

Size Matters - The Latest Medical Technologies to Increase Penile Size and Maximize Sexual Enhancement & Health

Dr. Kent Holtorf interviewing Dr. Richard Gaines



Dr. Holtorf [00:00:00]

Hi, this is Dr. Kent Holtorf, with another episode of the Peptide Summit. Today, we have a special guest Dr. Richard Gaines, who really needs no introduction. So, I want to thank you so much for being on the summit.

Dr. Gaines [00:00:17]

Thanks for having me.

Dr. Holtorf [00:00:19]

And I know you're a busy guy. And again, pretty much I think everyone in the industry knows about Richard and he has the reputation of being the nicest, smartest guy you could ever meet. And today he's going to be talking about- the title is- size matters, the latest medical technologies for sexual enhancement and health. Dr. Gaines is the inventor of the Gaines Way medical protocol for erectile dysfunction and chief medical officer of Life Gaines Medical, an aesthetics in Boca Raton, Florida. It's at Gainesmd.com. He joined the peptide summit to discuss treatments to maximize your sexual health, but he does so many other things. He's just really advanced in all his therapies.

Dr. Holtorf [00:01:16]

He trained at Boston University School of Medicine, TUFTS, and then went on to Harvard. His revolutionary new practice offers a complete regenerative medicine program for men and women, it includes hormone optimization, sexual health, as well as facial rejuvenation, senolytics which is really kind of a really hot topic, and I think very cool way to actually improve health, where you're killing off your bad cells. And I know he has a plasmapheresis machine. I did a number of plasmapheresis to go to Mexico and all over the place to get it done. And basically, it filters your blood and filters out all the bad stuff with infections and then inflammatory cytokines, and it's really an advanced technology that works.

Dr. Holtorf [00:02:17]

Life Gaines Medical and Aesthetics they help people from all ages improve energy, drive, sexual health, and overall enhance the youthfulness of their clients. He does the whole kit and caboodle. He opened in 2005 and he was an ex-anesthesiologist, as myself. Wasn't that the most boring speciality every?

Dr. Gaines [00:02:39]

Yeah, well you know, I got all I could out of it and then I said, you know what, I'm moving on. And I was lucky because I had a big corporation so it really could do what I wanted to do.

Dr. Holtorf [00:02:50]

Yeah, I'm like I am so bored, but nothing against anesthesiologists. So, it really started, and God, I was a little similar- anything similar to you I'll take it, in an anti-aging medical practice. I don't like the term anti-aging, kind of think, oh, it's just hocus pocus stuff and creams and things, but really I tell people we're not alternative, integrative, we just practice better medicine, you know. We're more evidence-based and we have the freedom to actually take that literature and apply it to our patients. He resolved to find a new approach to healing that preserved health and wellness before disease and aging had a chance to take hold. And that's a different paradigm, where yeah, why not stop you from developing these illnesses then waiting until your bad enough to take a medication.

Dr. Holtorf [00:03:50]

I had one patient who had diabetes, but it wasn't bad enough. So, they wouldn't pay for the medication, so he goes, I'm going to go gain weight. And he gained like thirty pounds so he could get the medication.

Dr. Gaines [00:04:02]

Unbelievable, yeah.

Dr. Holtorf [00:04:04]

But going on further looking forward to his goal, is to have men and women gain a deeper understanding of how and why their ability to perform changes with age. Additionally, he aims to expose the many myths and misconceptions that are about sexual wellness and to let men and their partners know that there are many cutting-edge treatments available that will allow them to enjoy a happy and healthy sex life. So, turn being stuck at home into an opportunity to take your love life to the next level. And I think that's true, you know. I just know so many couples they like each other but they don't, you know, I don't know if they've had sex for twenty years, you know.

Dr. Gaines [00:04:53]

Yes, it happens. It happens. And I have a lot of patients, they come in as couples and mostly men, but there are couples that come in and they've put it on the back burner and they wait, you know,

twenty, thirty years and then they realize that they're missing something. Putting good sexual energy is extremely important for good health. I mean, it's clear that if you have good sexual energy, and it might be the other way around, good health, you know, creates good sexual energy. But sexual energy, if you have good sexual energy, it tells you that you are healthy, you're psychiatrically healthy, your heart disease is much less. I mean, the people who develop it as they age, less hypertension, less cancer. There's correlation right down the list, it's amazing.

Dr. Holtorf [00:05:47]

Yeah, you're like that young high-schooler.

Dr. Gaines [00:05:50]

Yeah. I mean, you can get it back. People, you know, they accept what's happening to themselves. And it does happen, we are not lying to live much past thirty years old. I mean, 20,000 years ago we were bringing up kids in the cave and you helped with the grandchildren, and in times of famine the tribe would move on, usually in the winter time, and grandma and grandpa couldn't keep up anymore. So, they get, they die of exposure in the winter time, get caught by the sabre tooth tiger. And the fossil evidence indicates that grandma and grandpa were 26 to 30 years old. Of course, now we have a...

Dr. Holtorf [00:06:30]

Wait, what?

Dr. Gaines [00:06:32]

Grandma and Grandpa were 26 to 30 years old. That's all they could find in fossil evidence from 20,000 years ago.

Dr. Holtorf [00:06:40]

Wow.

Dr. Gaines [00:06:40]

What happened is, of course, agriculture and medicine, things got a little better, but that extended lifespan, but it exposed the degenerative diseases of aging, Alzheimer's, osteoporosis, diabetes, frailty, even cancer goes up as we age. And our hormones generally go away and a lot of other things develop but our hormones go away. A no-brainer is to add back hormones, and in the medical literature it's supported. It is supported, bio-identical hormones will decrease the onset of these degenerative, I'm going to call it, disorders. I mean, diseases in wellness, we are treating wellness. We are making people healthy for a longer period of time. In conventional medicine, and I was a conventional guy, you were a conventional guy in the past... people, that's why we chose anesthesia actually.

