When It Sucks To Be A Woman: The Treatment Of Pelvic Problems, Incontinence, And Other Taboo Topics Transcript

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Introduction and Guest Background

and then what we see like especially there's two kinds of incontinence and people a lot of women just accept it as a normal aging process they don't have it too they don't talk about it and i always tell people just because it's common doesn't mean it's normal and it doesn't mean that we can't do things about it so that the two kind of incontinence is one is stress incontinence when you cough laugh sneeze jump up and down you leak and a lot of that type of incontinence is usually due to ligament damage that may have initially happened during childbirth though you don't have to have given birth to develop that it could be any kind of ligament damage to the pelvis from pressure if you cough too.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi, this is Dr. Kent Holtorf with another episode. Today we'll be interviewing Dr.

Betsy Greenleaf and with the title of When It Sucks to Be a Woman, Treatment of Pelvic Problems, Incontinence, and Other Issues We Don't Like to Talk About.

And I think that that's very true. It's such a huge problem. And women just don't talk about it. And I know a lot of women have the issues I find out later.

But when they come in, they don't, they don't tell me. So I think she's doing some great cutting edge work. She's a premier women's health expert, entrepreneur, inventor, and business leader, specializes in pelvic medicine and reconstructive surgery for over 20 years.

She's a trailblazer, the first female in the United States to become board certified in neurogynecology. And I'm interested to see how that really connects and makes a difference.

Because really, if you go to a gyne, you know, for hormones, they don't know hormones or kind of, you know, I think that combination is great. And Oscar, I'm not sure how many even are in the country, but she possesses a professional reputation that has led to being sought after by medical society, associations, corporations who provide lectures, teaching, advanced trainings, 2018 she was honored with the title of Distinguished Fellow of the American College of Obstetrics, Osteopathic Obstetrics and Gynecology for her service and dedication to the field.

That's a big deal. She holds committee positions on many national women's health organizations, so you got to put up with a lot of bureaucracy and be a really go-getter.

She's a board examiner for the American Osteopathic Board of Obstetrics and Gynecology. All that, very impressive. She serves as spokeswoman for the American Osteopathic Association, her quotes appearing in many major media outlets.

She's a CEO of the Pelvic Floor Store, so and that's pelvicfloorstore.com, an online store dedicated to finding reliable products for pelvic health. and that's the thing people just get so confused on you know what what to get so she tells you what hey what's the best of each thing she manages a blog she's very busy at dr betsy greenleaf.com she is a host of some of your parts podcast which is the H-T-T-P colon fours, double fours, fours, someofyourparts.libsyn.com, which is dedicated to the wellness and notion that you are greater than the sum of your parts.

I really like that. She takes a holistic body mind spirit approach to healing and wellness, which you don't see in a double boarded person, which is really nice to hear.

She believes many answers to a healthy life are found within and I I second that. She views her role in life as a wellness guide. And I think that's wonderful.

So I very thank you for being on and welcome. Thank you so much. It's an honor to be here. Great. And yeah, so we'll just get going. So tell me about what's a typical type of patient you see and how does this combination of combined board certification help women that they wouldn't see by going to a gyne or a urologist.

You know it's interesting because the specialty of urogynecology which they've now you renamed it but the renaming of it is 10 times longer so urogynecology is a lot easier to say than female pelvic medicine and reconstructive surgery but it basically came out pretty recently in the 1970s and we didn't have board certification until about probably about six years, six, eight years ago.

What Urogynecology Treats

So the nice thing about it is it really took more of a focus on the pelvic floor and the pelvic area being the area below the belly button and above the thighs, because what we found that it was just like more of a niche that for people to kind of get into and specialize because 50% of women will have some sort of pelvic health problem at some point in their life and those problems weren't necessarily being addressed by the regular gynecologists who are busy delivering babies or doing pap smears or wasn't being addressed by the urologist who are really kind of tending to their male patients.

I mean it's not to say that either one of those specialties is bad, it just you know that as a generalization that's how we saw things. So urogynecology, you can actually become a urogynecologist either by going doing gynecology first and then doing a fellowship in urogynecology or being a urologist and then doing a fellowship.

So it's a little combination and it really just has to do more with like dealing with the bladder and the vagina and some of the health problems that that women tend to face, especially as they're aging.

So I mean, I think it's a little scary is that like, you know, gynecologists, they take the vagina and the uterus and urologists get the bladder. Yeah, no.

And you know, we treat a lot of these, you know, chronic multi system illnesses and chronic lines. And huge percent have pelvic floor dysfunction. Oftentimes it takes a number of visits to get that out of them, but it is really hindering their quality of life and a lot of pain and incontinence and there's a lot of ways to improve that.

