

A sunburst graphic with numerous thin, light gray lines radiating from a central point behind the text.

Healthy Moms Podcast

BY **Wellness Mama**[®]
simple answers for healthier families

Episode 164: Using Platelet Rich Plasma Therapy &
Sound Therapy to Improve Health
With HealthGAINS

Child: Welcome to my Mommy's podcast.

This podcast is brought to you by Plant Therapy. I'm often asked where I get my essential oils, and Plant Therapy is my go-to place these days. They offer many certified organic essential oils, including many kid-safe blends at really affordable prices. I also love that they offer bigger sizes of many oils so I can order our favorites in 100-milliliter bottles and they last longer, and then I throw fewer bottles in the recycling each month. Many of you also know that not all essential oils are safe to use on babies and small children, and that certain dilution ratios should always be followed. Plant Therapy takes the research and guesswork out of this, since they work with Robert Tisserand, who is the author of "Essential Oil Safety," to make sure that all of their kid-safe oils are truly safe for kids. They are offering a 10% discount to "Wellness Mama" listeners and you can grab the discount by using the code WELLNESS10, all one word, WELLNESS10, at wellnessmama.com/go/pt. That's wellnessmama.com/go/pt for Plant Therapy.

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Katie: Hello and welcome to "The Healthy Moms Podcast." I'm Katie from wellnessmama.com and I am here today with Vanessa Gaudin who is a board-certified Family Nurse Practitioner and Expert in women's health and wellness at HealthGAINS in Miami, Florida. She is now engaging in the realms of male and female sexual health and wellbeing using regenerative and functional, and anti-aging medicine. We're gonna talk about some of the really cool treatments that she's working with in this episode. She works with patients in a collaborative manner to really empower them to take an active role in their own healthcare, and she has led a study on Femme Wave, which is the safe and minimally invasive procedure for women to restore vaginal sensitivity and lubrication, especially after childbirth.

So, we're gonna go into all that today. Just a fair warning, we are gonna be touching on sexual health topics. So, if you're listening with children and you don't wanna have to explain a lot, this may not be an episode to listen to with your kids. But Vanessa, welcome and thanks for being here.

Vanessa: Oh, thank you, Katie. Thank you so much for having me.

Katie: I think this is gonna be a super helpful episode and I love the technology. It's something I've been researching lately. I found out about it through my friend, Ben Greenfield, and I feel like it has so many applications and can help so many people. So, I wanna start broad and then we'll dial down. But to start with, talk to us through what is platelet-rich plasma therapy? Because people may have heard it or have a passing

understanding, but not really know what it is.

Vanessa: Right, absolutely. It is something that's been talked about a lot recently. And basically, it's actually a very simple procedure or therapy. Platelet-rich plasma is pretty much your own blood. I mean, I'm gonna say it very basic, very layman's term, try to not use too much medical nomenclature, but it'll be very brief.

PRP, platelet-rich plasma, is an autologous product derived from your own whole blood. And what's done is that it's processed through a centrifuge. And what that is, is separating the red blood cells from the platelets and the plasma. Once that's completed, it actually is taken and placed back into your body, just the plasma, just the platelets. And with that being completed, you're actually able to help promote the natural process of wound healing, soft tissue reconstruction. And what it's really well-known for is bone reconstruction and augmentation. So, it's, I would say, less than a 30-minute treatment, 30-minute procedure, and well-known and well-used in sexual health and in general health overall.

Katie: Yeah. It's really cool to see a lot of the advances that are coming up related to this. And another word I've heard tossed around is prolotherapy. So, what's the difference or is there a difference between PRP and prolotherapy?

Vanessa: Let's just say prolotherapy was the one that started before PRP. And the reason why I say that, it's because prolotherapy is...the other name is proliferative therapy, and it was used mainly in orthopedic medicine. And the reason why is because it actually contains a hypertonic dextrose injection, which is about 15% to 25% dextrose. And so, therefore, when you place something like that into the body, it actually is very irritating and it's painful. So, it was actually used mainly in orthopedic medicine to have found great response in tissues and in joint areas. But the thing is, it's very painful. So, from that, they actually took studies and started realizing, "You know what? It can probably be applied in a more..." how can we say..."in a more delicate manner by using PRP." So, I would say it's one of the forefathers of this type of therapy that we're doing now.

