Discover Stem Cells For Prostate Rehabilitation Transcript

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Introduction to Dr. Anne Truong

Hello, everyone. Welcome once again to the Prostate Cancer Summit. I'm your host, doctor Geo Espinosa, here with another special guest. Doctor Anne Truong.

Doctor Anne is a board certified physician with over 20 years of clinical experience. A physician, entrepreneur, and innovator who thinks outside of the box doctor Anne has is a recognized leader in men's health, particularly in regeneration medicine or regenerative medicine.

She's passionate about healing the cause of male sexual dysfunction, not just masking symptoms, and shares her wisdom and teach doctors and conferences worldwide.

Doctor Anne evaluate evaluates and supports each patient from the beginning to end to accomplish their individual goals. Recapture their vitality, age gracefully and live their best life, which is those are those are amazing terms to me.

How do you live your best life as you age? Right? Doctor Anne. Yeah. Doctor Anne, thank you so much for being with me here. For this summit. We spoke quite a bit before we started recording.

It's amazing how our paths crossed to do this podcast, or summit and, I guess the first question is, why why have you chosen, you know, here you are, a female trained in internal medicine.

You know, and somewhere along the line, you said, yeah, you know, I think that I think I want to help men, with their erectile dysfunction. I don't think that's that common of a path.

I think you chose the road less traveled. So take us back with your history, professionally, what you were trained in, and then what decided you to, you know, let me go into male sexual health.

Right? Right. So, I, was, trained in, internal medicine as well as, physical medicine and rehabilitation. What that means is that, I the PBR of physical medicine rehabilitation is, I do I'm like an orthopedic surgeon that does non-surgical, treatment of, pain.

From Internal Medicine to Menu2019s Sexual Health

And, and then the internal medicine is the background, so that way I can, see patient and patient and understand the whole complexity between, somebody's illness and how it relates to their physical functioning. And, I was doing that from 1997 to 2012.

Loved. And I think what's happened with that, I had an injury to my wrist till it was limiting me from doing some of the, interventional procedures that I used to do.

And at the same time, at that time, my husband was having some cardiac issues and, had to had, several, interventional procedures. And it had a really affect, his, sexual it.

And so, you know, I had that injury and then I had the personal experience and I just like and at that time I was already doing, regenerative medicine with biologic.

Like I said, there's got to be a better way because I am not a medicine person. And his doctor wanted to give him, Viagra and Cialis, and, I knew that that was just masking the symptoms and not treating the problem.

And I knew that it wasn't a long term fix. And, and I'm always the person that looking at the cause because in 2000,

I learned how to do acupuncture or I learned how to do parallel therapy.

So I was always really looking at, comprehensive holistic treatment. So, you know, I started reading, I started researching, and as being a clinician, you know, that's what you do to best write.

You research, you read, you connect with colleagues, you go to conferences. And, because of personal reason, I dive into that. And that's how I found out of, really discover, like, hey, if I can use, stem cells such as platelet, your own blood, or your own bone marrow to restore inflammation and function in a joint or spine, I can certainly translate that into the sexual organ to restore functioning again, because it's all about blood flow.

And and so that's how I kind of do it and get to look my first patient, my husband. But wait a minute, just to get just to get this straight, your husband has this issue with cardiovascular problems that then affects his male sexual functioning.

And then you started doing stem cells and injecting him with things in his penis. Yes. Yeah. Wow. Well, this makes a story way more interesting. Yeah.

This is probably the first time I hear of something like this. Absolutely. You know who who will be my best guinea pig is my husband, you know? And, and that's how I learned.

And interestingly, you know, we saw results actually, within like, three weeks. But at that time, he was, really a late 40s, you know, turning 50. And so he was still a young guy, very healthy guy, as well. And, then, you know, with those seeing results.

And then I started doing my brother and then my brother in law, because, as you know, Ed is more prevalent than we think. 50% of male, 50% of men over 50 have ed, and and 60% of men over 60 have Ed.

