Size Matters - The Latest Medical Technologies to Increase Penile Size and Maximize Sexual Enhancement & Health Transcript

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Introduction and Guest Background

I, and to start again with another episode of the Peptide Summit. Today we have a special guest, Doctor Richard Gaines, who really needs no introduction.

So I want to thank you so much for being on the summit. Thanks for having me. I know you're busy, guy. And again, pretty much I think everyone in the industry knows knows about, Richard.

And he has, the reputation of being, the nicest, smartest guy you can ever meet. So. And then today, he's going to be talking about, title is Size Matters, the latest medical technologies for sexual enhancement and health.

Doctor Gaines is the inventor of the Gaines Wave medical protocol for erectile dysfunction. And chief medical officer of life. Gaines Medical and esthetics in Boca Raton, Florida.

It's at, Gaines g at ease md.com he joins Peptide summit to discuss unique treatments to maximize your sexual health. But he does so many other things.

He's just really advanced and all his therapies. He trained at Boston University School of Medicine, Tufts, and then went on to Harvard. Excuse me. His revolutionary practice offers a complete regenerative medicine program for men and women.

Includes hormone optimization. Sexual health, as well as, facial rejuvenation, synthetics, which is, really kind of a really hot topic. I think, very cool way to actually really improve health where you're killing off your bad cells.

And, I always has a, plasmapheresis machine. So, I did a number of plasma freezes, to go to Mexico and all over the place to get it down to basically filters your blood and filter all the bad stuff and infections and inflammatory cytokines.

And it's, it's really a a advanced technology that works. Life gains medical anesthetics can help people from all ages, improved energy, drive sexual health and overall enhance the youthfulness of our clients.

So he does the whole get caboodle. He opened in 2005, and he was an ex anesthesiologist as myself. Was that the most boring specialty ever? Yeah. Well, you know, I got all I could out of it.

And then I said, you know what? I'm moving on. And, yeah, he's looking pretty lucky because Rachel had a big corporation. So it really, what I wanted to do.

Yeah. I'm like, I am so bored, but nothing is just, so really started. And the guy. Was you similar, anything similar to you? I'll take it. Then went, into, anti-aging medical practice work.

You know, like the term anti-aging, kind of things. You know, it's just hocus pocus stuff and creams and things. But really, I tell people we're not alternative or integrative.

We just practice better medicine. You know, we're more evidence based, and we have the freedom to actually take that literature and apply it to our patients.

And he resolved to find a new approach to healing, that preserved health and wellness before disease, raising it, and aging and a chance to take old. And that's a different, a different paragraph, paradigm where, yeah.

Why not stop you from developing these illnesses and waiting till you're bad enough to take a medication? I read one patient who had diabetes, but it wasn't bad enough, so.

And they would pay for the medication. So he goes, I'm going to go gain weight. And he gained like 30 pounds. So you give the medication, you know, but, what I'm further looking forward to his goal is to have men and women gain a deeper understanding of how and why their ability to perform.

Changes with age. Additionally, is exposed to many myths and misconceptions that are about sexual wellness and to let men in their partners know that there are many cutting edge treatments available that will allow them to enjoy a happy and healthy sex life.

So, turn being stuck at home and do an opportunity to take your love life to the next level. And I think that's true. You know, I just know so many couples, they like each other, but they don't, you know, I don't know if they've had sex for 20 years, you know.

Evidence-Based Age Management Medicine

Yes, it happens, it happens. And, you know, I have a lot of patience. They come in as couples and, mostly men, but they're all couples that come in and, they, they've put it on the back burner and they wait, you know, 20, 30 years.

And they do realize that they're missing something. And having good sexual energy is extremely important for, for good health. I mean, it's clear that if you're if you have good sexual energy.

And I went the other way around, good health, you know, it creates sexual energy. Yeah. Good. But sexual energy, if you have good energy, it's, it tells you that, I mean, you are healthy.

You're you're, you're psychiatrically healthy. You are your, your heart disease, much less. I mean, people develop as they age. Yeah. With hypertension, with cancer.

There's there's correlations right down there, right down the list. It's amazing. Yeah. You're like that young girl, a high schooler. Yeah. Yep. I mean, it's like, you can you can get it back.

You know, people, you know, they accept what's what. They're what's happening, you know, to themselves and does happen. We, we are not going to live a much, much past 30 years.

I mean, 20,000 years ago, we were bringing up kids in the cave, you know, both grandchildren. And in times of famine, the, the tried to move on, usually in the wintertime.

And, grandma and grandpa couldn't keep up anymore. So they get the idea of exposure in the wintertime, get caught by the saber tooth tiger. And the fossil evidence indicates that grandma and grandpa were 26 to 30 years old.

Of course, now they have a lot with Grandma and Grandpa. With 26 to 30 years old, that's all they could find in evidence from 20,000 years ago. Wow. What what happened is, of course, agriculture and medicine.

Things got a little better, but it that, extended lifespan. But it exposed the degenerative diseases of aging, Alzheimer's, osteoporosis, diabetes, record age, frailty, even cancer goes up as we age and our hormones generally go away.