So what is the standard conditions that you see? What would the standard treatment be? So usually typically in a urogynecology practice, you're going to get referred patients that have recurrent urinary tract infections, kind of like where the doctors have gotten to the point where they've thrown antibiotics at it and thrown antibiotics and they get to the point they're like, okay, nothing's working.

What do we do now? So maybe I'll just start with that one because that kind of ties into what we're talking about here. But, you know, we're trained as doctors that the typical standard treatment for an acute, meaning like a sudden onset urinary tract infection is three days of antibiotics.

All right, so you get three years antibiotics and the majority of people will feel better. And then there's going to be people who it doesn't, they don't feel better.

So then by the time they get to me up till recently, my only other choices were, well, let's just give you more antibiotics. And we know that the more antibiotics I throw at you, not only are you going to become resistant, but now I'm going to be killing off that beautiful microbiome in your intestines and really how that affects your, your, your medically and can cause other conditions.

So especially doesn't care about that. They care about their little part. Yes. And there's so many studies now saying even shorter course of antibiotics cause a lot of problems.

Yeah. You know, and I've gotten to the point too, I think recently, you know, as I go on and practice, I keep learning more and more and I go, why didn't anyone tell me this before?

And then, or there's new discoveries like this whole, you know, field of peptides just as fascinating to me. And I think that it's really going to explode, you know, it's starting to already, but I think we're really going to see a lot of like just general acceptance and more, like more development.

There's so many studies when I give lectures, people are like, Wait a minute, like, you know, for 45 minutes, they have like 140 slides. I always have way too many, but all huge reference.

I'm like, there's hundreds of studies. People say, why haven't I heard of this? You know, and sometimes lecturing, I hesitate because they do so many things, kind of sounds like snake oil, but here's the reference.

Boom, boom, boom, boom, boom, yeah. It's amazing and I think the fact is that when we look at the body as a whole system in general, the body wants to heal.

So what I like about the peptides is that these are all natural things that are found in the body. So we're kind of like using, you know, the body's own system and kind of almost like magnifying it to heal.

You know what I'm looking at right now and I'm paying close attention to is there's been tons and tons of studies on recurrent urinary tract infections and recurrent vaginal infections and they have found that they're the antimicrobial peptides.

that they're normally found in the bladder or the vagina, that in some people for whatever reason, and we're not really quite sure why, that they're missing those.

And then those are the people now that are developing these chronic infections. So, you know, a lot of these studies use like, hey, this might be a way that we can treat people in the future is with some of these antimicrobial anapeptides.

to, you know, kind of restore their system back to the way that it should be. Yeah. And, and when you look at, you know, we're, I think we've turned into immune modulatory clinic, if anything, you know, you say we're a fatigue clinic, which you don't think, but, and we're finding with these chronic infections, they suppress IgA, which is secreted into lumen of the gut, the vagina, and you check they don't have any IgA.

You know, and so there's usually something going on that's causing it.

Recurrent UTIs and Peptides

But, you know, the way the compartmentalization now of medicine is, well, I don't care about that part. I just deal with this, go here. And I think it's kind of like, I don't want to beg on Kaiser.

I mean, it's great if you get a broken leg or something like that. But if you're outside the box, which everyone seems to be outside the box now, is you get terrible care because they're trying to break you down into all these little different pieces and everything's connected.

Exactly, exactly. You know, I think part of the story is I kind of tend to think that way because of my training as an osteopathic physician, but then as I like went on through practice I found that you know when you first come out of fellowship you're all like all right I'm trained like this and you kind of have the blinders on and all I could see was the pelvis and then as I got went on in training I realized wait a minute like well they're having pelvic symptoms but what else is going on or are their pelvic symptoms a sign of some larger systemic issue and for the majority of the conditions I'm finding that that's true.

Alright, so you're diving deep into peptides and longevity on this podcast, and we're right there with you. Integrative Peptides stands out, trusted by over 10,000 doctors to deliver real results for their patients.

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Again, integrativepeptides.com, use the code PODLIFE for 10% off. It's time to elevate your journey, starting now. I remember being, you know, and I got into it like a lot of people because I'm very sick myself.

I know other doctors, the family member themselves and like you just told alternative means no evidence. So I'm like, I'm not going, I didn't tell anyone that I go to the so-called alternative.

I hate that term. Yeah. And, you know, integrative, I don't know, functional, I don't know what the heck to call it. But I just think we're practicing better medicine and more evidence-based.

I'm like, they're more evidence-based to the stuff they're feeding us in residency. And doctors are still practicing what they learned in residency 20 years ago.

