Ep 561: Restoring Sexual Vitality Over 50 with Dr. Anne Truong Transcript

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Podcast Introduction and Guest Overview

Welcome to the Health Fix Podcast where health junkies get their weekly fix of tips, tools and techniques to have limitless energy, sharp minds and fit physiques for life.

Hey Health Junkies, on this episode of the Health Fix Podcast, I'm interviewing Dr. Anne Truong. She is a board certified physician with over 20 years of clinical experience and she is an innovator.

And in fact, she's definitely thinking outside the box when it comes to sexual health. Now, she is working with men and women of all ages to help them restore their sexual health.

And in particular today, we're going to be talking about erectile dysfunction, low libido, and poor circulation as it relates to low-libido and sexual dysfunction.

We're really going dive into what erectile dysfunction is really a sign of it's a side of something more serious going on that should be looked at and not something to be brushed aside and being like oh you're getting older this is what happens no way this type of thing can be fixed and it can also turn around other things that could be going on with your health.

So Dr. Anne opens up lots of different doors here for folks to be thinking about their sexual health and how to improve it. Over 40 and we're really at any age because honestly I'm seeing folks as young as mid to late 20s having trouble with erectile dysfunction.

Let's introduce you to Dr Anne Truong and talk all about sexual Dr. Anne Chung, welcome to the health fix podcast. Thank you for having me here. I'm looking forward to our conversation today.

Oh man, this one's been a long time coming since our first round didn't go so well and my tech issues were horrendous. So it's good to finally get you back and the topic of circulation to are sexual organs and sexual dysfunction.

Why Dr. Truong Focuses on Sexual Health

It's such a under talked about topic in terms of my, you know, the medical practice as is, but so many people are struggling and man, women, men, doesn't matter.

We are hurting in this department. So I can't wait to talk about your get hard system. But before we get there, we kind of kind lay the foundation a little bit.

So a lot of folks are seeing the commercials online for the yellow pills and the blue pills, you know, or Viagra and Cialis and even some of the like pumping tools to kind of help men out.

But women don't really have anything out there that's like a hot thing other than different creams and circulation enhancement tools. So when you came to working and specializing in this particular practice, were you seeing just that in your regular practice?

How did things kind evolve for you to be like, I need to help folks in the department? Well, you know, it really, from really selfish personal reasons, because as I was entering, I started doing this around 2012. And at that time I, was I like in my early mid forties and I were starting to see some changes myself.

and so was my husband. My husband had heart disease. It's familial, so it's in the genes and it is in a family. He has like high cholesterol, so he had heart disease and had to take five medication on top of having two stents in his

heart.

And that affected his sexual function as well. And I myself was undergoing peri-menopausal symptoms, uh, as, well, so we were both kind of like, all right, we're noticing a big change here compared to we where we, were in our keys and the kids are just out of the house.

They could start to go to college. This is our second honeymoon here. You know, let's, lets enjoy it. Then we'll like up. Okay, things are not working as well as they used to be.

And I was already doing stem cell therapy and hormone replacement therapy. So that's when I kind of dive into, okay, what's going on here with sexual health?

And my husband couldn't take ED meds and I don't want to go in that route. I've always been leaning toward more holistic, natural pathways. and treating the cause of the problem, rather than the symptom of a problem.

And ED, or sexual dysfunction, is a symptom, of some cause, and most of time it's cardiovascular, along with hormones, hormone changes. So I dive deep into sexual health and what the causes are, took a lot of courses, collaborated with some mentors, And with the background of acupuncture, stem cell therapy and doing prolotherapy, as well as being an interventional pain management doctor, I kind of put everything that I know together, along with that knowledge that have, and created a framework to look at restoring sexual function.

And it's root cause and the root causes is really cardiovascular system and then optimizing hormones again, decreasing stress, diet and exercise and optimizing sleep.

But it really goes down to the basics of optimizing cardiovascular health, which is circulation. And that ties with everything, almost every specialty have that common, right?

Because every organ in our body and every cell in the body. need to have good blood flow so it can get its oxygen and also take away the metabolite as well.

Sleep, Hormones, and Early Warning Signs

Yeah, so I dive deep into it really from a personal reason, but I found that I love it because it makes such an impact on our patient's life. Not only is it just, it's not about sex, trust me.

It is not sex. Is really about general health and restoring relationship again. I've been called a marriage whisperer because I save a lot of marriages by addressing the sexual health, but it is about reconnecting again, getting your self confidence again and feeling like you're alive again.

And unfortunately, sexual dysfunction happened when you kind of like in a second phase of your life with the kids out of the house. But unfortunately your hormone dip, this is around mid forties, your hormones dips and That's when you start having cardiovascular risk factors, which we will talk more about that make you susceptible to having a decreased blood flow, Which then affect your heart and your sexual functioning organs as well.

