Sex is a Vital Sign: Sexual Longevity | The Longevity Protocol | Season 3 | Episode 4| E47 Transcript

(Transcripts are generated by AI and may contain errors)

Sex as a Vital Sign

We [music] spent our careers studying We [music] spent our careers studying the science of a long life. But what the science of a long life. But what [music] we were simultaneously learning [music] we were simultaneously learning was the importance of the art of that was the importance of the art of that long [music] life.

long [music] life. >> If you don't feel you don't you don't >> If you don't feel you don't you don't have energy, you don't want to do have energy, you don't want to do anything, let alone sex. [music] So it anything, let alone sex. [music] So it just can help to increase metabolic just can help to increase metabolic rate.

rate. rate. >> Therefore, vaginal cream is not going to >> Therefore, vaginal cream is not going to be the answer that is [music] going to be the answer that is [music] going to truly address why you have the pain in truly address why you have the pain in the labia in the first place. I always the labia in the first place. I always walk my patients up. I do that one walk my patients up. I do that one because that's the polite thing to do.

because that's the polite thing to do. But also just, you know, I'm sitting But also just, you know, I'm sitting [music] a lot of times, so I just I [music] a lot of times, so I just I stand up. I'm moving around.

stand up. I'm moving around. >> Do you corggasm? >> Do you corggasm? >> What if sex is actually a vital sign? >> What if sex is actually a vital sign?

>> It is. >> It is. >> What if your erections, libido, arousal, >> What if your erections, libido, arousal, lubrication, and ability to orgasm were lubrication, and ability to orgasm were telling us something much bigger about telling us something much bigger about your health? Healthy sexual function your health? Healthy sexual function requires your arteries to dilate, your requires your arteries to dilate, your nerves to fire, your hormones to nerves to fire, your hormones to communicate, and of course your brain to communicate, and of course your brain to respond, and that pelvic floor to respond, and that pelvic floor to function. We'll talk about all that function. We'll talk about all that today. So, when sex begins to change as today. So, when sex begins to change as we age, why do we dismiss it as just we age, why do we dismiss it as just getting old? Maybe erectile dysfunction getting old? Maybe erectile dysfunction is just about sex. Maybe vaginal dryness is just about sex. Maybe vaginal dryness isn't just menopause. Maybe disappearing isn't just menopause. Maybe disappearing libido isn't simply aging. Maybe sexual libido isn't simply aging. Maybe sexual health is one of our best windows into health is one of our best windows into vascular, hormonal, neurological, vascular, hormonal, neurological, metabolic, and relationship health.

metabolic, and relationship health.

How Sexual Function Reflects Overall Health

Today, we're going to make the case that Today, we're going to make the case that sex should be considered a vital sign of sex should be considered a vital sign of healthy aging healthy aging >> and an essential part of living the well >> and an essential part of living the well in life.

in life. >> Amen. Well done. Thank you. >> Amen. Well done. Thank you. >> That's a good summary and certainly a >> That's a good summary and certainly a summary of what we'll be talking about summary of what we'll be talking about today. So, we're always uh going to look today. So, we're always uh going to look at kind of the physical things, the at kind of the physical things, the hormonal things as it relates to sex and hormonal things as it relates to sex and then we'll see what else kind of comes then we'll see what else kind of comes up along the way.

up along the way. >> Okay. >> Okay. >> Okay. >> Well, um I think we could probably just >> Well, um I think we

could probably just get straight into some of the basics of get straight into some of the basics of what has first of all, you look great.

what has first of all, you look great. I'm I was feel remiss if I don't say I'm I was feel remiss if I don't say that. You look fantastic. I love your that. You look fantastic. I love your glasses.

glasses. glasses. Talk about that in another episode. So, Talk about that in another episode. So, >> I just wanted to make sure I start off >> I just wanted to make sure I start off by saying that officially by saying that officially >> that you look beautiful.

>> that you look beautiful. >> Yeah, these aren't even like real. >> Yeah, these aren't even like real. They're just decorations. They're just decorations.

>> So much so that I'm really limited in >> So much so that I'm really limited in the type of frames I can get because my the type of frames I can get because my prescript [laughter] [laughter] was making my cheeks droop.

was making my cheeks droop. >> Your cheeks are beautiful. So, what has >> Your cheeks are beautiful. So, what has to work? what what do we have to kind of to work?

Male Sexual Function and Blood Flow

what what do we have to kind of get going uh for a patient's body for a get going uh for a patient's body for a person's body um regarding sexual person's body um regarding sexual function and I think it's just a a function and I think it's just a a perfect place to start um we'll talk perfect place to start um we'll talk about brain desire about brain desire I think that's really important for I think that's really important for women sections here where we'll talk women sections here where we'll talk about that of course hormones duh the about that of course hormones duh the nervous system endothelium and nitric nervous system endothelium and nitric oxide oxide oxide blood flow genital tissue itself and how blood flow genital tissue itself and how we can perhaps with that the pelvic we can perhaps with that the pelvic floor and that's something that we've floor and that's something that we've talked about pelvic floor a lot in the talked about pelvic floor a lot in the past but I think that's something we've past but I think that's something we've been focusing on even more lately with been focusing on even more lately with our patients and some relationships that our patients and some relationships that we're starting to establish with some we're starting to establish with some local Scottsdale based uh and and valley local Scottsdale based uh and and valley based pelvic floor therapists metabolic based pelvic floor therapists metabolic health incredibly important if that's health incredibly important if that's not squared away you're not going to not squared away you're not going to have a optimal veto psychological health have a optimal veto psychological health relationship and emotional connection relationship and emotional connection connection.

connection. connection. What do you think about all of that? What do you think about all of that? That kind of summarize it. That kind of summarize it.

>> I mean, I think what it's demonstrating >> I mean, I think what it's demonstrating is that you pretty much mention every is that you pretty much mention every aspect of the body. And that's such an aspect of the body. And that's such an important point. Or maybe that is the important point. Or maybe that is the point. We shouldn't as a society point. We shouldn't as a society separate sexual wellness and healthy separate sexual wellness and healthy sexual desire and the ability to orgasm.

sexual desire and the ability to orgasm. We shouldn't separate that from your We shouldn't separate that from your other health health markers. So the other health health markers. So the question was, is sexual wellness um a question was, is sexual wellness um a marker for vitality? And the answer is marker for vitality? And the answer is profoundly yes. When we have sexual profoundly yes. When we have sexual dysfunction, we usually have other dysfunction, we usually have other dysfunctions.

dysfunctions. dysfunctions. >> Yeah. And when you said, you know, we we >> Yeah. And when you said, you know, we we shouldn't separate it, it's because we shouldn't separate it, it's because we can't separate it. And I

think maybe can't separate it. And I think maybe when you're saying we shouldn't or let's when you're saying we shouldn't or let's say the patients perspective when they say the patients perspective when they come in, they say, well, it's my come in, they say, well, it's my hormones. Fix my hormones. And thereof, hormones. Fix my hormones. And thereof, magic. It's all back in order. But they magic. It's all back in order. But they still have obesity. they still have still have obesity. they still have metabolic dysfunction. They have metabolic dysfunction. They have something else going on that is actually something else going on that is actually not just indirectly but rather directly not just indirectly but rather directly affected.

affected. affected. >> Yeah. I mean you say we we we can't and >> Yeah. I mean you say we we we can't and then I would say no we can't but then I would say no we can't but actually the system does and the lack of actually the system does and the lack of appropriate education to the audience appropriate education to the audience right the American population as a whole right the American population as a whole does. The American citizen is still not does. The American citizen is still not familiar with the idea that the body is familiar with the idea that the body is an interrelated organism. It is still an interrelated organism. It is still thinking the way their health insurance thinking the way their health insurance thinks which is dermatology, cardiology, thinks which is dermatology, cardiology, osteop osteop osteop you know what I'm saying. Um the point you know what I'm saying. Um the point is that is that >> yeah it's specialist based and you you >> yeah it's specialist based and you you know and and the specialists do not know and and the specialists do not >> they don't communicate. They >> they don't communicate. They >> don't communicate >> don't communicate >> and they treat the body as if it doesn't >> and they treat the body as if it doesn't communicate. So what we want the communicate. So what we want the audience to understand is they shouldn't audience to understand is they shouldn't allow that to happen when they're allow that to happen when they're seeking answers for wellness.

seeking answers for wellness. >> Absolutely. For wellness in general and >> Absolutely. For wellness in general and then more specifically today to this then more specifically today to this topic about your sexual health and topic about your sexual health and wellness and your vitality and what that wellness and your vitality and what that actually means. It is relating back to actually means. It is relating back to all of those things.

all of those things. >> This little flowchart that you have here >> This little flowchart that you have here is interesting. Can you review this is interesting. Can you review this especially for the men?

especially for the men? Well, um that you know with sexual we've Well, um that you know with sexual we've got different things we've shown got different things we've shown patients over the years. Um it's a a patients over the years. Um it's a a sort of brain level for sexual areness.

sort of brain level for sexual areness. There is a hormonal level of course and There is a hormonal level of course and there's a tissue level. Um and then that there's a tissue level. Um and then that all there's many things uh obviously in all there's many things uh obviously in and around that. But with the brain that and around that. But with the brain that there has to be a certain sort of uh there has to be a certain sort of uh stimulation in the brain and there's stimulation in the brain and there's certain neurochemicals that kind of go certain neurochemicals that kind of go on to allow arousal to happen. um that on to allow arousal to happen. um that translating here to the nerves. Nitric translating here to the nerves. Nitric oxide is big big part of that. That's oxide is big big part of that. That's kind of the tissue level. Vasodilation kind of the tissue level. Vasodilation tissue level, penile blood flow, smooth tissue level, penile blood flow, smooth muscle relaxation, that's a big big part muscle relaxation, that's a big big part of it. All that's interrelated and then of it. All that's interrelated and then ultimately erection.

ultimately erection. >> Right? So the idea with the man is that >> Right? So the idea with the man is that vasoddilation meaning the blood vessels vasoddilation meaning the blood vessels are actually opening up which is are actually opening up which is allowing the blood to flow into the allowing the blood to flow into the penis specifically to cause it to be penis specifically to cause it to be erect.

erect. erect. >> That that is the key. And then beyond >> That that is the key. And then beyond that, that's what it says here. It says that, that's what it says here. It says Venus occlusion. So we often don't uh Venus occlusion. So we often don't uh kind of think about that, but you once kind of think about that, but you once you get the blood in there, now you got you get the blood in there, now you got to trap it in there. Um and so you have to trap it in there.

Um and so you have to be able to hold it in, to be able to hold it in, >> right? And that's uh there's Venus in >> right? And that's uh there's Venus in occlusion that needs to occur. So a lot occlusion that needs to occur. So a lot of men are we call it vasculopathy and of men are we call it vasculopathy and they just have issues with the ability they just have issues with the ability to actually hold it in.

to actually hold it in.

Female Sexual Function, Desire, and Safety

>> We have uh certain situations where we >> We have uh certain situations where we can help a guy get an erection and he can help a guy get an erection and he literally changes position and the blood literally changes position and the blood all flows back.

all flows back. >> Right? So when we're talking about >> Right? So when we're talking about erectile dysfunction, we tend to ask the erectile dysfunction, we tend to ask the man like, "Are you able to get an man like, "Are you able to get an erection? Are you able to maintain the erection? Are you able to maintain the reaction erection? How hard is the reaction erection? How hard is the erection?" All three of those things are erection?" All three of those things are giving us different kinds of information giving us different kinds of information about the blood vessel system.

about the blood vessel system. >> Sure. >> Sure. >> Sure. >> And if a man is having issues >> And if a man is having issues >> or the psychological system too, I mean, >> or the psychological system too, I mean, you're asking.

you're asking. >> True. But I'm sorry. I'm just saying >> True. But I'm sorry. I'm just saying specific to the blood to the blood specific to the blood to the blood vessels um to the chemistry and the vessels um to the chemistry and the physiology of the blood vessels because physiology of the blood vessels because isn't it fair to say that if a man is isn't it fair to say that if a man is having erectile dysfunction it is a having erectile dysfunction it is a pretty good indicator that there is a pretty good indicator that there is a cardiovascular concern every week cardiovascular concern every week >> to put a little sticker >> to put a little sticker >> I was making a very trying to do that >> I was making a very trying to do that subtly subtly subtly >> what we >> what we >> [laughter] >> [laughter] >> [laughter] >> That's horrible. Play back the tape.

