

**THE MODEL  
HEALTH  
SHOW**

**EPISODE 810**

# **Real Sex, Sexual Dysfunction, & Pleasure Principles**

**With Guest Dr. Rena Malik**

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**SHAWN STEVENSON:** On this episode, you're going to discover how sexual health contributes to your overall health, some science backed ways to support sexual health for both men and women, and some mind blowing facts about intimacy that every adult needs to know. Keyword here, this for the adults. It's not for the kids today. So make sure again. This is a pre-warning. This is for mature audiences only. Make sure that the kids are not around listening to this. Now we're not going to get crazy. This isn't about to be like a 50 shades of freakiness, all right. This isn't going to be that, but we are going to be talking about sex and there are many other names for sex in our culture, by the way, we're going to be talking about getting busy.

We're going to talk about making love. We're going to talk about shagging, mattress, dancing, going to Disneyland, AKA the happiest place on earth. We're going to be talking about horizontal jogging. All right, we're going to be talking about that today, but we're going to look at this from the perspective of wellness, truly. This is going to be one of those subjects that can get us feeling a little, a little taboo feelings and just uncomfortable, but we need to talk about these things and get a high quality education because it's such a big part of our health as you're going to find out today.

And also even our cognitive function, as a matter of fact. A team of researchers at the University of Maryland found that regular sexual activity not only triggers neurogenesis, so this is the creation of new brain cells, but it also improves cognitive function, potentially helping people to think more clearly. Now, have you ever had that happen before? Having a sexual experience and it bringing about some clarity, right? The post clarity. It's a thing. But truly, this is one of those things that right now we have skyrocketing rates of sexual dysfunction taking place in our society and there is an underlying reason why.

And so our incredible expert today is going to just bluntly share with you why this is happening right now and some very practical solutions for many of the most common issues. And so again, this episode is dedicated to sexual health and its connection with overall human health. And before we get to our special guest, I want to give a quick shout out to

something that has centuries, alright. This is in ancient texts talking about its benefit in supporting sexual function. All right in particular, getting a rise out of the situation and a study published in 2010 is revealing part of the reason why it's so effective. This study was titled Protective Effects on Mitochondria and Anti-Aging activity of Cordyceps and it found that cordyceps medicinal mushrooms can protect our mitochondria by scavenging reactive oxygen species. And several other human studies have found that cordyceps improves cardiovascular function, improving blood flow, improving VO2 max, and also can improve insulin sensitivity as well.

And again, it's been utilized for literally thousands of years. And today we've got all of this incredible science and more and more is coming out about the benefits of cordyceps medicinal mushrooms. Now this is not a culinary mushroom. It's not a psychedelic mushroom. This is a medicinal mushroom that's utilized in many different systems of healthcare and wellness around the world and the key here is that the cordyceps needs to be dual extracted. This means hot water extract, alcohol extract, to truly get these bioactive compounds that are featured in these studies. There's one company that provides this and it is the folks at Four Sigmatic. As a matter of fact, they have an incredible infusion of organic coffee and dual extracted cordyceps medicinal mushrooms. And if you're not a fan of coffee, you can actually get a cordyceps elixir. Both of these are called boost. So they have the boost coffee and the boost elixir that has cordyceps again, dual extracted organic cordyceps dual extracted plus some adaptogens in the elixir as well. So you could check them out and get 10 percent off by the way, storewide, including the incredible blends that have Dual extracted cordyceps go to [foursigmatic.com/model](https://foursigmatic.com/model). That's F O U R S I G M A T I C.com/model For 10 percent off store wide. And now let's get to the Apple podcast review of the week.

**ITUNES REVIEW:** Another five star review titled "so glad I found you", but Elaine GH wow. Wow. And one more. Wow. I've listened to a few of your podcasts and I need to say that they are amazing. Not only are you inspirational, but the interviews that you host are spot on. You dig in and have fantastic questions. Your guests are relevant and also inspirational. Thank you for what you do and keep going strong.

**SHAWN STEVENSON:** Absolutely. I'm not stopping anytime soon. Thank you so much for

leaving that review over on Apple Podcast. I appreciate that, truly. And without further ado, let's get to our special guest and topic of the day. Dr. Rina Malik is a board certified urologist with extraordinary contributions in the realm of urology, earning her the distinguished title of the 2023 American Urological Association Young Urologist of the Year Award. She has a prolific portfolio, boasting over 80 peer reviewed publications and she's also the online content editor for the Journal of Urology and Urology Practice Journals, and on the editorial board of the Urology Practice Journal. And to top it all off, she has over 300 million views and 1.9 million subscribers to her YouTube channel. She's been featured all over in major media. From Insider to Men's Health to SELF to the Scientific American. The list goes on and on and now she's here on the Model Health Show to share her insights with all of us. Let's dive in this conversation with the amazing, Dr. Rena Malik.

So I've been following you for quite some time now, and you are sharing some of the most important taboo and critical things for human health, you know for all of us, and in regards to sexual health. And it's so enlightening and there's these all these little questions that you have kind of rattling around the back of your mind that you address and share with everybody. And I want to know what got you interested in this field and specializing in sexual health.

**DR. RENA MALIK:** Yeah. Thank you. Thank you for your compliments. But so I'll start with generally speaking how I got into urology. You go into medical school and you decide you want to be a doctor. I had no idea. I wanted to be a surgeon or urologist. I didn't even know what urology was, but I ended up liking surgery. And I was sort of hesitant. I was like, I'm not, I don't see myself as a surgeon, but my husband who was my boyfriend at the time was like, you get trained for a reason. So I looked at the surgical subspecialties and urology is something that you find your tribe when you're training. And so I found my tribe.

These are people who did great work, were super innovative, but also didn't take themselves too seriously. Like when you're dealing with genitalia all day, you just can't, right? And so I liked that. And I found myself feeling I don't have any taboos about talking about this stuff. I feel comfortable talking about genitalia and examining it and talking to patients. And so I went with it. And then as I was in training, I realized that it was more than just learning to be

a surgeon, right? It was also learning to be able to communicate with your patients. And so I remember very distinctly having a patient where we did this beautiful surgery on her. And after the surgery, she had to actually catheterize herself in order to empty her bladder.

She had to put a little tube in to empty her bladder and she didn't really understand that completely. So she kept getting readmitted to the hospital because she wouldn't do it often enough. And I realized then that it doesn't matter how perfect we are technically, but if our patients don't understand us or they maybe don't take our advice the first time in that 15 minutes we get to talk to them, then we're doing a disservice. And I found also patients were coming to me with really things that they could have tried and figured out on their own, like maybe cut back on your caffeine a little bit. Maybe don't drink a gallon of water a day, and they could have tried those things instead of having to wait in my office, find parking, do all these things to come see me. And so I wanted to offer that education to people to empower them.

**SHAWN STEVENSON:** So that's really what the catalyst was for you to start teaching, direct the camera. You've got millions and millions of views. On your videos was inspired by you working with patients and just knowing like a lot of people just don't know this stuff.