So my point is when your in your forties or so, start looking at these factors that may be contributing to your cardiovascular health and it actually shows up as really decreased libido and sleep disturbances.

You know that's interesting you bring that up about the sleep disturbance because I feel like a lot of women and men too will start to notice like I can't sleep through the night or I'm having trouble you know going to sleep or like i'm up at 4am and I seem to get this change going.

And some people will have the sleep disturbances with sleep apnea. Yes. You've probably seen that huge correlation there. Absolutely. When sleep Apnea decreases men and women, it decreases hormone production.

For men, It decreases testosterone production because when you untreat the Sleep Apneas, you have less REM

sleep. are rapid eye movement. When you have less rapid movement, your testosterone aren't being made well and that you tend to hang around more in the sympathetic nervous system rather than the parasympathetic nervous and you become a little bit more stressed.

So the stress and also not able to make testosterone will then lower libido but also affect your energy level. That's why sleep disturbances is what we sometimes we attribute it to other causes.

But when you're in your mid 40s, this shows up at wake, but your eyes just open at 330 in the morning. Like as if some, you know, is it the alarm went off?

Yeah. Uh, and three 30 is the worst time to wake up because you got to get up to go back to work. Cause no, you're going back. I've been there. Believe me at three third of the morning, my eyes will be open.

Uh. And then I also, um, this is another thing is that you just have no libido and for women, it may be subtle, but for men it's obvious and it shows up as like, less morning wood than normal.

It may show up that it takes a little bit longer to. And sometimes, you know, he loses it. So it's a very subtle sign that you need to pay attention to.

And because the reason why I say that is that if you start early, addressing it early you're going to make a whole big impact on restoration of performance.

It's huge to, you know, I can't say enough about mentioning this to your doc because I think a lot of people are embarrassed, right? And same thing with like libido, a lotta women will now start to tell me more that I didn't hear this 10 years ago.

Lifestyle Basics for Libido and Circulation

Not many people were talking, like that was, we'd have to pull it out of them, but libado is such a factor. And with libdo, and I a think people have tried different things like Damiana and horny goat weed and even deer velvet antler and things and they're like, i'm not getting results.

What would you say to folks who have tried different things with the libido and nothing seems to be working? Well, believe it or not, you gotta get back to the basics.

Sometimes we chase shiny object, right? This work, this supplement. Get back the the basic. What are the basis? Diet, exercise, sleep, and stress reduction.

All of those factors actually will lower your hormone and affect your blood flow, all right. So that's what I call the Basics, because what you eat is what your body is gonna feed your.

Every cell in your bodies is going to absorb what And it's like your car, it requires super unleaded gas, but then you're giving it regular gas. What do you think is gonna happen?

It's not gonna function as well, right? Don't drive, But it is not going to be an optimal performance. So you've got to give your body what it needs, which is really You know, what we call kind of the Mediterranean diet, a diet focusing on lean meat such as chicken, fish, more vegetables, fruit.

And what I tell my patient is eat what the Earth gives you. Eat that the earth grow for you and don't eat anything in a box or in the plastic bag. Simple as that.

And it's true. It's always called the caveman diet, because in those days, you have to eat what the earth gives you. But that's what our body is made from, right?

We are made form the Earth. We're in one with this Earth, and if we're eating something that is, made in a factory,

like a cracker. The Earth didn't grow a crackers for you, or a cookie.

Earth did not grow that for yo. So that something to consider. And then exercise. like 30 minutes every other day, simple as just walking outside, connect with nature outside because that will also decrease your stress level as well too.

And I recommend just working outside without headphones and, you know, listen to the nature sounds, smell. The smell of nature, that really does a great job in calming down your stress system, calming the sympathetic nervous system as well.

Just 30 minutes every day or every other day. And then sleep. Can't stress enough how important sleep is. There's a reason why we have to sleep, when we sleep our body heals physically and mentally.

So we have to heal up here, but we also have the heal physically as well. That's our reset period. And if you're not getting adequate sleep, then your body's not going to be able to heel.

So recommendation is seven to eight hours of sleep a night. Then the last part is stress reduction. That's why I recommend exercising out in nature, doing meditation, and simple things with, you know, hanging out with people that you care about and, laugh and doing things that your love.

As simple as that, it doesn't cost you anything. You pay for your food anyway, right? You can walk outside, You don't have to join a gym, sleep, stress reduction, doesn' cost anything versus chasing after some supplement that you think is gonna solve your problem.

