Introduction to Libido and the Guest

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They love their husband, they feel bad for… Maybe. I know. Well, if there's an interpersonal issue, that's a whole other deal. But the women that I sort of select for these types of treatments are the ones that come in and they're like, I feel so bad for my husband.

He's such a great guy. I just have no interest, absolutely less than zero interest. This is Dr. Talks. Hello, it's Dr. Kenton Holtorf with another episode of the Peptide Summit.

Today we are honored to have Dr. Valerie Phillips, and she's going to be talking about how to turbocharge your libido. So stay tuned. We've got to all find out how the heck we do that, especially as people get older or that women don't talk about it too much.

Men don't either, actually. But Valor, thank you so much for being on an exciting topic. And so I'd really appreciate it. So Dr. Valerie Phillips, she's a native Angeleno who started studying medical arts as a teenager at a magnet school.

She studied biochemistry at UC Davis and subsequently pursued research in neuropathology. at UC San Francisco. She also volunteered at the Berkeley Free Clinic at the Native American Health Center in San Francisco and became a health care worker there, delivering limited primary care services to the underserved population of the San Francisco Bay Area.

She decided to pursue her long-term interest in Eastern and alternative forms of medicine by pursuing a naturopathic medical degree at Bastyr University in Washington.

The education was a perfect blend of Western scientific medical thought combined with herbal traditions from across the globe, nutrition, physical medicine, and many more disciplines.

I mean, they really bring in kind of everything, which is nice, you know? And I think really that is the way of the future. And I think a lot of these like hospitals set up an integrative alternative whole department and they have a regular doctor and a chiropractor.

you know and a masseuse or something like that but and they're really trained to and they go through all the same rigorous scientific training but really looked uh body as really holistic as a whole where i think a big problem with standard medicine is that everything's separate you go to a gastroenterologist for this you go to a neurologist for this you go to integral but it's all connected All right.

So again, thank you for being on. So what got you interested? And well, maybe that's kind of a weird question. What got you interested in libido? Yeah, and thanks for having me.

I'm really excited to do this. It's really fun. So my practice looks a lot like a holistic primary care practice. It's predominantly in this little, you know, cow town up a couple hours north of LA.

And so I do a lot of female hormone restoration, female hormone balancing, women's health, that kind of thing. And the way I tend to do it is my ladies come in for a monthly shot.

So a lot of times, once we get the hormones balanced, it's sort of like, how's it going? How was it? Maybe we adjust the doses a little bit. And then we talk about anything, anything that's concerning them.

And I notice a lot of women, once they get to a certain age or even younger women, it's like their libido just shuts off. It's like they could care less about having sex ever again in their whole life.

They love their husband, they feel bad for… Maybe. Yeah, I know. Well, if there's an interpersonal issue, that's a whole other deal. But the women that I sort of select for these types of treatments are the ones that come in and they're like, I feel so bad for my husband.

Hormone Balancing and Low Libido in Women

He's such a great guy. I just have no interest, absolutely less than zero interest. Yeah. And you find that people may not women may not say anything because they think it's normal because none of their friends have libido.

Yeah. You know, it's like what else is the same problem? Yeah. They figure, oh, I'm old, I'm married, it's fine. But then some of them are not old and some of them do bring it up.

Or I usually ask about it because in my hormone protocol, yeah, I'm giving them testosterone and I'm asking them about their energy and their muscle mass and their sort of VEM and vigor.

And they, you know, I bring up libido and they're like zilch, zippo, nothing ever. And then sometimes their husbands come in. I see husbands, too. The wives, like, make them come in and, you know, and they they tell me about it, you know, and it's a good because, yeah, you're comfortable.

You can tell, like, you know, basically, that's all my and the libido. OK. Yeah, you just bring it up. I find people are not against talking about it.

And in fact, a lot of men come in as well and they're like, you know, erectile dysfunction, libido dysfunction, you know what I'm saying? Yeah. Yeah, big time.

It's not huge, baby. Yeah, exactly. Exactly. Yeah, so once their testosterone is sort of optimized for them, you know, not everybody tolerates testosterone very well, you know, but can you talk about testosterone because, I mean, so many people, they, okay, men, testosterone, women, estrogen.

Right. No, I typically blend in testosterone in their protocol as long as they're not, you know, like me. Like if I take any testosterone, like, yeah, it's good for my libido.

But then I grow a beard and it's like mate, but then kill, you know, like the buck widow, the praying mantis. But you can just braid your beard like the Taliban or something.

But it's also that ratio, right? If you have high estrogen, like you look at, you know, young girls, they have high testosterone, but they don't get all the facial hair and stuff because they have high estrogen.

And when you have the low estrogen, your SHBG, sex hormone, vitamin gallium goes down. So all the testosterone you get becomes free. And so it's much more potent.

So it's that ratio, right? A lot of times things are ratios. Yeah. And especially in post-menopausal women, their estrogen goes down and the relative testosterone is high.

And then they grow a beard, but then, you know, they still have no libido because they have no estrogen, you know? Yeah. It's a combined effect, correct?

Yeah. And in general, I try to do hormone protocols as complete as possible as I can get the people to do or however much they tolerate. I often am adding in pregnant alone and DHEA as well just to kind of cover all the bases.

But so, you know, people come in and I've covered all my hormone bases, you know, like this one lady. super

healthy, post-menopausal, feeling great on the hormones, losing weight, but just month after month, no libido, no libido.

And I'm like, increasing the testosterone a little bit, see if that works. They come back, nothing. Zilch Zippo. And then she was the first person that I tried PT-141 on.

Can you mention, just talk a little bit more about what PT-141 is? Right, so PT-141 is fascinating physiologically. It's a fraction of the melanocyte stimulating hormone, which is part of a big hormone system called the procreomelanocortin system, which I've been calling unofficially the naked and afraid system.

because it's got all the things basically it's a big pro hormone that separates out into all these little hormones which is everything that you would need if you were naked and afraid did you ever watch that show that reality i would not be doing that i would not be doing For those for the listeners who don't know it's a show where they take two people and I've only seen one episode but I assume it's like male and female just to kind of get the sexual tension going yeah and they drop them naked and afraid into the wilderness or just naked maybe I don't know how they afraid they are But they're naked in the wilderness.

They have to like build shoes out of leaves and like, you know, I don't know, build shelter and they're exposed to the elements. They're always getting like crazy sunburns and exposure things.

