## Introduction and guest background

Hi. Welcome back to mess during the Menopause Transition Summit. I'm your host, doctor Sharon Stills, and we've got a different kind of talk tonight that affects you.

But we're going to be talking about for those of you that are partner that have a male husband about his health, because our partners health affects our health.

And if you are all here rocking your transition, we want to make sure you're bringing the fellas along with you. And so I love the title of this talk, and I can't take credit for it.

My dear guest wrote it. But menopause can be hard. But is your husband so that's a good one. And my guest is a dear friend and colleague. Her name is Doctor Sabrina Salt.

She is also a natural medical doctor. We come from the same alma mater and she's located where I am in Scottsdale, Arizona, and she has been practicing regenerative and anti-aging medicine since 2013, and over the years she's mastered various treatment modalities such as prolia therapy, PRP, adipose and bone marrow derived stem cells, as well as birth tissue biologics such as amniotic allograft and exosomes.

She's known for crafting comprehensive and custom tailored treatment plans for her patients, which include things like diet and lifestyle changes in nutritional supplements, bioidentical hormones, peptide therapies, and, of course, regenerative injections.

In her free time, Doctor Salt enjoys reading, traveling and spending time with her husband and two children, and she's got lots of information. But her children are adorable, so follow her for that just so you can see how cute her kids are.

So welcome, Sabrina, it's great to have you here. Thank you, Doctor Sharon, so excited to be here on your summit. Yes, yes. And I'm excited to have you because this is kind of like a little bit of a a different conversation that we're having here.

But but an important one because, you know, we are as in some ways, we're only as healthy as those around us. And when we're in a relationship and someone's not feeling good, it really brings us down.

And so we want to bring the men along with us. And so how did you you know, for starters, how did how did this kind of become your, your niche that you were going to focus on men and erectile dysfunction?

Yeah, we can totally dive down that. I want to make a comment because you brought up something just right off the bat that's so, so, so fascinating. And I don't know if you've heard about this, but there's actually research that supports how when you're partnered up with someone for a long period of time, you actually end up sharing a microbiome.

## What erectile dysfunction is and why it happens

Yes. Isn't that fast and eating. So yes, your health can actually be directly linked to your partners based on yours or their microbiome and how they work together.

But we don't want to jump down that rabbit hole, right? I forgot about that study. But yes, that is very true. Yeah, yeah. So anyway, about me, so are you set up a naturopathic doctor?

And. Yes, I can start. I've been working a lot with Men's Health recently, and of course, I started in the hormone

industry, and a lot of the patients that were coming to see me were women who wanted to help, you know, they want to fix their hormones as they're going through the transition.

Some women even pre menopause, but a lot of them postmenopausal, going through all the changes that come along with it. Well, they started feeling really great.

They started sending their husbands in. And what was really neat about working with the husbands is the transformation that I was able to see in these men when we were taking them from just feeling like luster, no drive anymore, gaining some weight, not do like not feeling as strong.

And then this complete 180, you know, we see this all the time. You know, we joke that we're jealous of this and how men are just such fast responders to anything.

You know, they can just think about cutting cake out of their diet and lose 10 pounds, right? It was just like that in clinical practice. The transformations were incredible.

And what I really started noticing beyond that was when men were coming in with more serious issues. Things like heart issues, blood sugar issues beyond just the hormones and especially Ed, when we were actually able to get them better.

It was like, this is there was a brand new man in front of me, and it was just amazing to see this over and over and over again. And I just started becoming obsessed with it, obsessed with just being the person that can catalyze a man into his fullest expression.

Because I really do believe that a lot of the things that are happening in the world currently are due to a lack of true masculinity, right? We see that we hear this term thrown around all the time, toxic masculinity, etc., etc.

but I really do think that there is room in this world for the fullest expression of that true masculine man to come through and doing our part on the health side, I really do think leads into that in a really, really big way.

I love that's so powerful and so important. So yes. So this is the conversation we're going to have. And so if if you are married or in a relationship with a man and he's nearby or grab him if he's open, if not, grab your grab your notepad and just start taking notes because often, as Doctor Sabrina was saying, and I've seen over 20 years in clinical practice, the majority of men I treat are a husband of rotation, a brother of a patient, a son of a patient.

There's there's some, but I you know, I can count them fairly easily who have like come on their own seeking help. It's usually us dragging them right.

The women are dragging them. So so if you can drag someone right now to listen, great. If not, drag a notepad and take notes, because then you can share the information.

So let's just start about, you know, what is Ed. Let's just define that. And why does it happen and what are the underlying causes. So e.g. we can just generally say is any sort of dysfunction that happens throughout the course of sexual function from getting an erection through maintaining the erection, through any difficulties with relation.

And there are even some, some classifications within that that have to do with even things like curvature of the penis. So basically anything that can go wrong during that process could be classified under Ed.

Now, some things that can cause it, you know, very severe traumas, for example. That's one concern, when we're talking about in the context of just general health, we're going to be talking about the underlying factors that can contribute to this.

Just to kind of make this a more basic conversation. Right? Otherwise, we could get into the weeds with every single thing possible out there. Right. So understanding that to understand what can go wrong when it comes to erectile dysfunction, we have to first understand well what are the actual things that we need to make to get an

erection in the first place.