So believe it or not, diet, exercise, stress reduction, and sleep optimization will improve testosterone, improve all hormones, really. But what it also does is also improve cardiovascular health or increase blood flow.

And therefore, it improves sexual functioning, but also heart functioning. It really functioning for the lungs, the kidney, everywhere else and also control insulin resistance, which is a risk factor for diabetes type two.

So it really solve a lot of adult onset, acquired chronic condition, such as a high blood pressure, diabetes, high cholesterol. Those are the triad that we acquire as we get older, which set us up for heart disease, Which then lead to sexual dysfunction and which then leads to heart attacks or even strokes later on in life.

A lot of those things, like you mentioned, it's not uncommon for me to see the beginnings of cardiometabolic. issues in folks, you know, like you had mentioned the blood sugar, also, cardiovascular, cholesterol kind of stuff going up, and also having different types of blood pressure issues.

Optimizing Testosterone and Cholesterol

Now a lot of people may be doing all the basics, right? And they're like, hey, I'm not seeing change here. What would you say to someone who's perhaps taking testosterone?

They're incredibly fit I'm gonna preface because you kind of already knew this this question a little bit I talked about my my police officers and firefighters in my practice who a lot of them are very fit They are taking Testosterone they are working on you know their diets and they're not seeing changes with the libido and not seen changes in with erectile, you know, quality, let's put it that way, how long they can last, things of that nature.

What would you say to someone that might be in that category where they're kind of, the basics are down, they went to try to optimize with testosterone, and they are still not having issues, or still having issue, sorry.

Yeah, still have issues and I see that more common than not, I would tell you, Sometimes I'll see a man who'll come in, physically fit, muscular, had an eight pack, not a six pack but an 8 pack and looked like a vision of health.

But you know, and he's on testosterone, but when I do his blood work, he is not in vision health, so if men, if you

are on Testosterone, make sure that you get your blood will check at least once a year or twice a years, because when you're on testosterones, a lot of clinic will give you a high dose of testosterone thinking that High testosterone is better, not necessarily.

Testosterone is determined genetically. What amount of testosterone that is your sweet spot is determine by your genes. So there was a study that came out two years ago that shows that the testosterone receptor or this little keyhole that's in every cell of your body is different in every man and woman that is determined by genetically.

So what that ultimately means is that a man, his sweet spot where he feels great could be the ranges from 300 to 900. He feel will feel great at 500, not necessarily 900, and another man could feel a great, at 900 and so there's a different sweet spots for everyone.

Not necessarily high is better. That's number one. All right. And then number two is that the higher you crank up testosterone, there's a chance it will be converted to estrogen.

Estrogen is the metabolite of testosterone. So your body like to be in balance. If you give it too much or something, it's going to try to get rid of it and try and convert it to something else.

Now, a caveat, testosterone in a man is actually helped with his libido. for testosterone, but also estrogen to estrogen. So some hormone clinic will automatically give you an estrogen blocker, like anesthrozole, thinking, well, I'm going to crank them up high, and I'll give them estrogen, not necessarily.

I will let my men have been estrogen level about 50 or 60. even though the recommended is like less than 30, but nothing that's not necessarily, you need to put that on.

But I see a lot of hormone clinic automatically put a guy on an estrogen blocker. So follow your blood work. And then also testosterone also can be converted to DHT, dihydrotestosterone, and that is inflammatory component of testosterone, which then will irritate the prostate, will make the prostate enlarge as well as contributing to hair loss.

So when you're on testosterone, you need to check The estrogen, you need to check the dihydrotestosterone or DHT. You also need check what is your free testosterone versus your total testosterone as well.

So that's number one. If you're on testosterone, cranking up high doesn't necessarily mean that you are better. These men must maybe feel bad because maybe their estradiol, their estrogen is being suppressed.

Or that they're so high, the body is converting it to other forms. So doing hormone replacement therapy is a balance and they need to know that everyone has a different sweet spot.

And so that's what I would recommend. You know, when I see the men that I've seen that come in with an APAC, well, I do their blood work and they have high cholesterol.

Their cholesterol is like 280. The LDL is, like, you know 200 and the blood sugar is high. So what physically shows does not necessarily mean what is on the inside.

And so what does their cholesterol level? What is their plus sugar level. That's why blood work is very essential to that. So looking at the cholesterol level, looking the blood sugar level as well, and then the next part is stress.

Because when you have high stress, that can also deplete your testosterone level. And so unless you, you lower the stress and you keep cranking up the testosterone, the testosterone is not going to be utilized efficiently in your body.

And we see that a lot. So oftentimes I have these men take ashwagandha. and cortisol support supplement to lower that cortisol stress. And sometimes even lowering the testosterone level will actually help with their libido and also making sure that they have a higher estrogen level as well too.

