Introduction to Dr. Truong and Sexual Health

Hi. Welcome back. It's Dr. Jen. Are you excited for another expert? And this time we're switching it up a little bit. We're going to be talking about sexual health.

But Dr. Anne Truong, she is a medical doctor with over 25 years of experience in the anti-aging and biological cellular medicine, as an expert and into men's health, and a pioneer in biologic regenerative medicine, she has earned a reputation for being innovative as a bestselling author, podcaster, influencer, and serial entrepreneur.

Dr. Truong has influenced millions of people. She teaches doctors worldwide. How do you use stem cells for sexuality, esthetics, and pain management? Dr. Truong received her Bachelor's of Science from the University of California at Berkeley and her medical degree from University of Nevada School of Medicine.

She completed her internal medicine training at the University of California at Irvine, and her physical medicine and rehabilitation residency at Baylor College of Medicine in Houston, Texas.

Currently, she resides in Fredericksburg with her husband and two children. Welcome and welcome to the summit, the Peptide Summit. Thank you. Thank you for having me here, Dr. Jen.

Yes. Of course. Now you also have a few. You have a bestselling book. I would love to hear about that. I think I see it. Yes, the bestselling book is erectile Dysfunction Fix, was released in 2018, and it became an international bestseller.

So the main thing about the book is I'm a big proponent of treating the cause of the problem like you, you know, being an integrative medicine, treating the cause of the problem rather than, treating the symptom, the Band-Aid and the the symptom.

Erectile Dysfunction Book and Root-Cause Approach

So it discusses about the cause of erectile dysfunction and the different, approaches to treating erectile dysfunction beside, E. D. medicine, like Viagra cialis, or penile implant and discusses about lifestyle modifications such as, diet, exercise and other lifestyle, modification that you can do to decrease to really restore, sexual function and then talk about your own stem cell, which is all topologically pumped out where you can you have thumbs that in your blood, your bone marrow and your fat, and then talk about hormone replacement therapy and, also shockwave therapy.

So, is it the multimodality approach to sexual restoration without the medication and what we find and when we do that, in my practice, we're seeing, longer lasting improvement, and also really more a restorative, result rather than, you know, temporary result.

And I'm a big proponent of lifestyle modification, to contain when you, that because, you know, erectile dysfunction is like weight loss. so you do the hard work to lose the weight, look fabulous, feel fabulous.

And then after like six months or so years down the line, you fall over the bandwagon because you're not exercising or you're not, eating. Well, you gain back the weight again.

And then if you get on the bandwagon, fix that. Would you like that same thing? What ED that we say that ED is that the four pillars of of sexual health and it's really health is diet, exercise, sleep and stress management.

And if you stay on top of those four pillars, then you know your sexual function will maintain, optimal, state. But if you fall off the bandwagon, one of those pillars, then you'll, you'll start seeing, you know, some changes in the sexual performance.

Yes. And, you know, especially with men, there's sexual health is a correlation of their general health. So can you explain to our audience why why it's important and why, you know, your doctor should be asking you, you know, how is your sexual health?

Because, you know, I talk to men about that. Why are we worried about your blood pressure and why are we worried about your fasting insulin? Well, you know, you do want to have good sexual health moving into, you know, your late retirement age.

And then same with women. You always want to ask them, you know, are you dry down there. Are you going through menopause. So it's it's really important and and it's correlated.

So can you explain that. Right. So I'm so glad you touched upon that. I did give a, a talk at, medical conference like two weeks ago when my point was sexual health is, health is good cardio health or heart health.

And it's also good for general health. Studies have shown that men that actually present what a day has other associated medical condition that is hidden that it doesn't it hasn't presented yet, but ED symptoms will show up.

Right. And like you said, a man will notice that more because it's pretty visible. I have I have to work well in order to function. Right. So oftentimes, there was a study that showed that men that have ED also had concurrent anxiety and depression, men that have ED also have, diagnosed with the pre-diabetes or diabetes, and men have, ED also have concurrent high blood pressure.

and, and high cholesterol that, they don't know about, either. And the men that had most of the time that ED also correlate with the amount of alcohol, that they drink within, the week.