And I kind of break it down to three different ingredients per se. First ingredient being we need the adequate hormone conduction, right? We have to have that hormonal signaling that will actually deliver the message that we need to achieve this erection.

And that's usually mediated by the male hormone which we will call testosterone. Right. Where a lot of us are very familiar with that. Of course, this isn't the only hormone that comes into play, but it is a really, really big one in the sense that, levels that drop even below about 300 will actually lead to some degree of erectile dysfunction.

And what's a criminal is that a lot of regular physicians won't even give a guy testosterone replacement until he's in the low to hundreds. So there can be a lot of suffering that happens in this intermediary phase.

Not even being said, my personal preference for guys is usually between about 911 hundred. So if we think about it, you know, guys going to his doctor, he's telling me he's not feeling well.

Maybe he's got some, you know, intermittent lead. Maybe it's not all the time. Maybe it's just once in a while, you know, he feels a little bit stressed.

He can't completely fall through to completion. And he just kind of brushes it off. And his doctor's like, you know what? Your testosterone is fine. It's sitting at 350.

I think it's criminal. Right? We can get we could be doing so much better than that. So that's the first ingredient. Second reading is actually can be adequate nerve conduction.

So kind of how is just mentioned with oh you know sometimes guys they get a little bit stressed out a little bit harder to get to completion. And that's because well of course stress can affect it as well.

But you need your nervous system functioning properly and your nervous system is actually going to function in two different ways when we're going from erection to completion.

And the way that I like to describe it is point and shoot, and they're going to correspond to different parts of the nervous system. So the point part is going to be the actual erection part.

And we think point we think pe we think our parasympathetic nervous system. So we actually have to be able to get into the rest and digest state. This is our parasympathetic state.

And so again we have to be nice and nice and relaxed. This is why it's super easy for a gentleman to wake up with morning wood because they are in that rest of state.

Right.

## Hormones, labs, and medical testing

But then the action the body has to actually transition to the different part of the nervous system called the sympathetic nervous system. Sympathetic.

As for shoot to be able to actually go and move forward with ejaculation, this is where we actually see hiccups. And you know what will affectionately call, whiskey.

You know what? We guys have consumed too much alcohol. They've put too much of a stress on that parasympathetic part of their body. They're actually 2 to 2 rested, but they can't completely go to completion when they've had something like excess alcohol that prevents them from going into that sympathetic state.

Right. Of course, this can be affected by whether or not you're, on other types of medication to certain other things

like size can impact this as well.

But that's another aspect of our ingredients that we need. The final ingredient that we need is actually adequate blood flow. This one should be pretty obvious, right?

You know, we understand that there is a great deal of blood flow that happens, when it gets engorged. That's how we create an erection. There are numerous things that can impact blood flow.

And this is usually an area where we have to do a lot of digging into a guy's medical history, exposures to different things, because we have to figure out, well, where is this leak coming from?

Right. And a lot of the time we see underlying conditions like diabetes and heart disease will actually affect the blood flow part. The greatest. So yes, yes and yes, I want to go back to, to testosterone.

And just kind of because what you brought up is such a good point. Could you just kind of for those that have their, their notepads, like, what should they be asking their doctors for?

Because it's more than just a testosterone. It is so much more yes than just testosterone. We really do want to see how our hormones are working in harmony.

So not only do you want to check to make sure your testosterone is good, but another thing that a lot of guys will actually miss is what is your ratio of testosterone to your estrogen?

Interesting thing right? A guy might have normal estrogen levels, but really, really low testosterone. And all of a sudden now the ratios thrown off where he still might be developing what we call gynecomastia or the, you know, more common term man boobs, which we don't, you know, we don't necessarily want.

But, you know, that's one of the ways that can happen is not necessarily that you're making too much estrogen. It's that in a male body these ratios are incorrect.

Another thing that we usually like to look at is something called the sex hormone binding globulin. Now sex hormone binding globulin. The way that I like to describe this, it's like the bus that drives testosterone around in your body.

If there's a lot of those busses, it's binding up. A lot of your testosterone. And when testosterone is riding the bus, it can't go to work, right? It's on the bus.

It's completely it's bound up. So checking to see what those levels are at. Because another thing you might have high testosterone, but you also might have high sex hormone binding globulin, meaning you're not getting enough free testosterone freely available in the system.

So we talk about strategies and how we can work with that, such as reducing alcohol consumption, weightlifting, eating more protein. Those are usually the best things that we can do to actually bring that up naturally.

In addition to that, I actually like to even check these cortisol levels again for stress response. And what's interesting is I don't just check cortisol, I actually check a hormone called prolactin.

Now, women might be listening to this and thinking prolactin I know what that is. That's the hormone that we release as females when we're lactating. And I'm certain, ladies, if your husband is lactating, he'd probably tell you, what if he's not?

And it's so interesting. We see this pop up a lot on labs because it has a direct correlation with cortisol. So they get this hormone that signals the release of those comes from the same gland. And those two kind of travels together.

