# When It Sucks To Be A Woman: The Treatment Of Pelvic Problems, Incontinence, And Other Taboo Topics Transcript

(Transcripts are generated by AI and may contain errors)

## Introduction to Dr. Betsy Greenleaf

Hi this doctor Kent Holter with another episode of the Peptide Summit. Today we'll be interviewing Doctor Betsy Greenleaf. And what the title of what?

It sucks to be a woman. Treatment of pelvic problems, incontinence and other issues. We don't like to talk about. And I think that that's very true. And it's such a huge problem.

And women just don't talk about it. And I know a lot of women have the issues I find out later. But when they come in, they don't they don't tell me. So, I think she's doing some great cutting edge work.

She's a premier, women's health expert, entrepreneur, inventor and business leader. Specializes in, pelvic medicine and reconstructive surgery for over 20 years.

She's a trailblazer. The first female in the United States to become board certified. A neuro gynecology. And I'm interested to see how how that really connects and makes a difference.

Because really, if you go to a guy like, you know, for hormones, I don't know, hormones are kind of, you know, I think that combination is great. And I'll ask.

I'm not sure I want to even are in the country, but she possesses a professional reputation, that has led to being sought after by medical society associations, corporations who provide lectures, teaching advanced trainings.

2018 she was honored with the title Distinguished Fellow of the American College of Obstetrics. Osteopathic Obstetrics and Gynecology for her service and dedication to the field.

That's a big deal. She holds committee positions on many national women's health organizations. So you got to put up with a lot of bureaucracy and to really, go get her.

She's a board examiner for the American Osteopathic Board of Obstetrics and Gynecology. Oh. That's very impressive. She serves as spokesman for the American Osteopathic Association, or coach appearing in many major media outlets.

She's a CEO of the pelvic floor store. So. And that's, pelvic floor store. Com and online store dedicated to finding reliable products for pelvic health.

And that's I think people just get so confused on what to get. So she tells you what. Hey, what's the best of each thing? She manages a blog. She's very busy at, doctor Betsy greenleaf.com.

She is a host of, some of your parts podcast, which is, the http, TTP colon forward double sports. Some of your parts dot lib s y incom, which is dedicated to the wellness and notion that you are greater than the sum of your parts.

I really like that she takes a holistic, body mind spirit approach to healing and wellness, which you don't see in a double board in person. Which is really nice to hear.

She believes many answers to a healthy life are found within. And I, I second that. She views a role in life as a wellness guide. And, I think that's wonderful.

So I very, thank you for for being on and, welcome. Thank you so much. It's an honor to be here. Great. And, Yeah. So we'll just get going and, like. So what?

So tell me about, what's a typical type of patient, you see? And how does this combination of, of, you know, combined board certification help women that they wouldn't see by going to a gyne or a urologist?

You know, it's interesting because the specialty of Euro gynecology, which they've now you renamed it, but the renaming of it is ten times longer. So Euro gynecology is a lot easier to say than, than female pelvic medicine and reconstructive surgery.

But it basically came out pretty recently in the 1970s, and we didn't have board certification until about how about six years, six, eight years ago.

## What Urogynecology Treats

So the nice thing about it is it really took more of a focus on the pelvic floor and the pelvic area being the area below the belly button and above the thighs, because what we found that was just like more of a niche that for people to kind of get into and specialize because 50% of women will have some sort of pelvic health problem at some point in their life.

And those problems weren't necessarily being addressed by the regular gynecologists who were busy delivering babies or doing pap smears, or wasn't being addressed by the urologists were really kind of tending to their male patients.

I mean, it's not to say that either one of those specialties is bad. It just, you know that as a generalization, that's how we saw things. So Euro gynecology, you can actually become a euro gynecologist either by going doing gynecology first and then doing a fellowship in Euro gynecology or being a urologist and then doing a fellowship.

So it's a little combination and it really just has to do more with like dealing with the bladder and the vagina and some of the health problems that, that women tend to face, especially as they're aging.

So, I mean, I think it's a little scary. Is that like, you know, gynecologists where they take the vagina and the uterus and urologist get the bladder?

Yeah. No. And, you know, we treat a lot of these, you know, chronic multi-system illnesses and chronic lines and huge percent have pelvic floor dysfunction.

Oftentimes it takes a number of visits to get that out of them, but it is really hindering their quality of life and a lot of pain, and, incontinence.

And there's a lot of ways to improve that. So what is the, the standard conditions that you see? What would the standard treatment be? So usually typically in a Euro gynecology practice you're going to get referred patients that have recurrent urinary tract infections, kind of like where the doctors have gotten to the point where they've thrown antibiotics at it and thrown antibiotics, and they get to the point they're like, okay, nothing's working.

