Male Sexual Dysfunction Recording

Okay, Dr. Clavell, thank you so much for coming back on the show. I knew after our last conversation that we would have to talk again because there's just so much to discuss. So I want to thank you for carving the time out for me today.

No, thank you again for the invitation. And I'm excited to talk about more about sexual medicine. Yeah.

So for those just tuning in, Dr. Clavell and I did a previous episode that focused primarily on penile implant surgery, which he does almost the highest volume in the United States. People come from all over to get penile implants with him, but he's also fellowship trained in sexual medicine. So he treats all kinds of sexual issues.

And that's why I wanted to have him back on the show because as a sex therapist, our work is very aligned. I think we see a lot of the same kinds of clients, patients, and we work in conjunction a lot of the time. And so today I thought it would be interesting to focus on testosterone use and also what some of the newer treatments are for orgasm disorders.

So there are a range of orgasm disorders that men can have. There are people who have premature ejaculation. There are people who have delayed ejaculation and the treatment options really depend on what's causing the problem.

And I'll talk a little bit about what I do as a sex therapist. And we're going to talk to Dr. Clavell about what he does as a urologist. And I'm super excited about this because again, whenever I talk to my patients, I'm like, I want you to see this sex therapist.

I do not know what they do. For me, it works like magic. So I'm excited that I finally, I'm going to hear what you do for these patients.

So yeah, I cannot wait for this conversation to go. Yeah. Yeah.

No, I think we'll both learn a lot and I know our listeners will as well. So let's start off by talking about testosterone because that is one of the first questions that my clients ask when they come in. Should I get my testosterone checked? And you know, a lot of times what I'll tell them, we'll go through some of the symptoms of low testosterone because yes, sexual dysfunction can be a symptom, but so can other things like sleep disturbance, irritability, you know, anxiety, all kinds of low energy that can all be signs of low testosterone.

So especially for my clients who are over the age of 40, I say, you know what? Go see Dr. Clavell. Cause what I love about you is that you spend a lot of time with your patients. That's not the case for most MDs, but you do a really good assessment, which I really like.

And I know my patients find very valuable. And sometimes you'll send them back and you'll say, no, your testosterone is fine. Just keep working with Emily and other times they need to start testosterone.

So let's talk about that. Not just because of what we're seeing in our clients, but also, I mean, these low T clinics that are popping up everywhere. It's almost like testosterone is the magic drug when it comes to sexual health and I know it's more complicated than that. So I'm going to turn it over to you. It is a lot more complicated than that.

And yes, I mean, the same way that testosterone can help a lot of, you know, both men and women, I mean, cause women also need testosterone. The most, one of the things that we need to understand is like, it's not a magic bullet either. So it's not going to cure all your problems.

This is something that is indicated for people who are hypogonadal, people who all have low testosterone. And when you were talking about, yeah, I mean about me spending time with my patients, it's true. I mean, we have to, in order for us to, you know, for me to be able to give the best treatment possible for my patients, I want them to understand what they're getting themselves into, what they're getting, what are the implications of, you know, of a guy starting testosterone replacement therapy.

So whenever, I mean, I talk to my patients, I try to remind them, again, I focus mostly on sexual medicine. And what I try to remind them is like, Hey, the sexual experience for a man, for a penis owner, right. It's different than for a female.

And then usually what I tell them is like, Hey, there is, there's five things that happen to us. We have arousal. We have the shaft, you know, gets hard, the head of the penis gets blood flow, and you have sensation that will eventually reach orgasm, and you have ejaculation.

And all those mechanisms, all those five mechanisms are different. And for example, if we're trying to help a guy who, you know, who is inquiring about testosterone, because most of the time, whenever they inquire about testosterone, it's like they either have low energy, or they have erectile dysfunction. And they're like, Doc, I heard that testosterone can help, you know, fix my erectile dysfunction.

And most of the time, that is not the case. Because testosterone is what I like to say, it's like, it's like the music at a party, like you can go to a party, you have the right shoes, you have the right partner, you have the hat, you have the right clothes. If there's no music, you're not going to dance.