So it's more prevalent than you think. So I started doing my, my, my brother, my, brother in law. Is that also there was also support. For it. Yes. Yes, for free.

And, yeah. No, it was all for free because I believe that I need to really do my own research, and see the results on, my family first before I use it on, my patient and, you know, we, we started seeing, results, and that's when we cut out rolling it out.

But at that time, I didn't had a framework I didn't have. I had to kind of figure it out that by step and how to add things to make it better. Like what volume do I need and so forth.

And it was all based on really clinical, experience and, and, based upon, research. So that's how I got into sexual health and it really, it really opened my eyes on the complexity, erectile dysfunction and even sexual health.

But it was really opened. My, my, my, what really interests me, is the misinformation. And, the myth that evolved around men's sexual how, partially, internet or or even from even other physician who, is not in sexual health.

And there's just, you know, the, the myth. Okay. Well, the only treatment is, medication and then try and mix and then penile implant and that's it. And, you know, I'm coming from a perspective of acupuncture as, like, what about healing the cause of the problem?

What about treating inflammation and healing that? Because overall it's all about inflammation and blood flow and the dealio dysfunction. Right. So, and the cardiologists do a great job at that.

Right. If you have cardiovascular disease, as you know, lifestyle modification, exercise, diet and all that, but they do a great job. Why don't we do that in sexual health?

As well. So I learned that from the cardiovascular, realm and the transfer of that knowledge and to the, sexual health.

A Multi-Modal Approach to Erectile Dysfunction

So that's why I, I come upon my own approach, a multi-modality approach to sexual health restoration and, and treating the cause of the problem with, using your own stem cells, such as platelet rich plasma.

Sometime bone marrow from was dumped out as. And then we do, shockwave therapy, which is using energy from Soundwave. A focus shockwave therapy and hormone replacement therapy.

Now we're adding Botox. Which research had come out in June of 2022 that, seem to really work as a synergistically with, other modalities and of course, lifestyle modification.

I tell all my patients, that if you don't change your lifestyle, such a diet, exercise, sleep and stress management, yeah, all those treatment will will not work because at the core or at the core of your body on the inside has to heal.

And if you don't do that. Yeah, no matter what type of treatment, you're not going to get, long lasting effect. Oh. That's beautiful. Wow. I'm still I'm still caught up on the fact that you've treated your family members and your husband, and you did the stem cells and all these things, and, you know, and use them.

I remember when I was in naturopathic school. Medical school, I got really into, adjusting like chiropractors do. So adjusting joints because I'm really good with my hands.

And, but I didn't go to chiropractors, go into naturopathy. But within that, you do a year of adjusting. And I had every family member who came to my house at the time, like, guys, whoever wants to come in, you got to sit on the table first and let me adjust you.

And it was like, I can't believe that, you know, everybody allowed me to do that. I'm I'm literally. Yeah, they were my guinea pigs. I'm learning there. Yeah.

So you remind me of that. Although it's a little bit different literally. Yeah. You know right in the penis there. That's that's that that takes courage.

I love that stuff. Well, I also know how to do nerve blocks, so I make it a very, non painful experience of being a pain management doctor. Yeah. We can, we can we can inject any nerve in the body and, block the nerve.

So, I was able to block the prudential nerve, which provides sensation to the, the penis. And, we put them in creams by a very, you know, relaxing experience.

But yet, you know, I have to make sure that I work before I even know. So, you know, my my husband and my family member at the end of ten before I started. Right. Exactly. Exactly.

The end of ten. This is, it is that published? That sounds like it could even be published somewhere. We're working on, our data right now. We're actually collecting data of the patient we, been treating, by using the, the iRF, questionnaire, the Adam questionnaire, and, the, the prostate questionnaire as well.

Yep. Yeah. All right. So then, doctor, what do we do with a patient, let's say, who's been treated for prostate cancer, either through a prostatectomy or radiation, although sometimes it is sold as if.

Well, if you do radiation, you don't. You're not going to get erectile dysfunction. That's not true because you're really depending on the type of radiation you're radiating the nerves around the, the, the penis that innervates the penis.