Dr. Gaines [00:07:32]

Because other specialties, like pulmonology, and cardiology, they are treating disease, they are looking at disease. And just treating the disease and not really reversing anything. There is, you mentioned literature before, we practice evidence-based medicine as age management medicine physicians. We only use evidence that is supported, it's supported in the medical literature. We don't have to, we don't wait for the double blinded randomized controlled studies of 5,000 people. We know that these things work, we're using it today.

Dr. Holtorf [00:08:11]

And usually those are flawed anyways. They, you know, they basically manipulate them a little bit to, like look at the, you know, the women's health initiative. It was so flawed, it gave the wrong answer and my sister, my girlfriend's sister works at, you know, one of the places that basically does the clinical trials. And it's supposed to be blinded, they know what the heck is, you know, what it the placebo and what's the drug. And they get a big bonus if it passes. So, you know...

Dr. Gaines [00:08:47]

Yeah, they get paid. So, it's just, it's sort of like COVID now. If you label someone as they got COVID, you'll get \$35,000 or whatever. I don't know the... I'm not a conspiracist but that's the...

Dr. Holtorf [00:08:59]

And yeah, that's like, interestingly you talk about evidence and I'll add a piece on this about evidence-based. You know, most doctors are practicing 10 to 20 years behind what's available in the medical literature. It takes on average a proven, new concept to get accepted into mainstream medicine, on average 17 years. Because one, doctors just keep doing what they've been doing in residency and if you give them 50 studies showing them what they're doing is wrong, no, no, my patient's are different, you know. Or they'll go to societal guidelines, right. Hey, I can't get in trouble, I'm evidence-based, I'm using societal guidelines. You look at the WHO, whatever IOA, they basically, you know, level of evidence. You've got meta-analysis, you've got double blind placebo controlled, you got case controlled or observational, anecdotal or case studies, below that are societal guidelines. Because they don't change for 20 years and they're so biased and that's what doctors will go by.

Dr. Gaines [00:10:04]

It's disappointing and it's a very, very slow process. And doctors do come around, you know, conventional medicine will come around, but it will take as you say, probably 40 years. So, we know these things work now and we're going to use it to help our patients. And being, you know, it's hard to get funded by big pharma for any of the studies that involve bioidenticals or anything where they can't label and make money on. So, it's, you know...

Dr. Holtorf [00:10:40]

Yeah, because they're getting all their revenue from big pharma. And they're not going to take something that shows that hey this medicine that they have isn't as good. You know, they know.

Dr. Gaines [00:10:52]

Yeah, and insurance will only cover conventional medicine generally, which treats disease. We are treating wellness and maintaining it, preventing disease and insurance will not cover that in most situations. So, that's why I went into this type of medicine. I think that's why I went into anesthesia actually. Because we served, and maybe you, because we served a purpose. Of course, when we're in the operating room we see these people are sick, they need pain control, they need to be, their lives need to be sustained, their blood pressure, we monitored it. And yeah, it could be boring, but it served a very good purpose I felt. It's a good service.

Dr. Holtorf [00:11:35]

Well, I don't know. When I was in the hospital with sepsis... you don't want to be in the hospital, man. They don't know what the heck...

Dr. Gaines [00:11:43]

Yeah, it's the worst place to be. That's what age management is, we're keeping people out of the hospital. And that's why insurance should really take a good look at this field, because they would save a lot of money. So, anyways, so you know what, as long as the, I know that sexual energy is very, very important. A lot of my patients, I mean, when you come in, when a patient comes into you and is looking for optimal health, let's say. You ask them what their goals are. Number one is body composition, right. Number two is their energy levels. Number three is either cognition or sexual energy. And it's everyone who comes in. Because that sexual energy is one of those things that drop just like most other, we can restore that in good proven ways. And that's what I, and I've looked up a lot literature, I have a number of technologies that I use here to increase sexual energy and to decrease for instance, erectile dysfunction. You know there are peptides that also are used.

Dr. Gaines [00:12:46]

One of the very successful peptides I think is PT-141. I think that, I offer it to most of my patients who come in for a procedure. I have them sign a release and I deliver it to them in, of course I tell them I'm looking for signs of the nausea that might happen in five to ten percent of patients. So...

Dr. Holtorf [00:13:07]

Yeah, it's a little weird, like you're doing your taxes and your like, ready to go. And so...

Dr. Gaines [00:13:13]

Yeah, that's what I tell them, because I've done it. I practice what I preach. So, I told my patients listen, you know, I took it, the first time I took it, I'm doing my work at the desk and start looking around at girls in the office. It really is interesting. So, most people get good results with that. Believe it or not, I'm actually considering using IV Ketamine for therapy. I do use it for my patients with anxiety, post traumatic stress, it's FDA approved, etcetera, etcetera. Of course, I'm an

anesthesiologist, I know how to monitor and use it. I've used it in the eighties. So, it is a psychedelic therapy and with direction and the proper setting, I think people who do have sexual issues, you can direct, possibly direct their experience to enhance their sexuality. So, it's something that I'm looking into.

Dr. Holtorf [00:14:17]

That's interesting, because you know, I love IV Ketamine. And but we're using it mostly for pain and depression.

Dr. Gaines [00:14:25]

Absolutely. It really is good.

