Introduction and Guest Background

Hey, everybody. Great to be with you. Excited to have my friend Doctor Geo from Doctor Geo.com GEO. Com. Well known doctor. Acupuncturist too, but an expert on men's health.

Doctor Jill, great to be with you again. Mark. Such a pleasure. I mean, it seems like this is the only way we can actually get together and talk. It has to be through some summit or podcast or something.

So there. Anything going on? I'm in. Well, hey, everyone has admiration for you. You're like the expert in men's health. Of course, you know a lot more in that nutrition, all the general health conditions and diseases and treatments and all that.

But you're the go to guy for men's health. And so in this summit we want to help the men as well, obviously. And so we're going to talk with you about the connection between gut health hormone balance man prostate.

But before that tell us just a bit more about your yourself, your background. You know, what you're doing there in New York City. I know you're out here in San Diego recently.

You're so busy I couldn't see you. But you're talking to a bunch of high fluting doctors in our area. So tell us about your background. Hey, Mark, thank you so much.

My background. Let's see. Let's not make it that long. We were just talking about it right now. Doctor, acupuncturist, functional medicine, all focused in mental health and urology.

I've really narrowed it down to, you know, at this point, 100% of my practices, prostate related, penis related, or testosterone or a combination. Yeah, that's my practice every day.

And we look at it, of course, from a holistic perspective. Speaking of that, we just have the Holistic and Integrative Urology Institute, which is a list of practitioners that are interested in this kind of stuff, because after a while, somebody asked me, you know, first of all, your only one person, you cannot see everyone.

What's your legacy? Yeah. Oh, man, it got me thinking. I'm still thinking of my kids and have an 11 year old. Do you mean my legacy?

Holistic Urology and Practice Focus

What's your legacy? So I started thinking. I said, well, I need to. I've been in the game for 20 years, Mark, a little bit over 20 years as a natural path, had the great fortune of working in amazing academic institutions.

The fact that academic institutions have have kept me in their department, first at Columbia University, where I did my early training and urology, then at NYU, where I am now for close to 14 years.

It's been absolutely amazing, and I've been able to work with the best urologists from around the country as a result and know a lot of them. A lot of them come to the podcast and they want to be interviewed, which is amazing and humbling.

So all that to say is that after a while, you just accumulate a certain level of knowledge that it's not it's not quite out there just from experience alone.

So then if we train people, we think that then we can have more people available and more people would have access to treating urological issues from a more of a holistic and integrated perspective.

Absolutely. And tell us a bit more about just your books and your website, just so people have access to your information, because like you said, you do have the type of information which is not readily accessible from other doctors.

So give people those resources. Okay. Thank you so much. Everything is in doctor com. So everything related to my work how to find me my podcast doctor.

Com and the podcast is the Doctor Geo podcast and that's Geo with an EGEO. And I have to say that again, I've been fortunate and blessed to have so many people that are saying, hey, can you do you want to be on my podcast and I can interview?

And many people have said, yes, these are experts from around the world on different topics, around a lot of prostate cancer and BPH, and I'm going to have that parts.

So the other thing is, you know, who treats who treats prostatitis? Urologists don't want to treat prostate. Titus. Right. So I have genetic pots was one of the few world experts in prostate Titus coming on so people can find doctor and the Doctor Geo podcast.

Yeah. That's great. Well, of course the body doesn't work in isolation. So in this summit, we're connecting the gut access or connection to all the different body parts.

So talk to us about that connection. How do you work with that with the men's health. You get into that if you would. Fascinating question. Fascinating question.

Because initially I first got into mental health, I was still a medical school student and doing my rotations and my interns interning and my clinical hours, you know, you're a natural path.

All the signs were saying, hey, men's health, right? More men wanted to see me than any other student clinician. For whatever reason, I became really comfortable in doing prostate exams.

Specializing.

Gut Health and the Urology Connection

I mean, I don't want to specialize. I'm an actor. Path. We treat the person, not the disease. Right? So I was resistant to Mark for a long time until it must have been like, really?