>> That's horrible. Play back the tape. Okay. What would you say? Okay. What would you say? >> Isn't it fair to say that if a man is >> Isn't it fair to say that if a man is having erectile dysfunction that you can having erectile dysfunction that you can use it as a symbol of cardiovascular use it as a symbol of cardiovascular issues systemically?

issues systemically? >> Yes. Okay. Fine. I know what you're >> Yes. Okay. Fine. I know what you're saying. Um the penis is the weather vein saying. Um the penis is the weather vein of the cardiovascular system.

of the cardiovascular system. >> Okay. >> Okay. >> Okay. >> So, it is literally pointing the way of >> So, it is literally pointing the way of what's going on inside.

what's going on inside. But as we'll get into more so today, But as we'll get into more so today, it's not just about the cardiovascular it's not just about the cardiovascular system, but it is the neurovvascular system, but it is the neurovvascular system. It is the system. It is the >> I can't stop thinking about the penis as >> I can't stop thinking about the penis as a weather vein and thinking about like a weather vein and thinking about like it moving.

it moving. >> Then you think about the rooster and >> Then you think about the rooster and that's what I that's what I >> Well, I think about me walking >> Well, I think about me walking the rooster.

the rooster. >> All right, this was a tangent. I don't >> All right, this was a tangent. I don't really This be the first time we ever really This be the first time we ever edit a podcast. She needs to take this edit a podcast. She needs to take this all out that in the room. I want a all out that in the room. I want a weather man here. I am a wind and the weather man here. I am a wind and the weather following.

weather following. >> Yeah, I was following you. >> Yeah, I was following you. >> See, but now I interrupted your very >> See, but now I interrupted your very good point. It was important. More good point. It was important. More important than the weather ve and is it important than the weather ve and is it whether bane or vein?

whether bane or vein? >> Vein. >> Vein. >> Vein. Bane or vein. Bane or vein. >> Okay. So, you're you were saying that >> Okay. So, you're you were saying that penis health is an indicator of penis health is an indicator of cardiovascular health.

cardiovascular health. >> Yes. >> Yes. >> Yes. >> Very important. >> Very important. >> And that does uh of course come back the >> And that does uh of course come back the same thing for women. And we tend to same thing for women. And we tend to kind of think about blood flow only kind of think about blood flow only talking about the penis but of course talking about the penis but of course the clitoris that we're going to talk a the clitoris that we're going to talk a lot about today too has a lot of uh lot about today too has a lot of uh blood flow capability to it and nerve blood flow capability to it and nerve flow that I really want to talk about.

flow that I really want to talk about. >> Yeah. Which is so important because you >> Yeah. Which is so important because you know um cardiovascular health is not know um cardiovascular health is not usually a concern in the women's usually a concern in the women's medicine world which is insane.

medicine world which is insane. >> Absolutely. they they are um they're >> Absolutely. they they are um they're dealing with cardiovascular disease much dealing with cardiovascular disease much much more than we realize and it is not much more than we realize and it is not focused on enough for women. I have a focused on enough for women. I have a patient who particularly has had that uh patient who particularly has had that uh a lot of issues to the point of the a lot of issues to the point of the >> heart transplant and other things but >> heart transplant and other things but she's become an advocate uh for women she's become an advocate uh for women and cardiovascular disease as a result and cardiovascular disease as a result of that that is just not understood.

of that that is just not understood. This again we just we're tanting here This again we just we're tanting here but this has so much to do with what's but this has so much to do with what's going on with your sexual wellness going on with your sexual wellness >> right that's that's that's right and >> right that's that's that's right and even symbolically you think that if your even symbolically you think that if your heart isn't working well then perhaps heart isn't working well then perhaps your intimacy isn't working well I mean your intimacy isn't working well I mean there's so many ancient medicines that there's so many ancient medicines that will look at that relationship right the will look at that relationship right the mental and emotional relationship mental and emotional relationship between your body or physiology not just between your body or physiology not just ancient medicines we know that even our ancient medicines we know that even our western medicine clearly makes those western medicine clearly makes those connections so heart health means connections so heart health means emotional health And then that often can emotional health And then that often can translate to you're having a problem translate to you're having a problem with the clitoris getting engorged with with the clitoris getting engorged with blood because the clitoris also gets blood because the clitoris also gets engorged with blood just like the penis engorged with blood just like the penis would. And that's what allows that would. And that's what allows that sensitivity and an easier time with sensitivity and an easier time with orgasming.

orgasming. orgasming. >> The clitoris is analogous to the penis >> The clitoris is analogous to the penis structurally. It's analogous to the structurally. It's analogous to the penis. It's just located in different penis. It's just located in different parts of the body, but the tissues are parts of the body, but the tissues are essentially the same essentially the same >> just like the uterus and the prostate.

>> just like the uterus and the prostate. the prostate, the prostate, >> which I remember learning in embryology >> which I remember learning in embryology and thinking, well, isn't that and thinking, well, isn't that interesting? Because when men have their interesting? Because when men have their prostate removed and when women have prostate removed and when women have their uterus removed, they often report their uterus removed, they often report um like a mild depression that can come um like a mild depression that can come from that. And I always thought it was from that. And I always thought it was interesting that that emotion was interesting that that emotion was correlated to both removals.

correlated to both removals. >> Yeah, these tissues are doing >> Yeah, these tissues are doing >> of course. >> of course. >> So, what do you think makes men and >> So, what do you think makes men and women get in the mood? Um, so what does women get in the mood? Um, so what does it actually take to to want to have sex?

it actually take to to want to have sex? Just first and foremost in your mind, Just first and foremost in your mind, your heart your heart starting this all off.

starting this all off. >> You know, when we talk about wellness >> You know, when we talk about wellness and we talk about the well with life, and we talk about the well with life, we've mentioned this before, but sexual we've mentioned this before, but sexual intimacy and pleasure with sex is a intimacy and pleasure with sex is a uniquely human uniquely human experience.

experience. experience. So the things that make people want to So the things that make people want to get intimate successfully like really get intimate successfully like really like this is so good is the human stuff.

like this is so good is the human stuff. The physiology is very important but I The physiology is very important but I really strongly believe that if you really strongly believe that if you don't have the human component of don't have the human component of emotion and and um what is it that emotion and and um what is it that people always talk about safety and people always talk about safety and >> the ability to feel vulnerable on >> the ability to feel vulnerable on purpose. It's very difficult to have, purpose. It's very difficult to have, you know, to get in the mood you know, to get in the mood successfully.

successfully. successfully.

Relationship Dynamics and Sexual Intimacy

>> I heard a video the other day where it >> I heard a video the other day where it was talking about that very concept. It was talking about that very concept. It was specific to women and really letting was specific to women and really letting women know during the during the sexual women know during the during the sexual act that it's okay. Not just about act that it's okay. Not just about safety, but you don't have to work. You safety, but you don't have to work. You don't have to do a thing at this moment don't have to do a thing at this moment um in order to really allow women um in order to really allow women perhaps to fully release. They don't perhaps to fully release. They don't have to perform in any way. You don't have to perform in any way. You don't have to do anything in any specific way.

have to do anything in any specific way. I mean, at a very black and white level, I mean, at a very black and white level, um, I guess I can't help myself from um, I guess I can't help myself from saying saying saying there's a lot of work in being there's a lot of work in being penetrated just physically.

penetrated just physically. >> And I don't think that that gets >> And I don't think that that gets respected enough. Um, we find that this respected enough. Um, we find that this point that you're describing about like point that you're describing about like the woman doesn't even have to do the woman doesn't even have to do anything, right? You're talking about it anything, right? You're talking about it from a from a loving perspective.

from a from a loving perspective. >> Sure. Of course, >> Sure. Of course, >> you're you're saying you don't have to >> you're you're saying you don't have to work. It's okay. I've got this. But it's work. It's okay. I've got this. But it's the same conversation when people are the same conversation when people are having a hard time finding time for sex.

having a hard time finding time for sex. When a relationship doesn't make time When a relationship doesn't make time for sex, what they're usually doing is for sex, what they're usually doing is not making time for the relationship.

not making time for the relationship. Now, I'm I'm going to tie back to what Now, I'm I'm going to tie back to what you're saying. [clears throat] Excuse you're saying. [clears throat] Excuse me. We we find that when there's um me. We we find that when there's um surveys done, the primary reason couples surveys done, the primary reason

couples are not having sex is not anger. It's are not having sex is not anger. It's not rejection. It's not a lack of love.

not rejection. It's not a lack of love. It's making time. It's making time. And that is so incredibly pathologic and And that is so incredibly pathologic and symbolic. Or maybe not even symbolic.

symbolic. Or maybe not even symbolic. It's just it's just true. It is. It's a It's just it's just true. It is. It's a thing. When you don't make time for sex, thing. When you don't make time for sex, you're not making time for the you're not making time for the relationship. And funny enough, men will relationship. And funny enough, men will often say, "She wasn't in the mood. She often say, "She wasn't in the mood. She didn't feel good. She didn't have time." didn't feel good. She didn't have time." Whereas women will report, "I wasn't in Whereas women will report, "I wasn't in the mood. I didn't feel good. I didn't the mood. I didn't feel good. I didn't have time." have time." The reason I'm bringing this up now when The reason I'm bringing this up now when you're talking about this idea of women you're talking about this idea of women don't worry about it, you don't have to don't worry about it, you don't have to do anything is because I'm not sure that do anything is because I'm not sure that for however loving and romantic that for however loving and romantic that sounds, I'm not sure it's really taking sounds, I'm not sure it's really taking into consideration the truth about how into consideration the truth about how physically exhausting it can be to have physically exhausting it can be to have penetration.

>> Got it. I I mean, and of course, I love >> Got it. I I mean, and of course, I love everything you're saying. I don't everything you're saying. I don't disagree. Uh I think it was a little bit disagree. Uh I think it was a little bit different. I was just talking about different. I was just talking about right at that moment or the video that I right at that moment or the video that I was watching was talking about right at was watching was talking about right at the moment of sex in order for women to the moment of sex in order for women to be able to open. There's so much that be able to open. There's so much that Well, back to kind of what you're Well, back to kind of what you're saying, it's difficult to be penetrated.

saying, it's difficult to be penetrated. So, you have to be in a place of So, you have to be in a place of receiving receiving receiving >> and so psychologically, emotionally, >> and so psychologically, emotionally, spiritually, you got to be ready to spiritually, you got to be ready to receive in order to physically be able receive in order to physically be able to handle to handle >> and all that kind of goes along with it.