Exactly. And you give them studies, they won't read them, and, you know, don't confuse me with the facts, this is the way we do it, this is our protocol, and not to bash them, but the system, you know, they don't get paid extra to try to figure something out, they get paid extra to see more patients.

Exactly. I think that's probably the biggest problem. It doesn't mean being the detective and the sleuth and going down a path and trying to figure out what's wrong with this person.

It's, okay, this is, well, it's not that. Well, site consult, you know. And I think that's part of the reason I ended up leaving. I had worked for years for a hospital and I got to the point where working for the hospital was affecting my own health because they were telling me, see more patients spend less time, see more patients spend less time.

And I'm like, no, that's not the way I want to do it. Like I want to be able to sit down and really spend like an hour with somebody and kind of like talk to them and figure out and address all their issues.

Oh, you'll get called in and go, what's the problem here? Yeah. Yeah. So I finally. stop doing such good care. Exactly. And that's what a lot of these HFOs is that they'll cut the lowest 20% of cost-effective physicians, which means those who do the least amount of tests, those who make the least amount of diagnosis, those who do the least labs, those who do the least treatments, and they get to stay, they cut the ones who do the most, which are doing the best care and taking the longest time with patients, they're gone.

yeah oh i've seen it time and time again yeah yeah and so what's so interesting you you broke out i hear double bordered i usually go oh no it's gonna be yeah so uh it's really more my husband's like stop doing things he's like you do too much but you know i think life is short and there's so much i'm interested in and i just wanted everything it's passion so if you didn't believe in it in that passion you wouldn't be doing it and yet so How do peptides help pelvic health and that?

How do you found that? Well, yeah. I mean, even going back to, well, some of the other conditions that we see as urogynecologists, other than recurrent urinary tract infections, is we see incontinence, prolapse, where things are drooping and dropping, especially as people get older, and also overactive.

I think the scare of hormones has really caused a big problem with that. Yeah. Oh, sure. so synergistically with hormones and yeah. And then what we see like especially there's two kinds of incontinence and people a lot of women just accept it as a normal aging process.

They don't have it too. They don't talk about it and I always tell people just because it's common doesn't mean it's normal and it doesn't mean that we can't do things about it so that the two kind of incontinence is one is stress incontinence when you cough laugh sneeze jump up and down you leak and a lot of that type of incontinence is usually due to ligament damage that may have initially happened during childbirth though you don't have to have given birth to develop that it could be any kind of ligament damage to the pelvis from pressure if you cough to too hard or you lift something too heavy.

And then there's urgent continence. Urgent continence is where people have to run to get to the bathroom. One minute they're fine, next minute they're like, make way, we're to the bathroom.

And that's usually due to either irritation in the bladder wall itself or muscle spasms or even nerve irritation. And, you know, I think up until recently, you know, with me discovering this whole world of peptides, which is, I just feel like a Pandora's box has been opened up.

But, you know, I think we have limited treatments. I mean, there's always been movement in that, in our field, but for stress incontinence, really the only thing we've had up until recently has been surgical.

Is to basically go in and implant a sling, which is usually a mesh and everybody hears the word mesh. And I know there's a lot of things out bad about mesh, but sling up late night commercials slings are a little bit different, but So, but that's really been the, I mean, there's other things, but they don't usually tend to work.

Stress and Urge Incontinence

So slings have been the one thing that really worked. So what has been fascinating is there's been a number of studies that they've done. I mean, more so on rats, but you know, we don't have any human studies right now, but they're not patentable.

So who's going to spend the money. to get a new drug and then everyone could use it. Yeah, exactly. So there's been studies on rats where they've actually gone and actually cut their urethra.

And then they administered BPC 157, which is a peptide, which I'm sure with your peptide summit, you probably have mentioned at some point in time. And they found that whether they gave it orally or if they injected it, that those rats, their urethra returned back to normal.

And so they got rid of their stress incontinence. So that's something that I've started to employ because one of the nice things about BBC 157 is that you can take it orally.

It doesn't have to be injected like some of the other ones. And we're seeing some really nice improvements in the urethral sphincter function. So the urethra is the tube that the pee goes through.

Yeah. So, you know. And it's interesting because you also look at the other end of the body for GERD. The BPC157 will tighten the upper gastric esophageal sphincter and tighten that and loosen the lower so you don't get that reflux.

And it seems to the same thing in the bladder where it's gonna tighten the lower. And so they don't have, it brings it back to normal. I really think like BPC 157 is kind of the homeostatic, you know, peptide.

And we find if people have, like they're hyper quaggable, it brings it down. If they can't quag it, it brings it up. Their blood pressure is too high, it brings it down.

