Introduction and Guest Background

Hello is Doctor Kenton Halter for another episode of the Peptide Summit. Today we are honored to have Doctor Valerie Phillips, and she's going to be talking about how to turbocharge your libido.

So, stay tuned. We got to find out how the heck we do that. Specials. People get older. I know women don't talk about it too much. Men don't either, actually.

But, Valerie, thank you so much for for being on an exciting topic. And so really appreciate it. So, doctor Valerie Phillips, she's, native and Angelino, or Angelino, who started studying medical arts as a teenager and a magnet school.

Interesting. I didn't know they had those. She studied biochemistry at UC Davis and subsequently pursued research and neuropathology. UC San Francisco, a place tough to get in.

Just a volunteer at the Berkeley Free Clinic. As a Native American health center in San Francisco and became, health care worker there, delivering limited primary care services to the underserved population of the San Francisco Bay area.

She decided to pursue her long term interest in eastern and alternative forms of medicine by pursuing an acrobatic medical degree at Posterior University in Washington.

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

I mean, they really bring in kind of everything, which is nice. You know? And I think really, that is the way the future, I think a lot of these, like, hospitals set up an integrative alternative.

Whole department. And they have a regular doctor and a chiropractor, you know, and a misuse or something like that. But and so, and they're really trained to and they go through all the same rigorous, scientific training.

But really look, body as really a holistic as a whole where I think a big, problem with standard medicine is that everything separate. You go to gas or allergies for this, you go to the wrong just for this.

You go to anything wrong. And but it's all connected, right? So, again, thank you for being on. And, so what got you interested in, maybe that's kind of weird question.

And what got you interested in libido? Okay. Yeah. Yeah. And thanks for having me. I'm really excited to do this. It's, really fun. So my practice looks a lot like a holistic primary care practice.

It's predominantly in this little, you know, cow town up a couple hours north of LA. And so I do a lot of female hormone restoration. Female hormone balancing, women's health, that kind of thing.

And the way I tend to do it is my ladies come in for a monthly shot. So a lot of times once we get the hormone balanced, it's sort of like, how's it going?

How was it? Maybe we adjust the doses a little bit and then we talk about anything, anything that's concerning to them. And, I notice a lot of women, once they get to a certain age or even even younger women, it's like their libido just just shuts off.

It's like they could care less about having sex ever again in their whole life. They love their husband. They feel bad

for maybe. I know, I know, sometimes, well, if there's an interpersonal issue, that's a whole nother deal.

But, you know, the women that I, that I sort of select for these types of treatments are the ones that come in and they're like, I feel so bad for my husband, you know, he's such a great guy.

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

Yeah. You know, it's like if you're not the same problem, then you know, they figure, oh, I'm old, I'm married. It's it's fine. But then some of them are not old and some of them do bring it up.

Or I usually ask about it, you know, because in my hormone protocol. Yeah, I, I'm, I'm giving them testosterone and I'm asking them about their, you know, their energy and their muscle mass and their sort of vim and vigor and, and they, you know, I bring up libido and they're like zilch, zippo.

Nothing ever. And then sometimes their husbands come in, I see husbands to the wives, like, make them come in and, you know, and they, they tell me about it, you know, and, and it's a big because.

Yeah. You're comfortable. You can tell, like, you know, basic things. Well, like. And, do you have a lot libido? Okay. Oh, okay. Yeah. You just bring it up.

I find people are not against talking about it. In fact, a lot of men come in as well, and they're like, you know, erectile dysfunction, libido dysfunction, you know, and yeah, yeah, big time's not huge.

Maybe ever since it's. Yeah. Exactly. Exactly. Yeah. So once their testosterone is sort of optimized for them, you know not everybody tolerates testosterone very well.

You know. But so if you know what testosterone because I mean so many people think okay men just on a strong women estrogen. Right. No. I typically blend in testosterone in their protocol as long as they're not, you know, like me, like if I take any testosterone, like, yeah, it's good for my libido, but I.

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

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

And when you have the low estrogen, you're FPG sex or biting always goes down. So all the testosterone you get becomes free. And so it's much more potent.

Why Libido Declines and How Hormones Help

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

And then they grow beard. But then you know they still have no libido because they have no estrogen you know. Yeah. No it's it's a it's a combined effect.

Correct. Yeah. And in general I try to do hormone protocols as complete as possible as I can get the people to, to do or however much they, they tolerate.

I often and adding in pregnant alone and DHEA as well just to kind of cover all the bases. But so you know people come in and they I've covered all my hormone bases, you know, like this one lady, super healthy postmenopausal feeling great on the hormones, losing weight, but just month after month, no libido, no libido.

And I'm like increasing the testosterone a little bit. See if that works. They come back. Nothing. Zilch. Zippo. And then she was the first person that I tried PT 141, on which sometimes my population is not a wealthy population.

So sometimes I can. You mentioned just talk a little bit more about what P. T. 141 is, right? So PT 141 is fascinating. Physiologically, it's a fraction of, the melanocytes stimulating hormone, which is part of a big hormone system called the propria Mulan according system, which I've been calling unofficially the naked and Afraid system because it's got all the things.

Basically, it's a big pro hormone that separates out into all these little hormones, which is everything that you would need if you were naked and afraid.

Did you ever watch that show that really, I would not be doing that? I would not be doing anything like that. But yeah, for the for the listeners who don't know, it's a show where they take two people and I've only seen one episode, but I assume it's like male and female just to kind of get the sexual tension going.

And they, they drop them naked and afraid into the wilderness or just naked maybe. I don't know how they're afraid there, but they're naked in the wilderness.

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

They have to find water. All they get is one bag and one tool. And so the whole Milana cordon system basically it will give them Acth adrenal cortical tropic hormone, which will kind of boost their immune system and keep them kind of, you know, keep them going, you know, I guess, and, you know, running from bears or whatever, survival hormones.

And it gives them like atropine so they can burn fat for energy as they're foraging for foods. It gives them, endorphins so that they can, I guess, you know, manage any kind of pain or an injury and maybe feel a little bit better about, you know, being naked and afraid.