>> and all that kind of goes along with it. >> Yeah, that's true. I mean that's true >> Yeah, that's true. I mean that's true because that relaxes the body and then because that relaxes the body and then it makes it less straining, physically it makes it less straining, physically straining.

straining. straining. >> Well, hopefully and that is what helps >> Well, hopefully and that is what helps women get in the mood. I mean, pain has women get in the mood. I mean, pain has a lot to do uh with getting in the way a lot to do uh with getting in the way of of screwing up the mood because women of of screwing up the mood because women are constantly anticipating it. Um, and are constantly anticipating it. Um, and I I've obviously talked with women a lot I I've obviously talked with women a lot about this because they're talking about about this because they're talking about their pain. Yeah, I just, you know, their pain. Yeah, I just, you know, they're literally anticipating it and they're literally anticipating it and that's just making it worse. Now we can that's just making it worse. Now we can kind of maybe talk a little bit about kind of maybe talk a little bit about the pelvic floor. All of that's kind of the pelvic floor. All of that's kind of tightening everything up and making it tightening everything up and making it very difficult to receive.

very difficult to receive. >> Um so there's a lot goes along with >> Um so there's a lot goes along with >> so bringing it back because I guess I >> so bringing it back because I guess I took your your romantic concept and took took your your romantic concept and took it in the direction you weren't it in the direction you weren't expecting. Um what so that's expecting. Um what so that's >> romantic or was just sort of like hot >> romantic or was just sort of like hot and sexual? I don't know what that and sexual? I don't know what that >> no that idea of don't worry you don't >> no that idea of don't worry you don't have to do anything. I guess there have to do anything. I guess there >> um >> um >> um I always kind of laugh not laugh that's I always kind of laugh not laugh that's not the right word at all. I always kind not the right word at all. I always kind of like poo poo a little bit this idea of like poo poo a little bit this idea of feeling safe because I'm like well of feeling safe because I'm like well you

shouldn't be having sex if you don't you shouldn't be having sex if you don't feel safe feel safe >> but you know I think that that perhaps >> but you know I think that that perhaps is too maybe that's an immature or a is too maybe that's an immature or a brash way of assessing it. I I think I'm brash way of assessing it. I I think I'm >> overall concept of like safety. My god, >> overall concept of like safety. My god, that that's that sounds really, you that that's that sounds really, you know, but uh I think we're talking about know, but uh I think we're talking about Yeah, you've got 5,000 things going on Yeah, you've got 5,000 things going on in your head at the moment. It's a this in your head at the moment. It's a this and a that and that I you know that I and a that and that I you know that I turn off the oven. These various things turn off the oven. These various things that are popping through a woman's mind that are popping through a woman's mind >> um gets in the way of quote safety, >> um gets in the way of quote safety, >> right? And that's that that's what I'm >> right? And that's that that's what I'm saying. I think that I I realize that saying. I think that I I realize that it's the importance of semantics. So, am it's the importance of semantics. So, am I being too black and white with this I being too black and white with this idea of safety? And I would say yes. I idea of safety? And I would say yes. I think it's important for the female to think it's important for the female to feel feel feel if you're juxtaposing the word safe to if you're juxtaposing the word safe to vulnerable. So vulnerable means you vulnerable. So vulnerable means you don't have to be on guard. Let's say don't have to be on guard. Let's say that that that >> I think that's what most women I would >> I think that's what most women I would say all women are going to be able to say all women are going to be able to enjoy sex the most and they're going to enjoy sex the most and they're going to be able to feel in the mood be able to feel in the mood >> if they're able to say I don't have to >> if they're able to say I don't have to be on guard.

be on guard. >> Okay. >> Okay. >> Okay. >> So >> So >> So >> we're using this sort of the loose term >> we're using this sort of the loose term of feeling safe what you're saying. And of feeling safe what you're saying. And so what is it for a guy? Um the science so what is it for a guy? Um the science pretty much shows as long as the wind is pretty much shows as long as the wind is blowing guys blowing guys kind of kind of >> because because >> because because >> guys being in the >> guys being in the >> No. No. Are you or that's what you're >> No. No. Are you or that's what you're saying the first suggest?

saying the first suggest? >> No. No. I mean I'm being facicious in >> No. No. I mean I'm being facicious in the mood. I'm usually pretty much ready the mood. I'm usually pretty much ready to go to go >> because I think men can have any emotion >> because I think men can have any emotion including frustration and anger including frustration and anger >> still and fatigue and be like sex will >> still and fatigue and be like sex will heal.

heal. heal. >> Yeah, >> Yeah, >> Yeah, >> that's not true for women. That's not >> that's not true for women. That's not I'm speaking in general. Obviously, I'm speaking in general. Obviously, we're always speaking in general. I we're always speaking in general. I don't think that's true for women. I don't think that's true for women. I mean, I know it's not true.

mean, I know it's not true. >> Okay. And I I'll add to that that So, of >> Okay.

Cardiovascular Markers and Endothelial Health

And I I'll add to that that So, of course, I'm I'm being a little bit of a course, I'm I'm being a little bit of a smartass there, but uh generally I think smartass there, but uh generally I think that's true for guys. So, let's get that that's true for guys. So, let's get that out in the open that they're generally out in the open that they're generally ready to go. But, but from an emotional ready to go. But, but from an emotional standpoint, men have to feel respected.

standpoint, men have to feel respected. If they don't feel so there's sort of If they don't feel so there's sort of this safety respect and safety, respect, this safety respect and safety, respect, safety. That's that those are the two safety. That's that those are the two sort of sort of >> I don't think it's respect and safety. I >> I don't think it's respect and safety. I think it's respect.

think it's respect. >> Well, no, I'm saying safety for women. >> Well, no, I'm saying safety for women. We were talking about We were talking about >> I know. I'm saying I don't think that's >> I know. I'm saying I don't think that's I think if we're saying respect for men, I think if we're saying respect for men, then I would say it's not safety for then I would say it's not safety for women. It's more like being honored or women. It's more like being honored

or being treasured.

being treasured. >> Yeah. Um, let me just go back to what >> Yeah. Um, let me just go back to what you're saying about men being always in you're saying about men being always in the mood. You know what's so important the mood. You know what's so important about that, John, is that so when a man about that, John, is that so when a man isn't in the mood, isn't in the mood, a woman should be concerned for her man.

a woman should be concerned for her man. And that's really important because that And that's really important because that doesn't get talked about enough.

doesn't get talked about enough. If you have a happy, healthy If you have a happy, healthy relationship and you find that your male relationship and you find that your male partner is suddenly not in the mood partner is suddenly not in the mood easily, you really should make sure easily, you really should make sure you're there holding the space and you're there holding the space and perhaps even nudging a little and perhaps even nudging a little and encouraging conversation about what is encouraging conversation about what is that about, don't you think?

that about, don't you think? >> I I that's that's a great point. And and >> I I that's that's a great point. And and what is that? What why is it that uh a what is that? What why is it that uh a woman No, why was it why is it that a woman No, why was it why is it that a guy wouldn't be in the What is he not guy wouldn't be in the What is he not doing? What is she not doing in that doing? What is she not doing in that relationship that's leading into that?

relationship that's leading into that? >> Or maybe it's something outside of the >> Or maybe it's something outside of the relationship. Like I mean, you tell me.

relationship. Like I mean, you tell me. You see me men more than I do, but I You see me men more than I do, but I would assume from what female patients would assume from what female patients will say that the man isn't in the mood will say that the man isn't in the mood when he's stressed about something else when he's stressed about something else or maybe there's actual illness or or maybe there's actual illness or >> No, it's it's it's um I would definitely >> No, it's it's it's um I would definitely say when guys just feel like they're say when guys just feel like they're shut down, it's because the relationship shut down, it's because the relationship is shut down. So they and or they've is shut down. So they and or they've tried and they get denied enough that tried and they get denied enough that they just literally let it go they just literally let it go >> and attempt then to operate their life >> and attempt then to operate their life in a sec sexless way. Lack of a sort of in a sec sexless way. Lack of a sort of desire because I constantly have the desire because I constantly have the desire. I'm just sort of beating my head desire. I'm just sort of beating my head against the wall and not getting against the wall and not getting anywhere. So they just let it go.

anywhere. So they just let it go. >> Um yeah, >> Um yeah, >> aside from reasons outside of the >> aside from reasons outside of the relationship. relationship.

relationship. >> No, I'm saying maybe because of reasons >> No, I'm saying maybe because of reasons within the relationship. within the relationship. >> No, no, I know what you're saying. I'm >> No, no, I know what you're saying. I'm just asking, do you think that cuz with just asking, do you think that cuz with the men that you've experienced that are the men that you've experienced that are having emotional ED, people talk about having emotional ED, people talk about physical or physiologic ED all the time, physical or physiologic ED all the time, but you have a particular talent for but you have a particular talent for dealing with men on all these different dealing with men on all these different levels. So, when there's emotional ED, levels. So, when there's emotional ED, is it almost always, that's what you're is it almost always, that's what you're saying, almost always has to do with the saying, almost always has to do with the relationship?

relationship? relationship? >> No. Okay, good point. So, now we're >> No. Okay, good point. So, now we're we're expanding it out. We're going to we're expanding it out. We're going to talk about emotional. The other big talk about emotional. The other big thing is anxiety. Uh I literally just thing is anxiety. Uh I literally just had a patient uh last week came seeing had a patient uh last week came seeing me a new patient and this guy was in me a new patient and this guy was in fantastic shape. Um he was uh in his fantastic shape. Um he was uh in his early 60s in

incredible shape and just early 60s in incredible shape and just now started needing testosterone. So he now started needing testosterone. So he got well in his 50s where his levels got well in his 50s where his levels were like over 800.

were like over 800. >> Uh anyway, just starting to kind of >> Uh anyway, just starting to kind of >> hit him. But part of what it was was the >> hit him. But part of what it was was the anxiety, the performance anxiety kind of anxiety, the performance anxiety kind of that comes in. And he was already just that comes in. And he was already just he had, you know, slight anxiety. You he had, you know, slight anxiety. You could just tell the way his countenance could just tell the way his countenance was and just his overall affect was was and just his overall affect was slightly anxious. Um, but once he had slightly anxious. Um, but once he had any issues downstairs, it just made it any issues downstairs, it just made it worse. Makes it worse again and and all worse. Makes it worse again and and all of that. So, you know, we're we're of that. So, you know, we're we're working with some of those things uh working with some of those things uh already now. But already now. But >> thinking about that, but >> thinking about that, but >> you guys have to perform. Yeah. you know >> you guys have to perform. Yeah. you know on all kinds of things in life they have on all kinds of things in life they have to show up and perform and they are um to show up and perform and they are um measured for that quite literally I mean measured for that quite literally I mean an erection is quite literally a measure an erection is quite literally a measure >> it's quantitative where women are like >> it's quantitative where women are like oh they don't really know but guys it's oh they don't really know but guys it's it's out there for the world to see and it's out there for the world to see and to judge to judge >> you know you said the first thing you >> you know you said the first thing you were talking about was relationships were talking about was relationships where the um the man starts to shut down where the um the man starts to shut down because of constant rejection because of constant rejection >> yes >> yes >> yes >> I read the other day something that said >> I read the other day something that said sex without intimacy can still be good, sex without intimacy can still be good, but intimacy without sex shouldn't but intimacy without sex shouldn't exist.

exist. exist. I thought that was so good because it's I thought that was so good because it's true. The minute you move into a true. The minute you move into a platonic relationship, platonic relationship, you don't really have an intimate you don't really have an intimate relationship. You can have intimacy with relationship. You can have intimacy with friends, but that's not what you're friends, but that's not what you're married, right?

married, right? that doesn't exist anywhere else exists that doesn't exist anywhere else exists anywhere else. anywhere else. >> Um, so yeah. >> Um, so yeah.

>> So yeah, >> So yeah, [laughter] but there's answers. I know. [laughter] but there's answers. I know. Well, these are we're going into the Well, these are we're going into the things that block it. And I think that's things that block it. And I think that's what's also important uh when it comes what's also important uh when it comes to all of this discussion about sexual to all of this discussion about sexual health. It's um not it's about what are health. It's um not it's about what are the obstacles to cure. What are the the obstacles to cure. What are the things that are actually getting in the things that are actually getting in the way of allowing uh erections, sexual way of allowing uh erections, sexual response, relationship based things that response, relationship based things that are enhancing intimacy? What are the are enhancing intimacy? What are the things that are blocking that? So, we things that are blocking that? So, we should look at that just as you know, should look at that just as you know, patients come in and say, "Give me the patients come in and say, "Give me the thing that's going to correct it versus thing that's going to correct it versus maybe saying, well, what are the things maybe saying, well, what are the things that are just in the way right now?

that are just in the way right now? Maybe it's all working. We just got to Maybe it's all working. We just got to remove the obstacle." Well, you know, remove the obstacle." Well, you know, ironically, I would argue that the ironically, I would argue that the behavioral changes should be the easiest behavioral changes should be the easiest ones because you just have to do them ones because you just have to do them and they're free. So, if we understand and they're free. So, if we understand from a woman's perspective how much from a woman's perspective how much foreplay foreplay foreplay makes sex better and makes the female makes sex better and makes the female more vulnerable and makes the female more vulnerable and makes the female more in the mood, more in the mood, then address the foreplay. And foreplay then address the foreplay. And foreplay can be anything. In fact, I think some can be anything. In fact, I think some of the literature suggests that women of the

literature suggests that women who are or couples that are kissing, who are or couples that are kissing, >> yes, >> yes, >> yes, >> have a 40% easier chance of having a >> have a 40% easier chance of having a vaginal orgasm without clitoreral vaginal orgasm without clitoreral stimulation.

stimulation. stimulation. >> I just read that statistic, but you >> I just read that statistic, but you know, I'm not great with remembering know, I'm not great with remembering those things, so we can fact check that.

those things, so we can fact check that. But it was something dramatic like that But it was something dramatic like that was like 40% chance easier. I don't was like 40% chance easier. I don't remember what the parameters were, but remember what the parameters were, but >> gosh, isn't that significant?