So it does have some and the vasculature as well. So a man treated for prostate cancer who is struggling with erectile function and male sexuality, what do we do with them.

Yeah. That that is I think that population been kind of neglected in the sense that, hey, let's just prostate, focus on your prostate cancer. Forget about everything else.

But I can tell you, I've a lot of patients that had, had prostate cancer treatment and say, you know, I'm still young, I. And still enjoy having sex with my wife, and now I can't function anymore because we, in, in medicine, we focus on kind of like the immediate problem, but patient also have, sexual health concerns that need to be addressed at the same time.

Too often time. Well, I want I see a patient that, had processed them, and already had radiation. The only, the only option, most likely tri mix or even, Pde5 inhibitors such as Viagra or, cialis, and that's it.

And even the oral medication, may not even work. And they're resorting to try and mix and sometimes try does that not, work well for them? Either. So what will have we found out was that, you know, they're the most important structure surrounding the prostate.

What is that? Those are the pelvic muscles. Yeah, the pelvic muscle, which, you know, the issue, cavernous them and also the bobble bundle, some that kind of goes from the, the, perineum that goes up to the penis and wrap around the base of the penis and also the side of the penis as well.

So there are critical muscles for, their normal function of those two little muscle. To help, you urinate to start and, top the stream as well as, ejaculation and orgasm.

Ahem. And, but yet. No, no, men doesn't, exercise those muscle or women women. It's it's called keyhole exercises. To women will do that when they have bladder, dysfunction.

But, not a lot of men know that they can exercise those muscles even when they had prostate. Process. Doctor. Me so knowing that, hey, the prostate been removed, what else can we do to strengthen the, the structures surrounding that area?

That and the pelvic muscles are those two. And, so what we find out that, doing having them do, extra, external, MacDonald prostate massage, and, which did kind of bring blood flow to the pelvic muscle area and also doing, Kegel exercises, appropriate, cargo access.

So when I say appropriate, I mean, you want to coordinate that. What, breathing, inhaling, exhaling. And what I, what I found out also was that, I had patient you acupressure points.

So, you know, conduction vessel TV six and CV four are these two points that are right below the belt because. Yeah. Right. Right, right, right above between the pubic bone and, and the.

Yes. Yeah. So I have them press their hand, the palm of the hand, right on those two. Acupuncture points, CV four and CV six, which is right underneath the, the belly button.

And then, also, press the, the kidney three, which is right behind the, the ankle, the inside of the ankle, where the, the the tibia, is. So that little groove on your ankle and the inside of your ankle.

So you press that kidney three. And. Oh, no CV, no CV one. Doctor, doctor Anne CV. Oh. Yeah. Not really, because, not really. Well, we find that we do.

They just do a kidney three and the CV four, and, six and then do Kegel. So they lie down. Okay, great. I know, on your back and, knee bent and, putting, you know, the right or the left hand on the, the CV for on the abdomen and, and the right hand on kidney do which is running inside the ankle, putting pressure about 2 pounds of pressure or when the fingers blanch and then at the same time do the legal exercise.

Oftentimes people do that wrong. Could they they will try to squeeze their gluteal muscle, which at the buttock muscle at the same time, and they try to squeeze the add up their muscles, but it's really squeezing those two muscle that are I what I tell men is, you know, I thought as if you're about to urinate and then stop the urine.

You're the urine stream. Those are the muscles that are involved. But just do those muscle, isolate those muscles.

And sometime I'll put my hand in there and feel whether they're actually activating it or not. And the goal is to hold it for 30s. So when you hold it for 30s, you want to take a, you actually want to inhale.

So you know that, the muscle contract, you want to inhale the muscle, relax, you want to exhale. And so what we find is, and it takes practice. Is that to, using the acupressure point and also, Kegel, it help with, the anxiety, but it also strengthen those pelvic muscles that had been weakened from probably radiation, and, chemo as well as the surgery.