If it's too low, it brings it up. So it's very interesting how it kind of brings everything back to normal. Like it's a smart. It's, it's, I think it's probably my go-to for almost everything now.

I've really been very surprised with all the things that it can do. It's almost like too good to be true. But every time I turn around, I find another study that's like, Oh, it's being used for this or it's being used for that.

And it's anti-microbial and TB4, which you can do orally the TB4 fragment is. You know, basically even kills lime cysts better than tonight is all, you know, so it has a lot of great properties.

Yeah. Then that was reading that using them together. They act like synergistically that they can have almost the same result in a very different mechanism.

You know, one of the other things is that they've been studies once again, also with rats for overactive bladder. I mean, the treatments we have for that typically are medicines.

And the problems with the medicines that are on the market right now is that a lot of people develop dry mouth and they end up. Yeah. Yeah. And the worst ones are some of the older ones that are generic, which unfortunately, when you get a Medicare patient that comes in, your insurance will say, Hey, we don't want to pay for these newer ones that have less side effects.

We want you to take the old generic one, which one of the oldest generic ones, ditch your pan actually can cross the blood brain barrier. And you see tons of confusion.

And that's all I want to do is like, I don't want to put one of my, you know, senior patients on something that's going to make them confused, especially and give them dry mouth, especially if they're on multiple other drugs.

So they're happy. And I, I suffered from that myself. And what I found with our patients and really, you know, it happens in yourself. You kind of know a lot more is that I thought I had a big prostate because I had just felt like I had to go, you know, the bathroom would urinate constantly, especially when I had a flare.

And, but then when I'd calm down the inflammation, I think, you know, my immune, autonomic immune system got better. I don't have it anymore. You know, I'm sure my prostate just didn't shrink totally is that was never the problem.

It was an immune dysfunction. So like the thymusins, the BPC again, you know, working together really helped that. And so instead of just like throwing meds at people, it's like looking at underlying cause, which I think, you know, lends to that functional medicine where, hey, it takes a little longer to talk to the patient, figure these things out and have more tools in the toolbox.

It really was enlightening. I'm like, this is lame. You know, I've, you know, it, it is so incredibly common that when they look at overactive bladder, that it can start as early as in your twenties, but by time you reach your seventies, there are more people walking around at any given time with overactive bladder that has the common cold.

So I never knew that it's incredibly common and that, but people don't talk about it, you know, Wow. We got to have like, we got to like interior. Yeah.

How many times you go to the bathroom? How many times you get up at night? You know, I mean, also it, it, it balance out with how much you're drinking, but that's what the other thing that people do when they have bladder symptoms or bladder problems, people tend to not drink fluids.

And so we actually know that 85% of Americans are already dehydrated. So that's, it's already a problem, but it actually backfires for bladder conditions because it makes your urine more concentrated and more concentrated urine is more irritating to the lining of the bladder.

And it actually makes the symptoms worse. So you should be drinking when you have these problems. But then, you know, we know that the BP, the BP 157 is actually soothing to the lining of the bladder, whether it's actually, you know, soothing the muscles or we do know, I mean, they used to think that urine was sterile and then we now know that you actually have a normal microbiome.

So there are normal bacteria everywhere, right? will be in the bladder but some people if they're missing some of these you know some of these peptides in their system that they they could get more irritation from those those bacteria that are present do women get like hesitancy where it's hard to go yeah yeah you know you go whatever to a sports game there's a bunch of guys lined up and you got like half the guys sitting there forever but i had that too it's just like it's embarrassing I've been in the bathroom for so long you know and it was inflammation it was you know when I would have a flare and I need to modulate the immune system with the peptide so I yeah I didn't know the women had that problem yeah we we do and in fact actually it's interesting because I was reading an article not too long ago that going back to the peptides was that and this is something that I specifically specialize in because

of where I did my training, but we really spent a lot of time looking at the urethra.

And a lot of specialists kind of overlook it in women. But mycoplasms and ureaplasms, which are a type of bacteria, are very common as causing of urethritis in women.

And urethritis, women often overlook, but that can cause spasms or hesitancy or swelling. And because they don't check for it. Yeah. And so going, we're also going along with, we've like looking at some of the, with the peptides, they've said that with some of the antimicrobial activities of these peptides is that these things can present, prevent mycoplasm infections or Lyme disease.

We've seen a lot of effects with Lyme on the functioning of the pelvic floor and inflammatory diseases. And sometimes like that's their worst symptom.

Yeah.