The interesting thing is that with cortisol it actually gets released at four different times throughout the day. So it's

kind of pulsatile. When we check labs, we're getting one single reading from one point in time throughout the day, and that might not be the time of day that cortisol is misbehaving.

But if we do that test and we see that the prolactin is elevated, we can actually extrapolate that the cortisol is haywire at some other point throughout the day, and we actually need to work with that.

So this has been a really, really useful tool for me for figuring out, hey, is is stress an issue with you? Is this cortisol rhythm something that we need to work on?

The other option is you can just actually run the, four times a day salivary cortisol test. But I do find a lot of people just aren't usually game for spitting in a tube four times a day.

This is this is usually a lot easier for us. In addition to all of that, I usually like to check thyroid function as well. Under functioning thyroid can have a whole host of problems with it, and it can definitely I mean it's going to affect energy.

It's going to just impact how your skin looks is going to affect your digestion. There's a lot of things there that we need to unpack. We also like to check things like fasting insulin, hemoglobin A1, C blood sugar again those that's that's that other other ingredient for our erections which is our blood sugar management.

And that's how it's affecting the blood flow. Okay. That's what I was doing. And that I also like to do prostate. Checks. So PSA so we want to make sure that we aren't going to be giving a gentleman any testosterone if there is any sort of red flags in the prostate arena.

And this isn't because the testosterone causes prostate issues, but there is the possibility that if some sort of prostate cancer, some sort of prostate issue was developing, that the testosterone could potentially exacerbate it.

In addition to that, this is another thing. We of course, like to run cholesterol levels. Cholesterol is one of those things that I feel like has been so demonized in the medical space for, and it's we can get on a soapbox here.

Cholesterol is not as bad as they say it is. We have to know what the cholesterol is doing to be able to determine if it is actually a problem. So of course, you run a normal cholesterol panel, which is going to look at things like our LDL, which is our quote unquote bad cholesterol, our HDL, which is our quote unquote good cholesterol.

And then of course, our triglycerides, which is probably the most menacing thing on that panel, because it's literally just a fat bound to a sugar. Right.

So when we're looking at that and we're seeing something like an LDL, a lot of other doctors will freak out if the LDL is super, super high because they think, oh my gosh, this definitely means that you have plaque in your arteries.

This definitely means you're going to have a heart attack. We got to get you on statins. We got to xyzzy the whole down the road. And oh my gosh, especially if your blood pressure might be slightly elevated.

It's just oh hell's going to break loose right. But that's not necessarily the case a lot of thing a lot of times I'll do kind of a couple steps further than that.

And I'll actually run something called the oxidative LDL. And it's to check to see if the LDL is in its oxidative form, which is its bad form. Or I'll actually go another step further than that and check for inflammatory markers, something like the HS.

So the high sensitivity, high sensitivity CRP or C-reactive protein. And this will tell us if there is any one generalized inflammation in the body or to cardiac inflammation in the body.

So hope that that's that's a lot of stuff I know I know we do a lot of tests right. And you know, the whole thing about

that is that, you know, a panel like that, you know, you're thinking, oh my gosh, there's all this stuff, all this stuff, all stuff, a lot of great data, really.

Only under $200, you know, so that that's of course, working with, you know, me in Scottsdale, but that's it's really quite affordable. If you think about, you know, you go to your regular doctor by the time you're done with things like copays and whatnot, we can get all this data for a really, really great price.

And it tells us so much about what's going on under the hood. Well, and most primary care is they're just going to run a testosterone. They're not even going to they'll run the PSA, but they're not going to run a free testosterone.

They're probably not going to run estradiol. They're definitely not going to run prolactin. You know, and we women seem to have the, you know, the, the real estate on thyroid disease, but men have thyroid problems too.

And so that's a misconception that it's hypothyroidism is a women's issue. It's we we can share that with the men. Unfortunately. And so that so you can just see that, there's so many things that go into your mind.

Men's health just like there is that go into our health as women. So for women listening, I guess now let's take it to a little different place, like how do you how do you notice in your man, how do you talk to him?

Because this is I think as women we're a lot more comfortable saying, I just don't feel like having sex. But I think men are. So it's such a part of their persona that it can be very embarrassing.

Yeah, I think so. This is this conversation. I think we have to, kind of set the stage right, because this this is a conversation that if you're having this with your husband, it should be at a time where it is a way from the actual act.

Right? You're not going to be initiating this while he's initiated. But this is maybe a planned thing, and that it's, of course, being done in the context of an otherwise healthy marriage.

I just need to, you know, preemptively say that, that if you are in a marriage where you feel unsafe or if there's any of those issues, that there should be other steps that you should take before going into a conversation like this.

So just for full safety and full transparency, that's when I want to leave with. So that all being said, if this is, you know, otherwise very happy, very healthy, very on the same page, marriage honestly is the first thing that you can do is just one lead by example and to lead with love.

I find it guys are your husbands.

## How to talk to your husband about symptoms

Your partners are going to be so receptive to you wanting to do the best thing for them. Because and this is going to sound pretty crazy, they want what's best for you too, right?