Oftentimes, less is better. I've treated over thousands of men on hormones. And I can tell you, probably I have a handful of guys that need an estrogen blocker, but 99.9% of them do not need it.

If you will not needed, guys, if you're listening to this, and women too, If your optimize your diet and your exercise. So if, you can literally increase your testosterone level, 30% by eating the Mediterranean diet.

That in itself. Yeah. We have seen men literally increase it within 30. It's almost 40% just by dropping bread. dropping pastries on a daily basis. That's so incredible to hear.

Cause here's the thing, you know, I think so many people are kind of in the supersized, me society where, little testosterone is good and more must be better.

And I hear this from guys all the time, they're like, well doc, think I need more. I'm like no, so it's good to here you kind being on the same lines as me is less is more, less as more in individuality component here is so huge.

Very, very much. When you're treating symptoms, you are not treating levels. If a person feels better, and I see this from just treating of thousands of men, some men like my husband, he's happy on around 600.

How Blood Sugar and Plaque Affect ED

testosterone level where the range is from 300 to 900. If I crank him up to nine hundred, he actually feels worse. He will actually feel worse, so there is a level that when you just have to find that and then believe it or not, believe or now we get him to that level, his cholesterol is also improved as well.

Do you know that testosterone can also improve cholesterol and blood sugar as? Well, advertising cholesterol, blood, sugar, and that when you have low testosterone, you tend to have a little higher testosterone and blood sugar, but when get testosterone to an optimal level.

that gets control much, much better. You know, cholesterol, hot topic, right? Do we use statins? do we us herbs? use diet, exercise? A lot of folks are starting to say diet and exercise don't work as much for the cholesterol.

I would love to hear what you're doing on your end. you know I know you just said the basics with the Mediterranean diet. What else do you do for folks with with cholesterol that are a little bit higher and you need to do something?

to help. Right, right, cholesterol is not genetic. There are some genetic conditions that predispose you to get cholesterol 500, 600 and higher. So that you definitely need medication for.

But most of the time cholesterol it is acquired because you don't have high cholesterol when you're younger. You get Hi, cholesterol from from your diet and it only your liver and your lever is where the cholesterol is being produced.

And it takes about 3 months for to have any changes in your cholesterol level and blood work. So it really reflect what you've been eating with the next last 3, 3 to 4 months.

All right, and so that's number one. And then number two is that there's a debate, well, red meat or lean meat, right? And I think that that is really individualized.

I've seen some of my patients that are on the keto diet and they eat more red me. The cholesterol is fine. But I see some patients on keto that eat some more of red, meaning the cholesterol's high.

That's why I was saying that, there is a genetic component. You've got to treat the patient, not the numbers. And so you've gotta treat, okay, if they're high and you know what their diet is about, then you can kind of tweak it a little bit.

So I'm not a purist and, oh, no red meat or anything. I just like, let's try the Mediterranean diet and see where you're at and what the number show. So that, so it's individualized and also sleep.

Also, if you don't sleep well, it will also affect your cholesterol level as well. High cortisol or high stress, increased cortisol from your adrenal.

And when your cortisol is high, then you will have insulin resistance. When you have insulin resistant, you'll have high blood sugar. All right. And then that then we also have higher cholesterol.

Now, why do we care about high sugar and high cholesterol? Why do you care? Why do we talk about that all the time? Right. It's because when you have high cholesterol and, um, your blood become more viscous.

Your blood because it has, I mean, literally we draw our blood. We can, we can tell which somebody has high-cholesterol because the blood is less red and it looks a little creamy.

It looks a little creamy even, and it looks like it has some fatty in it. It's a different color, right? And so it makes your blood more viscous, more thick.

And, so, imagine your Blood Vessel is like a pipe like this. Like a Pipe and your Blod flows in the pipe, Right? Well, when you have high cholesterol, those cholesterol components kind of stick together, become like, a glob and stick to the Blood vessels.

And then it starts collecting blood sugar or the sugar to it and it creates a call a plaque. A plaque is like a cholesterol glob and sugar glob. And what happened is that it's thick to the size of the blood vessel and over time it will build up and build and then so what's going to happen is it is going get bigger and bigger.

It's gonna block the flow going through the vessels. That's really the etiology of a heart attack. That really is the ideology of ED. It decreases blood flow because of blockage.

And the block is due to the cholesterol and the glob, which then collects the blood sugar to it. Blood sugar itself, high blood sugars itself cause damage to blood vessel lining called the endothelium.

