom. We would have to sit in a room and you'd be asking me the questions, or we'd be on a phone call. You're recording.

So, I think that's going to be the future of medicine. You know, things like gains wave. You really have to see a doctor in person, but, you know, there's there's you see more home devices coming out.

And I actually read something the other day about, you've heard of Neuralink, the heart that Elon Musk is building that you put on your brain, and then they said that that's going to be able to give people orgasms because it stimulates parts of your brain that, help with sexual function.

I thought that was interesting, but I think there's so many things people can do where they don't even have to see a doctor in person. And that's going to be the future of health care 100%.

You know, another another peptide thing related to that is the, there's a peptide called Kiss peptide. But yeah, that's for I was reading about that. That's for women.

Well for for that's for for men especially because then it causes your test. It stimulates your, your, your testicles to make testosterone. So then you can either you can take testosterone or you can take this peptide.

And so there's people that will take I've got a lot of people who take just peptide tests to support testosterone levels. And so I will work with that.

And then other people, we also, you know, have people all over doing, you know, testosterone baths with creams or, and or injectables. What are you what are what are most people who, who take, testosterone with you guys?

How do they how do they like to do it? They're mostly I mean, typically what they're doing testosterone. Everything's personalized. It's generally 100 to 150mg a week.

It's usually injections. There's a gel that they can take daily, which I actually prefer because it helps me with dosage, even if I feel like my testosterone levels are getting too high.

I'll just take a couple of days off of taking testosterone gel. But you definitely want to combine it with a aromatase, something to keep your estrogen levels, in check because you don't like your aspiration levels to go up.

We were doing a lot with human chronological, not a drop in, I think acts in a similar manner to just popped in. It stimulates your testes, produced more testosterone, but it also prevents your testes from shutting down while you're on testosterone.

So, so generally, that's been the bread and butter of, testosterone replacement therapy. A lot of guys were doing growth hormone, but now with the peptides that are out there, you can, you know, especially with like, CJC and IPA Maryland, you can get the same benefits of growth hormone without having to worry about the side effects.

And that's very exciting. Right. So then these basically are either causing you to make helping either with synthesis or release or a ball of growth hormone from your brain.

And, and and so then the nice thing about that, you know, it's interesting, when I first started doing functional medicine, I always say there's functional medicine gangs and the biggest gang was always like the hormone replacement gang.

And, you know, everybody, everybody was trying to get people. And it's and it's interesting sort of thematically to think about functional medicine and, and and do you see kind of what people are doing?

It's one of the reasons I love talking to you to find out what people are doing that, at the beginning, everybody had people on human growth hormone, and now almost everybody that I know is stopped doing human growth hormone, because why?

Hormones, Methylation, and Whole-Body Health

Why be stuck taking something that's, an exogenous source of a hormone when you can just tell your body to make it. And, when you take the what the CJC and morale and, is one combination.

Another one is test morale, and there's a whole bunch of different ones, but the center for morale and, one one is, is that they can it helps you sleep if you take it at night.

Can help with, athletic performance in the morning. And then the, you know, the sexual health conversation is this multi-modal thing that we're an average of all of our biochemistry.

So if you can balance growth hormone and you can you can optimize testosterone. And so certainly we've got a variety of ways to do it, either by giving your testosterone or stimulating your body to make it.

And then we can kind of do some actual work down in the penis and start to turn that on. And, and the vagina, for that matter. And so then suddenly you realize this is kind of awesome.

It's awesome that suddenly people feel like they've got some hope. Okay, you know what I like about, functional medicine versus oddly empathic medicine is, you know, functional medicine.

People ask me, well, what are doctors doing? And I think it's like asking a chef in a restaurant, you know, how do you make a hamburger or how do you make, a dish?

And there's so many different ways to make a dish, versus like alley medicine. It's like, okay, if the person is sick, you give him this pill and it's 25mg, like, but like Viagra is like, okay, he said, here's the pill with functional medicine.