Katie: That makes sense. And another term I've heard tossed around related to these therapies is stem cell therapy. So, is there a difference there versus just platelet-rich plasma therapy?

Vanessa: Well, yeah, absolutely there is. The biggest difference is how invasive the stem cell therapy is in comparison to the PRP therapy alone. PRP therapy is great, so is stem cells. But the thing is, for something like what we do here at HealthGAINS, PRP therapy is done in-house. It's an outpatient procedure, like is said, about 30 minutes, no more than an hour. And once the patient is complete, there is like no recovery time, meaning that once they leave my office, they go straight back to work. They can go back to engaging in regular daily activities. Whereas if you're doing a stem cell procedure, it's a sterile procedure, you know, there has to be more coming and a more invasive style procedure. So, it takes more time in you. You know, you can't just get up and go like you can with the PRP. So, that's the biggest difference, but a very good therapy as well.

Katie: Got you. That makes sense. I've heard that one more referenced in like more severe cases or like athletes trying to recover very quickly. But it does seem much more of like a surgical procedure versus an in-office type thing.

Vanessa: Correct, because the harvesting for the stem cells, it's not from...it's not just directly from the blood. It's more so from the bone marrow or even adipose tissue. So, again, that requires different equipment, a lot of invasive procedures trying to get to the actual stem cells, and then harvesting that, so definitely, very, very strong. It works very well for leukemias and definitely, like you said, in athletic procedures, but, again, more invasive. And depending on if the patient doesn't have time for that, this is definitely an alternative and a very effective alternative for them to use.

Katie: Yeah, it definitely seems like that wouldn't be a first-line therapy to try because it's so much more invasive. And from my reading, so it seems like there are growth factors in platelet-rich plasma that helps stimulate cell replication and proliferation of myoblast and vascular endothelial growth, like, insulin-like growth

factor is one, which I know there's a lot of big words that you can probably explain better than I can. But basically, they help repair skeletal and muscle structures as well. Is that right?

Vanessa: You got it. You said it. You hit it on the money. When I read that from you, I was like, "Wow, she really is doing her research," and you are hitting all the words. And all that breaks down to is muscle tissue, vasculature, and vascular endothelial growth is just saying blood vessels. So, you're helping promoting blood vessels. And the insulin-like growth factor is, think of it as...what we...we like to call it the growth hormone levels. Meaning, everything that you need to help regenerate and renew old cells that are in your body and to kinda make them healthier, give them a...give the tissue a healthier environment. So, again, you said it. You said it correctly, but that's just more so the breakdown of what it is exactly that the PRP is going to stimulate, what kind of reaction it's gonna stimulate to happen in the body.

Katie: Okay. And I love that. I love that, basically, the idea is it's helping the body do its own job better. It's not like you're injecting a foreign substance. And that was my main point, that I just loved it, like, basically, you're just supporting the body in a very specific way. So, you mentioned a couple in passing, but let's go a little bit deeper on some of the applications of platelet-rich plasma therapy. I know that I've seen it in, like I mentioned, joints or skin, or facelifts even. So, can you kinda walk us through all the ways that medicine is using it currently?

Vanessa: All right. Well, currently, from...and you would be surprised, but right now, currently, it's joints. It is in the hair, actually, face, soft tissue spaces such as the vagina and the penis. And definitely, recently, I've actually seen some articles that included for breast augmentation and even reduction, or neck lifts. So, it's amazing the things that they're coming out with and the mechanisms that they're able to use the platelets. There's different forms of platelet-rich plasma and I only say that to say that. Remember when I said in the beginning, there's a centrifuge that separates the red blood cells from the platelet-rich plasma. But within that platelet-rich plasma, after you centrifuge it, there is a layer of that plasma that's known as platelet-poor plasma.

But what we're talking about now, even with that platelet-poor plasma, it has a high amount of something known as fibrinogen, which helps decrease the use of electrocautery, which they use a lot in surgeries when you're having, let's say, a breast implant or breast augmentation. So, that PPP, platelet-poor plasma, is actually being used in that respect because of its high amounts of fibrinogen, which helps speed up healing in oral and even dental surgeries. It's just amazing, just the realms that PRP along with this own substance of PPP can be used in the body to help heal it and help it recover.