**DR. RENA MALIK:** Yeah, so interestingly, I never thought I was gonna be an influencer or a youtuber, but I wanted to make this content. So I just started, right? I ripped off the band aid. I started making content about overactive bladder. But I realized that as I was talking about things, people would ask questions about sexual health. And I found that there was such a lack of understanding about sexual health, not just in the United States, but around the world. And people were desperate for this information. And they wanted answers to questions that we weren't answering for them. Like, how do I make my penis bigger? Or, how can I have a stronger erection? Or how can I have a better sex drive? And these are the questions that they were asking their doctors and sometimes getting dismissed, or they weren't even getting to their doctor to talk about it.

**SHAWN STEVENSON:** Yeah, and then they go to the Internet. End up buying some contraption.

**DR. RENA MALIK:** Or something that proves that they're going to get the best sex of their life and it doesn't work, right?

**SHAWN STEVENSON:** Yeah. If you could, I'd love to start off by talking a little bit about why this subject matter matters, right? Sexual health is a huge aspect of being human. It's the reason we're here in the first place. So it kind of matters, but there's so much data now affirming how good sexual health directly correlates with longevity, directly correlates with good mental health, and the list goes on and on. Let's talk a little bit about why this subject matter matters.

**DR. RENA MALIK:** Yes, it absolutely matters. So we like to say sexual health is health, right? When you have normal functioning genitals. That fill with blood, that have a good sensation, that respond appropriately to erotic stimuli. That tells you a lot about your overall body, right? That you have good vascular blood flow, that you have intact nerves, that you don't have anything going on in the background that might be creating an issue. And very often, we're seeing it in the genitals before we see it elsewhere. So we like to say for men that erectile dysfunction is the canary in the coal mine. So when you start having trouble with erections, or maybe you're not getting that morning erection that you used to get as often as you used to. It might be a sign that blood flow is decreasing and you're going to see it first there because the arteries to the penis or the clitoris for women, for example, are one to two millimeters whereas arteries to the heart are three to four millimeters. So you're going to see problems manifest themselves in your sexual life before you do in your heart, for example, for chest pain.

**SHAWN STEVENSON:** Wow, so our bodies are literally giving us physical feedback if we're paying attention. So mentioning blood flow so it would.. What would be the equivalent for women, erectile dysfunction?

**DR. RENA MALIK:** So it would be the sensation of a decrease of arousal. So arousal for women is having good lubrication and that's not always the case. I don't want people to feel like if they don't have enough lubrication, it's just because there's something wrong with blood flow. It could be a hormonal issue, but certainly lubrication. Having that sensation of

feeling the pressure in your genitals where it's feeling more engorged. So that sort of sensation being not as prominent as it used to be potentially.

**SHAWN STEVENSON:** Now with the blood flow correlation. And you mentioned this just a few minutes ago, is this similar? So is there arousal that's seen with the clitoris? Let's just talk about the clitoris. Let's have a clitoris master class.

**DR. RENA MALIK:** Yes, let's do it. So the clitoris is the homologue of the penis. So when you think about embryology or the way we're developed. When you look at a, like an embryo, you have what's called a genital tubercle. And that, in the male, becomes the penis, and in the female, becomes the clitoris. And if you take an anatomic section of the clitoris and the penis, and you cut them down the middle, you're gonna see they look exactly the same. They are two cylindrical bodies that fill with blood and gorge with blood and are basically a long shaft. So what of the clitoris, you're just seeing the head, you're just seeing the glands, just like the glands of the penis. So that's what you see visibly, but then deep inside you're getting the shaft of the clitoris and then it separates to get the crura. The men have it too, it separates to the crura. And so that's sort of the exact anatomical homologue. It's just displayed differently, right? External genitalia look differently, but the erotic tissue is the same.

**SHAWN STEVENSON:** Holy moly. And also I'm thinking about the hood as well.

**DR. RENA MALIK:** Like the prep use of the male or like the foreskin of the male. So the same exact thing. And interestingly, what a lot of people don't realize is that women also can sort of pull that back and clean under it because sometimes they can develop smegma or sort of dead skin cells or oils that sort of get stuck between the clitoral hood and the clitoris that can then create discomfort, pain, maybe muted orgasms. So we're not taught that. This is anatomy. 'cause we're barely taught anything at all in elementary school. . But you're not really taught this. Yeah. And so it's important to understand the anatomy and that's gonna be your key, right? You can understand yourself, explore yourself, and then you can explore your partner because now the anatomy's essentially the same. It's just slightly in a different location.

**SHAWN STEVENSON:** All right. I just flashed back to that middle school sex ed class that I had, and we were explicitly told that the vagina was the sexual organ, right? The clitoris wasn't even in the conversation. And so with this being said, this being the equivalent, so this would automatically for us have a light bulb go off that this is the organ of pleasure.

**DR. RENA MALIK:** Yes, absolutely. And it's the only organ in the entire human body. That's only for pleasure, right? The penis has the urethra and the urine comes out of there. So the clitoris is literally only there for pleasure. There is no other purpose of the clitoris. And so it's a shame that we don't even get taught that, right? That is the only organ. So the vagina, is essentially underneath the clitoris, right? So absolutely women get pleasure from stimulation of the vagina because the clitoris sits right on top of it. There's also different nerve endings and things, sort of areas like the G spot or the cervix that have nerve endings that can be seen, felt as pleasurable when stimulated. And so definitely it can be an organ of pleasure, but the clitoris is the most direct route for pleasure. So it's as if for our male listeners, if someone stimulated your scrotum, yeah, maybe it'd feel good, but it's not going to feel as good as if someone stimulates your penis. So similarly, sort of, that's the analogy.

**SHAWN STEVENSON:** Now with this being said, and the clitoris being the hub of it, you said something so remarkable, exclusively for pleasure. There's no other organ in human anatomy that is just about pleasure. This is a big question here, and I know that there isn't a cookie cutter answer for this, but if we can just get into the majority conversation, how do we go about pleasuring the clitoris?

**DR. RENA MALIK:** Yeah think about how, everyone sort of has a different pressure, sensation, pressure threshold, but you need stimulation of the clitoris. So that can be light touch, that can be firm touch, that can be vibration, that can be using oral sex, I mean, a whole variety of things. But the key is communication, right? Because just things will work for the majority of men. Things will work for the majority of women, but everyone's a little different, right? And if you've had enough sexual partners, you'll know that there's someone who likes this and someone who likes that. And so you got to talk to each other and be like, what do you like?

What, and we need to normalize asking and also telling or even non verbally telling, right?



Move a little this way or move a little that way or whatever it is, but just sort of being open to exploration and talking about it and playing, right? Because it's supposed to be fun. And so I think those things are really valuable and important to really figure out what is the stimulation that your individual partner likes. And it might, you might not get it right the first time or a couple times or here or there. It might not work exactly the way you want it to, but as you learn your partner and you get experience with that, then you can sort of, decide what works better. And I think always keep some diversity, keep some variability. You don't want to keep serving up the same script every time.

**SHAWN STEVENSON:** Don't want to watch the same rerun over and over again. Yeah. Now with this being said, the communication part, I know people, obviously we have very diverse ways of communicating, so I would imagine that different contexts would be helpful with communication. Some people might be on the ground training as it's going down. Some people outside of the act, maybe you're having dinner, maybe you're just hanging out and you're talking about it.