It's so interesting. I know at least in my marriage, my husband is always trying to do what is best for me. And I find that the we're happier when we're both equally trying to serve and to pay attention to each other and trying to do the good things for each other.

So a couple things that you might notice in your marriage. If this is something that's affecting your husband one, you might notice that there's a change in his appetite. Okay.

So when the body starts getting low on energy, it's going to start going for quick energy. So he might be going more for the sweets, more for the salty things, more for that.

Like quick convenience food. And he might be eating at different times and you might be eating more. So that's one thing to pay attention to. Where is he getting his fuel from?

Another thing, how is he at the end of the day and how is he first thing in the morning at the end of the day? Is he tired? Is he sluggish? Is it hard to hold a conversation with him?

Is he just not quite present with you? There could be something else going on too, right? That's a good indication that maybe testosterone isn't keeping up.

He's not able to, just again, fully engage with you and be present with you. Same thing for the first thing in the morning as he's struggling, getting out of bed as he's hitting the snooze button multiple, multiple times.

Maybe inspiring isn't getting up in the morning. Maybe it's cortisol is actually really, really low at that time. And he's supposed to be getting what we call the cortisol awakening response, and it's just not coming.

Right? Is he still going out with friends? Is he still participating in the hobbies? A lot of these things are going to be behavioral things that you're going to notice.

Because guess what? He's not going to tell you how this feeling is not it guys, really there are exceptions to this rule, I will say. But for the most part, he's not going to tell you how he's feeling.

You're going to have to rely on your sleuthing. It's and looking at what are the behaviors that are happening. And once you you know, if you are paying attention to you, if you're like, yes, this is my husband, like you, if you know, you know, you've seen this, you've been going through this, it's not his fault.

This is another thing that I want to preface this with. If you are noticing these changes, honey, he is not doing it to you. He it is. It just is. He is going through something he is not.

Not trying to pay attention to you. He's not not trying to pull his weight around the house. He's not doing it to you. It just is. So this is a great the best opportunity where you can tell, like, even just gently suggested that, hey, maybe you should go get your hormones checked.

And it's so funny because a lot of time, you know, guys, they actually get excited about the idea of being on testosterone because they've seen the bodybuilders, they've heard about it, and TV shows they've heard about in movies.

And to them it's like, oh yeah, I might be a candidate for this. I could feel better. Perfect. Let's go. And so it it can become easier at that. Now that all being said, there has to be another layer that happens too, which is what are the things that you have to do as a couple to foster a more healthy lifestyle for the both of you.

So what can this look like? This might look like? Maybe you reduce how much you go to eat. Maybe you don't consume alcohol. When you do go out to eat.

Maybe you just stop keeping alcohol in the house. Maybe you really start paying attention to what kind of snack foods are coming in into our home and really eliminating what's going to be, again, going into your bodies.

Because let's be honest, as we get older, it gets harder to be healthier and we, it's I almost, you know, I almost feel like every decision that we make, it's either going to lead us towards health or lead us towards disease and more and more and more.

So again, as we're getting older. So this this is something you get to do together. I think it's going to be a lot easier to again have that conversation with them.

Absolutely. It's always I think of it as just this continuum. And you're standing here and here's health and here's disease and every thought, every action, every food moves you one way or the other.

Nailed it. There's only two options. So those are great, great tips. What about just environmental and how does toxins play a role in erectile dysfunction.

And and I don't think we actually have said the word andro cause, but, you know, we everyone knows about menopause, but men go through something similar called Andrew pause.

And we as physicians know about it because we we maybe get a little blip about it. But but it's a real thing. It is a real thing. And you know that there is this I mean, it's a misnomer, but everyone says, you know, men can't.

Men keep their virility or their ability to conceive children throughout their whole lives. Well, that's true, but that doesn't mean that their actual testosterone production and their their male hormone production stays up the whole time.

Do some men. Yes, but it is very, very few and far between where I see men who are into their even 50s and 60s who maintain high, if not if not barely adequate testosterone levels, it is usually the the norm to see it go down.

And it is, like you said, because of that and your pores. Yeah. I had, I had recently like maybe in the last six months, I had a patient in his 70s who had normal testosterone and I was like are you sure you're not dentist. Yeah.

Like I was like wow I've, I've rarely seen this. So yeah I was like it's a good stock jeans. They're. Yes. But like you're also saying there's the environmental toxins too right.

So where do we even start with environmental toxins. I mean it becomes so, so I don't want to say funny.

## Environmental toxins and lifestyle triggers

This is not necessarily funny, but it's almost entertaining just how pervasive these toxins are in our everywhere. Right? I mean, women, did you know that some of the yoga pants you wear contain things called forever chemicals that actually make their way into your skin and slowly poison you over time?

I know, I'm sorry. It's last year, probably about a thousand viewers. Just by saying that. I'm sorry. I'm sorry for going and emptying out our closets.

You know, it's it really is that bad. And I and I don't say that to, you know, be overly dramatic, but to really just drive the point home that, I mean, we are living in such a toxic environment and it becomes, you know, and again, as we're getting older, it becomes a lot harder for our bodies to keep up with those detoxification demands.

And unless you're doing things like daily saunas or, you know, really avoiding things like the alcohol or those purposeful toxicants, look, all those purposeful toxins, that will put that extra burden on the body.