But testosterone will not bring you the nice shoes will not, you know, bring you the clothes, it's not going to give you any dance skills either. So again, there's a lot of things that involve, you know, the sexual activity, or not sure what the correct word for it is. But

anyways, the sexual experience for you know, for the man, but again, testosterone only contributes, you know, some of it, when it comes to testosterone, like our testosterone levels, like physiological levels, it is very common, like once we reach 30 years old, at least for men, once we reach 30 years old, it is very common for our testosterone levels to decrease.

Not everybody responds the same way to that decrease of testosterone. There's guys who can be 65 years old, and their testosterone is still really high. So again, not everybody is the same.

So one of the things that I tell men, I tell men, whenever they come in, it's like, I want to get my testosterone checked. It's like, okay, so we're going to get it checked. But I also need to know what are your symptoms? Like, you know, how is your energy? Do you feel like you're sluggish midway through the day? Do you is your partner complaining that you're moody all the time at home, and you're snapping for no reason? Like, sometimes I get home, and you know, I snap at my wife for something stupid, and she tells me like, you should get your testosterone checked. It's like the cobbler can't put shoes on his feet. So what I tell them, it's like, hey, it's like, how do you feel like you have like brain fog? Are you going to the gym? And you're noticing like, you're not growing muscles anymore. And now you're, you know, you have the same diet, you're exercising, and now you're increasing fat.

Again, like, do you feel like you're depressed? I mean, sometimes, again, it can destabilize the mood on a guy. I have so many patients who come in there, and they're on depression drugs and we check their testosterone levels, they're low, we replace them.

They're like, you know what, doc? Now, I feel great. Yeah, because those depression drugs can have a lot of sexual side effects in and of themselves. Exactly, exactly.

So again, it is very complex. And the other thing is that we have to remember is like, not everybody responds at the same level. I have again, testosterone, when we talk when we talk about normal rates of testosterone, it can range from 300 to about 1000.

So some things that I tell the guys like, hey, you can I have guys who are at 350. And they feel great. I have guys who are at 600.

And they feel bad. And then they feel like crap. So again, everybody's different.

And usually why I tell guys like, hey, we need to work together, I want you to be very well aware of how you feel in order for us to find the right regimen for you. When it comes to low T clinics. Yes, I mean, it is a cash cow.

That's why they're coming up everywhere. But one of the things again, there are, I mean, there are some that are really good, there are some that are really, really bad.

Because again, they're not monitoring things.

Well, they just give you a shot, they check your levels like the day of your shot, which is the worst time for you to check the levels. Because again, most and sometimes in these clinics, they give you shots like every week or every two weeks, and they increase their dosage every single time. And then you're living at what we call a supra physiological level.

So you're living above that 1000 level. And that's when you start having complications. That's when you start having like bout like really bad bouts of acne, that's when your blood starts getting thick, and you start need to start donating blood, and you get all the complications from it.

And unfortunately, that's when testosterone gets the bad reputation that sometimes it gets. As long as we keep you within a normal range, where I usually why I tell my patients like we're only providing something that your body has produced for, you know, 40, 50 years. And we're just trying to keep you there.

Because again, we have two ways of aging, we can age gracefully, or we can age like grumpy old men, I want to age gracefully. Therefore, when it's my turn, it's my turn. Right.

And I think the same is true for hormone replacement therapy when it comes to women who are postmenopausal. You know, I think we are living longer these days, we want to stay active, we want to feel good. And you know, a lot of women have chosen to go the HRT route who are postmenopausal for very valid reasons.

And I think the same goes for men. What is your opinion on testosterone as an option for women who might be struggling with low, low desire? So I mean, of course, I mean, it is a great option. Just like you're saying, usually, one of the things that I tell whenever I get I don't see many women in my practice.

Most of the women that I that are my patients are my patients wives, my patients partners. And the reason is because, you know, I like seeing them whenever they come in, is because I know, they sometimes go into the gynecologist and the gynecologist is, like, Oh, you don't need hormones anymore. It's like you already went through menopause, you don't need hormones anymore.