But it's never been strengthened. So don't demand that I say they're very, very weak. Sometimes they can even activate those, muscles at all. So we would start with that first, and then we would work on restoring, increasing, more blood flow to the penis, by using, the old stem cell, autologous stem cell.

And we, we use just platelet rich plasma, which, which come from your, their blood and would, we inject that into your penis along with, doing, focus shockwave, which uses Soundwave energy to, actually increase more blood flow and then combine that with Botox, which is new, research that's come out since June of 2022.

Because Botox not only help with wrinkles, you know, for women in the face, it's actually in your injected just smooth muscle works really well. For relaxing the muscle of the penis.

Because in order for a man to get an erection, his penis muscle has to be relaxed. So it's setting up the stage for, for blood flow to come in, and the muscles already relax.

So what? That combination of treatment for men would possible stuck to me. We find that we are able to get, men, would pass a step to me to be able to have orgasm, again and to be able to have, erection again now with some Pde5 inhibitors.

So if they didn't respond to Pde5 inhibitors prior, prior to the treatment, but now they are. So they do need a little bit of booze. What medication. But they're able to have, a meaningful sexual experience that they could have, prior to their treatment.

This is amazing. So in this summit, we're going to have, we have the full spectrum going on of what to do after prostate cancer treatment and all sorts of solutions.

We have experts talking about, vacuum devices. We have experts talking about if your prostate is still intact, you know, prostate massage, you know, natural supplements.

And now you're presenting these, penile implants, which, look, I'm not an implant person or surgeon myself. But, you know, as a clinician, I try to, leave my bias aside and see what I see objectively.

Right. The patient doesn't care what my biases. They only care about what works for them. And I have to say, I'm pretty. And not that I want a penile implant in my body, by the way.

Unless, you know, who knows, unless I. I'm in a situation that I need one. Very impressive. The whole penile implant thing. You're providing something actually new here.

After a prostate cancer treatment, you have a process of doing PRP. PRP shockwave therapy, pelvic exercises, which I think that you're you're hitting the nail in the head is really important.

And now you started doing, Botox, which maybe someone can get a two for one if they go see you just, you know. Yeah. Right. By the way, also, it also used in bladder, overactive bladder control by the way.

So, but, you know, let's let's take it a step back, a little bit, doctor. And here explain let's, I'm going to assume that most people watching this have no idea what PRP is.

Let's start there. So I'm going to have two questions for you here. Number one, maybe you can explain each one and tell us what's involved in in each one with the exception of Kegels, because that's you can find that online somewhere, but maybe PRP, shockwave therapy and Botox.

How how does it work? And then the next question is, how many treatments are needed? What's the process? Take it away. Right. So this is my lane here.

This is what I do day in and day out. So platelets, it's already in your blood. It's floating in your blood. It comprises about 1 to 2% of your whole volume of your blood.

So your blood has red blood cells, and then you have the plasma, with blood cells, about 45%. The plasma is about, 50 to 80%, and then 1 to 2% is, the platelets, along with the leukocytes, with a white blood cell.

So, the platelets, what is involved in your body? The platelets help you clot. So you have a cut. The platelets goes in that cut and and, create a clot and then, imagine the platelets like, like a little balloon that are kind of floating in your blood.

It get there and then a bur and then it release all these growth factors. There are about 300 growth factors. And the places we only know about 10%. We only know about maybe 20 of them that the functionality of it.

But the other is we're still unknown. So we do know that when the when the growth factors are released from the platelet, d growth factors, we'll call other cells to come to the area such as like the macrophage, the monocyte, the neutrophils, all these white blood cells that come to the area and initiate a first and inflammation response and then up a healing response.

And how they do that is that we recruit other cells to calm down the inflammation and then cell to start actually, create more, blood vessels of more, repair endothelium and create more blood, that, vessels in the area to start healing the area.

So that's what, the platelet does. And we, we experience that every day when in time you have a cut or an injury platelet. Does that and it usually starts right away in it and it peaks at around three weeks.

So that's the that's the role of the platelet. You already have a so what I do is, I just, draw your blood from your veins and we would, throw away the red blood cells and, and, plasma, and we keep the platelets, and we concentrate the platelet down.