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

And it also the melanocytes stimulating hormone also stimulates the libido and also stimulates weight loss. And you know, the immune system of skin melanin tan 1,000,010 to right.

So the Barbie doll peptide right. Exactly Malibu Barbie peptide I had to Malibu by. Yeah. So without tan lines right. You get tan you lose weight. And you what's the last thing you you increase your libido.

Yeah. Yeah, yeah. So. And but the negative to it is that if you're young like that stimulated my insides is is great. Yeah. A nice even tan protect against skin cancer.

But if you're older it tends to bring out like, age spots. You know, and when I took my lantern, too, I'm kind of A. D. D.. I'm like, this isn't working.

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

I looked like some foreign I know I was, so, very interesting. Looks like you're wearing blackface or otherwise. It was like, like totally different features.

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

I mean, I kind of stopped after three doses because my makeup stopped matching, and I was like, oh, no, I'm going to my makeup for whatever. Now, 141 doesn't do it nearly as much, but it can, and the one another very well known doctor was telling me about one of his celebrity patients, and they, like, you're you're making me, you know, dark.

What's wrong with me? It's like, that was like, I'm guilty. I, I'm like, hey, no, because speak to everyone is a part of, you know, part of it for sure.

Yeah. And it's not as potent. But then there's k-p-d and also these are very anti inflammatory, which which is great. I don't know if these pick you up one for inflammation, but cause I actually used for, neuropathy and weight loss in one of my patients and she already reported I think she's been on it maybe a week or two.

And she was texting me today saying that her feet feel much less painful, and, and she can walk now, and if she's having so much sex that she actually, it didn't work for her libido.

I think having to do with the fact that she's got an untreated dental infection and that, you know, I find that things like that can confound your libido.

You know, if your cortisol system is, you know, yeah, yeah, because of that or you're in pain or whatever, and there's. Yeah, another fragment try is the cpib, which is even more anti-inflammatory, but doesn't have the, monocyte stimulating aspects.

And seems to also help with weight loss and lower inflammation. And the hypothalamus, which reduces that insulin resistance and appetite, has to do with I think, you know, the biggest problem with like peachy.

141 I think is nausea, right. Nausea and cramping. That's what finally kind of turned me off of it. The first time was fine, but then the subsequent times I was feeling flushed and crampy.

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

Right. All right. By Lisi. Yeah. I don't know, like, how much is it a month for that? I don't know, because I have never considered prescribing it. We don't do authorizations.

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

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

Yeah. And it's like thousands of dollars and they're co-pays more than you can get it for from a company. Yeah, but it's cool that it's FDA approved, I guess.

Yeah, yeah. It's funny, there's no studies like people say there's no studies on these. Then it gets FDA approved, which means it had three studies. Now it's oh, it's okay, you know, but it's like and they're done by a drug company which they basically manipulate manipulated.

So it's going to pass. But, you know, it's exceedingly safe other than the nausea, you know. But it's so funny. I just drives me nuts. And people say unproven.

Well, how many hundreds of studies do you want that are done by people who have no vested interest or. But you believe in this FDA trial, which is I mean, I know people that work at these, trial facilities and they're supposed to be blinded and they know which ones like the drug companies, they give a big bonus if it passes and the people administering. No.

So they do whatever they can to make sure it passes. I mean, so, all FDA approval, a yeah, there's no FDA here, but it it it is just they are the enforcement arm of big pharma.

It's the corruption is so deep. I won't even talk about Covid, the craziness with that, but, yeah, I may have to edit this. I just was talking to somebody at, Tailor Made this morning, and it's just so sad.

It's like everything that we get that works, it's like they. The FDA tries to. Yeah. I'm not saying they weren't doing anything wrong, but they did some, you know, some things.

But yeah. And I we have so many FDA attorneys and pharmacy attorneys and and if answers like yeah, if you find something that's totally safe and works, they're gonna try to take it away from you.

Yeah, yeah. And again identical hormones, thyroid almost everything combined is they're trying to stop you from using it. They're bullies. You know, it's like defund the police, defund the FDA, you know.

Oh, yeah. And, or just go back to, like, sell hormones. And I think so many women are told hormones are bad, right? Right. The bad hormones are bad. The good hormones are good. Exactly.

You know, it's all that is based on the Women's Health Initiative, which used, you know, a really, really inflammatory form of estrogen orally, which I never give anyone estrogen orally.

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

Those are never perfect. They're perfect. You know? Yeah. And plus, the protocol they use is not used by any functional medicine doctors that are experts in hormone replacement.

And that's the study that's influencing doctors all over America. You know, there was a similarly big study in Europe where they used bio identical Astra diol.

They used bioidentical progesterone and they did not have the same studies. And the European women are not as they're doing better than the American. And, you know, I did a review of all the literature on bioidentical versus synthetic, for the biogenic hormone debate and looked at every study head to head shows about hormones are safe, lowers the risk.

Breast cancer, Alzheimer's, cardiovascular disease. While synthetic hormones especially synthetic progestin. Then you add an oral synthetic to that. It increases clotting factors.

And if you look at the Women's Health Initiative, they knocked off most of the people in the first year, probably from a combination of the oral estrogen going to the liver, increasing clotting factors and the progestin increases clotting factors.

PT-141 and Melanocortin Peptides for Libido

Yeah. And that's when they all died from a heart attack. Was the first year. Yeah. And and people and doctors don't get the difference. And even the literature calls a progestin progesterone.

And and and they'll say or estrogen which actually is an issue that prevents cancer. They say, oh, it's like they're trying to ban that. Yeah. And even the drug companies say, oh, there's no static.

Well, wait a minute, it's approved. Your company has it approved for sale in Europe. So you're saying there's no there's no studies in America. You know, that it seems kind of political or financially motivated and it's, strange.

It's strange. Now, where were we? I always get off on a tangent. Right. So you. Right. And I, when people are concerned about cancer, I give them your article.