>> gosh, isn't that significant? >> Yeah. that you can have vaginal orgasm >> Yeah. that you can have vaginal orgasm which is really quite difficult for most which is really quite difficult for most people if not people if not >> it is only women or about onethird of >> it is only women or about onethird of women can easily or or have the capacity women can easily or or have the capacity to have a vaginal to have a vaginal >> the capacity >> the capacity >> yeah so twothirds of women need to have >> yeah so twothirds of women need to have clitoreral stimulation um and there's clitoreral stimulation um and there's nothing wrong with that nothing wrong with that >> no no but if you are practicing foreplay >> no no but if you are practicing foreplay and foreplay doesn't have to always be and foreplay doesn't have to always be the foreplay in the bed in fact I would the foreplay in the bed in fact I would say what we would say is that foreplay say what we would say is that foreplay really is What's leading up to? So, how really is What's leading up to? So, how did the day go?

did the day go? >> The the small touches, all those things >> The the small touches, all those things that you've talked about. that you've talked about.

>> Yeah. Did Did you have a podcast about >> Yeah. Did Did you have a podcast about sex? sex? sex? >> Did that get you? Did you listen to a >> Did that get you? Did you listen to a podcast about sex podcast about sex >> early? Because then that is increasing >> early? Because then that is increasing blood flow to the clitoris. And if the blood flow to the clitoris. And if the clitoris is already engorged by the time clitoris is already engorged by the time you have your pants off, then how much you have your pants off, then how much easier will it be to orgasm? A lot. I easier will it be to orgasm? A lot. I like it. And speaking of blood flow, like it.

Hormones, Metabolism, and Testosterone

And speaking of blood flow, let's talk about erectile function as a let's talk about erectile function as a cardiovascular warning sign. It's part cardiovascular warning sign. It's part of the introduction. Um, the penis is a of the introduction. Um, the penis is a vascular organ. It is a blood flow vascular organ. It is a blood flow organ. It is a vessel, artery, and vein organ. It is a vessel, artery, and vein organ. And all of that relates back to organ. And all of that relates back to the heart, but more specifically the the heart, but more specifically the endothelium.

endothelium. endothelium. >> So, we talk about this a lot at the >> So, we talk about this a lot at the hormone zone and the longevity protocol. hormone zone and the longevity protocol.

We talk about the lining of the blood We talk about the lining of the blood vessel, the endothelium it's called, and vessel, the endothelium it's called, and how incredibly important that is and how incredibly important that is and that that is at the root of many many that that is at the root of many many diseases, diseases, diseases, >> right?

>> right? >> right? >> Uh and uh did you >> Uh and uh did you >> say what it was? The endothelial lining. >> say what it was? The endothelial lining. >> The endothelial lining.

>> The endothelial lining. >> You said what it was. I can't >> You said what it was. I can't >> Oh, that is the lining. >> Oh, that is the lining. >> The lining of the Yes. And all of that >> The lining of the Yes. And all of that is relating back to high blood pressure, is relating back to high blood pressure, certainly insulin resistance or certainly insulin resistance or diabetes, um high cholesterol, u the diabetes, um high cholesterol, u the hardening of the artery itself, all of hardening of the artery itself, all of that's going to of course affect the that's going to of course affect the

endothelium and vice versa.

endothelium and vice versa. >> And you know, the the things that kind >> And you know, the the things that kind of lead into why people have this issue, of lead into why people have this issue, you know, smoking and other lifestyle you know, smoking and other lifestyle based things.

based things. >> Um just being overweight kind of plays >> Um just being overweight kind of plays in to all of a lot of times guy, let's in to all of a lot of times guy, let's say guys come in and they just they have say guys come in and they just they have erectile dysfunction because they are erectile dysfunction because they are pre-diabetic or diabetic and they're pre-diabetic or diabetic and they're overweight and if they just remove that overweight and if they just remove that block that the break on libido the break block that the break on libido the break on u erectile function it would just get on u erectile function it would just get better. So we often are saying well no better. So we often are saying well no let's just use the testosterone we got let's just use the testosterone we got to push past that while the brakes are to push past that while the brakes are still on because well you've got a lot still on because well you've got a lot of visceral organ fat and you're of visceral organ fat and you're diabetic.

diabetic. diabetic. >> And you know what's so important about >> And you know what's so important about this is that especially with like our this is that especially with like our bloomer patients right? Am I saying that bloomer patients right? Am I saying that right? The bloomers. Yes.

right? The bloomers. Yes. >> Um, boomers grew up with the war on >> Um, boomers grew up with the war on cholesterol, cholesterol, cholesterol, >> but they sure as [__] didn't grow up on >> but they sure as [__] didn't grow up on championing testosterone.

championing testosterone. And with all the aggressive too And with all the aggressive too aggressive cholesterol management that aggressive cholesterol management that has happened in the past 20 to 30 years, has happened in the past 20 to 30 years, we haven't seen an improvement in we haven't seen an improvement in erectile dysfunction.

erectile dysfunction. >> No. And we haven't seen an improvement >> No. And we haven't seen an improvement in cardiovascular in cardiovascular in outcomes on cardiovascular health.

in outcomes on cardiovascular health. But this is important because though the But this is important because though the the boomers out there, let's say, um or the boomers out there, let's say, um or even really our generation, we need to even really our generation, we need to we need to understand they need to we need to understand they need to understand that treating cholesterol understand that treating cholesterol doesn't doesn't [clears throat] help doesn't doesn't [clears throat] help cardiovascular outcomes and it doesn't cardiovascular outcomes and it doesn't help erectile dysfunction. If anything, help erectile dysfunction. If anything, when you're too aggressive with the when you're too aggressive with the cholesterol, you're actually lowering cholesterol, you're actually lowering the body's ability to make hormones.

the body's ability to make hormones. >> It affects that endothelial lining as >> It affects that endothelial lining as well when it's too low. So there's well when it's too low. So there's always a balance with with all of this always a balance with with all of this >> whereas dark chocolate is good for the >> whereas dark chocolate is good for the ends.

ends. ends. >> Okay. >> Okay. >> Okay. >> So I really want to talk about a few >> So I really want to talk about a few things and one particular biomarker uh things and one particular biomarker uh in particular but there are some in particular but there are some biomarkers to look out for biomarkers to look out for cardiovascular health that relates back cardiovascular health that relates back to this endothelium that of course helps to this endothelium that of course helps with erections for guys. Okay. And we with erections for guys. Okay. And we check many many things. Uh but ABOB B um check many many things. Uh but ABOB B um and this is a a sort of hardening of the and this is a a sort of hardening of the artery biioarker an aphroenic particle artery biioarker an aphroenic particle um that we look at and that it um that we look at and that it correlates back with overall correlates back with overall cardiovascular function. Um it's cardiovascular function. Um it's certainly this ability or this certainly this

ability or this propensity towards making plaque propensity towards making plaque >> and then affecting that endothelium this >> and then affecting that endothelium this lining of blood vessel. So apo B is one lining of blood vessel. So apo B is one lipoprotein little a and you've heard of lipoprotein little a and you've heard of this one too. uh this is uh mostly this one too. uh this is uh mostly genetic about 70 to 90% of that number genetic about 70 to 90% of that number is genetic so we're looking at that as is genetic so we're looking at that as well again whether or not the patient well again whether or not the patient might have an issue CRP C reactive might have an issue CRP C reactive protein uh many people are starting to protein uh many people are starting to hear about that glucose hemoglobin A1C hear about that glucose hemoglobin A1C and fasting insulin fasting insulin is and fasting insulin fasting insulin is definitely underplayed um not for us and definitely underplayed um not for us and we've been doing it for years but it's we've been doing it for years but it's usually not in the conventional setting usually not in the conventional setting something that's looked at something that's looked at >> especially if the person's thin >> especially if the person's thin >> right and I we see elev ated fasting >> right and I we see elev ated fasting insulin or suboptimal fasting insulin in insulin or suboptimal fasting insulin in people all the time.

people all the time. >> You know, I guess not until this moment >> You know, I guess not until this moment that I really think about that point that I really think about that point that especially with our population of that especially with our population of skinny fat females that have low libido.

skinny fat females that have low libido. >> I'm not sure how much I've ever brought >> I'm not sure how much I've ever brought those two concepts back together.

those two concepts back together. Usually I say, "Oh, well, you're tired." Usually I say, "Oh, well, you're tired." Or, "Oh, you can't build muscle." Or, Or, "Oh, you can't build muscle." Or, "Oh, you don't sleep well because your "Oh, you don't sleep well because your blood sugar is low." But I don't know blood sugar is low." But I don't know how often I'm saying to someone, "You how often I'm saying to someone, "You don't eat enough. there's no way you can don't eat enough. there's no way you can orgasm, orgasm, orgasm, >> right? The protein of it just that alone >> right? The protein of it just that alone that that's a great point and we are that that's a great point and we are understanding more about the the organ understanding more about the the organ of muscle and how incredibly important of muscle and how incredibly important that is for all of these things we're that is for all of these things we're talking about right now. But that's talking about right now. But that's you're you're right. Um if someone has you're you're right. Um if someone has very little muscle, they have poor very little muscle, they have poor insulin handling, insulin handling, >> blood sugar handling. So the more muscle >> blood sugar handling. So the more muscle you have, the more quickly you can you have, the more quickly you can handle um any kind of food that's coming handle um any kind of food that's coming in. Mhm.

in. Mhm. >> And that prevents a lot of these issues. >> And that prevents a lot of these issues. >> Plus along those lines, the protein, >> Plus along those lines, the protein, which is amino acids, the amino acids which is amino acids, the amino acids are the building blocks of the are the building blocks of the neurotransmitters, which are the brain neurotransmitters, which are the brain hormones.

hormones. hormones. So, tying it all back together. Really, So, tying it all back together. Really, it all ends in a good meal. it all ends in a good meal.

>> There's one other marker I want to make >> There's one other marker I want to make sure everyone's aware about. This is sure everyone's aware about. This is called ADNA.

called ADNA. This is also not something that's This is also not something that's usually checked uh by most doctors. Um, usually checked uh by most doctors. Um, but that's something, of course, that we but that's something, of course, that we do routinely.

do routinely. and ADMA. What this does is it and ADMA. What this does is it specifically inhibits something called specifically inhibits something called nitric oxide synthesics and that then nitric oxide synthesics and that then reduces nitric oxide itself and then if reduces nitric oxide itself and then if nitric oxide goes down then nitric oxide goes down then vasoddilation the ability to have an vasoddilation the ability to have an erection um or to respond with a erection um or to respond with a cardiovascular system all of that goes cardiovascular system all of that

goes down. So ADMA is a really really easy uh down. So ADMA is a really really easy uh blood test. it's found a lab course or blood test.

Vaginal Dryness, Pain, and Menopause

it's found a lab course or quest quest quest and uh we check that routinely and if it and uh we check that routinely and if it is high then two things are potentially is high then two things are potentially happening one they might be having happening one they might be having issues where they're making more plaque issues where they're making more plaque but the other thing is the reason but the other thing is the reason they're making the plaque is because if they're making the plaque is because if the ADMA is high they have low nitric the ADMA is high they have low nitric oxide that's of course affecting that oxide that's of course affecting that we're back to the idea of the we're back to the idea of the endothelium endothelium endothelium >> just for the purposes of um the audience >> just for the purposes of um the audience really remembering this the nitric oxide really remembering this the nitric oxide um you know People will say on like the um you know People will say on like the TV shows, my nitro, TV shows, my nitro, right? Isn't that what they say?

right? Isn't that what they say? >> My nitro for >> My nitro for >> Yeah. For like a heart attack. >> Yeah. For like a heart attack. >> Oh, like nitroglycerin. Yes.