The endothelium is this lining that protect your blood vessels from all the toxin leaking into your cells. And to high blood sugar will kind of tend to erode that endotheria lining, which then allows for more toxins to leak into yourself, what then will cause cellular dysfunction, would then we'll cause like a mitochondria ATP disruption and You see it as disease, you know, cardiovascular disease.

You can even see as cancer because that will also affect the DNA as well, too.

Womenu2019s Sexual Health and Hormone Changes

So, believe it or not, a lot of cancer is diet-induced, diet related. We know that smoking, and cause lung cancer by the same mechanism as well. So that's why blood sugar and cholesterol is pivotal to blood flow.

And I'm trying to explain that because sometimes people are like, I don't care. What does that mean? But if they know what that means to their health, and ultimately, what is the consequence?

But the consequence is that you're not getting enough blood flow to the organ and the organs start dying. ED, erectile dysfunction. Women have erectiles dysfunction also.

It means that the sexual organ is not gaining enough flow and is slowly dying, like a male penis is dying and so the woman organ of a penis, is the clitoris, right?

And so it's slowly dying. It's like having a heart attack. There's no different heart attacks. You're not getting enough blood for the heart to pump. That's why you get the hard attack and it start to have scar tissue.

But for I want to say this for your women listeners is that your clitoris is the only organ made for pleasure has no other function. other than giving you pleasure.

Versus a man, its penis is, for three function, is for erection, but it's also a way for him to urinate, But it is also way to ejaculate. So there's three mechanism, function.

But for women, it isn't your only organ that's for pure pleasure, and that kind of like your mini penis, believe it or not, It's just not that knob. that you see, it actually goes back further.

It's actually four inches. that kind of goes in and kind spread out along the labia minora as well. So most women don't realize that. It's like, oh, I have an organ just purely for pleasure.

Well, there's a reason why, right? Because it's that way you can have the pleasure organ versus the man. He has to do a lot more work. There's the different physiology there as, well, but women also have erectile dysfunction because as they get older and their hormones drop, their clitoris and labia, I don't know if you know this, but atrophy, it becomes smaller and women when they're in menopause and they don t have hormone replacement therapy, the labial will actually shrink.

um until a point where you don't have any it kind of revert back to pre-puberty uh girls i don' know you look at girls when they're before puberty they do not have alabia Yeah, at all.

Yeah. It actually revert back to that stage. I advise women at least to look at yourself down there like once a month and see what a mirror and and what changes there are down.

Sometimes, you know, it's good to kind of know your body and be attuned to what's going on. 100% 100%. I'm glad you bring that up because so many women unfortunately end up to me and they're talking about even the tissue sticking together You know, it's been so atrophied and and I just had a patient the other day with clitoral adhesions and yes What, you know, so if those kinds of things are happening, obviously it is absolutely crucial for us to keep working on circulation in that area.

Now, what kind of thing can someone do? Say someone's a little bit afraid still of the bioidentical hormone replacement therapy and they're a bit like, I don't know if I want to do that or maybe they have cancer history and are just freaked out.

What kind things can we do are non-hormonal that you see to be effective? Kind of like some of hyaluronic creams, things like what What else would you think?

What do you mean? There are some products out there that, well, first of all, before I say that is that research has shown that hormone with bioidentical hormone replacement therapy is perfectly safe for women.

It does not cause breast cancer, especially topical hormone replacement therapy. Follow closely with the doctor being managed. For women, all they need is topicle estrogen and some estrogen down there.

Topical and then progesterone capsule at night. And they'll feel great. And multiple research studies have shown that it does not contribute to breast cancer.

The study that was done about 20 years ago actually was using synthetic estrogen and progesterone. So I want to kind of set that record straight. Women shouldn't be concerned about a hormone replacement therapy.

In fact, we treat women that are post breast-cancer on hormone-replacement therapy, right now, and they're doing fantastic, all right? And they need it the most, actually.

But for women that may not want to do on hormones, they shouldn't be, but I understand, is that you can use hyaluronid acid as the lubricant. You can also use coconut oil as well as a lubricate, which works really well, olive oil.

It can be a lubricant. And you mentioned one of your patients had clitoral adhesion. In fact, using DHEA, which is a natural, you know, non-hormonal, but it's really, DheA is kind of like the, how you call the mother of all the hormones.

It's the first component of other hormones, and I oftentimes prescribe just DHeA alone down in topical, in the labia area, for decreased lubrication or vaginal dryness down there and it works great as well.

And sometimes it will also increase a little bit testosterone because DHEA also makes testosterone so you can kind of follow up with the blood work and see.

So those are simple things like DHA, hyaluronic acid, and I can't tell you how much stress will help with uh with the uh lubrication as well too you know uh because and i just did episode in my uh uh podcast about when is the best time uh to have uh sex believe it or not the bedtime is usually in the morning when your hormones are high you you rested already and it's not at night It's not so much at night because at nights, your hormones is at its lowest level.