And usually what I tell my, you know, my patients, partners, like the female in the room, I'm like, if there's one thing I want to remember, it's like, do not let anybody tell you that you don't need hormones anymore. Because again, I'm, I'm here treating the husband, treating his erections, and then his erections are now stronger. And again, if she's menopausal, her, you know, vaginal canal is going to get drier, she's now going to start having pain, she's not going to have any sex drive whatsoever.

And then I have this guy was like, feeling like when he was 20. And she feels like she's 90 years old. So again, it's something that in order for the couple and the relationship to really flourish, we have to keep both of them optimized.

And the same way we try to optimize testosterone levels and estrogen levels in men, we try to do the same thing for women. The only difference is that the ratios are the ratio between testosterone. So that balance between testosterone and estrogen is a little bit different for women than as opposed to men.

Right. And in general, like if people are wondering, like, what's that balance? So women usually need a 10. So 10% of the amount of testosterone that men need.

Wow, that's a big difference. Yeah, yeah. But they still need it.

So one caveat, so one pearl that I want everybody to listen, believe it or not, females, you have more testosterone receptors in your vaginal canal and your vestibule than estrogen. So whenever they tell you, oh, you only need estrogen in the vaginal canal, you also need a little bit of testosterone down there as well. Interesting.

That makes a lot of sense. And I see the same thing for my female patients who are post-menopausal where they become irritable. They don't feel good after going through menopause because the hormones aren't there.

And their doctors will put them on SSRIs, medications to treat anxiety, depression, when really it's about optimizing the hormone levels. And so when they do that, then they can get off those other drugs, which have their own side effects and feel a lot better. So the cool thing about this, like whenever you have a guy who is on hormone replacement therapy, then you'll see like their five buddies coming in right next to them.

So they're referred by the original patient. And they're like, you know what, doc? I just saw how he is, like how he walks. And he just feels like he looks like great.

He looks a lot younger. I'm like, yeah, I mean, that's what testosterone can do. Testosterone can keep you feeling optimized.

And that's what I try to tell guys like, hey, I'm just trying to improve your quality of life. There are some men that we start them on testosterone replacement therapy, and they don't feel any different. And if they are within the normal range, when we started the replacement therapy, I tell them like, hey, if you didn't feel any different, we can just stop it.

And then whenever you feel like you're getting sluggish and you are truly hypogonadal, you are truly low, then we can start you on hormone replacement therapy. Right. And that may be an indicator that there's something else going on, maybe something psychological.

Maybe there really is some anxiety or depression or mood disorder that's causing that issue. So specifically, when we're talking about arousal and libido, right? So again, when it comes to libido, it is very complex. That's another thing.

Like there are people that think I have low libido and they want testosterone and they feel like testosterone is going to fix everything. And that is not the case. I mean, libido is something that's very complex that requires, you know, there's a lot of things that can involve when it comes to libido and testosterone is not going to be a magic bullet for that either.

Yeah. I want to echo that because it's so true. I mean, desire remains one of the most common, really the most common issues that people come to sex therapy for, but it also remains one of the most complicated and complex issues to treat because there are so many factors that influence our desire for sex.

And so I'm really glad that you see that as well and can certainly consider that with your patients. I want to pivot for a moment to talk about some of the other sexual issues that people have. So let's talk about orgasm disorders.

So for penis owners, there are people who have delayed ejaculation, which I don't think people talk about as much, but it is quite common. I have plenty of cases for delayed ejaculation and then there is premature or rapid ejaculation. So I can talk a little bit about what I do for those, but I would love to hear from you and see what you do for those issues.

What kind of medical interventions are available to people who are struggling with those? So when it comes to orgasm, again, we have to remember that orgasm is different from ejaculation. Ejaculation is just a fluid that comes out and there could be a lot of things that can happen with the fluid, either low volume or the fluid's not coming out at all because you have retrograde ejaculation or you have an ejaculation. So that's different, but let's talk about the orgasm, right? That's what we're going to try to focus today.

When it comes to premature ejaculation, that's probably the most frustrating thing or condition that I treat because it is very, very complex. And unfortunately we do not have many options for them, at least medically speaking. Yes, we can give them SSRIs and SSRIs could be hit or miss because again, sometimes we can give them the SSRI.