That's called platelet rich plasma. So we would draw about 180 or 246 is, about ten to, 8 to 10oz of, of your blood and know you got 5000, milliliter or so, five liters of blood in your body.

We're not going to drain you out like a vampire, but we do all that much, and then we put it in a centrifuge and isolate out the platelets. That's, that's that's why is called platelet rich plasma.

So we take 240 cc and then concentrated down to ten cc. And that's what, is, injected into the penis. And of course, we numb the penis up and everything to that's the size of the platelet.

And that's been used in wound healing and been used in, moderate to male arthritis, that we have seen improvement on. Okay. And it's also the research paper dolls. Okay.

How about, PRP for, you did then. Now pause there for a second. So in theory, that alone may help without. Yes, without anything else? Absolutely. In theory, that alone may help.

And research has shown that that alone may help. In a probably mild to moderate, cases. Yes. Okay. Now, in your experience, you sort of do all three.

How PRP, Shockwave, and Botox Work

You do the trifecta. Yes. Right. You do the PRP, shockwave and Botox. Okay. Now you're going to explain what shockwave therapy is and how it works in a second.

But I guess I can't wait to hear the answer for this question. Do you do it? How? Like how do you spend it out, in other words. So you do PRP and shockwave same day or PRP today?

Shockwave next visit Botox the third visit. How do you apply all these treatments together. All on the same day? So I have a patient come in for the procedure.

That day they get the PRP, they get the chocolate treatment and the Botox treatment the same day. And, actually they're only there for about two hours.

So when they come in, my team will get the blood, and process, and we get the, the platelet. And then they, they would reconstitute, the Botox in with, sealing that would put it into a syringe.

And, before we, we inject the PRP and the Botox. The patient will get the, shockwave, therapy first. Because when you do shockwave to an area, your prime in the, tissue.

So for, for, if you're priming it because that tissue to ready, vaso dilate and, and when it basal dilating the tissue is prime, then you inject and the PRP and the Botox and it just it works synergistically.

So people ask me, why do you do all three when maybe one can help? Well, I want them to get a home run result, because if I do one, it may help. But I'm also treating patients that are a moderate to severe Ed.

I'm treating patients and have process. Doctor major, I got to bring the whole kitchen and everything to make sure they get result. So if I know that I have access to tools that will get them the home run, I'm gonna I'm going to give it to them, so they can get the best result in the fastest amount of time.

Because we live in that world that we live, we need to get better. Instant gratification, instant gratification. We don't have time. We don't have time to wait.

Yes. Yeah. Because oftentimes when you do PRP, you got to wait for six weeks to really see whether it had worked at its peak or not. And sometimes people don't want to wait six weeks, you know, and, and so I know that these three, works synergistically because when you add one on top of the other, it, it the effect is exponential before we wouldn't see, result two, maybe six weeks to three months with PRP alone.

And now with the combination of the three, we're seeing results at five days, five days and three weeks. That's. Yeah. Accelerate the healing. Which bond?

Accelerate the, the result, a lot faster. And, you know, and men are, ecstatic five days. They're, they're seeing results versus six weeks or even three months.

Awesome. So shockwave therapy comes first. Talk a little bit about shockwave therapy, what it is and how it works. Right. So the research had had come out in Europe around 2000 and shock with their what is shockwave therapy?

Well, the urologist has been using high intensity shockwave therapy, which is using the energy of sound wave to, to deliver to the kidney stone to, to burst the kidneys down by.

And then your body absorbs it. That's high intensity. Right? So what we use is low intensity chocolate therapy. So what that is, is that it harnesses.

There's there you have a probe and a probe to deliver, kind of like a pulse that is, the, the, what, the, speed of sound wave. And what that does, is that it?

When, and here's the penis and now and that post it delivered to the penis. You don't feel it? Actually, it's amazing

where such an intensity of energy you don't feel it, you feel it.