Overactive Bladder and Pelvic Pain

And it is the quality of life, even, you know, for me, I'm like this side, I mean, I had heart failure, which was, but, you know, okay, second in line, what, you know, it, it's, you know, embarrassing too, you know, it's like, you know, sitting there forever, like, this is crazy.

So that's interesting. So like with interstitial cystitis, so they're finding really, it's a mast cell problem, really irritation. And I guess the standard is almiron or I always mispronounce, but mast cell inhibitor.

But we're also coming out with KPV, which is a melanocortin, which is a profoundly potent mast cell inhibitor. So we're waiting for that to come out. So I'll send you some.

I'd love to see how, how that works. that's great yeah well because the problem with interstitial cystitis is that it's been around the the idea of that condition which is it's an inflammatory condition of the bladder that nobody knows nobody quote knows what is what causes it and it was recognized in the late 1800s and we haven't gotten any further in the research on it so the in the traditional medicine world the standards are like, okay, diet, and then those medications like Elmeron, or some people pronounce it differently.

It's tomato-tomato, how you pronounce it. It's pentose and polysulfate is the generic. But I mean, really, from what I've seen over the years is there's really connection to the gut.

and that if you have inflammatory gut issues, you are more likely to have bowel issues, I mean, bladder issues too. There's also kind of a connection with some of the Lyme, the tick-borne diseases.

Yeah, I think chronic infections are causing so many things, neurodegenerative diseases, autoimmunity, all this, you know, autonomic dysfunction, then you add the, you know, gut brain access.

Oh, definitely. And there, and, you know, what's, what's your thought on the whole gut brain access? How do you approach that with a patient or what, what are some of the things that you do?

It's funny because I heard about the gut-brain access probably about four years ago. And I remember the first time I heard it, I thought, well, that's weird.

It was like a little woo-woo-y. But then I started connecting things together. And I started looking especially at my pelvic pain patients. And I started looking at them and I'm like, wait a minute, because these people typically have not only pelvic pain, but they usually have some kind of gastrointestinal, like irritable bowel or some kind of like chronic intestinal complaints.

They almost always have anxiety or depression, which we used to, in the traditional medicine sense, used to just kind of blow off and be like, all right, well, they're stressed because they're chronically in pain.

And then I started finding that a lot of them had these lower immune systems, like the IgA deficiencies. And I started going, okay, what does depression, anxiety, immune dysfunctions, you know, these GI systems, these pelvic symptoms all have in common?

And I'm like, well, the gut. You know, so I'm like, there's definitely, and we know that 90% of our serotonin, which is the feel good, one of our feel good hormones is made in your gut.

So there's definitely a connection between the gut and the brain. You know, so you know what, I am just so impressed with just that, what you just said, you know, pattern recognition.

that is such a lost art and you're actually looking at all these things and trying to make connection where that is what medicine is. Yes. Now doctors don't do it.

They look at you got this okay here's the algorithm treat that you could have all these other things and they they go that's not my area and where you're looking at all these systems that have nothing to do with your so-called area, I'm just very impressed.

I'm almost getting teary-eyed because like we interview doctors and they just don't think anymore. They'll memorize and say, what's the protocol? I'm like, there is no protocol.

You know, and it's being a detective and knowing physiology now, because I think it's got to the point in medicine where you don't even need to know physiology.

It's like, well, you got this, you know, the church company says you got this, I got to do this, you know, or you work in the hospital or ER, like all the docs complaining.

I mean, you could save a person's life, but if you didn't follow that exact protocol up, you're getting brought up. Like you don't have to think you have to memorize now and And it's bad for the people that have these multi-system illnesses.

I just love you just saying that, how you looked at all these different things and found that, hey, they're connected. It's just a lost time. I think that's why, partly, with my podcast, originally, we started out, we were gonna just do a pelvic health podcast.

And I'm like, I can't, because I can't even look at my patients anymore. Sometimes I go, it's a gift or a curse because I go in for one problem and then I tend up going, wait, we got to deal with this and we got to deal with that because everything's connected and we can't just deal with your one place you're having your symptoms because your symptoms are a sign of something larger.

It's totally true. We're talking about doing packages for this, but that's connected to that. You can't do a packages for that because it's going to basically morph into everything.

Oh sure sure. So I don't know I just it made me very happy to hear that. You know I think I think one of the problems is that you know we've all kind of lost the art of medicine because of the fear of litigation.

I mean I know there's some times that I'm like you know because I know that I'm making these connections and I might not be doing all the things that are like my whole organizations are doing but I go, but people are getting better with the things I'm doing because I'm making those connections.

You know, everyone's so like evidence-based, evidence-based. If you get the patient better, you're gonna get in more trouble. Yeah. Yeah. I'm serious.