What do we do now? So I maybe I'll just start with that one because that kind of ties into what we're talking about here. But, you know, we're trained as doctors that the typical standard treatment for an acute meaning, like a sudden onset urinary tract infection is three days of antibiotics.

All right. So you get three years antibiotics and the majority of people will feel better. And then there's going to be people who it doesn't they don't feel better.

So then by time they get to me, up until recently, my only other choices were, well, let's just give you more antibiotics. And we know that the more antibiotics I throw at you, not only you're going to become resistant, but now I'm going to be killing off that beautiful microbiome home in your intestines.

And really how that affects your your you medically and can cause other conditions. So yeah, but it doesn't care about that. They care about their little part. Yes.

And there's so many studies now saying even shorter course of antibiotics caused a lot of problems. Yeah. You know, and I've gotten to the point to I think recently, you know, as I go out and practice, I keep learning more and more and I go, why didn't anyone tell me this before?

And then or there's new discoveries like this whole, you know, field of peptides just is fascinating to me. And I think that it's really going to explode.

You know, it's starting to already. But I think we're really going to see a lot of like just general acceptance and more like more development. I mean, you know, there's so many studies when I give lectures, people are like, wait a minute.

Like, you know, for 45 minutes, they have like 140 slides. I always have way too many, but all huge reference, like there's hundreds of studies. People say, why haven't I heard of this?

You know, and sometimes lecturing I hesitate because they do so many things. Kind of sounds like snake oil. But here's the reference. Boom boom boom boom boom.

Yeah. It's amazing. And I think the fact is that when we look at the body as a whole system in general, the body wants to heal. So what I like about the peptides is that these are all natural things that are found in the body.

So we're kind of like using, you know, the body's own system and kind of almost like magnifying it to heal. You know what I'm looking at right now and I'm paying close attention to, is there's been tons and tons of studies on recurrent urinary tract infections and recurrent vaginal infections, and they have found that they are the antimicrobial peptides that they're normally found in the bladder or the vagina, that in some people, for whatever reason, they're not really quite sure why, that they're missing those.

And then that those are the people. Now that are developing these chronic infections. So, you know, a lot of these studies use like, hey, these are this might be a way that we can treat people in the future is with some of these anti-microbial and, you know, peptides to kind of restore their system back to the way that it should be.

Yeah. And, and when you look at, you know, or I think we've turned into a immune modulatory clinic, if anything, you know, you say we're a fatigue clinic with you, you know, thing.

But and we're finding with these chronic infection, they suppress IGA, which is secreted into a little bit of the gut vagina and protect. And you check they don't have any IGA, you know.

And so there's usually something going on that's causing it. But you know, the way the compartmentalization now in medicine as well, I don't care about that part is deal with this.

Go here. And I think it's kind of like an on a bag of and just great if you get a broken leg or something like that. But if you outside the box, which everyone's in on the outside of the box now is you get terrible care because they're trying to break you down into all these little different pieces and everything's connected.

Exactly, exactly. You know, I think part of it is I kind of tend to think that way because of my training as an osteopathic physician. But then as I like, went on through practice, I found that, you know, when you first come out of fellowship, you're all like, all right, I'm trained like this, and you kind of have the blinders on.

And all I could see was the pelvis.

## Recurrent UTIs and Antibiotic Overuse

And then as I went on in training, I realized, wait a minute, like, well, they're having pelvic symptoms, but what else

is going on? Or are there pelvic symptoms a sign of some larger systemic issue?

And for the majority of the conditions I'm finding that that's true. So yeah. And I remember being, you know, and I got into it like a lot of people because I'm very sick myself.

I know other doctors, the family member themselves. And like you just told, alternative means no evidence. So I'm like, I'm not going. I didn't tell anyone that I go to the so-called alternative.

I hate that term. Yeah. And, you know, integrative or functional? I don't know what the heck to call, but I just think we're practicing better medicine and more evidence based of like, they're more evidence based on the stuff they're feeding us in residency.

And doctors are still practicing what they learned in residency 20 years ago. Exactly. You give them studies, they won't read them, and they don't confuse you with the facts.

This is the way we do it. This is our protocol. And not to bash them, but the system. You know, they don't get paid extra to try to figure something out.

They get paid extra to see more patients. Exactly. I think that's probably the bigger the more cost of know. It doesn't mean being the detective and the sleuth and going down a path and trying to figure out what's wrong with this person.

It's okay. This is well, it's not that well. Site consult, you know, and, I think that's part of the reason I ended up leaving. I had worked for years for hospital, and I got to the point where working for the hospital was affecting my own health because they were telling me, see more patients, spend less time, see more patients, spend less time.