You're tired, you're distracted versus in the morning. So, take that into account. But yeah, for women, I'm very passionate that, women you do not have to suffer with vaginal dryness.

Do not to have suffer chronic UTI when you are in menopause. pain with intercourse, it's all reversible, all right? Those are the most common things. You do not have to suffer with hair falling out or rashes or itchiness that you normally don't have.

you do have an insomnia. You cannot tolerate waking up at three or four o'clock in the morning. That's a sign that you have low progesterone. So women have three major hormones, testosterone, estrogen, and progeterones.

And believe it or not, out of all those hormones, the one that is the most is actually testosterone for a woman. So you would think, yes, men have a lot higher testosterone level than the estrogen.

But for women, testosterone levels, it's about 10% of a man, but it is still higher compared to the other two. Progesterone, when it decreases, is it the first one to decrease, and when decreases it will affect your sleep.

So that's why the first signs of perimenopausal is sleep disruption. And then the next hormone that goes is testosterone. That testosterone will affect your libido, affect with the vaginal dryness, as well as muscle gain.

Yeah, weight gain, I mean weight gains, so more fat acquisition and you don't develop as much muscle mass. So you become kind of flabby, you know, kind-of menopausal flabbiness and that weight gained, and then you start having the tires down there that you normally don t have.

And you sit down and have that tire. I have the tire and so that's what you notice and the estrogen is what It's a component that causes hot flashes, night sweats.

Non-Hormonal Options and Menopause Support

And then also you find out your foggy brain. Your fog your brain because you're not getting enough blood flow to your brains sometimes that you tend to forget words.

I have all those symptoms when I was around maybe 51. and it all went away within a couple of weeks after having been on hormone replacement therapy. So all those symptoms that I mentioned are reversible.

You don't have to live with it. I can't tell you how many women in their 70s are diagnosed with dementia when it's really they need to be on a bioidentical hormone to optimize their blood flow to the brain.

And, you know, how often did you hear women being, oh, I'm on a sleeping pill. I want a depression pill, and then I am on medication to help me remember stuff, ADHD, because I have such a foggy brain, right?

Yeah, those are the symptoms that actually correlate with hormone replacement therapy. I can't tell you how many times I would treat a patient on a hormone placement therapy and we'd get them off of their depression medicine, their anxiety medicine their sleeping medication and even their blood pressure medication, and cholesterol medication as well.

Yeah, it's quite impressive how someone can turn around. Now, interesting you mentioned, you know, 70 year old women. One of the big misconceptions I think that's out there and help me to see how you see it as well.

A lot of women will be told that say they had menopause, they went through it early. Maybe they were like 45 and now they're coming to a doc at 60. They've been told they are out of that range to be able to support their hormones.

Help us with that, that answer that a lot people are hearing. Yeah, and I think that is really more of a personal preference. Yes, there were some studies that said if you're over 65, might not be as beneficial.

I don't agree with that. I tend to look at quality of life measure for a woman. That's important. And we know that hormone replacement therapy doesn't cause all the cancers that we're all concerned about.

So it's really a quality of life and starting a hormone replacement therapy, you can feel better within like five days. Five days! In fact, I just started a friend of mine on hormone placement therapy about a week ago and she already called me up and said I feel so much better.

My hair is not falling out. I'm sleeping better. I don't have a foggy brain anymore. My energy is so much better." And that was just with topical testosterone and estradiol and progesterone capsules.

That was it. So I would treat any woman that has symptoms that that interrupt her quality of life at this point. And of course you have to be follow, you know, make sure you follow up with your mammogram and your pap smear.

Women, if you do have a hysterectomy, doesn't matter how old you are, and you're going to in your thirties have hysterectomy and can actually undergo menopause early, even though you still have your ovaries.

You may still have your ovaries, but it can still, for some reason, if you don't have a uterus there, the ovary just don' function as well in releasing hormones.

Because I have seen the past week, I've seen women in their 30s, late 30's had a hysterectomy and they're now in full-blown menopause. Already. Yeah, a hundred percent.

I see the same. All of us seeing this can't be denied. So this is just huge for folks to listen to this and really share these podcasts with their friends.

Now, of course, you have your podcast. And I want to talk about that in a second. But we got to get them to hear a little bit about your Get Hard system over at Torong Rehab.

as well and kind of give us a good sense of like where folks can find you, what you're up to specifically, and it sounds like men and women, not just men, however you have a specific program for the men.