God, I kidding me across the head like, you idiot urology. And here's an opportunity. I got more opportunities in urology. And then I went to Columbia.

And then I'm like, well, I felt bad. I was like, wait a minute, why? I can't believe I'm just doing like, urological conditions. I, you know, I felt and it's like, remember, I remember, doctor sensei, rest in peace.

Yeah, right. He taught us philosophy and things, and he said he had a one liner that says, look, if you have a patient and you don't know what you don't what to do with them, you're not practicing natural medicine.

And what he meant to say is, like, you treat the gut, you treat the gut. You don't treat the start with the gut. And, and and that resonated. I went into urology.

I was like, God, what am I? God, this is a prostate God. Yeah. I mean, I know the rectum is near the the prostate, but. Right. But that's just that's just for prostate exams.

There's no relationship. Right. Then you look into research and then I look at my clinical experience like, whoa, whoa, whoa. It turns out that the cells as an example, in the embryo that developed the urological system and the bladder also develops the digestive system, the same cells comes from the same source, their nerves that

innervate both right off the spine, that innervate both the same branch, bladder and intestines.

And when you look at things like overactive bladder, for example, there's always a gut situation, you know, gut issue constipation is huge. I mean, somebody comes into my office with overactive bladder.

It's like, all right, let's talk about your constipation. Right. And we start there. That's one example. Cross the Titus or any pelvic or urologic. Itis always associated with some sort of gut dysfunction.

Not only my experience, not I mean, when I saw this early on, I wanted to cry because like, oh my God, natural medicine works like there's science behind this.

This is not our just natural training and not in our there's actual science behind this. It it was it was amazing. And then you see it over and over again.

Yeah. I have, you know, prosthetics like. Yeah. Tell me about your digestive system. Oh it's horrible. I have IBS, you know, IBS took tightly, you know, irritable bowel, irritable bowel syndrome, tightly connected to prostate.

Titus and all the public itis. I mean, I could go on and on, right? What? You know, guy goes to a urologist with prostate Titus. What do they get? They get antibiotics, regardless of his bacterial or not.

Well, that wrecks their system even more. And now that kind of kills all the microbiota. That's actually healthy and important, right? There are antibiotics, antibiotics for like three months at a time.

So all these things, you're like, wait a minute, natural plastic medicine and treating the gut is an essential component on treating many of the urological issues.

So the gut is tightly connected. Gut gut brain connection gut bladder connection. Gut prostate connection. Absolutely. Yeah. And I saw in the literature I was looking up I saw the I looked at specific research on the gut prostate axis, as they call it.

And of course, you know, there's ways you can explain it. I mean, how you're absorbing nutrients through the small test in this series, I talked a lot about the science of leaky gut syndrome, intestinal permeability.

This biases. So we've got the way the nutrients are absorbed. And you can talk about nutrients you know important for prostate and men's health and testosterone and stuff.

You got that concept of translocation components gram negative bacteria cell wall LPs. You know go into the bloodstream, go different body parts, create an immune response and various other things.

But yeah, take us through maybe some main things you deal with. Man I presume prostate, large prostate cancer, testosterone, rectal function issues. Tell us about how, you know, the gut connection ties in and as part of your protocol in helping these men. Right.

So so there are the three prostate conditions, right? You have enlarged prostate or BPH. You have prostate cancer, you have prostatitis, you have erectile dysfunction.

And you have you have, you know, hypogonadism or low testosterone, right. The three prostate issues, certainly the benign ones, BP and prostate. Titus tightly connected to the gut.

One can make the argument that those are the main two. Prostate cancer is such a it's more life threatening.

Prostate Conditions and Treatment Approach

And again, to doctor sensitive point. Everything is connected to the gut with prostate cancer. However, I don't see much of the connection, or at least not yet.

There's a lot of information on microbiome and things like that right now. So there there there's correlation for sure. Yeah. And I'm looking deeply into that.

From BPH, overactive bladder, nighttime urination not right. And prostate Titus interstitial cystitis. Right. Both men and women urological problems. You know, we go through the IBS process, right?

