

ERECTILE DYSFUNCTION: CAUSES, SOLUTIONS AND WHY IT'S NORMAL – DR. PAUL THOMPSON – #886

Dave Asprey:

You're listening to the Human Upgrade with Dave Asprey. Today, we're going to talk about one of my favorite subjects, and it's getting enough D. As you know, I've been a huge fan of D for a long time, and various flavors. One of them would be D3, the kind of vitamin that's very important that you take.

Dave:

The other kind of D, well, let's just say that it's related to ED. In other words, we're going to talk about male reproduction and I've got an amazing guest for you today. He's a urologist and a surgeon. His name's Dr. Paul Thompson, and we are going to talk about men and men's sexual health; talk about erections, erectile dysfunction, enhancement of penises, and things like that. Now, if you're a woman, you could say, "Why do I care? I'm done. I don't need to listen to this one." The odds are, though, that if you're a woman, you may have an interest in highly functional; larger, potentially, or maybe smaller, depending on your taste, but whatever it is, in having D in your life as well.

Dave:

So this is going to be a really frank discussion ... See what I did there? Sorry, I'm in seventh grade, I can't help it ... A very frank discussion about all of the things that a lot of guys wouldn't talk about, about whether maybe you're sometimes experiencing erectile dysfunction, or maybe you're not but you're saying, "All right, is there another level?" As you know, I believe there's about limitless capabilities in people and there are levels you've never experienced, you haven't tapped into them, and there are things that you can do and things that I have done around health of the penis, and we're going to get into some details here. So with no further ado, Dr. Paul, welcome to the show.

Dr. Paul Thompson:

Thank you for having me.

Dave:

How was that for an intro? Anyone talk about vitamin D before with you?

Paul:

No. That would be a no.

Dave:

Our live audience from the Upgrade Collective, my mentorship group, they're all laughing and rolling their eyes and making even more inappropriate jokes in our chat room. That happens during the show, so it's already lots of fun.

Dave:

Now, I want to make sure that, for listeners, if you're a long time listener, we've already had back in episode I think 788, we talked about in the Sexual Energy series how to get more blood flow and we've had the founder and CEO of Launch Medical on to talk about a device. But what I want to talk about

here is just clinical experience about what's really going on in the mechanics of the penis' blood flow, nerves, and getting down to the root of what we can do at any age with any level of performance to step it up a notch. As a doctor, as a urologist, did they train you on this in medical school?

Paul:

No. No. I'll tell you a funny story. It's not really a story, but in my urology residency, we were talking about erectile dysfunction and I remember going to the chairman and saying, "I think if we optimize these guys' testosterone, it may benefit their erectile function."

Dave:

Yeah.

Paul:

His answer was, "That's stupid."

Dave:

If you inject testosterone, the next morning you're going to have a bigger kickstand. Like, how hard is that to figure out?

Paul:

No. No. Not according to my chairman. So when I left the university ... after that ... I won't say where, but a very prominent university, I went into practice and I started to look at things a little differently. I've never forgotten that. I've never forgotten the fact that one of my partners, when I was a urologist, said he was so tired of listening to men and then talk about their erections and testosterone, and he said, "I'm not using testosterone. All it's going to do is make them feel better and get better erections."

Dave:

Sounds good to me.

Paul:

I said, "Well, that's all it does." That sounds like a home run.

Dave:

It does a lot more though.

Paul:

But there's a lot more to ... oh, if you want to do a show on ... that's what I do now, wellness, and also as a chief medical officer here, but I do pure wellness, and so I can talk for hours on the benefits of testosterone. The point being also is that you could take all the testosterone you want, if we have certain conditions, ultimately, it's not going to help and we have to do things to improve the quality of our erections. Some things we can do on our own and some things we can use the Phoenix to help us with.

Dave:

Now, you have an active practice in age management medicine. So you're one of the, we'll say, anti-aging, although I'm not really a fan of anti-aging or longevity, which is taking traction, but whatever you want to call it. You know a lot about aging. You've actually won very prestigious awards in that field, but you're also the medical advisor to Launch Medical, the guys who make the Phoenix, which is an at-home acoustic therapy device. You could have gone in many different directions, but you also were trained as a urologist, so clearly it makes sense to look at the penis as a potential for upgrades. What made you decide that acoustic wave therapy was the right approach of all the things you could do, like testosterone and everything else?

Paul:

That, and I'm not saying in place of testosterone. I'm not because there's so many [crosstalk 00:07:35]

Dave:

No, they're different. I do both.

Paul:

As we all do, and you said and you started looking at penises. I've been looking at one in particular for 65 years, but I will tell you that I wasn't satisfied with what was going on with men and women as well. I see half my practice as females, but in this case we're talking about men. So, ladies, don't be offended by this. We're focusing on men now. You can take some of this and apply to yourselves. But we were seeing a marked increase in erectile dysfunction, and even our men that wouldn't get 100% improvement with testosterone. A lot of them got great improvement, but not 100%. So there had to be more and I wasn't a big fan ... I'm going to say, I'm going to use the word that we're not supposed to use ... I'm not a big fan of big pharma. I know they have a place in medicine, but the problem is we all rely on them instead of doing what we can do on our own and really improve the function. We just put a Band-Aid on it. We take the little pill. We let the doctor give us an injection, a TriMix or prostaglandin E, or ultimately we have a device placed in our penis that we pump up and let down, or we bend to get out of the way when we don't need it.

Paul:

It just didn't seem like the answer and since I was in wellness, I don't like anti-aging and I don't use that word because we're all going to age. But I thought we should look at the root problem and see what we could do to improve it. This was one of the ways to markedly improve blood flow, but at the same time, there are other things our men should be doing. There are other things, testosterone being one. But there are other things such as nutrition, exercise, those things. You could do a whole series of shows on just nutrition.

Dave:

So maybe eating less kale would be one way to have a larger penis.

Paul:

I have absolutely abstained from kale, unless somebody tricked me into eating it. Hid it on my cheeseburger. But, yeah, that's not good.

Dave:

Now, the reason I'm saying that, it's not actually going to give you a bigger penis, but if you have problems with oxalic acid crystals, they actually do affect your kidneys, your bladder, and your urethra. Correct?

Paul:

Correct. Correct.

Dave:

So, guys, I don't hate on kale for no reason, I promise. There's just so many reasons.

Paul:

Yeah. It's that reason and the taste, but other than that.

Dave:

Yeah, there's the taste. So back to penises, away from kale, even though kale's siren call is calling to me to say something negative again. I hear you say, "Okay, you can do nutrition. You can do all these things." I do have to bring up the little purple elephant in the room, the little Viagra pills. A study came out right before we recorded this that showed a 69% ... okay, you guys get the irony here that of all things they could have found, it was a 69% reduction in dementia and incidence of dementia amongst regular users of something that increases blood flow throughout the body.

Dave:

So I don't think relying on a pharmaceutical to do that is a good idea versus all of the other many things you can do. But what I want to know, and I actually don't have a good even frame of reference for this, if I use the Phoenix, which I do, on my penis, it's creating more microvasculature in the penis and, guys, that means that there's more blood in the penis, which means it does change in its size. So I know that there's local effects, but what about the systemic effects? Because if you're taking this pill that's increasing blood flow in your brain, that's good. Do I need to be taking supplements to increase blood flow in my brain that are also going to increase blood flow in the penis? Or, is the Phoenix more of like a local device, but the rest of me is still going to be need something else?

Paul:

You want the simple answer?

Dave:

Yeah.

Paul:

Yeah. There you go.

Dave:

Do both.

Paul:

I'm the worst guest in the world. Yeah.

Dave:

Okay.