Maybe low, like a little pulse, like a little pressure. And, what it does is that that sound wave causes kind of tissue compression. And that tissue compression causes cellular changes in the cell as self that's temporarily does that.

Again, the growth factor that I talk about your cell can produce that also. But it can also stimulate tissue changes. And how that happen that it stimulates the, the tissue to start a healing process.

So it's a little bit different than PRP. PRP, use it. The platelets. Now you're using, high yellow energy from sound wave to deliver that energy straight to the cells, which then the delta, you know, stimulating all the, pathways.

So you are having release of endothelial growth factor, which help with, repair of the blood vessel. You also have also, neuromuscular, that are released to help with nerve, functioning and also tissue, the actual tissue, repair.

And we have multiple studies that's been written and amid, 2010 about the, effectiveness of focus shockwave therapy. For ed now, I mentioned I, I, I, I, emphasize focus because there is another type of shock light therapy.

It's been commercialized as well, but that's called gained gauge wave or radio shock wave therapy. Radio shock light therapy is not the same as focus shock wave therapy.

And it doesn't use the energy of sound wave. It actually, uses just pressure as really more like a massager. That's a strong massager. It has a bullet that goes back and forth that that causes that pulse.

And that pulse goes, on the tissue, but it doesn't cause a cellular response. It all it does. It causes, more a mechanical reaction where if you're if you're if your tissue has, like a pressure on it, then your body will kind of goes in and start to kind of heal that area.

So there's that totally different. But I, I want to also emphasize there's no research study that had shown that radial shock light therapy has been helpful for you.

Do those sound wave therapy has been that. So that's research that I've seen and I've kind of looked at, I have to say probably just the abstract. In conclusion, just because I read too many papers a day.

Yeah. That's probably related to sound wave therapy. Yes. Focus, focus. Shock wave therapy or linear, shock light therapy to how I describe it is that the linear focus chocolate therapy, it's kind of like a laser go deep, to, about 14 centimeter ears, and is focused.

So you have to target the area, in a, in a very targeted area and then, chocolate therapy when it hits the the tissue, it spreads out like an umbrella, and it doesn't go more than just four centimeters.

So it just spreads out and just like, it's like, a high pressure, massager. So we use the radio shockwave for pain. So if somebody has a trigger point or a muscle pain, we use that to kind of soften up the muscles, but we don't use it for repair.

So to rejuvenate repair, we use a focus shockwave because literature has has written has solidified that for ed. But we know that, that we can also change the intensity and the number of shocks and the frequency of the shock from the machine, to cater to what the end result will be so that the beauty of using the machine is, you can customize, the treatment to the patient, status.

And it's not just one cookie cutter for everyone. Yet again, we have to change all of the chopped and the numbers shock that somebody have needs. So now there again, in theory, shockwave therapy may do the job by itself.

Yes. Yeah. Okay. Yeah. Exactly. All right. So shockwave therapy, PRP then. Botox. Yes. That sounds like a whole lot of injections on my penis, doctor.

And I'm sorry that that sounds like a lot of injections on my penis. So what's that process like? And you already explain how it works. It relaxes the muscle so that, but what's that process like?

So tell me about the injections themselves. Where do they go? And that again, that does sound. I mean, do you people get hematomas? If I guess if you catch a blood vessel, how does that work? No.

Absolutely not. In fact, the other day I was treating a patient who was on three different type of anticoagulant, because he has a coagulopathy. And we treated him and he did not have a bruise or anything. So, and and so how I prevented that was that, we we used pressure, but we also use the plasma that's from your blood to put to put compression on, the penis.

So, how I do this, it is really only eight injection. Honestly. Told you you can even. By the way, eight sounds like eight. You make it sound like it's only eight, doctor.

This is eight injections to a penis, so you gotta. That's. We just thinking about it for many guys is painful, so. Okay. So. But remember, we we we put a numbing cream on, and then we asked.

I also do a nerve block that blocks it so. Well, I, I did a treatment on, patient yesterday sitting there talking to me, while he's having, the treatment because he doesn't feel anything.