And I'm like, nope, that's not the way I want to do it. Like, I want to be able to sit down and really spend like an hour with somebody and kind of like, talk to them and figure out and address all their issues.

Oh, you'll get called in and go, what's the problem here? Yeah. Yeah. So I finally stopped doing such good care. You know, and that's what, you know, a lot of these nature bugs, you know, is that they'll cut the lowest 20% of cost effective physicians, which means those who do the least amount of tests, those who make the least my diagnosis, those are the least labs, those are the least treatments.

And they get to stay, you know, those they cut, the ones that do the most, which are doing the best care and taking the longest time with patients. They're gone.

Yeah. Oh, I've seen it time and time again. Yeah, yeah. And so, so interesting. You broke out, I hear double boarded. I usually go, oh, no, it's going to be. Yeah. So it's it's really more my husband's like, stop doing things.

He's like, you do too much. But, you know, I think life is short and there's so much I'm interested in. And I just wanted to. Everything is passion. So he didn't believe in it.

That passion, you wouldn't be doing it. And yet. So, how do peptides help? You know, pelvic health and, and and that what how do you found. Oh, yeah. I mean, even going back to, well, some of the other conditions that we see as your gynecologist other than recurrent urinary tract infections, as we see incontinence, prolapse where things are drooping and dropping, especially as people get older and, and also, like, I think the scare of hormones is really causing a big problem with that.

Yeah. Oh, sure. So synergistically with hormones and. Yeah. And then what we see, like, especially there's two kinds of incontinence and people, a lot of women just accept it as a normal aging process because they don't have it to they don't talk about it.

And I always tell people just because it's common doesn't mean it's normal, and it doesn't mean that we can't do things about it. So that the two kind of incontinence is one is stress incontinence.

When you cough, laugh, sneeze, jump up and down, you leak. And a lot of that type of incontinence is usually due to ligament damage that may have initially happened during childbirth.

So you don't have to have given birth to develop that. It could be any kind of ligament damage to the pelvis from pressure. If you cough too, too hard or you lift something too heavy.

And then there's urge incontinence, and urgent continence is where people have to run to to get to the bathroom like they're one minute they're fine, next minute they're like, make way to the bathroom.

And that's usually due to either irritation in the bladder wall itself, or muscle spasms or even nerve irritation. And, you know, I think up until recently, you know, with me discovering this whole world of peptides, which is I just feel like a Pandora's box has been opened up.

But, you know, with think we have limited treatments. I mean, there's always been movement in that in our field, but for stress incontinence, really the only thing we've had up until recently has been surgical is to basically go in and implant a sling, which is usually a mesh.

And everybody hears the word mesh and I know there's a lot of things that are bad about mesh, but sling on if you're up late night. Yeah. Commercials.

Yeah. Slings are a little bit different, but so but that's really been the I mean there's other things but they don't usually tend to work. So slings have been the one thing that really work.

So what has been fascinating is there's been a number of studies that they've done. I mean, more so on rats. But, you know, we don't have any human studies right now, but because they're not patentable, so who's going to spend the money to get and a new drug and then everyone could use it.

Yeah, exactly. So there's been studies on rats where they've actually gone and actually cut their urethra. And then they administered BPC 157, which is a peptide, which I'm sure with your peptide, some of you probably have mentioned at some point in time.

And they found that whether they gave it orally or if they injected it, that those rats, their urethra returned back to normal.

## Peptides and Pelvic Health

And so they got rid of their stress incontinence. So that's something they have started to employ. Because one of the nice things about BBC 157 is that you can take it, or else it doesn't have to be injected like some of the other ones, and we're seeing some really nice improvements in urethral sphincter function.

So the urethra is the tube that P goes through. Yeah. So you know it's interesting because you also look the other end of the body for Gerd. The BBC 157 will tighten the upper gastric esophageal sphincter and tighten that and loosen the lower so you don't get that reflux and seem to do the same thing in the bladder where it's going to tighten the lower.

And so they don't have that brings it back to normal. I really think like BBC 157 it's kind of the homeostatic, you know, peptide. And we find if people have, like they're hyper packable, it brings down if they can't quite get it, brings it up, their blood pressure is too high, it brings it down.

If it's too low, it brings it up. So it's very interesting how it kind of brings everything back to normal. Like it's a smart it's it's I think it's probably my go to for almost everything now.

I'm really been very surprised with all the things that it can do. It's almost like too good to be true. Yeah, yeah, sure it does that. Yeah. But every time I turn around, I find another study that's like, oh, it's being used for this, or it's being used for that and it's anti-microbial and, you know, tb4 which you can do orally that GP for fragment is, you

know, basically even kills Lyme cysts better than tonight is all, you know, so, it has a lot of great properties.

The other night I was reading that using them together, they act like synergistically that they can know. No, they have almost the same result in a very different mechanism.