Most of the time they would have to be taking it every single day. And the SSRI, again, is a medication that we give for depression. And unfortunately, sometimes, yes, it can help you with the premature ejaculation, but then it can cause other sexual dysfunctions.

So it's kind of like a little bit frustrating when the best treatment, at least medically speaking, is a treatment that is not indicated for that. And it just causes a whole other

array of issues. There are other medications that we can try.

There are some studies looking into pergabalin, which is a medication that helps with nerve, like it desensitizes the nerves a little bit. I've had very low success with it, to be honest. There are men who try tramadol, which is a medication, is a low opioid.

And it also has a bunch of side effects that many people don't like. I have men who do a combination of all these things. There's men who do the sprays that will help desensitize the penis a little bit.

The downside of that one is that sometimes it can also, if you're not wearing a condom, it will also desensitize the partner. And then it's not going to be able to get out. Exactly.

So most of the time, what I tell men is to follow, it's like, hey, this is something that will be trial and error. Most of the time, I'm trying to convince them that they also need to see a sex therapist like yourself. They also should probably see a pelvic floor muscle therapist and see if they can actually help control their pelvic floor muscles.

So it's something that needs collaboration and we have to attack this problem from multiple angles because most of the time, one approach is not enough. Yeah. Yeah.

It is very frustrating for my clients. I'll talk a little bit about what I do to treat it. So first of all, we need to define what's premature, right? Because I think what a lot of people don't realize is that the average time, once rapid stimulation of a penis begins, the average time between that and ejaculation or orgasm, I should say, is between two and 10 minutes or really between two and seven minutes.

So it's really not that long. Of course, that's not what's depicted in porn. It's not what's depicted in the media.

It's not what people brag about. So I think that there are a lot of misconceptions about how long someone should be able to quote unquote last during intercourse or last once rapid stimulation begins. And so a lot of times I start by debunking that myth because people will come in with all kinds of unrealistic expectations about how long they should last.

And I remind them that their penis is not like the Energizer Bunny. It doesn't just go on and on and on and on. There are certainly a lot of things we can do to help improve ejaculatory control, but I always like to set realistic expectations.

Perhaps one of the most effective interventions is something called the stop-start technique. This comes very intuitively for some people, not so much for others, but essentially all men have what we call a point of no return. When they get past a certain point, an orgasm is inevitable.

So what we try to do is help people realize when they are beginning to approach that point of no return and then stop stimulation, do something else, focus on your partner or pause or switch positions, bring the arousal back down a little bit, and then pick back up again. That in and of itself can go a long way in prolonging the sexual experience. A lot of times I'll have people create like a grade of kind of what's least arousing to them about a sexual experience versus what is the most exciting about a sexual experience and try to put as many things on there as they can on a scale of like zero to a hundred, and then focus on the things that are maybe a little less exciting about the sexual experience.

Don't go from like zero to 60 right away. Sometimes just developing that awareness about what's most stimulating can really help. So there's a lot that we can do.

And then of course, I'm always working with the partner and treating the anxiety that comes about because of it. So it is frustrating, but it's very treatable. I would say of a lot of the sexual conditions, I have pretty high success rates with my treatment.

And it's funny because I mean, I have patients who come in all the time. Yeah. It's like, I talk, I have premature ejaculation.

It's like, how long do you last? Like five minutes. I'm like, sir, you actually are within the normal range. And then sometimes we have guys like, yeah, I talk, I last like about 15 minutes.

And then he's there with his wife. And then I look at the wife. It's like, how old are you, ma'am? She's like, oh, I'm 52.

I'm like, are you on any hormone replacement? Like when was the last time you had a period? It's like, oh, it's been about three years. I'm like, are you on any hormone replacement therapy? And sometimes the guy's like, and he's lasting enough, more than enough. And it's just like, she's not getting stimulated because she has, you know, decreased sensation because of, you know, menopausal symptoms.

So again, it's something that we really need to listen to our patients. And that's why it takes time for us to really find what's the best treatment option for them. Because if we just write a prescription and that's it, it's not, it's really not going to work.

Yeah. That's again, what I love about sending about you when I send my clients to you is that you, you encourage them to bring their partner. You understand that these issues do not happen in a vacuum.