They have to find water. All they get is one bag and one tool. And so the proprio melanocortin system, basically, it will give them ACTH, adrenocortotropic hormone, which will kind of boost their immune system and keep them kind of, you know, keep them going, you know, I guess in, you know, running from bears or whatever survival hormones, and it gives them lipotropin so they can burn fat for energy as they're foraging for foods.

It gives them endorphins so that they can, I guess, you know, manage any kind of pain or injury and maybe feel a little bit better about, you know, being naked and afraid.

And then it stimulates melanocyte stimulating hormone, which darkens the skin and protects them from the sun exposure, protects the underlying dermis from free radicals so that they don't get skin cancer, hopefully.

And it also, melanocyte stimulating hormone also stimulates the libido and also stimulates weight loss and the immune system of skin. Melanotam-1, melanotam-2, Right.

The Barbie doll peptide, right? Exactly. Malibu Barbie peptide. I had to. Malibu Barbie. Without tan lines. All right. So you're diving deep into peptides and longevity on this podcast, and we're right there with you.

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It's time to elevate your journey, starting now. You get tan you lose weight and you what's the last thing you increase your libido? Yeah Yeah, so, but the negative to it is that if you're young, like that stimulated melanocytes is great.

It's a nice even tan, protect against skin cancer. But if you're older, it tends to bring out like age spots. And when I took Melanotin-2, I'm kind of ADD, I'm like, this isn't working.

And then all of a sudden, I am so dark. I'm like, what the heck are you, you know? And I'm like, I can't, you know, you can't stop and you stop and it keeps going.

I looked like some foreign, like, no, what the heck. So it'd be interesting. It looks like you're wearing blackface or something. I was, it was like totally different feature of my people.

That's so funny. Yeah, I experimented on it with myself as well. I found it worked great for libido stimulating stuff, but I also was a little bit concerned that I was getting like kind of weirdly dark as well.

I mean, I kind of stopped after three doses because my makeup stopped matching and I was like, oh no, I'm gonna hide my makeup or whatever. Now PT-141 doesn't do it nearly as much, but it can.

And one other very well-known doctor was telling about one of his celebrity patients and me like, you're you're making me dark. What's wrong with you?

He's like, no, I don't give it. I'm like, hey, no, because speech, one for one is a part of it for sure. Yeah, and it's not as potent, but then there's KPV, and also these are very anti-inflammatory, which is great.

I don't know if I can use Pekulavirin for inflammation. I actually used it for neuropathy and weight loss in one of my patients, and she already reported, I think she's been on it maybe a week or two, and she was texting me today saying that her feet feel much less painful and numb, and she can walk now.

Is she having so much sex? actually it didn't work for her libido i think having to do with the fact that she's got an untreated dental infection and you know i find that things like that can confound your libido you know if your cortisol system is you know yeah yeah because of that or you're in pain or whatever.

And there's, yeah. Another fragment tries the KPV, which is even more anti-inflammatory, but doesn't have the molasside stimulating aspects and seems to also help with weight loss and lower inflammation and the hypothalamus, which reduces that insulin resistance and appetite wants to do it.

I think the biggest problem with like P2141, I think is nausea, right? Nausea and cramping, that's what finally kind of turned me off of it. The first time was fine, but then the subsequent times I was feeling flushed and crampy.

But my patient that I was just talking about, she got flushed the first day, but then was fine after that and is feeling great. It tends to go away that it became approved, right?

All right, by Lise. Yeah. How much is it a month for that? I don't know because I have never considered prescribing it. We don't do authorizations. I know it's going to be a rigor moral.

And plus it's an auto injector of 1.75 milligrams, which I find to be a little bit restrictive because if somebody is having symptoms like nausea, cramping, flushing, I might want to drop the dose down to one or bump it up to two.

And my population of, it's only approved for premenopausal women. My population of premenopausal women with low libido is like fairly, fairly limited.

Yeah. And it's like thousands of dollars and their copays more than you can get it for from a company. Yeah. But it's cool that it's FDA approved, I guess.

Yeah. And I'll just get back to like, so hormones. And I think so many women are told hormones are bad. Right, right. The bad hormones are bad. Good hormones are good.

Exactly, you know, it's all that is based on the women's health initiative, which used, you know, a really, really inflammatory form of estrogen orally, which I never give anyone estrogen orally people.

Just the worst that they use. And it's it was the most poorly designed study, too. And so it's it's nuts. I would rather have you know, 100 studies that aren't perfect, but then they say, oh, you need this big trial.

Those were never perfect. They're far from perfect, you know. Yeah, and plus the protocol they use is not used by any functional medicine doctors that are experts in hormone replacement.

And that's the study that's influencing doctors all over America. There was a similarly big study in Europe where

they used bioidentical estradiol, they used bioidentical progesterone, and they did not have the same studies.

PT-141, Melanotan, and Peptide Effects

And the European women are not as, they're doing better than the American. And, you know, I did a review of all the literature on biochemical versus synthetic of the biochemical hormone debate and looked at every study head to head shows the biotic hormones are safe, lowers the risk of breast cancer, Alzheimer's, cardiovascular disease, while synthetic Hormones, especially synthetic progestins then you add an oral synthetic to that it increases clotting factors And if you look at the women's health minister, they knocked off most of the people in the first year probably from combination of the oral estrogen going to liver increasing clotting factors and the progestin increases clotting factors and That's when they all died from a heart attack was the first year.

Yeah and people and doctors don't get the difference and even the literature calls a progestin progesterone and they'll say or estriol which actually is an estrogen that prevents cancer they say oh it's like they're trying to ban that yeah and even the drug companies say oh there's no study well wait a minute your company hasn't approved for sale in europe There's no studies in America.

It seems kind of political or financially motivated and it's strange. It's strange. Where were we? I always get off on the team. Right. And when people are concerned about cancer, I give them your article.

I think that's a really thorough article about hormone safety. And generally, as long as people don't have an existing cancer, I'm not brave enough. I know that there's some oncologists that actually use or maybe used to use high doses of estrogen to create apoptosis, but that's not anything that I would feel comfortable And so Uzi Reiss has a book out or it's about to be out about, you know, estrogen, giving estrogen with cancer.

Yeah. And this whole estrogen receptor, progesterone receptor is so oversimplified. And in general, if you want to prevent breast cancer, take progesterone.