>> Oh, like nitroglycerin. Yes. >> No, I'm just trying to think of a way >> No, I'm just trying to think of a way that people can remember because this is that people can remember because this is all biochemistry. So, I think the um pop all biochemistry. So, I think the um pop culture can think of my nitro, you know, culture can think of my nitro, you know, like I'm having a heart attack. My nitro like I'm having a heart attack. My nitro because what we're allowing is for the because what we're allowing is for the blood vessels to open back up instead of blood vessels to open back up instead of constrict.

constrict. constrict. >> Correct. And yeah, so if someone's >> Correct. And yeah, so if someone's having chest pains, they'll take having chest pains, they'll take nitroglycerin. It is a very rapid way to nitroglycerin. It is a very rapid way to have lactas dilation would be something have lactas dilation would be something we'd say well I want to get an erection we'd say well I want to get an erection let me take my nitroglycerin but uh same let me take my nitroglycerin but uh same concept you're right so I think it is concept you're right so I think it is good sort of correlation for people to good sort of correlation for people to understand we um test nitric oxide understand we um test nitric oxide levels in offices incredibly routine for levels in offices incredibly routine for us all the time for both men and women us all the time for both men and women it's going to help all kinds of things it's going to help all kinds of things >> um so ADMA is one way to exact way we >> um so ADMA is one way to exact way we have basic salivary tests also for have basic salivary tests also for nitric oxide levels so we can really nitric oxide levels so we can really focus us on that and I think everyone focus us on that and I think everyone should again go back to this idea of the should again go back to this idea of the endothelium oxidized LDL so LDL is the endothelium oxidized LDL so LDL is the bad cholesterol but we can actually look bad cholesterol but we can actually look at it yeah so so to speak uh bad but at it yeah so so to speak uh bad but again for people to remember and the again for people to remember and the oxidized version is whether or not it's oxidized version is whether or not it's actually been rusted actually been rusted in the system so all of those things in the system so all of those things should be checked we do it routinely um should be checked we do it routinely um if you've never had any of those checked if you've never had any of those checked I encourage it uh to have it done even I encourage it uh to have it done even blood tests these aren't like fancy, blood tests these aren't like fancy, schmancy, complicated. I mean, schmancy, complicated. I mean, especially for people who are we're especially for people who are we're trying to discourage the audience to be trying to discourage the audience to be so biohacky obsessed. Um, but what we so biohacky obsessed. Um, but what we are encouraging is information are encouraging is information >> because you can do anything then with >> because you can do anything then with the data like but get the information the data like but get the information and we really like data.

and we really like data. >> This is the art and science well. We do >> This is the art and science well. We do not discount it at all. We just keep it not discount it at all. We just keep it certain amount of levity and balance certain amount of levity and balance with it with both the art and the with it with both the art and the science. But this is a big big part of science. But this is a big big part of the science for us. And the reason this the science for us. And

the reason this is so important is because it allows us is so important is because it allows us to have effective treatments. We always to have effective treatments. We always say treat the cause. A patient comes in say treat the cause. A patient comes in with erectile dysfunction. All right.

with erectile dysfunction. All right. Well, all of these markers that you're Well, all of these markers that you're testing are going to help give us a clue testing are going to help give us a clue as to why are they having the erectile as to why are they having the erectile dysfunction. Of course, you're going to dysfunction. Of course, you're going to layer onto that mental and emotional layer onto that mental and emotional stuff that we were talking about. Then stuff that we were talking about. Then you're going to have a much better you're going to have a much better chance of actually fixing that chance of actually fixing that dysfunction to cure the problem.

dysfunction to cure the problem. >> Right. >> Right. >> Right. >> And what's one way that we could fix it? >> And what's one way that we could fix it?

Let's talk about nitric oxide one Let's talk about nitric oxide one there's they're very simple supplements there's they're very simple supplements that can be taken for that but you know that can be taken for that but you know I'm a huge fan uh of uh seialis I'm a huge fan uh of uh seialis tadalapil and the you know so viagra tadalapil and the you know so viagra levitra and and seialis but at low doses levitra and and seialis but at low doses particularly tedal tadalapil is a long particularly tedal tadalapil is a long acting version of this type of acting version of this type of medication is a fast acting but tadal is medication is a fast acting but tadal is a very slow acting long long acting I a very slow acting long long acting I should say so very small amounts of that should say so very small amounts of that are really excellent for just general are really excellent for just general the health of this endothelium um the health of this endothelium um helping with erectile function helping with erectile function particularly mild and moderate versions particularly mild and moderate versions of it. Um I'm a huge fan and what it's of it. Um I'm a huge fan and what it's doing for the heart. We're seeing now doing for the heart. We're seeing now there's brain benefit. There's long-term there's brain benefit. There's long-term studies now been around for a long time.

studies now been around for a long time. Yes. And there's there's actually uh Yes. And there's there's actually uh overall benefit for longevity with low overall benefit for longevity with low doses of this.

doses of this. >> The nice thing about it being long >> The nice thing about it being long acting is that it really helps when acting is that it really helps when you're talking about romance, right? So, you're talking about romance, right? So, because it's long acting and you're because it's long acting and you're going on a date, let's say, um, going on a date, let's say, um, >> you can eliminate the mental and >> you can eliminate the mental and emotional stress that may lead to emotional stress that may lead to erectile dysfunction because you say, erectile dysfunction because you say, "Oh, I'm on this long acting medication "Oh, I'm on this long acting medication that it that that's got my back." That's that it that that's got my back." That's a great way to say it. Versus the person a great way to say it. Versus the person that's on a date, they go home and that's on a date, they go home and they're like, "Excuse me for a second." they're like, "Excuse me for a second." And then they have to go to the bathroom And then they have to go to the bathroom and take something to help and take something to help >> with um the erection. Right. That's >> with um the erection. Right. That's That's I imagine that would cause That's I imagine that would cause performance anxiety performance anxiety >> for sure. Yeah. There's, you know, guys >> for sure. Yeah. There's, you know, guys have great uh uh I I have great uh uh I I have patients that inject their penis have patients that inject their penis with another medication called Tryix, with another medication called Tryix, and I have had a couple of patients and I have had a couple of patients where their wife didn't even know. Now, where their wife didn't even know. Now, that's a whole other conversation about that's a whole other conversation about communication and intimacy and all of communication and intimacy and all of that that they don't even know anything that that they don't even know anything about uh those types of injections. But about uh those types of injections. But I I've I've spoken with them before um I I've I've spoken with them before um and they are quite ejecting, you know.

and they are quite ejecting, you know. So, but yes, the spontaneity is so So, but yes, the spontaneity is so incredibly important. Yes, it's incredibly important. Yes, it's relieving for guys when they know they relieving for guys when they know they have it.

have it. >> If if if spontaneity if a longterm >> If if if spontaneity if a longterm medication like um like we're discussing medication like um like we're discussing here is going to alleviate a problem, here is going to alleviate a problem, then great. But with that story, what then great. But with that story, what you're letting us know is that but if you're letting us know is that but if not, we still have choices.

not, we still have choices. >> Absolutely. >> Absolutely. >> Absolutely. >> Yeah. And so we've been talking about >> Yeah. And so we've been talking about guys here and as it relates to uh the guys here and as it relates to uh the cardiovascular things certainly and that cardiovascular things certainly and that all kind of relates back to insulin and all kind of relates back to insulin and blood sugar control and how that blood sugar control and how that ultimately helps with an erection and we ultimately helps with an erection and we weren't putting a lot of emphasis on weren't putting a lot of emphasis on testosterone but for a quick moment testosterone but for a quick moment let's talk about that of course let's talk about that of course testosterone is part of that. We're testosterone is part of that. We're going to look at that. We're going to um going to look at that. We're going to um enhance testosterone in a functional way enhance testosterone in a functional way not just barely get you in the range.

not just barely get you in the range. We're going to optimize it in a positive We're going to optimize it in a positive way. And testosterone has a huge amount way. And testosterone has a huge amount of influence to psychological desire and of influence to psychological desire and drive. But it's just not the only thing drive. But it's just not the only thing for for for >> but it is true that testosterone >> but it is true that testosterone will affect women in a similar fashion.

will affect women in a similar fashion. >> Yes. >> Yes. >> Yes. >> So decrease blood flow to the clitoris, >> So decrease blood flow to the clitoris, decrease ability to orgasm, decrease decrease ability to orgasm, decrease desire.

desire. desire. >> Yes. >> Yes. >> Yes. >> Okay. >> Okay. >> Okay. >> And then you know let's mention that >> And then you know let's mention that it's women. switch over and and talk it's women. switch over and and talk about women now as it relates to um this about women now as it relates to um this sort of vital organ for them, what's sort of vital organ for them, what's going on with their vulva, what's going going on with their vulva, what's going on with the clitoris. Um certainly with on with the clitoris. Um certainly with menopause, things are starting to menopause, things are starting to change.

change. change. >> Yeah. >> Yeah. >> Yeah. >> Vaginal epithelium lubrication, all of >> Vaginal epithelium lubrication, all of these things, the elasticity, the sort these things, the elasticity, the sort of tonus. So we see the vaginal vault uh of tonus. So we see the vaginal vault uh urinary tract uh issues. We see that a urinary tract uh issues. We see that a lot with frequent UTI and just overall lot with frequent UTI and just overall comfort comfort comfort >> dryness, the cracking the but again all >> dryness, the cracking the but again all of that has a solution.

of that has a solution. >> So what else? Uh you know I talked a >> So what else? Uh you know I talked a little bit about the pain. We were just little bit about the pain. We were just talking about that earlier the pain that talking about that earlier the pain that anticipation of the pain and how that is anticipation of the pain and how that is going to affect uh libido. So just going to affect uh libido. So just simply restoring um vaginal lubrication simply restoring um vaginal lubrication is enough to kind of really break that is enough to kind of really break that cycle of the concern about uh pain.

cycle of the concern about uh pain. >> Um do men experience pain with ED? >> Um do men experience pain with ED?

Orgasm, Nerves, and the Clitoris

>> Uh men if they do not have a full >> Uh men if they do not have a full erection and they try to penetrate erection and they try to penetrate >> that can hurt.

>> that can hurt. >> Oh yeah. That can be painful up to the >> Oh yeah. That can be painful up to the point of what's called a fracture of the point of what's called a fracture of the penis. So they can literally break.

penis. So they can literally break. >> Yeah. >> Yeah. >> Yeah. >> But tomorrow I won't know that again >> But tomorrow I won't know that again because it's so hard about not because it's so hard about not >> you probably you took a test on that at >> you probably you took a test on that at some point in your life.

some point in your life. >> Uhoh. >> Uhoh. >> Uhoh. >> Yeah. Yeah. So they you actually can't. >> Yeah. Yeah. So they you actually can't. So there's a [clears throat] risk guys So there's a [clears throat] risk guys have to be kind of careful and that is have to be kind of careful and that is part of the thing that we're talking part of the thing that we're talking about with guys when they come in. What about with guys when they come in. What do you And even if we examine them with do you And even if we examine them with their erection that we can help them their erection that we can help them with with certain medications and we're with with certain medications and we're examining them in office, is it enough examining them in office, is it enough for penetration? So that that for penetration? So that that penetration uh value is important to penetration uh value is important to look at because if it's too little look at because if it's too little they're trying to literally push it they they're trying to literally push it they could hurt themselves.

could hurt themselves. >> So imagine that you have impaired >> So imagine that you have impaired erectile strength and vaginal dryness. I erectile strength and vaginal dryness. I mean it's just a very difficult mean it's just a very difficult combination for the couple combination for the couple >> and that deterioration of physical >> and that deterioration of physical intimacy can really start to affect intimacy can really start to affect their mental and emotional connection as their mental and emotional connection as well. So yes, with women, I mean the well. So yes, with women, I mean the thing about the thing about um vaginal thing about the thing about um vaginal lubrication is that much like ED, it is lubrication is that much like ED, it is a symptom that is a barometer a symptom that is a barometer >> for the rest of the health. The good >> for the rest of the health. The good thing about thing about >> Well, I was trying to think the analogy.