**DR. RENA MALIK:** Yeah, we, you know what we say in sexual health is like foreplay starts at breakfast, right? You're not just sex is not just the only place where you're sort of building up pleasure. You should be building up that flirtation that discussion potentially earlier in the date or whenever you're with your partner. So there's some anticipation, some excitement going into it. But also, it's I think it's really it's, you know, empowering to tell somebody what you're into, or even ask them, what are you into, right?

And that can be outside of the bedroom, and probably is better to be outside the bedroom, right? Because then it puts people sort of more insecure if you're doing it, right before. You're like, oh, I'm really into this, and you're like, I wasn't mentally prepared for that, right? So, actually, before you get into the bedroom, maybe when you're in the car, or when you're sitting at the dinner table, or wherever you find it comfortable, just to, sort of broach the subject, and everyone's going to respond a little differently, and if they've never talked about sex before, they may respond But I think you're like, look, I'm just trying to make sure that we have the most fun possible, and I'd love to know more about what you like.

And I think making it a non threatening sort of just open ended way, and if they don't respond appropriately, maybe you try again later, right? But certainly just, Trying to build that up so that you guys can both have a, or multiple partners for whatever, whatever you're into, can have an open discussion about what sort of you enjoy, and what your partner enjoys, and what your expectations are and that sort of stuff.

**SHAWN STEVENSON:** So I have you here, so I'm going to ask the question. Is there a certain spot on the clitoris that might be more acclimated towards pleasure, towards orgasm. Is that a thing?

**DR. RENA MALIK:** Generally the visible part of the clitoris is very sort of the most sensitive part, just like the glands or the head of the penis is very sensitive. So yeah, that tends to be the easiest and most reliable route to orgasm. Now the G spot, which is sort of in the vagina, but also is part of, it's not a spot. Let's reframe. It's an erogenous zone. It's a misnomer called the g spot. It's an erogenous zone. So it's an area where it's underneath the clitoris. So you're getting some stimulation of the clitoris. There's also the Skene's glands, which are the homologue, again, that same word to the male prostate. And so that has some nerve endings that are pleasurable. And then the distal third of the vagina has the most nerve endings. So basically it's about two to three centimeters in the vagina on the anterior wall. And so that area can be quite pleasurable for some people, but it's not always going to be as reliable and not, everyone's going to have an orgasm with stimulation of the G zone, but it is something that you can experiment with.

**SHAWN STEVENSON:** Okay. So to break this down. All right. So the G spot is where you're I. e. this erogenous zone?

**DR. RENA MALIK:** Correct.

**SHAWN STEVENSON:** The general location of this, you said the anterior side, so this is the belly side, right? And two to three inches in. And so I would imagine there are a variety of ways that you could interact with that area. How should, what are some ways to go about that?

**DR. RENA MALIK:** So it can be obviously. Through manual stimulation is probably what people talk about most, introducing some sort of digit and then manually stimulating that area. It can be with a toy.

**SHAWN STEVENSON:** Love how you said digits.

**DR. RENA MALIK:** We gotta make it medical, you know So so yeah, it can be with a toy and there's toys that are shaped in certain ways to stimulate that area it can be with your you know, your You Phallus. And so a variety of different ways, but again, experimenting and vibration is always a really great tool. It actually has been shown to improve orgasmic intensity, to improve satisfaction. And so it's great to bring accoutrements to the bedroom if you feel comfortable. And I think it's sort of fun to experiment with different types of things And it may allow for more pleasure. And if you are really someone who enjoys seeing your partner have pleasure, then that may also be a great way. And they can show you too. You can watch them stimulate themselves to decide what is actually really enjoyable for them. So then you know how to emulate that.

**SHAWN STEVENSON:** Amazing. Amazing. I want to talk about this because a lot of the conversation regarding health, especially in conventional medicine, is focus on the male and erectile dysfunction. And it's ridiculous how this isn't discussed. And this is why your work is so remarkable, because you're addressing these issues and talking about women's health and sexual dysfunction.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** So I'd love to talk a little bit about some of the common issues that women deal with regarding sexual dysfunction. Of course, talk about some solutions as well.

**DR. RENA MALIK:** Absolutely. So the most common one that we hear about is low sex drive or low libido. And actually when you look at survey studies or says where they've inquired about how many percentage of women have low libido, it's up to 40%. So that's pretty high, but it's not that all 40 percent of those women are feeling bothered by it, right?

It's usually about 12 percent that experience some bother associated with low desire. And there's other buckets of sexual dysfunction too, right? There's difficulty with orgasm or maybe not having an orgasm at all. There's difficulties with arousal, which are less. It's common, but they do occur.

So we see it a lot in men obviously with erectile dysfunction, but with women, it's usually less common. We typically end up focusing on libido or orgasm issues. There can be pain issues that occur with intercourse and pain is never normal. Let me just say, you should never be told to go drink a glass of wine or relax or whatever. That's if it's painful, it's not right. And that should be addressed. So those are sort of the common buckets that we're seeing. And they all have sort of different causes and treatment options. But a lot of it, and then a lot, there's a lot of, it's sort of biopsychosocial. So it's not always just a biologic problem, right?

And I think I wanted to mention that earlier, too, that the reason sexual health is because it's a huge part of your mental health, too. So we spend a lot of time thinking about sex. Part maybe participating in sex, wanting sex, and when you have a problem in the sexual department, no matter who you are, it affects your brain. So I tell everybody it doesn't matter if you are just having an issue because your hormones are off or because your blood flow is off, you're still going to have a problem. A problem in your brain because it's stressful, right? When you when something's not working the way it should and you're seeing people on the media like have orgasms within minutes and having this amazing sex and you're like man, why is that not me? And what's wrong with me? Am I broken? That's in your head and that's going to affect your ability to perform stress affects your ability to have sex. Stress and anxiety and depression. They all affect your ability to have normal sexual function. So that's what we say, it's a biopsychosocial model.

**SHAWN STEVENSON:** Wow. And it feeds into each other.

**DR. RENA MALIK:** Absolutely.

**SHAWN STEVENSON:** It becomes a vicious circle. I don't think that it's so obvious, but it's not talked about enough. And I know that a lot of couples experience this and how stress,

especially for women, can suppress that desire. And just I have a friend of mine who's been on the show multiple times Shaleen Johnson, and she had some analogy of If I've got piles of laundry, and the kids need to be taken to such and such, and this other kid, we got an appointment at this time, and I gotta, and I haven't even taken a shower and all the things. How on earth am I going to be wanting to, full on have sex and be interested in sex when I've got all this mental stuff that's weighing me down?

**DR. RENA MALIK:** Absolutely. And the thing about it is interesting because women look at stress, I mean look at sex as another burden sometimes or as another chore. Whereas men tend to look at it as a stress relief. And so there's actually data that shows that and so that's a real challenge is like how do we get People in the mind frame that sex is supposed to be fun and enjoyable and a time to relieve stress not a chore and so there's actually really excellent work by Laurie Brado, who's a sex researcher in vancouver looking at mindfulness and how that impacts?

