How Men Can Upgrade Their Erections Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to the Summit and Dr. Geo

This is doctor talks. Real talk from real doctors. Only issues that matter to you most. All right, everybody, welcome back to another great and amazing session of the Solving Sexual Dysfunction Summit.

We have a special treat because we have Doctor Geo Espinosa with us today. And boy is he an expert in mental health. Like I just I'm so I'm very looking forward to this conversation.

So thank you, Doctor Geo, for being with us today. Betty, it's such a pleasure. Thanks for inviting me. And thanks for your kind words in that, brief introduction.

Now, you've had a long standing history working in, like, the men's sexual, well earned, and even just, like, Vitality Field. How did you end up being in that field as a profession?

You know, that's a fantastic question. I think that I think the field chose me. I didn't choose it. You know, it happens that way. And I was just smart enough to listen because I could have ignored, in fact, I, I did initially because, you know, I just wanted to be a holistic functional medicine naturopathic doctor.

So, you know, you don't treat diseases, you treat people. Right. So it doesn't really matter what they have. You're treating people. And when in doubt, treat the gut, you know, and things.

So all those things. And then I had an opportunity to work with a few urologists early on in my career. Then I did some work at Columbia University Department of Urology that like a fellowship for five years.

And that was it. I was like, wait a minute.

How Dr. Geo Entered Men's Sexual Health

First of all, I can't do everything despite the principles of treating the whole person. Secondly, this thing is fun. This thing is good. And guess what?

I'm a man, so I want to know. I want to learn things for myself as well. So, I, I've had, very, awesome and, illustrious career. And I'm very grateful for that.

Oh, my goodness. And I'm so happy to have you here. And then we're going to be talking about how men can upgrade their erections, which I love the title of this talk, because you know, as a Euro gynecologist, the two, this is a field that I don't know a lot about.

So I'm, you know, looking forward to picking your brains about just erectile, you know, function in general so well. You ask questions and I'll answer.

And I don't know if there's any time limit, but we could I can go on for a long time about this, about this topic. So you let me know. You know, I think it's one of those things where, we all men, women, everybody kind of take things for granted until they stop working the way they had always worked.

And then all of a sudden we're like, okay, now what? And we hear things about Viagra and but I guess, what is it that men and their partners need to know about erectile function?

Well, what they need to know is that, there's five things. And this is thanks to doctor. Justin Dubin, who was on my podcast recently. He kind of narrow it down.

I really agree with the way he did that. There's five things that contributes to erections or erectile dysfunction. Right? So one is blood flow. So you need appropriate blood flow to the pelvic area.

The other is you need intact nerves and nerves functioning in a healthy manner. The third thing is testosterone. You need not only enough total testosterone, but you need enough free testosterone for testosterone to do what it's supposed to do.

Fourth, you need arousal, you know, so there are guys that, you know, come to me and they're like, I can't, you know, I can't I can't perform. How long you've been with your wife?

30 years. Do you like her? You know, because there are many. Actually, I think I probably see more couples and more men that are into their spouses. After being married for a long time.

You think that's impossible? Because it's just no novelty?

What Drives Erections: The Five Key Factors

I know there are a lot of men, actually, who still find their wife or their girlfriend after being with them for a long time sexy, and they're turned on by them, so that's awesome.

Some of them don't, does it? Well, do you find your partner, you know, attractive? Not not really. You know, not all bets are off. It's just not going to happen.

And the fifth thing is it's state of mind. Where's your mind when you're going into the bedroom? Is your mind in the bedroom or is your mind at the office?

Is your mind at the argument you had with your wife that morning, or have you gotten over that? And now you're, you know, in the bedroom and ready to be all in excusing the pun, so these are the five areas.

So I try to figure out where they are, sort of in a scale of 1 to 10 in these five areas. And I have them detail me and then we start figuring it out.

Oftentimes, you know, you know, oftentimes is performance anxiety. So if a man has a situation where he cannot perform, again, it could be any of these five areas, but it could be also mindset and stress or just not aroused.

Now when the next time they go into the bedroom to active, that doesn't go away. They don't erase that from their head. So they're now they're on what's called sympathetic mode, right.