It's true. Yeah. Yeah. Or how about pelvic pain? I mean, I've had a couple instances of like pelvic floor spasm and I'm like, Oh my God, I am going to die.

And I know some women like, you know, painful intercourse, they get these spasms and you know, what a strain on the relationship or just having it. I'm like, I don't know if I've ever had this much pain in my life, you know?

Like, how do you address that? You know, it's interesting because that's once again, that's a subject when you try to look up in traditional medicine, there's not a lot of studies on it.

So really, once again, the pelvis for males and women is made of muscle. And those are skeletal muscle and they spasm. And the reason they're spasming is they're spasming because they're trying to protect you.

They're splinting against something. So there's something else that's causing an irritation. So it's always like we got to find the irritation because treating the muscles, you can get muscle relaxers, you can give pain medicines, which I don't really agree with all of the pain medicines for that, but you're just going to treat the symptoms where we really need to look into why that's happening.

Some of the interesting things we've found over the years is the connection with orthopedic injuries. And because a lot of orthopedic injuries will actually refer pain to the pelvis and not to where, especially hip injuries and low back.

And the funny thing about that is you try to get the orthopedist to like see a patient who's having vaginal pain. It's their hip. It's their hip. I know I've done their little tests and it's their hip and the you know they'll be like no no you know they hear vaginal pain and they put their hands over their ears they're like not my problem not my problem and i can't tell you the number of people where we found that they've had labral tears of the ligaments you know the cartilage in their hips but it referred to the pelvis i mean other things like infections cause that irritable bowel.

So, you know, these are all other things too, that especially the BP, the, I always, I, PC 157 is great for it because it, you know, helps with muscle, helps with collagen.

We know it helps with bone repair. It helps, you know, with muscles, it's anti-microbial. So it's one of those things that's great. I mean, And that's what, you know, we train doctors.

There's so many peptides and it's like, okay, what are the two to start with? You know, BPZ 157 and you know, the TB4 frags or like, you can't screw it up.

Don't worry. It doesn't matter. You can't overdose, you know, if they've given thousand times a dose, which you can't do with, try that with any over-the-counter, any med, try that with water.

You're gonna die. So yeah, exceedingly safe. And it's funny when I tell people everything it does, I just go, yeah, right. And then you give them the studies.

Some won't want to look at it. And I've had so many doctors. I used to think that when you have a patient, they have a great relationship with their doctor.

Interstitial Cystitis, Mast Cells, and Gut Connection

They've been sick for 10 years. When they come in, you get them better. And they go back. They're excited to tell their doctor. And you think the doctor is happy.

He's mad, he or she. And do they ever call and go, what'd you do? They go, no, that's quackery. Yeah. It's like, it's, it's a weird world, but you know, I think it's the system.

Oh yeah. Yeah. But what are the causes of pelvic pain? so what there's they're all kind of related so a lot of them a lot of people have muscle like the muscle spasms in the pelvic floor you can actually get nerve injuries like the pedendal nerve often gets injured especially we've seen a higher rate of pedendal nerve injury injuries not only during coronavirus and COVID because everyone was home.

They started going on their bicycles a lot more, but also around, around the holiday time because everyone's

getting, you know, for Christmas or, or Hanukkah, they're getting pelotons and not pelotons, but it's just the seat that you're sitting on for the bike.

There's a lot of compression on the nerves that are in the sit bone area. And we've actually seen a lot of people with that and we'll do like peptide injections and other injections, things like that.

And it's, it's painful. Oh, sure. Yeah. And the problem with it is, is that, you know, if you're not, if you don't take care of it early, you can end up with a permanent crush in injuries that are harder.

I mean, now with the peptides, we're seeing better results with that. So yeah, reverse nerve damage and things like that. Like, yeah. but then I mean other causes I mean you can well interstitial cystitis we know the inflammatory chronic chronic infections in the pelvis can cause that pelvic pain sometimes is related to bowel issues if you have chronic bowel issues like inflammatory bowel issues and which a lot of the the bpc 157 was originally studied for inflammatory bowel because it is a bowel related peptide so Yeah.

And in fact, we've had one story we tell is a nine-year-old girl, they're going to take out her colon, right? And nothing worked. And we gave her the BPC and the TB4, active frag, traumatic improvement.

And it turns out she was telling the story at this dinner party. And it turns out to me, my partner with Integrated Peptides, she goes, I went to this doctor.

And he's like, is it Holtorf? She goes, yeah. They say mine, like, you know, her daughter was so cute. And that's everything on her colon. Oh my gosh.