Paul:

Here's the bottom line. You can go back, let's just go back and let's talk about what's really going on and what I try and tell my patients. This is a systemic disease. We're treating an area that presents first. This is going to present probably a little before dementia or you'd forget to use the device, obviously. It presents typically three to four years prior to heart disease. But what does that tell you? That tells you that vascular disease is systemic. We're treating it locally because there's marked improvement, but, at the same time, I encourage my patients to use testosterone for the endothelial benefits. I encourage my patients, I talk to them and I try not to kill them with details. But you can go back to Dean Ornish and when he did the studies on severe heart disease and he got everybody to be vegans and exercising and they stopped smoking.

Dave:

And mindfulness meditation, and every other intervention aside from his diet, right?

Paul:

Well, the diet part was kind of tough, but those people had reversal in plaque and they improved, and a lot of those people were cardiac cripples that no one wanted to operate on. You can go back to studies done in 1960, that looked at exact same thing. Now, there was a time that I was writing a book and I must be the slowest book writer in the world because I'm still writing, but I looked at my mentors, Dr. Jeff Life, we used to see on all the airline magazines, who's now a patient of mine, and then Dr. Robert Willix from down in Boca, and they were all vegans. I kept looking-

Dave:

Meh.

Paul:

... at it, and so I started to ... I know, I agree. So I started to look at what just meat was doing to us and how inflammatory it was and what it did to nitric oxide production. Then how that affected both the penis and the heart, and the presentation in the penis was only due to the fact that the vessels are smaller, and the presentation is typically, I said, about three years later is when you start to see vascular problems in the heart.

Paul:

So I went and I did, I became a vegetarian. I couldn't pull the whole vegan thing off, but I became a vegetarian. 10 months. I lasted 10 months.

Dave:

I bet that those were not the best 10 months of your life?

Paul:

Oh no, no, no. No, because I love to barbecue and smoked meat and do probably awful things.

Dave:

Those would not be the best ways to cook meat for longevity, but it sure tastes good. I gotcha.

Paul:

No. No. Well, they sure do. There's nothing better than ribs or pulled pork. So, anyway, I've got tons of smokers and I would still cook for everybody and I wouldn't eat anything. Everybody's going, "What? Are you crazy?" It was horrible, and I learned to eat around being a vegetarian. I gained weight. I'm like the only vegetarian in the world that got obese.

Dave:

Oh, you're not the only one. A lot of them do.

Paul:

I'm like the only vegetarian in the world that got obese.

Dave:

Oh, you're not the only one. A lot of them do. Vegans don't gain weight because they're so malnourished, but vegetarians become starched in omega-6.

Paul:

Yeah.

Dave:

Eaters.

Paul:

There was a study done with nurses. It's a really good study. They looked at vegetarian nurses and I don't know where they found them, but they found, it's like 35,000 and they proved that there was weight gain; and those people weight gain, it was the starches. You're exactly right. I mean, you hit the nail in the head. It's obvious. So then I went back to becoming what I refer to as a flexitarian.

Dave:

So you have no standards, is that what that means?

Paul:

Yeah, it's just because I want a title. People go, "What are you? I'm a vegan. I'm ..." "Well, I'm a flexitarian." So, anyway, that's what I am because I want a title and I want to feel good about myself. So I do look at it and I try and cut back on meat. I try not to eat as much and I try to increase my vegetables. I also exercised every day, and I do those things. I avoid ... I don't smoke and I don't ... I used to really enjoy a good cigar when I was in my 40s, and I've avoided that. I looked at ... you remember Rush Limbaugh? I mean, he was a cigar smoker and terrible lung cancer and he's dead. So, I mean, it's all those things.

Paul:

I try and get my patients ... if I'm talking too much, just say, "Paul, quit." But I try and get my patients involved and I tell them that when they come to me, I said, "Look, this is a team. You call me Paul, we sit in the conference room, we don't go in my office, and we're going to go one-on-one, and I'm going to tell you why we're doing that. Because if you're part of the team, you got 50% is you, 50% is me. So yours is exercise and nutrition. Mine is supplements, hormones and medications," if I have to rely on them for a short time, to fix their problem. It really has to do with getting in there and treating the patient. Now, we use things like shockwave, acoustic wave treatments in the office, but we sure don't use as much as we used to. Now, everybody goes home with the Phoenix.

Dave:

So what you're doing is you're doing a consult. You're telling people, "Here's what you have to do to change your movement and here's the kind of stuff you should eat. Here's whatever medications you might need." And, guys, I am really okay with medications. You just use them as a last resort and you look at risk-reward on a per patient basis, but being against pharma doesn't make sense. Being cautious around pharma does make sense and being against big pharma makes sense because they're acting like a bunch of jerks and bullies right now.

Dave:

So there's a difference there, but if you're saying, "I will never take a pharmaceutical drug," I'm sorry, but aspirin is quite useful sometimes and it's okay to take it. So just as a philosophy behind the show, I always want to remind people because some people come in new to this and they're anti-doctor, anti. You can't be for or against something until you look at the individual case of it.

Dave:

Now, you're sending people home with the Phoenix, which breaks up microplaque in the penis. But I've seen a ton of people who are in their 20s since I started talking about acoustic wave therapy and about the Phoenix, specifically, get it and they're seeing changes. These are not people with plaque. In fact, they're not even people with erectile dysfunction, but they're seeing noticeable changes because of neurogenesis. In other words, it grows nerves and vascular whatever, vasculogenesis, whatever the medical term is. But basically you can grow ... angiogenesis ... you can grow new blood vessels, which means very noticeable changes in, at least for some people, in size, in girth and length and straightening of Peyronie's disease, Peyronie's disease, however you say that. I always feel like it sounds like the name of a sandwich. But straightening out of crooked penises.

Dave:

So, given all that, there's something else going on here besides fixing ED because people ate the wrong stuff and did the wrong things and had the wrong gut bacteria, which is an underlying cause. So talk to me about the mechanisms that are not related to having clogged arteries because there's something going on there.

Paul:

Well, I think what we're doing is everybody has, and even 20-year-olds begin to have some problems. If you have 40% of the guys at 40 years old with erectile dysfunction, now that doesn't mean they're unable to have an erection, it means they have a decreased quality of erection and we start to see that

in some younger people as well. We have a lot of guys in their 20s and 30s that use the device as a maintenance or almost, I hate to say it because it sounds silly, but it's like going to the gym. They go to the gym and improve quality.

Paul:

What some of those things you're improving is your response and that means the quality of erections, the engorgement, and the production of nitric oxide because that's endothelial function. If we can stimulate growth of the endothelium and highly functioning endothelium, that produces nitric oxide, which we all know is essential for erectile functions. That's interesting because that's one of the points that ... I'm drawing on a whiteboard for you. It's why I'm in the air. I don't have Tourette's. But that's a function that is extremely important for erections, for open arteries, for dilation, and that's one of the places that meat, that's why we try and decrease our meat, increase our vegetables, is because that meat blocks one of those functions right there in the endothelium with the nitric oxide production.

Dave:

Which function?

Paul:

Well, you lead from, as you come down from nitric oxide ... I just presented this at a big conference in Dallas ... and as you go from the nitric oxide production down, then the next stage can be endothelial dysfunction with the nitric oxide decreased. Then you get oxidation of LDL cholesterol, and then once that LDL cholesterol is oxidized, it then gets absorbed into the endothelium and then that's where you form foam cells. So that's the beginning of more inflammation in the wall of the vessel. Once the vessel, the intima, increases, that's an indication of damage and that leads to poor quality erections.

Paul:

So if you can stimulate that endothelium ... They already have testosterone that's helping. It may be diet-related. They may go out and smoke on the weekends. They may not. They may be doing everything perfect. But if we can stimulate that endothelium, we can regenerate and improve the endothelium. When we talk about dissolving plaque or breaking up plaque, we're really not breaking up the plaque. I mean, people always worry about, they go, "Well, I'll get a stroke. That plaque will be floating around it." Doesn't break up like we think a kidney stone, for example. This is kind of repair of that area.