Dr. Holtorf [00:14:28]

It is interesting how you'll get some people so happy and talkative, other people are crying. Sometimes you have to, instead of slowing it down, speed it up.

Dr. Gaines [00:14:39]

Exactly. Because we're anesthesiologists we know that. So, I usually like people to be, to get a full psychedelic experience where they're not really talking, they're in their head. And they do it, it's type of medication so that they don't really move at all, that's why they thought Ketamine was going to replace anesthesiologists actually in the seventies.

Dr. Holtorf [00:15:04]

Yeah, there's no respiratory depression and yeah.

Dr. Gaines [00:15:07]

And nobody moves and it's the most potent analgesic or pain medicine there is. So, interesting stuff.

Dr. Holtorf [00:15:15]

Hey, this is way off topic, but do you, you know, kind of the micro dosing psychedelics?

Dr. Gaines [00:15:23]

Yeah, I've looked into that a lot. But I'll be honest with you, I did try some LSD in one tenth of the dose, ten mics, as I said, I do it, I like to check things out before I offer it to my patient. About a hundred mics is really what's abused for, or one hundred mics was used for psychedelic therapy and the ten mics shouldn't do much, but for me it wasn't a pleasant experience. It was nothing I had read, and it was maybe a high dose. So, I haven't repeated it yet, but I know that micro dosing can be very good. I've read a lot on it and it does increase creativity, it can decrease depression as well. So, the studies are still going on and I have to look at them.

Dr. Holtorf [00:16:17]

Yeah, but it's nice that at least they opened up to, you know, hey, let's even consider it, or ecstasy. Yeah, I'm like, if get a CBD that has a tiny bit of THC in it, I am flipping out, you know. And paranoid, so, yeah, I don't do well on that stuff.

Dr. Gaines [00:16:35]

Yeah, me either. It's paranoia that gets me. Actually, I think that's not a very common thing, the paranoia. I don't know, my buddies, you know, or somebody that I...

Dr. Holtorf [00:16:48]

Yeah, they don't look too paranoid, right.

Dr. Gaines [00:16:49]

No. No, they don't. But I am, I get paranoid too.

Dr. Holtorf [00:16:55]

Yeah, so tell us about the Gaines Way.

Dr. Gaines [00:16:58]

So, that term, of course, I developed the protocol and everything for that many years ago, well about five years ago. And it was based on literature that was generated mostly out of Israel, but it was also Scandinavian literature and actually in South America there was literature coming out on this. I put that particular protocol together about five, six years ago and we offered it to my patients and we got very good results. And that was marketed, but I did separate from that. I sold the name, and I separated from that type of protocol, where I developed a new protocol now in my new company. My new company's LifeGaines, people are probably familiar with my past company. But...

Dr. Holtorf [00:17:48]

I thought... the Gaines Way's only been six years? I thought it was like twenty years.

Dr. Gaines [00:17:52]

Well, the technology goes back really to the forties. Shockwave therapy is for erectile dysfunction, but shockwave was developed and looked at in the forties during world war II. What happened is that when sailors were submerged and were exposed to a depth charge, they floated up to the surface dead. So, they took them onboard and they said there's nothing wrong with this guy, why's he dead? And they opened up and they realized that all his organs were shattered. The German department of defense put a lot of money into researching shockwave therapy.

Dr. Gaines [00:18:40]

And what they finally determined is, they finally directed it to therapeutic uses. But it was the German department of defense that really put all the research in. Yeah, and what they did is they tried, I know they tried initially to dissolve a tumor in somebody's head, and it didn't work. But then they started using it for, I'm speeding up really far, in the seventies they started using it for lithotripsy, in other words kidney stones, now it's gold standard.

Dr. Holtorf [00:19:13]

So, essentially you got the lithotripsy machine in a little wand.

Dr. Gaines [00:19:17]

Yes. Yeah, lithotripsy is done with the same type of equipment. And that wand or a microphone, in a lithotripsy suite is placed under the area of the kidney and focused onto the stone. That's a large thing, like about this big. We're using something at about this size. It's ten times less powerful than a lithotripter, because you don't want to blow anything up. And you can still focus it on various structures which we know now, when exposed to shockwave therapy, it regenerates tissue, it increases growth factors. It actually can regenerate blood vessels and nerve tissue and aid in healing. So, there's a lot of good things with shockwave therapy. It is FDA approved. It's FDA approved for plantar fasciitis.

Dr. Holtorf [00:20:06]

Because before it was just, okay, erectile dysfunction. Now it's being used all over joints and neck and...

Dr. Gaines [00:20:16]

Yeah, well actually it was FDA approved first for musculoskeletal issues, plantar fasciitis, tennis elbow, and for the temporary increase in blood flow. Not the permanent blood flow that I'm talking about, but the temporary increase. Because you can measure it right away with ultrasonography, blood flow does increase right away. But the slowest things happened in the eighties after what they realized is that when they got the lithotripsy done, people were waking up without their back pain. So, they said, what's going on here? And they started decreasing the power for musculoskeletal things.

Dr. Gaines [00:20:56]

But anyway, in 2010 the shockwave was put onto a penis and they...

Dr. Holtorf [00:21:02]

Someone's got to do it, right.

Dr. Gaines [00:21:04]

Somebody's got to do it. But there's a, but it's been proven, the tissue effects have been proven, because the University of California, San Francisco, Dr. Lou, who happened to win the American

Immunology Association, he won that award that year, about three years ago... four years ago. And he didn't win it for this reason, but what he shows is that in rats when they were, when they did the shockwave therapy on the penis it increased the number of progenitor stem cells. So, it also attracts stem cells to the area. It increased blood flow and various tissue factors, which increase growth and regeneration.