You know, a lot of us, we, you know, if you run like a tox burden test, we're going to show up pretty bad. But for men, there are a few things that I will say that we should definitely go over.

And not even necessarily toxins. So the first one that I like to bring out, that always surprises a lot of people. That could be a boner killer is actually mouthwash.

A lot of people don't don't know this. And it's really crazy. It always feels people's minds. Yes. Mouthwash. Because what happens is that mouthwash will actually kill off some of the beneficial bacteria in the mouth that are responsible for producing something called nitric oxide.

Nitric oxide is actually the molecule that causes the relaxation in the blood vessels to allow for adequate blood flow. So we can see how that connection can happen right as above so below sort of thing.

So while not necessarily a toxin per se, it can be toxic to that pathway leading to erectile dysfunction. That's a really big one. And then oh my gosh.

Well and I think most mouthwashes you know they're blue and they're green. And so I think they we can put them

in the yeah I'm still kind of reeling about the yoga pants.

And the yoga pants are the worst as far as I can see. The life of me, I cannot pronounce what the actual name is. But it's, you know, anybody listening, pops?

What? Our PFAs into Google. You will find out that these are the forever chemicals that your body can't actually get rid of. So that's a that's a really it's a really big deal.

And so it's not even just, yoga pants ladies. It's actually things like waterproof mascara, certain makeups. Yeah. Let's go back to the boner killers.

I know, I'm sorry. I. Yeah, what? I've talked a lot about toxins. I want the women to take a break. Let's focus on the men. Let's go. Let's. We'll go back to the boners, okay?

Yeah. So for men, there are other things too that can impact this. And again, a lot of the things that can cause these impacts are things that are attacking one of the one or more of those three ingredients that we talked about blood flow, hormones, nerves, alcohol is actually another big one for men.

So certain alcohols worse like beer. Right. So beer is going to be made from a lot of grains, which are going to have possible, phyto estrogenic compounds to it, which is going to throw off hormones.

But even then we also got the alcohol impact on our nervous system function. And of course, we get that alcohol that actually causes damage to our blood vessels as well.

So that's like a 3 in 1. That's probably one of the one of the worst ones that's out there for sure. And then of course, we like to have the conversation about our diet.

So I am personally a proponent of a we'll call it a pseudo carnivore diet, meaning greater than 70% of calories coming from animal based products. So think steak, chicken, eggs, whatnot.

A lot of the guys are like, hold on a second. I'm going to come to you. We're going to get my testosterone up, we're going to fix my head. And I don't have to eat a vegetable.

Yeah. Yes, you can do all of this. Not eating a single vegetable. Yes. So if I and I, you know, we follow each other on Instagram and I'm always drooling.

There's the big mistake in my house. There's all week. And so what I'm curious because I was going to ask you about this. So what is the other 30%. So it's mainly animal based and I'd say 30% is like a minimum.

But I will tell you on most days I'm usually 90% or more. I might eat a couple pieces of fruit. But that's that's pretty much it. It's an I and I have coffee, so that makes up a little bit of other of the other part as well.

But like today, for example, I had, one and a half New York strips. I had some plain full fat yogurt, and I had butter on top of those. I had coffee with, like, an organic heavy cream and some bacon.

Sorry. Today. And you look good. Yeah, and I feel good, too. But, so when it comes to guys in their diet. So the whole cholesterol thing we already talked about, that's a complete myth.

## Diet, carnivore approach, and fiber debate

So you're not going to completely blow up your arteries going and trying this animal based diet. That being said, there are certain cases where maybe I wouldn't recommend this or I wouldn't recommend this as like, balls to the wall right away.

But definitely like, especially if you have any serious cardiac concerns, might be something that we'd have to

discuss in an actual consultation. But that being said, at the bare minimum we are fully anti vegetable.

Anti nut and anti seed. Simply because of all of the lectins, sites and oxalates that are present in these. Simply put, these are what we call anti nutrients.

And for most people there is a greater cost to consuming those. Then there is a benefit that you get from the thing that you're consuming. Okay. So we can we can also say that every single plant in the plant kingdom exists on the spectrum of toxicity.

This is 1,000% true spectrum of toxicity. Some of them very, very, very, very low toxicity. Some of them very, very, very high toxicity. Right. And then some fall right in the middle.

Right. Like poison ivy. You touch it on your skin. You're not going to be happy for a couple of days, but it's certainly not going to kill you. Right.

But you definitely wouldn't want to eat it. Now, humans, we exist on a spectrum of tolerance. Some people can really tolerate this stuff. Super well, and it's not going to cause many problems, which I think is great.

Clearly we operate these meat suits that are designed to eliminate stuff, right? We have kidneys, livers, colon, urine bladders, all these things designed to get things out in addition to our skin.

So clearly we can eliminate things. However, when we end up in a meat soup that has disease and dysfunction and we actually lose the privilege to eat whatever we want because now we have to fuel it to actually heal the disease instead of just eating.

Okay. And so this is where we talk about these really we'll call them extreme diet changes. Because, you know, the Ron Swanson thing I think is kind of funny.

