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**DR. KEESHA EWERS:** Welcome back to the Women's Vitality Summit. This is Dr. Keesha Ewers, your host, and I'm excited about this interview that we're going to do. It's with Dr. Geo Espinosa, who is the director of the Integrative Urology Center at New York University and the Chief Science Officer at PR Labs.

He is also the author of *Thrive, Don't Only Survive: Dr. Geo's Guide to Living Your Best Life Before and After Prostate Cancer*.

He's an integrative urologist. His urological practice is 100% focused on men's urological disorders, including prostate cancer, prostatitis, and benign prostatic hyperplasia, as well as sexual dysfunction in men. He serves on the editorial board of the *Natural Medicine Journal*. Welcome to the Women's Vitality Summit Dr. Geo.

**DR. GEO ESPINOSA:** Thank you so much for inviting me. It's a true honor, and it's always a pleasure, to be quite honest with you, to speak in a forum where it's focused on women's health, although what I do is primarily men's health. The reason for that is, who takes care of their men? I take great joy in helping women understand men, and helping women understand how to take care of their men, so this is right on, and I'm ready to roll!

**DR. KEESHA:** Right on! That's why I invited you on the Summit. I said when I invited you "This may sound sort of funky but..." You and I know the statistics behind who brings a man into a doctor's office. They usually don't come in on their own speed, right?

**DR. GEO ESPINOSA:** It is unreal! In fact, I'll tell you this: if a man calls my office, and often times my secretary speaks with him, I ask my secretary to tell them that if they do have a spouse or a partner, to make sure they don't come in without them. It is mandatory for them to come in. Why? Many reasons. Women ask better questions, they're more insightful. Asking the right questions is key because we doctors, we're human people, so we may forget to address or point out certain things that might be important. So women typically ask the right question and we say "Oh yes, that's right, we need to address that."

They're more insightful, they're caring, they listen. They actually listen to what I'm saying. Sometimes the male partner has to say "What exactly did Dr. Geo say that I have to do?" So it's really critical, I think, for women to come in with my patients.

**DR. KEESHA:** The women are the ones taking the notes. Exactly.

**DR. GEO ESPINOSA:** Yeah, it's unreal!

**DR. KEESHA:** We're talking about the name of the Summit which is Women's Vitality Summit: Caring for Yourself, Body and Soul. One of the things that inspired me and really drove

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me to do the Summit is because I'm seeing across the board a drain of female vitality. Really, not just United States, but everywhere there's industrialization on the planet.

Part of this is women burning the candle at both ends, taking on way too much, trying to be perfect at all of it, and nurturing, nurturing, nurturing. Not putting themselves on that task list of things they have to do. You know that, I know that. You're a husband with a beautiful, wonderful wife and three children. You know how this dynamic works.

Well, I was thinking about the fact that a lot of women come in to see me with low libido, which happens if you're burning the candle at both ends. If you don't have any libido, it's an indicator light of how your vitality is doing. If your vitality is drained out, your energy's drained out, you don't have anything left over for sex.

Sometimes I have women come in, and this is against the stereotype, where they are the high-desire partner for physical intimacy and their counterpart, whether it's female or male, is the low-desire partner. When it's a male, oftentimes what I'll start asking is "Do you believe your partner might have some kind of erectile dysfunction, or are they stressed at work?" because the same things are true for men that are true for women. You burn the candle at both ends, you got nothing left over.

Sometimes what I see, and this is happening more and more often, is that the woman is getting more and more in touch with her sensuality and her sexuality and she's wanting to really express it this way, but she's not got a partner that's not up for it and doesn't want to talk about it and doesn't want to acknowledge it. It's such an important part of their own identity that they feel somehow like they're not men if this is going awry.

So I thought today what we could do is spend some time having a conversation about the different things that can go wrong for men that maybe women can look for, and some really great ways to communicate with them about this – some tips from you, who is the expert at this – and about how they can approach this.

**DR. GEO ESPINOSA:** Fabulous question! First of all, let me just say that I agree 100% that in a lot of cases, there's no intimacy because many people think that it's a women issue, that they have low desire, low libido, and not the men.

I can tell you that I would say that it's close to 50% of the time that men have low libido. Or they have high libido but they are unable to function, and that their female partners have normal libido – they want to get down and dirty, want to get into the bedroom – but their male partner simply cannot.