Paul:

So that's the way I think of it, and that's what we're seeing in the studies. The success rate for all guys, and we were talking about this earlier here, is that we have such, in the office, we probably have a 93% success rate with the standard acoustic wave office machines and we have almost, well, real close, 98% success. Now, is that due to the Phoenix being better than the office machines? I don't know, but I think it's very equivalent and I think that we have a bigger pool of individuals, and I think that we have healthy young guys using it who love it, and I think they're using it more often. I think a lot of guys are using it once or twice a week as opposed to ... you got to think, you got to go into to my office with five women and do all this stuff and you got to pay 500 bucks every time you do it.

Dave:

It's expensive and it takes a lot of time. I've done the office treatments. In fact, there's a video on the show of me going in and getting it done. Don't worry, it's a video where you ... There's nothing you can't unsee. So that there is value to it, but I've noticed an equivalence between doing it at home. I say doing it, the Phoenix is a little device. You have one on the counter next to you on the video and mine's probably on the counter behind me. What you do with it is you basically use this little acoustic wave device that ... It's hard to explain it. It just makes like a clicking sound and it makes an acoustic wave that goes through the penis and stimulates angiogenesis. So you feel a difference for it.

Dave:

But I want to go back to our conversation about cholesterol and plaque and arteries and all that, because there's two studies now where they're looking at isotopes, looks like all the plaque that's in the arteries, or at least 90 plus percent of it, is provably made by bacteria in your gut, not by eating meat.

Paul:

First, we do know that ... and, look, I'm a meat eater so this is hard for me to say, but we do know large amounts of meat, say the old Atkins diet were you just gorged on, and I did it. I did it back in the day, years and years ago.

Dave:

I did too when I was a teenager.

Paul:

Yeah, and it was fantastic, but we do know that it causes inflammation. We do know that it blocks a few steps that we need to be open. So that being said, I will now address what you're talking about, about bacteria. We look at a thing called C- reactive protein, high sensitivity-

Dave:

One of my top three markers in all my recommendations, yes.

Paul:

Okay. I mean, we love it. So I've been looking at a high sensitivity C-reactive protein, and it's a biomarker. It truly is a biomarker. If you've got a high C-reactive protein, there's several things that could be going on. One, an easy one is you're a COVID long hauler, which there are people that are COVID long haulers, and we see it and they come in with a C-reactive protein of 85, and you just about fall out of your chair when you see it. You, "What the ...?" and then you figure it out. People with really bad GI distress can have really high C-reactive proteins.

Dave:

Correct.

Paul:

That may have to do with the bacteria. No one's exactly sure, it has to do with the irritable bowel and everything else. But what we do know and what we do, and this is interesting that you brought it up, we are now very closely tied to the dentist.

Dave:

Yes.

Paul:

So when we see the C-reactive protein, we start talking to our patients immediately and they'll go, "No, my gums are perfect. No, I never bleed." I don't care. You're going to go see this guy. This is what they do. They're great people. I have a group by Fort Worth and Granbury, Texas, of all places, that are just really into it. They come in and they check the levels of all these different bacteria, and then they'll start their treatments from a wash to a cold laser, to an actual laser to fix it.

Paul:

So we really aggressively go after that bacteria. If you look at, and this may be one of the studies you looked at, if you look at the plaque or the thrombus that develops in an heart attack, when you have a soft plaque that ruptures and you culture that, you can find that very bacteria from the gut and the mouth in that clot. So you're exactly right and it's why we have started to work with the dentist so closely. So they're part of the team now.

Dave:

I just love this. You're an expert in age management and you are talking about oral bacteria.

Dave:

I've done several episodes recently on how ... well, really, the difference between your mouth and your butt, is they're both the same tube, right? Since things are starting in the mouth and ending there, if the entrance to the tube has the wrong stuff in it, is it any wonder that would have the most leverage for what comes out the other end? The data is very clear on that now. So oral health is the start probably of cardiovascular disease, maybe through C-reactive protein, but there's some other things that are really important when we're talking about performance, erectile dysfunction, and plaque.

Dave:

One of the things that we're going to explain for our listeners in a little bit is the other causes of erectile dysfunction that are not just blood flow related, that you could still have with the Phoenix. But before that, I want to talk in a little bit more detail about the connection between eating meat and plaque and the arteries, which seems to be something called TMAO.

Paul:

Correct.

Dave:

So TMAO is something that forms ... If you have bad TMAO formers in your gut, which could be related to dental health, is probably related to whether your meat is grass-fed and how much pesticide and how much meat you eat that's had antibiotics fed to it, so I don't need any of those things. So I actually have tested myself, I do not have TMAO formers in my gut, which means that I'm not getting plaque from eating meat. So that means that you need to have a very healthy gut biome in order to do this. So, as I understand it, this is pulling from memory and maybe one of the Upgrade Collective members will find a study while we're talking, I think about 40% of people don't carry TMAO bacteria, but the other people

do, so that's probably something that means you can eat meat. I do not have evidence of plaque in my arteries with lots of studies, and my C-reactive protein is low. My homocysteine is low. My Lp-PLA2 too is low. Those are the three big markers that I monitor for those-

Paul:

You've got a good doctor.

Dave:

Well, that's kind of in my own even though I'm married to one, too.

Paul:

Oh.

Dave:

So those are my-

Paul:

I need you to say, "I've got a good doctor. I'm married to one."

Dave:

There you go. Got a good doctor. So those are all markers that you would use as well, right?

Paul:

I use them on every patient.

Dave:

Okay. Guys, listening to this, so if your doctor isn't asking you for Lp-PLA2, which is an enzyme that's expressed when there's damage to your arteries, then you have a problem. If they aren't looking at C-reactive protein, you have a problem; and if they're not looking at homocysteine, you have a problem. So you could ask your doctor for them or you could ask your doctor, "Hey, what do you know about these?" If they say, "Oh, I didn't order them because they were too expensive and most people don't want them," then you have a conversation about how you're willing to protect your long-term health. If they say, "I've never heard of them," maybe that's the doctor to go to when your arm is broken, but not the doctor to go to when you want to live forever.

Dave:

So those are critically important whether or not your cholesterol is high or not. What you said about LDL cholesterol I love, because if it's oxidized LDL cholesterol, you have a problem. If eating meat gives you oxidized LDL cholesterol, there's a reason for that, but usually eating oxidized cholesterol, like heavily cooked eggs would be an example, that's going to raise oxidized cholesterol. But total cholesterol, I probably care about it less than you do. Do you worry about total cholesterol if HDL is high and triglycerides are low?

Paul:

No.

Dave:

Okay, cool.

Paul:

Let me let tell you-

Dave:

I love the way you think about this.

Paul:

No, let me tell you. It's easy, I don't want to be cavalier.

Dave:

Yeah.

Paul:

I mean, my wife will tell you I'm not a cavalier. But maybe I would like to be cavalier. Let me think about it a minute. But here's my answer to that is I do so much, I think looking at cholesterol is like being a contractor who's going to redo your house and he drives by your house at 50 miles an hour and makes a bid. Well, it's impossible.

Dave:

There you go.

Paul:

I think if I just get cholesterol, it's a waste of time. I really believe that. Because I find people all the time with problems who have normal cholesterol. So what I do also with that, I also fractionate their cholesterol. I look at their HDLs and what I tell them is ... I kind of simplify. I'm a simple dude, so I'd simplify it for my patients.