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

So Lucy Reese has a book out or it's about to be out about, you know, estrogen giving us again with cancer. Yeah. And this whole receptor or progesterone receptor is so oversimplified.

And in general, if you want to prevent breast cancer, take progesterone. If you want to get breast cancer progesterone you know right. Yeah. But it gets confusing literature because they call progestin progesterone.

You know. Yeah. Huge difference huge difference patentable profitable progestin regular normal. But yeah so just I just want to have a, you know, to tell women who their doctors, they go to a doctor or whatever may be, don't take don't take hormones, okay.

You're going to increase your risk for dementia, Alzheimer's, cardiovascular disease. Neurodegenerative disease. Osteoporosis. You know, autoimmune, I mean, all all these things.

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

You know me well, knowing needs anything, right, is. But people come to me, you know, postmenopausal women or perimenopausal women come to me desperate.

They feel horrible. They they can't, you know, some sometimes they can't even do their jobs anymore because I was oh, you're getting older. And the doctor probably feels worse than they do.

That's why they don't. I mean, the mood disorder issue is aggression to dramatic increase in depression and anxiety and sleeplessness. How can one expect to be expected to be functional in this day and age, where you have to do so much just to stay ahead?

If they can't sleep, they can't stop shouting at their, you know, partners or children or relationships. Yeah, yeah. Or it's like postpartum depression.

They have all these things and you know, you have these huge levels of pedestrian. Then it crashes and you wonder why they're I mean you give them estrogen and progesterone, thyroid, the majority postpartum depression dramatically improves.

Instead they're giving them they don't have a Prozac deficiency exactly like fix this other stuff. And nine times out of ten you're going to go, oh my God, you know, because most of them depression scary.

Yeah. Like I'm depressed I at this beautiful baby. But I don't, you know, you know. Yeah. Yeah. And a lot of people once you start them on hormones they say oh it's like night and day.

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

Yeah, yeah, it's very rewarding. And. And so you like to do so. There's so many ways to do it. And in general, I'll let you speak, but, you know, you can take oral.

The problem with oral, oral, synthetic, estrogen is going to really increase clotting factors and cause a lot of inflammation. I never get real synthetic.

I know, I'm just saying, in general. And then oral bioidentical. Not as bad, but it's still going to increase clotting factors. But. So to give the estrogen, you know, different way topical or shot or pellets.

So just you so I don't do pellets for estrogen because first of all, I believe that it, I believe that estrogen should cycle up and down. You know, if I can, I like to do the shot because it cycles and it kind of mimics the natural cycle.

And there's different molecular cascades that happen when estrogen is rising and when it's falling. And, and I think that that's wonderful to do with progesterone as well.

And testosterone as well. You know, women are used to we're designed for all these fluctuations, and we're trying to sort of keep it as natural as possible.

Yeah. Got the timing right. It's actually just getting getting getting. So if people can't or don't want to do the shots, then my next go to is the topical estradiol formulations, like a 1% oil.

And they just put it on the wrist and go like that. And that seems to work okay. But a lot of people forget to do it, you know, and so they get these unnatural or like, you know, optimal fluctuations.

The same with the progesterone. I like to do progesterone orally if possible. Well, you know, it's great that Prometric, is bioidentical, except that it's in peanut oil.

And sometimes that's a problem and it's expensive. You get a compounding for so much less. And and yeah, I like oral progesterone. And there's, you know, then there's another debate over saliva testing versus serum.

But I've had a, a number of people come in like, transdermal. I think progesterone should be taken orally as the opposite of insulin. Is that you get much higher serum levels.

But the people who do saliva testing are you while the tissue level is higher. But I've had some people with endometrial hyperplasia on transdermal progesterone.

So I'm a little biased. But you know, there's two camps and they all have evidence behind them. Yeah. And my I'm squarely in the blood testing camp. I just think that, I've seen too many saliva tests where you just have crazy, unnatural spikes.

Probably because of gum disease. You get just a touch of blood, and then it's just astronomical. And people get worried about that. And blood isn't perfect either.

You know, there's no perfect test. I think that's a great point. Every test is a piece of information. Yeah, well, and I don't understand why so many doctors.

I see the patient come in, and the doctor gives you the same test. That's abnormal, but they don't do anything about it. Like, why did you run the test?

They always a false positive. Well, why did you run the test? You know. Yeah. Mostly I go by symptoms, but I use the test as a key. Yeah, I use a test as sort of like a touchstone baseline, you know, and kind of also on that is certain women that, you know, what's optimal is let's say you get an athletic thing, like small breasts, small hips, athletic.

They're not going to need much estrogen. You know, they're going to feel better with testosterone because I grew up with low western, high testosterone, where more of a full figured woman grew up with lots of estrogen.

And you have to probably give her more to make her feel that. Yeah, that's why, you know, hormone protocols should be individualized. That's why what I tell people is, you know, they're looking for a doctor or they're moving is like, you'll know that the doctor is a good hormone doctor.

If they're going to individualize the hormone protocol to you and how you are feeling, you know, because some people need more estrogen, some people need more testosterone, etc., etc.

some people need really low doses of everything. Some people do great. Oh my gosh, I, I, I've been I started using these bio matrix products, which is like a supplement product which is really high concentrations of astral and progesterone.

And I have this one lady who just does two drops a day and she's like, night and day. It's perfect. You know? Yeah, I use aspirin all routinely or no, I do try to use estradiol routinely.

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

But I try to encourage people to also get the topical astral if they can. And I explain that, you know, traditional formulas are 20% estradiol and 80% astral because it's kind of rounds out the protocol, I think is and that was based on Jonathan Wright's literature, which I think was totally wrong.

But, you know, well, what used to be like 5050, because we used too much astral. It blocks the receptors.

Hormone Safety, Testing, and Individualized Replacement

Astral was great. A lot of, for, like, urinary tract symptoms and things like that. But, yeah. So just kind of like some biochemistry behind it. There's in general, two receptors A and B, so A is going to basically stimulate growth and kind of stimulatory B is going to like suppress growth and cancer.