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We tend to think that these type of issues as being a female thing, a female problem, and I certainly have seen that with other patients' partners and family members, but for sure, it definitely goes both ways. So I'm glad we're having this conversation.

So what's really happening here? How can women really say "Hey, you know, is this much more than erectile dysfunction?" Here's the first thing I want to say about that: in most cases, I can tell you that it's not you. You're not the problem. The woman is not the problem. The first thing that women seem to think is "Well, he doesn't find me attractive anymore."

**DR. KEESHA:** The number one thing women think! Oh my gosh! It drives me nuts! It's like "No, this isn't about you."

**DR. GEO ESPINOSA:** "I just turned 50. Maybe it's me. Or he probably has somebody else."

**DR. KEESHA:** Right.

**DR. GEO ESPINOSA:** Here's what's happening: more often than not, it is not you.

Now, I'll tell you this: I also see women give their partners a really hard time. There's a lot of stress in that situation, right? When I say that, I'm just generalizing – "hard time" – always a lot of argument.

I have a patient who is 62 years old and he comes to me with erectile dysfunction, so we do a regular workup. I may digress and bounce around a little bit, Keesha, but eventually I hope to come back to your original point. It's important to understand that the penis is a barometer to a man's health. So the first thing when a man comes to my office and says "I cannot get an erection" I'm saying holy shoot! Is this significant to a heart attack, or some sort of diabetes, or some sort of medication? What's really causing it, anxiety, depression? So I have to go through all that first to make sure there's no bigger problem percolating in the man's body.

Once we rule that out, this 62 year old man opens up and says "You know, I gotta tell you, my wife, she's always putting me down and saying how fat I am and things like that." Meanwhile this guy is slightly overweight, not really obese. I think some of it must be her own insecurities. Needless to say, of course he needs a therapist, right?

The bottom line is, if you're crushing your man all the time, he's not going to get it up. Why? Because it stimulates a part of the nervous system called the sympathetic nervous system, which causes a release of adrenaline, and adrenaline is the biggest erection killer there is. There's nothing more potent for flaccidity – keeping a very soft penis – than adrenaline. So if there's constant conflict and things like that between the couple, then forget about it. All bets are off. That's the first thing. The next thing is...



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**DR. KEESHA:** Hang on. Hang on one second.

**DR. GEO ESPINOSA:** Yeah, I'm ready to roll!

**DR. KEESHA:** I want to bring this up so that people hear it really well.

**DR. GEO ESPINOSA:** Yeah!

**DR. KEESHA:** And that is, the number one cause for low libido in both partners is relationship stress. That is the number one cause.

**DR. GEO ESPINOSA:** I have to tell you that you wrote a very nice chapter for a book that's coming out probably toward the end of this year, the integrative sexual medicine book, and I'm very happy to be one of the editors, so I've learned a lot through that about female sexual medicine. I wouldn't consider myself a female sexual medicine doctor because that's not what I am. I do mostly men, but I learned a lot. And one of the things that came up is partnership stress. So a lot of bickering and conflict means he's not going to get it up. So that's number one.

Number two: if he's in bad shape physically, if he's looking unhealthy and he cannot get an erection, how you want to help him as his female partner is to say "Look, why don't you get a check-up?" Get some blood work. You want to look at cholesterol, you want to look at LDL, different fractions of cholesterol, make sure there's no plaque in your arteries. Somebody can do an ultrasound of the penis, making sure that there's enough blood flow.

I had another guy come in the other day. There are two cylinders in the penis called the corpora cavernosa, literally like two cylinders. There's a muscle, and that's the area that fills with blood when a man gets an erection. In this particular case, when we did an ultrasound, he had blood flow going to his right corpora cavernosa but not in his left, so he had half an erection. It was very difficult for him to penetrate. So there could be a physical problem going on.

Of course, like I mentioned earlier, it could be a bigger problem, something like plaque formation in the artery. If you have plaque formations in the penile arteries, then there's probably plaque formation occurring somewhere else, like a major organ, say your heart. So that needs to be ruled out.

It's not only stress from the relationship, potentially, but stress at work. Now you may say, "Come on. Who loves their job these days? Everybody's stressed from work." This is not always true: a lot of people love their job. I love what I do so maybe that's why I don't have any issues. I really love what I do. So that's number one. But there could be a potential trickle-down effect from just being unhappy every time you go to work, and one of the symptoms of that can be sexual. So all that has to be ruled out.