Paul:

I'd tell them, "Look, your HDL is your good cholesterol. They're a trucking company. They haul your LDLs to the liver. So I'm going to look at your HDLs." It's no good if I tell you, "Hey, your HDLs are 55. That's perfect." But they're Japanese mini trucks. I want to have 18-wheelers." So I want large HDL. Now, the next thing I'm going to fractionate and look at is your LDLs because if I tell you, "Hey, your LDLs are perfect, they're 100." You go, "A hundred good?" "Yeah, it's okay. But your LDLs are tiny." Now, you could see that it doesn't take much to disrupt your endothelium for a small LDL to become a problem, so we like large fluffy LDLs as well. We look at some genetic markers as well. Once you get that, you never have to do it again because you know it's going to be there. But those tests are really important.

Paul:

Now, depending on if your homocysteine is terrible and then I find out you're a poor methylator and you can't methylate your vitamin B to use it, to convert homocysteine to methionine, and throw off energy. So if your guy gets B12 shot and go, "Hm, I had no shit on that. That didn't help me," that's because you can't methylate. If you can't methylate, you can't throw off SAM-e. That's done in the mitochondria. So if you're poor MTHFR, you're just not good at it, which 70% of the population is, that doesn't have the ability or has the marked slowdown in the ability to methylate their B12, then we use methyl B12 on those people and we lower their homocysteine, because homocysteine in itself is very inflammatory. It's inflammatory.

Dave:

Yes.

Paul:

We don't like it. We got to have it, but we don't want too much of it. Then the C-reactive protein we spoke about. That tells us about the endothelium, which, if your endothelium is bad, it's bad for your heart, it's bad for your wiener. And your Lp-PLA2, that's a pretty direct marker for plaque, softer heart, and that's important. In regards to meat, I'll tell you about meat. There's my thinking on meat. I think most people don't have access to grass-fed-

Dave:

That is true.

Paul:

... meat. That's why I tell you, I tell my patients, we talk about grass-fed and they look at me like ... and I go, "Nah, it's really important. Then I'll talk to them about the grains, what we do with our grains. When we grain-feed. We treat that grain about a thousand times with anti-fungicides, anti-this, anti-that, and then they sit in bins and then we pull them out and we dry them. This is after they've been sprayed with Roundup and everything else. So, now, we give it to our cattle and they ingest it, right? So where does that accumulate? That accumulates in their fat. So if you're going to eat those, you prefer lean pieces of meat as opposed to fatty, because that's going to have accumulation of large amounts of persistent organic pollutants, which are pesticides.

Dave:

You're saying if it's industrial meat you want to eat, you want to avoid the fat.

Paul:

Yes.

Dave:

Right, because that's where all the bad stuff would be.

Paul:

Well, and interestingly enough, cows are supposed to be single-leaf eaters, grass. That's what they're supposed to eat. They're not supposed to eat grains any more than we are. So if you look at that and

you go, "Okay, I get it." You eat cows that eat single leaf grass, we'll just call it grass, they don't have all that fat. That's why they feed them all that grain.

Dave:

Exactly. I have three cows on my farm. They're not fat cows.

Paul:

No.

Dave:

No matter how much of the good stuff they eat. But when they do have fat, it's a yellow orange color because of all the tocotrienols and all the other fat-soluble nutrients, and I eat every bit of the fat I can get off those animals. Is that good I'm doing that?

Paul:

It's a different fat because you're not ... You monitor your C-reactive protein, make sure everything's going right. If things get off the rails, then you start correcting. I've been blessed with good numbers. I'm 105 and I feel good. Really, seriously, is I've been blessed with good numbers and my dad's 93 and still plays golf and drives his own car and lives on his own, and so genetics plays a role. Other people aren't going to be as benefited and they are not going to be able to get away with things. Life's not fair. My mom told me that forever and what's good for me is not always going to be good for another guy. He's got to be more serious about it. But that may be some of the 20-year-olds that are having ... I looped right back in. See how you looped right back into the Phoenix? ... Is those may be the 20-year-olds that are having some change in erectile function and they see marked benefit with the Phoenix at home. I'm really pretty good about working that back in and you've got to admit that.

Dave:

I am going to freely admit that. I mean, you are the medical director for the Phoenix, but what I want listeners to understand is that we've got a urologist, an age management expert, and a guy who knows a thing or two about erections and treats patients daily saying, "You got to pay attention to the quality of your food and what grains do to you," because it's part of the system of having a well-functioning penis. At the same time, having a device that makes a difference, no matter whether you're having performance issues or not, it's important. But there's other elements.

Dave:

So one of the things that's causing problems with erectile dysfunction is you're getting clogging of the very small areas of blood flow in the penis, and you see that before you see other cardiovascular areas. But there's another thing around nitric oxide, and I am probably less a fan of nitric oxide than you are, and the reason is that nitric oxide goes in three different pathways in the body, and I'm leading up to question so you have to stick with me for a second.

Paul:

[crosstalk 00:40:26].

Dave:

So nitric oxide, if you have the right ... they're called NOS genes, it can go into endothelial NOS, which is the stuff that gives you wood in the morning. That's the good stuff. That's the healthy stuff that we want. But it can equally go to inducible NOS, which is pro-inflammatory, makes peroxynitrite, which also makes oxidized LDL; and it can also go into N-NOS or neural NOS, which is good for brain function, probably, unless you have too much, in which case it may be related to migraines. So I look at nitric oxide as dangerous if it goes into I-NOS, and beneficial if it goes into E-NOS, but I don't know how to make it do that.

Dave:

So I actually never respond well to any of the beet products that people use to increase nitric oxide. In fact, I wonder whether beet products are increasing nitric oxide to the point that people are dealing with more peroxynitrite, that they would have to take molecular hydrogen, which is the best way to turn off nitrite. What do you think about how we can get our nitric oxide to go into, well, frankly, into our penises, or actually it's the same thing for a vagina, but how do we make it go into our vascular system instead of into the inflammatory system?

Paul:

Okay, quick aside. You said the vagina and I just lectured, I told you, I just lectured in Dallas on this, and it was I changed from ED to sexual dysfunction. It's the same thing for women as it is for men.

Dave:

It is. Yes.

Paul:

It's exactly the same. They don't get the play that we'd use for guys because for obvious reasons; it's a male-dominated world. No, that's not the answer. It just seemed like something funny to say. It probably didn't go over well at home, but the reason is because they still can function, they may not get the same pleasure or everything else. But it's exactly the same. Now, in regards to nitric oxide, one of the things we do is we do epigenetics, and I don't know if you've ever done your epigenetics and epi-

Dave:

It's a big part of my whole body of work. The definition of biohacking is changed the environment around you, so that you have full control of your own biology. It's the restatement of epigenetics.

Paul:

Okay, so ... and I'm teasing.

Dave:

We're lying.

Paul:

No, you're right there. You're right on. I always tell my patients that ... those things too close ... is your DNA does not predict your destiny, and that we use things like epigenetics to affect DNA and go in and do things. So we work around it. So, for me, I can't make any nitric oxide. Everybody say, "Oh, take L-

arginine. Oh, take the beets." Nothing works, and so I'd get the test strips. Have you done the test strips ever?

Dave:

You're saying, for you, you don't make nitric oxide?

Paul:

I cannot make nitric oxide.

Dave:

I suck at the test strips and if I get enough beet stuff to get those things come up, I have a headache and I feel like shit. Like, it's bad. The only thing that raises it for me, the Upgrade Labs, we have this new red bed that we're manufacturing. It's a whole bed of red and infrared and amber lights. If I lay on that, my test strip will go up and it doesn't feel bad. Maybe it's a whole body thing, I don't know. Otherwise, doesn't go up. Others in the Upgrade collective, Ava is saying the same thing, no nitric oxide no matter what she does. So what's going on with us? Why are we special?

Paul:

Well, I'll tell you, I've got to supplement nitric oxide. There aren't many people that have good nitric oxide available. I have to supplement it and I do. Every day I take my nitric oxide because I'm zero, and you can't be zero. You just can't. I'm always depleted. Some people will deplete out through the day. I'm depleted. I'm white. That damn thing is white all day.