I it always kind of you want to kind of rule out IBS and then we start. So what's the protocols the protocols depending on the situation and the severity of the situation.

Right. There's only so much we can do at one time. So they have a lot of symptoms like, you know, a lot of significant pain like eight out of ten. Oftentimes like I had a guy today, a 31 year old young guy who's like almost crying in my office with his symptoms, his numbness around his pelvic area and pain.

He's like crying. I need to address that. I need to I need his to for his pain experience to be reduced. And that's the first thing. So then we start there, been on antibiotics, and then we start treating the gut and treating.

So the gut treatment is a little bit more long term Mark. Right. So you have to right. So you know oh my god are a any results now particularly the Ed guy's mark.

Oh yeah. Don't tell me you got to heal my gut I have a date. Yeah. Today's Valentine's day and I need to get busy tonight. Don't. Don't heal that. And I don't want to.

I'm coming to you because I want the natural approach. So let's get to that. Right. So I try to, you know, do both, right? I try to, you know, you develop a relationship and you kind of tell them the story.

Right. Well, I'm going to help you with the immediate and acute. And this is how we're going to do A, B and C. But I need you in order for the long term to treat the potential cause.

Now we need to do more. And I need to go into your gut and treat the gut. Make sure that you have smooth moves right. Make sure they have your ball movements are good.

Make sure that your microbiota and your and your gut is good. You know, I don't know what you do Mark, with with your recommendations with microbiome and probiotic perspective.

I find that I do a lot of prebiotics, and I do a lot of, you know, kimchi and you know how people eat those things. Sauerkraut. I'm not exactly I know there's a couple of good companies out there.

I just feel that I'm not exactly sure there's so many supplements that I prescribed to even deal with the acute, that I'm not sure that the probiotics are getting to where it needs to get to write.

It goes through the system, and I know there's some really good companies out there. So I do a lot of just staying away from food intolerances. Food allergens.

Yeah. Gluten comes up all the time. Not but not you know, not every time there's a whole process. The Titus list that people look up that are irritated, spicy food and coffee and things like that, wine and things like that.

I find that that's not always the case. I find that the, you know, the things like gluten and dairy can be a problem if I get them off of that. And then because you don't I don't want to limit them.

They feel so limited and frustrated. I want to limit them. I don't have to. So we test and we look for food intolerances and food allergies actually, as it relates to testosterone and things like that again, is always connected.

But I want them to be able to digest food well and have a good digestive system. Now you need these nutrients to working your favor to do several things.

Make testosterone, but also refrain. Have the body refrain from producing too much SHBG sex hormone binding globulin. The deal is that I don't care that if you're.

I don't care that your testosterone is a thousand. If you don't have enough free, it doesn't matter. I've had guys about that. They're not going to understand how it's a transporter protein.

Tell us about that. Well, so how it works is that testosterone cannot is a steroid. And it cannot roam around the body by itself through the bloodstream.

It's like well and vinegar doesn't mix. So it needs to be transported through this protein called I'm going to abbreviated called s h bg right. Made in the liver.

Some dietary components stimulate more and others stimulate less. For example insulin stimulates less. So while no one wants to be hyperinsulinemia because that's not good insulin resistance, we need some insulin to not make too much HP g, for example.

So I have people, for example, have I don't want them to eat pasta at night, but I haven't eaten apple at night. Right? So low glycemic but enough insulin.

That right might reduce the the production of too much production of shape D so so g to go back to how it works.

Hormones, Testosterone, and Ratios

It transports testosterone. It clings to testosterone very tightly so it doesn't free it up that well. And so then we don't want to much as a b g because then it is too tight, tightly connected to the testosterone.

Then the testosterone cannot do what it's supposed to do. The test receptor, then do all these male things that we wanted to do. So we don't want excess. S. H.

BG sometimes people. So the the total testosterone level that one would read in blood work is somewhere between 300 and 1000, give or take total. Doesn't matter.