A lot of other things develop, but hormones go away. No brainers to add back hormones. And the medical literature has it's supported it is supported by automatically hormones will decrease the onset of these degenerative I'm going to call it disorders.

I mean, diseases in wellness. We are treating wellness. We are making people healthy for a longer period of time in conventional medicine. And I was a conventional guy.

You were conventional guy in the past, people. That's why we chose anesthesia, actually, because other specialties like pulmonology and cardiology, they are treating disease.

They are looking at disease and just treating the disease and not really reversing anything. There is a you mentioned literature before. We practiced evidence based medicine as far as age management, medicine physicians, we only use evidence that is supported.

It's supported in the medical literature. We don't have to we don't wait for the double blinded randomized controlled studies or 5000 people. We know that these things work.

We're using it today. Right. And usually those are flawed anyways. They you know, they basically manipulate them a little bit to like look at the, you know, the, the a women's Health initiative.

It was so flawed and gave the wrong answer. And, and like, sister, my girlfriend's sister works at, you know, one of the places that basically does the clinical trials and it's supposed to be blinded.

They know what the heck is, you know, what is the placebo? What's the drug? And they get a big bonus if it passes. So, yeah, you get paid. It's just, it's sort of like now if you label someone that has Covid, you'll get $35,000 or whatever, you know?

Yeah, I'm not a consensus, but that's. Yeah. And that's I, you know, and interesting when you talk about evidence that I have a piece on this about evidence based, you know, most doctors are practicing 10 to 20 years behind what's available.

The medical literature takes an average, proven new concept to get accepted in the mainstream medicine, on average, 17 years. Because one doctors just keep doing what they would do it in residency.

And if you give them 50 studies, show what they're doing is wrong. They know that my patients are different, you know, or they'll go to societal guidelines.

Right. And I can't get in trouble. I'm evidence based. I'm societal guidelines. You look at the W. H. O., Joe. Whatever. Eoa they basically, you know, levels of evidence.

You got meta analysis, you've got double blind with controlled. You've got, you know, case controlled or observational anecdotal or case studies below that are societal lines because they don't change for 20 years and they're so biased.

And and that's what doctors are. It's disappointing. And it's very, very a slow process. And doctors don't come around, you know, conventional wisdom will come around.

But it's going to take as you say, actually probably 40 years. So, we know we know the, that these things work now. And, we're going to, we're going to use it to help our patients and.

Being, you know, it's hard to get funded, by Big Pharma for any of the studies that involve bioidentical or anything where they can't label and make money on.

So it's, you know, it's it's getting all their revenue from big pharma, and they're not going to take something that shows that, hey, this medicine that they have isn't as good.

You know, they you know what, I am sure. Yeah. And insurance will only cover conventional medicine generally which, which, which treats disease. We are treating wellness and maintaining it and preventing disease and insurance will not cover that in most in most situations.

So, that's, you know, that's why we went into this type of medicine. I think that's why I wanted to anesthesia, actually, because we served we and maybe you because we served a purpose.

We, of course we in the operating room, we've seen these people are sick. They need they need pain control. They need to be their lives need to be sustained.

The blood pressure, we monitored it. And yeah, it could be could be boring. But the, that's a very good service. I felt it's a good service, but I don't know.

Anyway, so, you know, the hospital sepsis, I that's. You don't want to be in the hospital now, and they don't. It's the worst place to be. But I guess that's what that's what we we're keeping people out of the hospital.

And that's why insurance really should take a good look at this field. Because they would save a lot of money anyway. So, you know, as long as the, I know that sexual energy is very, very important.

One of my patients, I mean, when you come in, when a patient comes into you and is looking for optimal health, let's say you ask them what their goals are.

Number one is body composition, right? Number two is their energy levels. Number three is either cognition or sexual energy. And it it's everyone who comes in because it's sexual energy is one of the things that drop just like most other things.

We can restore that in in, in, in good, proven ways. And that's what I, and I, I've looked up a lot of literature. I have a number of technologies that I use here, to increase and decrease, for instance, erectile dysfunction.

You know, there are peptides that are also used. One of the very successful peptide, I think is 141 I think that, I, I refer it to most of my, patients who come in for a procedure.

I find a release and I deliver it to them. And of course, I tell them I'm looking for the science of, you know, of the nausea that might happen in five, 10% of patients.

So, yeah, it's a little weird, like you're doing your taxes and you're like, well, ready to go? That's, Yeah, that's what I, I mean, that's what I tell them because I've done it.

I, I practice what I preach, so I tell my patients, listen, you know, I'm, I took it the first time I took it, you know, doing my work at the desk and start looking around at the at girls in the office, you know, it really is interesting. And, so most people get the, good results with that.

Believe it or not, I'm actually considering, using, ketamine for therapy. I, I do use it for, anxiety and for my patients with anxiety, post-traumatic stress is that they approved it, etc., etc..

