Introduction to Dr. Anne Truong

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hello, everyone. Welcome once again to the Prostate Cancer Summit.

I'm your host, Dr. Gio Espinosa, here with another special guest, Dr. Anne Truong. Dr. Anne is a board certified physician with over 20 years of clinical experience.

A physician entrepreneur and innovator who thinks outside of the box, Dr. Anne has is a recognized leader in men's health, particularly in regeneration medicine or regenerative medicine.

She's passionate about healing the cause of male sexual dysfunction, not just masking symptoms, and shares her wisdom and teach doctors and conferences worldwide.

Dr. Anne evaluates and supports each patient from the beginning to end to accomplish their individual goals, recapture their vitality, age gracefully and live their best life, which is, those are, those are amazing terms to me.

How do you live your best life as you age? Right, Dr. Anne? Yep. Dr. Anne, thank you so much for being with me here for the summit. We spoke quite a bit before we started recording.

It's amazing how our paths has crossed through this podcast or summit. And I guess the first question is why? Why have you chosen, you know, here you are a female trained in internal medicine, you know, and somewhere along the line you said, yeah, you know, I think that I think I want to help men with their erectile dysfunction.

I don't think that's that common of a path. I think you chose the road less traveled. So take us back with your history professionally, what you were trained in, and then what decided you to, you know, let me go into male sexual health.

Right, right. So I was trained in internal medicine as well as physical medicine and rehabilitation. What that means is that I, the PM&R or physical medicine rehabilitation is I do, I'm like an orthopedic surgeon that does non-surgical treatment of pain.

And then the internal medicine is the background. So that way I can see patient inpatient and understand the whole complexity between somebody's illness and how it relates to their physical functioning.

And I was doing that from 1997 to 2012, loved it. And I think what's happened with that, I had an injury to my wrist. So it was limiting me from doing some of the interventional procedures that I used to do.

And at the same time at that time, my husband was having some cardiac issues and had to had several interventional procedures and it really affected his sexual functioning.

From Internal Medicine to Menu2019s Sexual Health

And so, you know, I had this injury and then I had the personal experience and it's just like, and at that time I was already doing regenerative medicine with biologic.

And I said, there's got to be a better way, because I am not a medicine person. And his doctor wanted to give him Viagra and Cialis. And I knew that that was just masking the symptoms and not treating the problem.

And I knew that it wasn't a long-term fix. And I'm always the person that looking at the cause because in 2000, I learned how to do acupuncture. I learned how to do prolo therapies.

I was always really looking at comprehensive holistic treatment. So, you know, I started reading, I started researching, and that's being a clinician.

That's what you do the best, right? You research, you read, you connect with colleagues, you go to conferences. And because of personal reason, I dive into that and that's how I found out, really discover, like, hey, if I can use stem cells such as platelets, your own blood or your own bone marrow to restore inflammation and function in a joint or spine, I can certainly translate that into the sexual organ to restore functioning again, because it's all about blood flow.

And so that's how I kind of start doing it. And guess who was my first patient? My husband. Just to get this straight, your husband has this issue with cardiovascular problems that then affects his male sexual functioning.

And then you started doing stem cells and injecting him with things in his penis. Yes. Yes. Wow. Well, this makes the story way more interesting. This is probably the first time I hear something like this.

Absolutely because you know who will be my best guinea pig is my husband you know and that's how I learned and interestingly you know we saw result actually within like three weeks but at that time he was really late 40s, you know, turning 50. And so he was still a young guy, very healthy guy as well.

And then, you know, we started seeing results and then I started doing my brother and then my brother-in-law, because as you know, ED is more prevalent than we think.

50% of men over 50 have ED and 60% of men over 60 have ED. So it's more prevalent than you think. So I started doing my brother. my brother-in-law. Is that all for free?

All for free. Yes, yes. All for free. And yeah, no, it's all for free because I believe that I need to really do my own research and see the result on my family first before I use it on my patient.

And, you know, we started seeing results and that's when we kept rolling it out. But at that time, I didn't have a framework. I had to kind of figure it out step by step and how to add things to make it better and like what volume do I need and so forth.

And it was all based on really clinical experience and, and basing upon research. So that's how I got into sexual health. And it really, it really opened my eyes on the complexity of erectile dysfunction and even sexual health.