Yeah. Not just around sexual wellness, but around everything we do is there's so many ways a doctor can create a program for a patient. And I think that's where the artistry or the creativity.

And I think what separates really good doctors from other doctors is their ability to do the research and come up with, you know, like, and also through compounding pharmacies too, because they're the ones who will actually create the, the compound.

But there's so many different ways to tackle it. And every patient's unique and every way a doctor approaches are problems unique. So I think well, it's funny because I go off on these tangents sometimes.

But you know what? I can't, stress enough is I think, the most important thing when you're doing sexual wellness or

any type of functional medicine is that the doctor really does matter, really matters.

And it's just having a guy like yourself who does the research and puts in the hard work, and really personalizes a program around the patient. And but then to then that brings up a good point, because I want to go back to something you said earlier, erectile dysfunction.

Maybe the canary in the coal mine. Because to to have great erectile function, a whole bunch of things have to be happening. Well so your brain has to be working well.

It has to be making hormones. It has to be, you're and then vascular. The your blood vessels have to be working. Well, they've got to be able to dilate and send blood flow structurally.

The ligaments and tendons and fashion and everything like that and the penis all have to be working. Everything that we said, you know, kind of interesting and good.

However, sometimes we all see people with actual metabolic inflammation. So they're blood vessels, they have systemic inflammation. And so then we start to work on hacking that.

And, and and the reality is a lot of that is just biohacking. A lot of that is learning to kind of get healthier, manage things that are going to help the your actual blood vessels work and the cells that line your blood vessels work.

And so then we do that with a lot of, you know, testing basically with micronutrient testing, with metabolic testing, looking for inflammation. What are you looking at?

Homocysteine, C-reactive protein mainly. So you're looking at those and and then those. Well, C-reactive protein can can be a marker of vascular inflammation.

Homocysteine is, surrogate marker marker that, looks at something called methylation and methylation relates to basically just, a lot of times a, a molecule like a B vitamin will be inactive.

But if you put a carbon group on it, that carbon group is called a methyl group. And it activates a. And so if your body is working well, you can shuttle carbon around from, from one molecule to another.

And, and it and and so one of the side effects of that, as is your blood vessel health is good. When people, can't do that sometimes there's a little bit of a genetic cause and sometimes there's, maybe they're not getting enough in their diet and they can struggle with methylation, and then that can be associated with heart disease.

And, and I think one, one thing that when we see people who come in with erectile dysfunction, some of them are somewhere on the spectrum of cardiovascular disease.

And so, as you said, that's just a little bit of a canary in the coal mine. So then what we're we're doing is trying to broadly kind of look at them, gather a history, understand all of that, and then basically build programs to optimize and dial in their their total health.

So they there's two, to two things that came to mind. One is like one of the gains with practitioners. He's actually a really good cardiologist, is a holistic cardiologist, doctor Joel Kohn, and he likes gains because when these guys come in, he's always working up their calcium score.

Does echocardiograms he's just like Mark. You'd be surprised how many people have blockages in other places, because if you have blockages in your penis, you're going to have blockages to your heart and or worse, cases of, you know, blockage in your penis. You can't get an erection.

But if you have a blockage in your heart, you're going to die. Oh he's he's using gateway to save lives. The other thing, you know as you're talking about methyl is methylation.

Have you ever heard of true diagnostics. They're doing a lot with epigenetics. 100%. Yeah. We just started using them. It's really cool. And I think you're going to see a lot more in epigenetics and looking at methylation, because you can actually determine how well or how slow you're aging.

And I think that's really a great place for, any type of functional medicine, any type of functional doctor to start, you know, because when you know what the baseline is, you can actually work towards a goal.

Yeah. 100%. Yeah. I've been very, impressed by their technology. And then, also and that just goes to show you, to get by in something has to happen. On the sexual health front, it's kind of easy because there's, there's a problem.