Now estradiol is balanced. Right. So it's kind of it's neutral. You get premature n which is hoarseness or it has a Quinlan in it which is a known carcinogen, by the way.

And it is stimulates that. A so it's just go, go. Well and then Escarole is a selective B. So it's going to dampen any, you know, excessive growth. So you're combining escarole and Aster diol.

Now you get more. But if you do too much it's base. You don't get the activating effects of the estradiol. So so we found 5050 in general, is is good.

I think the 8020 I've seen, we've had the, you know, people are just on huge more and more doses because it just doesn't work. And I don't think that's good either.

You're going to get massive doses of this ratio that's, you know, that that all all of that was done with topical creams, which I don't use topical creams at all, you know, so it's hard to really gauge the percentage with the way I do it, because the all is topical and the estradiol is a shot.

And so I just kind of modify it until people feel good and you get a lot of aromatase in the skin. You get you know, it's like it's like when giving men testosterone, especially overweight diabetics, you know, they're doing these testosterone creams and it up regulates in the skin the the aromatase.

So converts it all estrogen. Yeah. So you have it on estrogen basically. And they're getting man boobs and they're gaining weight and it's making them worse.

I'm not a big fan of testosterone creams. I almost never prescribe them. I we've really got a way shots or a way to go. And I really like the non aromatase able testosterone like nandrolone.

Which will not convert as good, especially even a shot with testosterone for men that are diabetic or overweight, they're going to make a lot of estrogen.

So you kind of titrate or you can do stuff to block the estrogen. But I figure just do doesn't just nostril but everyone has their own. Like it's like baking a cake.

I watched chef how to make a cake. Exactly. I, I've never used I've never used the non aromatase able ones. I

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

Just as well. Yeah. Getting them like blocking the estrogen is is key. You don't want no you know zero estrogen. But because you need it for brain and bone and all that.

But you know you want to keep it that healthy range. Yeah I like to see it between 20 and 30 optimally. Yeah. Yeah I do a lot HCG diet. Try to like get the get the adipose tissue off or you know you're taking eight kg away.

Yeah I still seem to be able to order it though. So it's and everything takes a while there. Yeah. Said we gotta keep we gotta keep the electrical kiss territory which will stimulate, but, Yeah, yeah. 141.

You know, it seems like if you do calorie restriction on PT 141, it's almost as good. And then you'll they'll get, you know, chubbies mature. What shall we.

That's a technical term. It the scientific term or what we're finding is that, you know, even things like BPC, Delta slave, Italian, you know, where if you get someone good sleep, they start losing weight, reduce inflammation in the hypothalamus because that's what causes insulin resistance and leptin resistance.

So, so as, as, you know, leptin goes up when you gain weight, you go back to the brain, hypothalamus and tell the brain, hey, we got too much stored fat.

Start burning fat, lower appetite, increase metabolism, your thyroid. But if it's what the body's got, I'm starving. I'm starving, I'm starving. So lowers metabolism, lowers your thyroid, increases your appetite.

Doesn't matter. So that you know. So for a lot of people, we lower that inflammation. Then they start losing weight. And so the Milan accordance whether it be KP doing pretty well I'm glad to do that as well.

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

And once I started using Delta sleep, it's like, so effective. It's amazing you talk about that for a second. Yeah. So I used to work with this ortho molecular psychiatrist in, in Washington, and he has.

So he had this whole protocol for people who are ramping up on into a manic episode or into a psychotic episode, and he would give them Xyrem, which is, you know, GHB, which roofies.

And he got into a lot of trouble for that. And he had to, like, spend $100,000 to defend his license, because I guess they thought he was just like selling it to, to date rapists or whatever prove or fibromyalgia, you know, and it's approved.

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

I don't know, but, yeah. So I and I obviously, can't prescribe it. I never even tried. And so I've been looking for something as powerful as that to kind of bring people down. Right. It is a strange drug.

And, it is kind of just socially, it's weird that you could do some weird things on it, but it has saved the lives of a lot of people. Somebody like regional pain Syndrome, they couldn't sleep.

And one person's. But people tend to get aneurysms or some people, they know they pee the bad. But I know of one patient who just puts the diaper because it's worth it.

Because she gets sleep. Yeah, and it does. It doesn't last. It's got a short half life. So you wake up the next day and

you're not groggy. And it's strange.

It's kind of like you're supposed to set alarm, wake yourself up and take it again. It's like the old joke in the to wake you up to take your sleeping pill.

But there's a reason for it. Allows you to go into deep sleep. Yeah, yeah. As opposed to ambiance and the other sleep aids, which sort of those like in ambiance are, I think, bad signs from Ambien texting.

And we have one patient on Ambien knocked on the neighbor's door naked, asks if they can use the Jacuzzi. I think they did. And I'm like, but, when those stories hilarious.

I know they're not funny to the person. They have to laugh, but it can be dangerous. Yeah. You go driving and, you know, people cooking, and things like that.

But yeah, that the up Italian, which is a pineal hormone stimulates melatonin. Right. But, really works. It works over and above. It lowers the inflammation.

It actually will fix the, secondary hypothyroidism so it can reset the thyroid. And it also seems to fix dysfunctional decreases. So it increases T4. T3 conversion decreases T4 reverse T3.

But that combined with delta sleep inducing peptide. And those people just have not like a sleeping pill where you fall asleep and more it get your. After a couple weeks your body starts able to get into deep sleep.

You fall asleep and then adding, some sort of growth hormone, either a growth hormone, adding the secreted dogs like CJC of or moral in a body, which is a fragment like that combination.

We've had just remarkable results of people that don't sleep like, well, horribly. I had Lyme and my whole life, so I never, I never slept and that is helped me tremendously.

And it's interesting about weight. I mean, if you don't sleep, you don't lose weight. And I've done a couple projects where I'm a procrastinator and I'm like up for like almost two days, and then I know that the next day I'd like 8 pounds, you know, it's just bad.