But it really opened my, my, my, what really interests me is the misinformation and the myth that evolved around men's sexual health, especially internet or even from even other physicians who is not in sexual health.

And there's this, you know, the myth of, okay, well, the only treatment is medication and then trimix and then penile implant. That's it. And, you know, coming from a perspective of acupuncture of like, what about healing the cause of the problem.

What about treating inflammation and healing that because overall it's all about inflammation and blood flow and endothelial dysfunction. And the cardiologists do a great job at that.

If you have cardiovascular disease, lifestyle modification, exercise, diet, and all that, but they do a great job, why don't we do that in sexual health as well?

So I learned that from the cardiovascular realm and the transfer of that knowledge into the sexual health. So that's why I come from a approach of multimodality approach to sexual health restoration and treating the cause of the problem.

with using your own stem cells such as platelet-rich plasma, sometimes bone marrow from mesenchymal stem cells. And then we do shockwave therapy, which is using energy from sound wave, a focused shockwave therapy, and hormone replacement therapy.

Now we're adding Botox, which research has come out in June of 2022, that seemed to really work as a synergistically with other modalities. And of course, lifestyle modification.

I tell all my patients that if you don't change your lifestyle, such as diet, exercise, sleep, and stress management, all those treatments will not work because at the core, at the core, your body on the inside has to heal.

And if you don't do that, no matter what type of treatment, you're not going to get a long lasting effect.

Treating ED with a Multimodal Regenerative Approach

Oh, that's beautiful. Wow. I'm still caught up on the fact that you treated your family members and your husband, and you did the stem cells and all these things and used them.

I remember when I was in naturopathic school, medical school, I got really into adjusting, like chiropractors do, so adjusting joints, because I'm really good with my hands.

And but I didn't go to Carol practice, go into naturopathy. But within that, you do a year of adjusting. And I had every family member who came to my house at the time, like, guys, whoever wants to come in, you got to sit on the table first and let me adjust you.

And it was like, I can't believe that, you know, everybody allowed me to do that. And I'm literally I'm literally they were my guinea pigs. I'm learning there.

Yeah. Remind me of that, although a little bit different, literally. Yeah, right in the penis there. That takes courage. I love that story. Well, I also know how to do nerve blocks.

I make it a very non-painful experience of being a pain management doctor. We can inject any nerve in the body and block the nerves. I was able to block the pudendal nerve, which provides sensation to at the penis and we put them in creams just to buy a very, you know, relaxing experience.

But yet, you know, I have to make sure that it worked before I even know. So, you know, my, my husband and my family member were at the end of 10 before I started.

Right. Exactly. Exactly. The end of 10. This is, is that published? That sounds like it could even be published somewhere. We're working on our data right now.

We're actually collecting data of the patients we have been treating by using the IIEF questionnaire, the Adam questionnaire, and the prostate questionnaire as well.

IPSS, yep. Yeah. All right. So then, Dr. N, what do we do with a patient, let's say who's been treated for prostate cancer, either through a prostatectomy, or radiation, although sometimes it is sold as if, well, if you do radiation, you're not going to get erectile dysfunction.

That's not true because depending on the type of radiation, you're radiating the nerves around the penis that innervates the penis. So it does have some endovascular as well.

So a man treated for prostate cancer, who is struggling with erectile function and male sexuality, what do we do with them? Yeah, that is, I think that population has been kind of neglected in a sense that, hey, let's just prostate, let's just focus on your prostate cancer, forget about everything else.

But I can tell you, I have a lot of patients that had prostate cancer treatment and is saying, you know, I'm still young, I still enjoy having sex with my wife.

And now I can't function anymore because in medicine we focus on kind of like the immediate problem, but patients also have sexual health concerns that need to be addressed at the same time.

So oftentimes when I see patients that had prostatectomy and already had radiation, the only option is most likely Trimix or even PDE5 inhibitors such as Viagra or Cialis and that's it.

And even the oral medication may not even work and resorting to trimeths and sometimes trimeths does not work well for them either. So what have we found out was that, you know, they're the most important structure surrounding the prostate.

What is that? Those are the pelvic muscles. The pelvic muscle, which, you know, the ischial cavernosum and also the bobble, spondiosum that kind of goes from the perineum that goes up to the penis and wrap around the base of the penis and also the side of the penis as well.