You know, one of the other things is that they've been studies once again, also with rats for overactive bladder. I mean, the treatments we have for that typically are medicines and the problems with the medicines that are on the market right now is that a lot of people develop dry mouth and they end up and it's yeah, yeah.

And the worst ones are some of the older ones that are generic, which unfortunately, when you get a Medicare patient that comes in your insurance will say, hey, we don't want to pay for these newer ones that have less side effects.

We want you to take the old generic one. Which one of the oldest generic ones, did. Japan actually can cross the blood brain barrier and you see tons of confusion.

And that's all I want to do, is like, I don't want to put one of my you know, senior patients on something that's going to make them confused, especially, and give them dry mouth, especially if they're on multiple other drugs.

So, they're having it. Yeah. And I, I suffered from that myself. And what I found with our patients and really, you know, it happens in yourself. You got to know a lot more is that I thought I had a big prostate because I had just felt like I had to go, you know, the bathroom and urinate constantly.

Especially when I had a flare. And but then when I calmed down the inflammation, I think, you know, my immune, autonomic, immune system got better. I don't have it anymore.

Sure. I'm sure my prostate just didn't shrink. Totally. Is that was never the problem. It was an immune dysfunction. So, like the Amazon's the BPC again, you know, working together, really helped that.

And, and so instead of just, like, throwing meds at people, it's like looking at underlying cause, which I think, you know, lends that. Yeah, that functional medicine where it takes a little longer to, to talk to the patient and figure these things out and have more tools in their toolbox.

But, it really was enlightening. I'm like, this is lame. You know, I, you know, it it it is so incredibly common that when they look at overactive bladder that it can start as early as in your 20s, but by the time you reach your 70s, there are more people walking around any given time with overactive bladder that has the common cold.

So I never knew that it's yeah, relatively common and that. But people don't talk about it, you know. And I know having like we gotta like you can tell him you have it.

Yeah yeah yeah yeah yeah. Every time you go to the bathroom, how many times you get up at night, you know, I mean, no. So in balance, out with how much you're drinking.

But that's what the other thing that people do when they have bladder symptoms or bladder problems, people tend to not drink fluids. And so we actually know that all these different coping mechanisms.

Yeah. Yeah 85% of Americans are already dehydrated. So that's that's already a problem. But it actually backfires for bladder conditions because it makes your urine more concentrated and more concentrated.

Urine is more irritating to the lining, the bladder. And it actually makes the symptoms worse. So you're you should be drinking when you have these problems.

But then, you know, we know that the BP, the BP 157 is actually soothing to the lining of the bladder, whether it's actually, you know, soothing the muscles or we do now.

And they used to think that urine was sterile. And then we now know that you actually have a normal microbiome. So there are normal people do it anyway. Right.

Well the in the bladder. But some people if they're missing some of these, you know, some of these peptides in their system that they could get more irritation from those, those bacteria that are due to women get a hesitancy where it's hard to go that they go with, you know, ego whatever, too.

It sports gave us a bunch of guys lined up and you got like half the guys there forever. And I had that too. It's it's like it's embarrassing. I've been in the bathroom for so long, you know, and it was inflammation.

It was, you know, when I would have a flare. And I did modulate the immune system, with the peptide. So I got, you know, the women had that problem. Yeah, we we do.

And in fact, actually, it's interesting because I was reading an article not too long ago that going back to the peptides was that, and this is something that I specifically specialize in because of where I did my training, but we really spent a lot of time looking at the urethra and, a lot of specialists kind of overall overlook it in women.

But mycoplasma and urea plasmas, which are a type of bacteria, are very common as cause of your retreats in women and urethra is women often overlooked, but that can cause them that caused spasms or hesitancy or swelling and, if they don't check for it. Yeah.

And so going while also going along with we've like looking at some of the with the peptides. I've said that with some of the antimicrobial, activities of these peptides is that these things can present prevent mycoplasma infections or Lyme disease.

We've seen a lot of effects with Lyme on the functioning of the pelvic floor and inflammatory diseases. And sometimes like that's their worst symptom.

Yeah. And it is like quality of life even. You know, for me I'm like this so bad heart failure which was worse. But yeah okay. Second in line you know it.

It's you know embarrassing to you know, it's like you going to be, you know, sitting there forever and like, man, this is crazy. So that's interesting.

## Incontinence, Overactive Bladder, and Pelvic Pain

So, like, what is the status? So they're finally really it's a mast cell problem. Really? Yeah. And, and I guess the standard is Ohlmeyer and or I always mispronounce, but, mast cell inhibitor, but we're also coming out with K-P-D, which is the Mylanta Court and which is that, profoundly, potent mast cell inhibitor.