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Once you rule that out, there are different nutrients to take, things to consider that we may get into at some point during this interview that we can discuss.

Let me give you one more example that's actually pretty common. If your man gets up three or four times a night to urinate, then he's going to have a hard time, and there are a lot of puns in the conversation.

**DR. KEESHA:** We're letting them roll!

**DR. GEO ESPINOSA:** Let's let loose! Why hold back? I'm not holding back here. As I was saying, he's going to have a hard time getting an erection. Why? Lack of proper sleep is a stressor. So there's more sympathetic adrenaline being released throughout the day from improper sleep. If the guy's getting up three or four times a night to urinate, let's say, then he's not getting good quality sleep.

The other part is that when a man does not get good quality sleep, he doesn't have normal levels of testosterone because most of the testosterone is released throughout the night. The majority of testosterone is made roughly around 5:00 to 7:00 in the morning. But you have to go through your four phases of sleep. If you don't get through your four or five phases of sleep, then you don't get to release that testosterone.

Some may have insomnia or something like that, but one of the major reasons why men can't sleep properly is because they're urinating a lot at night, so that needs to be addressed. It could be a prostate problem. It could be prostate cancer. It could be an overactive bladder. It could be a combination of all these things. So that needs to be addressed as well. We can probably move on, but that's a good general overview as to what can cause it and what women can do about it.

**DR. KEESHA:** It's great, what you've been saying. The way I describe it for women, and it's the same for men, is if you're a zebra being chased by a lion and that zebra thinks that it's about to be lunch, then it's not safe to have sex. You're wired to understand that: it is not safe to breed right now. I'm going to be eaten. So, no erection, right?

**DR. GEO ESPINOSA:** That's it. That's exactly right. That lion going after the zebra – that analogy can apply all day, between work and finances and home and conflict at home and kids, it doesn't end. It doesn't end.

So one of the major things that I discuss with my men is I make that point and then we go through several stress-relieving techniques. The bottom line is this: you can say all these stressors are the problem, so then it's a matter of hacking your body so your body does not release adrenaline even though the same situation is happening continuously. You trick your body into thinking everything is cool. This continues to stimulate the parasympathetic nervous system, which is the opposite of the sympathetic nervous system. The parasympathetic is what

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you use to relax and get an erection, so let's fake our bodies and let it think everything is good, even when it's not.

**DR. KEESHA:** You said something that was really powerful earlier on – everything you've said is so great – and one of the things I want to circle back to is that if you're squishing your man, he's not going to get an erection. Emotionally. Mentally. I know women get so frustrated by this because there's not a woman on the planet that loves to be a nag, or loves to be called a nag or seen as a nag, or likes to complain, right?

As the mother of four children, I used to say to my kids "I've asked you twice now. We can do this the hard way or we can do this the easy way. Either you listen the first time I've asked you to do this or we go to the hard way." I've actually said those very words to my husband! It's like, "Look, why can't you just listen to what I'm saying the first time? Why do I have to get to this place where now you're paying attention to what I'm saying because there's an edge of anger in my tone because this is the fifth time that I've said it?"

Then my husband can take that as I'm being a shrew, or I'm nagging, or I'm complaining, or there's this tone in there that feels like I'm squishing him, or on his case, or giving him a hard time, as you just said. I hear this from women all the time. I want to help them really see – and when I do couples' counseling I talk to men and women about this – that our brains are different. We do not have the same structure in our brains! I would love for you to address that because there's a lot of real estate between the brain and the vagina, but what you have in your head goes to your bed, and it's the same with men.

**DR. GEO ESPINOSA:** Absolutely. I think it's a good idea for women to understand men so that they can better deal with us. Sometimes it happens naturally, sometimes not so much. Before I go there, I want to say one more thing that I think is important, that I actually learned from a patient and his wife. It's important – and I'm going to mention the obvious – it's important to have sex if you are a couple, if you're married or if you're with someone.

**DR. KEESHA:** Why? Why is that important?

**DR. GEO ESPINOSA:** I say that because it's kind of a no-brainer, but many people overlook that. It's important because, if you're not having sex, you're just sharing a room. You're just a roommate. That's the sexual aspect of it. It creates a much deeper connection that without having sex you simply do not have.