If you want to get breast cancer, take progesterone, you know? Right. Yeah. But it gets confused in literature because they call progesterone progesterone.

Yeah, huge difference, huge difference. Patentable, profitable, progestin, regular, normal. Yeah. So just, I just want to have a, you know, to tell women who are doctors, they go to a HMO doctor or there may be, oh, don't take hormones.

Okay. You're going to increase your risk for dementia, Alzheimer's, cardiovascular disease, neurodegenerative disease, osteoporosis, autoimmune disease, I mean, all, all these things.

And they're giving birth control pills out by the handful, which is like the worst. And your body of life is going to be worse. Uh, you're not going to live as long, but they say, Oh, you don't need it.

You don't need, well, no one needs anything. Right. people come to me you know postmenopausal women or perimenopausal women come to me desperate they feel horrible you know some sometimes they can't even do their jobs anymore because doctor goes oh you're just getting older and the doctor probably feels worse than they do that's why they don't I mean, the mood disorder issue is an anxiety and sleeplessness.

How can one be expected to be functional in this day and age where you have to do so much just to stay ahead? If they can't sleep, they can't stop shouting at their partners or children, their relationships.

Yeah. Or it's like postpartum depression. They have all these things. And, you know, you have these huge levels of estrogen, progesterone, and then it crashes.

And you wonder why they're depressed. I mean, you give them estrogen, progesterone, thyroid. The majority of postpartum depression dramatically improves.

Instead, they're giving them. They don't have a Prozac deficiency. Exactly. Like fix this other stuff. And nine times out of 10, you're going to see people go, Oh, my God.

You know, because postpartum depression is scary. Yeah. Like, I'm depressed. I got this beautiful baby, but I don't feel it. You know? Yeah. And a lot of people, once you start them on hormones, they say, oh, it's like night and day.

I feel like myself again. You know, which is I get so many texts just from like friends and even we will work with. Oh, my God. I'm a new person. You know?

Yeah. Yeah, it's very rewarding. And so you like to do, so there's so many ways to do it in general. I'll let you speak, but like, you know, you can take oral, the problem with oral synthetic estrogen is going to really increase clotting factors and cause a lot of inflammation.

and never give a real synthetic. Oh, I know. I'm just saying in general. And then oral by identical, not as bad, but it's still going to increase clotting factors.

But so if you give the estrogen, you know, a different way, topical or shot or pellets are just all a chip. So I don't do pellets for estrogen because, first of all, I believe that estrogen should cycle up and down.

If I can, I like to do the shot because it cycles and it kind of mimics the natural cycle. And there's different molecular cascades that happen when estrogen is rising and when it's falling.

And I think that that's wonderful to do with progesterone as well and testosterone as well. you know, women are used to, we're designed for all these fluctuations and we're trying to sort of keep it as natural as possible.

So if people can't or don't want to do the shots, then my next go-to is the topical estradiol formulations, like a 1% oil and they just put it on the wrist and go like that and that seems to work okay.

But a lot of people forget to do it, you know, and so they get these unnatural or like inoptimal fluctuations. The same with the progesterone. I like to do progesterone orally if possible.

You know, it's great that prometrium is bioidentical, except that it's in peanut oil, and sometimes that's a problem. And it's expensive. You get a compound in for so much less.

And and yeah, I like oral progesterone in this, you know, then there's another debate over saliva testing versus serum. But I've had a number of people come in like on transdermal.

I think progesterone should be taken orally as the opposite of estrogen. is that you get much higher serum levels, but the people who do saliva testing argue, well, the tissue level is higher.

But I've had some people with endometrial hyperplasia on transdermal progesterone. So I'm a little biased, but yeah, there's two camps and they all have evidence behind them.

Yeah, and Mike, I'm squarely in the blood testing camp. I just think that I've seen too many saliva tests where you just have crazy unnatural spikes, probably because of gum disease.

You get just a touch of blood and then it's just astronomical and people get worried about that and blood isn't perfect either. You know this there's no perfect test.

I think that's a great point Every test is a piece of information Yeah, well and i understand like so many doctors I see the patient will come in and the doc keeps doing the same test That's abnormal, but they don't do anything about it.

Like why did you win the test? They always a false positive Well, why did you run the test, you know? Yeah, mostly I go by symptoms, but I use the test key.

Yeah, I use the test as sort of like a touchdown baseline, you know, and kind of also on that is certain women that, you know, what's optimal is let's say you get an athletic fin, like small breasts and small hips athletic.

They're not going to need much estrogen. They're going to feel better with testosterone because they grew up with low estrogen, high testosterone, where more of a full-figured woman grew up with lots of estrogen and you're going to have to probably give her more to make her feel better.

Yeah. Hormone protocols should be individualized. That's why what I tell people if they're looking for a doctor or they're moving is like, you'll know that the doctor is a good hormone doctor if they're going to individualize the hormone protocol to you and how you are feeling.

Because some people need more estrogen, some people need more testosterone, et cetera, et cetera. Some people need really low doses of everything. Some people do great.

Oh my gosh, I started using these BioMatrix products, which is like a supplement product, which is really high concentrations of Estriol and progesterone.

And I have this one lady who just does two drops a day, and she's like, night and day, it's perfect. Yeah, use Estriol routinely or no? I do try to use Estriol routinely.

My practice is insurance-based, so a lot of times people are financially restricted and the insurance will sometimes, oftentimes, pay for the shot, which is Estriol.

But I try to encourage people to also get the topical estriol if they can. And I explain that, you know, traditional formulas are 20 percent estradiol and 80 percent estriol because it's kind of rounds out the protocol.

Hormones, Estrogen Safety, and Individualized Therapy

I think that was based on Jonathan Wright's literature, which I think was totally wrong. But We'll use typically 50-50, because if you use too much esterol, it blocks the estrogen receptors.

Esterol is great for urinary tract symptoms and things like that. So just some biochemistry behind it. in general, two estrogen receptors, A and B. So A is going to basically stimulate growth and kind of stimulatory.

B is going to like suppress growth and cancer. Now, estradiol is balanced, right? So it's kind of it's neutral. you get Premarin, which is horse ester.

It has a quinoline in it, which is a known carcinogen, by the way. And it stimulates that A, so it's just grow, grow, grow, grow. And then esterol is a selective B.

So it's going to dampen any excess of growth. So you're combining esterol and estradiol, now you get more. But if you do too much, it's basically you don't get the activating effects of estradiol.