Libido and overall sexual satisfaction. They found that women who do participate in mindfulness and men have better sex drives and overall improve quality of life because of that. And so it's a huge problem. And the stressors are just getting more and more. Because I think like when you and I were growing up, I didn't do a ton of sports and activities. I think, one thing, and I didn't have, my parents didn't worry that much about it. Cause they're like, Oh, she's doing fine. But I feel like now there's all these pressures. You have kids, you gotta take them to this activity, that activity, this activity, keeping up with the Joneses, whatever it is.

And everything's on social media. So you feel this desire to have some visual aspect to your life, which is stressful. And everyone's stressors are different, right? But there's financial stressors. There's a whole bunch of things that people are dealing with that make it really hard for them to then enjoy this moment, which is supposed to be intimate and pleasurable, and then that creates discord between relationships and nobody wants to address that discord or talk to their partner because they feel shut down or they feel upset or they feel not heard. And so there's a lot of it. That comes from relationship issues and it's a real challenge.

**SHAWN STEVENSON:** All right, I'm going to ask you the biggest question of our day.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** How do people deal with all this stress so that they can have better sex? I'm just going to throw this out here. I've been a big proponent because I'm aware of this. I proactively look for ways to take things off my wife's plate.

**DR. RENA MALIK:** That's awesome.

**SHAWN STEVENSON:** I find little creative ways to, the only thing is like challenging myself sometimes to not say it, that I'm doing the thing like, babe, hey, I need some points. I'm about to go do this, whatever, adding up the points. We jokingly say she'll deduct points from time to time, just knowing that today there's just like you said there's so much going on so many new stressors. And you know her just wanting to be able to focus on her own wellness and just like proactively as a partner just finding ways to help to support her in her having the conditions where she can de stress, process things, you know have a moment to herself. All these things I've been picked up on doing over the years.

**DR. RENA MALIK:** Absolutely. And that's one of the ways, right? Like I think whether you can or can't do those things, you can certainly try to support her in other ways. So say you don't have the time to do certain chores or certain activities that your partner's doing, or you just don't find them as valuable. So I'll give you an example. My husband will be like, you want to take the kids to do this activity. I don't think it's necessary. That's fine. That's, then that's your responsibility. And I will respect that. So it depends on where you're at, but I would say that in terms of figuring out ways, innovative ways to make things easier, right?

So whether it's buying a Roomba to like vacuum the floors that does it by itself or hiring someone once a month or once a week or whatever, to come clean your home, whatever it is that you can afford, that's reasonable, or, go having her family or your family come over and watch the kids, whatever it is. But taking off some of that responsibility is absolutely helpful. And I joke with my husband, there's like these, we share memes on social media.

And some of the memes that women relate most to are when they see an attractive man doing household chores. And we all joke that's so hot, right? Because it's that's really what gets women excited. It's yo, you're helping out. It's not that the chore is really that exciting. It's the fact that someone's recognizing you, seeing you and doing that chore for you. That's part of it. Other things can be actually prioritizing intimacy, right? It's really hard to do that, but think about, we prioritize everything. As we prioritize brunch, we prioritize meetings that probably don't need to be meetings. We prioritize a whole bunch of stuff that doesn't need to happen, but we don't ever prioritize intimacy. And I'm not saying sex specifically because it doesn't always have to be penis and vagina sex, right?

It can be intimate. So what that could look like is scheduling instead of date night scheduling intimacy time so you drop the kids off and you have a babysitter. Whatever it is and the goal for that time is to connect intimately. So that could be cuddling together, that could be lying together naked, that could be whatever it is that you enjoy Without the pressure of saying we're gonna have sex. If we're just gonna be intimate if sex happens, that's great. But then making that a scheduled thing and actually going through with it. And you think about like when you used to date when you were younger, right? Like you were excited to go on that day and you were like, oh we might have sex. It's gonna be fun. You didn't know there was gonna be sex.

**SHAWN STEVENSON:** A couple of great researchers, one of them was Robert Waldinger out of Harvard. And, he's the director, fourth director of the longest running longitudinal study on human longevity. And he found, and these are the questions, I probe for what are those things? Because we have these romantic ideas about relationships, and people, unfortunately, we don't understand the day to day because it is, it's very romantic. All the messages that are brought to us and there is a romantic aspect of it.

When you got real life stuff going on and challenges and different things happening in life and stressors, a lot of issues can start to fester. A lot of things don't get processed. And so one of the things that I asked him was, Okay, we've got this romantic idea like a great relationship. People are not like arguing and getting into Scuffles and things like that with each other. He's no, that's not what our data shows. He's like actually the couples that have

the longest healthiest happiest relationships. He said this was his Term, he's like they fought like cats and dogs

They're getting into little things, you know messing with each other whatever, but he said there was a bedrock of intimacy there's a bedrock of intimacy connectivity right? And physical touch and just like having this intimacy throughout the day. Yeah, right So even if there's a conflict you're just being able to be close to someone And even if there's.. By the way, sidebar, without the conflict you know, how often are you close to each other, not necessarily again having sex but just being close?

**DR. RENA MALIK:** Yeah, even just touching each other like just putting a hand on the back or giving each other a hug or something intimate, right? That's where we talk about foreplay starts.. Like, my husband jokes, foreplay starts at birth cause you always say this, but it's yeah, it starts in a relationship. It's ongoing. So yeah, you're going to have fights. You're going to have issues. But the point is that you listen to each other, you respect each other and that you prioritize the things that matter. And I think that those are so simple, right? Like when somebody wants to be heard, you just listen to them.

And sometimes that's hard, right? Like you actually have to stop what you're doing. And we talked about this earlier. You actually have to listen and be present. And when you're busy and thinking about the towels or the laundry or the kids or whatever, you don't want to listen necessarily, but you actually have to stop yourself and listen and prioritize that connection with your partner and respect each other and go back to those simple basic tenets that you sometimes take for granted when you're in a relationship. I mean, there's certainly, and there's value to it in longevity. Let's take it back to that, right? Being intimate, having close friendships, close relationships that you can rely on are going to help you overall in life.

**SHAWN STEVENSON:** Yeah, I just talking with you. It hit me for the first time that the concept of getting someone the cold shoulder, right? So that's literally like you're not touching their shoulder.

**DR. RENA MALIK:** Yeah.



**SHAWN STEVENSON:** Right? That shoulders is cold. It's not getting any love. It's not getting that touch. And so that's what that really means. That's so fascinating. Also, there's a rise in issues related to things like PC OS, estrogen dominance. There's all these different issues that are unfortunately that skyrocketed really in recent years. And something that isn't talked about very much is low testosterone when it comes to women.

**DR. RENA MALIK:** Absolutely.

**SHAWN STEVENSON:** Let's talk a little bit about that.

**DR. RENA MALIK:** Yes. So in fact, I will share my own personal anecdote. I recently checked my testosterone, not because I'm symptomatic, but because I have colleagues that were like, I'm on it. It's great. I feel so much better. And I was like, okay, I checked it and it was very low. Women have more testosterone in their bodies than estrogen. So in fact, it's our most dominant hormone in terms of sexual hormones. It is responsible for a lot of things. The one thing that gets talked about most is sexual desire, but there's more to it. Helps with muscle mass. It can help with brain fog.