So there are critical muscles for their normal function of those two little muscles to help you urinate, to start and stop the stream, as well as ejaculation and orgasm.

and but yet no men doesn't exercise those muscle or women women it's it's called Kegel exercises so women will do that when they have bladder dysfunction but not a lot of men know that they can exercise those muscle even when they have prostate prostatectomy So knowing that, hey, the prostate's been removed, what else can we do to strengthen the structure surrounding that area and the pelvic muscles, all those two?

And so what we find out that having them do external massage, which then kind of bring blood flow to the pelvic muscle area, and also doing Kegel exercises, appropriate Kegel exercises.

When I say appropriate, I mean, you want to coordinate it with breathing, inhaling, exhaling. And what I find out also was that I have patients use acupressure points.

So a conduction vessel, CV6 and CV4 are these two points that are right below the umbilicus. Yeah, right. Right above between the pubic bone and umbilicus.

Yes, yes. So I have them press their hand, their palm of their hand, right on those two acupuncture points, CV4 and CV6, which is right underneath the belly button.

And then also press the point, kidney three, which is right behind the ankle, inside of the ankle, where the tibia is. So that little groove in your ankle and the inside of your ankle.

So they press that kidney 3. No CV1, Dr. Anne? No, not really, because not really. What we find that we do, they just do kidney three and the CV four and six, and then do Kegel.

So they lie down, lie down on your back, a knee bent, and putting the right or the left hand on the CV four, CV six, which is on the abdomen, and then the right hand on kidney three, which is around the inside of the ankle, putting pressure, about two pounds of pressure, or when the fingers blanch, And then at the same time, do the Kegel exercise.

Oftentimes people do that wrong because they will try to squeeze their gluteal muscle, which is their buttock muscle at the same time. And they try to squeeze the adductor muscles, but it's really squeezing those two muscles that are, what I tell men is that, you know, start as if you're about to urinate and then stop the urine stream.

Those are the muscles that are involved, but just do those muscle alone. isolate those muscles. And sometimes I'll put my hand in there and feel whether they're actually activating it or not.

And the goal is to hold it for three seconds. So when you hold it for three seconds, you want to take a, you actually want to inhale. So, you know, the muscle contract you want to inhale the muscle relax you want to exhale.

And so what we find is that, and it takes practice is that to using the acupressure point and also Kegel. It helped with the anxiety, but it also strengthened those pelvic muscles that had been weakened from probably radiation and chemo, as well as the surgery, but it's never been strengthened.

So the men that I see, they're very, very weak. Sometimes they can't even activate. those muscles at all. So we would start with that first, and then we would work on restoring, increasing more blood flow to the penis by using their own stem cell, autologists themselves.

And we use just platelet-rich plasma, which comes from their blood. And we inject that into your penis along with doing focus shockwave, which uses sound wave energy to actually increase more blood flow.

And then combining that with Botox, which is new research that's come out since June of 2022, because Botox not only help with wrinkles, you know, for women in the face, it's actually when you inject it into smooth muscle works really well.

Rehabilitation After Prostate Cancer Treatment

for relaxing the muscle of the penis because in order for a man to get an erection, his penis muscle has to be relaxed. So it's setting up the stage for blood flow to come in and the muscles are ready to relax.

So with that combination of treatment for men with prostatectomy, we find that we are able to get men with prostatectomy to be able to have orgasm again and to be able to have erection again.

Now with some PDE-5 inhibitor, so if they didn't respond to PDE-5 inhibitor prior to the treatment, but now they are. So they do need a little bit of boost with medication, but they're able to have a meaningful sexual experience that they couldn't have prior to the treatment.

This is amazing. So in this summit we're going to have, we have the full spectrum going on of what to do after prostate cancer treatment and all sorts of solutions.

We have experts talking about vacuum devices. We have experts talking about if your prostate is still intact, you know, prostate massage. natural supplements.

And now you're presenting these penile implants, which look, I'm not an implant person or surgeon myself, but you know, as a clinician, I try to leave my bias aside and see what I see objectively, right?

The patient doesn't care what my bias is. They only care about what works for them. And I have to say, I'm pretty impressed, not that I want a penile implant in my body, by the way, unless, who knows, unless I'm in a situation that I need one.