So we found 50-50 in general is good. I think the 80-20, we've had the, you know, people are just on huge more and more doses because it just doesn't work.

And I don't think that's good either. You're just getting massive doses of this ratio that's, you know, All that was done with topical creams, which I don't use topical creams at all.

You know, so it's hard to really gauge the percentage with the way I do it because the estriol is topical and the estradiol is a shot. And so I just kind of modify it until people feel good.

you get a lot of aromatase in the skin you get you know it's like it's like when giving men testosterone especially overweight diabetics you know they're doing these testosterone creams and it up regulates in the skin they the aromatase so it converts it all to estrogen But you're giving them estrogen basically and they're getting man boobs

and they're gaining weight and it's making them worse.

I'm not a big fan of testosterone creams. I almost never prescribe them. We've really got a way. Shots are the way to go. And I really like the non-aromatizable testosterone like nandrolone, which will not convert desk, especially even a shot with testosterone for men that are diabetic or overweight.

they're going to make a lot of estrogen. So you kind of titrate or you can do stuff to block the estrogen. But I figured just do do them testosterone.

But everyone has their own. It's like baking a cake. I show what chef how to bake a cake. Exactly. I've never used, I've never used the non-aromatizable ones.

I usually just do an estrogen blocker if it seems like that's what's going on. Or I try to get them to lose weight, you know, primarily. And, you know, hopefully that'll be a good synergist as well.

Yeah. Getting them like blocking the estrogen is, is key. You don't want now, you know, zero estrogen, but because you need for brain and bone and all that, but you know, you want to keep it that healthy range.

Yeah. I like to see it between 20 and 30 optimally. Yeah. Yeah. I do a lot of HCG diet, try to like get the adipose tissue off or, you know, taking HCG away.

Yeah, I still seem to be able to order it though, so it's and Everything takes a while there. Yeah, dad. We got to keep we got to keep Kiss Captain which will stimulate but uh Yeah.

PT-141, you know, seems like if you do calorie restriction on PT-141, it's almost as good and then they'll get a, you know, chubby's, make sure good. What?

Chubby, that's a technical term. Scientific term. Or even what we're finding is that even things like BPC, delta sleep, epithelium, where if you get someone good sleep, they start losing weight, reduce inflammation in the hypothalamus, because that's what causes insulin resistance and leptin resistance.

So as you know, let thing goes up when you gain weight, go back to the brain, hypothalamus and tell the brain, hey, we got too much stored fat, start burning fat, lower appetite, increase metabolism, increase thyroid.

But if it's blocked, the body's going, I'm starving, I'm starving, I'm starving. So lowers metabolism, lowers your thyroid, increase your appetite, tells about your score of fat, you know.

So for a lot of people, we lower that inflammation, then they start losing weight. And so the melanocortins, whether it be HPV, 2141, melanchin, do that as well.

So there's delta-sleep, BPC, and things like that. I can't say enough about Delta Sleep. It's so hard to get people to sleep. I would do just every natural thing on the product on the market and not get any traction with certain of my hardcore non-sleepers.

And once I started using Delta Sleep, it's so effective. It's amazing. Can you talk about that for a second? Yeah, so I used to work with this orthomolecular psychiatrist in Washington.

So he had this whole protocol for people who are ramping up on into a manic episode or into a psychotic episode. And he would give them Xyrum, which is, you know, GH, which Ruthies and he got into a lot of trouble for that.

And he had to like, Spent a hundred thousand dollars to defend his license because I guess they thought he was just like selling it to date rapists or whatever for five mile.

You know, it's approved. He should be able to use it. But maybe it was the fact that he was a psychiatrist or that he was prescribing it a lot or that he was, you know, alternative type of guy.

I don't know. But yeah, so I and I obviously can't prescribe it. I never even tried. And so I've been looking for something as powerful as that to kind of bring it down.

Right. It is a strange drug and it is kind of dissociated. It's weird that you could do some weird things on it, but it is saved the lives of a lot of people.

So we like regional pain syndrome. They couldn't sleep. And one person's but people tend to get in your recess or some people they pee the bed. But I know one patient who just puts the diaper because it's worth it because she gets sleep.

Yeah, and it's up. It doesn't last it's got a short half-life. So you wake up the next day and you're not groggy Yeah, and it's strange. It's kind of like you're supposed to set alarm Wake yourself up and take it again It's like the old joke in the hospital wake you up to take your sleeping pill But there's a reason for it allows you go into deep sleep Yeah, yeah as opposed to ambience and the other sleep aids which sort of are those like, you know ambience are I think bad Besides from ambient texting and we had one paper on ambient knock on the neighbor's door naked ass that they can use the jacuzzi I think oh they did a memory But uh when those stories hilarious, I know they're not funny to the person Yeah, but you don't have to laugh but it could be dangerous.

You go driving and you know people Cooking and things like that. But yeah that the epitalin which is a pineal hormone stimulates melatonin, right? But really works it works over and above it lowers the inflammation.

It actually will fix the secondary tertiary hypothyroidism. So it can reset the thyroid, and it also seems to fix dysfunctional diadenases. So it increases T4-T3 conversion, decreases T4 reverse T3, But that combined with Delta sleep and using peptide and those behaviors have not like a sleeping pill where you fall asleep.

It more it gets your after a couple of weeks, your body starts able to get into deep sleep. You fall asleep. And then adding some sort of growth hormone, either a growth hormone, adding the secretagogues like CJC, upper morolin, AOD, which is a fragment.

Like that combination, we've had just remarkable results of people that don't sleep. Like I'm horribly, I had Lyme and my whole life, so I never slept.

And that has helped me tremendously. And it's interesting about weight. I mean, if you don't sleep, you don't lose weight. And I've done a couple of projects where I'm a procrastinator and I'm like up for like almost two days.

And then I know that the next day I'd be like eight pounds, you know, it's just bad. And I feel like I've aged like so much if you stay awake that long, you know.

So sleep, I think also has to libido because you're tired. You have a slap. You know, that's the last thing you need, you know. I think it's really cool and it sort of correlates with the ancient Ayurvedic philosophy because they have this whole system which I think is really cool where it's called the transformation of the datus or the tissues and so they give you like a blood tonic which is kind of like an adaptogen like ashwagandha or something like that and they say that it gets in your blood and then it goes to your muscle and then it goes to your bone and then it goes to your fat and then it goes to your sexual tissues or your shukra and then once it's in your sexual tissues and you can transform that into spiritual tissue So it's kind of like this idea that if all your tissues are healthy, like the sexual part of you is like a meta-function of your whole body being healthy.