So, the current issue is that we lack standardized control studies to help us assess the full efficacy in all the areas for PRP use. But it can literally be used anywhere in the body, literally, from head to toe. So, it's pretty great.

Katie: That's so cool. And my first exposure to it as actually from one of my good friends who's a dentist, and he was a pretty recently graduated dentist who had seen a lot of the cutting edge research. And he would actually draw blood when he had to pull teeth and do like wisdom teeth, impacted teeth, things that were more invasive. He would spin the blood and use that, the fiber, you know, the platelet-rich fiber I think it's called, and pack it into the tooth so that it would heal. And he never had dry sockets or any other problems that people have. So that kind of like got my antenna up, like, "Whoa, what is this and how does this work?"

Vanessa: And it's your own body. Like you said, it's your own body doing what it's known to do but at a better pace and with stronger cells and stronger signaling cells to help tell the body. It's talking to your brain and telling your brain, "Hey, there's a major trauma that's happening," when actually, all you're doing is causing that trauma so that the body can respond in a way that is very healing and very protective for you. So, I think it's great.

Katie: Yeah, I think that's...what I love about it is...because even with supplements, even if they're natural, you're still putting something foreign to the body, in the body. Whereas this, you're actually just kind of

concentrating something the body already has and using it in a different way. So, I'd love to go through a little bit more specifics on some of the different uses. So, you mentioned in the hair. So, how can it work for improving hair growth? I know that's a big issue for a lot of men as they age, and even women post having children can sometimes struggle with that or with thyroid problems. So, how are you guys using PRP for hair growth?

Vanessa: All right. So, here in HealthGAINS, anytime patients complain of hair growth issues or, like you said, if it's a woman going through menopause or even a man who has male pattern baldness, the PRP, once you extract it and once you're ready to place it back into the tissue or back into the body, what it does is that it proliferates at the epidermis and it helps increase something known as keratinocytes, which is just a hair follicle site. Once inside the scalp, it releases growth factors that stimulates the development of new hair follicles and promotes new blood vessels, or what's known as neovascularization.

And just so that people are aware, for the hair growth, I would always tell patients here at HealthGAINS that you need at least three treatments. And the reason why I say that is because on average, a full hair cycle is around eight weeks. So, therefore, it's most beneficial that you get these treatments at least a month apart if you're gonna do them, and then continue it for three months total.

Alongside the hair PRP being placed back into the scalp, I always perform...here, when we're working at HealthGAINS, I always perform something known as microneedling. And what that helps is to prolong a phase in the hair cycle known as anagen phase, which increases hair follicle sizes through stimulating different channels and prostaglandins that are found in the scalp.

So, of course, again, like I always keep saying with PRP, overall, in the medical world, we always need more extensive controlled studies. But let me tell you, in the office here at HealthyGAINS, we have great response from women to men. And I do notice that women do respond a little quicker when it comes to the hair growth aspect than men. But the men do respond over time. We always take a "before" picture to assess the hair growth and just follow them along. The results can be seen as early as two months and the full results, of course, evident as they continue through therapy between three to four months. But it's really nice and really awesome.

Katie: Yeah. And I think that's an important point, too, because you mentioned there's more waiting on a lot more research. There is research supporting this, certainly, but it'll be great to have more research to draw from. But at the same time, since you're talking about a, like, non-invasive therapy from the body that has no risk of rejection or like allergy or any of these problems with so many other treatment, there's really strong anecdotal benefit that you guys are seeing and testing in patients.

Vanessa: The most concerning things to the people post-treatment is "Can I go outside?" And I tell them, "Of course, you can go outside, but just probably for the next few hours. Stay inside so that you're not exposing the hair to extra heat, and just wear a hat when you leave here for the time being." But it's, again, something that doesn't require you to stay out of work. You know, you don't lose any time. You don't lose any activity, anything. You're fine to continue doing your daily duties.

Katie: Yeah, exactly. And okay, so another...I get emails pretty often, actually, surprisingly often, at least a few times a month, that go something along the lines of "I don't wanna use Botox because I know it's got some problems, but I don't like my wrinkles." And I've read about something called a Vampire Facelift and some celebrities have apparently used this and it's kinda popularized it." So, I get so many questions like is it safe? Is it natural? Does it work? So, can you address that one for us, too?