So we're waiting for that to come out. So I'll send you some, love to see how how that works. That's great. Yeah, well, because the problem with interstitial cystitis is that it's been around that the idea of that condition, which is it's an inflammatory condition of the bladder that nobody knows.

Nobody knows what what causes it. And it was recognized in the late 1800s, and we haven't gotten it any further in the research on it. So the in the traditional medicine world, the, the standards are like, okay, you know, diet and then those, those medications like Elmer on some people pronounce it differently.

It's, it's tomato, tomato, I, it, I butcher it's cantos. Yeah. Pentose and poly sulfate is the generic. Yeah. But I mean, really, from what I've seen over the years, is there's really a connection to the gut and that if you have inflammatory gut issues, you are more likely to have bowel issues and bladder issues, too.

There's also kind of a connection with some of the Lyme or the tick borne diseases. Yeah. I think chronic infections are causing so many thing neurodegenerative diseases, autoimmunity, all this, you know, autonomic dysfunction.

Then you add that, you know, gut brain axis. Oh, definitely. And there and you know what's what's your thought on the whole gut brain axis. How do you approach that with a patient or what what are some of the things that you do?

Hey, it's funny because I heard about the gut brain access probably about four years ago, and I remember the first time I heard it, I thought, well, that's weird.

A it's like a little hooey. But then I started like put can connecting things together. And I started looking especially at my pelvic pain patients. And I started looking at them and I'm like, wait a minute, because these people typically have not only pelvic pain, but they usually have some kind of gastrointestinal, like irritable bowel or some kind of like chronic intestinal complaint.

They almost always have anxiety or depression, which we used to in the traditional medicine sense, used to just kind of blow off and be like, all right, well, they're stressed because they're in chronic pain.

And then I started finding that a lot of them had these lower immune systems like the IGA deficiencies. And I started going, okay, what does depression, anxiety, immune dysfunctions, you know, these GI systems, these pelvic symptoms all have in common.

And I'm like, well, the gut, you know. So I'm like there's definitely and we know that 90% of our serotonin, which is the feel good one of our feel good hormones is made in your gut.

So there's definitely a connection between the gut and the brain, you know. So you know what? I am just so impressed with just that, what you just said, you know, pattern recognition, that is such a lost art.

And you're actually looking at all these things and trying to make connection where that is what medicine is. Yes. Now, doctors don't do it. They look at you got this. Okay, here's the algorithm.

Treat that. You can have all these other things and they think oh that's not my area. And we're you're looking at all these systems that have nothing to do with your so-called area.

I'm just very impressed. I'm also getting teary eyed. Oh, because, like, we interview doctors and they're they just don't think anymore. It's. They'll memorize, just say, what's the protocol like?

There is no protocol, you know, and it's being a detective and knowing physiology now because I think it's got to the point in medicine where you don't even need to know physiology.

It's like, well, you got this. You know, the church company says, you got this, I got to do this, you know, or you work in the hospital or EHR, like all the doctors are complaining.

I mean, you could save a person's life, but if you didn't follow that exact protocol up, you're getting brought up like you don't have the thing you have to memorize now.

And it's it's bad for the people that have these multi-system illnesses. I just, I just love you to saying that how you at all these different things and and found that, hey, they're connected.

It's it's just a lost. I think that's why partly with my my podcast originally we started out we were going to just do a pelvic health podcast, and I'm like, I can't because I can't I can't even look at my patients anymore.

Like, sometimes I go, it's a gift or a curse because I go in for one problem and then I end up going, wait, we got to deal with this. We got to deal with that because everything's connected and we can't just deal with your one place, your having your symptoms because your symptoms are a sign of something larger.

It's already true. And like, oh, like we're talking about doing packages for this, but that's connected that you can't do a package just for that because it's going to be all basically morph and everything.

Oh, sure. I'm sure. So I don't know, I just it made me very happy to hear that. You know, I think I think one of the problems is that, you know, we've all kind of lost the art of medicine because of the fear of litigation.

I mean, I know there are some times that I'm like, you know, because I know that I'm making these connections and I might not be doing all the things that are like my whole organizations are doing.

But I go, but people are getting better with the things I'm doing because I'm making those connections. You know, everyone's so like evidence based evidence that the patient better, you're going to get in more trouble.

Yeah, yeah. You're exactly right. Yeah. I'm serious. It's true. Yeah, yeah. Or how about pelvic pain? I mean, I had a couple incidents of, like, pelvic floor spasm, and I'm like, oh my God, I am going to die.

And I know some women like, you know, painful intercourse. I get these spasms. And you know what a strain on the relationship or just having a I'm like, I don't know if I ever had this much pain in my life, you know?