>> Well, I was trying to think the analogy. So there's the weather vein and you said So there's the weather vein and you said like a barometer. like a barometer.

>> That's for women it's barometer for guys >> That's for women it's barometer for guys a weather. a weather. >> Well, I mean we do say women are like >> Well, I mean we do say women are like mercury, right?

mercury, right? >> There you go. Okay, good. Barometric. Um >> There you go. Okay, good. Barometric. Um yeah. yeah. yeah. Um the good thing though with vaginal Um the good thing though with vaginal dryness is that of course there are some dryness is that of course there are some very easy extogenous or like external very easy extogenous or like external lubricants that you can use to help lubricants that you can use to help compensate compensate compensate >> is is a stage.

>> is is a stage. >> Yeah. But I would say that Yeah. But >> Yeah. But I would say that Yeah. But what about the average person who's what about the average person who's like, "Oh, we use Vaseline or if you're like, "Oh, we use Vaseline or if you're having vaginal dryness, you need to having vaginal dryness, you need to figure out why." figure out why." >> Yeah.

>> Yeah. >> Yeah. >> That's extremely important. >> That's extremely important. >> And it's used for menopause, of course. >> And it's used for menopause, of course.

it's just usually going to be estrogen it's just usually going to be estrogen and testosterone deficiency. So, we're and testosterone deficiency. So, we're using uh estradile cream, but also DHEA.

using uh estradile cream, but also DHEA. We've really learned to add that in, and We've really learned to add that in, and that's not something that would be that's not something that would be typically uh given. Uh meaning like typically uh given. Uh meaning like every OBGYn will give every OBGYn will give >> um estrod pretty, but there's something >> um estrod pretty, but there's something called prosterone, and that's DHEA. So, called prosterone, and that's DHEA. So, it's not like it's not out there, but it's not like it's not out there, but it's not the default. So we it's not the default. So we automatically combine estradi and DHA automatically combine estradi and DHA together and that is just a life saving.

together and that is just a life saving. >> I would say and I imagine you agree that >> I would say and I imagine you agree that this is the one place where we're like this is the one place where we're like vaginal I mean excuse me estrogen cream vaginal I mean excuse me estrogen cream helps.

helps. helps. >> Oh yeah. >> Oh yeah. >> Like we don't we don't use creams formic >> Like we don't we don't use creams formic symptoms. You're not going to get symptoms. You're not going to get systemic relief. But if you're talking systemic relief. But if you're talking about local estrogen deficiency like about local estrogen deficiency like vaginal tissue, vaginal tissue, >> then a localized cream really can be >> then a localized cream really can be quite impactful.

quite impactful. >> And the face. So you can actually face >> And the face. So you can actually face on the face. on the face. >> We've seen that this helps with fine >> We've seen that this helps with fine lines or wrinkles as well.

lines or wrinkles as well. >> Um so yeah, from a localized standpoint >> Um so yeah, from a localized standpoint of skin, I guess it's not just the face, of skin, I guess it's not just the face, >> right? Yeah, it's just across the board.

>> right? Yeah, it's just across the board. Yeah, I've seen Yeah, I used it. I've Yeah, I've seen Yeah, I used it. I've bathing in it. Uh for sure, it can be it bathing in it. Uh for sure, it can be it can be helpful if they're kind of can be helpful if they're kind of committed to putting it on and they committed to putting it on and they won't really get much systemic or won't really get much systemic or bodywide change in their level. Although bodywide change in their level. Although despite it not really affecting them despite it not really affecting them systemically, there is a high incidence systemically, there is a high incidence of transference onto pets and kids.

of transference onto pets and kids. >> Sure. There's always >> Sure. There's always >> So, as you're using that outside of the >> So, as you're using that outside of the BP, you need to make sure that you're BP, you need to make sure that you're washing your hands really well or washing your hands really well or covering your arms.

covering your arms. >> Yes. So, um, >> Yes. So, um, >> pain changes desire. >> pain changes desire. >> Pain changes desire. And it makes me >> Pain changes desire. And it makes me think kind of come back to pelvic floor think kind of come back to pelvic floor therapy.

therapy. therapy. Um, Um, Um, >> wait. You wrote something really nice >> wait. You wrote something really nice here that I mean nice like I think it's here that I mean nice like I think it's a good clear sentence a good clear sentence pain.

pain. pain. You said pain about pain and you wrote I You said pain about pain and you wrote I don't want sex may actually mean my body don't want sex may actually mean my body has learned that sex hurts has learned that sex hurts >> and that's what it is for Yeah, that's a >> and that's what it is for Yeah, that's a great point. Guys are feeling rejected great point. Guys are feeling rejected because she's saying no. Well, she's because she's saying no. Well, she's saying no because she's in pain. That's saying no because she's in pain. That's real. It's not just like a little bit or real. It's not just like a little bit or or a little bit of Vaseline and some KY or a little bit of Vaseline and some KY jelly is going to just totally help the jelly is going to just totally help the process. Um it it isn't enough. And so, process. Um it it isn't enough. And so, >> and I do think that >> and I do think that >> I will say, hold on, let me say, you >> I will say, hold on, let me say, you know, most guys really aren't overly know, most guys really aren't overly ignorant to it. May maybe some are, but ignorant to it. May maybe some are, but maybe my experience has been different maybe my experience has been different because I've had so many guys come in.

because I've had so many guys come in. >> My experience as a doctor with males >> My experience as a doctor with males coming in with their wives, really, coming in with their wives, really, really eager to see them get, really eager to see them get, >> of course, >> of course, >> um, it's it's romantic, it's chivalous, >> um, it's it's romantic, it's chivalous, it's it's, you know, it's it's, you know, >> it's their protector, right? But but >> it's their protector, right? But but >> yeah, they're like, "Fix [laughter] it." >> yeah, they're like, "Fix [laughter] it." >> But, right, get this out.

>> But, right, get this out. >> But how often are women not reporting >> But how often are women not reporting it? it? >> A lot. >> A lot. >> And then they'll say, "I'm just going to >> And then they'll say, "I'm just going to put up

with it." Because either they put up with it." Because either they don't know that it could be resolved don't know that it could be resolved >> or they don't feel like sharing or they >> or they don't feel like sharing or they feel guilty about or whatever the feel guilty about or whatever the nonsense is. So, they put up with it, nonsense is. So, they put up with it, put up with it, put up with it.

put up with it, put up with it. Meanwhile, are suffering. The sex stops Meanwhile, are suffering. The sex stops being good. Then they don't want it being good. Then they don't want it anymore. And now you've got a problem.

anymore. And now you've got a problem. >> Yeah. So, there's answers. Fix it. >> Yeah. So, there's answers. Fix it. communicate. communicate. communicate. >> Communicate >> Communicate >> Communicate >> and eat >> and eat >> and eat.

>> and eat. >> I am hungry. But I mean, I just feel >> I am hungry. But I mean, I just feel like food is always at the center of like food is always at the center of everything. In fact, food really is at everything. In fact, food really is at the center of good sex. I even have we the center of good sex. I even have we have a whole section on that here. How have a whole section on that here. How is food related to good sex?

is food related to good sex? >> Let's talk about clarity. >> Let's talk about clarity. Um, Um, Um, you know, women are you know, women are women women women >> women >> women >> women >> uniquely >> uniquely >> uniquely >> uniquely >> uniquely >> uniquely >> have an organ that is solely >> have an organ that is solely for pleasure. The clitoris is only for pleasure. The clitoris is only function function function >> and it's outside of their body.

>> and it's outside of their body. >> Yeah. Well, yes. >> Yeah. Well, yes. >> I mean, yes. >> I mean, yes. >> It goes deep inside. >> It goes deep inside.

>> Okay. But anyway, yes, I >> Okay. But anyway, yes, I >> Yes. It's just there for for pleasure. >> Yes. It's just there for for pleasure. You know, the analogous the analogy You know, the analogous the analogy there. Isn't that great for for there. Isn't that great for for everything you everything you deal with?

everything you everything you deal with? >> It is 100% pleasure. Um so that's uh >> It is 100% pleasure. Um so that's uh again again again >> and then we've systematically gone >> and then we've systematically gone through generations of not explaining through generations of not explaining it, pretending it doesn't exist and not it, pretending it doesn't exist and not not honoring the purpose of this organ.

not honoring the purpose of this organ. >> Yeah. We literally have an organ just >> Yeah. We literally have an organ just for pleasure that's accessible through for pleasure that's accessible through the outside of our body and we don't the outside of our body and we don't know what to do with it.

know what to do with it. >> Yes, that's why people are going to >> Yes, that's why people are going to listen to this podcast to hopefully listen to this podcast to hopefully figure that.

figure that. >> It's almost like we need a moment of >> It's almost like we need a moment of silence. silence. silence. >> Going to do a little prayer for >> Going to do a little prayer for >> um yeah, it's it's it's all about >> um yeah, it's it's it's all about pleasure.

pleasure. pleasure. >> It doesn't have anything else going on. >> It doesn't have anything else going on. the male penises, urination and and the the male penises, urination and and the ejaculation ejaculation ejaculation >> that we know of, of course, that we know >> that we know of, of course, that we know of. I'm always of. I'm always >> openminded to, you know, this is not >> openminded to, you know, this is not something I normally say, but something I normally say, but >> um I was reading [laughter] >> um I was reading [laughter] I always laugh at what I say I was I always laugh at what I say I was reading. I don't remember. Well, no, no, reading. I don't remember. Well, no, no, this was actual words, but I just never this was actual words, but I just never like, you know, I'm not great at quoting like, you know, I'm not great at quoting the facts, but I'm really good at the facts, but I'm really good at remembering the story, you know. take remembering the story, you know. take that for what for what you want.

Um, that for what for what you want. Um, anyways, I was reading about this anyways, I was reading about this ridiculously high percentage of females ridiculously high percentage of females that don't know what their gel genitalia that don't know what their gel genitalia looks like.

looks like. >> Oh, yeah. >> Oh, yeah. >> And I guess I always think like really, >> And I guess I always think like really, I mean, we're surrounded by medical I mean, we're surrounded by medical practitioners in our life and in our practitioners in our life and in our personal life. So, I feel like everybody personal life. So, I feel like everybody knows what the female PP looks like, but knows what the female PP looks like, but apparently that's not true.

apparently that's not true. So, this is what So, this is what >> sat with a mirror. This is one of those >> sat with a mirror. This is one of those moments where I'm like, I feel strongly moments where I'm like, I feel strongly about the fact that every female should about the fact that every female should take a look at what her private parts take a look at what her private parts look like.

look like. >> Men have no choice but to look, >> Men have no choice but to look, >> right? It's all >> right? It's all >> there, right? >> there, right?

>> Um, but it's important because how can >> Um, but it's important because how can you know something you haven't taken the you know something you haven't taken the time to really see time to really see >> and to see and to explore?

>> and to see and to explore? Absolutely. Absolutely. Absolutely. >> You know what I just thought of now? You >> You know what I just thought of now? You know how we talk about the 30-day sex know how we talk about the 30-day sex challenge? This is this is my Let's see challenge? This is this is my Let's see if you can put your your endorsement on if you can put your your endorsement on this. My challenge for our couples is to this. My challenge for our couples is to actually do this together. If you have actually do this together. If you have not taken the time to just literally not taken the time to just literally lay on your back, lay on your back, >> take a look >> take a look >> and take a look, preferably with your >> and take a look, preferably with your partner.

partner. partner. >> And if this turns sexual, then great. >> And if this turns sexual, then great. But I really mean this about a moment of But I really mean this about a moment of intimacy and understanding each other.

intimacy and understanding each other. My challenge to you is if you have not My challenge to you is if you have not actually sat by yourself or with your actually sat by yourself or with your partner and taken a look and understood partner and taken a look and understood what you're looking at, I suggest you do what you're looking at, I suggest you do that. In fact, I challenge you.

that. In fact, I challenge you. >> Yeah. So, that's it's a challenge. A >> Yeah. So, that's it's a challenge. A 30-day challenge? No. 30-day challenge? No.