Dave:

Do you want it to be red all day or pink all day?

Paul:

I don't want it to be ... I'd like mine to be pink. I know that sounds really stupid, and I don't have a way-

Dave:

Hey, guys, we're talking about test strips for nitric oxide that you spit on that turn pink if you have nitric oxide, or red if you have a lot, or stay white if you don't. We're not talking about actual penises.

Paul:

I've never had anybody pass a light purple, to be honest with you. There's a couple. There's one that's a lozenge, and that works off bacteria on the back of your tongue, and it does work. Then there's another company that makes capsules, and you can take them once or twice a day. I do it once a day. That's enough for me.

Dave:

It's funny you mention a lozenge and bacteria in the back of your mouth. A major cause of low nitric oxide and, thus, erectile dysfunction, is using commercial mouth washes that sterilize your mouth. This is going back 15, 20 years ago. I said, "Well, I'm going to make my own. I don't want to take this crappy stuff," so I would use vodka instead of whatever stuff I had. I didn't drink the vodka, I would just use

some vodka and a bunch of other herbals and xylitol and crap and swish around, and I noticed dry eyes, which is a nitric oxide thing, and I noticed changes in erectile function within a week or two doing it because of sterilizing the stuff that makes nitric oxide in the mouth. So you don't want to feed the good guys, which is interesting.

Paul:

Right. If you use the mouthwashes, it's one of the things we used to tell our patients when we use the lozenges, you can't do that and then throw a lozenge in your mouth, because it ain't going to work. So that is very true. There is a mechanism for production of nitric oxide. It's really on the back of the tongue. It's the bacteria on the back of the tongue, and that, like any other part of your body, we have a microbiome. There's probably more ... There is more DNA surrounding foreign DNA on us and in us than our own DNA, if you really break it down. So we have to have this microbiome. On the drive over, I flew in from DFW this morning and we were driving in to the studio this morning, and I was talking, they said, "Well, what are you doing now?" I said, "Yeah" ... Whole direction's changing. They said, "What are you doing now?" I said, "Microbiome."

Paul:

If you go back in time, it's all disease begins in the gut, and you have already pointed that out. You've directed the conversation that way and it's very perceptive that I truly believe we are destroying our microbiome and causing a lot of our problems. We're probably never going to totally get away from that. Listen, we use petroleum products for everything.

Dave:

Yeah.

Paul:

Then you get your steak that was fed ... It wasn't grass-fed. It was grain-fed because you got it at Del Frisco's the night before ... I don't know if I should say that, and not that they're bad or anything ... and then you put it in the Tupperware and the next day for lunch, you heat it up in the Tupperware. Well, how many persistent, organic pollutants do you have in that dish? I mean, you got everything that was raised, with everything they ate, all the persistent organic pollutants that are trapped in the fat, and you just cooked it in a petroleum product. Not that I'm anti-petroleum, but I am for ingesting it. I don't go to the filling station and drink it. So I don't want that. But if you look at your house, most of us have PVC that brings the water into our house. So we are bombarded with things that destroy our natural gut bacteria.

Dave:

Which, in turn, destroys erectile function, to be [crosstalk 00:48:35]. It's not just gut bacteria.

Paul:

Absolutely. So you're-

Dave:

But a lot of those are endocrine disruptors directly that inhibit testosterone. So even if they don't mess up your gut bacteria, they're still keeping you from getting a hard on.

Paul:

Right. If you have, as a guy, if you have breast and no erection and there's no other reason, it's probably the endocrine disruptors. They're causing your problems. We're seeing that-

Dave:

It also can be genetics, right?

Paul:

Yeah, I mean, sure.

Dave:

I have that, by the way. I was obese as a kid and I still, to this day, if I don't take aromatase inhibitors, pharmaceutical or herbal, I usually use herbals, I will grow man boobs reliably. If my testosterone levels are where they should be for anti-aging, I get boobs, and it drives me nuts. I've talked with some Hollywood actors, like massive names, guys are like, "Yeah, I just had the surgery. I just couldn't deal with it." So I have not had that surgery and I manage it, but, man, if you ever see some pictures of me where I have man boobs, it's usually because either I ran out of the herbal stuff that I take, usually it's Chrysin and a couple other things, or it's because I was exposed to some other inflammatory environmental thing and then my whole body gets inflamed and I usually get inflamed around my eyes, like most people, and around my man boobs. Why does inflammation focus there instead of inflammation in my penis where I want it to be?

Paul:

That's the million dollar question. Zinc also helps with that. Zinc really does. Zinc's kind of an interesting. A lot of people use zinc. A lot of people are trying to totally get away from aromatase inhibitors. They have their own group of problems. So a lot of us are trying to really use those sparingly.

Dave:

For listeners, aromatase inhibitors, aromatization is when testosterone converts into estrogen in the body and you can block it selectively, you can block it reversibly, and a common thing and something I did when I went on testosterone at 26 because I had very low testosterone, lower than my mom at the time actually and is under doctor's care as I went on testosterone and I went on something called Arimidex, which is a very powerful, broad-spectrum aromatase inhibitor, and I don't use Arimidex regularly now. I might like once or twice a year if I feel like it, but it's usually ... and there may be brain issues with using it at higher doses. But what I find is that with herbals, I can manage it very well, but if I stop it for two weeks, I'm like, "Oh look." I can see a difference in things.

Dave:

This is someone who doesn't use stuff with parabens that are endocrine-disrupting. I minimized plastics in my home, in my food. I eat animals that I grow myself that never even know what a grain is. I do everything. I have a garden with 10-year-old soil and I walk through it every day, like I follow my advice and I still have that, but it's genetic. I can see it on my DNA company results and everything else, so I manage it.

Dave:

So given all of that, I still, though ... actually, I want to make sure we get there. So one of the things, let's say, we'll just put this one to bed for now, is that we have blood flow issues that can cause erectile dysfunction and the Phoenix is exceptionally well-suited for doing that. But if you have erectile dysfunction because your testosterone is low or because it turns into estrogen, will you see a difference from using the Phoenix or from using acoustic wave therapy on the penis even in the case of low testosterone?

Paul:

Well, it depends on how low, but, yeah, the answer would be yes. You're going to see some results.

Dave:

I would believe that would be correct. I don't have a personal data.

Paul:

Yes. We have to ... Now, it may not be the quality you want. You may not get the quality you want, but you're going to, either one of them by themselves is not going give you a 100%. Together, it's just like I tell my patients, together, we get 100%. Apart, a little bit. But one of the things, and I know you should be driving, it's your show, but I don't want to forget ... I apologize. I don't want to forget to talk about Peyronie's because it was the thing that hooked me on the very beginning.

Dave:

You did not just say that.

Paul:

I know I did. I did. I did. I did.

Dave:

Guys, Peyronie's is a hook-shaped penis.

Paul:

Can we use that on ...? Don't. Don't. Okay, no one ... It's just between-

Dave:

We're using that.

Paul:

It's just between you and I, right? No one heard that.

Dave:

Right. Right. No one's listening. Upgrade Collective, plug your ears.

Paul:

Yeah. Okay. Okay, they attracted me to acoustic wave and started me using it at the office before the Phoenix. I used it for a long time, was Peyronie's. As a urologist, so Peyronie's can be severe. Typically,

it's secondary to an injury, and people go, "Well, I didn't have injury." Yeah, you do over time. Intercourse, doing acrobatics or whatever you're doing. Or, if you come out, you bend it, that's enough to cost scarring in those corporal bodies. So there's not a good way to treat it. There's not. We would inject them, we would put creams on them, we would use the pump and it was like, and guys would go, "Eh, I don't see much difference." Then we started looking at ... well, it is a scar tissue, so the vascularity is compromised, and we started shocking them. I hate the word shocking, that's such a bad connotation. But we started performing acoustic wave therapy on the affected area and we saw a response, and that's what really drew me in.