And I feel like I've aged, like so much. If you stay awake that long, you know? So sleep, I think, also has to libido because you're tired. You haven't slept.

You know, that's the last thing you need, you know. Exactly, exactly. I think it's really cool. And then it sort of correlates with the ancient Ayurvedic philosophy, because they, they have this whole system, which I think is really cool, where it's like it's called the transformation of the doctor's or the tissues.

And so they give you like, like a blood tonic, which is kind of like, an adaptogen, like ashwagandha or something like that. And they say that it gets in your blood and then it goes to your muscle, and then it goes to your bone, and then it goes to your fat, and then it goes to your sexual tissues or, or your chakra.

And then once it's in your sexual tissues and you can transform that into spiritual tissue. So it's kind of like this idea that, you know, if you're, if your whole if all your tissues are healthy, like the sexual part of you is, like a meta function of your whole body being healthy, and I think it is I think it's like being young and vibrant and healthy, like you should have a libido if you don't, there's something wrong.

I think stress right is a huge thing. Sleep, exercise, mitochondrial function, you know, arterial, you know, and, and, cardiovascular health, neurotransmitter health.

I mean, there's so many things to it. Yeah, yeah. Plus all the psychological stuff, you know, and, you know, once you get your if you take, say, ashwagandha and your cortisol can then drop, then your hormone synthesis can then shift from stress hormones to sex hormones.

And you can be a little bit just more balanced. You know, everyone's going to lose narrowly if you're stressed, like, oh my God, you're going to be attacked by 70 time like thing.

Like, I'd like to have sex right now, you know, it doesn't go like that. And I think people are just stressed to their limit, you know. Yeah. And they might also have like some optimal activation of the appropriate Mylanta system because according to that system, you know, it's activated by stress and it should increase your libido.

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

We're on our phone or like, oh, someone text me, someone texts me like, I'm not even, you know, growing up, I didn't have we even have computers. We sent letters. You'd send off a letter.

Wait a week, you know, now it's like, why have they text me back? Why have the text way back, you know, and you got traffic. You've got, you know, ten things going on.

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

And then, and then, you know, you got round up plastic pesticides, BPA, all this stuff, food toxin, they're they're neurotoxins. And. Yeah, then you get mold and for instance, kind of like neurotoxins I found, you know, I started stuttering so bad that I could, wouldn't carry a cell phone because I couldn't say hello, you know, and I was actually to go to a stuttering clinic, which actually happened to be, one of the, my buddies of, my residency rotations stuttered, brilliant guy.

But he just really bad stuttering. And he started a stuttering clinic in Irvine. I was going to go. Then I read an article, aspartame and, and then it shorted neurotoxin one off aspartame.

Two weeks later, I didn't stutter. That's a name. If I get like, I remember I switched from, Starbucks to coffee beans and they put like in their sugar free stuff.

One was Splenda, one was aspartame. And all of a sudden I start stuttering again. That's interesting. But it it's hard to get off of. It's like Diet Coke.

So I was like addicted to them because of Derek. Cytotoxic. Yeah. Their toxins. And that's just what they say is good for you because of all the stuff that's, you know, that's interesting.

I, I had this one patient who all she ate was Greek yogurt, and she would take aspartame packets and pile them high like a mountain on top of it. And, you know, it's addictive.

Yeah, I would, I was like, yeah, I it wakes you up way more than caffeine. Oh my God. She was intolerant of dairy too. You know, I did the food sensitivity testing for her, got her off dairy.

It took like a year to get her to stop taking aspartame. But she was. Though she had been diagnosed with bipolar or, you know, and, just all that excited toxins.

And then she went through, like, an early menopause. Oh, my God, I am bipolar as well. Yeah. And, I think, I think the, you know, the hormone deficiency combined with all the excited toxins really was behind what, like was a serious mental illness for her.

And now she's she's stable. She's fine. You know, using. Yeah. I was drinking eight liters of Diet Coke a day. Oh my God. You know, I have patients like that, and, I it's so funny how addictive it is.

It's crazy. It's like that high fructose corn sirup has the same type of metabolism. And the liver as the as alcohol. Except you never get drunk. Yeah. So that's everything.

Yeah. And, and so you find the hormones play a big part with. So do you, fix kind of hormones first and then go to, like, peptides? Sometimes. Sometimes I consider hormones a little bit, a little bit more foundational than peptides, probably just because they're less expensive.

And my population is kind of a little bit lower income. You know, I'm like, let's see what happens with the hormone. He knows what they are. They don't know what peptides are.

Yeah, exactly. You know, so if you know, if the hormones are there then I might go to peptides is the next step. Or I might try to use, you know, an isometric adaptogen herb for a while, but I, I haven't been to successful with those.

So, jumping to the, to the peptides a lot more. These days, I'm really excited about one. I just, I haven't used yet, but I'm excited to use which is VIP vaso intestinal basso active intestinal peptide, apparently great for bio toxins like mold toxins as well as, vaginal restoration and also things that I, I'm not impressed, with it.

And it also increases to, inflammation.

Peptides for Inflammation, Sleep, and Recovery

So, there's reasons for and against, but, you know, there was a big critique of shoemakers where it brilliant. Not the nicest guy ever, but, but, so but where I gave it is hla antigens.

There's no data to show that this makes you more susceptible or and a lot of stuff. It's kind of like he goes from here to here, you know, and there's a lot of things that there's like this or peptide does, you know, but it's, it also has a double edged sword a little bit, you know, or like what the, with the striking continents.

That amazing because it's oral will eliminate stress incontinence and a huge percentage of patients, you know, I'm addicted to BPC. I can't I can't live without it.

Yeah. And we've talked so much about on the summit, but because it does so many things and I worry that people are going to go, oh, it's like snake oil does everything.

When I give all the studies to, it's like, there's this, this. And I get comments like, oh, what is this? The new, you know, miracle thing. Well, here's the literature.