Vanessa: Yeah. So, for the PRP, what we're calling...you said it. I think it's the Vampire Facelift. The Kardashians, Kim Kardashian is a big one, Tiger Woods, Angelina Jolie, everyone's been praising it and everyone's been using it in the popular world or the celebrity worlds. But the study...the PRP for face or Vampire Facelift has been...I think I wanna say it started back in the 2000s. And what it does in the skin, like it

does anywhere else in the body, is it helps wherever it is...wherever you're placing the PRP, it helps those tissues specifically to that region.

So, if we're doing a Vampire Facelift, when we complete one here at HealthGAINS, it helps boost the collagen, it helps reduce fine lines, and it just...let's say a patient has severe acne scars or severe...what's another big one that I see some time with women post-menopausal or even right after childbirth is something called melasma, kinda helps decrease the appearance of those different features that can occur in the face. Same thing that it did in the hair is the same thing it does here: proliferation, helping to increase angiogenesis, and just neovascularization. And you'll notice that.

Again, it takes time, I would say, for the face. It can take anywhere from three to four months for them to get real full results, where some of them tell me, "Wow, Vanessa. I don't even need to wear makeup anymore. I mean, my skin's glowing," because they noticed the decrease in the appearance of their scarring or just an increase in the collagen, or the youthfulness in their skin.

So, sometimes, what I also do here at HealthGAINS for the patients that want more, so if something like immediate results, I'll give them...I'll mix the PRP with filler. The reason why you can do that sometimes is because the filler is hyaluronic acid, which is actually a substance that's found within us anyways, which is...it has affinity to water. So, therefore, it helps restore volume lost and also can address the aging concerns while the PRP is working on the deeper layer of promoting your body to do it on its own. So, they can get an instant fix along with long-term lasting effects of the PRP. And it's not always necessary, but some patients want that. PRP alone will give them that over time, but it's always something that I give them an option to complete.

Katie: Got it. And it definitely seems less invasive than a regular facelift or even then, like Botox or any of the more common health treatments. I love that. It's an alternative.

Vanessa: Right, right. And the way it's completed, it's...there's different ways that you can have it completed. Same thing that I do with the hair after the PRP, you can also microneedle the face as well so that they get a complete seal with the tissue...with the PRP on the outside as well. So it's, like you said, really non-invasive. Again, avoid the sun and the results can last. I only maybe see these patients here at HealthGAINS maybe once or twice a year for a Vampire Facelift and they're very happy normally.

Katie: Nice. So, now, I'd love to talk joints because this is where I've seen the most data on in my research and also that I've tried personally. I saw a study that actually compared PRP therapy and stem cell therapy to ACL surgery. And they were seeing similar rates of recovery, which ACL is one of those that's for a long time, it's just been assumed you had to have surgery. So...and they're using this on joint issues. I personally had it in my Achilles after I had like a low-level Achilles injury, and it completely fixed it. But I'm curious what ways you guys are using this with joint problems.

Vanessa: So, I'm glad you brought that up. When I saw that question, I was like, "Well, won't Katie be happy to hear that I personally don't do all joints?" Right now, I mainly do knees. But my goal is, and hopefully, within the next few months, is to get certified in doing PRP in the joints because, again, like I stated earlier, PRP is great everywhere. And again, the most literature is covering joint issues. So, I wanna delve into that a little bit more. But what I have seen when I do, let's say, do a treatment or a PRP treatment on the knees is that it's completed with injury or tears like you've mentioned, various degrees. And some patients are able to avoid surgery completely when they have the PRP treatment done.

So, sports-related injuries like jumpers knees, the patellar tendon, or tennis elbows, all of them have had accelerated healing with the PRP. And so, when you're treating sports injuries, PRP also helps repair different tissues such as chondrocytes, synoviocytes, and other things that can also help your own stem cells come to the area quicker to help with the healing. So, again, it's coming soon here so that we can actually...it's why I can actually provide it to patients here at HealthGAINS because that's our population, whether it be men or women, do have chronic, let's say, degenerative osteoarthritis or different kind of pains that they want relief.

And I know that the PRP could give them that relief. We just need to hurry up and get there and provide that care for them.

Katie: Yeah, I know. I found it frustrating that most doctors don't really seem very much onboard with this yet. Or they don't know probably a lot of the research. It seems like something a lot of patients are requesting for different uses, but not necessarily that is widespread. Do you think in the future, hopefully, this would become a more widespread treatment that more doctors are familiar with?