And it's reversed it. And, you know, I was looking at your website and I saw medical marijuana. And I'm like, check this double boarded person. Tell me about how you got into that and why.

You know, it's funny because I think I got to a point, especially for my interstitial cystitis and pelvic pain patients, I got to a point where, you know, with them, it's, it's, it's kind of a guessing game.

They're not cookbook. It's not like they have these conditions and you go, all right, you have it do this and you'll get better. It's like, you know, you have these conditions, let's try this, let's try that.

And so I got to the point where, you know, there were some of them where I was trying everything and nothing had been working. So, About 10 years ago, New Jersey started doing medical marijuana and my patients didn't qualify for it.

But I was like, well, let me sign up to be able to write for it just in case someday they do qualify. Why didn't they qualify? Because in New Jersey at the time you had to have either glaucoma or cancer.

Those were the only two conditions. Oh yeah. Here you have to have, well nothing now, but yeah. I got a headache. Okay. Yeah. And then so over time, what ended up happening was, you know, when New Jersey was still only medical, it's not recreational, but over time they started opening it up to who qualified.

And about maybe three years ago, they started saying chronic pain and incontinence. I mean, not incontinence. chronic pain and anxiety were the two things that for my specialty now I could like write for it.

And even then it was funny because I was a little nervous at first because I didn't want to be like a glorified drug dealer because that's what was happening.

There was a practice that got shut down in New Jersey because they just opened up as like the marijuana practice and that's all they did was just hand out scrap.

Let me see you have this right? Yeah. Did you find that THC containing products versus CBD tended to work better? You know, actually the honest truth, I find that CBD for the majority of people, especially the conditions that

I take care of, the majority of them do fine with just the CBD.

that they're very rarely do you need the additional THC, but then you do have a handful of people where it just, the CBD by itself isn't doing the job.

So sometimes just a little bit of- Yeah, broad spectrum CBD and some people do better in my experience with some THC. For me, if there's any tiny bit, I'm like, Oh my God.

I get freaked out and paranoid, but other people, of course, kind of like it. Now, do you find interstitial cystitis? How often is it isolated? My thought is there's going to be a lot of other issues with it.

Yeah. No, I usually never find it by itself. There's usually, there's other medical problems. Like usually you see, I can almost bet that somebody's going to have either a history of migraines.

They're going to have a history of TMJ and not all of them. There's going to be one of these things. Migraines, TMJ, anxiety, depression, irritable bowel history, Epstein-Barr virus.

Do you find something with like multiple chemical sensitivity with that? Yes. Yes, definitely. Definitely. I find that they're, yeah, kind of that mast cell activation syndrome, which, you know, I don't think these things even existed 20 years ago.

No. Yeah. I think it's all the foods, all the pollutants, pesticides, and they're just, everything's multifactorial. Oh, yeah. I definitely, definitely agree with that.

It makes it harder to figure out and you got to look at so many things. What do you treat first? And you know, it becomes an art, you know, and it's interesting because as I've looked more into this, like the mass cell conditions or histamine, histamine intolerance, because we know that histamines in And then some people are just intolerant to that with a traditional interstitial cystitis diet.

When I've gone back and looked at it, I'm like, wait, all these foods are high histamine foods. So, but I don't think they realize it. I think they just looked at, okay, well, like citrus fruits.

tend to irritate people with interstitial cystitis. Coffee, tomatoes. So there's foods that we always used to blame it on the acidity and we'd be like, oh, well, these foods are high in acid.

That's why they're bothering you. Well, I think it really comes down to we're really aggravating the immune system. And they know that when you biopsy a bladder of somebody with with interstitial cystitis, you will find ridiculous amount of mast cells in their tissue.

Oh, so right there, you know, and I think mold is playing a big, you know, it's funny. I'm a member of the mast cell mastermind group and these are some of the smartest, geekiest people they know, but they're stuck on direct mast cell inhibition.

And so I'm like, you know, look upstream, you modulate the immune system and you're not going to stimulate the mast cells. And I have some talks, and one little pearl is that a huge stimulator of mast cells is corticotropin releasing hormone.

So if you look at someone's cortisol and their ACTH is super high, you know they have high CRH, which is stimulating the mast cells like crazy. It's very interesting.

I can send you some slides on this. So you want to give them a little cortisol, not prednisone, not just enough to bring that, you know, suppress that CRH.

And that is just one little thing. But the KPV is a huge mast cell inhibitor. BPC is a huge mast cell inhibitor. With our TB4, we'll inhibit mast cells with immune modulation, but there's a section that directly stimulates mast cells.