And so it's easy to kind of get buy in. But a lot of times, if you can tell a good story in using and show, hey, look, this is this looks like a problem right here.

And then here's, here's the solution. And so then that can be helpful. The, you know, one one thing for if you're if there are any doctors out there and we kind of came up with this, but I'm sure other people did too.

I do everything I do, all my injections all over the body with ultrasound. And so then we start, and when we do injections into the penis, we started doing them under ultrasound.

And when you see, when you look at the the penis under ultrasound, it looks kind of like a double barrel shotgun. And then over on kind of the medial side of where the corpus cavernous arm is, there's a little tiny blood vessel.

And you can you can see that in there. And, when I first learned, how to do injections, you would just kind of hold the penis and do the injection. I have kind of a funny story. I, I was, in with, one of my great kind of regenerative medicine mentors, as a guy named Bill pass Polaris.

And, he's, founded a company called Python and is, adipose stem cell guru and, studied B cells and super interesting. And so I was over working with him in Malaysia.

And, he says, do you want to do a stem cell? And so I said, sure, why not? And so then and, and so then we did it. And so then it was an IV stem cell.

And then, but he said, I've got some more left over. So he said, well, we will inject that. He's he says, is anything going on? So he injected my hip, because I had a sports injury and which it totally fixed.

And then there was like four CCS left over, and then I said, he says, well, he says, you can't let this go away. So I go, I don't really have anything else going on.

He says, well, in that case, I'm going to have to put it in your penis. And I was like, I was a little nervous, but I didn't have enough time to, to back out of it.

So he did that. And then that was how I forgot my first shot. And and I found it to be super helpful. But now now that I know what I know, I showed a friend of mine who is a urologist and he said, you don't need to do it.

He said, you don't need to do an ultrasound. I said, come watch me and you can watch me do it, and then tell me if you still think you don't need ultrasound.

And so then he came and watched me, and then he said, I'll never do another one without it. And then he bought an ultrasound the next week. Yeah. No, I there's a doctor up in Canada who uses ultrasound, but he can also measure blood vessels.

He has a machine that not only you get the ultrasound, but a software program that measures that. And he showed us that after you do a series of gains waves where you can actually show the patient the blood vessels are expanding.

And it's pretty remarkable because you've seen guys get off of Viagra. And this fixes the, I mean, it truly does fix the root cause of Ed. But so then that's an interesting one.

If you if you. And so then if you think, if you look at this, imagine this double barrel shotgun. So imagine you were looking at like just one side. And then you stick a needle in and the needle actually is.

So they say nobody wants a needle on their penis, but the needle is actually about the size of a hair. This is a 30 gauge, just a tiny needle that's only, half inch long.

And then interestingly, with, when you inject peptides, so if you inject BPC one, five, seven or thymus and bit A for fragment or thymus and beta for or G, okay.

But not change copper, it will you'll see the penis just engorged right in front of your eyes. And the same thing will happen with exosomes. And then interestingly, when you see it, it will engorged.

And then what will happen is, is you're sitting you will look with your ultrasound. If you and I always do one shot on each side just so that I get a balanced effect.

But then by the time I get to the other side, the both sides are are really engorged. So it's, it's very interesting to see. And I think that in the if I was just, in terms of fixing root cause of inflammation in the penis, I would say.

Peptides are are probably more effective than anything we've found, including regenerative medicine for for for penile injections. And it's amazing because, you know, the, they're a lot cheaper, too.

So I think it's kind of I think it really creates an opportunity to, and tell we, we had I've had people who were on Baymax and Trim X, and so that was kind of considered end stage.

And basically once those stopped, where basically what happens is people would start their journey taking Viagra, they would do shockwave, Viagra, shockwave PD 141.

Then they would start to have to do injection into the penis. And then that they would do by Max, that would fail. And so then they have to keep going and then they would do try Max and then that doesn't work anymore.