Vanessa: Oh, yes, absolutely, because, again, the downtime is less. It's less risk for infection. Of course, you're dealing with joints and you might be dealing with some bones. But I mean, when it's completed, when I do knees or when I've seen shoulders completed, or even elbows or hips, I mean, the patients do get relief. And again, like I wanna say, a good majority of them can either avoid surgery completely or delay the onset for them to need to go to surgery where they'll be out of work and they'll be out of commission for months, maybe even up to years, depending on their age and depending on how quickly their body can recover. So, I think it's gonna be something to look forward to in the future, PRP for the joints, in-house and in offices.

Katie: That would be great to see.

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Katie: And now, I really wanna delve into a little bit less known use for platelet-rich plasma, which is in sexual health. And you touched on it a little bit. I know this is an area of research for you and one that you're very passionate about yourself, just seeing all the advances in medicine here. And you have been using PRP therapy as a natural alternative to different medications and to different sexual health problems. So, can you kind of explain within the sexual health realm how it's being used and how it works?

Katie: So, for all the same reason listed before, PRP works well in soft tissue injuries, meaning, ED, like erectile dysfunction, or even for females, female sexual dysfunction, which is even less known than erectile dysfunction. It works because ED and sometimes the majority of the female sexual dysfunction is something that is related to a blood flow issue. So, PRP helps stimulate the tissue's growth and blood vessels within the penis or the vagina, which may help increase the sensation, the lubrication for women, and the quality of their response during sexual performance, which is always something that in a relationship, man or a woman, if I'm treating the wife, after I treat her, sometimes, it may be the husband that still has the issue. And that's when the conversation opens up for me to tell her, "Listen, you're here. You need to bring him in," or vice versa, "You're here. You need to bring her in," so that they can be treated so that you guys can have an even closer bond.

So, women notice a clinically better sexual function overall when they have the PRP treatment, but men do respond as well. They may take a little longer, but they do respond. And the results, of course, they vary depending on each individual's medical history, surgical history, or whatever may be going on like a...I think you mentioned earlier, menopause plays a big part of it for women sexual health-wise. And so, when you're having the platelet-rich plasma introduced into the vagina, into that space, they respond...the women respond well over time, same as men.

But it's a very interesting and it is a very passionate thing for me because when I first came here to HealthGAINS, it was a lot of focus on just men. And so, I was like, "Well, what about the women?" I mean, most likely, these men are trying to become a lot healthier and a lot sexually healthier for a purpose, and the purpose is to engage in sexual activity, whether it be with their wives, their girlfriends, or whoever. So, we have to address her as well.

Katie: That makes sense. So, I wanna like kinda split it up and talk a little bit more about the guys, and then also talk more about the women. But it seems like, at least from the emails I'm getting from people in my age group or people I assume would be too young to kind of experience this, that a lot of men are struggling with erectile dysfunction in different phases, in different stages. So, can you kind of...are you seeing a rise in this as well? And what do you think some of the reasons are that we're seeing this across the board?

Vanessa: Are you talking about a rise in erectile dysfunction?

Katie: Yeah. It seems like, at least from the emails I'm getting, that it appears to be on the rise, or maybe people are just talking about it more, or I don't know.

Vanessa: Right. You said it. It's both for them. People are talking about it more because let me tell you, the age groups, originally, when I came on board here at HealthGAINS, it was a lot older. But because now, people are talking about it, as young as their 30s, even late 20s, they're realizing that men, they have noticed a decrease in their erectile function or they have noticed a decrease on how long they can last. That now, with there being other treatment options other than a penile implant or just taking a Viagra or Cialis, now that they're seeing this non-invasive treatment of...well, not non-invasive, but minimally invasive treatment that can be completed with PRP mixed with something else for men or women known as sound wave therapy, or for women, it's known as Femme Wave, it just opens the door for this topic, which needs to be opened because it's a big deal.

And I think the issue is, as we age, aging is a big problem because as you age, atherosclerosis develops in the arteries. It kills them off or it clogs them up. And therefore, if you're clogging up, like I said earlier, erectile dysfunction or any issues in the vagina is all related to blood flow. So, if you have...think of it as a clogged pipe. If you have clogged...if you have something clogged, you're not gonna have much blood flow. So, we need to clean that out and you need to make better tissue, and promote growth or proliferation and new blood vessels so that there's better blood flow into that tissue, so that you can respond better.