Tell us about that and then tell us your podcast. Yeah, so our podcast is called Sexual Health for Men podcast, it's on every podcast platform, Apple, Spotify, even on Amazon.

as well. And on YouTube, we also have a YouTube channel called Tron Rehabilitation Center. We're big on Youtube, and we talk about sexual health. I talk more about men's sexual heath, because I feel that if we start with men, women will follow aswell too.

Because I that men need to do a little bit more work than women. Because treating women, it's actually easy. It's really easy with the topical hormone and the capsule.

You're done, you're ready. But for men, they need a do little more as in the hormones as well as the diet and exercise. For men in order for their penis to work for a fully functional erection they have to increase their blood flow to the penis 40 times more than baseline.

So that's a lot to ask for, for an organ to function. Today, they need to do a little bit more work. Sorry, man, you do have to more to get it functioning.

This is one thing that women don't have worry a whole lot about. That's why I created the podcast, but also I've lived through it and I have a husband that undergone it.

He no longer has issues because you know, we have treated it. So the Get Heart system is really a system that look at treating the root cause of erectile dysfunction, even sexual dysfunction.

This is not just for men. It's also for women as well too. And so it starts with the brain. The brain is your larger sexual organ. Is it for man and women?

Larger sexual, it is the not the organ below the belt. Because if you, because the the is where sexual arousal happen. Because that's where you have sensory input from your five senses.

That's what your eyes see, what you smell, What you taste, when you hear, and what touch. And then I may even add the sixth one, which is your imagination.

What do you imagine as well too? So that gets processed and it goes to the mid part of your brain where you're mixing with your emotion, your amygdala, what your emotional state you are in.

The Get Hard System and Root-Cause Treatment

But if you in a distressed state, you on a depressed state it's going to get dampened down. That signal is going get damping down, right? And then that will then go to hypothalamus where the hormones is released.

The hormones get the release and that starts the chain of nerve signals that send the nerve signal to the nerves in the back of your brain here, the parasympathetic nervous system.

So it starts in your the nerve and then it goes to, from there it go to your heart, your hearts are pumping more and when it start pumping faster, it brings more blood flow to the blood vessel.

The blood vessels start to expand so you can get more flow. So that's the Blood Vessel is the fifth system. And then the fourth system is The Muscle, which more Blood will flow down to The Sexual Organ and The sexual organ engorges.

So all the six systems of the brain, the emotion, hormone, and the muscle all had to work together synchronously to create the sexual response. And we don't appreciate it because for us, when you're younger, it will take a couple of minutes to get there, right?

But when you get older, it takes a little bit more time and maybe it doesn't work as well. So in our Get Heart system, we address those six system and what is going on with a person.

We address that with diet. First, We do blood work to see what's going and then we look at your diet, your exercise, Your sleep regimen, what your stress level, And we not only restore sexual function with hormones and hormone replacement therapy, stem cell therapy and using technology to help with increasing blood flow.

I do a Doppler ultrasound to assess for bloodflow down in the penis to measure the quantity of blood that is impaired or not. And then we optimize, and once we do the treatment to kind of boost the blood flow, the man has to continue with optimizing his diet following the Mediterranean diet and exercise and meditation.

So we address all the six system so that way it can be restored for function again. Because something as important as your sexual function, it requires like all those systems to coincide together.

And if one system is not working well, It's not going to have the result that you want. That's why sexual dysfunction or ED is very common in men. It is 50% of men over 50 will have it and 60% at 60 will have it and it's 70% when you're 70. Man, if you are 50 years old, half your friends that are a guy are having issues.

And I assume that's even more now because that was a study that done in 1994. 30, yeah, 31 year old study. And that was not accounting for COVID, not counting for vape and porn.

And then that's like another discussion, right? But all of that is very common now. We're seeing now men in their twenties are having ED. When men and their 20s are have ED, it's really more the lifestyle factors and stress and psychological factors that is creating the issue rather than a physical factor.

You know, it's really men over 45, the physical factors play a role, but men that are younger, really lifestyle factors and psychological stress. that's affecting their function.

Makes sense. Yeah, I'm seeing younger and younger folks, especially in the fire and police services, our emergency responders are struggling and stressed lifestyle, like you said.

And we talked about that and I call that the alpha man syndrome and that is because, you know, at most, the Alpha man, he He, you know, he looks, it may look great, but he has this sense of, Oh, I can do everything myself.

I could fix this myself I'll, figure it out. But he's not discussing it with his doctor. He's, not disgusting it, with, his wife or his, partner. And he tried to medicate himself and oftentimes, unfortunately.

He tried to sometimes cover it up and maybe in denial or maybe resort to more alcohol as well. But believe it or not, alcohol will actually affect your erection.