You know, it working really, really fantastically for me. I have this hand pain that I did all sorts of things for, you know, I inject ozone into it and I wrap it, and I took all these things.

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

Yeah, yeah. It's like at conferences. Well, you say or I don't know how many times happen where like you have the conference won't let us like, oh, I can't do this.

And like, yeah, it takes a week. So you're limping there like, you can do whatever you want, but you guys are awesome. But sometimes I give it to people and it doesn't work.

And I, you were telling me that Candida is a maybe a confounding factor, too. BPC, was actually very anti-fungal. Oh, okay. Yeah, I don't know. I, I, I've been trying doing, candida sort of protocol and then retry it again if it hasn't worked in the past, you know.

But I have some people with, with such severe joint, dysfunction that it seems like, you know, I have a couple people where I'm at walls with. And I'm just trying.

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

Oh, yeah. And he had to, I was doing ozone injections and etc., all sorts of things, and it would help a little bit. And he got an ankle replacement and then everything replacement.

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

And so the ankle is maybe doing a little bit better, but he she now has some sort of autoimmune, characterized inflammatory disorder, in all the joints, the shoulders and everything.

And, and the problem is, is it from the implant? I don't the the shoulder was hurting before the implant, but the ankle hurts so much. But he wasn't talking about the shoulder.

Yeah, I would check a cobalt level. And, some of these, little will give off cobalt. You can check, but yeah, for, like, these autoimmune things, like, you know, maybe had a latent infection and, you know, look for that. But, in terms of review, we have a couple talks on that where, you know, the time ins, TV for TV for free.

That is not for want PPC. I'll great at the town. The Mylanta accordions, you know, lower mast cell. You know, it's an immune modulation and, you know, and checking his immunities, there's immunities for your way.

The to Gene 17 way up here and the one, tray down here. So if you can snap that back, oftentimes if you get diagnosed with anything or is it nonspecific or mixed connective tissue disease or.

No. All the rheumatology labs came back negative, but he's got, you know, what looks like a latent mycoplasma infection. And there's usually some infection driving this abnormal immunity.

So with a lot of these peptides, if you can modulate the means and other ways to do it to, ozone grade aerosol anthrax, you know, even zinc, you know, high dose vitamin C, flavonoids are huge by Saturday night is kind of one of my favorites.

And there's like IVIg I love, but it's so expensive, knowing it approved. Yeah. But yeah. So there's, I, I would check really check his immune system.

So I really like natural course, function from quest. Look at that one. And then see for a human or invalid factor beta for the second part, and maybe also check his, immune globulins and involved in subtypes.

And then Dr. Quest, you can do the lymphocyte subset. Subset. And if he's really screwed up, that will be abnormal. And and really shows. So if he's having like or, you know, is it migrating joint pain.

No. It tends to be fixated, in the elbows and the shoulders and the ankle. I also find that sometimes food intolerances can cause systemic inflammatory reactions and oh, like, I mean, the gut is, is just sets everything off.

And that's the problem. Everything's a vicious cycle, right? Yeah. And where he can have five things, but as soon as he gets seven, now he gets symptoms, you know, or it's like, if someone has Lyme, I think they can go their whole life without having symptoms.

But it's when they get stress and toxins and mold exposure and, you know, other excuse me, their hormones start dropping their they get older so their thymus drops and and it's multifactorial, you know, and then so it's kind of like, well what's the cause then they get reactivating viruses which makes it worse. So.

Well is that really the cause. No. But now you may have to treat it. You know, you have to treat all these different things and they get immune activation of the coagulation.

So they got fiber and all over the place. So nothing works or doesn't get in there. You know, oxygen takes, you know, usually two seconds to get them the cells.

That takes up to two minutes. So you gotta clean that out. So, you know, everything's so multifactorial or multi-system, which is the big weakness of standard medicine.

Yeah. You have to kind of do everything. And people come in and sometimes they're like, well, I want to try one thing at a time and see if it works. And I'm like, well, that's one way to do it.

But it's like everything is okay. And, and I talk to patients and I'm like, you're right, I get it. You all know what works, but I'd rather have it work and then go back and figure out, because all times you do treatment doesn't work, the triple B doesn't work, the treatment C it doesn't work.

You do them together. It works. Yeah. You actually need a C and D and E. Yeah yeah yeah. And so it's it it's not easy. And I think more and more it is.

We're seeing so many multi-system illnesses where you know you go to this doctor he fixes this little PA tries to and they just and or they come in with 22 diagnoses.

You know. Yeah. Thank you. Got 22 separate. You're so unlucky at 22 separate diagnoses or or something underlying it, you know. Exactly, exactly. But what's it about?

You treat a lot of mood disorders. Tell me about that. Right. So I find mood disorder is really related to the hormones, you know, I mean, every woman who has PMS, which I'm assuming is, a large percentage of women.

It's straight up. I'm not saying, like. That's true. Sorry to out you ladies, but no, it happens. It's like, PMS. I'm just sick of you. The surgery done and breathing in, and now the neck is constantly the same thing.

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

It's like everything is irritating. And, you put on a little progesterone or whatever, and it's like magic goes away, you know? Yeah. So it's the, in my house break glass or emergency.

It's progesterone diet. Just kidding. It's a joke. I don't, I get PMS myself, like, you know, but, and the one study showed that there a study on, PMS, women, they looked at their thyroid through tree testing.

So much more sensitive, which the, you know, and precise that you have many more. But they found their TSH were normal actually a little lower when you think their thyroid was higher.

But they were all it was either all low or like 90%. And they all responded to thyroid treatment. Oh good women. Your depression is is huge. You know like of course you're going to be depressed if your body isn't working, if you can't get out of bed, if you're so sluggish.

Yeah. You can't function. Of course that's depressing. Yeah. And like you said, you said thyroid right. Yeah. Yeah. And you know, the star report, largest study ever done on any depressants compared all the different antidepressants and had like algorithm.