Paul:

We have guys using the Phoenix because no one really wants to come in and tell you about their penis that's curved; that is drastically curved. I mean, I tease them about having sex around corners. It's drastic and they hurt their mate or they're uncomfortable themselves, and surgery is not the answer. There was a surgery where, instead of fixing the plaque, they went on the other side, and just scarred that side down till they straightened it out. Horrible.

Dave:

That sounds uniquely Western. It's like cutting off your leg to reduce your risk of leg cancer.

Paul:

Yeah. Or, yeah, so you don't limp, you cut off both legs. I think it's a ... I can't remember the name of it, doesn't really matter. I know I'm off. I'm reaching way back into my residency. But then the next thing was ... well, we'll just go in there and cut that plaque out.

Dave:

And it grows right back.

Paul:

It does, so it don't work. Then the last resort is we'll put a penile prosthesis in. I'm going to tell you, the satisfaction with a penile prosthesis is not that great. Then somebody's calling-

Dave:

Other than nothing.

Paul:

"I have a penis prosthesis. I'm doing great," and I put in millions and I hope he's my old patient who's calling in to say that. I want to feel that it is, but I'm going to tell you, acoustic wave is really simple and it works and it has to do with the growth of blood vessels.

Dave:

Yeah.

Paul:

You may. You may. Some of our patients, they'll get the Phoenix in my office and then they'll come back and say, "Hey, will you do PRP into it after I treat it so many times?" and we'll talk about it. Some of the guys need the PRP. They get it and they do better. Some, the majority, I encourage them, I tell them I don't know that it's that much benefit.

Dave:

I've done it. Just disclosure for the audience, I've done PRP and stem cells injected into my penis, and I've done acoustic wave therapy, and I think acoustic wave therapy is, by far, the most powerful thing. The accommodation is probably better, but I don't know how much better, but the results are and I don't have ED. It's never been an issue for me. But there were very noticeable size changes as a result of it and I was surprised and impressed with that. Like the kind of changes when you'd get out of the shower and you see yourself in the mirror and you're like, "What's that?" Because it doesn't look like it did before, and I'm talking both shower and grower mode.

Dave:

I'm not trying to brag at all here, but this is something as a urologist you know about because guys come in, you're at the doctor's office and they're still probably, most guys are like, "I don't really want to talk too much about my penis." I have a lot of women friends, as far as I can tell, not being a woman. When women get together, you guys talk about all sorts of boobs and nipples and vaginas, and I don't know, you're just more open to that. Guys, when we talk around, we make jokes about how ours is bigger than theirs and how their's got stuck in the door because we're guys and we're kind of perpetually stuck in seventh grade humor level when we're all by ourselves. Not always, but if we're going to talk about dicks, that's what we're going to do.

Dave:

So what I want to do in this episode is just be really clear about it, but because I've been open, because I've put video of myself getting these things, some of my friends who are guys will reach out and say, "Can I ask you a question or two?" and one of them did have Peyronie's disease. I said, "All right, acoustic wave therapy, you get one of these." He did. About three months later, we were on the phone and he's like, "Yep, that was a magic." Like it fixed it. This amazing. It's been a lifelong problem and it was fixed. So there is definitely, something you said, about getting a signal. This is an acoustic wave and getting a signal in the body to cause it to change, which is just-

Paul:

It's a couple things that happen when you use acoustic wave and the studies have been done. If we use ... I'm going to back up real quick and I'm going to say ... flight of ideas, I know. You've got a non-healing ulcer on a diabetic, in a leg, okay? Acoustic wave treatment, that's where all the vascular properties were first discovered and the guy who did a lot of that work was one of my early partners in another shockwave company that was kidney stones, for kidney stones. He was over in Europe and he did a bunch of studies, and that's where we first started learning.

Paul:

Now, when we bring it to the penis and we're trying to increase blood flow, trying to increase blood flow in plaque that's avascular, and we're trying to prove. You have to say, "Well, how does that work?" and you go ... So you got to cut some penises off. Now, thank God they ... I can't get a volunteers. I mean,

but they did it and I believe it was rats, and the stem cells that are attracted to that area after your treatment with acoustic wave, the stem cells are ... it's a huge number of stem cells.

Dave:

They go there because they feel like there was damage, but there wasn't actual damage.

Paul:

Right.

Dave:

You're signaling it.

Paul:

So now, you got to remember, when you get stem cells in there, then that's the release of all the nanoparticles and all the little ... I call them you got the mothership stem cell coming in, the little fighter guys that go out to do everything, and then you get all the growth factor that's coming in. That's where you begin to see the revascularization. There's no way else to get. You're not going to get that plaque revascularized. So that's a whole group of guys that are hopelessly lost right now without something like the Phoenix. The cool part is they can treat it a couple times a week at a minimal cost. They don't have to take off work. They don't have to go into the office and drop their drawers and lay on the table, and it's always cold in the office and you know what happens and you're trying ... It's a young nurse doing the procedure and, oh God, so it's uncomfortable.

Dave:

Can we pause for a second there? I want to just say something to people listening. I know a lot of nurses and female doctors who do this procedure, just because I happen to network with a lot of them because of the show and because of what I do in the world. All of them have stories from douchebag guys, not most patients, but a few patients who are super inappropriate about that including a couple doctors, and were like, "I'm not going to do this anymore." So if you're that kind of a guy, go see a guy doctor to do this, or just don't get it done and go see a therapist. So you have to be polite when you go in to do it, all right? That's my PSA for the day. Keep going, Paul.

Paul:

No, Dave, we have the stories.

Dave:

Of course, you do.

Paul:

My girls come out and they go, "Uh-uh, that's it." "Okay, I got it. I'll take care of it." But, yeah, we got the stories. So it's a system thing, it goes back, all the way back to ... I told you the typical success rate with acoustic wave is 93. We're experiencing 98%. That means only 2% of the people who get the Phoenix return it. So what that tells me ... yes, what is it? 795? Whatever it is. 800 bucks? Most people-

Dave:

I have a code. Anytime we talk about something on the show, there's always a code. Let me figure out what it is. We'll announce it for everybody.

Paul:

Yeah.

Dave:

Go to getmyphoenix.com/dave, a hundred bucks off, so there you go.

Paul:

Oh, look at that, I get mine there. So the thing is they're going to get it done and they're going to do it at home, and they're going to make the time to do. It's just like going to the gym. It's nice to get a gym membership. But if you're not getting into the gym, you don't make time to do it, you're not going to see any benefits. This is one that when you have this device, you'll make the time to do it, and it's not racking up 500 bucks every time. You're not driving over. You're not missing work. You're not late to get home. It's just too easy. I mean, I hate to be ... I don't want to sound like a salesman, but it's just too easy.

Dave:

My understanding of this from having talked with a bunch of friends, who've done this and from having done it myself and seen just marked changes, this is probably the lowest hanging fruit ... See what I did there? ... in order to get you erectile function, whether already satisfying to you or not, there's probably another level. Wow, okay, I didn't know it could do that. Then if you are having actual medical problems, you should do everything we talked about and get your gut bacteria in order and eat grass-fed, and don't eat omega-6 fats, and all the lifestyle stuff. Sunlight in the morning and get good sleep and testosterone levels up. We could go on for another half hour with the list.

Dave:

You should do all that stuff. But in the meantime, if you wanted things to work, this is a direct intervention that I think is worthy, which is why I wanted to have you on the show to talk about it. But there's a couple questions from the Upgrade Collective here that I want to make sure that I get. Ness actually has two questions for you. One of them is how many sessions, and just come with instructions. I know it has instructions, but how many sessions of the Phoenix does it take for the average person to see results?