Katie: That makes sense. And I think it's easy to think of that just as kind of being in the sexual realm. But I've

read a lot of data on how, like, erectile health is tied to, like, heart health. It's kind of indicative of other problems in the body. So, when people start seeing a decline there, it's something to pay attention to. Like you definitely want to address it because it really...it can be a telltale sign and I know there's a higher risk of, for instance, like, cardiovascular problems.

Vanessa: It's not even a higher risk, Katie. Cardiovascular disease is the number one disease for both men and women. And so, you just hit it on the head with ED and not just ED alone. We're seeing it with ED because for men, that's one of the main things that'll get them to...ED will get them to go to the hospital and then go see a specialist, which is usually the urologist. And when the urologist can't answer it and they start Google-ing or looking online, they'll find anti-age clinics like ourselves who provide these alternative therapies that'll either help them get better erections or improve circulations in the penis, so that they don't have to go for more invasive procedures like a prosthetic or things like that. But it's very much related to heart health, heart health and just health overall.

So, as you see, our society today, it's high fast foods, unhealthy foods that are just kind of killing ourselves on the inside and not really protecting us long-term. And so, as you get older, you feel the effects of the damage that we're causing, whether it be sexually or just overall physically.

Katie: Yeah, exactly. And it seems like the kind of first-line treatments that are often recommended are things like Viagra or Cialis, which aren't addressing those underlying, like, inflammation or, like blood vessel issues, whereas, like the sound therapy, from what I understand, does, actually, because it's like moving blood flow in the body. Same with platelet-rich plasma, it's causing the body to create that reaction itself versus just like kind of artificially addressing the problem. But are there other problems? I know, like, I've read some pretty dire warnings related to things like Viagra and Cialis. Are there other things people need to be cautious of there?

Vanessa: Let me put it this way. I wouldn't say long-term issues. Viagra...Cialis, actually, has been FDA-approved to help treat with benign prostate enlargement. So, that's actually a good thing. But the thing is that both of them can have very unwanted side effects, whether it be flushing, heavy headaches, or eventually not working anymore because, like you stated, it's not touching on what's actually causing the problem. It's kind of just Band-Aid. You're kinda giving it a band...you're using that pill for that moment in time for that sexual interaction. And then, once the pill wears off, you're still left with that erectile dysfunction and you're still left with the problem, only getting worse to a certain point where the pill no longer works. And that's what we get a lot of. I see that a lot here at HealthGAINS, that we'll get these patients....either we'll get them off the medications and they'll just increase their blood flow and their own ED is decreased on their own, or we'll get the patients that were taking multiple medications to help sustain an erection, and we'll get them down to maybe once or twice, or...I'm sorry, half the frequency of what they're using before they came to the office.

Katie: That's awesome. And so, I'd love to now delve into the women's side. And it's a full disclosure here. I've actually tried this treatment with you because as a lot of listeners know, I have six children and that's included I have had the hospital births with the episiotomies and the scar tissue that comes with that. And I've had a C-section. I have one C-section. And then, my last two were breech, home births, including my last daughter who came out with her, like, legs Indian style, and definitely caused some like pelvic pain for a while for me. So, I was really curious about trying that treatment to see, since it is so much more natural and uses the body's own...basically, the own substances from the body and don't have the downtimes. So, I was really curious to try it so I can talk about my experience as well. But you mentioned in passing that it can be used, that Femme Wave and the shot can be used for incontinence and pelvic floor problems. And I get a lot of emails from women who experience these, especially post-childbirth. So, can you talk about the kind of the ways you're using that and the results you're seeing in your clinic?

Vanessa: I mean, the results here at HealthGAINS have been really good, Katie. From your...speaking to you briefly and just checking on you, making sure how you're doing over time, I know you told me that things have gotten a little better. But here at the office, I haven't stated and I'm gonna state it now, anytime here at

HealthGAINS that we perform any kind of PRP on women, I always combine...or the O-Shot. When we do the O-Shot on women, I always combine my O-Shots for women with something...with the Femme Wave, which is the sound wave therapy. And the reason why we do it in that sense is, like I stated earlier, the sound wave is helping clean out those blood vessels, it's actually helping promote...it's causing a microtrauma within the tissues, which is promoting aggravation in the cell, and which is what you want.