This didn't work. Due to this they found T3 straight thyroid special not T4 would just synthroid T3 the active hormone giving that was a better antidepressant than antidepressants with less side effects.

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

Another study, bipolar patients, 135 that were treatment resistant. They tried, on average, 14 different medications without any, without any change. They gave them all T3 again, regardless, didn't matter what their where they hypothyroid, where they, I love it's exact numbers but it's approximately it was like 80% responded and 25% total

resolution of symptoms.

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

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

Yeah. I just got asked to, set up a, indication for time release T3, and I don't know, people have it's a problem is the NGOs are so against it because they don't know anything about it. And and like the problem with compounded is that they use too much time releasing agent.

So for anyone with any gut issues with so many people we see. Right. It can go right through. So they go, well, containment doesn't work. Well, they're kind of right.

Because the formula that you use is not correct. So we actually did oh I got all our staff got time release T3 at different doses. And we analyzed it all.

We came up with the formula where you need much less time releasing agent works so much better. So, yeah, you can build your practice on just T3. I mean, it takes us so many things and then you add, some hormones on top of that and peptides, you know, we we went from, you know, we, we treat the sick to the sick.

Well, good or bad, I mean, it's tough. But we'd love to have just some thyroid patients and, you know, some hormone. But, that you master those and you can get the sickest patients better.

And we were like, with the line patients, I myself. So I really figure out how to get back. And, you know, with myself it's like antibiotics more and more and more and more we want to be giving more.

And like, you know, I did like seven, eight, nine at a time at three, four times the dose. I'd never give a patient. And three and a half years later give you an idea of not any better.

And that's what I went searching and found peptides. And if your immune system so low, it doesn't matter how many antibiotics you give, you know can't lowered enough for your immune system take over.

Yeah. Lyme is so tricky. Such a smart I want to say Lyme. That includes so many other things, right? It's like it's rarely just line. You got, you know, a Bartonella infection.

We don't even know of Rickettsia viruses, moles and all those things in Chinese medicine. They call it like a GU disease. It's just sort of like this just coming up parasitic, sort of, you know, drag you down into the muck.

Generalized stuff and parasites are huge. And, you know, studies like on Hashimoto's showing 86 native biopsies, activating effects in the thyroid in like, 80% of people with Hashimoto's.

But it wasn't in the blood, wasn't found the blood also, part will be 19. So, interesting stuff. The, is a gastroenterologist.

Immune Dysfunction, Lyme, and Multi-System Illness

I've been in, LA, did a study on parasites, and he looked at what areas throughout this, like 40 year practice where he gathered all this data, published that, and looked at what areas you think could be in the lower socioeconomic areas.

It was in all the high socioeconomic and Beverly Hills like, you know, Santa Monica, the nice earth. And like, what could it be, for someone's cancer or sushi?

Sushi? Yeah, I think that's probably the number one thing I think of. So I, if I eat sushi, I bring Alinea with me and take it with it, but. Yeah. Have you ever done any of the parasite therapy?

Helminth therapy? No. I'm, Yeah. So. So based. What she's talking about is you you take these and a modulate your immune system and you look and I, you know, third world countries, they don't generally get autoimmune disease, because they have particular parasites that modulate the immune system and parasites.

They want gentle parasites that don't create, hopefully don't create a large parasite burden. But they upregulate t t regulatory cells. They increase the gastric mucosa.

It's such a hard thing to get your mind around, you know, my my goal. I did it for myself because I wanted to see if I could reverse my food sensitivities.

Because I couldn't eat, I couldn't eat sugar, I couldn't drink alcohol. I would get ill if I did either of either of those things. It just pretty limiting.

No Thai food, you know, no business drinks, whatever, you know, and, and it worked. It worked fantastically, but it took me a long time to sort of build up the courage to be able to do it, you know?

Yeah. It's like the old days. Eat the tapeworm. Yeah. And and I do worry about it with parasites and, you know, basically mast cell. But, it seems to work like, why is bee venom, in some patients, which I, I've seen it work fabulous.

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

And, you know, and there was a story I read everywhere I read it, but it's one I'm terrible, I think was chronic fatigue syndrome, very mild. You know, and very a but she went outside.

You just got attacked by killer. Those killer Africanized bees stung, ever almost died. But she didn't. And then all the symptoms were gone. Yeah, yeah, yeah.

The, the author, molecular psychiatrist that I worked with, he. He was a beekeeper. And somehow he had gotten the bee venom into a syringe and and mixed it with lidocaine.

He wouldn't tell me, like, how he, you know, I assume they sting some wax. There's an extract or something, but it was some kind of trade secret. I wasn't like, oh, no. Yeah, we have the dosing.

And the key was, yeah, that, you got to buy from ripple source. And the dosing is is key. But yeah, we, we have a we started using it. But this kind of I don't know, we just kind of stopped for whatever reason. But we could certainly get it, it, it it works is just picking the patient that it works.

And, you know, or LDA, you like low dose allergen. I haven't done too much of that stuff. Yeah. You know, I'll do, you know, low dose naltrexone. And I'll try to kind of, you know, shift the immune system that way.

Yeah. But I love the low dose allergen in it probably reduces significantly or eliminates the, like 60% of allergies and 60% of people, it works great.

But once again, it's like getting so hard to get because they're restricting it and no one's had ever any problem with that. So basically you have, low dose and medium dose foods and then inhalants, and then you had better look around and, do it and then little tiny shot, and then you can kind of tell which one they react to by how big their little wealth is.

And see if they don't have anything, they probably it's not going to work. But then you only do it like two months later and can't do any sooner. And as you low dose, you can kind of do a luxury to make any of those, then like, six

months later and, you know, every six months or every year, we've had tremendous results in some people. But, just with a little tool in the toolbox.

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

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

And I don't think that's uncommon. But again, women don't want or, you know, just dryness because of our hormones. And yeah, yeah, I know it's like, get away from me.

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

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

So I try to address that some I'll, I'll go into gut dysfunction. You know, if you're chronically I have this one patient who she would like to want to have sex, but she has chronic kind of explosive diarrhea.