Paul:

Well, there's going to be a big group of people, a big group of people, they're going to see results after doing it one time. Now, can I explain that? I really can't tell you physiologically, but people talk about it all the time. I tell my patients that I want in office, just because it's \$3,000. We do two treatments week one, then we do two treatments week two. So, again, you understand how much time off from work and everything else that is, and then we do one a week for two weeks, so we do six. The majority of people need 12 treatments, okay?

Dave:

And treatment is what? About 10 minutes?

Paul:

10 to 15 minutes.

Dave:

Not in the clinic, but I mean with the Phoenix at home. So at home?

Paul:

Yeah, it's about 15. Well, I'll tell you 20 minutes, but 15 to 20 minutes.

Dave:

Okay. So at home you basically find a relatively quiet room, because people will hear a click, click, click sort of sound, if you care that they hear it. Then for about 20 minutes, you get your dick out and you push the thing against different parts of it, like a little like jackhammer-ish sort of thing. Some people use a numbing cream. I don't find that it's necessary when I do it. But when you do the clinical stuff, they always do it. But, at home, the Phoenix comes with some cream, but it's just not necessary. Then magically, two days later, that's weird. It works better than it did before even if it worked fine before. Then over time, you're saying, "Wait, hold on. Something shifted here." That's been my experience. It's pretty neat.

Paul:

I have people that we've treated who call me and go to treatments, "I have not had relations with my wife in years and we did last night," and they say, "Is that right?" and I go, "Yeah, yeah, that's right. You're telling me a story. I'm agreeing with you." Can I explain that? No, because what I would tell my patients is it's going to take six to eight weeks to begin to see the real long-term revascularization, vasculoneogenesis. It's going to take about that long and maybe up to three months, but three months is long. But at the end of three months, you can know what you got, so you go to retreat. One of the ways we're recommending on the Phoenix, and, again, this is one of the reasons we have such a high success rate, is we're doing it twice a week for a month. Those guys see results, and those guys get results. Now, I think, like any guy, if a little's good, a lot's got to be great, and that's not true. That's true for some things. I mean-

Dave:

Not that many. Not for keto, not for fasting, not for exercise, not for vegan diet. It's an inverted, U-shaped response curve.

Paul:

No. [crosstalk 01:07:36] of the ones I was thinking about, but anyway. No, you're exactly right. I was going to bring up exercise. Because when do you get results from exercise? When you go home. You tear stuff up there. So we're causing the micro trauma and then we heal. So the real numbers show, get the best results are when you use it twice a week. I'm telling you, this is stretching it. ... Damn, I was going to say stretching it up. I'll give up on that. They should have hired a real guy to do this besides a doctor, but anyway, this taking it out a month, I get. I talked about 93 or 98, those are the differences. Those are the differences we see with our product and how we use it, and I'm impressed with ... obviously, I'm impressed. I'm involved with this and I got involved because I was so impressed with it. I'm telling you, the results with the Peyronie's is closer. It's the deal.

Dave:

As a doctor, if you can fix that, that's the hard one. See what I did there? But if you can fix that, the other stuff is actually less difficult. So I can get it there.

Paul:

Yes, and we know it works. We know it works with erectile dysfunction. We know it works with erectile dysfunction. I'm telling you, it works with Peyronie's. Now, if you have a Peyronie's plaque that's been there for 50 years, it's going to take a while, but we're probably going to see improvement. So I push for that and I tell ... I give those guys hope because I know they're tired of having this injected into it and this cream put on ... Everybody came up. Anytime you have a problem and there's 15 different cures and none of them work, it's because none of them work. Because when we find something that works, we all use it.

Dave:

Yep.

Paul:

There's one way to fix a hernia right. There's one way to ... And there really is one way. There's little nuances, but there's one way, and this is the way and it's very impressive. When the urologist start to put it in their papers, their scientific studies, that's pretty good.

Dave:

So, I will just say, it sounds a little bit too good to be true. My job, really, at the end of the day with the Human Upgrade and what I've always done in biohacking is I go and I try almost everything that has some degree of potential to it, even stuff that I don't think will work, and I curate and then I toss out the vast majority of stuff. The things that are worth it, because they have enough chance of working and enough degree of working that I wanted to talk about them, even if they're funny, like this, and you're saying, "Really, you can use acoustic wave therapy on your penis and it'll work better no matter what state it's in today," I actually think that that's true for the vast, vast majority of people. But there's one proof point beyond urologists and this is a question from the Upgrade Collective, from Ness. So is this popular in the adult entertainment industry?

Paul:

Yes.

Dave:

It is? All right, I thought you're going to say that. But there you go, guys, so porn stars are using this. You can, too. There's one other thing-

Paul:

Let me ask a question.

Dave:

Yeah, go ahead.

Paul:

Do they have access to some of those videos? Sorry.

Dave:

Paul's asking his team if they have access to those videos, and I'm like, "I don't think I want to see those videos."

Paul:

[crosstalk 01:11:30]. There's a group that, yes, we're very popular with that crowd.

Dave:

All right, good deal. I thought you would be. Okay-

Paul:

You better remember, I'm a urologist, so that makes me a perpetual adolescent. It's just the way it is.

Dave:

Hey, I'm with you. I'm a seventh grade spirit animal that's very strong.

Paul:

Yes. We still tell fart jokes and all this stuff. That's just funny.

Dave:

Now, two, actually a couple more questions, and one more of the Dave PSAs. There are a lot of guys who probably won't talk about this with their wives, if they have a problem with ED, and it can cause all sorts of weird mental problems and I know you've seen this in your practice. The guy who said, "We haven't had relations in years," and suddenly, "Oh, look, it worked." If you're a woman and your husband is dealing with this, whether or not he talks about that much, if you get a Phoenix as a gift and you put words around it like, "I really like your cock," he's going to be very receptive to that. So that's how you give it to a man without him feeling like you're criticizing him. If you say, "I don't like it, it's not working well enough. Maybe you can make it better," he's probably going to not really want to use it. So just be kind, especially if you're dealing with someone that you're in a relationship with, who's sensitive.

Paul:

It's funny. I wrote a chapter in a textbook a couple years ago on that very thing. It was a couple and it wasn't ... I even changed all the words so it was very inclusive to all types of relationships. Gosh, that was diplomatic, wasn't it? But it was really that supportive thing, and most guys, they say, "Oh, I can't talk about it with my wife. She doesn't know." Yeah, did, if it's been ... She knows.

Dave:

Trust me, she knows.

Paul:

She knows, okay? So if she takes the time and the interest and loves you enough that she wants to have sexual activity with you, I'd say go for it. I wouldn't turn my nose up at that. I mean, what more could you want? A supportive wife or one that's making fun of you? I mean, that was really the basis of the guys who had a supportive mate did so much better, and there's studies on it.

Dave:

Yeah. Just in terms of giving it as a gift, it could land as "I'm not satisfied" or it could land as "I want more." As long as it lands as "I want more," I think most guys are like, "Oh, that's a pretty cool gift," and it can be seen as initiating more sex or it can be seen as rejecting or complaining. [crosstalk 01:14:23]

Paul:

It might be a gift that you give when you're alone. I don't know that I'd have them wrapped [crosstalk 01:14:30]

Dave:

Yeah, under the tree. That's going to be great. I would do that because it's going to be funny.

Paul:

Parents all in the room, grandma and grandpa there, uh-uh (negative), probably not a good idea, but ...

Dave:

That's a TikTok video waiting to happen, giving someone that gift. There'd probably be a bunch of those just to see the look on people's faces, I would do that. Absolutely. Okay, and there's other questions coming in. There's two more from the Upgrade Collective here. One of them is around foreskin and I'll be straight up, guys, I am circumcised. I think circumcision is bullshit because it's the same rationale as saying, "I'm going to cut off my leg to prevent potential cancer because there are nerves and there are things in foreskins that are useful," and I think it's male genital mutilation, but it was of a common practice and I'm opposed to it philosophically. I'm not probably going to regrow my foreskin because it seems like more trouble than it's worth, but people are actually doing that. Any data on foreskins, on using the Phoenix to grow foreskin, or does it matter if you have a foreskin if you're using the Phoenix. Talk to me about foreskins, blood flow, and Phoenix.