Dr. Holtorf [00:21:47]

Yeah, it's kind of like the micro damage, right. It's kind of like...

Dr. Gaines [00:21:51]

Yeah, little micro trauma. Yeah, micro trauma. So, that in a controlled fashion is actually a good thing. And then the studies came out in 2009, 2010 and further it was showing that really that it does work for erectile dysfunction and it does increase blood flow, with evidence from triple X ultrasound. There's some studies showing that you can maintain that increased blood flow for about a year, two years. Of course, you need to come back for tune ups, so it's very good for physicians to have this in their office for erectile dysfunction. But my protocol now involves two types of technology specifically for shockwave therapy.

Dr. Gaines [00:22:30]

One is called radio shockwave therapy, and I do have pictures here which I...

Dr. Holtorf [00:22:36]

Yeah, I think you have a little presentation. And does it say how your new device is better than the old? What you've done?

Dr. Gaines [00:22:44]

Yes, yeah.

Dr. Holtorf [00:22:44]

Awesome.

Dr. Gaines [00:22:46]

Because I combine techniques and technologies. And I can just rush through this and show you real quick. It's on my computer, so I'll have to turn this computer around to look at the other computer.

Dr. Holtorf [00:22:58]

We're easy here.

Dr. Gaines [00:23:00]

I don't know if you can see it, but anyway this is the incidence of erectile dysfunction in men. And if you look at the top graph, you can see that 50% of... well 40% of forty year old's have either a moderate to severe erectile dysfunction. Or some, well some form of erectile dysfunction.

Dr. Holtorf [00:23:23]
40% of forty year old's?

Dr. Gaines [00:23:26]
40% of forty year old's, mild to moderate sexual dysfunction. Mild to moderate.

Dr. Holtorf [00:23:31]
Man, that's bad.

Dr. Gaines [00:23:31]
And then if you go to 50... yeah, if you go to 50, nobody admits it... if you go to 50, it's 50%. If you go to 60 it's 60%, if you go to 70 it's 70%. And there's a lot sorts of stuff to developing these and a lot of medical reasons as we see in the bottom. The most of the, these are causes of erectile dysfunction. The one we're concerned about is the vasculogenic. Of course, anatomical is an issue if you have micro penis or something or if you have...

Dr. Holtorf [00:24:01]
Hey, who told you?

Dr. Gaines [00:24:05]
Can you hear me?

Dr. Holtorf [00:24:05]
Yeah.

Dr. Gaines [00:24:06]
Yeah, you can hear me.

Dr. Holtorf [00:24:06]
Stop telling my secrets

Dr. Gaines [00:24:07]
Hey, we can take care of that. That's what we'll talk about later. But vasculogenic is about 80% of erectile dysfunction. So, are arteries end in capillary bed which look like cotton candy, especially in the penis and pelvis. And it deteriorates as we age. Well, we can bring it back and we can bring it back with shockwave therapy. We use Wharton's jelly, various, you know, people are doing it with

stem cells, and other things that do work. I mean, we don't have enough time to talk about it all, but I know that pulse electromagnetic field therapy can work, as well as hyperbaric oxygen.

Dr. Holtorf [00:24:56]

Interesting. And what percent is psychogenic, where just being with the same person, you know, I'm kind of evolutionary...

Dr. Gaines [00:25:07]

I think it's...

Dr. Holtorf [00:25:10]

I'm having a hard time hearing you again.

Dr. Gaines [00:25:13]

Yeah, I think it's higher than reported. I think it's probably 30 to 40%. So, it's something that I am actively addressing, I told you, but we can talk, and I can just show individual slides that I'd like to show you. One of my favorites is this. Have you ever been to the body museum?

Dr. Holtorf [00:25:38]

Yeah, yeah. I've been a couple times.

Dr. Gaines [00:25:41]

Yeah, well this is a picture of one of those, it was probably a Chinese prisoner that got dissolved. Anyway, they have all different levels. This is the arteries ending in the capillary beds, you can see that here, there's a very dense capillary bed. The kidneys of course will have dense capillary bed as well. These deteriorate as we age, so we have to come back from that. So, you know, shockwave therapy we know does that. It stimulates endothelial cells to regenerate and of course, we know that it increases angiogenesis. This is a picture of a thousand studies that have been done in all this, and here's one I'd like to show you this.

Dr. Holtorf [00:26:27]

We lost you again.

Dr. Gaines [00:26:30]

Oh, can you see that, can you see what it says there on the screen?

Dr. Holtorf [00:26:34]

Impulse magnetic field, something.

Dr. Gaines [00:26:38]

Yep, for erectile dysfunction. And it's double blind placebo controlled study done with pulsed electromagnetic field therapy. There's also one of the ones that are hyperbaric, I'm going to show you. There's hundreds of studies on this. So, I make sure that there's evidence. And I, of course, I try it on myself and I offer it to my patients. What else could I tell you here? So, the difference's in waves. Radio, there's two technologies with shockwave therapy, radio and focused. Radio shockwave therapy. It's a bullet that goes back and forth and hits a strike plate, which generates a sound wave, which goes through skin and loses energy as it enters tissue. But it still influences development of growth factors. Focused is taking a microphone and putting it here and the sound waves are focused deep, depending on how you set it into the tissue.

Dr. Holtorf [00:27:53]
So, you're aiming it more.