I don't understand why physicians even only auditorium total. When I see some reports though, it doesn't matter. And sometimes you see, I don't feel it.

I don't have libido. Yeah, I don't put my test. My doctor said my testosterone is good. I don't get it. Is 800 you have you're free is low. Your age is too high.

So let's free that up. Right. And so that's when nutrition and things come in again I'm a big fan of bowel movements. This is part of the natural medicine.

But doctor what the chiropractic back in the day we all have his book with all the poop images in it. Doctor Burns Jensen Bernard Jensen Jensen. Right. So this is natural medicine.

And I brought in, it's like, okay, tell me about your poop. Yeah, but I came in with my testosterone. I know, tell me about your poop. Right. Is it long?

Is it thin? Is it this? Is it. That is it loose? Right. I want to know about your poop. So that's a big part of the conversation when they come in. So anyway, and you also thinking on the bow, are you also thinking like estrogen elimination?

So it's not affecting that biofeedback mechanism for the pituitary. And I look so as it relates, if we want to dig deeper into I'm looking at ratios I'm a ratio guy okay I'm a ratio.

At the end of the day I'm a ratio guy. Do I want my number. So I'm looking at a ratio of about 12 to 1 total to Esther

dial roughly 15 to 1, 12 to 1 roughly.

You know, if it's like 8 to 1 is that's not a good ratio. So I need to make more testosterone reduce more more. Mark, I've never found that I've needed to do much to reduce extra dial in my practice. Okay.

Though sometimes Estrada has been high but has been 1200 for whatever reason. Right. And men need estradiol. And I think that's what they do. You know, even for libido, because my studies on that completely digress.

But is my problem with fin. So fin is a drug that's used to stimulate the brain to release some of the chemicals, then release more testosterone. And it's natural ish, but it's prescription.

But people use it as a natural, you know, as opposed to TR. That's fine. But then you have really low estrogen levels and men. So here's what we have is high testosterone, very low estrogen too low.

And now they have no libido because you need you need some estrogen to have libido. So I don't do a whole lot of aromatase inhibitors or things to reduce estrogen in many cases.

In some cases it's just the estrogen is just a bit too high for the men on the testosterone replacement. Sometimes they need little support, but sometimes I haven't used but not not by I.

It's a small percent for my patients, but go ahead. What were you finding ratios if testosterone. First of all, I'm trying to get testosterone not to go above 1,001st and foremost.

And then then look at the ratios. If it's, you know, sometimes you give them the wrong dose. So we're trying to figure out what's the right dose and then it goes to 1500.

Well the estrogen Astra dial levels is going to be higher. Much higher. Again I'm looking at ratios. I'm not going to use much of a room with C's inhibitors there.

I just want to get his testosterone to what I consider to be normal 800 930 how much of that is free? Which is again is all that matters. And make sure it's not converting too much to one thing or another, even if it's read on a lab work, it's okay.

It's all about the ratios in my mind anyway. Even, you know, and all these things which, you know, DHT is does not. Okay, so let me come back for the listener a little bit.

All right. I know I'm getting I'm geeking I'm getting too passionate over here. All right. Let me hold back a little bit. Testosterone does one of three things.

It does his own thing, attaches to androgen receptors in the body and does his own masculine things, or it converts DHT. DHT is about 2 or 3 times even stronger.

That's testosterone attaching to these antigen receptors. And that's where male characteristics come in, is not even from testosterone. It's more from DHT.

It's DHT is is known to or at least as thought of to increase the size of the prostate. So then there's five alpha reductase inhibitors because that's the alpha reductase is the five reductase is the enzyme that converts testosterone to date.

So now these drugs finasteride detached ride that lowers the conversion of DHT or testosterone converts to estrogen. As for dial right, a lot of guys who are, you know, the guys that are they don't have they have inappropriate ratios to source to estrogen.

Are these over overweight guys because fatty tissue is a lot of aromatase activity. That's the enzyme that converts the testosterone to estrogen. So people that are overweight or SlimFast to slim fat people, they're the ones that

have oh no me not me. Yeah, you're slim fat.