I think it is. I think it's like being young and vibrant and healthy, like you should have a libido. If you don't, there's something wrong. I think stress, right, is a heaps thing.

Sleep, exercise, mitochondrial function, you know, arterial, you know, and cardiovascular health, neurotransmitter health. I mean, there are so many things to it.

Yeah. Wow. plus all the psychological stuff, you know, and, you know, once you get your, if you take, say, Ashwagandha and your cortisol can then drop, then your hormone synthesis can then shift from stress hormones

to sex hormones, and you can be a little bit just more balanced.

You know, everyone's… If you're stressed, Like, oh my God, you're going to get attacked by someone to tell you like, I'd like to have sex right now.

You know, this doesn't go like that. And I think people are just stressed to their limit, you know. Yeah. And they might also have like suboptimal activation of their proprio melanocortin system, because according to that system, you know, it's activated by stress and it should increase your libido.

But there's something that is not functioning that way in our society. I think it's because our stress is of a particularly And I think it's constant because we're not made to be like, what is it?

We're on our phones. We're like, oh, does someone text me? Someone text me. Like, I remember even, you know, growing up, I didn't have we have computers.

We sent letters. You'd send off a letter. Wait a week. You know, now it's like. Why have they text me back? Why have they text me back? You know, and you got traffic, you've got, you know, 10 things going on.

You got, you know, kids running around. You got, it's like, I think everyone's just ready for the circuits to break, you know? All the biotoxins in your brain.

Oh, and then, you know, you got round up plastics, pesticides, BPA, all this stuff, toxins, their neurotoxins. And yeah, you get mold. And for instance, kind of like neurotoxins, I found, you know, I started stuttering so bad that I could wouldn't carry a cell phone because I couldn't say hello.

Yeah. Then I was actually to go to a stuttering clinic, which actually happened to be one of the buddies of my residency rotation stuttered brilliant guy, but he just wore in bed stuttering and he started a stuttering clinic in Irvine.

I was going to go. Then I read an article on Aspartame. And then it shorted neurotoxin. I went off Aspartame two weeks later, I didn't stutter. If I get like, I know I switched from Starbucks to Coffee Bean, and they put like in their sugar free stuff, one was Splenda, one was Aspartame, all of a sudden, I start stuttering again.

That's interesting. And it's hard to get off of. It's like diet coke sounds like addicted to them because it's their excitotoxins. Yeah, they're toxins.

And that's just what they say is good for you. Just of all the stuff that's, you know, I had this one patient who all she ate was greek yogurt and she would take aspartame packets and pile them high like a mountain on top of it a yogurt it's addictive yeah i would i was it wakes you up way more than caffeine God, she was intolerant of dairy too.

I did the food sensitivity testing for her, got her off dairy. It took like a year to get her to stop taking aspartame, but she had been diagnosed with bipolar and just all that excited toxins and then she went through like an early menopause.

Oh my God, you're in bipolar, wow. Yeah. I think the, you know, the hormone deficiency combined with all the excited toxins really was behind what like was a serious mental illness for her.

And now she's, she's stable. She's fine. You know, it's amazing. Yeah.

Sleep, Stress, and Metabolic Support

And I was drinking eight liters of Diet Coke a day. Oh my God. You know, I have patients like that. It's so funny how addictive it is. It's crazy. It's like that high fructose corn syrup has the same type of metabolism in the liver as alcohol, except you never get drunk.

Yeah. So bad. That's in everything. Yeah. And so you find the hormones play a big part with, so do you fix kind of

hormones first and then go to like peptides?

Sometimes I consider hormones a little bit more foundational than peptides, probably just because they're less expensive and my population is kind of a little bit lower income.

I'm like, let's see what happens with the hormones. Nobody knows what they are. They don't know what peptides are. Yeah, exactly. If the hormones are there, then I might go to peptides as the next step, or I might try to use an Ayurvedic adaptogen herb for a while, but I haven't been too successful with those, so I'm jumping to the peptides a lot more these days.

I'm really excited about one I haven't used yet but I'm excited to use which is VIP, vasoactive intestinal peptide. Apparently great for biotoxins like mold toxins as well as vaginal restoration and all sorts of things.

I'm not impressed with it. And it also increases TH2 inflammation. So there's reasons for and against, but there's a big critique of shoemakers where he's brilliant, not the nicest guy ever.

But where I gave his HLA antigens, there's no data to show that this makes you more susceptible or And a lot of stuff, it's kind of like he goes from here to here, you know, and there's a lot of things that basically so peptide does, you know, but it also has its double edged sword a little bit, you know, or like with the with the strap incontinence that amazing BPC just oral will eliminate stress incontinence and a huge percentage of patients, you know, I'm addicted to BPC.

I can't I can't live without it. Yeah. And we've talked so much about on the summit, but because it does so many things and I worry that people are to go, Oh, it's like snake oil.

It does everything. When I give all the studies too, it's like, does this, does this, and I get comments like, Oh, what is this? The new, you know, miracle thing.

Well, here's the literature. No. It worked very, really fantastically for me. I had this hand pain that I did all sorts of things for. You know, I'd inject ozone into it and I'd wrap it and I took all these things.

I did a whole mycoplasma treatment and it was like, okay, it got better. But then when I met you and Lori gave me a bottle of BPC, the next day, it was 90%. I did that all the time.

Yeah. It's like at conferences, we'll just say, or I don't know how many times it happened where the head of the conference won't let us like, well, you can't do this.

I'm like, here, take some BPC. So you're limping. They're like, you can do whatever you want. You guys are awesome. But sometimes I give it to people and it doesn't work.

And you were telling me that Candida is a, maybe a confounding factor to BPC. Well, it's actually very anti-fungal. Oh, okay. Yeah, I don't know. I, I've been trying doing a Candida sort of protocol and then retrying it again, if it hasn't worked in the past, you know, but I have some people with, with such severe joint dysfunction that it seems like, you know, I have a couple people where I'm at walls with and I'm just trying.

I mean, do they have degenerative joints or? I have this one guy who, who broke his ankle while rock climbing and it was like hanging and he had to hike out.

Yeah. And he had to, uh, I was doing ozone injections and et cetera, all sorts of things. And it would help a little bit. Then he got an ankle replacement and then everything.