Very impressive, the whole penile implant thing. You're providing something actually new here. After prostate cancer treatment, you have a process of doing PRP, PRP shockwave therapy, pelvic exercises, which I think that you're hitting the nail in the head is really important.

And now you started doing Botox, which maybe someone can get a two for one. If they go see you just, you know, by the way, also, it also used in bladder overactive bladder control, by the way.

So, but yeah, let's, let's take it a step back a little bit. Dr. Anne here explain, let's, I'm going to assume that most people watching this have no idea what PRP is.

Let's start there. So I'm going to have two questions for you here. Number one, maybe you can explain each one and tell us what's involved in each one with the exception of Kegels because you can find that online somewhere.

But maybe PRP shockwave therapy and Botox, how does it work? And then the next question is, how many treatments are needed? What's the process? Take it away.

Right, right. So this is my lane here. This is what I do day in and day out. So platelets, it's already in your blood. It's floating in your blood. It comprises about one to 2% of your whole volume of your blood.

So your blood has red blood cell, and then you have the plasma. blood blood cells about 45 percent the plasma is about 53 percent and then one to two percent is the platelets along with the leukocytes with a white blood cell so the platelets what is involved in your body the platelets help you clot so if you have a cut the platelets goes in that cut and create a clot.

And then imagine the platelets like little balloon that are kind of floating in your blood. They get there and then it burr and then it release all these growth factors.

There are about 300 growth factors in your platelets. We only know about 10%. We only know about maybe 20 of them, the functionality of it. But the others were still unknown.

So we do know that when the growth factors are released from the platelets, these growth factors will call other cells to come to the area, such as like the macrophage, the monocyte, the neutrophils, all these white blood cells.

that come to the area and initiate a first an inflammation response and then a healing response. And how they do that is that it recruit other cells to start calming down the inflammation and then cells to actually create more blood vessels or more repair the endothelium and create more blood vessels in the area to start healing the area.

So that's what the platelet does. And we experience it every day. Anytime you have a cut or an injury, platelet does that. And it usually starts right away and it peaks at around three weeks.

So that's the platelet. That's the role of the platelet. You already have it. So what I do is I just draw your blood from your veins. and we would throw away the red blood cells and plasma.

We keep the platelets and we concentrate the platelets down. That's called platelet-rich plasma. So we would draw about 180 cc to 240 cc, about 8 to 10 ounces of your blood.

And don't worry, you got 5,000 milliliters or 5 liters of blood in your body. We're not going to drain you out like a vampire. But we draw that much and then we put in a centrifuge and isolate out the platelet.

That's why it's called platelet rich plasma. So we take 240 cc and then concentrate it down to 10 cc. And that's what is injected into the penis. And of course we numb the penis up and everything.

So that's the science of the platelet. And that's been used in wound healing, and been used in moderate to mild arthritis that we have seen improvement on.

Okay. And it's also the research papers also came out about PRP for ED. Now pause there for a second. So in theory, that alone may help without anything else.

Absolutely. In theory, that alone may help. And research has shown that that alone may help in probably mild to moderate cases. Yes. Okay. Now, in your experience, you sort of do all three, you do the trifecta, right?

You do the PRP, shockwave, and Botox, okay. Now, you're gonna explain what shockwave therapy is and how it works in a second, but I guess I can't wait to hear the answer for this question.

Do you do it, like how do you span it out? In other words, do you do PRP and shockwave same day, or PRP today, shockwave next visit, Botox the third visit, how do you apply all these treatments together?

All on the same day. So I have a patient come in for the procedure that day, they get the PRP, they get the shockwave treatment and the Botox treatment.

same day. And actually, they're only there for about two hours. So when they come in, my team will get the blood and process and we get the platelets.

And then they would reconstitute the Botox with saline that we put into a syringe. And then before we inject the

PRP in the Botox, the patient would get the shockwave therapy first, because when you do shockwave to an area, you're priming the tissue, you're priming it because that tissue is already vasodilate.

And when it vasodilates and the tissue is primed, then you inject in the PRP in your botox. It works synergistically. So people ask me, why do you do all three when maybe one can help?

Well, I want them to get a home run result. Because if I do one, it may help, but I'm also treating patients that are moderate to severe ED. I'm treating patients that have prostatectomy, so I got to bring the whole kitchen and everything to make sure that they get results.