It can help with lubrication to some degree. So there's a lot of Benefits to having a normal level of testosterone and when you go through the menopausal transition, even perimenopausal Transition your hormones tend to your testosterone, tends to decline more slowly than the others, but it is declining quite a bit. And your estrogen goes down to one percent, and your progesterone goes down. But the testosterone does go down. Continue to decline and that can also manifest in low desire, difficulty gaining muscle mass in the gym and a whole host of other things. So overall it can be helpful to get that evaluated and tested to see if you are indeed on the low, physiologically low. Your level should be one tenth of a man's level.

So it should be somewhere between 30 and 100 right? Whereas a man should be somewhere between 300 and a thousand. Depending on the lab test you're using but around there and you know. It is something that is not talked about. It is something that is not treated very often. Most people will if you go to the pharmacy and you try to get testosterone as a

woman. They look at you sort of funny, you're getting it for yourself. But absolutely it can be treated and there's natural ways to boost testosterone as well. A lot of it can come from good sleep and getting a good exercise and that means a lot of resistance training, not just cardiovascular training, but resistance training. Heavy loads in the lower extremities making sure you have a very unprocessed diet.

I mean, the best studied one is the Mediterranean diet, but really whole foods, unprocessed foods and then avoiding, sort of, Endocrine disrupting chemicals in the environment. Now, they're everywhere. They're ubiquitous. But I tell people to control what you can, which means try to not drink out of plastic water bottles as much as possible. Try not to heat up your food and plastic. Those sorts of things are easy lifts, right? And so everyone can do those and so those are things that naturally can help boost it But certainly if supplementation.

**SHAWN STEVENSON:** Awesome. So good. This is so good you said the s word. You said sleep.

**DR. RENA MALIK:** Yes.

**SHAWN STEVENSON:** All right. And we'll put a study up actually for people watching the video version. Testosterone might be our most sleep dependent hormone, especially sex hormone. It absolutely is. And this study found that there's a direct correlation with how much sleep you're getting and your testosterone levels going up. It's basically like You know, going into a charging station at night for testosterone is filling up and it's kind of declining through the day. We can get some little boosts here and there again, if we're exercising a certain way, for example but it's really sleep dependent. And this study, again we'll put this up for everybody to see, found that this was young men. So college age men. So this you know, early 20s Sleep depriving them for just a week dropped their testosterone by 15%.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** And that was likened to because somebody might be like 10-15 percent it isn't that much.

That's like them suddenly being 20 years older 30 years older and they did this in just a week by sleep depriving them and this was you know. Versus getting around eight hours, which is a cookie cutter amount. But Five hours a night can absolutely destroy your testosterone production for men and women.

**DR. RENA MALIK:** Absolutely. And we're a sleep deprived society, right? We're the only, and Matt Walker says this, but we're the only species that deprives ourselves of sleep. Every other species just goes to sleep. Part of it's probably because we're in a modern world, right? We have screens and all these things, but we will intentionally stay awake even when we're tired. And it's not just the number of hours of sleep. It's the quality of sleep. So are you drinking a ton of caffeine before bed? Are you drinking alcohol before bed? Are you sleeping in a dark room? There's all these different things right that sleep experts will tell you but they actually make a difference, right?

And I think you have to sort of experiment and maybe caffeine you're a fast processor But the average person the average half life of caffeine is five to six hours Which means if you drink caffeine at noon, then at midnight, you're still gonna have a fourth of that caffeine in your body. So it's there's different things that you can tweak to optimize your sleep. But the first thing is just trying to get to bed at a reasonable hour and wake up at a reasonable hour. And they say that the first four hours is way more important than that last four hours of sleep. So getting that first good quality of deep sleep is really valuable.

**SHAWN STEVENSON:** I love it. I love it. And you'll probably notice again, if this has been an issue for you over the years, That once you put a little bit more intention into your sleep, you're probably going to find yourself being a little more frisky. Just that in and of itself.

**DR. RENA MALIK:** Yeah. Absolutely. And you'll feel a lot better.

**SHAWN STEVENSON:** Facts. Got a quick break coming up. We'll be right back. Now. I don't know if you know this and you might be missing out, but every single Monday I'm sending out book recommendations, bonus content from the model health show. Protocols and gadgets that I might be experimenting with. And so much more every single Monday, for model

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Now shifting gears, a little bit, I want to talk a little bit more about orgasm.

**DR. RENA MALIK:** Yeah.

**SHAWN STEVENSON:** All right. And not just, again, we can look at this in a kind of a superficial lens. Oh, that's good. I want some of that, that it's fun. It's yummy, whatever the case might be, but why it's so good for our health and also, in the discussion earlier and talking about the clitoris. How much of that, as far as, maybe, is there a percentage on how much of like orgasm comes from clitoral stimulation versus other stuff?

**DR. RENA MALIK:** Absolutely. So let's start with that question because that's easier to answer, quicker to answer. So we know that about 85 percent of women need some form of clitoral stimulation in order to achieve climax. Now some of them will need it with vaginal stimulation or will like both. 85 percent will need clitoral stimulation in order to reach an orgasm. And many women, that's the only way they can and that's completely normal and completely okay. So that's the thing. And I think a lot of people, because they're not taught that, don't know that, right? And so if you don't explore yourself or you don't tell your partner, you're, you may never have an orgasm.

**SHAWN STEVENSON:** There are some men that are just like, What is a clitoris? Exactly. It is out there.

**DR. RENA MALIK:** Yeah, and I teach, I used to teach medical students and you'd be shocked at how many medical students try to put a catheter into the clitoris and not the urethra, which is the p tube. So even very educated, very smart people And so I think because you learn about it but actually looking at it and seeing it in real life it's shocking, right? So that's really important. In terms of the health benefits of orgasm, there are many, right? So we know that it actually reduces it brings your, once you're after the orgasm, your heart rate goes down, your blood pressure goes down, you have a better mood, better sleep. So in the short term, orgasms are really good for overall those sorts of things.

But we also know that orgasms in general, are, are related to can, can also be effective in terms of reducing pain. So if you're having pain or discomfort, having an orgasm can often reduce your pain, your pain or heighten your pain threshold. So that is valuable for sometimes people who may be having pain in their body somewhere. So there's a lot of benefits to having orgasms. And so when people talk about they get upset about masturbation. A lot of times that's the only way someone's getting an orgasm and they're, that's the only way they're reaching those benefits of orgasm. And so in my mind, as long as you're, whichever way you're getting to orgasm, as long as it's healthy, meaning you're not spending an inordinate amount of time trying to achieve orgasm related to other things in your life, right? And you're doing it with consent and you're doing it safely. That's great, because there are so many benefits to orgasm.