So their sympathetic nervous system is firing. And when that happens, that's a that's fight or flight situation in their head, not a parasympathetic cool calm getting into the groove and getting an erection.

So oftentimes they have performance anxiety even from like only one time not being able to perform. And that just perpetuates the problem. Yeah. And I was wondering when it comes to this and thank God we're I'm talking more and more about it I think I think they're like looking back, as they say, like it was like Bob Dole who kind of like normalized the conversation with them being honestly, Betsy, Viagra opened up the conversation so you can, you know, you can say whatever you want about the drug.

But what it did do is open up a conversation about sexuality. And yes, it was Bob Dole after those Viagra commercials with, Bob Dole. Yeah, yeah. And how common is erectile dysfunction?

You know, you know, the thing is, erectile dysfunction is a loose term, right? So again, if you've had one situation where you couldn't perform, you didn't get an erection.

Is that erectile dysfunction or even two. And sometimes they you know, they go on the Ed list. So roughly however about 50% of men above the age of 60 years old, more or less, they have some level of erectile dysfunction.

What? So it depends, you know. Yeah, it did depends on the age, on age range. Right. And I kind of stalled there for a second because in my office, I've seen a tremendous amount of young men younger than 40 with erectile dysfunction coming to see me for that problem.

I mean, so I don't know what the current statistics are. I think that the statistics that I'm aware of are actually outdated, and I think there are more younger men with Ed than ever before, you know, younger than 40 and older men.

That has not changed much. And just because a man is older doesn't mean that they're not able to to get an erection. You know, the penis. For me, we have a lot of discussions with my patients on their ability to get an erection, and it's not for them to utilize it.

I although I hope they do. And it's great for quality of life, but the penis is a barometer to a man's health, right? Oh, and if and if they tell me, look, I haven't had an erection in six months, I like whoa, I not caring more.

I'm not caring as much for their ability to perform sexually. I'm caring to know if they are in, you know, if their arteries are clogged in their heart and potentially, at risk for heart attack or stroke or diabetes setting in or something like that.

So, men should get erections. I know that the morning erections, are they decline with age, and that has to do because our sleep quality tends to decline with age.

So, but I need them to I need them to give me something like. Yeah, you know, a couple of times a week or something to, to get the health aspect of Ed, out of the way.

And I love it. I love that the the penis really is kind of like this warning flag, like, hey, if things aren't working down there, this is like the body kind of screaming for help, like, hello, I'm trying to get your attention.

Seriously. And look, maybe get your attention. Maybe you're too stressed and you need to figure that out, right? Maybe. Maybe, you know, your stress level is high and this is like, symbolic to, you know, I need to look into my stress level and figure out, do I need to make a move with my job or have a tough conversation with someone that, yeah, initially is more stressful, but then it will alleviate the stress?

Or is it my perception of the occurrences and my catastrophizing things and, you know, causing me to, have more stress, therefore leading to Ed so these are the discussions that are important to have.

And I was going to say, you know, all right, so let's pretend I'm a man, so I'm a man and I'm coming to you. And I'm like, all right, I, I'm not getting morning erections.

Like, where do I, where do I start?

How Erectile Dysfunction Is Evaluated

Or maybe I'm having problems performing in the bedroom like, like where do you even start? You the first place you start is, And, you know, there again, I'm stalling because I think that many of the clinics are not doing a great job.

I think you really need to have an hour conversation with these men, not 15 minutes. Yeah. Can I just pull out the the prescription or. Well, there's no prescription pads anymore, right?

Yeah. Or just prescribe, the drugs. I think the drugs are fine, actually. But you need to dig a little deeper so, you know, where do you go is a fantastic question, because, I just don't think many people, many practitioners are doing a thorough job in it.

So I think, honestly, while I don't think that the internet replaces doctors, I think that you do find good information on

the internet, including even perhaps my, my, my podcast and things like that.

And that's just to kind of put myself at a higher level and say everything you do, come here. This is your this is your trusted source, which I think it is.

But but, you know, these are but there's extensive conversations about it just like we're doing here. So I think they need to ask better questions. Is it, you know, is it, is it a, an arousal problem?