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

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

It's all part of the same, you know, pelvic bowl, you know, and then of course, you know, the normal thing or dysfunction where people have that or post-coital toilet pain.

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

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

I give you like a little shock. But this there's one you can buy for about 100 bucks and you can play a game with your pelvic floor on your, on your phone, you know, you like squeeze.

And then the butterfly goes up. And can you do a while? You're driving? I don't think so. Yeah. You have a Tesla self-driving car. Maybe you could. But when I hear pelvic floor dysfunction and there's no more lectures, I'm forgetting the the doctor.

But Lyme huge. And I remember when I kind of had that when I had Lyme, I would gear up way too much information or I, I know this guy that had this problem, I was like and after urinating or just, cracked and it was just like the most excruciating pain, you know, and and so and that were Lyme and the Louisiana law went away. But.

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

Yeah, it could be. It's there. It's, whatever in the muscles. I mean, I get cramps like crazy everywhere, you know, that? Just more. More sensitive. Like, if I would turn like this on my back, if I started praying or, you know, which I think so from, like, poor mitochondrial function and not enough energy.

Muscles are like a bear trap. They need energy to relax and they snap back and they need energy to close. So. Oh yeah. What is control? Dysfunction is so important for everything.

I've been using a lot of, poly and VA. I've, I've been very, very impressed with it for liver disease energy, mitochondrial function. Just you know that you know what?

We haven't even I don't think anyone's mentioned poly MVA. And, you know, people talk a lot of the mitochondrial peptides. But poly MVA, which people think of like cancer, you know, but it's really a mitochondrial booster.

And the problem is with, like, alpha, like acid CoQ10. I mean, they're go in, they're gone. And the poly MVA tends to stick in there. Yeah. So, it was super boosted alpha lipoic acid.

I, I've been, very successful with it, with diabetic neuropathy. Make sense? Make sense? They've been great. They use a mitochondrial problem. It's a it's a oxidative and mitochondrial, which goes together when the mitochondria get dysfunctional.

They pump out, you know, reactive oxygen species. They pump out all these, oxidative substances. Yeah, yeah. So, and then, peptide wise, TW 141. Yeah, yeah.

I have never seen it not work. Really. I'll tell a quick story, I hope is, but so we, the dear doctor Fred, don't mention his name, but I've been doing this stuff forever, and we were talking about hiring, but went to dinner a couple times, and we talked about PD1 41.

And so let me try it. And he was getting up there in years and kind of shaking. And I had some in my car. They gave it to me. He dropped the first file on the ground, broke and then he got the next one.

Takeaways on Libido, Relationships, and Quality of Life

But and so we saw him again a couple months later, didn't party. We asked his wife on how to go. This guy is okay. And then we ended up talking to her like a couple hours later and she had a few drinks, and then we're like, So he said that really didn't make it.

It was just, well, let me tell you, he was right. I mean, like, I asked all night to go on and going and going and we're like, whoa. And yeah, she's like 75 or I don't know, and or like, whoa.

Yeah. And so, and it was funny. So it matters when you ask them to work so well in men. I think it works better than Viagra because it gets that central nervous system.

Yeah. When bagger doesn't work, I, I've never seen it not work. Yeah. Yeah. Some people nausea is an issue. It tends to go away. But also the pigmentation issue is an issue for some people.

Yeah. It's on how off they take it. Yeah. Let's go with milk then. Milana tend to but still significant. Yeah, yeah. And some people have no problem. Yeah.

A lot of people love the pigmentation issue. Yeah. If you're younger, you got a nice smooth tan. But for me, yeah. Oh yeah. So you'd be able to use it.

I would, well accuse you of doing blackface, and I don't. That's. Well, what's your take home message for doctors and health care providers? And, the the general public lay people watching this.

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

You know, it's huge. You know, I have people that are happily married except that they don't have sex ever. And they they tolerate it, but they're not happy.

You know, I think that's way more common than anyone knows. Yeah, yeah. And really, you know, as functional medicine doctors, we're here to enhance quality of life.

We want people to be as happy and as functional and live the life to the fullest. You know, that's what we're here to that I mean, that's what we're kind of made to do, you know?

And you think when you're young that's like, oh, you think about, you know, And then it just like that, forget it, you know? Yeah. Forget it. I'll die before ever having sex again.

Yeah. But, yeah, it's amazing the awakenings. I just I keep thinking about the first person I used it with where, when she came back in after having used it, she just had this happy flush to her face, you know, she had it.

Funny how it just shows, right? Yeah. No one's happy, or you can almost see, like, from a distance. You can even, like, see their face very well, but you can see if someone's happy or not.

You also get to see how old they are without even seeing them, you know? But that glow that like, what's going on, you look, like something good's happened.

Yeah. I was so impressed. And she had other cat. Yeah, right. He hadn't had sex with her husband for ten years. You know, and all of a sudden, it's like a whole renaissance in their relationship.

So. Fantastic. Well, I bet he was happy. Like what? What's going on here? Exactly, exactly. I have a lot of happy husbands in my practice. Nice. Have you got a lot of, thank you gifts?

Oh, my gosh, I keep all my cards. I got some funny ones, paintings and little sculptures. And just, like, rewarding. That's nice, that's nice. So you change your lives. That's.

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

This was very enlightening. And I think, broach the subject that the long comfortable for some people and, kind of dive right in and, but it it's something I think that affects so many people and, and even the ones that don't talk about it like, what's our way?

I'm, I just fine, you know, and but I think it's a problem and I think the majority of marriages from my point of view. But, I think people I don't know my experiences that people want to talk about it once you bring it up, they're like, oh, thank goodness you asked about that.

Because actually it's a big deal, you know? Yeah, it is, it is. Well thank you, thank you, thank you for taking the time. And I think it's great information and thank you for helping all these people and change their lives.

And and you've changed probably so many lives. You have no idea. You know, maybe. I hope so. So awesome. Right. Okay. Thank you. Bye bye bye.