It's like going to the dentist, getting your tooth pull, and he numbs it up and you don't feel anything. And then afterward, you may have a couple of hours of, numb nut.

That's exactly what goes on, is that we numb the area very, comfortable. So, you could, so we, the injection, I would get the, PRP and we would inject it on, the shaft, of the of the penis.

On both size of the shaft. So that's why it, for injection. Yeah. They're, you can combine, the Botox in the PRP in the same syringe and just make it a for Jackson alone.

Oh, yeah, you can do that. But I tend to do it separately because I don't know, what? Botox and PRP. What happened? The.

Treatment Process and Recovery Timeline

I'm more cautious, and I'm just going to inject separately because I don't want to mitigate any effect of the ball toxin, the PRP. And so I, I do it separately, but the patient is so numb that there's no difference.

And that I, I would just do a very good job and, a numbing and also because we do the shockwave, therapy before the procedure, shockwave actually, desensitizes the area.

So the area actually, becomes a little numb from the shockwave. So they tolerate the procedure a lot better, as well. And, to that. But, that's what we do for men.

What part of a men would plus a stuck to me. We can actually also inject the PRP. The PRP only, into the, pelvic muscles, the which is located along a dirt below the, the scrotal, area, as well, and also along the base, of the pinna and, I, because I'm also an interventional pain, a doctor.

I used ultrasound, ultrasound machine to look at the muscle and trace that muscle along the, perineum. And we would, target, those pelvic muscles, with ultrasound guided, injection.

But we only do that for men that had, prostate cancer process that to me. So that way we know that we're getting targeted, them out into those muscle to help those muscle.

Heal and get stronger. Because of the is so weak. Oftentimes it's like the men try to contract it, and you can barely even feel the, the muscle tension, at all.

So by injecting the PRP, you're boosting that muscle, to, be able to respond better to the voluntary, contraction. We've seen that happen. And then the patient will do the, Kegel exercises, and, and we also actually also recommend external prostate massager, for those muscles as well, too.

So, that combination to accelerate, the response together and of course, what, you know, what we do is that we inject, the pelvic muscles, additionally, as well.

All right. So let's put it all together for men post, post prostate cancer treatment, whether it's radiation or prostatectomy. Is there anything different you would do with your trifecta, as I call it?

As opposed to a man that that has no history of prostate cancer? What's different in the man post-process tech to me, that you wouldn't do any man, who's never had prostate cancer or prostate cancer treatment.

Why why, that's a great question. So if a man, if I'm seeing a man with Ed without a prostate cancer treatment, first of all, I want I want to evaluate what his lifestyle was.

What what, you know, it, it's you have high blood pressure, high cholesterol, diabetes, his weight, what's his sleep pattern and stress. So we ask all those questions and, and, questionnaire.

And then we also give them, a standardized questionnaire like the I have to add, and, iPSCs to assess for prostate and depending on how he answered to I f you know, you determine whether it's mild or moderate or severe.

Ed and then we also do bloodwork. We do a whole panel, like you also to but. You also do this on men after, what would you do with men after prostate cancer?

This kind of focus there, is that the same process? That same process? Well, yeah, the evaluation is the same. And now you said you said earlier that when the when men do these treatments, they get, you know, 3 to 5 days, they get results.

What's the how long is that process before they get results in men after prostate cancer treatment. Why. So after prostate cancer treatment it varies.

What would seeing would men to about three inches from three weeks to three months, sometimes even four months as well. How often how many treatments they need.

How many treatment they need. It's not. It's not one and done is. It. No, it's not one and done. So usually the first treatment is the PRP, the tops and the shockwave.

And then six weeks later we would do another PRP. Only only PRK. Yeah, only PRP and shockwave. And in between they will get a six focus shockwave weekly.

Yeah. So it's a continual treatment. So six focus shop weekly. And then they get a second PRP treatment. And then if they and then I would do an assessment at that time that, that brings us to about two months and see how they're doing.

And then sometimes they will need a third PRP treatment again when I do it for men with prostate. Process technology will also target the pelvic muscles, as well too, which we don't do that in men without prostate cancer, we don't target the, the, pelvic muscles.