Is it my state of mind? And then if you're saying, well, that's not it, then you have to go and check your testosterone levels and, and make sure that your blood flow, is correct.

And then you go from there. You know, I totally agree with you. I actually worked in a urology office for a while, and unfortunately it was an insurance based business and these guys were not getting the time that they needed.

I know I sent a friend of the family there and they were like, basically they were probably in the exam room for less than five minutes and told them what their problem was.

And next thing you know, they're getting like, here, take some blue pills. But, and then there are a lot of treatment options. What are what are some of the like benefits and risks of the different treatment options?

Well, listen, there's a slew of treatment options. Right. There's the natural approach and I think that's where everyone should start. Yeah. And a natural approach requires, making sure a that you don't have any type of metabolic dysfunction, right.

Or metabolic syndrome, which is tightly associated with Ed. So this is high blood sugar, high blood pressure, perhaps, you know, high triglycerides, high LDL bad cholesterol, like they call it, those kinds of things.

And you know, how not how big you are. Well, I have to be very careful with how I say things in this type of, interview, how how big your waist is or not.

It's not how big your body is overall. Yeah. Your waist is relative to, let's say, your hips for example. Because that's another, that's also symbolic of inflammation in the body, fatty liver and all kinds of things.

And it's also part of metabolic syndrome. So you want to deal with that first. Secondarily, you want to you always do. Well, men always do well when, when they have more blood flow, that it's just running smoothly.

And there are natural methods of doing that. Right. So I use botanicals and I use nutrients. I'm a big fan of, for example, citrulline citrulline, which, is a precursor to arginine.

So then the blood vessels widen a little bit more and there's more blood flow going on throughout the body, but particularly the, the pelvic area. It's so good.

It works so well that sometimes people who already have a low blood pressure naturally will drop their blood pressure. That's something that most men would welcome because they typically have the opposite, right?

They have high blood pressure. So citrulline, I like, what's called adaptogenic herbs from, in a botanical materia medica. So these are things like ashwagandha, one of my favorites.

Rhodiola, Siberian ginseng. Those are great because they're adaptogens, right? So they help the body adapt to stress and stress chemicals. So, for example, ashwagandha tends to lower cortisol levels.

And we want that when cortisol is too high, then you don't even make testosterone. So that's that. There are, botanicals that seem to help, for example, with raising testosterone.

One of them that I look at, is Tomcat Alley. Which seems to work very well, actually, ashwagandha works very well

as well. So there's some really nice botanicals, stress management.

Really. You know, we're New Yorkers, right? So I can't tell them. Oh, well, you know, go meditate for three hours at a time. I need to be, you know, what's the minimal effective dose, right.

So I just teach them how to breathe better to calm down their nervous system. Right. So, like, deep diaphragmatic breathing, breathe out slowly for eight seconds.

And that tends to, you know, help them, with that. Then you move on to the pills, whether it's cialis or Viagra to tadalafil. Is the generic name for cialis.

Natural and Medical Treatment Options

And I do like to feel a little bit better because at a lower dosage, actually, you get a lot of benefit. It tends to be beneficial for the prostate at a lower dosage, five milligrams a day.

It tends to help with erections, though that dosage may be too low for some but perfect for others. It depends, and no side effects with that minimal dosage.

It tends to lower inflammation. It tends to be good for the endothelial cells. So low dose tadalafil is perfectly fine. You have all the other drugs like Viagra and Levitra and those other drugs as well.

Then you move on to things like, you know, more aggressive things like injections with try mix. This is for a man who really has tried everything, and he needs to hit a home run for whatever reason, I don't know, I don't I don't live your life like you have this hot date coming, and there's no way you can really not function.

And you've tried the drugs. And so then the injection actually works is called try next. And when you inject, you get an erection. But the problem could be is that it can cause a prolonged erection.

And so these are guys that are going to the emergency room. Now you know, imagine that I mean you're, you're going to the emergency room. Right. And what's the health problem.