And then alcohol is actually the number one, called called Co-Morbidity, is in a man with ED. So if you see the presentation of ED that you need to start looking for, cardiovascular risk, risk factors such as high blood pressure, high cholesterol, right, and obesity, and then also screening for, depression, anxiety and diabetes, as well.

So if you help a, a guy, to restore his function again, then you're really helping his cardiovascular status or his health status, which then equate to, longevity.

Equate to more, good general health. and, yeah.

ED as a Warning Sign for Overall Health

So I, I, I just feel that, hey, you know, if you're really passionate guys about, you know, your sexual function, it's kind of a good thing because a low warning sign for the man to get this, you know, get it to, looked at, do some blood work, go see a doctor, to see if maybe you have diabetes.

That's why your, your, your underperforming. Maybe you have high blood pressure. Maybe you have high cholesterol. I can't tell you how many people I see in my office that they come to me.

What ED, and I asked them, have you had any blood work last couple years? No. So when we learn a blood work, we see, we see, diabetes, high blood sugar.

We see high cholesterol fall off. The world's like 400 high class. We also see kidney problem. We see some liver, a liver enzyme, abnormalities as well too, that the that, the man doesn't even know he has, but he knows that he has, he has EDs or what did he do?

He pop in Viagra popping off or cialis it help him to function for, for his sexual function, but he's really not looking at the cause of what's causing my, ED in the first place.

Yeah, and that's a scary thing, because it's your body's giving you a sign that something's off. And if you just use those those ED drugs, it's it's not getting to the root cause.

And eventually those aren't going to work as well. So that's that's pretty scary. So it's good that you go to a root cause approach. So why is sexual dysfunction so common in men and women. Right And in fact women have sexual dysfunction also in fact a higher percentage than men.

Because if you, there was a study that showed that, women over 40, 43% of them have sexual dysfunction. Unfortunately for women, we don't have a sexual organ.

We can look down there and say, oh, it's not working as well compared to a man, right? A man, they have a sexual organ. They can look and, you know, maybe not performing as well, but for a man his, his erection, it should be his, engine light, you know?

And when is flashing, you need to look at what's, inside. But the reason why it is so common is because it's related to, endothelial inflammation or dysfunction and the endothelium is essentially, the lining of your blood vessels.

So imagine your blood vessels like a pipe, and then it's a lining inside that pipe that keeps, the, the functionality of the blood vessel to be intact.

So when that, endothelium is flame, then there's leakage, out, from, from the, blood vessel, which allow toxin to leak out, which, then also, decreased, the elasticity of the, the blood vessels, and also allow, decreased the functionality of the blood vessel to the end point and decrease blood flow.

That's the end point. And so there are many factors that can cause, decreased blood flow, high blood pressure, high cholesterol, diabetes, obesity, depression, anxiety, alcohol stress, with the high cortisol from stress and sleep.

Most men don't realize that, you know, if they're if they're depriving themselves of sleep at night, it could really affect their sexual function to all those factors which I mentioned are very common, right.

Which we take for granted. But that all that cumulatively, will cause endothelial, dysfunction and which then I will, will affect the blood flow to the penis organ.

And that will result in AD and, for men aged between 40 to 70 if you're with 40 to 70. So if you are 40, 40% of you have age and you are at age 50, 50% of you have ed, age 60, 60% and then age 70, 70%.

And the reason why it get, it gets higher with age is that testosterone levels start to drop. and then the underlying, medical condition, Kim, cumulative right over the years, which then cause more, and that the aureole, dysfunction to my approach is that, you know, at 40, 40% of guys at 40 already have, a problem, dad.

Recognize that? And dead, you know, right away and say, hey, you know what? You know, if I'm not performing like I used to when I was 20th May maybe just look at, you know, my diet, my exercise, sleep.

my stress. instead of trying to go get that Viagra, just to, you know, treat the symptom because there's probably some underlying, causes that's contributing to that.