That's a that's an important distinction, actually. Right, right. We don't target that. And most of the time in men that, doesn't have prostate cancer, we actually have them use a prostate massager, internal, internal, prostate, massage.

And just had them do, exercise. I talk about with the acupressure point and, Kegel, and lifestyle changes, we could we find, you know, men without prostate cancer, they have to do really well, can restore sexual function without, ed

medication with the treatment.

And all they have to do is really change their diet and exercise and, and, sleep, and working restoration, in function and, a week to like, three weeks, but again and yeah, I, I correlate ed treatment the same way as losing weight.

You know, you got to work hard, you got to diet, exercise, and and. Yeah. There are no free. Lunch, right? There are no free lunches here. Right? Right. Absolutely.

You got to work hard, but you got to maintain that also. So what we find is, when they do the treatment, they get result. But then six months later, they stop active time, they don't eat well, and they just, you know, they're not sleeping well and you're.

Yeah, their erection will be affected as well. So for, longer term, improvement dead. They need to incorporate lifestyle modification into that. Now you'll be transparent.

Dumb men will need to come back to get, booster treatment and about a year to two years. But what we find is that if they continue their lifestyle modification with diet, exercise, dress, sleep, stop smoking that porn, that, get their result, will continue longer.

So even in men that we judge even without treatment, if they don't come in for PRV or shockwave or Botox and they just start just, doing lifestyle modification motion using the prostate massage you're doing key goal.

We're actually seeing men with mild to moderate ed. Actually, we're getting function again because, I feel that in order for me to make an impact, I can't see everybody in my office.

So that's why I started an online coaching program for, men just in focusing on lifestyle modification and supplements, as well as education and what they need to do now if they're finding that they're underperforming.

Not maybe not yet total impotent, but underperforming.

Lifestyle, Coaching, and Where to Find Dr. Truong

And what they need to start doing now before they start losing total function. And so that's why I, we opened up our online coaching program called the Monroe Man Club, to get to, to really bring awareness and that, hey, you know, your sexual function is, a reflection of your health.

And, if you're finding that, you know, you're not, you know, as far as you used to be, then it's time now to start looking at, just, lifestyle changes to get you back to the way you were before.

Before you start popping in, ed medication. Lovely. Doctor Anne Truong. Thank you so much. Is has been such a pleasure to speak with you on approaches that honestly, I have.

I've thought about it separately. I know about the research in both sides. I, I still don't know anyone who practices it. So you're the first. Wow. So thank you for sharing that last words.

And how can people find you. Right. So I am honored to be on the summit with you and speaking with you and connecting with you, and learn, more, from you, as well.

And, the best way for people to connect with me is, check out my website, trunk rehab.com. TR u o n g rehab.com. On that website, we, give you a lot of free, resources, as well, and subscribe to our newsletter, our newsletter.

We put out give out a lot of tips and also check out my YouTube channel. My YouTube channel is at, youtube.com. Slash at Doctor Anne Truong. And, we put a lot of educational material on there.

And in fact, men, if you find that your, you have, you just watch my YouTube video, you're probably going to have

the framework and, the roadmap to actually start functioning again, because I put everything out there, I believe, and given everything.

And, it's up to you to execute because I really want to take sexuality out of the closet and and really start talking about issues that's so important to us as human beings, important for our relationship, our love.

Because in the end, that is what's all about it. Connection. And, and, our, community and our loved one. Right. And so I put everything out there, everything I say, I even do videos of my, what I do, in, in the office was I leave and I believe in just giving back.

That is beautiful. Thank you so much for being on this summit. I appreciate you so much. Thank you, doctor Anne. Thank you. Everyone. Thanks once again for for joining me and watching this amazing, another yet amazing conversation with an expert.

We have a lot of episodes on erectile function, rehabilitation after prostate cancer. So I hope you enjoy it. I hope is valuable for you and I'll see you next time at the next episode.

Much love. Talk to you next time.