I call sex the world neutralizer. What does that mean, in my head anyway? If my lovely wife spends too much money on any given day, buying crap, but we had sex that day, that morning or the night before, my approach is "Ah, no big deal. We'll figure it out."

**DR. KEESHA:** You can cope! It increases coping ability!



**DR. GEO ESPINOSA:** It is the great equalizer, I'm telling you, the great equalizer. "Who cares? It's only money." My attitude and my personality is a lot different. But you keep me a long time without being intimate with my wife, then I'm like "Wait why did you do this? You know we're on a budget, we're trying to be frugal." It becomes a bigger deal. So things – life challenges – are much bigger if you don't have sex than when you have sex.

**DR. KEESHA:** We can do the biochemistry of this until the cows come home, about oxytocin being released and neurotransmitters being altered, but the long and the short of it is, you have been vulnerable with your partner. You have seen, you have shown up, and you've been seen, and you are now a couple. That oxytocin is like the glue that holds the couple together. I think it's so important for women to understand this.

One of the things that happens in our culture is this idea that I have to be in the mood for sex. One of the studies that I talk about a lot, in fact I'll talk about it in a TED talk in a couple weeks, is 69% of women in a committed relationship after one year do not feel spontaneous sexual desire. What that means is they have to go to "Oh, I remember having fun doing this with this person and I really like him still (or her) and so what I'm going to do is say I'm willing to go there. I'm willing to be aroused first and desire will follow." I can't even say that enough. The whole idea of desire, then arousal, then orgasm, then a refractory rest period is a male sexual response cycle. And it's outdated. It's not what women do all of the time. In fact, 69% of the time you're more normal if you're not in the mood spontaneously in a committed relationship than not.

This idea, this myth, that we should be in the mood, women waiting around to be in the mood actually creates more of a polarization inside of the relationship because then men start saying, "Am I not attractive? Do you not like me? What am I not doing right?"

**DR. GEO ESPINOSA:** "Do you have somebody else?"

**DR. KEESHA:** Yeah, exactly! The same stories start going off in their heads, so then there's very, very little coping mechanism for what you said: financial stuff, kid stuff, in-law stuff. Everything becomes a big issue when you're not together. So I think that's important.

**DR. GEO ESPINOSA:** Absolutely. I've got to tell you this, and I already forgot the original question but we'll get back to it because I think this is all very important.

Here's the problem: we make things a whole lot bigger than they are. Then we stimulate the sympathetic nervous system, which means that the lion is going to eat the zebra all day every day, and really the cause of that is because we make issues much bigger than they are.

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Almost nothing is that important or that big. Almost nothing. “Well, Dr. Geo, you don’t understand my life.” I do. “I have no money.” Neither did I. “I have kids.” I have three. “I have a career or business.” I have both. So I understand. I live in New York City. It’s probably one of the most stressful cities in the world. I understand. You still have the ability to not make things bigger than they are. Things are not that big.

My kid had a fever of 103 for a week. Your child is an emotional thing, an emotional relationship, so you’re saying, “Oh my God, it went up to 103! Oh my God!” Just keep it cool, and you’re going to make the best decisions with what you know to do at any given moment. This is the same with business, relationships, and life in general.

One of the most important things that one can do to get themselves together is take deep breaths. Physical activity, physical movement, continuous physical movement and deep breathing are the two most important things to manage stress and have a wonderful trickle-down effect to have a happy and healthy sexual relationship with your partner.

**DR. KEESHA:** Beautifully put. Now I want to come to some of the issues – you actually answered the question, by the way.

I was talking about the difference between the male and female brain. If we return to some of the issues you were talking about in the first part of our talk where there are some things that can go wrong, and there are some nutrients that can fix them. I would like to talk about some common male problems, different things that can happen that will show up in bed, in the sex life, and if it’s not communicated about then it becomes the elephant in the room and the woman isn’t going to know what’s going on. What are some natural ways, or even some Western medicine ways that we can look at to help alleviate some of these problems that come up for men? Or don’t come up?

**DR. GEO ESPINOSA:** You’re right.

**DR. KEESHA:** Let the puns keep going!

**DR. GEO ESPINOSA:** There you go! Let the puns roll!

There are many things that can be happening in a man’s body that are a big deal. Diabetes is one, or even pre-diabetes. One of the things that is very known to inhibit erections is pre-diabetes. So here’s the deal: men don’t go to doctors. We just don’t go to doctors. Period. They don’t go to other doctors. They come to this doctor but they don’t go to other doctors. So there’s no way of determining “Hey, your blood sugar levels are pretty high. Let’s do something now before it gets out of control and then you’re going to have more issues.” So that’s number one.