Of course, I'm an anesthesiologist. I know how to monitor and use it. I've used it. I used it in the 80s. So, it's a it is a psychedelic therapy, and I, with direct, with direction in the proper setting fitting.

I think people who do have, sexual issues, you can direct, possibly direct their experience to enhance their sexuality. So it's something that I'm looking at.

It's interesting because, you know, I like I love I. V. ketamine. And but we're using mostly for pain and depression. Absolutely. Really is good. It's it is interesting how you get some people just so happy and talkative.

Other people are crying, sometimes you have to, like, sort of slow it down, speed it up. But exactly. That's because we're anesthesiologists. We know that.

Yeah, I usually like people to be, to get a full psychedelic experience where they don't. They're not really talking in their head, and, and they do it it's a positive type of medication so that they don't really move at all.

That's why they thought they thought ketamine was going to replace damage, because the allergist actually, in the 70s, there was no respiratory depression.

And. Yeah. And and nobody moves. And it's the most potent analgesic for pain medicine. There is so interesting stuff. Now this is way off topic, but, do you know anything about, you know, the kind of microdosing, psychedelics?

Yeah, I've looked into that a lot. I will be honest with you. I did, try some, LSD, in, one tenth of the, dose. Ten mix. So I, as I said, I do it, but I like to check things out before I offer it to my patients.

And, the 100 mix is really what is abused, for or 100 my youth for psychedelic therapy. And, the ten mix shouldn't do much. But for me, it was not a play.

It wasn't a pleasant experience. It was nothing. I had read, and it was maybe a high dose, so I haven't repeated it yet, but, I know that microdosing can be very good.

I've read a lot on it, and, it does increase creativity. It can decrease depression as well. So, the studies are still going on, and, I'll have to look at them.

Yeah, but it's nice that at least they opened up to, you know, hey, let's see if we consider it our ecstasy. Yeah. I'm like if, like, I get a CBD that has a tiny bit of THC in it, I am flip it out, you know, am paranoid.

So, yeah, I don't get that stuff. Yeah. Me either. Paranoia. It gets me. Actually, I think that's not a very common thing to paranoia. I don't know that my buddies, you know, that if they're doing it or somebody that I. Yeah, they don't.

Yeah, they don't look too paranoid right now. They don't, but I am I get paranoid too. Yeah. So, Yeah. So tell us about the gangs wave. So, the, that that term, of course, I developed the protocol and everything for that many years ago.

Over five years ago, and, it was based on literature, that was generated, mostly out of Israel.

Sexual Health, Hormones, and Patient Goals

But it was, also Scandinavian literature. And actually in South America, there were literature coming out on this, put the, that particular protocol together.

About five, six years ago. And, we offered it to my, patients and we got very good results. And, that was marketed. But I did separate from, I sold the name, and I separated from that type of protocol where I developed a new protocol.

Now, in my new company, my new company, life gains. People probably are much, much familiar with my past company. But, I thought I thought the game was only been six years.

I thought it was, like, 20 years. Well, the the technology goes back really, to the 40s. Shockwave therapy, is is, it is, for erectile dysfunction, but it's shockwave therapy was developed and looked at in the 40s during World War two.

What happened is, the in what is that? Once sailors was submerged and were exposed to a depth charge, they floated up to the surface dead. So they took them on board and they said, there's nothing wrong with this guy.

Why is he dead? And they, they opened them up and they realized that all these organs were shattered. And, the, German Department of Defense put a lot of money into researching shockwave therapy.

And, what they, finally determined is they finally directed it to, therapeutic uses. But it was the German Department of Defense that really put out what the research in, and, yeah.

Yeah. And, what they did is they tried a I know they tried initial fleet to, dissolve a tumor in someone's head, and it didn't work. But then, no, they started using it for, speeding up really, far here.

And they just, in the 70s, they started using it for, lithotripsy. In other words, these stones. Stones. And that was, that was gold standard. So essentially you've got the lithotripsy machine and a little wand.

Yes. Yeah. Lithotripsy is done with the same type of equipment. And that wand or a microphone, in a lithotripsy suite is placed over the area of the kidney and focused on to the stone like a large.

That's the large thing like that. This big. We're using something about this size. It's ten times less powerful than, little chip because you don't want to blow anything up, and, and, you can still focus it on various structures, which we know now when exposed to shockwave therapy, it regenerates tissue, it increases, you know, growth factors.

It actually can regenerate, blood vessels and, and nerve tissue and hasten healing. So there's a lot of good things with shockwave therapy. It is FDA approved, $50 because before it was just okay, erectile dysfunction.

Now it's being used all over joints and neck and. Yeah, well, actually, it was it was FDA approved first for, musculoskeletal, issues, plantar fasciitis, tennis elbow and for the temporary increase in blood flow, not the permanent blood flow that I'm talking about, but the temporary increase, because you can you can measure it, right away with a ultrasonography, blood flows increase right away.

The, so those things that happened to in the 80s after, what they realized is that when they got the lithotripsy be done, people, people were waking up without their back pain.