It's like you have an erection that doesn't, you know that doesn't go down. And so then that's, that's that. And the last part is an actual device, a penile implant where they insert cylinders into their penis with a reservoir and a leveler, and they kind of is all internal.

You can't see anything, and you really control, the erections with manually. You just kind of pump pump it up, if you will, and it goes up, and it only goes down when you hit the other button and it goes down and that's it.

And some guys honestly, some guys, and if the nerves are intact, which they should, they still get orgasms and things. And some guys do very well with that.

So there's a full spectrum of all things to do. I think that is very important either way, either direction anyone goes to figure out the cause erectile dysfunction is a symptom, is not a disease is a symptom.

So then you really need to address the cause and go from there. I love that, I love that focusing that it's really, you know, symptom. Because I think too often in Western medicine we're treating the symptoms as if they were diseases instead of going deeper to try to find really what the sources so absolutely look, if you have this drug that you're trying out for, I don't know, cardiovascular disease.

And this is what happened. Right. So this drug in the mid 1990s and we're going to see if this drug helps with cardio reduce the risk of cardiovascular disease.

And it didn't do well there. But men were coming back saying look I don't know if it's reducing my risk of cardiovascular disease, but I'm getting these erections that I've never had before.

And you have more men coming. And that's the history of Viagra with the with the same story. And I was like, oh, wow. So okay. Wow. We we actually have a drug for this. Okay.

There's no real disease name. So how do we build for it. We can't call it impotence. Oh. Erectile dysfunction. Oh. Now we have a disease that we can build and we can build for.

And we can treat with this drug that now we have that treats a disease called erectile dysfunction. Oh, great. And that's how it is. So that's what happens.

And I think that it's confused. They get confused where people think that many of these diagnoses these are real diagnosis. These they're not they're only symptoms.

So erectile dysfunction is that, you know, sometimes I find since I'm dealing with the other side of things with women, that there's this misconception about Viagra, like, women get very angry.

It's like, it's not fair. Men have this pill, we want our pill, and they're this interpretation of, like, I want the horny pill. And I'm like, Viagra is not a horny pound, is not a horny pill.

It's a blood flow pill. You're exactly right. Well, I tell you what is great that some women feel like that and they want to be more. They want to have more libido.

I think that's great. But, you know that that's probably dealt with hormonally. They did try the female Viagra didn't work. Yeah, yeah. And even I even remember back in the day with Pfizer when they were doing some studies on, Viagra.

I was like, listen, they were studying libido for women with. And I'm like, you guys are studying the whole wrong thing. Like, once again, we're going to be looking at blood flow and vivre works actually great on women.

It increases lubrication and sensitivity, engorgement of the clitoris and the involvement issue just like it increases. Well, the, is the female. You know, it is the female penis, right? Yeah.

Yeah, yeah, yeah. So, you know, I do want to ask you because this is something that I was not aware of with Citrulline. So why is it, can you not take arginine or L-arginine and like, why does Citrulline work better?

Great question. So with arginine. So if you take arginine L-arginine, which is an amino acid, you take it orally. There's a lot of enzymes throughout the gut.

And the liver called arginine. That just breaks it down very quickly. And then it loses its efficacy. So in order for arginine to work is not that arginine doesn't work.

But in order for it to work you need to take it often. And when I say work is eventually leading to nitric oxide production so that the blood vessels can dilate, that's what I mean by work.

It can work, but you need to take it 3 to 4 times a day, about 750mg, 3 to 4 times a day. So it's just not as, as convenient as just taking citrulline, which citrulline actually is a precursor that it's involved in the making of arginine.

So what you find is that, when you have enough citron and citrulline in the body, it does a better job of keeping enough arginine in the body than if you take arginine orally, but by itself.

So you get more arginine in the body from citrulline than by arginine itself. Orally. Yeah. And I love the fact that you have this like this knowledge about the botanicals, because there's a lot of supplements that are out there on the market.

And I think it can be a little overwhelming and confusing to the consumer because, I mean, you could probably search for days and days on end on like, sexual function type of, supplements.

You know, I was gonna say out of the things that exist because since you brought out, like the tomcat alley, I'm going to start asking you, like, which ones really work and which ones don't because you hear about, like, horny goat weed and, like, you know, all the, like a lot of other different herbals.