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Number two is you have men having serious cardiovascular problems, heart problems, at the age of 40 or 50 which is still relatively young. You're never able to pick this up early so that a bigger catastrophe is prevented. That's a big thing.

Another problem is arginine deficiencies. What does that mean? Arginine is an amino acid – let me come back a step or two. In order for men to get an erection, they need to produce a chemical called nitric oxide. Nitric oxide is what widens and opens up the arteries, not only for the penis but for the heart and everywhere else. Arteries are supposed to be very supple. They're supposed to enlarge and come back to its normal state freely and with no problem. They shouldn't be hard. Hardening of the arteries is called arteriosclerosis. That's what causes plaque formation and leads to other problems. You can have that in the penile artery. Part of how you make the arteries more supple is by producing nitric oxide. Arginine is a precursor to the formation of nitric oxide, eventually in this long mechanism of a pathway. So you need arginine. How do you get arginine? There are a lot of animal products and things like that, as in amino acid, that makes a protein. But I like men to supplement with, not only arginine, but L-citrulline. It's a precursor to arginine, and long story short, you make more nitric oxide from the consumption of citrulline than you do from the oral consumption of arginine. So arginine is a really major nutrient in this area. Should I continue?

**DR. KEESHA:** Please.

**DR. GEO ESPINOSA:** There's a group of herbs that I really like that helps that's called adaptogens. If you were to ask me "Hey, Geo, what are the best herbs for sexual health?" you would think that I would say "I don't know, horny goatweed" which is a real herb, by the way!

**DR. KEESHA:** I know. I use it in my practice.

**DR. GEO ESPINOSA:** Top-tier herbs for sexual function are the adaptogens. Adaptogens are not known necessarily as a sexual herb, but they help the adrenal glands balance out the body from stress chemicals. Remember, stress chemicals are killers for erections, as is cortisol. Cortisol is produced by stress, and I always say "Cortisol castrates." Adrenal glands produce cortisol and when they're exhausted they are best treated, in my opinion, with adaptogens. This is a group of herbs that includes things like Siberian Ginseng, Ashwaganda, Rhodiola Rosea, Schizandra, a great group of herbs. I do a lot of adaptogens. I think they work very well.

**DR. KEESHA:** So this is helping that zebra be able to stay strong with the lion on its tail, just to take that back to what we were talking about. When the sympathetic nervous system is on high alert, adaptogens help to repair the adrenal glands. They won't do it by themselves. Twenty-five percent of it may be herbal, but the rest of it's got to be what's between the ears, about how you're perceiving stress, what you're doing with it. Of course, if you have a special-needs child that you're stressed about or you have a job that you're stressed about or you have financial issues that you're stressed about, that's likely not going away in the very near future. It's how

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you are with the stress that becomes important. So taking these adaptogens is so important, and then learning tools, which we have in this Summit. We have several speakers, like Ajayan Borys, who has a guided meditation in his talk. You can use things like that to help you to work with the part between the ears.

**DR. GEO ESPINOSA:** Correct. The part between the ears. Remember: the name of the game as it relates to the stress chemicals, really, is your thoughts and your perception. If these thoughts and how you perceive the world is always in an alarming, urgent way, everything is urgency, urgency, urgency, then you're going to release a lot of these chemicals – cortisol, epinephrine, norepinephrine that will not allow you to obtain and sustain an erection.

When we talk about stress management, meditation is good. I work with New Yorkers so I have to be holistic, but realistic here. They're not going to the mountains for two hours. They're just not doing that. So how can we get a quickie? How can we learn a strategy that we can do right away to change perception and refocus so that these stress chemicals are not produced?

Here's another thing I like to say: sex has to be a priority on the list. It has to be important. It can't be a maybe. It can't be an "I should." It has to be a must. You and I both know that when we make things a must, more often than not, things happen. It has to be a must.

So if you're in the middle of a session – and this is real life – you're in the middle of getting your groove on with your partner and you guys are about to make it happen, and your three year old is sleepwalking into your room, and goes for the bed – what would I say? What's my opinion? Either take him right back and get back to it, or push him aside. If they're sleeping and they likely are, get right back on it. Don't let kids interfere with sexual health.