So they said, what's going on here? And they started, decreasing the power for, for musculoskeletal things. But anyway, in 2010, the shockwave was put on to the penis and the, the someone's got to do.

Okay, someone's got to do it. But there's a but it's been proven that tissue effects have been proven because, University of California, San Francisco, doctor Lou, who happened to win, the American Geological Association?

He won that award that year. About three years ago. Four years ago. And, he, he didn't win for this reason. But what he shows is that, in rats, when they were, they did the therapy penis.

It increased the number of progenitor stem cells. So we also attract stem cells to the area. It increased blood flow and nerve, and, various tissue factors which increase growth and regeneration.

Yeah. It's of, like, the micro damage. Right. It's kind of. Yeah. A little micro trauma. Yeah. Micro trauma. So, that in a controlled fashion is, is actually a good thing.

And then the studies came out in 2009, 2010 and further, it was showing that really, the, that it does work for erectile dysfunction and it does increase blood flow with evidence from, triplex ultrasound.

There's some studies showing that you can maintain the increased blood flow for about a year or two years. Of course, you need to come back for tuneup.

So it's very good for physicians to have this in their in their office for erectile dysfunction. But, my protocol now involves, two types of technology, specifically for short therapy.

One is called radial shockwave therapy. And I do have some pictures here. Which, yeah, they give a little presentation. I do, and I do, does it tell you how your new device is better than the old.

Well, yes. Yeah. Because I combine I combine techniques and technologies and I can just rush them and I'll show you real quick. It's on my computer. I'm gonna have to turn this computer around to look at the other computer.

Let me know if it's crazy. Here. So, anyway, this, this is, the incidence of erectile dysfunction in men. And if you look at the top graph, you can see that 50% of, while 40% of 40 year olds have, either a moderate to severe erectile dysfunction, or some, well, some form of, I'm sorry, some form of erectile dysfunction.

40 miles ed of 40 year olds, 40% 40 years, mild to moderate sexual dysfunction, mild to moderate now. And it goes, if you go to 50. Yeah. If you go to 50, nobody admitted if you got a 5,050% if you got a 60 is 60%.

If you go to 70, it's 70%. And there's also surgeons, for developing these and a lot of medical reasons, as in the bottom, the most of the these are causes of erectile dysfunction.

The real one we're concerned about is the vascular genic. Of course, the anatomical is an issue if you're if you have micro penis something or we have a dermatologist, but.

You got. Can you hear me? Yeah. Yeah. You can. Okay. I've tell my secrets. Hey, we can take care of that. That's what we'll talk about later. But that's because genetic is about agent of, reckless function.

So, our our our arteries and and capillary pages, which look like, look like cotton candy, especially in the penis and pelvis. And it deteriorates as we age.

Well, we can bring it back and we can bring it back with shockwave therapy. We use jelly, various, you know, people are doing with cam cells. And, and other things that, do work.

I mean, we don't have time to talk about it all, but I know that pulsed electromagnetic field therapy can work as well as hyperbaric oxygen. And I recommend for all these therapy.

That's one interesting. And what what what what percent is psychogenic? Where? Just be with the same person, you know, kind of evolutionarily, I think it's important, but I do, I had a hard time hearing you again.

Yeah, I think it's I think it's higher than reported. I think it's probably 30, 40%. So something that, I am actively addressing, I told you, but, we can talk and I'll just show you individual slides that I'd like to show you.

One of my favorites is this. Have you ever been to the Body Museum? Yeah. Yeah, been a couple times. Yeah. Well, this, this is a picture of one of those, probably a findings prisoner that got dissolved.

Anyway, they have all different levels. This is the arteries ending the capillary beds. You can see that here. The, there's a very dense capillary bed.

The kidneys, of course, will have a dense capillary bed as well. These are these deteriorate as we age. So we have to come back from here. So, you know, with therapy, we know does that stimulate stimulates endothelial cells to, regenerate.

And, of course we know that it increases angiogenesis. This is a picture of a thousand studies that have been done on all this. And here's one I'd like to show you.

Through this, We we lost you again. Oh, can you see that? Can you see what it says there on the screen? An impulse magnetic field. Something. Yep. Or or, dysfunction.

And it's a double. It's a double blind, placebo controlled study. And with pulsed, electro magnetic field therapy. There's also other ones that are hyperbaric.

I mean, I you. There's hundreds of studies on this, so I make sure that there's evidence and I, of course, I can myself and offer it to my patients. But I was going to tell you here, so the the differences, the differences in waves.

Radial. There's two technologies with shockwave therapy. Radial and focused radial. Shockwave therapy is, it's a it's a, it's a billet bullet that goes back and forth and hits a strike plate, which generates a sound wave which through skin and loses energy as it enters tissue.

But it still influences development of growth factors. Focused is taking a microphone and putting it here. And the sound waves are focused deep. Depending on how you set it into the tissues.

So you're aiming it more right. Focused is what lithotripsy uses. That's why it can get a kidney stone through eight inches of tissue. And the focus is on that kidney stone focused is what they did.