And people have seen that, you know, he gets to play the salad. Oh, you've actually absolutely given me the food that my 30s. But again, before we're in a disease state, we sometimes have to eat in a very specific fashion to get us out of a disease state.

Doesn't mean that you'll never be able to eat some of these things ever again. But it does mean that while you're here, you got to work with it, right?

So this is very controversial. You know, you just said vegetables. I gotta stop you because I'm sure, you know, losing their minds. So I, first, I guess one of the questions would be that I would think you would hear a lot of fiber.

What about fiber? So there's a there's a whole. So out of there, doctor that I, that I know that I'm friends with, Doctor Robert kills. He's actually a, reproductive endocrinologist at the New York fantastic human.

He actually has a whole write up on his website that I can. Actually get you to do any time of the fiber. Wait, hold on one second. We need fiber. You just like. Oh, yes.

So am I here now? Now you're here. So start again with I'll just say, what about fiber? And we'll have them at, at at the. Yes. So people I would think I mean this is so controversial, I got a few questions that I'm sure women are like, we got to ask this, but they can't.

So I'll ask it for you. I'm pretty sure I know what you're thinking. So first, what about fiber? So yes, and I'm going to send you a link to this because, a colleague of mine, Doctor Robert Kilts, is actually a reproductive entrepreneur.

All of the stuff in New York, he has a whole big write up on his website that dives into this in detail and does it way more justice than I can do in a couple minutes.

Here. Short version. It's a myth. We don't need fiber. You can have completely perfect poops without it. In addition,

there's actually a PubMed study that I can send you, where they actually cured constipation on a no fiber diet.

So today, so what did you say? You said vegetables were it were toxic. Was that were not healthy or. I don't want to agree. Yeah. So every plant exists on a spectrum of toxicity.

Right. Cabbage actually contains 49 known carcinogens. Now of course they're not in super, super high quantities. And it's going to certainly give you cancer in one go of, you know, some sauerkraut or whatever.

But it's exposure over time and it's also exposure for what type of body you have. Again, a healthy person you can probably processes in a person who is in a disease state, for example, I'll give you I'll give you a really, really great example.

This is something that I've actually seen multiple times in my practice, and it's the woman who comes to me with joint pain all over her body. Not long after starting a brand new healthy lifestyle where she starts juicing kale and spinach or blending kale and spinach.

It's the oxalates depositing in her joints, right? So now that all being said, raw vegetables are definitely gonna be the worst because you were getting these poisons in their raw state.

Cooking them will remove a lot of them. But they're still going to be present. And again, if you are a healthy person, it probably doesn't bother you.

I'll tell you, I haven't had a meaningful vegetable in probably 7 or 8 months or haven't. And the first thing that I used to literally eat a salad every single day, every day I would go to salad and go, you know, salad and go, You're in Arizona.

If you're in Arizona, you know, salad and go, right, best deal ever. Like $6 for an organic salad with chicken. Sold. Right? So I stopped eating these salads and I had this, like, little belly pouch that just never went away.

After having two kids, it was gone in, like, no time. Just gone. Just gone. Okay. That was cool. And then so my husband started doing this diet first, and I was actually so against it because I'm a really good and and I was brainwashed into vegetables.

Right. So of course the more vegetables the better. And I'm watching him and I'm thinking, you're absolutely insane. I don't know what you're doing. You're going to kill yourself.

You're going to never poop again. Like the fiber thing I was into the fiber thing, too. Then his skin got better. His eyes got whiter. He was, like, more even keel.

He's already pretty even keeled. Zuby. He was like, more even keel. Like he didn't need coffee anymore. He's like off coffee, cold turkey. I was like, there's something to this.

Like, again, I was watching my husband's habits in a different way. I was I was watching how he was actually improving. So I'm like, all right, I have to experiment.

So I cut out the salads first, and then I kind of live my slow descent into it. And then I finally removed white rice, finally removed oats. And now, like, like I just told you my diet was.

That's pretty much my diet on any average day. With maybe the addition of like, some berries. So yeah, it's been so weight. I thought we, we forced our kids to eat their veggie, so it's so funny.

My oldest, she, she was raised eating her veggies. We don't, we don't make the meat veggies anymore. And our youngest, she's about 18, 19 months, and he is like a full on carnivore baby.

My husband has these videos of him just, like, gnawing on ribs, like. And so here's the crazy thing, right the other

day. And this has happened more than once.

We're given the option of fruit or meat. He picks the meat every single time. There's been instances where he's like, start to eat the fruit and we'll see the meat and spit it out.

And it just goes to show, okay, so here's this is going to be a bold statement, but human beings are the only animals that are dumb enough to need a study to tell us what to eat.

Like and that lion in nature does not need to be told that he should eat the gazelle instead of like a tree like, or a leaf or something, right? But here's if a human being generally was dropped off in the woods, they'd probably try to go and hunt something first before nibbling on a leaf.

Right? So we think about, well, where did we come from ancestrally. And there is a very, very big, you know, conversation that you can have as far as are we actually obligate carnivores.

And again, stomach pH, our incisors, like there is a lot for that, including like nitrogen dating that's been done on human remains from thousands and thousands of years ago.