One drink will help you relax, you know, more than two drinks. will actually impair your erection function. So it's almost like kind of like doing things that make your condition worse, and then you try to drink more, you know?

So, it is actually a worsening way to cope. You know, the way did to start with this guys, your firefighters, EMT, so forth, is just, get your blood work done.

Be honest with yourself. and you're starting to find out that you are not functioning as well as you used to, go get your blood work done. Your insurance covers that, you know?

Get your hormones done, get you blood sugar, and get the cholesterol check, Get you kidney check. Get the liver check that's all done that can all be found out by a blood panel, And get a hormones level check and see a doctor about it.

And there's nothing wrong with that. You are no less of a man if you have ED. In fact, we expect all men to have ED sometime in their life. It's like gray hair.

You're going to get it, but you don't have to live with it. So my message is that if you have an ED guide, you know, have the love with that. There are natural alternative by treating the root cause of the problem.

I'm a big proponent of you. Don't know what you, don' know. But when you do know then you can prevent it so I, my mission on our podcast is to educate men and women on what they can do to optimize and restore their sexual function.

Because once you know what you can avoid and what can you do, to optimise your condition, you will do it, right? Kind of like how we brush our teeth. We're told you brush your teeth and floss your tooth so that way you could have healthy teeth for the rest of your life and prevent cavities.

Where to Find Dr. Truong and Her Podcast

But no one talks about it for sexual health, Janine, Now, sexual health is such a taboo topic. You can't talk about it on the internet. I mean, I'm in Facebook jail, in Google jail because I talk sexual help.

It's really more preventative sexual house, but it's so taboos, it is a shameful state. Its not something you're not talking about, But it something that's pivotal for us as human being, right?

If it weren't for sexual, we wouldn't be here, all right. And it's the most primal part of our brain that drives a lot of what we do. You think about a lotta what do as human being is driven by sexual desire and driven sexual behavior.

So I would like for us to talk about sexual health like now we're now talking about mental health. and not make it shameful, not making it taboo to talk about it, and that to say, hey, you know, I have ED or women, or I had vaginal dryness, sexual, it's called female sexual dysfunction.

There's nothing wrong with that, right? It's like, you know, I have depression, and I've anxiety. Nothing wrong that. And it just part of living. But I'm hoping that what our channel and our podcast that we're able to spread the message of there are things that you can do now to prevent, or if you do have issues, there's things you could do to restore again.

So important. And I think you're absolutely right on that in terms of we need to talk about the preventative. But we also, like you said, you were the recipe, or recipe.

That's a whole other website I had at times. You are the relationship whisperer, marriage whisper, whatever you want to call it, because I think a lot of people don't realize how important this connection is.

to each other. And in a time when I see people sitting out eating dinner and looking at their phones while sitting together, I'm like, if we're out to dinner doing that, what is happening at home?

Yeah, yeah, sometimes you gotta get back to basics. I just went on a a wedding destination trip in Bermuda for four days. I didn't use my phone for 4 days and it was a very, very good feeling.

And I don't need it to use. My phone I use to take pictures. That was about it. But I was not on the Internet. Not on my laptop. You know what? Nothing falls apart.

Everything was fine when we came back. It's so true. Gosh, Dr. Anne, I'm so glad that you're helping folks to reconnect. I am glad you are speaking out about all of these things.

And I always like to hear open-minded folks when it comes to looking at hormones and thinking outside the box. Absolutely. As a clinician, we really need to spread that word because there are so many a misception about hormone replacement therapy, and it's actually very affordable.

Very affordable, it costs going out to dinner once a month. People say, well, not covered by my insurance, I can't pay for it, but it is like $30, $40 a now it is for your health and you know it's like you probably pay for it more not for going out to dinner and but it s like if you don't own your help who who would be so I'm I m on hormone replacement therapy so are my uh so is my husband as well and now you now a lot of my friends so you I hope that you your viewers will listen to this and will feel empowered that They're all alternatives and they don't have to live with those symptoms that we talked about.

Absolutely agree. I absolutely agree so folks head over to Trunk Rehab. So this is t-r-u-o-n-g- r-e-h-a-b dot com. And then for Apple and Spotify and all of those, what is the name of your podcast?

I apologize. It's not right here and I don' want to… That's okay. The podcast is Sexual Health for Men podcast. Yeah, that's your health for men podcast.

You just type that in and it will come up. It will mean the world to me. If you guys listen and give it a review and we would love to have more reviews on our channel as well too.

And like I said, our mission is to empower education and knowledge for man and women. to continue to have sexual longevity. Huge, huge. Thank you so much Dr.

Anne for coming on. I sincerely appreciate it. Well, thank you