They did all those studies on shockwave therapy with focused shockwave. The, technology that I, that has been, that I initially, brought forth, was actually, only radial shockwave therapy.

Shockwave Therapy for Erectile Dysfunction

There were no studies supporting the use of that type of shockwave therapy. I used it it works. Seemed to work on my patients. So I used it. Both of these therapies, the focused and radial or FDA approved.

But I now use both types of therapies, both types of technologies. On my patients, I was radial shockwave therapy and focused. And I want to show you the difference in waves.

So you get an idea. This is a radial shockwave tracing. You can see how it goes positive and negative, but it's the upslope of the positive that emulates the tissue.

This is quite different than a focused scrambler wave, which looks. It's it's almost basically goes up very quickly, much quicker than a radial. And there's very little negative deflection.

Oh the waves the waves are different. That's where it's not even really wave. Angry. So it's not it's not really a wave though. But it's just the right wave is right.

Right. It's mostly positive energy. And, it's interesting you said that because radial radial shockwave, which you lose energy as you enter the real shockwave therapy is actually cool is really the term is acoustic therapy.

It's really not even a shockwave. So all these studies on shockwave therapy were done with a focused shockwave generator. So, when I, separated from a my other protocol, I started the protocol using both of these.

And I have, getting superior results for my erectile dysfunction patients, and I am using it for, for females as well. Just stimulate the tissues, because if you, the, because one of the things is the fragile secretion which, generated during sexual activity are a an ultra filtrate of blood flow.

So bringing back those capillaries is a very important thing, even for females. So do you put it inside all around or in particular? That's a good question.

There's a good question. I do put it, on the outside, the of the menorah, the majora and the interior vaginal wall so it doesn't go all the way. And it's only an inch or so.

And the other area, I do it on the anterior original wall. Also the you can go around the whole, enjoy this also. So you don't you don't stick anything deep in there.

There's no need to do that. You go around the whole entire iris, the clitoral region, the clitoris. As you know, there are actually two corpora cab cabinets.

Them which. So the male penis. And if you do a transaction of the, the, the, the clitoris, it actually looks like a male penis without the urethra. So, I would no, I can never I can never find that thing.

I think it's take practice, but, you know, I have I've had a lot of success with this type of therapy. I actually, added what I could. I mean, I looked in all the literature to see what else I could offer.

We know that pulsed electromagnetic field therapy, actually, as you so I had that little article there. It actually does increase blood flow to the pelvis.

And then after shockwave, I have everyone sit on, a coil during my dual therapy. I call it dual stim because I add

focus to the radial shockwave. Now, what makes you combine the two?

The. Because the, the literature, all the literature on shockwave therapy and erectile dysfunction, we're done with focused wave. So I added focused basically to my previous methodology.

And my previous methodology only uses radial, which that the bullet that goes back and forth and hits a straight plate, the focus is a little more technical.

If that piece of equipment is actually much more expensive. So, the, the radial works as well, but I don't think as well as for the combination of focused and radial, you know, I also do, you know, the P shot and, you can put all different types of things in there.

I mean, honestly, we know that Warren's jelly is very good, so I offer that to my pay. You people going a little depth about that. OSHA. Yeah. And what you use, like Warren's jelly.

Yeah. That. Yeah. Yeah. I mean, the, I started the, I was trained by, well, Brunel's, coined the term, shot. This good guy is a friend of mine. He, I trained with him about six, seven years ago, and, we since that time, of course, I tried it on myself, believe it or not.

Oh, yeah. Does it work? Does it hurt? By the way? It, it's not pleasant if, it's not pleasant if you don't use any anesthetic or actually, Or the shockwave.

What are you talking about, shockwave? Yeah. Sorry. Yeah. Shockwave isn't bad at all, because, what happens is, with, when you do, my internet connection, this is unstable.

Okay? When you do shockwave therapy, it actually creates a little anesthesia, because if you tap something over and over again, it becomes a little numb.

Your nervous system first shuts it off. So what happens is, I notice I used to focus, I used the focus first, focused is painless because it's entering below the tissues and it does create this numbness.

And then after I'm done with the focused I add radial. Radial can be very uncomfortable because it's that jackhammer type sensation over the genitals.

It's not so pleasant. A lot of centers will use, numbing cream. We started, I started using that initially and teaching, physicians to use that. But after my, 100 patient patient come in and as his basis numb and his eyelids drooping, I decided that maybe I'll try to just quick wake up the, the energy gradually.

So you can do that with radial as well. If you start low and tweak it up high takes a little longer. I found that works really well. And because I'm here such a wimp.

And so I was getting on my shoulder and I was like, ready to jump off the table. And then but just slowly increased. And I'm like, oh, it's not bad at all. You know, it's right.

And you can you can get to the maximum or the, the therapeutic number. It's all therapeutic. But you can get to a good number which is which will give you more benefits.

So, yeah, there it is. And painful. So it's, it's a non painful procedure if done properly as far as the patient goes. Of course there's needles that you throw in there.