So if I know that I have access to tools that will get them the home run, I'm going to give it to them so they can get the best result in the fastest amount of time, because we live in that world now.

We need to get better. Instant gratification, instant gratification. We don't have time to wait. Yes, yes. Because oftentimes when you do PRP, you got to wait for six weeks to really see whether it has worked at its peak or not.

How PRP, Shockwave, and Botox Work

And sometimes people don't want to wait six weeks, you know? And so I know that D3 works synergistically, because when you add one on top of the other, it, the effect is exponential.

Before we wouldn't see results to maybe six weeks to three months with PRP alone. And now with the combination of the three, we're seeing results at five days, five days and three weeks.

So we accelerate the healing response, accelerate the result a lot faster. And, you know, men are ecstatic at five days, they're seeing results versus six weeks or even three months.

Awesome, so shockwave therapy comes first. Talk a little bit about shockwave therapy, what it is and how it works. Right. So the research had come out in Europe around 2000 on shockwave therapy.

What is shockwave therapy? Well, the urologist has been using high intensity shockwave therapy, which is using the energy of sound wave to deliver to the kidney stone, to burst the kidney stone, right?

And then your body absorbs it. That's high intensity. Right. So what we use is low intensity shockwave therapy. So what that is, is that it harnesses, you have a probe, and the probe just deliver kind of like a pulse that is the speed of sound wave.

And what that does is that when it enters the penis, and that pulse is delivered to the penis, you don't feel it actually. It's amazing. where there's such intensity of energy, you don't feel it.

You feel it maybe more like a little pulse, like a little pressure. And what it does is that that sound wave causes kind of tissue compression. And that tissue compression causes cellular changes in the cell itself.

that stimulate this bath. Again, the growth factor that I talk about, your cell can produce that also, but it can also stimulate tissue changes. And how that happens is that it stimulates the tissue to start a healing process.

So it's a little bit different than PRP. PRP uses the platelets. Now you're using energy from sound waves to deliver that energy straight to the cells, which then they'll start stimulating all of the pathways.

So you start having release of endothelial growth factor, which help with repair of the blood vessel. You also have also neuromuscular that are released to help with nerve functioning.

and also tissue, the actual tissue repair. And we have multiple studies that's been written in mid-2010 about the effectiveness of focused shockwave therapy.

for ED. Now I mentioned, and I emphasize focus because there is another type of shockwave therapy. It's been commercialized as well, but that's called gains, gains wave or radial shockwave therapy.

Radial shockwave therapy is not the same as focus shockwave therapy. It doesn't use the energy of sound wave. it actually uses just pressure. It's really more like a massager that's a strong massager.

It has a bullet that goes back and forth that causes that pulse and that pulse goes on the tissue, but it doesn't cause a cellular response. All it does, it causes more of a mechanical reaction where if your tissue has like a pressure on it, then your body will kind of go in and start to kind of heal that area.

So there's totally different, but I want to also emphasize there's no research study that has shown that radial chocolate therapy has been helpful for ED.

So sound wave therapy has been shown that so all the research that I've seen, and I've kind of looked at, I have to say, probably just the abstract and conclusion just because I read too many papers a day.

Yeah, that's probably related to sound wave therapy. Yes, focus. Focus shockwave therapy or linear shockwave therapy. So how I describe it is that the linear or focus shockwave therapy is kind of like a laser.

It goes deep to about 14 centimeters and it's focused. So you have to target the area in a very targeted area. And then shockwave therapy, when it hits the tissue, it spreads out like an umbrella and it doesn't go more than just four centimeters.

So it just spreads out and it's like a high pressure massager. So we use the radio shockwave for pain. So if somebody has a trigger point or muscle pain, we use that to kind of soften up the muscles, but we don't use it for repair.

So to rejuvenate and repair, we use the focus shockwave because literature has written, has solidified that for ED, but we know that we can also change the intensity and the number of shocks and the frequency of the shock from the machine to cater to what the end result will be.

So that's the beauty of using the machine is that you can customize the treatment to the patient status. And it's not just one cookie cutter for everyone.

We have to change all of the shocks and the number of shocks that somebody needs. So now there again, in theory, shockwave therapy may do the job by itself.