Right. Says that we were carnivores. So if we're sitting here and I think we have the ability to eat plants, because I don't think that there was always meat available at every single time.

And I think plants are more of a survival food versus a thriving food. You know, meat, for example, has many nutrients in it that we can't get anywhere else.

Like a lot of B12, taurine, carnitine, carnitine, these are all present in meat that are essential for our bodies that, you know, thankfully, we we live in a world right now where we have the luxury of being able to supplement our diet if we choose to not eat meat.

But ultimately, where would we have gotten that right? I mean, you know, vegans wouldn't have would have died out, you know, if this was, you wouldn't have had the privilege of being able to choose that as a lifestyle.

I've been wanting to have this conversation with you. I didn't know we were going to have it on air. So, ladies, I'm like, I'm learning along with you because I've been watching you and I've been like, this is interesting. And I'm thinking about my granddaughter, who I always say she's a carnivore.

She loves meat. Meat, meat is and and you know, the other day, I'm like, you know, come on, eat the broccoli. And she's like, needs and doesn't wanna eat the broccoli.

I'm like, come on, the broccoli is good. And she I mean she also does like a mean cookie. I don't know she, I don't know she, she's meat over the cookie.

But she definitely has always I mean she loves protein and I you know, and I just think about all of us and, you know, eat your veggies. Now, what about someone like me as you're talking about this?

Because I love high protein, but I when you were like talking about the cabbage, I'm like, I love cabbage and I love broccoli. So is it from this perspective?

Can you still eat it or is it really that, you know, we we it's so funny. It's such a total. So I, I made a post not too long ago about this sort of thing.

And the way that I kind of explained it was that vegetables to a lot of us are basically Stockholm syndrome. So if we think about it as a kid, we're disgusted by them.

We hate them, you know, as if there are captors, right? Like we're being held captive by these vegetables and we're disgusted by them. We hate them. We don't anything to do with them.

And then it's over time. Over time, we get broken down. And now we love our vegetables. And we just. We. And I'm like, but do you like, do you actually like, would you actually, truly miss these vegetables if you weren't eating them?

And here's the thing. Do I thought that I would message you? I really thought that I would, like, need my salads and then I would. So miss these flavors.

But now knowing how good I feel without them, and I've tested it a couple times just to see, like, let's say I have like a meaningful vegetable in a really long time.

I've tested it because I want to see, like, did I actually feel that bad? And I did the bloating with did my like joint pain came back? Like I would get like upper back like in knots and like the discomfort that went away a lot.

I would, I would need to go see the chiropractor less, believe it or not. Like I needed less adjustments because I was taking it, I think less toxins.

And, you know, this is this conversation kind of went into this regard, but I want this to be a conversation for both men and women that are watching this, that there might be something to this.

And if you are one of those people that has been on iteration or iteration or iteration of a quote unquote healthy diet and you're still not feeling great, maybe it's the healthy diet that's doing it to you, like maybe it's the vegetables.

Like the definition of insanity is doing the same thing over and over again and expecting different results. And it's like, man, how many times do you have to double down on vegetables before you're just bust?

You know, try just cutting the vegetables. We really can survive on just meat. Like there is no nutrient that you will miss. Or if you do an army diet, not saying you do need to do it.

That's that's about as extreme as you can get. We call it the lion diet. You know, you need salt water. You don't gotta do that. I guess I classify myself as, you know, hyper carnivore.

So greater than 70% of my calories coming from animal based products. So steak that also includes eggs also includes butter. Also includes things like, you know, heavy cream. My coffee.

But yeah, for the the rest of it, it's, you know, small powders. So it's so funny I used to and I use it, admitted Chocolate addict. I thought that I cannot live without chocolate and so I like, oh, I'm just going to treat myself to a little bit because I'm used to it.

And I would get the like 70% dark, organic stuff, you know, the good, the boozy, the boozy chocolate. Right? And it would mess up my sleep I am now, I am now seeing just how bad chocolate was for me by isolating it like this.

So could you. Yes. May you find that it doesn't work for you. So possibly. Possibly, yes. I do truly like broccoli and cabbage, but I could probably give up a lot of other veggies.

This is such a a different way of thinking. But you know, that's that's what we're doing. We're showing that there's so many different ways to help, and so much of what we have been taught can be, can be false.

Well, and here's other thing, too. It's all a grand experiment. Like, none of us really know what we're doing, and none of us are getting out alive. So why not experiment while you're here?

Especially if what you're doing isn't giving you the results that you want. And I'm my biggest thing. Like, do what gives you results. It shouldn't be complicated.

It shouldn't be rocket science. And if you can't gain, it is also you're looking for work the provider that you think can get you there too, but ultimately do what works for you.

So if like if somebody is completely happy eating vegetables, like I will never rip you from the arms of kale, I just won't write it. You can stay with your like, bed of broccoli, like whatever it is that makes you happy, go for it.

But if it's not, if you are not getting the results that you want, entertain something else. Even if it goes against everything you have been made to believe in your entire life.