Practical Testing and Treatment Options

>> No. No. Just I mean, goodness 30 days. >> No. No. Just I mean, goodness 30 days. Um just once. Um just once. >> Yeah. >> Yeah. >> Yeah. >> Do it. >> Do it.

>> I think that's a great idea. Yeah, I >> I think that's a great idea. Yeah, I think the more patients are um just think the more patients are um just aware of all kinds of things about their aware of all kinds of things about their health and their body and um exploring health and their body and um exploring things and food and all of that. I mean, things and food and all of that. I mean, understanding nutrition and all of that, understanding nutrition and all of that, the better. This is part of all of that.

the better. This is part of all of that. It's definitely part of living a It's definitely part of living a well-lived life. It's understanding well-lived life. It's understanding >> that intimate organ >> that intimate organ and how intimate it is and how amazing and how intimate it is and how amazing it is. There's recent research just came it is. There's recent research just came out. They actually mapped it. Um uh and out. They actually mapped it. Um uh and it's it's

pretty cool to see some of the it's it's pretty cool to see some of the images of this and what they what they images of this and what they what they did.

did. did. >> That's cool. >> That's cool. >> Yeah. They they really understand >> Yeah. They they really understand there's even more nerves than we there's even more nerves than we thought. And they also were able to map thought. And they also were able to map it and how these nerves so many of them it and how these nerves so many of them come down right into the glands or the come down right into the glands or the the tip of the clitoris. Um there's the tip of the clitoris. Um there's there's tens of thousands of these nerve there's tens of thousands of these nerve ends. So far more actually than the male ends. So far more actually than the male penis.

penis. penis. >> Interesting. >> Interesting. >> Interesting. >> Yeah. So, it's there [clears throat] for >> Yeah. So, it's there [clears throat] for a purpose and you need to uh continue to a purpose and you need to uh continue to focus on that on that purpose. Um, focus on that on that purpose. Um, >> and it's an organ.

>> and it's an organ. >> It's an organ. It's it's it's there for >> It's an organ. It's it's it's there for a reason. Yeah. It's six times greater a reason. Yeah. It's six times greater nerve fiber density than the penis. It's nerve fiber density than the penis. It's six times. It's a lot more six times. It's a lot more there, which I think is also important there, which I think is also important from, you know, a sexual standpoint.

from, you know, a sexual standpoint. guys, you know, they have a penis, they guys, you know, they have a penis, they grab their penis, they're holding on to grab their penis, they're holding on to their penis, it's a different kind of their penis, it's a different kind of thing, and you have to approach the thing, and you have to approach the clitoris far more gently. And now clitoris far more gently. And now [clears throat] some of the guys are [clears throat] some of the guys are listening. Um, this is the reason why.

listening. Um, this is the reason why. There's a hell of a lot more knowledge There's a hell of a lot more knowledge there. there. there. >> Yeah. And if you take the time to look >> Yeah. And if you take the time to look at it like I suggested, then you can at it like I suggested, then you can understand the [clears throat] anatomy understand the [clears throat] anatomy and can explore that together like and can explore that together like figure out, oh, this is good, this is figure out, oh, this is good, this is not good, this is too tender, you know, not good, this is too tender, you know, that that can definitely happen. And that that can definitely happen. And then also then also take the stress off of yourselves of take the stress off of yourselves of understanding that if the clitoris is so understanding that if the clitoris is so sensitive and the inside of the vagina sensitive and the inside of the vagina isn't as sensitive, then why do we have isn't as sensitive, then why do we have this this this >> pressure of having penetration only >> pressure of having penetration only orgasm? I mean, it doesn't make sense.

orgasm? I mean, it doesn't make sense. It's like you're it's like you're trying It's like you're it's like you're trying to write your name with your toe when to write your name with your toe when you have a hand, you know? Yeah, the you have a hand, you know? Yeah, the toe can do it, but why are you focusing on can do it, but why are you focusing on training the toe when you have a hand?

training the toe when you have a hand? It's the same thing with the clitoris. It's the same thing with the clitoris. Like, use the clitoris. Don't judge the Like, use the clitoris. Don't judge the quality of your orgasms by whether or quality of your orgasms by whether or not it was from penetration only.

not it was from penetration only. >> Yeah, maybe that's just because with >> Yeah, maybe that's just because with mutual intercourse with a man and a mutual intercourse with a man and a woman, there's penetration because woman, there's penetration because that's what the guy is saying he needs.

that's what the guy is saying he needs. Um, so part of this would be Um, so part of this would be understanding that the intimacy is part understanding that the intimacy is part of the excitement for a guy, exploring, of the excitement for a guy, exploring, understanding, seeing your pleasure. I understanding, seeing your pleasure. I mean, that's what a guy mean, that's what a guy he wants his own pleasure, but part of he wants his own pleasure, but part of his excitement and and feeling his excitement and and feeling satisfied. And they've done studies with satisfied. And they've done studies with this, too. And and this, too. And and >> understanding that ultimately

people >> understanding that ultimately people need, men need to know that their need, men need to know that their partner is satisfied. Essential.

partner is satisfied. Essential. >> Yeah. >> Yeah. >> Yeah. >> Okay. Um, >> Okay. Um, you know, you mentioned before about you know, you mentioned before about testosterone. Yes, women need testosterone. Yes, women need testosterone. They need it just as much testosterone. They need it just as much as guys do. Please don't underestimate as guys do. Please don't underestimate that. We talked about that so many times that. We talked about that so many times in this podcast in this podcast >> um countless times at this point.

>> um countless times at this point. >> So, women need testosterone. They need >> So, women need testosterone. They need to have their levels checked. they need to have their levels checked. they need to have it checked by someone that's to have it checked by someone that's understanding the functional levels understanding the functional levels because if they're just looking at the because if they're just looking at the basic levels on the labs, they often basic levels on the labs, they often won't get diagnosed with low won't get diagnosed with low testosterone nor receive it. Or if they testosterone nor receive it. Or if they do, they just keep them on such low do, they just keep them on such low doses that it doesn't actually do doses that it doesn't actually do anything. Well, um, aren't the norms on anything. Well, um, aren't the norms on most traditional labs for women for most traditional labs for women for testosterone after the reproductive testosterone after the reproductive ages?

ages? ages? >> Don't the norms sometimes go down as low >> Don't the norms sometimes go down as low as like 20 or as like 20 or literally zero. Um, I think lab core um literally zero. Um, I think lab core um the normal range is two two to 45 the normal range is two two to 45 >> 45.

>> 45. >> 45. We're using 70 to 150, right? We're using 70 to 150, right? >> And we've been using that for >> And we've been using that for >> 20 years. It's been a minute since I >> 20 years. It's been a minute since I looked at that, but yeah. So, that means looked at that, but yeah. So, that means that if you get a testosterone that's that if you get a testosterone that's immeasurable for the female, your immeasurable for the female, your practitioner can very easily say to you, practitioner can very easily say to you, "It's not "It's not >> correct." >> correct." >> correct." >> And you're supposed to say, "Oh, well >> And you're supposed to say, "Oh, well then I wonder I wonder why I don't have then I wonder I wonder why I don't have libido. I'm constantly moody. I have libido. I'm constantly moody. I have cognitive impairment.

cognitive impairment. >> Must be depression." >> Must be depression." >> Right? So, yeah. >> Right? So, yeah. >> I mean, maybe it is depression, but even >> I mean, maybe it is depression, but even if it is depression, you'll still if it is depression, you'll still benefit from the testosterone benefit from the testosterone >> because it helps with all of that. So >> because it helps with all of that. So yes, get it checked. Um, make sure yes, get it checked. Um, make sure you're replacing testosterone. I think you're replacing testosterone. I think it's incredibly important for everything it's incredibly important for everything we're talking about sexual wellness. It we're talking about sexual wellness. It is a foundational therapy for what it is is a foundational therapy for what it is that we're doing.

that we're doing. >> And certainly with orgasm, too. I mean, >> And certainly with orgasm, too. I mean, all of it's just it's helping enhancing all of it's just it's helping enhancing orgasm, the intensity, the likelihood of orgasm, the intensity, the likelihood of all of that.

all of that. >> Thing that's amazing about orgasm is >> Thing that's amazing about orgasm is that it's like an entire neurologic that it's like an entire neurologic event. It's not just a localized event. It's not just a localized occurrence. You're having an orgasm and occurrence. You're having an orgasm and the amount of chemical firing that is the amount of chemical firing that is happening happening happening is I mean it's poetic.

is I mean it's poetic. So So So >> there's nothing else like your human >> there's nothing else like your human experience. When you were and you were experience. When you were and you were saying earlier that it is uniquely a saying earlier that it is uniquely a human experience. There isn't anything human experience. There isn't anything else that we do in our entire existence else that we do in our entire existence that can possibly compare to the that can possibly compare to the cocreation.

cocreation. cocreation. I mean, this is this is a little I mean, this is this is a little biblical. I mean, it is the only time biblical. I mean, it is the only time that we actually have the ability to that we actually have the ability to co-create with God. And I mean, how much co-create with God. And I mean, how much more profound can you get? So, it's a more profound can you get? So, it's a it's a gift. It is an absolute gift.

it's a gift. It is an absolute gift. >> Right. Right. Because you we don't need >> Right. Right. Because you we don't need to orgasm to procreate. to orgasm to procreate.

You don't need to. But that was written You don't need to. But that was written into the makeup of the human into the makeup of the human specifically to continue to remind us specifically to continue to remind us how pleasurable it is to have union.

how pleasurable it is to have union. >> Yes. >> Yes. >> Yes. >> It's not just duty, >> It's not just duty, >> right? >> right? >> right? >> It's pleasure and purpose, >> It's pleasure and purpose, >> right?

>> Yeah. Just it circles back to God. It is >> Yeah. Just it circles back to God. It is you're having that level of pleasure to you're having that level of pleasure to remind you of how incredibly important remind you of how incredibly important that union is with man, woman or God.

that union is with man, woman or God. >> Well, the fact that it is neurologic >> Well, the fact that it is neurologic reminds us that if there's impairment in reminds us that if there's impairment in orgasming, it could also be um a nerve orgasming, it could also be um a nerve function issue. It could be a function issue. It could be a physiologic issue. It could be literally physiologic issue. It could be literally anatomy like you have nerve impingement.

anatomy like you have nerve impingement. I mean, because it's neurologic, there I mean, because it's neurologic, there are so many different places that one are so many different places that one should look when determining why are should look when determining why are they having problems with orgasm.

they having problems with orgasm. >> You know, [clears throat] especially >> You know, [clears throat] especially with women uh and and and that with women uh and and and that challenge, it can be challenge, it can be a lot of neurological a lot of neurological issues that's that's going on with that.

issues that's that's going on with that. From a hormonal standpoint, uh dopamine, From a hormonal standpoint, uh dopamine, epinephrine, neuropinephrine, the whole, epinephrine, neuropinephrine, the whole, you know, SSRI kind of thing is a big you know, SSRI kind of thing is a big part of it. uh for for women and this part of it. uh for for women and this hormone called oxytocin which is hormone called oxytocin which is probably one of our favorites.

probably one of our favorites. >> Yeah. >> Yeah. >> Yeah. >> Using oxytocin for both men and women >> Using oxytocin for both men and women orgasm at the right dose orgasm at the right dose >> uh in the right delivery we give it as a >> uh in the right delivery we give it as a lozage and and couple that with a lozage and and couple that with a peptide called PT-41 peptide called PT-41 renalide and PT41 is a very unique uh renalide and PT41 is a very unique uh peptide that's also is working on the peptide that's also is working on the central nervous system level. Um, so central nervous system level. Um, so that really helps to kind of wake things that really helps to kind of wake things up. You know, these things don't have to up. You know, these things don't have to be, we were talking before about be, we were talking before about removing the brakes. And so now we're removing the brakes. And so now we're going to still use something that's going to still use something that's going to push that orgasm. And maybe going to push that orgasm.