Medical Marijuana and Broader Systemic Issues

So what we do is take that out. That's the frag. Yeah. So the frag works, but it doesn't stimulate the mast cells. And I think it's interesting with, with BPC and just thinking of marijuana, whatever it's like, you know, it prevents overdoses like amphetamine, psychosis.

prevents hangovers. Also found though, that if you take a ton of it, it's hard to get drunk. So I gave it to someone and they're like, yeah, I took 10, whatever, and I can't get drunk.

So I don't know the mechanism of that, but kind of a semi-expert in hangovers because when I first started medicine, we started a beer company that we had a hangover free beer.

And we had double-blind placebo-controlled studies and showed it worked. And so we brought it out. Immediately, the Brewer of Aqua Debeca firearm said, no, you can't put it out.

You can't make it healthy here. Oh, now. Yeah. That's brilliant. Yeah. So we didn't have any money to fight it, but maybe we'll do it again. No, bring it back.

Yeah and because yeah it basically in the studies showed that you know basically alcohol converts acetyl aldehyde which is like think of formaldehyde it's toxic and it bound the stuff we put in bound to that and flush it out and the studies showed the serum levels would drop and you know and the urine levels would go up but anyways that's going off on a tangent I don't know maybe we'll edit this out I don't know but let's see yeah so it sounds like you kind of you know it's interesting converted from this double-boarded specialist to looking at everything.

And I think, too, is that people look at, okay, what's their degree or whatever, but so many doctors, and especially ivory tower, they don't continue to learn.

Yeah, you know, I know it all and they're still doing the same thing and and you know, I'll do some a lot of expert testimony for cases and they say well the society says this and you look at only like nine to fifteen percent of societal recommendations are based on strong evidence.

And if you look at the World Health Organization, like levels of evidence, strongest, double-blind, placebo-filled study, then you get, you know, the different studies and you get case studies and anecdotal.

Below that is societal recommendations. because they're shown to be 20 years behind, they cherry pick, they've made up their mind, they don't want to look at all the studies, you know, but it's a battle, you know, and I turn out to do bashing, because I think doctors are miserable, and why should they learn something new?

They're not gonna, it's gonna make their life miserable. So anyway, so I… I think it's wonderful that you're continuing to learn and expanding and you're very different than what I thought I saw on the bio.

I have to say what's got me really thinking with these peptides is the reason urogynecology exists for the most part is because for people who have babies, The nature doesn't care if you damage your pelvic floor, your ligaments.

You know, it's the nature wants to get that baby out. So as long as people keep having babies, there will be vaginas that need to be fixed because things will be dropping and dropping as time goes on.

But I've been thinking about it. It's like, you know what? because there really hasn't been anything for prevention of pelvic floor disease. It's more of treatment.

And I'm like, you know what, maybe we need to start looking at using some of these peptides in our women who have just given birth. I know that there's a question about use in breastfeeding women, but I think it's more just to cover their butts about the usage of some of these peptides.

But I really think that if we kind of gave, you know, especially the BPC 157 to people who have delivered, then

maybe they would their ligaments would heal the way they're supposed to when they won't have those long term.

Love the way you think. effects down the road. Yeah. You know, kind of put me out of business, but that's okay. Yeah. And that's a lot of surgery that won't, they don't want to know about the stuff because they want to cut, you know, and that's what we're just did an interview just a little while ago and we're talking about traumatic brain injury.

Like why are, why not give these football players of TB4 and BPC as a preventive measure. So it's shown to prevent brain damage from concussions. Although I worry then they'll even hit harder, you know, the cars are safer.

So you drive faster. You have like daggers sticking out of the, of the steering wheel. You drive slower. So I don't know, but you know, it just seems like, you know, traumatic brain injury, whole other topic of course, but you're thinking the same way.

I love it. I love it. I think it's been a great discussion and I think women will get a lot out of it. And even just the fact that, hey, they'll speak up, you know, that, hey, because just all their friends have it doesn't mean it's normal and there's nothing they can do.

One person's like, my doctor says nothing you can do or I took this med and oh my God, it goes terrible. And a lot of things they do. And I think it sounds like the sooner they come in, the better.

Oh, yeah. Yeah. Don't put it off. So, and there's things that can be done. There's tons of different things that can be done. And you know what? Incontinence pads costs a lot of money and insurance doesn't cover them.

So let's put the pad companies out of business. Hey, I like that. You know, I think that should be something on your website. Yeah. Yeah. That's good.

Well, it's been a pleasure meeting you and, and listened to you learned a lot. And I think you're doing great work and keep it up. And again, thank you for taking the time to be with us.

Great. Thank you so much. It really was an honor to be here. Thank you. Great. Thanks so much. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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