An ankle replacement. Yeah. I haven't heard that in a long time. Yeah. And I think it was appropriate for him because there was just a lot of hardware and the hardware was sticking out and it was just, oh, it was a mess.

And so the ankle is maybe doing a little bit better, but he, he now has some sort of autoimmune, uncharacterized

inflammatory disorder in all the joints, the shoulders and everything.

And, and, uh, is it from the implant? I know the shoulder was hurting before the implant, but the ankle hurt so much that he wasn't talking about the shoulder.

I would check a cobalt level. Some of these will give off cobalt. You can check. But yeah, for like these autoimmune things, like, you know, maybe had a latent infection, you know, look for that.

But in terms of autoimmune, we have a couple of talks on that where, you know, thymacins, TB4, TB4-FRAG, that was about the one. BPC, all great, epitalin, melanocortins, you know, lowering mast cell.

you know, it's that immune modulation and, you know, and checking his immunity. So his immunity is probably way, the TH2, TH17 way up here and the TH1, Treg down here.

So if you can snap that back oftentimes, did he get diagnosed with anything or is it nonspecific or mixed connective tissue disease or? No, all the rheumatology labs came back negative, but he's got, you know, what looks like a latent mycoplasma infection.

And there's usually some infection driving this abnormal immunity. So with a lot of these peptides, if you can moderate the means, there's other ways to do it too.

Ozone, great. Lotus ultrexone, you know, even zinc, you know, high dose of vitamin C. Flavonoids are huge. Bicetin is kind of one of my favorites. And there's like IVIG, I love, but it's so expensive now and no one can get it approved.

But yeah, so there's this, I would check, really check his immune system. So I really like natural coerce cell function from Quest, look at that TH1 and then C4A and here and there in blood factor beta for the second part.

And maybe also check his immunoglobulins, immunoglobulin subtypes, and then through Quest, you can do the olympic site subset subset and if he's really screwed up that will be abnormal and really show so if he's having like or you know is it migrating joint pain No, it tends to be fixated in the elbows and the shoulders and the ankle.

I also find that sometimes food intolerances can cause systemic inflammatory reactions. I mean, the gut just sets everything off. And that's the problem.

Everything's a vicious cycle, right? And where he could have five things but as soon as he gets seven now he gets symptoms you know or it's like if someone has Lyme I think they can go their whole life without having symptoms but it's when they get stress and toxins and mold exposure and their hormones are dropping there they get older so their thymus drops and it's multifactorial you know and then so it's kind of like well what's the cause then they get reactivating viruses which makes it worse so well Is that really the cause?

No, but now you may have to treat it. You have to treat all these different things and they get immune activation of coagulation. So they got fiber and all over the place.

So nothing works. It doesn't get in there. You know, oxygen takes, you know, usually two seconds to get in the cells. Now it takes up to two minutes. So you got to clean that out.

So, you know, everything's so multifactorial, multi-system, which is the big weakness of standard medicine. Yeah, you have to kind of do everything and people come in and sometimes they're like, well, I want to try one thing at a time and see if it works.

And I'm like, well, that's one way to do it. But everything is a lot of it. And I talk to patients and I like her. Right. I get it. You want to know what works.

I'd rather have it work and then go back and figure out because sometimes you do treatment. A doesn't work to

treat the B doesn't work for treatment. C doesn't work.

You do them together. It works. Yeah, you actually need a c d and e, you know, yeah Yeah, and so it's not easy and I think more and more It is we're seeing so many multi-system illnesses where you know, you go to this doctor he fixes this little par tries to and they just and or they come in with 22 diagnoses you know yeah thank you got 22 separate you're so unlucky got 22 separate diagnoses ours are something underlying it you know exactly exactly what's it about you treat a lot of mood disorders tell me about that Right.

So I find mood disorder is really related to the hormones. You know, I mean, every woman who has PMS, which I'm assuming is a large percentage of women.

I'm not saying. It's true. Sorry to out you ladies, but no, it happens. It's a PMS. I'm just sick of you. The celery Dunn and breathing in and out in there is constantly the same thing.

No, it's horrible to experience it too. And having been on both sides of the issue, you know, I know that when the estrogen is dropping and it's creating all these inflammatory cytokines and your liver's dealing with all that estrogen, and if you have low progesterone at the same time, you will become cranky.

It's like everything is irritating. and you put on a little progesterone or whatever, and it's like magic goes away, you know? In my house, break glass for emergency, it's progesterone dart.

Just kidding. It's a joke. I don't want to.

Immune Dysfunction, Lyme, and Chronic Inflammation

I get PMS myself, like, you know, but then the one study showed that the study on PMS women, they looked at their thyroid through TRH testing. So much more sensitive, which the endocrine side said you need anymore.

But they found their TSH's were normal. I should a little lower. We think their thyroid was higher, but it was either all low or Like 90% and they all responded to thyroid treatment.

Mm-hmm. Oh, yes women. No depression is huge, you know Like of course, you're gonna be depressed if your body isn't working if you can't get out of bed if you're so sluggish Yeah, you can't function.

Of course. That's depressing Yeah. And like you said, you said thyroid, right? Yeah. Yeah. And you know, the star report, largest study ever done on antidepressants compared all the different antidepressants and had like algorithm.

This didn't work via this. They found T3 straight thyroid special, not T4 with the synthroid T3, the ectopormum giving that was a better antidepressant than antidepressants with less side effects.

and it worked regardless of their baseline thyroid levels. So it had less side effects. It worked better. It also didn't stop working after a year, which most antidepressants do.

Another study had bipolar patients, 135, that were treatment resistant. They tried on average 14 different medications without any without any change.

They gave mal-T3, again, regardless, didn't matter what their, were they hypothyroid, were they, I don't know if it's exact numbers, but it's approximately, it was like 80% responded and 25% total resolution of symptoms.

Yeah. T3, especially the sustained release T3 aids that all the time. It's fantastic. You know, there's nothing, there's nothing that really compares to that.

I mean, you don't have a Zoloft deficiency in general. You know, I think a lot of cases it's being used to mask underlying really important deficiency, which is thyroid, which is going to be more important for your long-term

health.

Yeah, I just got asked to set up a dog indication for time release t3. And I don't know people have it's a problem is the endos are so against it because they don't know anything about it.

And like the problem with compounded is that they use too much time-releasing agent. So for anyone with any gut issues, which so many people we see, right, they can go right through.