So that's that can be painful. But I, I developed a a block and I taught everybody how to do this block. It's really no secret, but it's very, very simple to do.

And, I shown it. I actually could show you. I can show you this really quick if we. If you can hear me on the computer. This way you can hear me. Yeah.

It's, like a finger block, but I have to tell you, it doesn't even hurt. I did 141 when I first started a little too much. And so it's going on like 24, 36 hours.

I'm like, I better do something. So I took a couple 20 cc's of blood out of the penis. I mean, it didn't hurt at all. So, I don't I don't think it's that painful.

It looks and sounds more painful than it is. Yeah, I guess I, I, I do. On the outreach sensation or anything. And actually create a cushion. It's a good thing.

Of course. I sometimes do it along with the shot or injecting one's jelly. One's jelly also has some hyaluronic acid in it, but I can inject it. You can inject it into corporal, and, create some, regeneration of tissues.

And so with the p shot, what are you doing? I can like, do you do it on the glands? I do, I do inject the glands to. It's a potential base. We have three tubes in the penis.

The, the you have the two Cobram, and then below the spongy, some, the corpus cavernous. I are the ones that are enveloped by the tunic at the beginning or so.

Those are the tubes. When they swell, create the erection, the spongy ocean, which is the third to really doesn't contribute much to the erection. But it still, it does continuous with the sponge will put in growth factors in the whole spongy or some other spongy, spongy ptosis.

So we do inject that as well. But I usually do it. Yeah. No. Would it help if you just did, like the Wharton's jelly and, you know, growth factors and that without the hyaluronic acid, would it improve that?

Yes. Improve ties. Yes. There's a, more regenerating blood vessels. There. The blood vessels, those and the size of the penis does, increase? In theory, it should.

It should be, you know, after a number of, like, months. And so is the after you're done. Is the penis, like, larger at rest then relatively bigger when erect, or is it normal size then get bigger when erect, or how does that kind of work.

Right. But if you, if you do the PSA procedure, with, with or without one's jelly or other, growth substances, usually you are a little bigger because of the volume that you've put into the organism, but that generally that goes away after three days, the, actual regeneration of the blood vessels and nerve tissue and, increase the blood flow will take a month or three to increase.

And what happens is we know that from studies that even after one session of, of PRP injected or, or, Morton's jelly, things are happening for 12 weeks.

That's what's in the literature. There are still higher levels of growth factors, still higher numbers of stem cells. So, you know, you got to give it time and, you know, you have to make sure patients expectations are, appropriate before you offer these things.

God, specially with you got to be very careful with the, with the filler type, programs, because, they do get immediate results because you can take them before and after picture and show them, but it's, they it it depends on what if they get substantial enough, they may require that you require further filler is what it is.

But you can put a load of stuff in there. So you can you can sure. You can increase the size for sure. But it might take them, might cost a little more, that's all.

So do you have any porn stars with the teakettle? I do have one, actually. That, But. But, Yeah. So can can they immediately start having sex after or if there's a, there's there is a downtime.

It's usually about two days. I usually recommend two days. And, you recommend keeping the penis wrapped. Not tight or anything, but but what happens? All the married guys are, like, two days, like they're thinking to you.

Yeah. Yeah, like the two days is nothing, right? So, you know, and the wrapping is supposed to maintain you. You want to maintain the, hyaluronic acid in the same spot.

So the wrapping is important for a day. With when when the issue with micro penis retracted penises is if you don't wrap it tightly, the penis will retract, and the, hyaluronic acid will get bunched up into the base of the penis.

And it's, it's not the look we're looking for a but then you get, like, a ring and some ribs, right? You know. A, you're probably gonna get asked for a lot of weird things.

Yeah, well, I've heard it all. You've seen it. You've seen it all. Do I bet I have, I have, well, that's great. So, like, what percent of people are are happy, or is there a downside?

The, the downside is, that the results are what they expected. So you you always have to be very careful. I say this is the practice of medicine. We know this works in the literature.

For a majority of patients, you know, everybody's different. What they're saying. It's not. I got this gigantic elephant penis or whatever. Exactly, exactly.

And it's films you want that you have to come back a few times and it's going to cost you more money.

Adjunct Treatments and Female Sexual Health

The other thing is, as far as erectile dysfunction, you know, I tell them that, we're looking for improvements. We're looking to get you off. Try, Max.

We're looking to get you, lower your dose of Pde5 inhibitors, or get rid of completely so you can develop some spontaneous erections. And I've. I've seen it all, but I do start with that.

I tell them we're trying to battle well and what we're, you know, you know this guy and two years we fantasize and you know, it's just women of the same thing with the women's magazines.

And, it's kind of unrealistic, right? You know? Yeah, it is, but, so that's that's the thing where we might have a psychogenic component to all this, we know that, you know, the the erectile, the genic response actually actually reflex from the spinal cord.

So people who have spinal cords, you can stimulate them and they get an erection, young, young guys, and, they have they these. But we have an intact spinal cord, most of us. Okay.