Telemedicine, Lifestyle, and the Future of Functional Medicine

And so then I had yeah, you know, you have of the people that come to see you, you have 85% that you help, you know, almost everybody that's going to come to see you, you can help because of those things are all helpful.

But when you have somebody that everything has failed. That was kind of the end of the road. But I have, I've been we've been helping those people. And to me, that's like one of the greatest things we ever discovered.

And it's kind of like a side gig for us. Like, you know, we don't. I, I you would think that I would probably do, ten of those a day. But when we get them, they seem to do well.

So it's kind of interesting. You know what is interesting, though, is like that 15% generally what you see is you kind of have an idea before you get started.

I mean, they're either, extremely obese, they're diabetic. They haven't had a good erection in years. There are doctors, especially functional doctors, who will, address the metabolic syndrome.

They'll, they'll get their diabetes and they'll, talk to them about healthy eating and a healthy lifestyle. And then as these guys get healthy, you can then go to you can then now affect the penis because I think in those cases, what we usually see now, granted, there are people that there's a psychological issue to their idea, which I think it's it's a different category.

You know, I can get started with, like, you know, the, porn on the internet because I've seen that a lot. You know, like, especially you get is 21 year old guys that have no problem masturbating to, like, some kinky porn, but they can't get an erection, you know, and I don't know if what we do really helps versus, you know, go see a psychologist.

But when it's a person with, like really serious health issues and, especially around diabetes and obesity, I think fixing the body, will lead them to an erection really gives them hope versus a guy who's diabetic.

And he, he just goes to, is normal doctor who says, okay, well, you need to eat better. And the guy doesn't really care. But when you motivate them by look, if you do all these things and we can get you living this healthy lifestyle, guess what?

You're going to have great sex because that's, you know, and again, on the demand side, what motivates people is like this core drive. We have to procreate.

So like the sex drive I was reading that the strongest desires we have are eat, sleep, drink and sex. That's animal instinct that's hard wired in our reptilian brain.

And I think, the sex part gets them in. But what gives them hope is hey, we can get you healthy so you can have the sex that motivates these people. Right. And so then, you know, with my even my journey on this now, I love such a healthy lifestyle that it becomes a self-fulfilling prophecy that I love.

I love that before. And this is the I'm always kind of trying to figure out, like psych, a psychology way of kind of talking people into healthy lifestyle.

Before I thought I was going to give something up. And I think if you were going to give up fun by living too healthy of a lifestyle, and now the side effect of a healthy lifestyle is basically everything in your biology works really great.

Yeah. I mean, for me, on my own personal journey. And again, I did not start thinking I'm going to live a healthy lifestyle. I never, you know, like I was always the kind of guy who really didn't care about that as much, especially when I was in my 20s and early 30s.

But ever since being involved in this whole industry of of functional medicine and holistic health, my personal medical doctor, I have stopped using him and I see a functional medicine doctor who really talks to me about how to stay healthy.

Like if you think about baseline is absent of disease, like we have this baseline, 95% of your practices and 95% of what you call like Western medicine operates below the line.

Okay. You're sick. We're going to get you the baseline. But I think the biggest shift you're going to see over the next few years and you see him with great doctors like yourself is let's focus not so much at getting sick people to baseline, but let's focus on taking people at baseline and teach them to be up here.

Because when you're up here, you just don't get sick, like, I like, I really knock on wood. I haven't had any illness in 15 years and it's really amazing.

I eat healthy, I, do intermittent fasting. I'll do keto diet. I just bought this levels. I don't know if you heard a levels go 100%. And for all of the people out there with kind of metabolic and blood sugar things, tell them about the levels.

That's so, so great. We use we use, the glucose monitors for a lot of people. I think this whole, idea of the quantified me and using technology to know what's happening in your body, I use my aura ring to make sure I get enough sleep, I levels to make sure I'm eating right, just being aware, and having a doctor who is aligned with that, which really, you know, like people like yourself.