And go get bloodwork, go get blood work, because that's how much that condition that I mentioned, like high cholesterol and diabetes and kidney and liver, dysfunction can be diagnosed easily.

blood work. Yes. And I like how you said it was a check engine light for men that, you know, it's flashing and and it's not something that they ignore, but often they bring it up with their doctor and maybe their doctor brushes it off or just writes them for Viagra or Cialis.

So you know, why? Why aren't patients really seeking out sexual dysfunction with their doctors? Are they embarrassed to talk about it or. What have you found?

what? Well, is a is, it's an intimate issue. Right? So a lot of us don't really talk about our sex life, even. What are some some, yeah. Most men don't even talk about their ed. What?

Their wife. Actually, studies have shown that only about, 43% of them will talk about, their ed with their wife. and it's an intimate issue, and sometimes they don't.

the study has shown that, 67% of men don't even know they have Ed. because, you know, we all think the, Ed is, like, impotent. It's not adequate present at longer to get an erection.

Ed can present a getting on a reaction and then you lose it. It can present as, almost like a premature ejaculation.

Why Sexual Dysfunction Is So Common

Or it can also present, inability to ejaculate or even inability to, orgasm, all the way to no, no erection. So it's a whole spectrum of that. And the first presentation is you know, the, the man will able to get erect, but then he loses that that really the first warning sign.

so sometime it can be. All right. One on couple of time. It can be. Maybe you're distracted, you're stressed. But it was. It happened frequently. Then he had a day.

Right. So. But, you know, we live in society. It's just easier to to get a medicine and pop into medicine. you know, it works. Okay. You know, I I'll just take it, now because I tell I tell you, you know, why should you give up?

your sexual function to a pill? because once you start taking that pill, every time you have sex, you're always going to need that pill, right? You're it becomes a crutch for you.

And, for a man to get, to have an edge. It's such a, it involves six systems, from the head all the way to sexual organ. and, it's so innate. So the point I'm trying to get is that the body is still built in such a way that it.

You are, you are programed to get an erection, so it's almost like you need to take a pill to blink your eye. You are programed to get an erection, because deep down, yeah, deep down between a man and a woman, and a woman is really are a primordial instinct to procreate and to continue the human lie.

Really? Yeah. That the primordial energetic is that. Yeah. We can all look at sex all we want, but it's really. We're all programed to have, to continue the human life.

So, it's something that's innate to him. So don't give it up to, a pill. So. But, patient. Don't talk about it with their doctor, with the embarrassed of that.

Sometimes they don't know that. Maybe if I talk about, like, the one of the doctor, it, I can have some some solution to what's going on, you know what I mean?

So they don't know that. Maybe they need to talk to the doctor. Just the blood work. Maybe that will help with your aid. So it's all about misinformation, and it's about the discomfort.

the subject, study. I just, I, I when I gave the lecture and I looked at the study, only about 50% of men will bring it up to their doctor at the appointment.

I mean, the 50% of men that have added are suffering in silence. They're not talking about the doctor. They're not talking about it with, their partner.

What are they doing? They're going on Google and they're, you know, googling, they're, they're, they're dependent upon Doctor Google to, tell them what to do, what their sex life.

And oftentimes they end up in an online dispensary. And guess what? They take the ad bad, right? And they just make themselves a bigger hole, when they start taking it easy med to my approach and that, you know, it's information and education is education to.

Hey, before you pop that pill, maybe, maybe you should do some introspection and and look at the four pillars of your health. Go get your blood work done.

It's covered by insurance. You know, you may end up discovering you have diabetes. And if you fix that, that your sex life can also be fixed as well, too, because you keep on taking the medicine.

between 3 to 5 years, that medicine isn't gonna work because, 3 to 5 years, the disease worsen the endothelial dysfunction. and, and, and the blood flow gets worse and worse to death. Why?

A lot of men go from E. D. medicine to try and mix injection, which is an injection into the penis to help with, erection and then penile implant. What else are the CCP now?

Implant and men in the 40s. Now, because they've have ed in their 30s. You know, don't. Or don't ignore the symptoms. You don't want to end up with a penis pump at age 40.

That would be wild. Yeah. And, yeah, I mean, that's a major surgery, too. What? What are the stem cells that you're talking about? For those that might not be familiar.