So they go, well, compounder doesn't work. Well, they're kind of right because the formula that's used is not correct. So we actually did, oh, I got all our staff got time-release T3 at different doses, and we analyzed it all.

We came with the formula where any much less time-releasing agent works so much better. Yeah, you could build your practice on just t3. I mean it fixes so many things and then you add Some hormones on top of that and peptides we went from you know, we treat the sick of the sick Well, good or bad, I mean, it's tough, but we'd love to have just some thyroid patients and, you know, some hormone, but you master those and you can get the sickest patients better.

And we were like with the Lyme patients, I know myself, so I really forgot to give back. And, you know, with myself, it's like. antibiotics more and more and more and more we must be getting more and like you know I did like seven eight nine at a time at three four times a dose I'd never give a patient and three and a half years later I give do an IV I'm not any better and that's when I went searching and found peptides and if your immune system so low it doesn't matter how many antibiotics you give yeah it lowered enough for your immune system to go over Yeah.

Lime is so tricky. Such a smart… And when I say lime, that includes so many other things, right? It's like, it's rarely just lime. You got, you know, babesia, barnela, the infection going to the Noah, rickettsia, viruses, mold, all those things.

In Chinese medicine, they call it like a goo disease. It's just sort of like this just gumming up parasitic sort of, you know, drag you down into the muck, generalized stuff.

And parasites are huge. And, you know, studies like on Hashimoto's showing HHV6, they have biopsies, activation effects in the thyroid, in like 80% of people with Hashimoto's, but it wasn't in the blood, wasn't found in the blood.

Also, Parvo B-19. So, interesting Steppe, he's a gastroenterologist in LA, did a study on parasites. And he looked at what areas throughout, he was like, 40-year practice where he gathered all this data, published it, and looked at what areas.

You'd think it'd be in the lower socioeconomic areas. It was in all the high socioeconomic and Beverly Hills, Santa Monica, the nice area. What could it be?

At first, that was cats or sushi. Yeah, and I think that's probably the number one thing I think of so I if I eat sushi I bring a linea with me and take it with it, but Yeah, have you ever done any of the parasite therapy Hellman therapy I No I'm uh yeah so the base what she's talking about is you you take these and it modulates your immune system and for instance you look in like third world countries they don't generally get autoimmune disease because they have particular parasites that modulate the immune system and Gentle parasites that hopefully don't create a large parasite burden, but they upregulate T regulatory cells, they increase the gastric mucosa.

It's such a hard thing to get your mind around. You know, Michael, I did it for myself because I wanted to see if I could reverse my food sensitivities because I couldn't eat sugar.

I couldn't drink alcohol. I would get ill if I did either of those things. It is pretty limiting. No Thai food, you know, no business drinks, whatever.

And it worked. It worked fantastically, but it took me a long time to sort of build up the courage to be able to do it. You know, it's like the old days eat the tapeworm.

Yeah. And I do worry about, you know, at the parasites and, you know, basically mass cell, but it seems to work like we'll use bee venom on some patients, which I've seen it work fabulous.

You know, I've been wanting to use bee venom. I haven't, I haven't gotten a good source of it yet. Maybe I'll. Yes. Oh, and then that was the thing. I had powder and I'm like, I'm not comfortable weighing this out.

And, you know, and there was a story I read everywhere. I read it, but this woman had terrible. I think it was chronic fatigue syndrome by Malja, you know, and Cabrera Watt.

But she went outside and just got attacked by killer, those killer Africanized bees stung. They were almost died, but she didn't. And then all symptoms were gone.

Yeah, the, uh, the orthomolecular psychiatrist that I worked with, he, he was a beekeeper and somehow he had gotten the bee venom into a syringe and he had mixed it with lidocaine.

He wouldn't tell me me like how he, you know, I assume they sting some wax, there's an extract or something, but it was some kind of trade secret. I wasn't letting it on.

Oh, no, we have the dosing and the key was, yeah, that you got to buy from a reputable source and the dosing is key. But yeah, we have, and we started using it, but just kind of, I don't know, we just kind of stopped for whatever reason, but we can certainly get it.

It works, just picking the patient that it works in, you know. Or LDA, do you like low dose allergen? I haven't done too much of that stuff yet. I'll do low dose naltrexone and I'll try to shift the immune system that way.

Yeah. I love the low dose allergen and it probably reduces significantly or remains like 60% allergies to 60% of people. It works great. But once again, it's like getting so hard to get because they're restricting it and no one's had ever any problem with this.

So basically you have low dose and medium dose foods and then inhalants and then you had beta glucuronidase to it and then little tiny shot. And then you can kind of tell which one they react to by how big their little wealth is and see if they don't have anything.

They probably is not going to work, but then you only do it. You're like two months later, you can't do anything sooner than actually your low dose. You can kind of do a luxury to make it medium dose then like six months later.

And then, you know, every six months or every year we've had tremendous results in some people, but it just like our little tool in the toolbox. Yeah.

Yeah, yeah sounds sounds like a good one and Someone comes in with low libido. What's your kind of approach? Well, first I want to rule out all the other things that could be confounding their libido.

You know, like sometimes people have low libido because they have some kind of, you know, chronic urinary tract infections and they've got pelvic pain, you know, sometimes.

I mean, yeah. And I don't think that's uncommon, but again, women don't want to, or, you know, just dryness because they're on hormones and yeah, you know, it's like, get away from me.

Yeah. Yeah, exactly. They instinctively are like, don't touch there. And they might not even be aware because if you have a urinary tract infection that's low level chronic for long enough, it just becomes your new normal.

You know, and some of those infections don't show up on cultures. Maybe they're mycoplasma or something. They're not growable. And they're in biofilms.

Yeah, exactly. So I try to address that some I'll go into gut dysfunction. You know, if you're chronically, I have this

one patient who she would like to want to have sex, but she has chronic kind of explosive diarrhea.

She has a she's had her colon removed and, you know, also, it's not sexy, you know, you don't feel sexy when that's when that's happening. So we did the food sensitivity test for her and she took out, she actually, eventually, you know, sometimes it takes people a while, took out some of the foods and it kind of firmed it up a little bit.

And she was able to kind of, you know, at least think about it. And, you know, she's on the road, but yeah, anything that's in the sort of lower jaw there, if it's dysfunctional, it's gonna be dysfunctional.