And I think you're the best people can get. But finding doctors who really buy into that, that can have a good

discussion about why we sleep, what we should be eating, you know, like this whole concept of how our environment is killing us and even the fish we like, I've shifted like, I, I love fish, but now I'm really cognizant of is this fish sauce I'm getting that does it have toxins in it?

Because like most fish that we're getting is farmed fish full of toxins. Beef. You're like, I only eat grass fed beef. I do not eat beef that is being pumped full of antibiotics.

And, you know, like the thing is that mainstream media doesn't talk about it. They're like, take a pill when you're sick, but they don't talk about the importance of little life shifts you can be doing.

And I really think that starts in your doctor's office, and it's picking the right doctor who understands the importance of all these things. And I think most importantly is on the front line of gathering information, because this is happening in real time.

They're not going back looking at 30 or 40 year old studies. They're getting the studies as they come in and making recommendations in real time. And I think that's important.

So then this for people for people, it's sort of for doctors out there and then also for patients. What kind of to summarize is what you're hearing, Mark say is kind of like 100% what I think all the time.

The, this is not a peptide summit. This is a life summit. What what's the what's the secret, optimal lifestyle, doing these things. If we want to fix the problem, sexual health, there's probably 4 or 5 ways.

And and thus, whatever the tools we use may change. But but then, as you kind of view, the cancellation of those things get better. And I think probably the most important thing that, that you do that just inspires me is you're, you're creating the branding and awareness of, of something that is a need that, you know, hundreds of millions of people in the world are struggling with.

And so then it's kind of amazing to begin to think that that now we have a chance because of the work you've done to kind of go out and communicate to those people and put together kind of, packages that are going to be helpful.

But it all really it starts with the work that great doctors do. I mean, we we don't have anything to talk about unless great doctors can show with real science and really good clinical studies, and actually treat the patients.

So, I believe we're all in this together. Like any practitioner that's in functional medicine, any practitioner that operates above the line, any. Yeah, every doctor like the you know and again, I'm not going to get political on Covid but we hear about what we should be.

You know we hear about the vaccines we need to be taking. And we hear about the masks we should should be wearing. But what we don't hear about is that we should be raising our vitamin D levels.

We don't hear about the fact, we should be checking inflammation. We don't hear about the fact that the number one way you can cut down on any, negativity to Covid is to just live a healthy lifestyle.

Nobody's really talking about that. You know, those those those voices are silenced. What people are talking about is, again, wear a mask and take the vaccine.

You know, that stuff you hear. But people should really be talking about the overall body and what we need to do to stay healthy. And it's really, I think the internet is an amazing platform for amplifying it.

And I think as practitioners and as people in this field, we all have a responsible ability to talk about the things we need to do to live out an optimal lifestyle, because it's really the best way to have great sex.

That's the best way to lose weight. That's the best way to stay healthy. That's the best way to have high immune function. That's the best way I've been.

I read something about how diet affects dementia as we get older. I mean, you know, and people don't talk about it. They they talk about the treatments, they don't talk about the prevention.

And that's where we all need to be. Yeah. That's why they call, dementia type three diabetes. Well, it was awesome to talk to you. You're one of my heroes, and I'm so grateful to have you on the show and, grateful for the the work you've done to make the world a better place.

So thanks. And, have a totally kickass week, not I. I really need to thank you, too, because you opened my eyes like you were my go to guy. When somebody asks, you know, like when I hear about, science, you're the guy that when I.

When I call you, you've already read the studies. I say, yeah, that's that's real or I don't know about that. So, you are one of the true pioneers on the science and the fact that you're putting together this peptide summit.

Nobody knows really what peptides are. So this awareness you're creating for, people, not just, not just doctors listening to this, but like, just people who want to know more.

This is a really important stuff. And, there's so much more than peptides, but peptides is, is going to be the next frontier. So thanks for putting on the summit.

Thank you for having me on. I really appreciate it. Okay. Have a great day. Thanks so much for.