I don't care if my kids are next door, I don't care if my kid can hear me, I don't care. If they can hear me, they're going to learn that mom and dad have a great sexual relationship. It's a great lesson for them to learn, in my opinion. It has to be a priority.

**DR. KEESHA:** That's interesting because so many women will say "Well the kids are in the house, and I don't really want to have sex when the kids are in the house."

**DR. GEO ESPINOSA:** Not only do I want to have sex when they're in the house, I don't care if they're right next door. I don't care if they're in the same bed! Look! It's the great neutralizer.

**DR. KEESHA:** And there's the difference between the male brain and the female brain! Right there!

**DR. GEO ESPINOSA:** You can talk to my wife – I wish she was here – I don't think she would disagree.

**DR. KEESHA:** I know your wife. She wouldn't.

**DR. GEO ESPINOSA:** You know what I'm saying? It has to be a priority. The way I'm emphasizing on this is because I know there are a lot of priorities in life and to say "Oh my God, sex" – it sounds shallow. It's not. It's great for your health. It's great for your brain. It's great for the relationship. You want to have healthy kids? You want to have kids grow up in a healthy home? Have good sex.

**DR. KEESHA:** Dr. Geo, I want to take this having good sex to the next level with the last part of our interview here. You wrote a book about post-prostate cancer, not just surviving but thriving.

Often, the holy grail that I see in the American sexual experience anyway, is to have an orgasm. Women get very frustrated if they're not having an orgasm. From an Eastern philosophy and a teacher of some of that, I know that sex is in all kind of different forms. You don't have to necessarily have intercourse to be having sex. Physical intimacy is physical intimacy, and there are all kind of different ways to have physical intimacy. If a man has had his ability to have a healthy, strong erection inhibited, is their sex life over?

**DR. GEO ESPINOSA:** Alright, so part of what I do is penile rehabilitation post-prostatectomy. In simple terms, I help guys get their sexual mojo back after having their prostate removed from prostate cancer. So I have a little bit of experience in this area.

I'll tell you this: there are three very important aspects to a man regaining their sexuality after a prostatectomy. Number one is if you have a healthy sexual relationship, if you are sexually healthy prior to prostatectomy, there's a better chance that you're going to get erections after a prostatectomy. So you have to be sexually healthy going in first. Your erections should be good before the prostatectomy.

Number two is the surgeon you choose is important because the surgeon needs to be able to spare the nerve bundle that enervates the penis. Surgeons that are very well experienced are the ones that are able to do that.

Number three is the man and woman, assuming that it is a man and woman, they need to have fun with the process. When they're getting intimate, regardless of whether he gets it up or not, they still need to have fun. Get a glass of wine, foreplay etc. The more fun they have, the less stress he's going to undergo, and the less anxiety, the better the chance of him getting an erection and being able to penetrate.

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**DR. KEESHA:** Thank you. I have a couple right now and the woman says because he can't get an erection must mean he doesn't find me attractive, and that's just so not the case. It doesn't matter that he says that. Every single time that he goes to bed with her now, he's so worried about not getting an erection, and what's going to happen? He's not going to get an erection. I think this is so important - lighten it up and get rid of the story in the head and just have fun. That's so important.

**DR. GEO ESPINOSA:** Regardless of whether he gets it up or not, particularly after prostatectomy. Relax and have fun! A lot of foreplay – he could still get an orgasm without penetration and so can she. Have fun. And I'll tell you this, what I've learned from patients, this has never been published: I see thousands of patients, mostly men, so I get a lot of feedback. What they report to me is that the orgasm for men after prostatectomy is much more intense than before prostatectomy.

**DR. KEESHA:** Interesting.

**DR. GEO ESPINOSA:** It's more intense, it lasts longer. I always flip it around with men, I say "Look. I know you don't want a prostatectomy, but you're going to have better orgasms, so be happy with that."

**DR. KEESHA:** This goes along with a lot of the Eastern sexual teachings of controlling the prostate in terms of sexual energy being rechanneled. It doesn't require that to be in place in order to have multiple orgasms, all the stuff that we never even think of. We just think of having intercourse, having an orgasm, talking for a little while if you're lucky and going to sleep. That's actually not the fullest extent of the sexual experience that's possible.