Well, I should also first say that I've formulated some of these, bottles. So I guess that of course, I'm partial to. Yeah, what I formulate. But I tell you things like horny goat wheat is not in my formula, but it it could work.

So there are things that are not in my formula that can actually work. Happy medium is the. I hate using the term horny because such a I know, I know that EPA medium is the botanical name for that herb.

So these things work very well. For example, cordyceps also seem to work. Cordyceps is an adaptogen, and it seems to stimulate the it seems it seems to be able to stimulate the receptors, the androgen receptors, around the testicular area so that you can actually make more testosterone.

So these things seem to work. I also like, you know, I said ashwagandha. I think ashwagandha is a it's a top choice. Rhodiola again, all these adaptogens, What else?

Well, there there are few, maca. There again. Mochas. Another one that, while I think it may work, it requires a very high dosage.

Prostate Health and Its Link to Erections

So I don't necessarily use it in my formulas, but I do think is essential and or I don't know about essential, but helpful to, to help men with, with testosterone, which, again, is one of the key elements.

I mean, no, no, I know that comes up. And this is not necessary for erectile dysfunction, but it comes up a lot I see for men's health is saw palmetto.

Yeah. Saw palmetto is a very good or it's a very good urinary or by the way, for both men and women. They've done a very good job, making it focused for prostate health.

And, it seems to help with prostate health, but mostly it can help by helping people urinate better. And, it's a very good is a very good herb there. Again, you need higher dosages, typically 750 a couple of times a day for, supplemental to work.

But is an excellent prostate or. Yeah. With that being said, is there any connection with prostate health and erectile dysfunction? Yeah. Great question.

Are you sure you're a female? Going to going to gyno urologist because you're asking very, very good questions that most female doctors wouldn't ask. I think it might be because I just spent so much time in the urology office doing the later rubbed off on me.

So an enlarged prostate can. It's a benign scenario, right? Where this is where the prostate just gets really big. And for context, the prostate should be somewhere about 30 to 40, you know, units milligrams in terms of size.

Once you get once it gets bigger than it, it shouldn't be a problem. So I've seen so the biggest prostate I've seen is 300mg 300 cc's. Wow. And that's really that's like an orange size right.

It typically so most people will say if I get an enlarged prostate I'll have urinary problems. That's it. End of story. Not that simple. You can have an enlarged prostate, not have urinary problems.

You have a small prostate and have tons of your urinary problems. But after a certain point, if it gets too big, it starts affecting the nerves of the penis.

It starts pushing on the nerves of the penis. That is important for to innovate it for erections. Remember, one of the

things out of the five is nerves.

Nerves nerve function need to work really, really well from the brain down to the penis. And so inflammation or an enlarged prostate and inflammation actually can actually interfere with the transmission of these nerves to the penis.

And induce, erectile dysfunction. So while it's a benign situation, an enlarged prostate does not necessarily lead to prostate cancer, for example. Oftentimes it doesn't even lead to urinary problems.

It can, but not always. It can lead to erectile dysfunction if the size gets too big by, interfering with nerve function and you're like, men are coming to you because they're I'm assuming for the most part, they're experiencing some symptoms.

But when it comes to health, when should men really start falling with, like a men's health expert or urologist? Well, there again, I mean, I'm sort of partial or biased to sort of how I do things just because, I, I'm really trying to address the cause.

I mean, if you don't, what are we doing? I mean, we're just doing Band-Aid or Band-Aid treatments with pills. You need to try to address the cause because that the cause may be leading to something else that's more or even higher risk of mortality if you're if you don't look into it.

Right. So that that's the thing. So I think that if you have erectile dysfunction for more than three months, literally no erection, then you should do something.

You should take action. And if it means to see a urologist, see a urologist, I would say make sure you see a cardiologist. If that's the case and make sure that your your cardiovascular function is working properly.

Make sure your blood sugars are proper and balanced and then see your urologist.

When Men Should Seek Help

That would be how I would see it. Yeah. And with erectile dysfunction I know I've asked you a lot of questions. Is there something that I haven't asked that you think is really important for us to know?