Think of it as though you're working out. I explained like this to men, but I do it for women as well. Think of it as working out. You're causing microtrauma in your muscles. You're causing those little microtears. And what happens when you tear a muscle down? It builds up because it's getting stronger. So, the same thing in the vaginal space or even the penis. You wanna tear the...you wanna stress the tissue out so that at that point, there's havoc. The brain thinks that there is a major injury, there is a major problem, and it's gonna need repair. So, not only is your body going to start repairing on its own. When you add that, when you introduce that PRP into the tissue, you have a better combination and a better potential for your body to repair quicker.

And so that's why I do it that way. That's why I think it's the best mix for my patients. And I've seen great results for my women because, like I stated earlier, female sexual dysfunction is so underrated. It's...they...the last study that's been completed on female sexual dysfunction, it can date back to, I wanna say, 1999. So, that's how unknown it is. Yes, there's other studies that are out there right now. But all of them, the end result of the conclusion always states "We need more data. We need more standardized data." And, of course, I wanna say it's because women are a lot more complex than men, which is very true. But it's just we have to find a way and we have to find a standardized way to rate female sexual dysfunction so that we can address it.

But here, HealthGAINS, when I address it, normally, the patients notice better sensation. They notice longer-lasting orgasms, better lubrication, and just better tissue elasticity overall. And you mentioned the big one, which is, my patients that come in post-children or just had children and are just getting older. The tissue changes. There is something known as stress incontinence where there's a little urine leakage, or if they're working out or exercising, or running really hard, there's some urine that comes out, it's been known to help with that. The PRP along with the sound wave therapy has been known to help decrease the need for them to over exercise with the Kegels, which is well-known for OB-GYNs to tell the patient, "Well, work on your Kegels to help, you know, strengthen the bladder sphincter." But that's not enough. It's not that it's a Band-Aid. I do recommend that as well. But it's not enough for the tissue to regenerate or to get restored.

And there's also other things like drugs, though women can take like anti-cholinergics that'll help them with the urinary incontinence. And that, too, still isn't enough. That's more like a Band-Aid. So, the PRP mixed with the Femme Wave that we do here at HealthGAINS has been great for a lot of my female patients. And it's made them...it's actually saved some of them from wearing what they say is their diapers. We've gotten them out of their diapers and either to a liner for comfort with no leakage, but they're so used to having to wear that. Now, their down to a liner, but they're happy that there's no leakage at all and they're happy that sexually...their sexual activity has changed and has improved because of the treatment.

Katie: Yeah. And I think you're right. I think you touched on something important which is that this is less talked about. I feel like women are not...they're more likely to just ignore these kind of problems or just live with them. I think maybe for men, they're more willing to talk about it at least with their doctors. And for women, it's just easy to...especially once you're a mom, just ignore it or assume it'll eventually get better, or that it won't and you're fine with that.

Vanessa: Right, because you blame it...as a woman, you blame it on age. And you say, "Oh, I'm in menopause," or you just think that it's supposed to change after you have children. And no, it's not that it's...it may change, but it shouldn't be unpleasant and it shouldn't be that. I have patients that come in and tell me when I ask them...there's a questionnaire I have women complete for the platelet-rich plasma therapy or mix with my sound wave. When they come in, I have them complete a questionnaire just to kinda gauge what kind of treatment options I wanna give them. And when they tell me they never had orgasm but they've been married 10 years, it's like it doesn't add up to me, there's a problem there, you know, because it's either

they've lost sensation in the vaginal area or there's just no pleasure involved for them anymore. And I think that's very sad.

So, it's, again, a very passionate thing for me to help rebuild that and get them feeling better so that they not only are sexually healthier, they're just healthier overall mentally. It's a lot of therapy that's being done with these treatments overall and I'm talking about mental therapy, just to help the women know that there is another way, there's other options.

Katie: Yeah. And I think it's important to raise awareness, too, because before, if I knew guys, I knew women who have done the... I think it's called pelvic floor mesh and that those tend to have a lot of problems. There are so many lawsuits with those right now and that was a much more, like, common, but way more invasive and way more problematic method that someone would turn to.

Vanessa: Treatment.

Katie: Yeah.