Yes. Yep. OK. Exactly. All right. So shockwave therapy. PRP then Botox. Yes. That sounds like a whole lot of injections on my penis. I'm sorry. That sounds like a lot of injections on my penis.

So what's that process like? And you already explained how it works. It relaxes the muscles so that, but what's that process like? So tell me about the injections themselves.

Where do they go? And that again, that does sound, I mean, do you people get hematomas? If I guess if you catch a blood vessel, how does that work? No, absolutely not.

In fact, the other day I was treating a patient who was on three different type of anticoagulant because he has a coagulopathy and we treated him and he did not have a bruise or anything.

So, and so how I prevented that was that we, we use pressure, but we also use the plasma that's from your blood to put, to put compression on the penis.

So how I do this is really only eight injections. Honestly, totally. You can even totally eight sounds like eight. You make it sound like there's only eight doctor.

This is eight injections to a penis. So you got to this. We just thinking about it for many guys is painful. So, okay. Yeah. But remember, we put a numbing cream on and then I also do a nerve block that blocks it.

I did a treatment on a patient yesterday. He's sitting there talking to me while he's having the treatment because he doesn't feel anything. It's like going to the dentist, getting your tooth pulled and he numbs it up and you don't feel anything.

And then afterward you may have a couple of hours of numbness. That's exactly what goes on is that we numb the area. I mean, very comfortable. So you could.

So the injection, I would get the PRP and we would inject it on the shaft of the penis on both sides of the shaft. So that's why it's for injection. Yeah, you can combine the Botox in the PRP in the same syringe and just make it a four injection alone.

But yeah, you can do that. But I tend to do it separately because I don't know when Botox is in PRP what happened. that I'm more cautious and I'm just going to inject it separately because I don't want to mitigate any effect of the Botox and the PRPA.

And so I do it separately. But the patient is so numb that there's no difference in that. I would do a very good job in numbing. And also, because we do the shockwave therapy before the procedure, shockwave actually desensitizes the area.

So the area actually becomes a little numb from the shockwave. So they tolerate the procedure a lot better as well. And so that, but that's what we do for men with ED, but if a man with prostatectomy, we can actually also inject the PRP, the PRP only, into pelvic muscles.

which is located along just below the scrotal area as well, and also along the base of the penis. And I, because I'm also an interventional pain doctor, I use ultrasound, the ultrasound machine to look at the muscle and trace that muscle along the perineum, and we would target those pelvic muscles with ultrasound guidance injection.

But we only do that for men that had prostate cancer, prostatectomy, so that way we know that we're getting targeted stem cells into those muscles to help those muscles heal and get stronger.

Because it's so weak, oftentimes it's like the men try to contract it, and you can barely even feel the muscle tension. at all. So by injecting the PRP, you're boosting that muscle to be able to respond better to the voluntary contraction.

We've seen that happen. And then the patient will do the Kegel exercises. And we also actually also recommend an external prostate massager for those muscles as well too.

Treatment Process, Recovery, and Lifestyle Support

So that combination kind of accelerates the response together. And of course, what we do is that we inject the pelvic muscles additionally as well. All right.

So let's put it all together for men post-prostate cancer treatment, whether it's radiation or a prostatectomy. Is there anything different you would do with your trifecta, as I call it, as opposed to a man that has no history of prostate cancer?

What's different in the man post prostatectomy that you wouldn't do in a man who's never had prostate cancer or prostate cancer treatment? Right, right.

That's a great question. So if I'm seeing a man with ED without a prostate cancer treatment, first of all, I want to evaluate what his lifestyle is. If you have high blood pressure, high cholesterol, diabetes, his weight, what's his sleep pattern and stress.

We ask all those questions in questionnaire. And then we also give them a standardized questionnaire like the IIEF, the ADD, and IPSS to assess for prostate.

And depending on how he answered to IIEF, you know, you determine whether it's mild or moderate or severe, ED. And then we also do blood work. We do a whole panel that you also do this on men after.

What would you do with men after prostate cancer? Let's kind of focus there. Is that the same process? That same process as well? Yeah. The evaluation is the same.

And now you said you said earlier that when when men do these treatments, they get three to five days, they get results. What's the, how long is that process before they get results in men after prostate cancer treatment?

Right, so after prostate cancer treatment, it varies. What we're seeing with men about three, ranges from three weeks to three months, sometimes even four months as well.