Dr. Gaines [00:27:56]
Right. Focused is what lithotripsy uses, that's why it can get a kidney stone through 8 inches of tissue, and the focus is on that kidney stone. Focused is what they did, they did all the studies on shockwave therapies with focused shockwave. The technology that I have, that has been, that I initially brought forth was actually only radio shockwave therapy. There were no studies supporting the use of that type of shockwave therapy. I used it, it seemed to work on my patients, so I used it. Both of these therapies, the focused and radio are FDA approved. But I now use both types of therapies, both types of technologies on my patients. I use radio shockwave therapy and focused. And I want to show you the difference in waves, so you get an idea. This is a radio shockwave tracing, you can see it goes positive and negative. But it's the upslope of the positive that stimulates the tissue. This is quite different than a focused shockwave, which looks... it almost, it basically goes up very quickly, much quicker than a radio and has very little negative deflection. So, the waves are different...

Dr. Holtorf [00:29:50]
That's weird, it's not even, it's not really a wave.

Dr. Gaines [00:29:55]
So, it's not really a wave, but you're right, the wave is... right, it's mostly positive energy. And it's interesting you said that, because radio shockwave, which you lose energy as you enter the tissue, radio shockwave therapy is actually called, is really, the term is acoustic therapy. It really is not even a shockwave. So, all these studies on shockwave therapy were done with a focused shockwave generator. So, when I separated from my other protocol, I started a protocol using both of these. And I'm getting superior results on my erectile dysfunction patients, and I am using it for females as well to stimulate the tissues. Because of the things is vaginal secretions which are generated during sexual activity, are an ultrafiltrate of blood flow. So, bringing back those capillaries is a very important thing even for females.

Dr. Holtorf [00:31:06]

So, do you just put it inside, all around, or in a particular spot?

Dr. Gaines [00:31:10]

Good question. It's a good question. I do put it on the outside, the vulva, minora, the majora, and the interior vaginal wall. So, it doesn't go all the way in, it's only an inch or so. Interior vaginal wall. Also, you can go around the whole intra-anus also. So, you don't stick anything deep in there, there's no need to do that, you go around the whole intra-anus. The clitoral region, the clitoris as you know are actually two corpus cavernosum, which is like the male penis. And if you take a transection of the clitoris it actually looks like a male penis without the urethra.

Dr. Holtorf [00:32:00]

No, I can never find that thing.

Dr. Gaines [00:32:06]

It takes practice. But you know, I've had a lot of success with the shockwave therapy. I actually added what I could, I mean, I looked in all the literature to see what else I could offer. We know that pulsed electromagnetic field therapy, as you saw I had that little article there. It actually does increase blood flow to the pelvis. And after shockwave therapy, I have everyone fit on a coil during my dual therapy. I call it dual stim because I add focused to the radio shockwave.

Dr. Holtorf [00:32:43]

Now, what makes you combine the two?

Dr. Gaines [00:32:47]

Because the literature, all the literature on shockwave therapy and erectile dysfunction were done with focused wave. So, I added focused basically to my previous methodology. My previous methodology only uses radio, which is the bullet that goes back and forth and hits a strike plate. The focused is a little more technical piece of equipment and it's actually much more expensive. So, the radio works as well, but I don't think as well as the combination of focused and radio. You know, I also do P shot and you can put all different type of things in there, I mean, honestly, we know that Wharton's jelly is very good. So, I offer that to my male patients.

Dr. Holtorf [00:33:42]

Can you go on a little depth about that, P Shot, O Shot, and what you use, like Wharton's jelly and, yeah.

Dr. Gaines [00:33:54]

Yeah, I mean, I started, I was trained by, coined the term P Shot, he's a good guy, friend of mine. I trained with him about six, seven years ago and we, it's just that time, of course, I tried it on myself, believe it or not.

Dr. Holtorf [00:34:14]
Does it hurt, by the way?

Dr. Gaines [00:34:13]
It's not pleasant if you don't use any anesthetic.

Dr. Holtorf [00:34:26]
Actually, I'm talking about the shockwave.

Dr. Gaines [00:34:28]
Oh, the shockwave, you're talking about shockwave.

Dr. Holtorf [00:34:28]
Yeah, sorry. Yeah.

Dr. Gaines [00:34:33]
No, shockwave isn't bad at all because what happens is when you do, uh oh, my internet connection says it's unstable. Okay, when you do shockwave therapy, it actually creates a little anesthesia. Because if you tap something over and over again, it becomes a little numb. Your nervous system sort of shuts it off. So, what happens is...

Dr. Holtorf [00:34:56]
I've notice that, yeah.

Dr. Gaines [00:34:58]
I use the focused first. Focused is painless because it's entering below the tissues and it does create this numbness, and then after I'm done with the focused, I add radio. Radio can be very uncomfortable, because it's that jackhammer type sensation over the genitals, it's not so pleasant. A lot of centers will use numbing cream. I started using that initially and teaching physicians to use that, but after my hundredth patient come in and his face is numb and his eyelid is drooping, I decided that maybe I'll try to just bring up the energy gradually. So, you can do that with radio as well, if you start low and tweak it up high. It takes a little longer...

Dr. Holtorf [00:35:47]
I found that works really well. And because I'm pretty much a wimp and I was getting it on my shoulder, and I was like ready to like jump off the table. But then they just slowly increased it, and I'm like, that's not bad at all, you know.

Dr. Gaines [00:36:03]

That's right, and you can get through the maximum or the therapeutic number. It's all therapeutic but you can get through a number which will give you more benefits. So, it isn't painful, it's a non-painful procedure if done properly. As far as the P Shot, of course, there's needles that get thrown in there. So, that can be painful. But I developed a block and I taught everybody how to do this block. It's really no secret, but it's very, very simple to do. And I've shown it, I actually could show you this, really quick if you can hear me. When I turn the computer this way, you can't hear me.