You need to hear both perspectives. I mean, I very rarely will see a client individually. I almost always, I'm like, you have to bring your partner else the prognosis just isn't very good.

That is very true. Yeah. So, and one, and one, and one cool thing about us, again, we can also pivot now to the delayed ejaculation.

Sometimes you ask your patients like who has, you know, quote unquote, premature ejaculation. And then he, and then he, you ask him, it's like, how long do you want to last? That's something that I asked him. It's like, how long do you want to last? Like, Oh doc, I want to last like 45 minutes.

I'm like, sir, trust me. You do not want to get there. Because again, something that's that, that many men forget is like when we have delayed orgasms, again, it will reach to a, it will get to a point that I tell him, it's like, imagine you're running on a treadmill, trying to reach, reach the finish line and you're never able to get there.

It's like, trust me, it can become something just as frustrating as finishing too quick. Cause one thing that us guys, if you have a heterosexual couple, if you're having sex or also a homosexual couple, it doesn't matter. If you're having sex with somebody and then the other person is already satisfied.

And then just suddenly look at you and tell us, Just finish and whatever. You just let me know whenever you're done. Then that will create more anxiety to the patient.

And therefore it can also, it can delay the orgasm even more for the guy. Exactly. So when it comes to delayed orgasm, again, we have to understand like what really happens, just the same, same way, that same approach that you use for the premature ejaculation, which is the same thing that I use for my patient.

I asked like, let's try to debunk like myths and let's talk about sexual experience as a whole. But when it comes to delayed orgasms, what I tell them is like, Hey, this is, something's going to be very complex. There is medical therapy that we can try.

But most times, like we, one of the things that we need to do is check their testosterone levels. Cause sometimes there, there could be a link between low, there is a link between low testosterone and delayed orgasms. So I, that's the first thing that I do is like, let's check your testosterone levels. And then we also try to bring in the partner, make, make sure that stimulation be like, it's like, what's the same thing. It's like, what stimulates you? What do you like? What don't you like? I had a patient once who even came in for delayed orgasm.

And he also, and he also had erectile dysfunction, both things. And he was 70 years old and his partner was 95. Wow.

95 years old. And I'm like, okay, so tell me, talk to me about your, about your partner. But he was telling me, it's like, oh, well, doc, like she's blind.

She doesn't recognize me much, but she wants to have sex. And I'm like, sir, like

probably, you probably have ED. Exactly.

It's like, Hey, it's like, you probably don't feel engaged in the moment because she doesn't even recognize you. She's just asking you to have sex and that's it. So you probably even sometimes think that you're taking advantage of her.

It's like, yeah, that's sometimes what I feel like. And I'm like, yeah, so of course you're going to have erectile dysfunction. Of course it's going to take you forever just because you're not into the moment.

Right. So arousal can, can play a role. Sometimes I also try to talk to patients about what medical therapy we can, we can offer.

Most of the medical therapy that we have available right now tries to deal with, try with the balance between prolactin and dopamine. So for our listeners, like there's a balance between prolactin, which is a hormone that we all have. It helps, you know, women for breastfeeding and men, it really doesn't do much.

But there's a balance between prolactin and dopamine and dopamine is what gives us pleasure. Like people who get addicted to heroin and they get addicted to all these drugs. They have a dopamine burst.

Whenever we reach an orgasm, there's a dopamine burst. So what we try to do is try to, try to upset that balance. So if we decrease those prolactin levels, sometimes we can have more dopamine in our brain and therefore we're able to reach the orgasm.

What medications we can try? The one of them is called oxytocin. Oxytocin is one of the medications that we give women whenever they want to stop breastfeeding. I'm saying we lowered that prolactin level.

Therefore we increase the dopamine level and you can, and theoretically speaking, at least it should help you reach an orgasm a little bit better. I haven't had much success with it. And the medic, one of the medications that I use is called Cabergoline, which does the exact same thing.

It's a medication that was really indicated for people who had high prolactin levels, like a prolactinoma. So they give those medications to them. It's like people who have like a tumor in the brain and it's too small to take it out, but it's not too big, you know, to actually take it out.