Yeah, because I mean, doctor, just a blood let doctors used to watch led, right? So why? Like, doctors aren't infallible and, you know, and that's just this other thing too, that it's like, oh, this idea that, you know, somebody went to med school and they're a doctor, and that makes what they're saying accurate.

Well, no, I can be completely full of shit. Like, you're not going to know until you test it for yourself. Yeah. You know that that we are the the greatest laboratory, right?

Our own bodies. And I mean, I have watched you because, you know, doing it and it's been pretty, pretty interesting and, you know, and I see you looking great feeling great.

You know, your markers turning around and, and it goes against everything we believe. So that's the thing I share my labs because I have nothing to hide.

Like if I'm telling you guys I'm doing something, I'm not going to be like, oh, it's so working so well. And then like, secretly I'm like, oh crap, I don't feel great, right?

Like I'm going to show you like, this is, this is true, real objective data that says my cholesterol. Fine. My inflammatory markers are fine, my insulin fine, my blood sugar is fine.

Like all the things that are impacted by your diet and lifestyle are doing better. So we we definitely tangent and then but this is I think this is an important conversation because this type of diet is what I do.

I talk to mental health is to actually help with their EDI. So it's it's an important I think I think we did good going here. Yeah. So anything else about the what do you call in the boner busters.

Oh yeah. So I can give you a download and I have a, I have a whole thing and it's called the top ten. Boner killer is hiding in your home. So we can make that available.

Free audience to download. Yeah, I think it's pretty entertaining. And it's, you know, it's things that you might not be thinking, and it does actually dive into the science behind why this is affecting it.

And I do link a bunch of studies in there, too. If you are just as nerdy as I am, we love the nerdy. So this has been, I'm I'm going to go into the next essential crisis.

I got going me on the other side. We have steak.

## Resources, community, and closing remarks

I guess I'm going to go with, you know, because I, I eat a paleo diet, so it's it's veggies and protein. But if it's working for you right now, for all of your goals and you feel perfectly fine, don't change what I say.

There's just a little if there's like a room for more and you're like a little bit curious and so intrigued. I have, you know, intrigued. Trust that thing.

Give yourself 30 days. Okay? And in those 30 days, it's not going to be long enough to cause damage by doing just carnivore. But it will be long enough to see changes, positive changes.

So I always do that. And if you like how you feel in 30 days, do another 30, do another 30, right? Just commit to that and again make it your own like it is it is an experiment.

We're all just out here and there's there's books written. Right. Like if someone. Yeah like this is intriguing. Are there books you can recommend or, doctor Sean Baker wrote the carnivore diet.

Doctor Paul Saladino wrote. I think it's called the Carnivore Code. Judy Cho is a dietitian. She wrote, the carnivore cure. I believe there's a lot out there.

Doctor Paul salad book. That's I, I read that one, and he actually goes, like, into really, really deep detail about plant and nutrients. So if that's something that you're really interested in learning more about, that's a solid one.

All those doctors that I just mentioned, they all have pretty big YouTube channels for like lots of great information. Doctor Ken Barry is another one.

He's another doctor that promotes this type of, diet and lifestyle. Doctor Anthony Chaffee, they all have a you have a great you have a great Facebook group. Carnivore.

Yeah. So, our our Facebook group, my husband and I run it and we offer just basically help and coaching in that group. And it's called carnivore. Harder, happier. Healthier.

Harder happier, healthier is our brand for our men's health outreach as well as sales. So, it's kind of like our offshoot for that. But men and women are welcome.

And there we actually have a lot of women in there, the fast growing group and yeah, everybody's welcome. And one thing that I like about this group is that it's kind, we were in some other carnivore groups and people got really dogmatic about their beliefs. People were kind of bullies.

We really try to make this environment so welcoming, so that wherever you're at, wherever your starting point is like, you're welcome here, you know, you can sit with us like, it's totally cool and we're gonna help you and we're going to, you know, help you with resources.

We're going to help you with food ideas. We're going to wherever. If you're running into a hiccup, you know, sometimes people are like, oh, my poop is really weird.

And these first couple weeks of transition, you know, maybe you shouldn't trust that fart. That's the place to come and talk about it. Like we're totally open.

It's it is a great group. Say, I just start just carnivore harder, happier, healthier. Awesome. Well, this was fun. Yes. It was. A lot of, you know, from from testing to.

So I dove into what I've heard to veggies to toxins to mouthwash to yoga pants. Like there's a lot to digest here. You're you're just a wealth of information and always a joy to talk to.

So thank you. Thank you so much for being here and for sharing and for certainly shaking things up a little of my pleasure, you know, and there's so many roads home when you think about religions that there's so many roads to help.

And so perhaps the carnivore is, is your road and, you know, explore and especially, you know, it's you're living proof. So I, you know, I, I can vouch for that.

So all right ladies mind blown mic drop on I'm going to go exhale breathe go ground on the earth and just kind of take it there. Stake for tomorrow. Maybe go hold my broccoli and have a talk with.

Break up with broccoli. Hashtag break up properly I like this ladies. If you're listening to this right now, hashtag break up with broccoli. This is going to be our hashtag on social.

Do this okay guys when you break up with broccoli. Oh my goodness I get it. But you.