Right, right. So the, stem cell that is the easiest to harvest is really, the, platelets which are floating in your blood, and the platelets account for about, 30% of your blood.

So you have five liters. that's floating women a little bit less than men. and, 95% of it is the red blood cell. And then you have the, the white blood cell, but then the platelets fill, are the ones that, help you heal.

Like, for instance, if you cut yourself in your hand. What happened? The blood oozes in. Fill in the area, and then the platelets, it causes, the blood to clot, but it also stimulate, you know, platelets go in there and stimulate other cells to migrate to the cut to seal that cut.

So when we see a scar all the time, that's what platelet does. Platelets, you know, stimulate the healing process of the soft tissue and even, bone as well.

So that's called platelet. So I get out the platelets from your blood. So I would draw out, either 180 cc to 240 cc. We put it in a centrifuge and would separate out the red blood cell from the, from, the plasma and just keep the, platelets a low.

And that's, that is then re injected into, the penis for what it does is that at the, it heals the endothelium and stimulate more blood flow to, to the penis.

And then also we also now I said 20, 22 now, but, now adding in Botox. yeah. The same boat that you put to the base to get rid of those wrinkles. Now we're adding it to, the corpus cavernous, something that, that works like a 20, like a Viagra.

It relaxes, the, penis to allow for, erection. And then we'll also do something called shockwave, which, is a machine that uses actually, electromagnetic energy, to transfer that to the tissue.

And what that does, it's again stimulate, healing and, more blood flow. So the whole thing, a double blood flow, however, all that treatment is on the penis itself.

Penis Pump Rehab and Preventive Care

But the lifestyle modification, like the diet, exercise, the sleep and the stretch management work on repairing the blood vessels and the inflammation, you know, from the penis and really kind of up to your brain because you have to, you have to change your diet and, your exercise in order for you to start, a healing, from the your dysfunction.

Yeah. It's not the Botox. and the penis is different than, you know, the. Because you said it's new, so I hadn't really

heard of that yet, but it makes sense.

So it's relaxing the corpus cavernous, this muscle so that, if you guys don't know, like the the penis, it they there's these two columns where they have this muscle and that's what fills up with blood.

So you're relaxing that with the tongue. So where are you injecting the, the toxic the Botox. Yeah. So the both of the doctor injected in the corpus. Cavernous.

also right in there. How many units are you using? I'm very intrigued. Yeah, it's about 100 unit. wow. That's a that's a lot. Okay, so if any of you get, Botox or zoom in, which is a cleaner Botox, usually, you know, like 2 to 4 units, like four units usually here, you know, two here, it's not.

So 100 units is a lot. And I. Have they. So you're male patients are just like, wow, this is working really well. Oh, absolutely. Yeah. That that's our top seller. Our our package.

it's called, you know, performance boost and, our top seller with the, with, platelet injection or platelet rich plasma or PRP. Well, with the shockwave therapy along with the Botox.

And, we have them use a penis pamphlet. Cause I'm a big advocate of peanut pump for, penile rehab, supplements. And also, we have an app where, they work on their, diet and exercise and keep track of their sleep as well as, allowing them to meditate.

So I'm a big believer and, you know, in order to treat something as complex as, you you really need multiple approaches, in order to heal from within, as well, too, because you know what I've noticed that using one approach isn't going to help, but and I want to also add in.

We also do blood work as well to to look at comprehensively what's going on, what inflammatory markers. But and then we also will add will treat with hormone replacement therapy for men with ed with testosterone if they are a candidate, as well.

Yes. That's a great point. Now, you mentioned the penis pump. So even if they're having like, do you prescribe that for specific Ed problems or kind of everyone, they you're just like, flexing it like a muscle.

yeah. Well, you know, one of the videos I have on YouTube is going viral right now is called Taking Your Penis to the gym. so, using the penis pump for those of you that are not familiar with it, in fact, I have one I'm going to show you right here.