Yeah. Like, how do you address that? You know, it's interesting because that's once again, that's a subject when you try to look up in traditional medicine, there's not a lot of studies on it.

So really, once again, the pelvis for male males and women, is made of muscle. And those are skeletal muscle. And they spasm. And the reason they're spasming is they're spasming because they're trying to protect you.

They're splinting against something. So there's something else that's causing an irritation. So it's always like we going to find irritation because treating the muscles you can get muscle relaxer.

You can give pain medicines which I don't really, you know, agree with all of the payments for that. But you're just going to treat that symptoms where we really need to look into why that's happening.

Some of the interesting things we've found over the years is the connection with orthopedic injuries. And because a lot of orthopedic injuries will actually refer pain to the pelvis and not to where especially hip injuries and low back.

And the funny thing about that is you try to get the orthopedist to like, see a patient who's having vaginal pain and like, it's their hip. It's their hip.

I know I've done their little test for this, their hip and the, you know, they'll be like, no, no. You know, they hear vaginal pain and they put their hands over their ears.

They're like, not my problem, not my problem. And I can't tell you the number of people where we found that they had labral tears of the ligaments, you know, the cartilage in their hips, but it refer to the pelvis.

I mean, other things like infections cause that irritable bowel. So, you know, these are all other things too, that especially the BP, the I always I, the BPC 157 is great for because it you know, helps or muscle helps with collagen and we know it helps with bone repair.

It helps, you know with muscles it's anti-microbial. So it's one of those things that's great I mean and that's what we you know, we train doctor. There's so many peptides and and so okay what are the two to start with.

You know BPC 157 and you know, the tb4 fact or like you can't screw it up. Don't worry. It doesn't matter. You can't overdose. You know, if they they've given thousand times the dose, which you can't do with try that with any over-the-counter, any med.

Try that with water. You're gonna. Yeah. Yeah. So yeah. Exceedingly safe and it it's funny when I, you know, tell people I, I think it does. I just go yeah. Right.

## Mast Cells, Interstitial Cystitis, and Gut-Brain Connections

You know, and then you get in the study, some won't want to look at it, you know. And I've had so many doctors like you know, I used to think that when you have a patient, you have a great relation with their doctor.

They've been sick for ten years or they come in, you get them better and they go back. They're excited to tell their doctor. And you think the doctor's happy.

He's mad. He or she and they have a conga. What do you do? They go, no, that's quackery. Yeah. At work. Now, you know, it's like it's it's a weird world, but, you know, I think it's the system.

Yeah, yeah, yeah. But, you know, one of the causes of pelvic pain. So what, they're they're all kind of related. So a lot of them, a lot of people have muscle, like the muscle spasms in the pelvic floor.

You can actually get nerve injuries like the dental nerve often gets injured, especially we've seen a higher rate of dental nerve injuries, not only during coronavirus and Covid because everyone was home.

They started going on their bicycles a lot more, but also around around the holiday time because everyone's getting, you know, for Christmas or or Hanukkah, they're getting peloton and not that peloton, but it's just the seat that you're sitting on for the bike.

There's a lot of compression on the nerves that are an area that you see a lot of people with that, and we'll do like peptide injections and other injection, things like that.

And it's it's painful. Oh, sure. Yeah. And then the problem with it is, is that, you know, if you're not, if you don't take care of it early, you can end up with a permanent crush or injuries that that are harder.

I mean, now with the peptides we're seeing better results with that. So yeah, reverse nerve damage and things like that. Like yeah. But then I mean other causes I mean you can well interstitial cystitis, we know the inflammatory, chronic chronic infections in the pelvis can cause that, pelvic pain sometimes is related to bowel issues.

If you have chronic bowel issues, like inflammatory bowel issues, and which a lot of the, the BPC, 157 was originally studied for inflammatory bowel because it is a bowel related peptide.

So yeah. And in fact we've had one story we tell is a nine year old girl to go and take out our colon. Right. And nothing worked. And we gave her the BPC and the, tb4 active frag, dramatic improvement.

And it turns out she was, telling the story at this dinner party. And it turns out to me my partner wasn't really peptides, and she was I went to this doctor and he's like, is it hot?

Or if she goes, yeah, yeah. So he said, but but I, you know, her daughter is also here and but everything got her colon and oh my gosh. Yeah. I mean, you know and it's crazy.

Reverse that. And, you know, looking at your website and I saw, medical marijuana and I'm like, there's this double boarded, up first. And, tell me about how you got into that and why.

You know, it's funny, cause I think I got to a point, especially for my interstitial cystitis and pelvic pain patients. I got to a point where, you know, with them, it's.

It's kind of a guessing game. They're not cookbook. It's not like they have these conditions. You go, all right, you have it. Do this and you'll get better.