Well, look, for for Ed, I just want to emphasize and repeat the fact that the penis is a barometer to a man's health. I think that's a very important point.

And erections should be should happen with men until they're older, in age, all things considered. This is we're talking healthy men, right? If you're healthy, you should get erections whether you how you use it or not.

That's that's up to you and your partner. The other thing that I think I should say is that. As we talked about the different potential causes of erectile dysfunction, and again, we hope we go back to the five areas, you know, mindsets, state of mind arousal, blood flow, nerves and testosterone.

There's one major component and one major problem that I see or potential problem with most men and now even older men. It used to be only young men, and that is over watching pornography.

So as I look at these younger men, who are coming in, I'm saying, oh my, I mean people from my generation when we were their age, we had exactly the opposite problem.

Right. We needed things to coolers that we need a cold showers like it's a distraction. It just doesn't make sense. And when you look at what the problem is, is, you know, I don't want to kind of just say it's the porn industry, but it's just easy access.

I mean, I mean, if I wanted to watch porn as a teenager, I had to work really hard, go to the VHS store. It's not

everywhere. It's in the little corner there of the store, and you can see.

So you're looking around, making sure nobody's, you know, watching as you take out the the cover to bring it to the front to get the, you know, brown paper bag under your arm.

It's so much a we didn't you know, and those that did I mean they had to work really hard. Now it's just a couple of clicks away. And before kids, before boys become sexual, they're looking at these things before they become.

So they're really, So, you know, by the time we watched porn, on average, some of the some, some of us were, some people were already sexual to some degree.

They already had an experience. You have young kids watching porn, and they're developing all sorts of ideas of how sexuality works. These are ideas that are not real.

And then so that's that the other thing, I mean, you know, Betsy, I think we have, thanks for asking a question, because that helps me kind of expand on something that I think it's very important.

I think we have a huge problem with our younger, younger men.

Porn, Dopamine, and Sexual Dysfunction in Younger Men

Okay. They are. You know, playing video games in a basement somewhere throughout their 20s. They are watching porn or an excessive amount of porn. They're smoking a lot of pot, which I know guys I know, everyone know is isn't it medicinal?

But there's a dispensary right here in the corner. Yeah, there's guys access like marijuana can induce, can reduces testosterone. Which can then induce erectile dysfunction of course.

Now the poison is in the dose I get it. So if you smoke I don't know whatever a joint a week or two weeks. Probably not. And you know enjoy yourself. But this is not the case by the way if you watch porn infrequently some people say hey helps people understand how sexuality works.

Actually, I'm going to have a sexual health, psychologist on my podcast. We're going to talk about that. Yeah. So some people would argue the problem is, of course, that there's such a huge dopamine hit for.

That they just don't stop and they keep going and going and going. Same thing with pot smoking. So now these young men are getting fatter because they're not exercising.

When you increase fat cells in your body that the testosterone tends to convert to estrogen. Now these men have higher estrogen levels in their body. Right.

So now I have man boobs and things like that. So low testosterone watching porn it if you're playing video games you're not working on two things. One is your business.

You know the world has not changed. And I'm going to say women I know that they're same sex marriages and people in same sex work. But for our purpose here, you have to be able to protect and take care of a woman.

I don't I know women are high executives and I know that women, but the world has not really changed. Women seem to want to be taken care of if they have that, they could.

CEOs that I know, they're like, I want to be taken care of. Yeah, yeah. So now they are not working on their business making money. They're not in the gym lifting weights, which is what they should be doing.

And so they're not a good they're not good sexually. And I think that's a humongous problem Betsy. And and and we don't even and I has not even touched this scratched the surface yet.

So now these lonely guys watching all this porn and perhaps, I don't know, having sex with something virtual. Yeah, I think is a huge problem I do. So that's my biggest concern right now.

You know, I have to agree with you because when I think about like when I teach classes about hormones and I can kind of connect this, is that anything that stays at a steady state in the body, your body starts to become desensitized to it.