So that they doesn't need that. So they start them on this medication. And I've had guys who swear by it, that they're like, Doc, when I take it, everything works great.

When I don't take it, I'm going at it for 35 minutes to an hour. And my wife's looking at me like, come on, honey, like just finish. Yeah.

So that's a medication that sometimes can help. Again, it's not a magic bullet, like with any other medication out there. And now one medication that we're starting to try is a medication called Addyi, which I always screw up whenever I say the generic name.

This medication is a medication that was originally designed for women that had low sex drive. So hyposexual desire disorder. I know out there some people call it the female Viagra, which is not true.

A misnomer. I know. It doesn't do anything, you know, other than increase sexual desire.

But this medication, what it does, it works through a different mechanism. It works via the serotonin receptors in our brain. And the cool thing about it, yes, it was designed for women, but it has nothing to do with hormones.

I know all the marketing right now is pink. And I have guys who like we started taking it, you know, using it also for hyposexual desire disorder. But I've also started using it for delayed orgasms.

Why? Because one of the side effects of this medication in women, whenever they did this study, they said, I don't even remember how many women they studied in the original research study. But again, it helps with sexual desire. The side effects are it can get you sleepy.

So you sleep like a baby. But again, you have to take it at night before you go to sleep. Otherwise, you're gonna be drowsy all day.

It can sometimes help lose weight. And number three, and I think don't quote me on this, but I think it was about 25 or 30% of women that were saying that their orgasm was more intense. And whenever I started reading this, I'm like, hmm, so if the orgasm is more intense in women, why can I, you know, let me see what happens if I give it to a guy who has delayed orgasms.

And to be honest, I've had mixed results. I have guys who swear by it. They're like, Doc, I took the pink pill by two months, I was doing great.

And as soon as they stop taking it, they're back to square one. And I've had guys who also take it for post orgasmic illness syndrome. Have you heard about that? Yes, I have.

Tell people. It's a very interesting condition in which some, you know, some people, both men and women, they can have an orgasm, and they feel like they're sick, that they have the flu after the orgasm. And we've had success using this medication for post orgasmic illness syndrome.

So again, it's something that it's a very interesting drug. Right now, we're still in the middle of studying it in the use in men, as well as women and try to see what else we

can actually use this medication for. Of course, whenever we prescribe it for men, I tell them this is off label, you have to be aware, these are the side effects, this is not indicated for, you know, for you.

So it was not designed to for you to take. But as long as you're aware of the side effects, we can we can try it for you. And the good the cool thing about it is you can get the branded medication, and it's really not that expensive.

I know, like whenever we use medications off label, you go to the pharmacy, and they're like, yeah, it's gonna be $1,500 for a month supply. Most of the time, this medication tends to be fairly affordable for patients. And again, you can try it for two or three months.

If at three months, you don't notice any effect, then we can try something else. And that's the cool thing about it. What do you do for your for your patients with delayed orgasms? Well, I want to say something about Addyi, because I love hearing your perspective, because I have to say for my patients who have tried it for low desire, I have not gotten the best feedback in terms of its efficacy, and then also the side effects that are associated with it.

A lot of times you cannot drink alcohol when you take it. And then there is a risk of fainting when you take it, which makes people nervous. And so, so believe it or not, whenever it comes to the alcohol use, again, I know that originally, they said, like, you cannot combine it with alcohol.

But the most important thing that we need to remember is that you just cannot drink it with alcohol. But usually, I tell my patients, like, hey, if you're, if you're going to be having a glass of wine at night, just wait at least one or two hours before you take the Addyi medication. If you're going to be out with your buddies or with your girlfriends, and you're going to be out drinking all night, that night, just don't take the medication.

But again, I've received bottles of wine and bottles of you know, many other things because of this medication. So my experience, again, it's not a magic bullet, but you know, for the right patient, sometimes it can change their sexual experience. What I do to treat delayed ejaculation, it really it depends on what I think is causing it.

It is unusual that I can't uncover something that's going on, whether it's in the relationship or that's contributing to inability to really get emotionally aroused, that we can't pinpoint is maybe being an underlying reason for the delayed ejaculation. And so I then will focus on whatever I think is contributing to the issue. And then we can usually resolve it.