Closing Advice and Resources

And maybe that is part of it, but I think when that is part of it, but I think when people are using these tools and then people are using these tools and then practicing with their partner, they're practicing with their partner, they're literally laying down new nerve pathways literally laying down new nerve pathways to improve it for the future to where to improve it for the future to where maybe they don't even need these things.

maybe they don't even need these things. Yes, I think that's a very good point Yes, I think that's a very good point because um do you remember that show because um do you remember that show American Ninja?

American Ninja? >> Okay. Remember how none of the girls can >> Okay. Remember how none of the girls can do the wall and none of the girls can do do the wall and none of the girls can do the wall and then finally that girl did the wall and then finally that girl did the wall and then after she did it, the wall and then after she did it, everyone, not everyone, but many women everyone, not everyone, but many women were able to do the wall.

were able to do the wall. >> And that's such an important thing to >> And that's such an important thing to consider about the way we're using these consider about the way we're using these medications. Sometimes, as you said, medications. Sometimes, as you said, you're releasing the brakes. Sometimes you're releasing the brakes. Sometimes what you're doing is you're showing the what you're doing is you're showing the body how to do it. And then once the body how to do it. And then once the body goes, "Oh, I understand." Then you body goes, "Oh, I understand." Then you often can remove these um crutches. And often can remove these um crutches. And crutches in this case is a good thing.

crutches in this case is a good thing. It's like, "I broke my leg. I'm using It's like, "I broke my leg. I'm using crutches to relieve pressure off the crutches to relieve pressure off the broken leg so that it can heal." broken leg so that it can heal." >> Crutch in this case doesn't mean like >> Crutch in this case doesn't mean like something you're dependent on maybe to something you're dependent on maybe to the point of pathology. It's a tool to the point of pathology. It's a tool to allow for repair.

allow for repair. >> So be very open-minded on exploring all >> So be very open-minded on exploring all of these potential avenues. if you're of these potential avenues. if you're not getting the quality of orgasm and not getting the quality of orgasm and sexual vitality that you want.

sexual vitality that you want. >> Yeah, it's it reminds me again back to >> Yeah, it's it reminds me again back to the 30-day challenge that we love to the 30-day challenge that we love to say. Um that is, you know, it's a little say. Um that is, you know, it's a little bit of we say fake it till you make bit of we say fake it till you make them. Just do it no matter what because them. Just do it no matter what because it's laying down new nerve pathways and it's laying down new nerve pathways and it's practice that eventually makes it's practice that eventually makes perfect.

perfect. perfect. >> So yeah, a big fan of of of that idea. >> So yeah, a big fan of of of that idea. >> Practice it. >> Practice it. >> Sure. >> Sure.

>> Sure. Um, all right. So, for us, what would Um, all right. So, for us, what would maybe be, you know, some maybe be, you know, some some questions that we would ask a some questions that we would ask a patient when they're coming in to see patient when they're coming in to see us? Um, the sort of the sexual, you us? Um, the sort of the sexual, you know, uh, vitality workup. Um, we're know, uh, vitality workup. Um, we're just going to ask you to sexually act.

just going to ask you to sexually act. >> We're always, first of all, we're just >> We're always, first of all, we're just always having the conversation. We're always having the conversation. We're letting patients know in a very, letting patients know in a very, >> uh, balanced way that we're open to the >> uh, balanced way that we're open to the conversation. It's not judgmental. It's conversation. It's not judgmental. It's not overly uh not overly uh uh I guess medical, but it is uh I guess medical, but it is >> but it is >> but it is >> but it is very um at the same time, but >> but it is very um at the same time, but it's sort of this balanced honest it's sort of this balanced honest conversation and just opening uh that conversation and just opening uh that up. And I think when patients just see up. And I think when patients just see that uh that we're we're at ease asking that uh that we're we're at ease asking about it in a calm, gentle way, then about it in a calm, gentle way, then they're at ease responding to it and they're at ease responding to it and opening up about it because it really opening up about it because it really does help to kind of understand some of does help to kind of understand some of these specifics to know how to help these specifics to know how to help somebody specific.

somebody specific. >> So these are questions that the patients >> So these are questions that the patients that

can be or the people before they that can be or the people before they become patients can be asking become patients can be asking themselves.

themselves. themselves. >> Has your libido or arousal changed? Have >> Has your libido or arousal changed? Have your erections changed? Has your morning your erections changed? Has your morning erections changed for guys? Um, has some erections changed for guys? Um, has some lubrication changed? Is sex painful?

lubrication changed? Is sex painful? >> Yeah. >> Yeah. >> Yeah. >> Um, has genital or clitoreral sensation >> Um, has genital or clitoreral sensation changed? Which a lot of times when changed? Which a lot of times when supplements say, "Wait, I don't I can't supplements say, "Wait, I don't I can't feel anything." feel anything." >> Can you orgasm? How do you orgasm? Has >> Can you orgasm? How do you orgasm? Has the intensity changed? Does the overall the intensity changed? Does the overall sexual frequency change with your sexual frequency change with your partner? Why [clears throat] partner? Why [clears throat] are you satisfied with your sexual are you satisfied with your sexual relationship? What does it mean to be relationship? What does it mean to be satisfied? You know, there's two that satisfied? You know, there's two that I'd like to point out that I have found I'd like to point out that I have found um to be probably the most useful. One um to be probably the most useful. One of them is that idea of can you orgasm?

of them is that idea of can you orgasm? And then from there, have you ever And then from there, have you ever experienced an orgasm? When was the last experienced an orgasm? When was the last time you experienced an orgasm? Can you time you experienced an orgasm? Can you orgasm if you have clitoreral orgasm if you have clitoreral stimulation? Because again, I think stimulation? Because again, I think there is this misconception that if you there is this misconception that if you cannot orgasm through vaginal cannot orgasm through vaginal penetration only, then you have a penetration only, then you have a problem, problem, problem, >> right? Um >> right? Um >> that always amazes me that so many women >> that always amazes me that so many women still feel that Yeah. And it also goes still feel that Yeah. And it also goes to show you how often the clitoris is to show you how often the clitoris is excluded from sex, which is crazy. Um, excluded from sex, which is crazy. Um, and then the other one is the idea about and then the other one is the idea about how satisfied are you? You know, with how satisfied are you? You know, with females, I always ask them, females, I always ask them, are you happy with your libido? Not what are you happy with your libido? Not what does your partner say? Because what I does your partner say? Because what I really want to know is, really want to know is, do they feel satisfied with how much sex do they feel satisfied with how much sex that they have? And if they don't, is that they have? And if they don't, is that because someone is telling them that because someone is telling them it's not enough or is it really like no?

it's not enough or is it really like no? Now, if a woman's like, I'm happy with Now, if a woman's like, I'm happy with my libido and I don't care if I don't my libido and I don't care if I don't have sex, then that's still that's still have sex, then that's still that's still a symptom to me.

a symptom to me. >> It is, but ultimately um the way they >> It is, but ultimately um the way they certainly in medicine, how we measure certainly in medicine, how we measure these things, it comes down to the these things, it comes down to the patient's uh interpretation. It's which patient's uh interpretation. It's which always surprises me about the technical always surprises me about the technical diagnosis of premature ejaculation of diagnosis of premature ejaculation of your men. it is less than one minute.

your men. it is less than one minute. That is part of the diagnosis. But the That is part of the diagnosis. But the other part of the diagnosis is and it other part of the diagnosis is and it bothers him.

bothers him. >> It if he's like, "Well, yeah, I don't >> It if he's like, "Well, yeah, I don't know. It's less than a minute, but it know. It's less than a minute, but it never bothered me. I'm I'm good. I got never bothered me. I'm I'm good. I got mine." mine." mine." >> And then it's not technically diagnosed >> And then it's not technically diagnosed with church. It's like to your point with church. It's like to your point physiologically, I mean, it is. And physiologically, I mean, it is. And hopefully people would open up to that hopefully people would open up to that and say, "No, this actually is a and say, "No, this actually is a problem. let's see if you can at least problem. let's see if you can at least fix this fix this >> I mean I I think that's thank you for >> I mean I I think that's thank you for pointing that out because I think that pointing that out because I think that even if the patient says it's not a even if the patient says

it's not a problem for me I would still put it in problem for me I would still put it in my notes as a symptom because there my notes as a symptom because there should be healthy libido I'm not talking should be healthy libido I'm not talking about the fringe cases like the widow about the fringe cases like the widow who lost the love of her life or you who lost the love of her life or you know I'm not talking about that I'm know I'm not talking about that I'm talking about the average person in a talking about the average person in a relationship they should have some relationship they should have some libido for sex libido for sex >> yeah and for life itself Um, okay. So, >> yeah and for life itself Um, okay. So, we kind of went over a lot of things we kind of went over a lot of things here and having these conversations are here and having these conversations are always always always I'm always learning something as I go I'm always learning something as I go through all of this uh with you and sort through all of this uh with you and sort of the notes and researching about it of the notes and researching about it synthesizing what we've done for the synthesizing what we've done for the past 20 years. Uh, it is definitely when past 20 years. Uh, it is definitely when it comes to sex, it is both a science uh it comes to sex, it is both a science uh and art, right?

and art, right? >> For sure. >> For sure. >> And just because things are changing >> And just because things are changing doesn't mean there's a problem. There is doesn't mean there's a problem. There is change that comes with with age, but change that comes with with age, but that's not the same thing as saying I that's not the same thing as saying I have a problem and I'm blaming it on have a problem and I'm blaming it on age.

age. age. >> Right. Good point. And also maybe you're >> Right. Good point. And also maybe you're referring back to say, well, I need to referring back to say, well, I need to be like I was in my 20s. And it doesn't be like I was in my 20s. And it doesn't necessarily have to be exactly like necessarily have to be exactly like that. You need to be the best version of that. You need to be the best version of yourself at the age that you're at. And yourself at the age that you're at. And that should includes uh healthy sexual that should includes uh healthy sexual >> intercourse >> intercourse >> intercourse >> and subjective subjective back to what >> and subjective subjective back to what you were saying about it doesn't bother you were saying about it doesn't bother me subjective satisfaction. So when I me subjective satisfaction. So when I was 25, I was having great sex on the was 25, I was having great sex on the line. It was wonderful. Well, now I'm 75 line. It was wonderful. Well, now I'm 75 and I'm having good sex and it's and I'm having good sex and it's wonderful. They may be totally wonderful. They may be totally different, but your emotional different, but your emotional relationship to the sex that you're relationship to the sex that you're having is still quite satisfactory having is still quite satisfactory despite your age.

despite your age. >> Yeah. Continue to do it. Continue to >> Yeah. Continue to do it. Continue to know that you can know that you can >> keep it part of your life. Um, this is >> keep it part of your life. Um, this is what's going to help.

what's going to help. >> Make time for it. >> Make time for it. >> Make time for it. Communicate. >> Make time for it. Communicate. >> Communicate. >> Communicate.

>> Communicate. >> Yeah. Back to you. Make time for it. >> Yeah. Back to you. Make time for it. Yeah, Yeah, Yeah, >> you know, literally schedule it in.

>> you know, literally schedule it in. >> This is what we're going to do. There's >> This is what we're going to do. There's nothing wrong with that. It doesn't nothing wrong with that. It doesn't always have to be perfectly spontaneous.

always have to be perfectly spontaneous. Just to Just to >> We have said repeatedly that the >> We have said repeatedly that the well-lived life is a life made up of well-lived life is a life made up of habits that serve a long life that is habits that serve a long life that is enjoyed. Those habits include not just enjoyed. Those habits include not just exercise and drinking water. It must exercise and drinking water. It must include physical intimacy in the form of include physical intimacy in the form of sex.

Are you liking what you're hearing? Do Are you liking what you're hearing? Do you want to hear more? you want to hear more? >> Are you loving this great content? And >> Are you loving this great content? And do you want to ask us a question?

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notes for today's episode. >> And finally, if you're ready to make a >> And finally, if you're ready to make a change, a real change in your own life, change, a real change in your own life, feel free to check us out at our private feel free to check us out at our private