It starts to tune it out. So, this, you know, I use this example like sometimes when we do certain hormones, if we don't vary the doses or, you know, you're doing your daily dose and you're getting that natural up and down from a daily dose, it's going to your receptors are going to be more sensitive.

And I think when we're exposing our brains constantly to porn, like I think that porn is very exciting and like titillating when you're first watching it, but over time it becomes less and less and less stimulating.

But then you have to, like, watch more, or you get to watch a different. And so yeah, you really you to get that high that you're looking for is any drug.

Right. If you take a bit of a drug oh this feels great. But then it loses its effect. And now you need more and more and more and then it becomes a problem.

So I think that, you know, again, I don't want to knock on any industry. And some people, again, some people that are, are doctors and people that are thinkers say, look, there is a little bit of benefit to porn because it helps them learn how to do this, that or the other.

It helps them about sexuality. Okay. But the problem is that humans are humans, and sometimes there's not enough that they can get, and they keep going for more and more and more and more becomes a problem.

And it's just the access is so easy. Look, prior to us recording, we were talking about, hey, I'm looking at these reels on how to put my reels together for the yeah, but you and I get caught up on watching other reels.

Oh, yeah. Wow. That was I just wasted an hour of my day like, oh, wow. That's cool. Wow. That's really cool, dude. And more and more. And it's like, it starts feeling good. Yeah.

And we have to be super, conscious to to kind of stop. Actually, I started just putting timers. Once I go on to social media, I put a 5 or 10 minute timer.

I don't I cannot trust myself anymore. It's just. Yeah. Because every minute counts for me and for you. And by the way, these young guys who, who need to crush it out in the world, every minute counts.

Yeah. Every minute counts. So, so that's, that's, that's what, what I do, I think it's important to if you're going to go in, go in, but come right out within a reasonable period of time, you know, and it's interesting because I, I saw something recently talking about like these younger kids getting exposed, especially to the porn.

But I'm actually glad we're having this conversation. I saw an interview with Billie Eilish, and she was saying that she blames the porn industry for ruining her sex life, and she's a young woman, and she said that because she, you know, out of curiosity as a kid, you know, you get on the computer, you can find anything.

There's nothing really blocking you other than like, are you 18? And of course, somebody who under 18 is not going to click like they're going to click.

On May 18th, she said she started watching porn when she was 13 years old. And that and now as an a, you know, as an adult, I believe she's in her 20s.

She says it's really affected her sex life in combination of like, misconceptions of what sex should be like. And then just also from that steamy literary aspect, she kind of became desensitized to things.

Yeah. So yeah. Yeah, it's happening to to males and females. Yeah. I think probably what that if you find yourself in that situation, the only way to like, you know, I'm not saying go cold turkey but vary it and maybe don't watch it as much.

And then, you know, I, I realize that it's a problem and it's not going to make your life better is going to make it worse. Yeah, yeah. That you need to really come to reality with that, with that fact.

And then make adjustments accordingly. I have patients who have gone to sex addiction. Rehab, while they're saying is not so much sex addiction, is like a segment for porn watching.

So it's like porn watching addiction. Yeah, but through sexual addiction, organizations, organizations, and they have taken them, you know, they're taking matters into their own hands and they've, you know, they trying to change that. So yeah, this this has been absolutely wonderful.

I told you, I knew before we started that I'd be able to talk to you for like, hours. Like we could just keep going. But where can people find out more information about you?

Well, thanks again, Betsy, for having me on. It was always a pleasure and always a pleasure to talk about these things. I think that we have enough, we have an obligation to figure out how to change things in a more positive direction for young men and for men in general.

Doctor Goal.com is all things Doctor Geo. All the work that I do. Dr.. Geo. Com and of course, my podcast is Doctor Geo podcast. Awesome. Thank you so much for taking the time for being with us today.

This was absolutely amazing. My pleasure. Thank you. Thank you for having me on. All right everybody stick around because we have more great sessions coming up.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your wellbeing.

For more insights and strategies, subscribe to our podcast and visit our website w ww dot. Doctor Talksport.com. Stay connected. Stay healthy and join us next time on Doctor Talks.

Real talks from real doctors on the issues that matter to you most.