Pelvic Health, Mitochondria, and PT-141 Success Stories

It's all part of the same, you know, pelvic bowl. You know? Then of course, you know, the normal thing. Pelvic floor dysfunction where people get, or post-coital pelvic pain.

Yeah. Horrible, right? Yeah. Yeah. I like the, my new thing, favorite thing for pelvic floor dysfunction, or at least laxity, is called Perifit. It's like this little device that you can put in.

We used to have these big sort of biofeedback devices that we would use to increase kind of an assisted Kaggle. You know, we called it the boyfriend. It would talk to you, be like, squeeze no, and you'd squeeze.

It could be like a little shock. But this, there's one you can buy for about a hundred bucks and you can play a game with your pelvic floor on your, on your phone.

You know, you like squeeze and then the butterfly goes up and your way you're driving. I don't think so. You have a Tesla self-driving car. Maybe you could, but when I hear pelvic floor dysfunction and there's no more lectures, not forgetting the doctor, but lying.

huge. I remember when I kind of had that, when I had lime, I would gear, I'm trying to wait too much information. I know this guy that had this problem.

How's that? And after urinating, it was just, ah, crap. And it was just like the most excruciating pain, you know? And so and got rid of the Lyme and the Valencia, blah, blah, went away.

But yeah. So a number of lectures on that. I wish I'd remember the doctor, but that's what she specializes in. Is that because there's some urinary tract infection?

Yeah, it could be, it's there, it's whatever in the muscles. I mean, I used to get cramps like crazy everywhere. You know, is that just more, more sensitive?

Like if I would turn like this, I'm like back to the stomach cramp or, you know, which I think was from like core mitochondrial function, not enough energy.

Muscles are like a bear trap. They need energy to relax and then snap back and then the energy to close. So, Oh, yeah. Why did I feel dysfunction is so important for everything?

I've been using a lot of poly-MVA IV. I've been very, very impressed with it for liver disease, energy, mitochondrial function, just, you know, you know what we haven't even i don't think anyone's mentioned poly mba and it you know people have talked a lot of that mitochondrial peptides but poly mba which people think of yeah cancer you know but it's it's really a mitochondrial booster and the problem is with like alpha progacic coquetan i mean they're go in they're gone and the poly-MVA tends to stick in there.

Yeah, so we're boosted alpha lipoic acid. I've been very successful with it with diabetic neuropathy. Makes sense. Makes sense. Diabetic dorothea is a mitochondrial problem.

They said it's a oxidative and mitochondrial problem, which goes together. When the mitochondria get

dysfunctional, they pump out, you know, reactive oxygen species.

They pump out all these oxidative substances. Yeah. And then peptide-wise, PT-141. Yeah, yeah, I have never seen it not work. Really? I'll tell a quick story.

I hope this but so we been doing this stuff forever and we were talking about hiring him but went to dinner a couple times and we talked about PT 141.

It was all let me try it. And he was getting up there in years and kind of shaking. And I had some in my car. He dropped the first vial on the ground broke and then he got the next one.

But and so we saw him again a couple of months later. Dinner party. We asked his wife, well, how did it go? It was OK. And then we ended up talking to her like a couple of hours later and she had a few drinks.

And then we're like, so you said that really didn't make any difference. Well, let me tell you, he was riding me like a horse all night. kept going and going and going and we're like whoa and you know she's like 75 or I don't know and we're like whoa you know and so uh it was funny so it matters when you ask them It works so well in men.

I think it works better than Viagra because it gets that central nervous system. Yeah. When Viagra doesn't work, I've never seen it not work. Yeah. Some people nausea is an issue.

It tends to go away, but also the pigmentation issue is an issue for some people. Yeah. Depends on how often they take it. Less so with the Melanotan too, but still seen it again.

Yeah. And some people have no problem. Yeah. A lot of people love the pigmentation issue. Yeah. If you're younger, you get a nice smooth tan, but for me, yeah.

Yeah. So you'd be able to use it. I wouldn't. We'll accuse you of doing blackface. Final thoughts. Well, what's your take home message for doctors and healthcare providers and the general public, laypeople watching this?

What do you want to tell them? Just that libido is an important issue. If a woman or a man or one half of the partner has absolutely no libido, it can destabilize a whole relationship.

It's huge. I have people that are happily married, except that they don't have sex ever. And they tolerate it, but they're not happy. I think that's way more common than anyone knows.

Yeah. And really, you know, as functional medicine doctors, we're here to enhance quality of life. We want people to be as happy and as functional and live the life to the fullest.

You know, that's what we're here to do. I mean, that's what we're kind of made to do, you know, and you think when you're young, that's like all you think about, you know, and then it just like forget it, you know, forget it.

I'll die before ever having sex again. But yeah, it's amazing the awakenings. I just I keep thinking about the first person I used it with where when she came back in after having used it, she just had this happy flush to her face.

You know, she had it funny how it just shows. Right. Yeah. If someone's happy or you can almost see from a distance, you can't even.

Final Takeaways on Libido and Relationships

I see their face very well, but you can see if someone's happier. You're also going to see how old they are without even seeing them. You know, but that glow, that like, what's going on?

You look like something good's happened. Yeah, I was so impressed. And she has had our cat. Yeah. Right. She hadn't had sex with her husband for 10 years, you know, and all of a sudden it's like a whole renaissance in the

relationship.

So fantastic. Well, I bet he was happy like, what, what's going on here? Exactly. Exactly. I have a lot of happy husbands in my practice. Nice. Have you gotten a lot of thank you gifts?

Oh my gosh. I keep all my cards. I can add some funny ones. Paintings and little sculptures and just like rewarding. That's nice. That's nice. So you change your lives.

That's what we're here for, right? That's awesome. Trying to be a, you know, a beacon of light a little bit as much as possible. That's great. Hey, well, thank you so much.

This was very enlightening and I think broach the subject that alone comfortable for some people and and but it's something I think that affects so many people and even the ones that don't talk about it like what's our way when I was fine, you know, and but I think it's a problem and I would take the majority of marriages there from my point of view, but I think people I don't know my experience is that people want to talk about it once you bring it up They're like, oh thank goodness you asked about that because actually it's a big deal, you know Yeah, it is.

It is. Well, thank you. Thank you. Thank you for taking the time and I think it was great information and Thank you for helping all these people and change their lives in and you've changed probably so many lives.

You have no idea, you know, I Maybe. I hope so. Awesome. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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