It's like, you know, you have these conditions. Let's try this. Let's try that. And so I got to a point where, you know, there were some of them where I was trying everything and nothing.

You had been working. So about ten years ago, new Jersey started doing, medical marijuana. And my patients didn't qualify for it. But I was like, well, let me sign up to be able to write for it just in case some day they do qualify.

Why didn't they qualify? Because in new Jersey at the time, you had to have either glaucoma or cancer. Those were the only two. So yeah, here you have to have well, nothing now.

But yeah, I got a headache. Okay. Yeah. And then so over time what ended up happening was, you know, new Jersey was still only medical. It's not, recreational, but over time, they started opening it up to who qualified.

And about maybe three years ago, they started saying chronic pain and incontinence. I mean, not incontinence. Chronic pain and, anxiety were the two two things that for my specialty.

Now, I could like, write for it. And even then it was funny because I was a little nervous at first because I didn't want to be like a glorified drug dealer, because that's what was happening.

There were there was a, a practice that got shut down in new Jersey because they just opened up as, like the marijuana practice. And that's all they did was just hand out, scratch and go, let me say you have this right, you know.

Yeah. All right. Now, how did you find that? THC containing products versus CBD tended to work better? You know, actually, the honest truth. I find that CBD for the majority of people, especially the the conditions that I take care of, the majority of them do fine with just the CBD, that there are.

Very rarely do you need the additional THC, but then you do have to have, you know, a handful of people where it just, you know, the CBD by itself isn't doing the job.

So sometimes it's a little bit of a broad spectrum CBD and and like some people do better, in our experience with some THC, for me, if there's any tiny bit, like, well, I got so like I get, like, freaked out and paranoid, but.

Yeah, for other people, of course, you know, kind of like, now, do you find the state is how often is it isolated? My thought is there's going to be a lot of other issues with it.

Yeah. No, I usually never find it by itself. There is usually there's other medical problems like usually you see, I can almost bet that somebody is going to have either a history of migraines, they're going to have a history of TMJ and not all of them.

There's going to be some one of these things migraines, TMJ, anxiety, depression, irritable bowel, history. Epstein-Barr virus. You find, somebody with like, multiple chemical sensitivity with, yes.

Yes, definitely, definitely find that there. Yeah. I kind of know that mast cell activation syndrome, which, you know, I don't think these things even existed 20 years ago. Now.

Yeah, I think it's all the foods, all the pollutants, pesticides. And they're just everything's multifactorial. Oh, yeah, I definitely, definitely agree with that.

Makes it harder to figure out. And you got to look at so many things. What do you treat first. And you know it becomes an art. You know. And it's interesting because as I look more into this like the mast cell conditions or histamine, histamine intolerance, because we know that histamine in foods and in some people are just intolerant to that with a traditional interstitial cystitis diet.

When I've gone back and looked at it, I'm like, wait, all these foods are high histamine foods? So but I don't think they realize it. I think they just looked at, okay, well, like citrus fruits tend to irritate people with.

Yeah. Interstitial cystitis. Coffee. Tomatoes. So those tend there's foods that we always used to blame it on the acidity and we'd be like, oh, well, these foods are high in acid.

That's why they're bothering you. Well, I think it's really comes down to we're we're really aggravate ING the, the immune system and and you, they know that when you biopsy a bladder of somebody with with interstitial cystitis,

you will find ridiculous amount of mast cells in their tissue.

So right there, you know, and I think mold is playing a big, you know, it's funny, I'm a member of the mast Cell mastermind group, and these are some of the smartest geekiest people they know, but they're stuck on direct mast cell inhibition.

And so I'm like, you know, look upstream, you modulate the immune system, and you're not going to stimulate the mast cells. And, I have some talk. So one little pearl, is that a huge stimulation.

## Medical Marijuana and Broader Clinical Thinking

Stimulator mast cells is critical to open releasing hormone. So if you look at someone's cortisol and their ACH is super high, you know, they have high CRP, which is stimulating the mast cells like crazy.

It's very interesting. And I can send you some slides on this, but so you want to give them a little cortisol, not prednisone. Not enough to bring that, you know, suppress that CRH.

And that is just one little thing. But the Cfpb is huge mast cell inhibitor BPC is a huge mass cell inhibitor. With our T tb4 will inhibit mast cells with immune modulation.

But there's a section that directly stimulates mast cells. So what we do is take that out. That's the frag. Oh yeah. So the frag works like that. But it doesn't seem like the mast cells.

And I think it's interesting with with BPC and just thinking of marijuana whatever. It's like you know, it prevents overdoses like amphetamine psychosis.

It, prevents, hangovers. Yeah, yeah. Cause, also found, though, that if you take a ton of it, it's hard to get drunk. So even someone and like. And they like. Yeah, I took ten whatever.