In most cases, every now and then, though, I will get someone who just I can't really uncover anything. And that's a lot of times when I'll send them to you for an evaluation,

or maybe a pelvic floor physical therapist who, you know, we haven't talked that much about that. But, you know, orgasm involves a contraction of the pelvic floor muscles.

And so sometimes when the muscles are too tight or too weak, that can lead to problems. And hallelujah for a pelvic floor physical therapist, because they really do so much for people who are dealing with those kinds of issues. And so that can sometimes be helpful.

I'm going to record the I'm going to post this podcast episode into my website so that every single man can listen to you saying that. Because for me, it's so frustrating whenever I tell him like, hey, we you need to see a sex therapist. I mean, there are things that they can offer that I do not have the expertise whatsoever, you know, to help you out.

And you need to seek a sex therapist or pelvic floor muscle therapist, because again, these things are complex. And there's nothing that I sometimes I can do medically or surgically speaking. So I love this conversation.

Yeah. And you know, one other thing I see a lot of is kind of how guys have trained themselves when they're self pleasuring or masturbation. So when I start asking questions about that, what I learned is maybe they're browsing online, looking at different porn sites and keeping themselves in a really high state of arousal without realizing it maybe for 20, 30 minutes before then finally making the decision to have an orgasm.

And so that's kind of what they're training the body to do. And then when they're with a partner and everything is different, it's like the wires get crossed. And so sometimes it starts with masturbation retraining.

And so I'll usually encourage them to get something like a masturbatory sleeve or a fleshlight, something that kind of feels like their partner might feel and retrain their body without the use of porn or external stimulation. Because what happens with porn is you're disconnected from your body, right? There's such a high degree of visual stimulus. And yes, the body is responding, but you're not really paying attention to what's happening there.

And so a lot of times mindfulness techniques can go a long way in helping people retrain themselves to pay attention to the sensations in their body and reconnect with their arousal in that way. That's really cool. That's so cool.

I'm going to go to your office and just listen in the back and if you could be a fly on the wall in my office. And listen to these conversations. It's so interesting.

Yeah. Well, I want to thank you again for joining me. I know you are extremely busy, but I think this conversation was so meaningful and I certainly learned something from both

of our conversations and I know my viewers will as well.

So thank you so much. How can people find you if they want to come see you or learn more about what you do? So I mean, the easiest way to find us is probably going to be through our website. And it's very easy to remember.

Again, we're in Houston, Texas. So it's HoustonMensHealth.com. Again, HoustonMensHealth.com. We also have a Facebook page. We have an Instagram page.

And that's through my last name is Clavell, C-L-A-V-E-L-L. Uro, U-R-O, like urology. So Clavell Uro.

And we also have a YouTube channel. And our YouTube channel is mostly focused on, I try to help men understand more about penile implant surgery. Most of the stuff that we focus on is on penile implant surgery.

If you even want to see the surgery itself, I have multiple surgeries recorded and I go step by step. So I have some guys who sometimes come in to see me because of that YouTube channel. They're like, doc, I feel like I can do the surgery myself.

I'm like, yeah. I was going to say, you can learn anything on YouTube, right? I know. I know.

And so, yeah, we have a YouTube channel and you can search through it. Again, it's Clavell Uros or Clavell Urology, or you can just put my name, Jonathan Clavell, you should be able to find it. But yeah, the easiest way is probably going to be through our website, HoustonMensHealth.com. And yeah, I mean, I would be honored to be able to help anybody out there who has sexual dysfunctions.

Thank you so much. And I know that they would be very lucky to have you as their doctor. Again, I think you are just such a fabulous MD all around.

And I know my patients certainly feel very lucky when they see you. So thank you. And I'll be sure to link everything in the show notes.

So if you didn't catch that, definitely check that out. No, and I truly appreciate you for trusting me with your clients and your patients' care. So thank you for the collaboration all these years.

And it's been an exciting journey. And I can't not wait to see what the future holds for both of us. So it's pretty cool.

Yeah, very cool. Awesome. Well, thank you so much.

And until next time.