Having a spinal cord, we can suppress that erector genic response with past experiences, thought processes, things that. Yeah, a response that, let me was helping this.

Okay. Who has the biggest penises in the world? I don't know. You know, I've seen, you know, everybody see the biggest penises. Porno industry. I sort of. I don't know if you heard that.

Porno industry might have altered our perceptions. And the real. The real average size that apenas. What is the purchase? Is, what, 13in? I can hear you.

But, yeah. Just, In closing, I just, also interested in the other stuff you're doing, like your, senility. So I think that's. I think that's just going to be a huge rage when when the light gets out into the general public.

And can you talk about you know, what are senescent cells and what are what's said and letting you know I was longevity. Yeah. It it's it's been around for a while.

The, the guys have been looking into it. In California actually, what's the guy's name? Aubrey the Aubrey guy. He's doing all the studies, and, And basically what happens is as we age, we accumulate older.

I don't want to die. And let's, I mean, we can actually focus on organs, cells that aren't functioning well. Myocardial cells, your renal cells, they're not working well.

And they send out bad signals to neighboring cells, even to the rest of the body. So they send out negative cytokines and proteins that really don't help.

And inflammatory stuff. So as we age, we, we, we accumulate the cells and they call it tinnitus and bird. So your burden goes up and all your organ function deteriorates.

It's now shown in humans, and it and last year in February, at Mayo Clinic, they showed that people who have pulmonary fibrosis and they treated with the analytic protocol guys got better and they were their respiratory function and they get better a lot better.

They got better within a month. And, what what it, what they, they were looking at is, they were looking at an anti leukemia leukemia medication, you know, and Kirsten and they used these two doses in these patients only for a week, three days.

They got it. And, these guys improved subsequently. So it's thought that connection increases. Unfortunately, senescent burden is hard to measure. And, tissue biopsies, much have to be done.

They. But, you know, everyone has it right as you get older senescent markers. Yes we know we have it. And, yeah, I know for my patients a combination.

You know, I give it to my patients, the combination of of, of the fact that they've been cursed to have done it being the, cancer drug and quercetin in a dose two Mondays in a row.

It could be for Mondays, depending on their medical condition, but I encouraging it weakens the cells. Your immune system gets rid of them. Your organ function improves.

That's brain, heart, kidney all improves. Even liver. So that can initially the initial treatment is either 2 to 4 Mondays and then you. It's a tuneup every 4 to 6 months depending on people's medical condition.

But generally therapy is here to stay. It's going to be, it's going to be improved through using some flavonoid now called visitin. Which seems to work a little bit of destruction.

But, people are examining it and I'm excited about it. Over to my patients. I, the other thing is that, decreased c oh, my, the center stack flavonoids are great.

I got, I get, I got if I said whatever tomato tomato. But, yeah, it's like when I did my genetics test, like, every answer was take flavonoids, you know, polyphenol.

Senescent Cells, Plasma Exchange, and Longevity

So interesting. Yeah, it's really interesting. And, you know, I went to heart failure that the cardiologist said you can never get better from the damage in 10% ten years.

And I could not walk straight, you know, upright. I cannot walk upstairs. And really, the peptides I think that's one of the things they did was really get rid of those, like, damaged cells that weren't dead, but just sitting there not functioning.

And my heart, my heart was so stiff. And, and so I, our what did you use? Which is. Yeah. Yeah. He before. Yeah. Yeah. So TV4 what you've now found TV4 frag.

Probably even better. It's smaller. Gets into, smaller places. It's available orally bioavailable. PPC is great. And all of that's really a cet analytic, but, I find is we fix the immune system.

Yeah. Because immune system. So low that it doesn't go up. But the BBC will also help the mitochondria. So if you fix them on a Condra, because these cells are actually they're programed to die, right.

And all these things go wrong, but they don't have the energy. So you basically stimulate their mitochondria that allows them to die. So a lot of the mitochondrial peptides I mean a lot of them Q but yeah, I've used it. BBC so I think it really just transformed my heart.

That was just all yeah, almost dead cells to, you know, basically go to the left, the new ones. The other thing is, you know, the other thing that helps is plasma for reasons we age, was our plasma, which was 50, 40 to 40, about 60% of your blood.

The, the liquid blood, your plasma accumulates these flowery proteins and it goes way up as we age. These are cytokines and, degenerative proteins. Yeah.

Inflammatory markers that that increase. Well, it is it's coming into view now. It's it knows it's something called probiotics. It's where they connect to mice and old mice in a, young mouse.

And the older mouse got younger, and the younger mouse got older just by connecting their circulatory systems. Actually, they just connected the skin.

But, they developed, the, the connections between them. That's an old study that's done. But now it's been shown that it's really not Young blood. It's the inflammatory stuff in older people's plasma.

Yeah. So plasma freezes, gets rid of that. And you can do it normal really quick with taking off 70% or 80% of your plasma while you're infusing albumin.

So, it cleans the plasma. And this has been shown to increase again organ function. It reverses Alzheimer's. It's the FDA approved for many, many items, any type of autoimmune disease.