How often, how many treatments they need? How many treatments do they need? It's not one and done, is it? No, it's not one and done. So usually the first treatment is the PRP, the Botox, and the shockwave.

And then six weeks later, we would do another PRP only. Only PRP? Yeah, only PRP and shockwave. And in between, they will get six focused shockwave weekly.

Yeah. So it's a continual treatment. So six focus chocolate weekly, and then they get a second PRP treatment. And then I would do an assessment at that time that brings us to about two months and see how they're doing.

And then sometimes they will need a third PRP treatment. Again, when I do it for men with prostate prostatectomy, we will also target the pelvic muscles.

as well too, which we don't do that in men without prostate cancer. We don't target the pelvic muscles. That's an important distinction actually. Right, right.

We don't target at that. And most of the time in men that doesn't have prostate cancer, we actually have them use a prostate massager. Internal prostate massager and just have them do the exercise I talk about with the acupressure point and Kegel and lifestyle changes because we find men without prostate cancer, they actually do really well, can restore sexual function without ED medication.

with this treatment and all they have to do is really change their diet and exercise and sleep. And we're seeing restoration in function in a week to like three weeks.

But again, I correlate ED treatment at the same way as losing weight. You got to work hard, you got to diet, exercise, and watch what you eat. There are no free lunches.

free lunches here. Right, right. Absolutely. You got to work hard, but you got to maintain it also. What we find is that when they do the treatment, they get resolved, but then six months later, they stop exercise, they don't eat well, and they just, you know, they're not sleeping well.

Their erection will be affected as well. So for longer-term improvement, then they need to incorporate lifestyle modification into that. Now, to be transparent, some men will need to come back to get booster treatment in about a year to two years.

But what we find is that if they continue their lifestyle modification with diet, exercise, stress, sleep, stop smoking, stop porn, that their result will continue longer, even without treatment.

If they don't come in for PRP or shockwave or Botox, and they just start doing lifestyle modification using the prostate massage or doing Kegel, we're actually seeing men with mild to moderate ED actually getting function again, because I feel that in order for me to make an impact, I can't see everybody in my office.

So that's why I started an online coaching program for men just in focusing on lifestyle modification, and supplements as well as education and what they need to do now if they're finding that they're underperforming, maybe not yet total impotent, but underperforming and what they need to start doing now before they start losing total function.

And so that's why we opened up our online coaching program called the Modern Man Club. to really bring awareness in that, hey, your sexual function is a reflection of your health.

And if you're finding that you're not as firm as you used to be, then it's time now to start looking at lifestyle changes to get you back to the way you were before, before you start popping in ED medication.

Lovely. Dr. Anne Truong, thank you so much. It has been such a pleasure to speak with you on approaches that, honestly, I've thought about it separately.

I know about the research in Botox. I still don't know anyone who practices it, so you're the first. So thank you for sharing that. Last words, and how can people find you?

Right. So I am honored to be on the summit with you and speaking with you and connecting with you and learn more from you as well. And the best way for people to connect with me is to check out my website, trungrehab.com, T-R-U-O-N-G-R-E-H-A-B.com.

Resources and Closing Remarks

on that website, we give you a lot of free resources as well and subscribe to our newsletter. Our newsletter, we put out, give out a lot of tips and also check out my YouTube channel.

My YouTube channel is at youtube.com slash at Dr. Antrong and we put a lot of educational material on them. In fact, Men, if you find that you're you have ED just watch my YouTube video you're probably going to have the framework and the roadmap to actually restore functioning again because I put everything out there I believe in giving everything.

And it's up to you to execute because I really want to take sexuality out of the closet and really start talking about issues that's so important to us as human beings, important for our relationship, our love, because in the end is what's all about is connection and our community and our loved one, right?

And so I put everything out there, everything I say, I even do videos of what I do in the office because I believe in just giving back. That is beautiful.

Thank you so much for being on this summit. I appreciate you so much. Thank you, Dr. Anne. Thank you. Everyone, thanks once again for joining me and watching this amazing, another yet amazing conversation with an expert.

We have a lot of episodes on erectile function rehabilitation after prostate cancer. So I hope you enjoy it. I hope it's valuable for you and I'll see you next time at the next episode.

Much love, talk to you next time. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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