So I want to bring the penis pump from, you know, outside of Austin Powers porn. Dirty negative. to, actually a medical device that you can use at home, and almost, like, make it, like, almost like a massager as well, because it can be used for rehabilitation, of the penis to either maintain the optimal, functioning of the penis, or it can also be restorative if you have ed so you can you can maintain and you can also restore function.

So what it is, it looks like this. Or I like the electric because rechargeable this it so it's the negative pressure. It's like a substance. Like a vacuum.

It's like a vacuum. So negative. suction. So you turn it on, and then you put the peanut through here. And because of the negative, the suction. you know, friend of mine says it's kind of like oral sex.

that the negative suction. And then because of the negative suction, a man will have an erection inside the cylinder, here. And he gets he gets actually, like, a full erection, the erection adapter to with arterial and venous blood.

And then once you get to a certain, to his full erection, he can stop the, the suction and just leave it in there. You want to leave it there for about ten minutes, and then you deflate, and then you deflate right here, and you get it out. So.

Because if a man. Well, every time he has an erection, he's really exercising the penis muscle right now. how often we go to the gym? 3 to 5 times a week, right?

When you go to the gym to, you know, do a short rest. Well, you know, I don't know about you, but as you get older, you don't have as much, frequent sex like you were when you were younger.

And so as we get older, live kids, and, work on all this stuff happens, and maybe you have, and, of course, once a week, maybe twice a week. But that's the only time that you have exercised.

You have you exercised the penis. Well, a man that's actually made to have nighttime erection or morning erection, he can have between 3 to 6 erection, a week.

I mean, a night, 3 to 6 erection a night. And each erection can last from 5 to 30 minutes. However, as you get older and his testosterone level drop the number.

nighttime erection or a morning erection also drop. So the frequency of really flexing the penis muscle, the corpus cavernous, decreases. And, so there's two things that happen for a man is that after the age of 30, his testosterone level drop, and, when the testosterone levels drop, the corporate cavern knows about the penis muscle.

It has a lot of receptors that need testosterone in order to kind of stay healthy. But with a testosterone level. Drop it. it, what happened to the muscle?

The muscle atrophy, the penis muscle atrophy a little bit. When it activate, it can develop scar tissue. And so, so fibrosis start to, set in to what?

What is the end result? The end result? it's harder to get an erection, and it's a small opening. And when you're firm. So how do you prevent that? How do you prevent that now penis problem.

Because that will expand the muscle that will bring in oxygenated blood, bring in oxygen. It will also, keep the penile muscle healthy and prevent scarring, prevent fibrosis because, you know, your testosterone level, drop unless you get supplemented testosterone.

Or you can exercise, exercise, eat well, you can increase your testosterone by, by 200, 200 point. So if you hit 300, you can increase that to 500. but you can't increase it.

Probably not, more than 200. so the point I'm trying to make is that, you can use the penis pump as, kind of like going to the gym as a preventative to keep it, the peanut, the penis in good health.

Or if you have a it, you can use it to, bring oxygenated blood into, the penis and to also rehab the penis. So that way it can, you know, know what it's like to have an erection, because, men.

What do you do? I left to take medicine. Or do try medicine. Jackson did not get a reaction to what happened. Over time, the muscle atrophy, more scar tissue, such then that.

Glad you asked me about, the penis power. That's something that I'm kind of passionate about as well. Yeah, you can tell you. You can tell your passion about the penis pump.

I love it, and it's cool that it's electric. Yeah. So that's nice.

Peptides, Hormones, and Arousal Support

You're not going to wear out your arms, but it's a great point about bringing oxygen like oxygen rich blood that's healing to, you know, the corpus cavernous is to the penis.

You know, I think that that's a great point, comparing it to a regular muscle. And probably no one's really talking

about that. And I'm sure that they go to their urologist or their family doctor and they're getting sent home with a script instead of a penis pump, which is unfortunate.

Yeah, it is that tiny home with the script. But, I mean, they trust a doctor, right? But most doctors are not aware of other alternative other than meds. And, and that penile, implant, unfortunately, that's what insurance covers, right.

but honestly that's that, that's like, it's like, the cost of this, it's like, like a, 100, plus, and, you know, at once, you know, about you can buy is like a massager, right?