Vanessa: Yeah. I wanna say, so far, luckily, I've only had one woman who had her mesh removed and I've been able to treat her, help her out with PRP along with the shockwave therapy. But, again, her case is more of a severe case where normally, for treatment for the O-Shot, you can wait months before you have to come back again. But with her, she's the one that I wanna see more frequently and watch her a lot closer just to make sure, one, that she's responding well. And she knows it's gonna take a lot more time because once you have that mesh removed and you have to kind of work against adhesions and scar tissue, and things like that, it's gonna be a lot longer healing process, but it's definitely...not definitely, but it's definitely possible for her to have repair.

Katie: And what does the long-term look like, outcome, for both of these, for men and for women? So, I'm assuming like it's kind of something that you do for a while until you see the recovery. But is it something that has to be done for the rest of your life or is there, like, a treatment period that works and then you can typically, like, go back to normal activity and move on?

Vanessa: I'm just gonna ask clarity. Do you mean as far as the PRP?

Katie: Yeah. Both the PRP and then in combination with the sound wave therapy as well.

Vanessa: Okay. So, the way I always answer this for my patients, and I'm gonna answer it now, is that it's not something that you have to do forever. But think of it this way, Katie. Aren't we gonna get older? So, things are gonna have to die, things are gonna get clogged up. Don't you wanna maintain it? Don't you wanna make sure you stay healthy? Because, again, here in HealthGAINS, we're getting patients now that there's nothing wrong with them, men or women. Nothing is wrong with them. But because they know that this is just the body healing itself, they come get treatment once or twice a year. They're coming up for what they like to call a touch-up or what I like to call maintenance, maintaining your health.

So, no, there's no long-term "Yes, you have to do it." Every...no, that doesn't...that's not how it works. But is it...would my recommendation be that? Would my recommendation be "Come see us every three, four months for maintenance"? Think of it like a car. What do you do to your car every few months? You get it checked out. You get it...you make sure everything is running well, your oils are checked, your tires are, you're working well So, before there's an issue, get it checked out and make sure you're maintaining your health.

So, I think that's always the ideal ways for anything in life, is to have a maintenance plan so that you maintain your health, so that you don't run into the issues where what I see is that it's been 10, 20 years, that you've had ED issues or 10, 20 years post-menopausal. And now, you wanna fix in a week or in a month. That's not gonna work very well for you. You have to be patient with yourself and know that it's gonna...the journey is

gonna be a little longer.

But if you're younger, if you're just hitting menopause and you jump on it and you get on top of your health and get on top of the therapy, then your maintenance or your timeframe for multiple treatments is a lot lower, may not even be needed as frequently. Like I said, some patients only come on once or twice a year just, again, to maintain their health.

Katie: That makes perfect sense. Yeah. And I'll make sure...you've mentioned the different treatment options. I'll make sure those are linked in the show notes at wellnessmama.fm, and they're also available, obviously, through you guys at HealthGAINS. But I'll make sure the links are there for everybody to find it. Any parting words or advice for someone who may be like resonated with some of these points and is wondering, like, if they should try it but maybe they're a little nervous?

Vanessa: If they are nervous, of course, just give the office, give our office a call. If you wanna speak to any of the medical professionals, don't be shy. If it's something that maybe you don't wanna speak, you can always email, whether it be you and you send it over to us, Katie. Just know that we're here to help. At least, I know I'm here to help. Again, it's a passion of mine for men and women, a lot closer for me at heart for women because I know, I've seen it not only clinically but personally in families where it's something you don't talk about in my being raised Caribbean.

So, a lot of island, they don't talk about this. Like you said earlier, it's "Nope. This is how it's supposed to be," or "I'm getting older. This is just what it is." No, it's not. I just wanna let the women know, especially, that there is an alternative. There is other options. And once the women get well, they bring in their husband and, like I said, vice versa. Sometimes I get the men first because, again, it's something that if there's something wrong down there, they're gonna wanna get it checked a lot sooner than later.

Katie: Awesome. Well, Vanessa, thank you so much for your time. Thank you for being a voice in getting this information out there and for women who are struggling with this. I appreciate it. I know you're super busy and I really appreciate you being here today.

Vanessa: Thank you. Thank you, Katie. It's always a pleasure talking to you.

Katie: Oh, likewise. And thanks to all of you for listening. And I hope to hear you or see you next time on "The Healthy Moms Podcast."

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