Dr. Holtorf [00:36:43]

Yeah, no. It's like a finger block. But I have to tell you, it doesn't even hurt. I did PT-141 when I first started, a little too much, and so I was going on like 24, 36 hours. I'm like, I better do something, so I took a couple of 20 cc of blood out of the penis, I mean, it didn't hurt at all. So, I don't think it's that painful. It looks and sounds more painful than it is.

Dr. Gaines [00:37:12]

Yes.

Dr. Gaines [00:40:56]

On the (inaudible[00:40:57]) sensation or anything, it actually creates cushion. It's a good thing. Of course, I sometimes do it along with a P Shot or injecting Wharton's jelly. Wharton's jelly also has some hyaluronic acid in it. But I can inject that, you can inject that intracorporal and create some regeneration of tissues.

Dr. Holtorf [00:41:15]

And so, with the P Shot, what are you doing, like two and two. Do, you do it on the glands?

Dr. Gaines [00:41:23]

I do inject the glands too. We have three tubes in the penis, you have the two cavernosum and then below is the spongiosum. The corpus cavernosii are the ones that are enveloped by the tunica albuginea. So, those are the tubes, when they swell create the erection. The spongiosum which is the third tube, really doesn't contribute much to the erection, but we'll put in growth factors in the whole spongiosum, the whole spongiosis. So, we do inject that as well. But I usually do...

Dr. Holtorf [00:42:02] Now, would it help if you just did like the Wharton's jelly and you know growth factors and that without the hyaluronic acid? Would it improve that?

Dr. Gaines[00:42:15]

Yes. Improve size, yes. There's blood vessels and the size of the penis does increase. In theory, it should be, you know, after a number of months.

Dr. Holtorf [00:42:43]

And so, after you're done, is the penis like larger at rest and relatively bigger when it's erect? Or is it normal sized and gets bigger when erect? Or how does that kind of work?

Dr. Gaines [00:42:55]

Right. What happens is after you do the P Shot procedure, with or without Wharton's jelly or other growth substances, usually you are a little bigger because of the volume that you've put into the cavernosum, but that generally goes away after three days. The actual regeneration of the blood vessels and nerve tissue and increase in blood flow, will take a month or three to increase. And what happens is, we know that from studies that even after one session of PRP injected or Wharton's jelly, things are happening for twelve weeks, that's what's in the literature. There are still higher levels of growth factors, still higher numbers of stem cells. So, you know, you got to give it time and you have to make sure a patient's expectations are appropriate before you offer these things. Especially with, you've got to be very careful with the filler type of programs, because they do get immediate results because you can take a before and after picture and show them. But it depends on what they think is substantial enough. They may require further filler, is what it is. But you can put a load of stuff in there, so you can increase the size for sure, but it might take them, it might cost a little more, that's all.

Dr. Holtorf [00:44:33]

So, do you have any porn stars with the tea kettle?

Dr. Gaines [00:44:39]

I do have one, actually.

Dr. Holtorf [00:44:46]

So, can they immediately start having sex after or do you have to wait?

Dr. Gaines [00:44:54]

Yeah, there is a down time, it's usually about two days. I usually recommend two days and I recommend keeping the penis wrapped, not tight or anything.

Dr. Holtorf [00:45:05]

All the married guys are like two days, like they're thinking two years.

Dr. Gaines [00:45:10]

Right. Two days is nothing, right. So, you know, and the wrapping is supposed to maintain, you want to maintain the hyaluronic acid in the same spot. So, the wrapping is important for a day. The issue with micro penis or retracted penis is if you don't wrap it tightly, the penis will retract, and the hyaluronic acid will get bunched up into the base of the penis and it's not the look we're looking for.

Dr. Holtorf [00:45:39]

But then you get like a ring and some ribs right, you know. You're probably going to get asked for a lot of weird things.

Dr. Gaines [00:45:52]

Yeah, well, I've heard it all.

Dr. Holtorf [00:45:57]

You've seen it all too, I bet.

Dr. Gaines [00:45:59]

I have.

Dr. Holtorf [00:46:04]

Well, that's great. So, like what percent of people are happy or is there a downside?

Dr. Gaines [00:46:12]

The downside is that the results aren't what they expected. So, you always have to be very careful, I say this is the practice of medicine, we know this works and the literature for the majority of patients, everybody's different...

Dr. Holtorf [00:46:31]

It's not this gigantic elephant penis, whatever.

Dr. Gaines [00:46:34]

Exactly. Exactly, and if someone should want that, you'll have to come back a few times and it's going to cost you more money. The other thing, as far as erectile dysfunction, you know, I tell them we're looking for improvement, we're looking to get you off trimix, we're looking to get you to lower your dose of PDE5 inhibitors or get you off completely, so you can develop some spontaneous erections. And I've seen it all, but I do start with that, I tell them we're trying to back you off from what...

Dr. Holtorf [00:47:03]

You know, we're guys. We fantasize, and it's just like women have the same thing with the women's magazines, and it's kind of unrealistic, right. You know.

Dr. Gaines [00:47:15]

Yeah, it is. So, that's the thing where we might have a psychogenic component to all this. We know that, you know, the erectogenic response is actually a reflex from the spinal cord. So, people who have damage to their spinal cord, you can stimulate them, and they'll get an erection... young

guys, and they can still have babies. But we have an intact spinal cord, most of us have an intact spinal cord, we can suppress that erectogenic response with past experiences, thought processes, things that...

Dr. Holtorf [00:47:50]

Oh, yeah. Let me ask you, okay. Who has the biggest penises in the world?