Paul:

I agree with you. It is mutilation and I'm anti-circumcision. Obviously, I leave it up, but I'm not one of the urologists that believes that everybody has to be circumcised. Having said that, in regards to regrowing foreskin, I don't think you're going to see any improvement. In regards to treating the penis that's in an uncircumcised individual ... That's really sad when we have to call it an uncircumcised, like circumcised is not ... In a normal penis, let's just call it that-

Dave:

Fully intact penis.

Paul:

Yeah. Yeah. There it is.

Dave:

Undamaged.

Paul:

Yeah, intact penis, the results are the same. It works fine because you don't have to go ... We don't treat the glands itself, anyway, and so we're treating the corporal bodies and it's fine. There's no problem at all. No problem. The results are exactly the same.

Dave:

So it works the same. Do you pull the foreskin back to treat it or do you treat it with the foreskin?

Paul:

Some people do and some people don't.

Dave:

So it doesn't really matter.

Paul:

It's up to the operator. Some people find it easier to pull the foreskin back and then stretch the penis out to get the full length, and so that's a little easier if you're trying to pull the shaft out to treat the whole thing to get it a little more exposed. If you're pulling on the foreskin, you're not doing anything to the body of the penis. So in that case, you could pull the foreskin back as long as it comes back easily, and then grab the glans. I, typically, if I'm doing it, I'll use just a little four by four or something that, because we have the conduction cream on the penis, it makes it a little hard to hold on to, slippery, and so I pull the foreskin back and then grab the glans and then treat it that way. It's the way I do it. It just makes it easier and I know I'm getting the whole shaft. I want to get as much of that shaft as I can and treat the whole thing.

Dave:

It makes a lot of sense that it would work the same way, and so there's like very straightforward ways to do it. I don't know if on social media people are going to get all upset about the circumcision thing and talk about religion, whatever else. Look, I'm just saying there's enough data at this point to say that that's not a medically appropriate thing to do and there's also trauma considerations, and I know enough about childhood trauma through the neuroscience stuff that I do that I'm like, "Guys, come on. We can do better." [crosstalk 01:18:17]

Paul:

We can all agree that it's okay to have a difference of opinion. I don't have to dislike you if you have-

Dave:

Paul, come on, if someone disagrees with you, you have to hate them. I mean, have you been watching the news?

Paul:

Yeah, you're right, I'm sorry.

Dave:

Okay. Now, on that note, one of the other questions, in fact, the last question for the interview is also from our Upgrade Collective members. There has been substantial talk of long COVID. Am I allowed to say that still or are they going to like sink the show into oblivion because I said the C word? You can say cock, but you can't say COVID, apparently. Anyway, with long COVID, erectile dysfunction, is it a thing? Are we seeing a general increase among erectile dysfunction whether or not people have had COVID or is there a relationship between that disease and erections?

Paul:

Well, that's a great question. I've not seen it. It does concern me when I start looking and seeing those extremely high C-reactive proteins because we don't know how much of that is endothelial damage and what's going on. We do know that the spike protein can cause inflammation, and so if it caused enough inflammation, we could have some change in erectile function, theoretically. I can't say that because I don't know if there have been any studies done. I don't really publicize the fact that how I deal with COVID just because of all the pushback.

Dave:

Oh, no doctor can't anymore. There are literally medical boards pulling people's licenses for using their training as a doctor to help people. It is unconscionable, it's unethical and it's wrong.

Paul:

It's the first time ever that we can't have off-label use. We off-label use medications since I was a doctor when I was 24. I've been doing this since I was 24, So over 40 years, and we've been using off-label meds for forever and now we can't. Something's not right, but that's a whole another topic. In this case, I've only seen a few, I call them long haulers, but ... and, boy, they really responded to treatment. I won't tell you what the treatment was, but some people call it the horse medicine. Anyway, so I've not seen ... and one was on a female so I can't tell you if she had erectile dysfunction or not, but she didn't express any sexual dysfunction. But I don't know and I'm not seeing any literature on it, but it makes sense.

Dave:

It does make sense that there could be some, I haven't heard a lot of complaints about that is all, but if you have generalized inflammation, because IL-6, interleukin 6, is high, you're probably going to see a reduction in blood flow everywhere, which is a part of it and you do see increases in blood clots from it and clotting and thickening of the blood and all that. So I could see why that's a question from the group, but I haven't heard that much about it. Like you think it's sad that licensed trained doctors, it's being held against them when they treat to the highest medical standard given their knowledge of patients and all. So this never happened in the history of the American Medical Association and in the last 100 years. So it's a truly weird and sad time.

Dave:

The best doctors that I know are still doing it; they just aren't talking about it, and I'm talking about a lot of them, and they're all scared, and they won't do it unless they trust you because they're putting their license at risk every time they do something that could save your life, and it's not cool. That's off topic

for talking about erectile function and all, but I think it's important on the show that we talk about it, and, here, we hear it from a urologist who treats a lot of people. He hasn't seen an increase in erectile dysfunction from long COVID, which is not to say that you want to get long COVID. You don't want to get long COVID. I believe long COVID is preventable, but, again, talking about it gets your stuff banned. So there you go. Except on Telegram. I'm at Asprey Official on Telegram, if you're on there. Wow, you can talk about all sorts of stuff. It's cool.

Dave:

Guys, I want to make sure that you got the URL I mentioned earlier, getmyphoenix.com/dave. Use code DAVE100 and that will save you a hundred bucks. The device is about 879 and they'll ship to most locations in the U.S., and I don't know, do you ship internationally at all? You're a medical advisor, you're not [crosstalk 01:23:11]

Paul:

No. I'm getting a nod from ...

Dave:

That you can ship elsewhere?

Paul:

From the producer that we do not ship outside the United States yet, which is something that I know is in the works, but not yet.

Dave:

Most people who live outside the U.S. who want to order things in the U.S., it's very common to have a drop ship service. If you Google drop ship in the name of your country or U.S. to the name of your country for not very much money. You can have a U.S. address and then you just have to pay for shipping to that address, and then they re-ship it for you. Usually, it's like a \$10 fee. So that's a way to do it.

Dave:

I truly think that there is a great future for getting signals into the body, whether it's a chemical signal; a peptide signal; a light signal, which is what my TrueDark and TrueLight companies are doing; or an acoustic signal, which is what the Phoenix is doing. This acoustic signal that says, "Hey, time to grow new blood vessels and new nerves in this location," it's an important thing and it's different than what we used to do, which was cut out scar tissue. Instead, we're putting the signal and it says, "Grow here." It is a shift in the way of thinking about medicine, of thinking about biohacking, thinking about our relationship between our bodies and our environment, and acoustic waves are a part of our environment that tells the body, "Hey, pay attention here." It turns out, when you pay attention there, you start saying, "Hey, there's noticeable changes." I will just tell you, 100%, this stuff works because I have seen it myself and I've talked to enough close friends who've used it and seen the difference. So I am 100% behind this idea of acoustic wave therapy.

Dave:

The cheapest and easiest way to get it is the Phoenix; getmyphoenix.com/dave, and use code DAVE100, it'll save you \$100. Paul, thank you for being a straight shooter of long-term age management specialist and for focusing on this and having the hard conversations with me.

Paul:

I enjoyed it.

Dave:

I don't know how many dad jokes I missed throughout the entire conversation, but I did my best. Guys and women who love guys or guys who love guys, telling you this thing is it's real technology. It does work, it is not too good to be true, and it's worth talking about. I'll see you all on the next episode and thank you, Upgrade Collective members for being in the live studio audience.