**SHAWN STEVENSON:** All right, let's I've been keeping it together. All right now I'm curious obviously You talked a little bit about the different ways of stimulating the clitoris What about? Are there any ideal sexual positions that would maybe, that would kind of automatically happen as well. There's a lot of positions out there on the streets. All right. I remember I saw this Kama Sutra poster one time. It's just there's a lot of ways to do this. But are there certain positions that can kind of just de facto stimulate the clitoris as well?

**DR. RENA MALIK:** So typically and there's actually been data on this. So there's studies where they've looked at different positions. They looked like they've given them names like rocking, angling and a variety of different names. But essentially what they found is that with the woman on top, one that allows her to sort of position herself in a way that may allow for

more clitoral stimulation. So that sometimes is more likely to lead to orgasm. The other one, rocking or angling your body in such a way where you're penetrating, but also sort of stimulating the clitoris can be helpful. Sometimes these stimuli, these positions take some practice, right? Because it's sort of like you, some of them, you actually both have to move in a certain way.

There's one called the coital alignment technique, which is you're both moving in a rocking position and you're like positioned in a way where it's not. It's directly on top of the clitoris and it actually takes a little bit of sort of coordination. And so you got to sort of practice, right? And like figure, yeah.

**SHAWN STEVENSON:** Patrick Swayze. Yeah.

**DR. RENA MALIK:** So you got to sort of practice and that's okay, right? Because ultimately the goal is to have an enjoyable sexual experience. So what if one time sex is not so great, you're just trying to figure it out so that the next time can be even better. And I think that we put a lot of weight on Oh, you have sex, One person one time and it sucks. It's not meant to be like, I'd rather have bad sex and then amazing sex then have good sex once and then you know be like, oh, that's the one and then this sucks. The sex starts sucking because they stop trying so hard.

**SHAWN STEVENSON:** Oh, wow So hard, trying so hard. All right I've been holding back on those. Okay, let's shift gears now and talk about men's sexual health a little bit more. You mentioned it being an indicator, with erections, waking up in the morning. The quality of the erection is probably a good indicator of some underlying health issues or that you're, things are going well. Circulation being one of those key things. Something that we don't talk about much is the prostate. So what is the prostate? What is its function?

**DR. RENA MALIK:** Yeah, so the prostate is this walnut shaped gland. It sits around the urethra, which is the organ where attaches the bladder where urine comes from and underneath the bladder. And so its function is mostly For to support sperm health. So when sperm travels through the urethra to get to the female that they're providing nourishment

for that sperm, right? So it's really reproductive in nature the prostate. However, gross in men and becomes a problem for a large number of men. So when you look at 80 year olds, 80 percent of them will have an enlarged prostate. Now that doesn't mean they all have problems, but very often you'll develop symptoms and that will be things like having difficulty urinating, maybe straining to pee or waiting for your stream a long time to start or stopping and starting.

Or on the converse, it can be your bladder can react to that enlarged prostate. You can have overactive symptoms, like you gotta go you have to go often, you're waking up a lot at night you have this strong urge to go, but you can't wait, like normally you get an urge and you can take your time to get to the bathroom, but sometimes that becomes more difficult, and so this is sort of an a very common problem, something that we as urologists see a lot of. But it's a real quality of life issue, particularly if you're waking up at night, right? Because what happens very often is you have someone wake up at night, it's dark, they trip over something, they fall, they break a hip, and then within a year, 20 percent of those people are dead in their old age. So it's really actually, even though it's a quality of life issue, it's a serious problem that can lead to real health sequelae.

And so it's an issue that a lot of men have and there's treatments that you can do medically or surgically and there's sort of, sort of preventative things. There's data on things you can do to prevent enlargement. Now how successful it is depends on a variety of things, right? Your own genetic makeup, if you, if your dad had an enlarged prostate, it's very likely that you're also going to have an enlarged prostate and you may have symptoms even earlier, like in your 40s potentially. But the preventative things that tend to help are exercise. So actually there's good data on cardiovascular exercise, about 150 minutes a week, in terms of prevention of prostate enlargement. There's also dietary lycopenes, which have are basically like Tomato is the big lycopene product that tends to have some benefit in terms of prevention for prostate growth. And maybe even prostate cancer, although it's not firmly it's not widely recommended in terms. Everyone doesn't need to eat lycopene products to prevent that risk and so those are some big ones and then in terms of dietary intake, protein intake can be helpful as well

**SHAWN STEVENSON:** Awesome. Awesome. Now, when you mentioned cardiovascular exercise, What about being on a bike for a long time?

**DR. RENA MALIK:** Yes, so the bike is great cardiovascular exercise. But when you're, it depends on the seat you're sitting on. And the reason I say this is because when you're sitting on a bike. It has usually a narrow beak and that beak is where you're sitting your perineum or what people call the taint is Putting all the pressure right there.

That's where all the blood vessels and nerves are to your genitals. And so sometimes this can lead to people, one, having temporary numbness, right, of their genital area. But two, sometimes they can develop some issues with erections. Now the data is not. Very strong in terms of there's some, it's mixed, but we do see it sometimes people who are chronic bike riders They're seeing maybe some issues with sexual function because they're constantly putting pressure on the blood flow to the genitals Now, I don't think anyone should stop bike riding if that's what they enjoy just get a bike seat that is better for distributing pressure Around their perineum so that they're not having so much concentrated pressure in one area

**SHAWN STEVENSON:** I just saw, and I don't know if this is actually a real invention or not, but there was a new bike seat innovation where the bike seat shifts like with your booty cheeks as you're pedaling, like the one side of the bike seat goes up and goes down. So I don't know if that's a real thing, but. Hey, we could figure this out. Now as far as the health of the prostate, so is ejaculation good for the prostate?

**DR. RENA MALIK:** Yeah, so there's actually one very famous study that looked at the correlation in terms of numbers of times of ejaculation per month which is with men who developed prostate cancer, and they looked at this longitudinally over a long period of time, and they really tried to control for a lot of different factors. So like dietary intake and a whole host of different things that may affect risk of prostate cancer. And what they found was that men who ejaculated 21 times or more a month versus those who ejaculated, four to seven times a month, had a lower correlation of having prostate cancer. So they were less likely to have prostate cancer than the other group. Now does that mean that everyone should ejaculate 21 times a month? Not necessarily. We just know that those people who may be



ejaculating more because maybe they have a more intimate relationship. They're having sex more often. Maybe they maybe they just are more healthy and so..

**SHAWN STEVENSON:** They get more time on their hands.

**DR. RENA MALIK:** Who knows right? But ultimately those people did have a lower risk. The theory behind it is that you're sort of not having stagnant ejaculatory fluid sitting around in your body, right? It's getting out, you're kind of cleaning the pipe, so to speak. There may be some benefit to it, but certainly there's no harm in it, right? So if you want to, have a lot of sex or masturbate 21 times or whatever it is, there's no harm in it, but do what feels good to you. I would not say meet some sort of benchmark like, Oh, I did only 20 times this month. Oh my God, it's okay. Like you just, you go with what you can, but you don't have to, you don't have to stop yourself.

**SHAWN STEVENSON:** 21 Savage. Oh wow. So with this being said and I love that analogy of the pipes getting cleaned, but what if you don't? I mean, that's one of the things where, there, there's another camp of Hold it in. Don't ejaculate, that's gonna help you to live longer.