**DR. GEO ESPINOSA:** Absolutely. There's so much more to it, it really is a matter of connecting. I have one last thing to say if we have time. It's pretty good.

**DR. KEESHA:** Oh, I want it! Come on, bring it!

**DR. GEO ESPINOSA:** Alright. Here's the deal: a lot of men are using pb5 inhibitors – this is the group of drugs that includes Viagra, Cialis, and Levitra. Now they've become psychologically dependent on these drugs. Now, are they good or are they bad? Once again, with these drugs, Viagra is a Band Aid. You're not addressing the underlying cause. I think that's a problem.

The other problem that no man talks about – no one talks about – is that when men consume these drugs, it desensitizes the head of the penis. They get an erection, but they're not enjoying the process as much. They feel like their penis is actually detached from their bodies, just going through the motion, until they ejaculate and barely reach an orgasm.

While these drugs may help men get an erection, they don't enjoy the process, the sexual intimacy, nearly as much, and that's a fact. So for any woman listening, what do you do? A lot of women don't even know that their men are taking these drugs. I would say if you have a good relationship, he will not be discouraged or embarrassed to say "Yeah, honey, I'm taking Viagra because I don't trust that I can get an erection without it."

Once again, take care of the health. Citrulline is a formula that I put together that seems to work very well. It's completely natural. And there are other things out there that men can take so they don't think that they have to get these drugs and really not enjoy the process.

**DR. KEESHA:** To me, it's the same thing as taking statin drugs to lower your cholesterol when research indicates that a lower level of cholesterol does not prevent heart problems. It doesn't actually prevent coronary events, so why lower your cholesterol to these abnormal levels if you're not going to reduce your risk of a coronary event? Why take a drug like this if you're not going to enjoy sex? It doesn't make any sense to me.

**DR. GEO ESPINOSA:** It doesn't make any sense, but some men are screwed up in the head, I've got to be honest with you. They think "If I get it up, I'm good. That's it. All I need to do is get it up." No, no, no. You can get it up, have sex, not care about the process, and not enjoy it. It's not a matter of get it up, penetrate, and I'm happy – no. You need to be all in, energetically, emotionally, and that's when you really get the best orgasms, when a man is all in.

**DR. KEESHA:** One of the things I firmly believe and have a very strongly-held opinion around is that good sex comes from good communication. Scrape me off the ceiling sex comes from scrape me off the ceiling communication. It really is all about communication. You want to be able to guide your man to show him what it is you need for your body – and women always want their men to be mind-readers – and actually show them the map of your own body. It's the same with men. If they can't communicate with their female partner or their male partner and say "I'm having this problem, this is what's going on, this is what I need" then it won't work. We have to be able to state our needs clearly and articulate what we want, and that is scrape me off the ceiling communication right there.

**DR. GEO ESPINOSA:** Yeah. "This feels good, this does not. Do more of this please. Thank you very much."

**DR. KEESHA:** That's back to basics, and where are we going to learn how to do this in our culture, from porn? No!

**DR. GEO ESPINOSA:** Porn has contributed, more than anything else, to erectile dysfunction in younger men, especially.



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**DR. KEESHA:** Yeah. I know it. And that's the extent of sex education in our culture. Boys becoming men and learning how to do the mechanics of sex from porn, which is not teaching them how to communicate and be great lovers and great partners.

**DR. GEO ESPINOSA:** It's our job to teach them.

**DR. KEESHA:** That's what we're doing! Dr. Geo, we're out of time. I've so enjoyed this and I'm so happy and grateful.

**DR. GEO ESPINOSA:** We're out of time? I'm just getting warmed up right now!

**DR. KEESHA:** I know, I know. We'll have to talk more later. We'll do a whole thing together. I'm excited about it. What I want to tell our listeners is that there's a whole speakers' page for Dr. Geo, and the bonus that he's offering will be there, as well as how to reach him, information about his book, supplements that he's talked about, all of that will be there so that you can access and of course be able to do consultations with him. He does them via Skype also – you don't have to live in New York City to reach Dr. Geo. Thank you so much, Dr. Geo, for sharing your wisdom with all of us.

**DR. GEO ESPINOSA:** It is my pleasure and let's do it again.

**DR. KEESHA:** All right, thank you. And remember everybody, live, love, laugh, and keep on learning and be the most fabulous version of yourself, and until next time.