And I can't get drunk, you know, so I don't know the mechanism of that, but, I know, kind of a semi expert on hangovers because when I first started medicine, we started a beer company that we had a hangover free beer and we had double blind, placebo controlled studies and showed it worked.

And so we brought it out immediately. The Bureau of Alcohol, Tobacco, Firearms said, no, we can't put it out. You can't make a healthy beer. Oh no. Yeah.

So that's that's brilliant. Yeah. So, we we didn't have any money to fight. But, maybe we'll do it again because they know. Bring it back. Yeah. And because, yeah, it basically early in the studies showed that, you know, base alcohol converts acetal aldehyde, which is like think of formaldehyde.

It's toxic. And it found the stuff we put in bound to that and flush it out. And the studies showed the serum levels would drop. And you know, in the urine those are go up.

But anyways, that's going off on a tangent. I don't know, maybe we'll edit this out, I don't know, but, let's see. Yeah. So it sounds like you kind of, you know, it's interesting converted from this double boarded specialist to looking at everything.

And I think too, is that, you know, people look at, okay, what's their degree or whatever, but so many doctors and especially in Ivory Tower, they don't continue to learn.

Yeah. You know, I know it all. And they're still doing the same thing. And and you know, I'll do some a lot of expert testimony for cases. And they say, well, the society says this, that and you look at only like 9 to 15% of societal recommendations are based on strong evidence.

And if you look at the World Health Organization, like levels of evidence, strongest double blind, placebo controlled

study, then you get, you know, the different studies and you get case studies and anecdotal, although that is societal recommendations because they're shown to be 20 years behind.

They cherry pick. They've made up their mind. They don't want to look at all the studies, you know, but it's it's a battle, you know, and I, I turn out to do it because I think doctors, doctors are miserable.

And why should they learn something new? They're not going to. It's going to make their life miserable. So anyway, so I, I think it's wonderful that you're.

Yeah. Continuing to learn and expanding and, and. Yeah, you're very different than what I thought I saw on the bio on the paper. Right. Yeah. You know, there's I have to say what I what's gotten me really thinking with these peptides is, you know, the reason neuro gynecology exists, for the most part, is because the for people who have babies, the nature doesn't care if you damage your pelvic floor or your ligaments.

You know, they. Yeah. You know, it's the nature wants to get that baby out. So as long as people keep having babies, there will be vaginas that need to be fixed because things will be dropping and dropping as time goes on.

But I've been thinking about it. It's like, you know what we need because there really hasn't been anything for prevention of pelvic floor disease. It's more of treatment. And I'm like, you know what?

Maybe we need to start looking at, using some of these peptides in our women who have just given birth. I know that, you know, there's a question about use in breast breastfeeding women.

But I think it's more just to cover their butts about the usage of some of these, these peptides. But I really think that if we kind of gave, you know, especially the BPC 157 to people who have delivered that maybe they would their ligaments would heal the way they're supposed to, and they won't have those long term of the way you think affects down the road.

Yeah. You know, kind of put me out of business. But that's okay. Yeah. And that's a lot of surgeons won't they don't want to know about this stuff because they want to cut, you know, and that's what we're just, did, interview, this is a while ago, and we're talking about traumatic brain injury.

Like, why or why not give these football players of. Yeah. Tb4 and BPC as a preventive measure. So it's shown to prevent brain damage from concussions, although I worry then they'll be even hit harder, you know, and so yeah, the cars are safer.

Should you drive faster? Yeah. But you have, like, dagger sticking out of the, of the steering while you drive slower. So I don't know, but, you know, it just seems like, you know, traumatic brain injury, a whole other topic, of course, but, you're thinking the same way.

Yeah, I love it. Oh, yeah. I think it's been a great, discussion. And I think, women will get a lot out of it, and, and and even just the fact that, hey, they'll speak up, you know, that.

Hey, because just all their friends have it doesn't mean it's normal. There's nothing they can do to one person. Say, why not? Just. There's nothing you can do.

I took this mad and oh, my God, it was terrible. And, a lot of things I do, and I think it sounds like the sooner they come in, the better. Oh, yeah. Yeah, don't put it off.

So. And there's things that can be done. There's tons of different things that can be done. And you know what? Incontinence pads cost a lot of money and insurance doesn't cover them.

So let's put the pad companies out of business. Hey, I like that. You know, I think that should be something on your website. Yeah, yeah, yeah. That's good.

Well, it's been a pleasure meeting you and, and, listened to you, learned a lot. And I think you're doing great work and and keep it up. And again, thank you for taking the time to be with us.

Great. Thank you so much. It really was an honor to be here. Thank you. All right. Thanks so much.