**DR. RENA MALIK:** There's no evidence to support that now There's certainly, tantric sex practices that are really rooted in Spirituality that have shown, you know for them. They feel like they reach a higher spiritual sort of being by abstaining. Now, I think we've translated that to modern society to think it's somewhat better. Now, I don't, if anyone feels they're getting some benefit from abstaining, by all means, go ahead. I don't want to shame anybody for their practices, whether they're masturbating or not, whatever that is, that's fine. But I would say that there shouldn't be, there's no evidence to support that abstaining is going to improve your longevity or improve your testosterone or make you more fertile, or any of that stuff. So I think ultimately it's what you feel makes you more comfortable. Some people will report that they feel a lot better when abstaining, and by all means, if that's what you feel, go ahead. But for health benefits, we don't have any data to support that.

**SHAWN STEVENSON:** This is the first time where I thought more globally about the amount of times of ejaculation being 21 , and the other factors that. Influence something like that,

right? So like the quality of your relationship. What other life factors might be going on that are influencing how much sex you're having or how many orgasms you're having? It's not just about that itself and it's just really fascinating and so.. Talking about male sexual health and erectile dysfunction has, oh my goodness, it's like this is a multi billion dollar industry now for pharmaceutical companies. There's all kinds of stuff but these are often times, Band Aid solutions, right? So these are not treating the underlying cause of the erectile dysfunction. So what is at the root? Why is erectile dysfunction on the rise? And you see I said on the rise. All right, I couldn't help myself.

**DR. RENA MALIK:** So erectile dysfunction is on the rise. Because of the rise of comorbidities, right? We have more diabetes, more high blood pressure, more high cholesterol than we've ever had before. And you know this, you're a nutritionist, like this is routed in inactivity and poor nutrition, right? The large majority of these issues are coming from that. Now, there's hormonal issues. Certainly low testosterone is a very small percentage of reasons for men to have erectile dysfunction. It's about three percent. So when people are very concerned about their testosterone, there are a multitude of benefits to testosterone. But just because you are low doesn't mean that fixing that is going to fix your erections all the time. And if you're not low, then there's probably some other reason that you're having issues.

Now, there's also probably more psychogenic erectile dysfunction, meaning people are more stressed, more anxious, And so they're developing psychogenic ED. You think about it as a young guy. If you have an issue with an erection one time, that is so stressful, right? And then you go to your next encounter and you're stressed. Am I going to get an erection? Am I going to get one? Is it going to happen? Of course you don't because you're stressed. And then you're like, something's wrong with me, right? And then it's just, It's horrible. It's a horrible experience. And the other thing that's very infrequently talked about is pelvic floor dysfunction.

And so that is, we all have a pelvic floor. It's these bowl of muscles that sit in our pelvis that hold everything up. It's actually a part of your core. And what happens is sometimes due to certain stress, anxiety. Due to sort of mobility, issues with the function of your pelvic floor. Due to maybe trauma due to maybe sitting for long periods of time. We're seeing people

develop what's called a high tone pelvic floor. And what that means is your pelvic floor is essentially super tense. So it's like your bicep is stuck like this. And so one, it can't, And it also can't go through its full range of motion. It's sort of stuck here. So you could think that if this happened for long periods of time, you're now not getting good blood flow to your muscles.

You're not getting good blood. You're getting pain. Maybe in your elbow, your shoulder, your wrist, a variety of different areas that are not even related to the bicep, right? Or not even directly related, right? Similarly, when you get pelvic floor dysfunction, it can present in a whole host of different ways, one of which is erectile dysfunction. But it can also present with pain with erections, pain with ejaculation. It can present with maybe changes in sensation, constipation, back pain, hip pain. So a whole host of different things. That is another thing that I'm seeing a rise of, particularly during COVID, I saw a lot of it because people were sitting and stressed. And that, that's a big part of it. But, so these are all the reasons that erectile dysfunction is becoming more common. And we're also living longer. So you're going to see more erectile dysfunction because 50 percent of 50 year olds are going to have ED, 60 percent of 60 year olds, 70 percent of 70 year olds, and so on and so forth.

**SHAWN STEVENSON:** Holy moly. All right. This really goes back to something very practical like our lifestyle and being chair bound and sedentary and the rising co-morbidities and for us because and then again, it's a vicious circle, right? It feeds back into itself but the thing that stood out the most in that is the psycho social connection, right? Just how much our thoughts influence our sexual function, because that's really what it is. It's based on our thoughts, our perception of things and whether we're "turned on or not". And it can be of course, like subconscious things happen on accident in a way, of course. And but still it's what's governing how your body's responding for men and women.

And so really, like, how are you dealing with the stress in your life? What is your perception about your own well being? And like you just said, like being, kind of having a psychological turmoil based on a sexual experience, right? So my question is, The same thing holds true with men. What can we do to better manage our stress, to feel better about ourselves, to feel better about our bodies, and thus have better relations?

**DR. RENA MALIK:** Yes, so I think when you're in a long term relationship, it's a little easier because as long as your partner's on board, you can work together to sort of step back, right? So if it's this, it's starting to be present during sex, like we're talking about being present in a conversation, but it's also being present and enjoying the sensations, right? Like enjoying the feelings, enjoying this and not thinking about what your body's doing or not doing. And so very often when you see a sex therapist, the first thing they'll say is stop having sex.

And actually, Do something like sensate focus where you just get naked and you just touch each other and you just touch each other everywhere except the genitals. So now you're not focused on your genitals. You're just remembering what areas that you touch feel good and you're experiencing that. And then as you start feeling more confident with that You then go to starting touching genitals, and then after you start feeling comfortable with genitals. You can then consider doing penetrative sex. But taking a stepwise approach to then get you back to feeling comfortable in those scenarios. So that you're not thinking about am I going to have an erection or not?

And also sometimes just saying it right? I'm worried about my erection and if your partner is, I don't care. If it as long as they know it's not them that's causing you to lose your erection, then they're going to feel okay about it. They want to, if you're like, I'm still committed to making sure you have pleasure and I'd still would like to have pleasure, then you guys can work through that together. And I think that the big misconception comes from when people are not talking about it and they start feeling like oh, it's me. They're not having an erection because it's my fault and now you feel embarrassed and then you're like, oh, I you know, it's not going to work or whatever the situation is.

**SHAWN STEVENSON:** Wow. Yeah, this goes back to this has been a thread throughout this conversation, which is just talking, having communication. It's so funny like we say this stuff in culture, communication is the key. But really like actually and I think this goes back to another issue, which is just having the time or creating the time. Allowing the time for you to have that communication with all the craziness going on in life. And that's another thing that's lacking today for many couples. I want to ask you about. So if getting an erection isn't the issue. But the quality, right? People are wanting to improve the quality, and I would

imagine this is rooted in having good blood flow. What are some of the things that people can do to improve that, the quality of their erection?