Why do we use hematology to help with pain? Right. Well, this think of it as, almost like I call it, like, brushing your teeth. take it, you know, build your penis as, like as like your teeth.

You want to preserve it. So that way it will stay with you and will be functional until the day you die. And how do you do that? Well, peanut palm, you know, using the four pillars.

And I would tell them what you'll pay my patient. You know, if you're able to have an erection, your PA should be, you know, three times a weight, you're going below three times a week, then, you know, you're you're not keeping your exercise.

And if you're not keeping your exercise, you're the pain. That's. Yes, I love it I love it. So let's move on to peptides. Could you tell us what you use at your practice for peptides for man men and women for sexual health.

Right. So we use pt 141 and that, I, I always have a hard time, Bremmer parameter tonight. Right. so we use PT 141 or the valet C is the brand name, right?

So is that an injection, of, of a peptide? and, is subcu, you know, injected into us, and you just inject it and, abdominal, area. So dot dot help with, increasing arousal and, desire that we see, for men that it help with, now testosterone, increase some desire but not all, desire.

But, we combine that with testosterone and with the 141, it will help what arousal and, desire. Because the brain is a larger sexual organs. so it starts in the brain.

So in order for you to get an erection of a female, to even get, engorged, it really starts in the brain. Because if our brain is not aroused or you have, in the mood, it's not going to transmit hormones or transmit, nerve transmission from the brain, from the brain to, the nerve and then all the way down to a sexual organ.

so what it does it that it works on, stimulating, arousal, in the brain. And therefore you'll also see some of the side effect, which is a little nausea, the nausea and the headache.

and, some, some gas problem. Now, I tried it, I, I, I recommended to my patient. I tried it myself as well. And at low dose, I have, I have the headache, as well.

My husband laughing, you know, I mean, I don't have any problem. I have the headache. So if you're going to, want to use the 5141 which help with arousal or desire, it actually does work well, but you have to work with a doctor to adjust your dose and not necessarily being going up higher.

It's helpful. sometime the lowest dose that you respond to, is, the best, of all two, so, you know, just yeah, you just have to kind of monitor, the dosage.

Yes. And I think it's pretty funny that one of the side effects is headache, one that tends to be an excuse not to, not not to get together. Right. and I know some people now are using 141 with oxytocin, like combining those two.

So I think that is really cool and a great idea. so when you have your patients on these peptide ads, are they using them just as needed? Or if they just feel, you know, you know, how are they using them like a couple times a week or a couple of times a month?

Have you found. Well, they're using, I would say probably once a week on special occasion where they really need to, you know, really be there in the mood and so far they don't use it every time, but they do use it on, special occasion.

And usually the men that, uses it more, and more actually more on the older men, the ones that are in their 70s, will use it more as well. And those are the one that actually require a lower dose.

then the younger, men, so it's not all the time that they use it, but they'll use it when special occasion, because, you know, it's an injection you got, you got it.

I tell them to inject about 30 minute, 45 minutes, before sexual activity, and it's kind of take that spot spontaneity out of, you know, sexual activity.

and that's one of the reason why, you know, they don't use it as much, but you gotta plan that out and you gotta get it, you know, insulin needle, your rod.

you got to inject, as well, too. But when it's appropriate, it, it does help, quite, a bit. So I think if a man tells me that he's having, difficulty with, getting aroused or desire that testosterone, doesn't help, that I will add in, the peptide as well.

And, you know, after doing the PRP and, the Botox and the shockwave and the treatment, then I'll add that in as, an adjunct as well to and I don't use oxytocin, as much, because I, I tried the, the nasal, oxytocin and some of my patients didn't really notice it, as much at, well, it was what they were doing, because I had my patient meditate to, and do box breathing, to help them prolong, the experience a little more and doing, pelvic exercise.

I cable, exercises, as well, too. But again, you know, using multiple, modality, multiple technique to, really optimize sexual function because there are muscle down in the pelvic area that are very important to sexual function.