Your body fat percentage is like 35%, 40% little muscle. And you're doing a lot of conversion to from testosterone to estradiol. Anyway, all that to say is that DHC, I'm not a big fan of five off of reductase inhibitors, the final straw and the tesserae drugs.

I don't think those are great drugs. I know that people use it as a for for hair loss. Well, maybe I'm biased, but I don't care about hair loss.

Digestive Support and Supplement Strategies

But even for those that for those that do, you know you're going to have your hair, but you're going to lose, you're not going to have much libido. So what are we doing? It's not a good drug.

And you don't want to reduce the h t like it breaks your heart. And it's not going to make your prostate bigger anyway. This is a gut summit. It's not a hormone summit.

Oh, yeah. No, but everyone's interested in that. Maybe just an ending. Tell us about some of your favorite supplements to aid digestion. What kind of things do you like to use with the men to get that on track?

Well, the question I'm a huge. So enzyme nutrition back in the day I think is the name of that book. I mean, way back in the day, I mean, I wasn't even in school when I read that book, and I've been an enzyme person since.

So, okay, digestive enzymes, all your life pace, amylase and all your aces with HDL beating HDL. And I have many of my patients take this before and after dinner.

I don't know what's your protocol, Mark? I would love to know. Sometimes I have to you know, I take one before. Okay. Then word two, sometimes before and after.

I don't see I remember I usually several before and after because I was so much into enzymes. I became an I read that book. I still have it became a fan.

So before and after just a digestion and Gerd and things like that. So I'm a big enzyme fan. So that's that glutamine for the integrity of the gut. Right.

With my prostate cancer patient, I'm a little bit more careful because one of the few amino acids is associated with things like prostate cancer is glutamine and many other cancers.

I you know, I don't think you look at the researcher, you try to make sense of it and it's like, well, you need glutamine. You can it's like choline, right?

So don't eat eggs. Don't eat eggs for prostate cancer. Why? Because the choline in the yolk. Well, if you don't get choline in your body, your brain doesn't function well, right?

You need choline. So you always try to make sense of this. And then you're saying, okay, maybe the poison is in the dose. Maybe, just maybe yeah, we all need some.

But if you eat past that certain level, then maybe we could do things that we don't want it to do. So I'm careful with glutamine, with prostate cancer, but it's great for like, gut and triggering.

I don't keep them there. I don't keep them on glutamine forever. I just for a short period of time. Yeah. And again, prebiotic stuff like even if mild, if they have constipation, I don't go for the strong guns early, like the laxatives or the Costco cascara sagrada.

I don't use those. I want to train the body. So I use mild fiber and pectin and prebiotics and things like that to get get

it going. I'm a big fan of magnesium magnesium oxide or or citrate.

Yeah, to get their bowels moving. And very like I said, very infrequently, do I use the bigger guns to to stimulate bowel movement? That's pretty much it. Yeah.

Those prebiotics work better long term. You're balancing the system out. Helps to colonize better. So that makes a lot of sense I like that. What's your I know this is your subject, not mine.

But what's your enzyme approach when you when you prescribe enzymes, what do you tell your patients to do with it? Well yeah I usually with or after meals and think about enzymes is it's hard to aggravate somebody with them if they're prone to ask reflux gastritis.

It's just a safe bet. If they're more seniors, you know some of them will use betaine hydrochloride with pepsin penguins going on. You know, maybe their proteins are low in their blood or they got a lot of food allergies.

But it's hard to go wrong with the enzymes, really is. They're so well tolerated. Yeah. And very effective. Yes. Absolutely. Yeah. Yeah. Well that's great.

Well it's good to hear that in your practice, you always have seen the connection between the gut and men's health. Where have you hormonal the prostate immune system.

So so important. So doctor Jill, thank you so much for your time. And again. You have a lot of information, your podcasts, you got your books, you got your articles, your videos.

People can check it out at doctor geo.com ge.com doctor god.com. Great. That's it. All right. Thank you. Thank you. Take care. Mark.