**DR. RENA MALIK:** Absolutely. It's the same things that we talk about in general, right? What is good for your penis is good for your heart. What's good for your heart is good for your penis, and good for your brain, and good for your heart. All the important organs, right? So exercise, eat right, those sorts of things. But beyond that, so that's first and foremost. Don't go searching for treatments until you've really fixed those problems, right? And then in terms of, we talked about psychogenic issues. The other thing that I find that helps sometimes, is giving someone a band aid, right? Giving someone a low dose of Tadalafil, for example, a medication for erections. Just so they can get their confidence back in terms of Oh, I can get an erection and it's working great and things are great again.

And like you get that confidence back and then you can go off it and see how you do, right? And so it helps break the cycle sometimes. And so that can be an option in terms of, if you are seriously having psychological issues. Now, if you want the quality to be better, absolutely is things that improve blood flow, which would be increasing diet, increasing exercise over time. You're going to see that your erection quality is going to get better too. In fact, they did a study where they compared men who did exercise to men who took a Viagra, for example, and they saw the improvements were the same. So actually doing something completely natural like working out or doing exercise doesn't have to be actually going to the gym, right?

Any sort of form of exercise will improve erections. So that's one. Two is, there are of course medications I've talked about that can help and these work by essentially creating more blood flow to the erection. So they're band aids. They're not fixing the issue and nothing you take, at least orally as a pill right now, is going to reverse the issue. Even if you take a supplement or something like that. It's just not increasing the body's way of getting blood flow to the area, but the second you stop taking it, it goes away, right? So those are sort of, and then there's other options, right? That are more invasive. I wouldn't recommend it if you're just trying to improve the maintenance of your erection, right?

You have an erection already, I wouldn't probably go overboard. Now in terms of things that

are available, that are, sort of you're hearing about in terms of reversing ed or increasing blood vessels in the penis. For example, one of these is shockwave, so it's using acoustic shockwaves to the penis that creates like this mechanical trauma to the erectile tissue that your body then sends growth factors in to create new blood vessels. And so basically it's responding to this trauma by actually then going in and sending growth factors to create more blood vessels. So this is actually in theory reversing the condition. Now, this is still considered experimental in the United States. It's in Europe. It's accepted now as formally in the guidelines in the US I think we're getting there soon too.

We have about 10 years of data on shockwave therapy, specifically focused shockwave therapy, not radial shockwave therapy. And that has shown to improve erectile dysfunction in mild to moderate erectile dysfunction, meaning that you can either Your erection is not as great quality, or you lose it too soon, or you maybe respond to medications but you can still get an erection. And so in that category of men who have problems with blood flow, not other issues not hormone issues, not pelvic floor issues, not psychological issues, but specifically they also have blood flow issues, you're seeing in that group of men where you're seeing about a 70 percent success rate at 3 months, meaning that people are getting better erections.

And at a year that goes down to about 50 percent. So probably whatever is causing that blood flow vascular problem is continuing even though you've done this and so you probably there's some maintenance that needs to be done but ultimately that's the one I would say that has the best data because it has about a decade of research. Now there's other things that people will talk about like PRP injections and stem cells where the data is pretty immature yet and I would say that it's not not as compelling in multiple studies that's positive. So there's mixed reviews and stem cells has very little review. So I would say at this point those are not things that I would say everyone agrees are pretty good. But they are there are emerging areas. So this is something that we're looking at in terms of urology and ways to reverse the problem rather than just use a band aid.

**SHAWN STEVENSON:** Wow. So be wary of injecting something in your wiener right now.

**DR. RENA MALIK:** Yeah, unless it's a, unless it's a specifically an intracavernosal injection of a medication to induce erections given to you by a doctor. So that is a treatment option for men with erectile dysfunction. So usually if you don't respond to oral options, that's another option that you can use. But only those things, don't inject anything to make your, that's off market that you get from another country. I would not recommend that.

**SHAWN STEVENSON:** Now with this, I'm curious about this shockwave treatment, so is this utilizing sound?

**DR. RENA MALIK:** Acoustic, yeah, sound.

**SHAWN STEVENSON:** Okay, this is speaking to a whole. This isn't, it's not new, but just this domain of medicine that we just kind of, we hear it but we don't, that's, we hear it. We hear it but we don't really hear it, which is, Sound is used in medicine, it's been used for thousands of years, but in modern medicine, for all kinds of different treatments we use ultrasound, for example, to do imaging, to accelerate healing. There are certain sound treatments that have been found to help to break up kidney stones and cancer tumors, the list goes on and on. But using it as a healing modality, even for something like sexual dysfunction, that's fascinating.

**DR. RENA MALIK:** Yeah, it's really interesting. I mean, the research that is coming out in this area is really fascinating. And that's probably the most mature, like I said, in the regenerative space. But I think ultimately there's more interest in this because This is what people want. They don't want a band aid, right? They want to have something to fix the problem and while there's no quick fixes, right? But this is something that may help and if you say you're like doing a life transformation. You're changing your diet, changing your exercise and you do this and maybe you don't need anything after that, right? So I think it really sort of is a potential option that could be really beneficial for some people

**SHAWN STEVENSON:** This is so awesome. I'm learning so much, just spending time with you and following you on social media. You have a fantastic YouTube channel as well sharing this information and so many other topics that come up, like you seem to have these topics that again, it's just like really patient driven, right? Things that people might be scared to ask or

they You know, might ask this and get a very superficial answer because a physician might not be able to spend the time to deconstruct certain things. Can you let everybody know where they can follow you and just get more information, hang out in your universe?

**DR. RENA MALIK:** Absolutely. So I'm Rena Malik, MD. You can find me on YouTube, Instagram, TikTok, Facebook. I also have a podcast, the Rena Malik, MD podcast. So feel free to find me on any of those platforms where I'm teaching people about sexual health.

**SHAWN STEVENSON:** This has been fantastic and I was just saying I've got 20 other topics that I want to ask you about so we definitely have to have you back again, and I just appreciate you so much for Deciding to turn that camera on and to start sharing this content and information with people it's a big part of our lives and it's just unfortunately not a lot of education about this and I just really do appreciate it because you saying yes to doing that is helping so many people. So it's pretty amazing.

**DR. RENA MALIK:** Thank you. Thank you so much for having me. This was so fun.

**SHAWN STEVENSON:** Awesome. Dr. Rena Malik, everybody. Thank you so much for tuning into this episode today. I hope that you got a lot of value out of this. If you did. You know what to do. Share it with your friends and family. Of course, you could share this out on social media. Dr. Malik is popping on social media, on Instagram in particular. So make sure to tag her, take a screenshot of the episode, tag her, share the love that will fill her heart with so much joy today to see that you listen to the model health show. And you got value out of this. And of course tag me as well.

I'm @Shawnmodel on Instagram. And of course you can send this directly from the podcast app that you are listening on to somebody that you care about. Sharing is caring. You've got some epic masterclasses and world class guests coming your way very soon. So make sure to stay tuned, take care, have an amazing day. And I'll talk with you soon. And for more after the show, make sure to head over to [themodelhealthshow.com](http://themodelhealthshow.com). That's where you can find all of the show notes. You can find transcriptions, videos for each episode. And if you've got a comment, you can leave me a comment there as well. And please make sure to head over to



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