Dr. Gaines [00:47:59]

I don't know. You know, let me see... the biggest penises... the porno industry might have altered our perceptions and the real average size of a penis, what is it?

Dr. Holtorf [00:49:02]

Is what, 13 inches, I couldn't hear you?

Dr. Holtorf [00:49:23]

But yeah, just in closing, I just also interested in other stuff you're doing, like your senolytics, I think that's, I think that's just going to be a huge rage when that gets out into the general public. And can you talk about what are senescent cells and what are senolytics and how does that help with longevity?

Dr. Gaines [00:49:49]

Yeah, it's been around for a while, but the guys have been looking into in California actually. What's the guys name, Aubrey guy, he's doing all the studies. Basically, what happens is as we age we accumulate older cells that don't want to die. And we can actually focus on organ cells that aren't functioning well, myocardial cells, your renal cells, they aren't working well. And they send out bad signals to neighboring cells, even to the rest of the body. So, they send out inflammatory cytokines and proteins that really don't help any inflammatory stuff. So, as we age, we accumulate these cells, and they call it senescent burden. So, your senescent burden goes up and all your organ function deteriorates. It's now shown in humans, and last year in mid February at Mayo clinic, they've shown that people who have pulmonary fibrosis and they treated with senolytic protocol, got better. And they're respiratory function and pulmonary function got a lot better.

Dr. Holtorf [00:51:03]

And they get better fast.

Dr. Gaines [00:51:06]

They got better within a month and what they basically what they were looking at, they were looking at an anti-leukemia medication, a flavonoid quercetin and they used these two doses in these patients only for a week, three days they got it, and these guys improved subsequently. So, it's thought that senescence increases, and unfortunately senescent burden is hard to measure. And tissue biopsies have to be done, but you're looking...

Dr. Holtorf [00:51:40]

But you know everyone has it, right, as you get older.

Dr. Gaines [00:51:42]

Senescent markers... yes. We know we have it. I offer to my patients the combination of Dasatinib quercetin, Dasatinib being the cancer drug and quercetin, in a dose two Mondays in a row, it could be four Mondays depending on their medical condition, but I encourage it. It weakens the senescent cells, your immune system gets rid of them. Your organ function improves, that's brain, heart, kidney, all improves...even liver. So, the initial treatment is either two or four Mondays and then it's a tune up every four to six months depending on people's medical condition. But emulative therapy is here to stay, it's going to be improved. They're using a flavonoid called Fisetin which seems to work a little better than quercetin, but people are examining it and I'm excited to have it over to my patients. The other things is...

Dr. Holtorf [00:52:54]

Oh, let's see. I got this stack, yeah flavonoids are great. I call it Fisetin, whatever, tomato, tomato. But yeah, when I did my genetics test, every answer was take flavonoids, you know. Polyphenols, so. It's very interesting. And you know, I went into heart failure that the cardiologist said you can maybe get better from damage, 10% in ten years and I could not walk straight, you know, not upright, I could not walk upstairs. And really the peptides, I think that's one of the things they did was really get rid of those damaged cells that weren't dead but just sitting there not functioning in my heart. My heart was so stiff. And so...

Dr. Gaines [00:53:45]

What did you use? Which... Tb4, yeah.

Dr. Holtorf [00:53:51]

So, yeah, TB4, which they've now found Tb4-FRAG probably even better, it's smaller, gets into smaller places. It's available orally, bioavailable. BPC is great and, but I don't know if that's really senolytic, but I find if you fix the immune system, the immune systems so low that it doesn't go up. But the BPC will also help the mitochondria. So, if you fix the mitochondria, because these cells are actually, they're programmed to die, right. When all these things go wrong, but they don't have the energy. So, you basically stimulate their mitochondria and allows them die. So, a lot of mitochondrial peptides, 5 amino 1MQ.

Dr. Gaines [00:54:44]

Yeah, I've used it.

Dr. Holtorf [00:54:45]

BPC, so I think it really just transformed my heart that was just all, you know, almost dead cells to, you know, they left the newer ones.

Dr. Gaines[00:55:01]

The other thing is, you know, the other thing that helps is plasmapheresis. As we age, our plasma, which is about 60% of your blood, the liquid blood, the plasma accumulates these inflammatory proteins, and it goes way up as we age. These are cytokines and degenerative proteins, inflammatory markers that increase. Well, plasmapheresis is coming into view now, it knows, something called parabiosis, where they connect two mice, an old mice and a young mouse and the older mouse got younger and the younger mouse got older, just by connecting their circulatory systems. Actually, they just connected the skin. But they developed connections between them. That's an old study that's done, but now it's been shown that's it really not young blood, it's the inflammatory stuff in older people's plasma. So, plasmapheresis gets rid of that and you can do it normovolemic with taking off 70%, 80% of your plasma while you're infusing albumin. So, it cleans the plasma, and this has been shown to increase, again, organ function, it reverses Alzheimer's, it's FDA approved for many, many items, any type of autoimmune disease. You had it yourself for Lyme.

Dr. Holtorf [00:56:41]

Yeah, I went all over to get it. It works. It get's rid of all the toxins. It's funny though, I went to the hospital across the way, and I said how much is it to get one plasmapheresis, and they said, I don't know but we'll give you 80% off. And I'm like, okay, well what is that? She comes back and she goes, \$38,000 and I'm like okay, 80% off of that, and she goes, no that's with the 80%.

Dr. Gaines [00:57:09]

That's true. So, I've actually got it down to about \$3,500 believe it or not, per session. Of course, it's very expensive and the equipment is very expensive. And I do have people doing it. I myself have done it. I can tell you the next day, it doesn't hurt, the next morning I woke up, I had no aches and pains, and by the way I don't get excited about anything but that's something I noted, no aches and pains.