But we never exercise that. I mean, we don't exercise the muscle down there. So what happen when we get older? We get older. It starts to sag a start to get weakened.

because we, you know, we also have less, hormone, as well. And for women, women need estrogen, in their and, vaginal tissue for the moisture as well as the, the strength, to maintain the strength of the muscle as well, to, and so does men, men, men need, to do their take on muscle to, help, improve direction.

But men also need astral vision, because a recent study came out that men. you need a surgeon because it help with your desire. So something new I want to add on here is that, if a man, if you try what?

Peter 141 have side effects, you can start thinking maybe taking that new medicine call, add it, which is really branded for women or, arousal, and desire.

But a man can also take that, as well to, to help with, desire. Yeah. And I, I remember how I felt postpartum when I was breastfeeding. So your estradiol levels are low, and you, you do you can tell down there that that something's off.

Right. And I used a little bit of estradiol astral, down in the vaginal area to, to help rebalance that while while I was prolong nursing. So that's something that a lot of OB GYNs don't talk about with their breastfeeding mothers.

And I think that's unfortunate because then they can't regain that intimacy with their husband after after having the baby. So that's another thing. And I always recommend pelvic floor therapy in someone that does internal trigger points.

because the, the pelvis, like you were saying, you know, we have, you know, our pelvis and our, lamb and ashram coming together and all those bones are held together by ligaments.

And then there's muscle. So it's the muscles are tight, it's going to pull on those ligaments and cause pain. And I know I had this hip pain and I did everything.

Pelvic Floor Therapy for Men and Women

Everything, you know, except when I did pelvic floor therapy and got the internal trigger point fix, then it was better. So, you know, when we look at sexual health for women, we really have to to address that.

And it's it's really interesting. A lot of women are not recommended to do pelvic floor therapy postpartum. And I am sending like women that are 5060 for the first time.

And I practice a lot because we talk about it. But but very important. And you said men need to do pelvic floor exercises also. Yes. because I help them with direction because the pelvic floor muscle, the pelvic floor muscles wrap up at the base of the pina, and that help with, with, pina standing more upright because with the pelvic muscle is weakened, it affects the, the erection because direction may not be as upright.

It will be like more downsloping. So they need that, to exercise that too. And that the pelvic muscle also intricately involved with the prostate. that's why it's all near the same area.

Right. so the prostate, it's the prostate actually contribute to sexual function. And a recent study came out that the urethra, the tube where you urinate is also involved in sexual function, too, because the urethra has a lot of testosterone receptors, in there.

and so, the prostate, if you have most men, would have you did, and, so the prostate, also involved with that, what I mentioned up the prostate because the muscle, the, the pelvic muscle, also involved and, orgasm.

that's the sensation, the contraction of orgasm. The sensation also involved with, ejaculation in getting the seminal the the semen fluid out. so if the pelvic muscle is weakened and you see that, in men that have radiation from prostate cancer, then you'll have a, low volume or you, have, difficulty with, ejaculation.

So, so men here, very loud and clear, if you want, have a good attraction, focus on those pelvic, muscle, because you'll have better, intensity of orgasm and better, ejaculation.

And how do you exercise that? Those are the same muscle that actually help you, urinate. So you start a stream. if you stop that stream and start to stream again, those are the same muscles.

You can feel those muscles. I, I have men, I have a lot of my my patients do their own biofeedback. I showed them these are the muscle you need to contract.

And you lie down. You put your hand down there and feel it. Feel it. Contract. Feel it tight. Feel contract, feel it tight. But interestingly, I don't know.

You know that Jen you may is that men that have had after have tightened pelvic muscle. So their muscle to dip pelvic muscle are actually contracted instead of being lapped.

That makes sense right? If they're contracted then it's hard for them to get the erection or it's contracted because they're they're tense. But, you know, they're tense and it's hard for them to get direction.

But if you relaxed it, you relax the pelvic muscle. Then when it contract, it'll be a stronger contraction. Okay. So it's worthwhile for men to start doing, Kegel, put your hand down there.

Feel the muscle. I usually tell them it's right. It's right beside your your scroll to area underneath that view, the contraction when you, your stop and then, you know, you can do that while you're driving in the car.