You had it yourself for lyme's. So, yeah, I, I went all over to get it. It works. It gets rid of all the toxins. And it's funny that I went to the hospital across the way and I said, how much is it?

You get one plasmapheresis. And they said, I don't know, but we'll give you 80% off. And I'm like, okay, or what is that? She goes back. She says, you know, $38,000.

And I'm like, okay, 80% off of that. She goes, no, that's with the 80%, you know, true. So I, I've actually I've actually got it down to about 3500, believe it or not.

Person. Yeah. And of course, of course it's very expensive. The equipment is very expensive. And I do have people doing it. I myself have done it. I can tell you the next day doesn't hurt the next morning.

I, woke up. I had no aches and pains. And by the way, I'm not. I don't get excited about anything, but that's something I notice. No experience. Hey, I go live, there's proof right there, right?

He was doing it. Yeah, yeah. And, And. Yeah. So I'm looking at, kind of a self-contained plasma freezers machine. So we'll see if that works. But yeah, we we looked into her so many regulations and I'm in California, so it's like, oh my God, like you can't do anything, but, kind of California to me.

Yeah, yeah. So you're looking at EB or two. Is that we. Yeah. Yeah, yeah. And it seems to be okay. I, I haven't seen any studies on it, of course, because it was invented by somebody, in our field and talking about a small world.

The owner was a guy who rented a room from from me, like, 30 years ago or. Unbelievable. Yeah. All right, so that's, so, you know, I, I appreciate you having me on.

I, I have all these things for, you know, sexual health because, it does sell, and it is very important. And, I'm getting very good results. Yeah. What?

Well, what percent of patients do come in for sexual health or overall health? I guess they all go together. But, Well, what is it we we I mentioned at the beginning when we started that my patients come in and every one of them, number one is body composition.

They all want to look better. They all want to get fit, figure it's all that confidence right. Well that comes with the that comes with it. Some nobody I haven't had anybody come in and say I want more confidence.

Well they say yeah they got a oh absolutely, absolutely. Well, one of the things isn't I mean, one of the, items we use, of course, is bioidentical testosterone.

There are receptors for testosterone throughout the body. The most concentrated number of testosterone receptors is the human brain. So what's interesting is that, when you occupy those receptors, you have a better sense of wellness.

You have spatial, and you, your memory improves and focus. So there's a lot of good things about, just replacing your hormones that you had when you were younger.

Yeah. And and they're like. And the reference ranges, if you look, ten years ago, the reference range was much higher. Ten years before that, it was much higher.

We're having guys coming in at 22 and their levels like a nine year old. But the lab says they're normal because they're just the lowest 5%. I mean, it's crazy.

They're yes it's documented. Yeah. It's documented that testosterone levels in men has fallen since the 1960s, has fallen 30%. Why that's happening. Could it be 4G?

Could it be 5G? Could it be? Yeah. Radio waves could be plastics. And but they keep this low the range. So they say you're normal. It's like saying oh you got cancer.

Well most people get cancer. So you're fine. Yeah. And I've had guys come in with, you know testosterone the 700 and but they got all the symptoms. Give them a trial dose, just do a dose.

All their symptoms go away, you know? And as you get older, you get just Austrian resistance. So you can argue the levels should be higher. Exactly. Some some people need the higher levels. Yeah.

For sure. And then, also like the creams, the big problem is like, you rub the cream on and you increase, aromatase. The body starts breaking down estrogen, especially if you're diabetic or overweight.

So they're basically getting estrogen replacement, you know. Yeah. There are some good things about estrogen, but you don't want it too high. Yeah. You don't want to high.

You don't want it too low. You know because a new brain needs a bone needs it. So many things need it. And that's what vascular. It's. Yeah. Yeah, exactly.

And, I like combining like nandrolone which is a non aromatase able. Doesn't give it to DHT with low testosterone kind of 5050. And then you get a little less aromatase in there, especially in the overweight and diabetic patients.

But yeah, you know it's it does work well for diabetics for sure. Yeah. Hey, man, this has been great. Well thank you. Whole new area. They are always progressing.

Have, like, reached the pinnacle and developed this device that, you know, everyone's heard of. And you, you got to make it better. Yeah. So thank you. Appreciate it.

That's awesome. It was fun. Great, great. And thanks so much for being on the, summit. And, we need to, hang out. Yeah, okay. We'll do that when we get back to the, conferences.

Yeah. I didn't think I'd ever missed all those people. Me. Me either, you know? Yeah, I missed some of those. Some of those videos. Yeah. You know, like, I hate that guy.

I missed the. Oh, yeah. Right. Exactly. But we we have to get back out there for sure next year. We do. Well, bless you, sir. Keep up what you've been doing.

You're the epitome of a doctor, you know that? Thanks. Thanksgiving. Doing what you should be doing. So, thank you for everyone you've treated. And thank you for being on the summit. Yeah.

Thank you. I wish my slides were better, but we'll get it next time. Oh, it was good. It was good. Take care. Okay. Talk to you later. Bye bye.