Dr. Holtorf [00:57:40]

Hey, Richard's still alive, there's proof right there, right. He was doing it. I've been looking at kind of a self-contained plasmapheresis machine. So, we'll see if that works, but yeah. We looked into it, there's so many regulations and I'm in California, so it's like, oh my God. You can't do anything.

Dr. Gaines [00:58:04]

Yeah, California's a mess. Are you looking at EVO2, is that what you're looking at?

Dr. Holtorf [00:58:09]

Yeah.

Dr. Gaines [00:58:30]

Yeah, yeah. And that seems to be okay. I haven't seen any good studies on it, of course, because it was invented by somebody in our field.

Dr. Holtorf [00:58:36]

And talk about a small world, the owner was a guy who rented a room from me, like thirty years ago.

Dr. Gaines [00:58:48]

Wow. Unbelievable. Alright, so I appreciate you having me on. I have all these things for sexual health because that does sell and it is very important, and I'm getting very good results.

Dr. Holtorf [00:59:08]

Well, what percent of patients come in for sexual health or overall health? I guess, they all go together, but.

Dr. Gaines [00:59:17]

Well, I mentioned it in the beginning when we started that my patients come in, every one of them number one is body composition. They all want to look better. They all want to get fit again.

Dr. Holtorf [00:59:30]

It's all that confidence, right.

Dr. Gaines [00:59:35]

Well, that comes with it. I haven't had anybody come in and say I want more confidence.

Dr. Holtorf [00:59:39]

Well no, because, yeah, they want a fantastic body.

Dr. Gaines [00:59:43]

Well, absolutely. Well one of the items we use is bioidentical testosterone. There are receptors for testosterone throughout the body, the most concentrated number of testosterone receptors is the human brain. So, what's interesting is that when you occupy those receptors, you have a better sense of wellness and your memory improves and focus. So, there's a lot of good things about just replacing your hormones that you had when you were younger.

Dr. Holtorf [01:00:16]

Yeah, and they're like, and they're reference ranges, if you look, ten years ago the reference range was much higher. Ten years before that, it was much higher. We're having guys coming in at 22

and their level's like a 90-year-old, but the lab says they're normal because they're just the lowest five percent. I mean, it's crazy and they're depressed.

Dr. Gaines [01:00:42]

It's documented that testosterone levels in men have fallen since the 1960s, has fallen 30%. Why that's happening, could it be 4G? Could it be 5G? Could it be our radio waves?

Dr. Holtorf [01:00:56]

Yeah, toxins, pesticides, plastics. But they keep just lowering the reference range. So, they say you're normal. It's like saying, oh, you got cancer, well most people get cancer. So, your fine. And I've had guys come in with testosterone of 700 but they got all the symptoms, I'll give them a trial dose, just do a dose, and all their symptoms go away. You know, because as you get older you get testosterone resistance. So, you can argue the level should be higher.

Dr. Gaines [01:01:30]

Exactly. Some people need a little higher levels. Yeah, for sure.

Dr. Holtorf [01:01:34]

And then also, like the creams, the big problem is, like you rub the cream on, and you increase aromatase, the body starts breaking down estrogen. Especially if you're diabetic or overweight, so they're basically getting estrogen replacement.

Dr. Gaines [01:01:51]

There are some good things about estrogen, but you don't want it too high.

Dr. Holtorf [01:01:54]

Yeah, you don't want too high, you don't want it too low, because the brain needs it, bone needs it, so many things need it.

Dr. Gaines [01:02:02]

Cardiovascular.

Dr. Holtorf [01:02:02]

Yeah, exactly. I like combining Nandrolone which is a non-aromatizable, doesn't convert to DHT with low testosterone, kind of 50/50, and then you get a little less aromatase in there. Especially in the overweight and diabetic patients.

Dr. Gaines [01:02:24]

Yeah, it does work well for diabetics for sure.

Dr. Holtorf [01:02:24]

Yeah. Hey, man this has been great.

Dr. Gaines [01:02:30]
Well, thank you.

Dr. Holtorf [01:02:31]
A whole new area, you're always progressing, like reach the pinnacle and developed this device that everyone's heard of and you've got to make it better.

Dr. Gaines [01:02:47]
Yeah, absolutely. Thanks, appreciate it.

Dr. Holtorf [01:02:51]
That's awesome.

Dr. Gaines [01:02:51]
It was fun. Thank you.

Dr. Holtorf [01:02:50]
Great, thanks so much for being on the summit. And we need to hang out, yeah.

Dr. Gaines [01:03:04]
Okay, awesome. When we get back to the conferences, I'll see you there.

Dr. Holtorf [01:03:11]
I didn't think I'd ever miss all those people.

Dr. Gaines [01:03:13]
Me either, you know. I miss some of those weirdos.

Dr. Holtorf [01:03:20]
Yeah, like I hate that guy, oh I miss him now.

Dr. Gaines [01:03:24]
Yeah, right. Exactly, but we have to get back out there, for sure. Next year.

Dr. Holtorf [01:03:31]
We do. Well, bless you sir. Keep up what you've been doing. You're the epitome of a doctor, you know. Just doing what you should be doing. So, thank you for everyone you've treated and thank you for being on the summit.



THE PEPTIDE SUMMIT

Dr. Gaines [01:03:51]

Thank you, I wish my slides were better. But we'll get it next time.

Dr. Holtorf [01:03:53]

Oh, it was good. It was good. Take care.

Dr. Gaines [01:03:56]

Okay, talk to you later.

Dr. Holtorf [01:03:57]

Bye.