I do like, 20 of them. And you have to coordinated with your, your breathing. but the more you do it, the better, the

stronger those muscles are. Yes. That's great.

Now everyone has homework to do, right? Yeah. That's great. Draftsmen. Three times a week. And then exercise your pelvic and went until I myself I when I sit at a traffic jam, I'm doing my Kegel exercise it because and I have to tell you that and I I'm a big advocate that goal to see, a physical therapist that specializes in, the pelvic floor because at myself at the doctor doing this, and I thought I knew how to Kegel I was not doing it correctly.

I was doing it too hard. I was contracting the muscle to more, much more than I needed to. and so if I do that, I actually cause more harm. I'm actually causing the muscle, the fatigue.

I'll make it more weak. So go see a pelvic floor. specialists, therapists, physical therapists, or sometimes OT as well. That can, really give you biofeedback on how you need to do that.

You don't have to go a lot of time. But what you know, you know how to do it. You can you can do it the rest of your life. You can do it while you're standing in the grocery store.

You do it while you're in the car. But it is really it will, will help you in the long run and also help for women, but especially help with urinary stress, incontinent.

And that was the reason why I needed to go to, to therapy or to help with, And every time I, I play tennis, every time I overhead or serve, I may lose.

I can't even do jumping jacks. So what I did was I did the play, and I had, the platelet rich plasma, injected, on the o-shot injected into my, my, clitoris and my G spot and also along my, pelvic muscles.

That's what I was to. Yeah. That's great. And I love these because they're natural solutions and they're not some weird bladder sling surgery and, you know, stuff that's just going to put you out of balance.

So there's definitely ways to heal out there that are more natural.

Modern Man Club and Where to Find Dr. Truong

And you know, even using the peptides bioidentical hormones, it's it's all just this great. Like anti-aging lifestyle. So thank you for sharing everything with us.

And I think this is the first interview I've ever done where someone put a penis pump up on the screen. So that's a first. There we go. I always have next to me because I'm always on podcast and I'm always talking about it.

And, I wish we have something for woman, for a woman to do as well. So I have some homework to do on, the women, on that department, because I think that women can actually, do, restorative, you know, vaginal, therapy, same way that, you know, for a man.

So this has kind of been an interesting episode for you, for the, for the whole, event. I love it, I love it. Well, can you please share with us, Dr. Truong, where everyone can find you at as they want to work with you or get in your program how they can do that?

Well, great. Was my pleasure to be here and to share that. as you know, I'm very passionate about education and dispelling the myths and the stigma of sexual health, because sexual health is health.

And I believe that if you know what you need to do, you can really continue to have sexual vitality for life. because I've seen men in their late 80s still having, sexual relation.

So having said that, I actually created an online coaching, space program for, men with ED I just called the Modern Man Club, where I actually will, do live coaching with men in a group.

what they need to do to have, to regain their sexual function. But in it, I also have my course where to show them the success path as well. And I also sort I supplement that they need to take that it that I have validated and verified because there's a lot of stuff out there that, possibly does not work.

And I focus on more lifestyle modification. The four pillars of health exercise, exercise, diet, stress reduction and sleep. So, the, our club is called the Modern Man Club, and you can, check it out at, so I, at the URL.

No ED Man so N O E D M A N.com (noedman.com) noedman.com is our, coaching program. And if you need, to have more of, you know, do it for you where we do it in the after treatment, where we do the stem cell therapy with the platelet rich plasma the shockwave and, the Botox, injection all along with our lifestyle modification, you can actually go on my website.

at, truongrehab.com T R U O N G R E H A B.com and you can, just, contact us there. We love to hear from you, but we offer bulk program because, you know, people get, results with the coaching program because I know that I can't see everybody, everywhere.

And I want to have a big, reach to really educate men that you have control of your sexual function. Do not give it up to a pill. Do not get penile, implant, because there's a lot of complications with that.

And it. I'll start work education. I hope that if someone listening to that, that they will, learn something from this and throw those pills away and start looking at and restorative, restorative, therapy for them.

Yes, absolutely. And I love how passionate you are about it. So thank you so much for being here. I really enjoyed talking to you. Thank you for having me here.