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Cutting-Edge Sexual Wellness Solutions

Matthew Cook, M.D. interviewing
Mark L. White



Matthew Cook, M.D.

Hi there. Welcome to the Peptide Summit. My name is Dr Matt Cook and today I'm delighted to have my good friend Mark White with me. Mark's the CEO of Health Gains, GAINSWave and FemiWave And I think he's probably one of the great medical business minds in the world today. He started at the beginning working in hormone replacement and I think is probably the most important person to bring the technology of acoustic sound wave therapy for sexual health, both for men and women, to the world. And so he has an organization that teaches and educates physicians. They do business coaching, practice management and his clinics that I've been to and I've been super impressed by. He's an amazing person, an innovator and a friend. And so I'm delighted to have him here on the Peptide Summit to talk about sexual health and all of the interesting ways that you can use modern science to kind of help your social life.

Mark L. White

Matt, I really appreciate that. I actually appreciate you bringing me on this show and also just your general friendship. I think, you know, I've worked with thousands of doctors throughout the decades, and it's very rare to come across a guy who not only wants what's best for his patients, but also is willing to push the envelope to find the newest and most innovative stuff out there. And I just like talking to you about things. So I really appreciate this. Thank you very much.

Matthew Cook, M.D.

Oh, thanks a lot. Tell us a little bit about your journey of how you kind of got into, how did you get into sexual health and wellness?

Mark L. White

Well, it's funny because I never like went to school, thinking of science. In fact, I didn't do well in science. I enjoyed the business aspects. Yeah. I love marketing. I like, in marketing, it's all about creating awareness around things. And it really started in 2001 when I met a physician who was



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prescribing testosterone replacement therapy. Now 20 years ago, testosterone replacement therapy was very taboo and very cutting edge. Now it's very mainstream. You're only given testosterone if you couldn't produce it, if you lost your testicles. And he had a problem getting people into his practice. I was learning about internet marketing and we created a website to bring awareness to help him. And what happened was that hundreds and hundreds of patients or potential patients nationwide started raising their hands saying, this sounds interesting. Can you find a practice doing testosterone replacement therapy? So we opened up a practice focused on testosterone, bioidentical hormones for women, we were doing some human growth hormone, and that was really our business for, you know, the first 10 years. That was what we did. And a few things happened to get into sexual wellness.

First of all, you know, I always thought like people that wanted to get on testosterone, like the image of people that wanted to get on testosterone for me beforehand was, oh, you wanna do it 'cause you wanna look stronger in the gym. And that's probably furthest from the truth. What was happening were guys were coming to us in their forties, fifties, and sixties, they were complaining about three things. They were complaining about mental acuity, mainly their body function, they were getting fat around their midsection and they were complaining about sex. They no longer had the drive, libido. And I would say libido was the number one thing guys were looking to fix when they would get on testosterone. And what was happening when guys would get on testosterone, they'd say, my libido's great but guess what? I can't get an erection. Can you prescribe Viagra? And we were writing more prescriptions for Viagra and sending 'em off to their local pharmacy.

And they were paying, I think was like \$50 a pill, but I'm like these guys really need help in this. And it's, I think it's like one of our, like Maslow's hierarchy that need for just sex and to procreate, it's something that motivates everyone. And you know, these guys would get on Viagra, but it wasn't really fixing what was going on. I mean, it wasn't, you know, we give them the erection, but there were other modalities. And in 2013, we came across a treatment that was using platelet-rich plasma to inject in the penis. It's known as the P-Shot, which is a branded product by Dr. Charles Runels. And he was certifying doctors on how to do the P-Shot, the O-Shot and also on how to do the vampire facelift. But he was also one of the first doctors to just bring awareness around regenerative therapy. 'Cause I think platelet-rich plasma is a type of regenerative therapy. It's where you go and you are focused on fixing the root cause and all these guys that wanted to get on testosterone, they also wanted to fly in and get this thing called the



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P-Shot. The funny thing is that when you talk to a guy and you say, you know what, we're doing this P-Shot. And he is like, well, what is it involve? I don't like the word shot. Is it a shot of liquid I take that's going to help? I was like, no, it's a needle that goes into your penis. Now when you say needle and penis to a lot of men, they cringe and they're like, you know what? I'm not really crazy about that. And Trimix, Caverject been around forever, but you know, guys don't like having to inject themselves in their penis. So we were looking for another modality that wasn't as invasive. And we came across all these studies that used acoustic wave therapy, or what's also known as shockwave therapy, which also it's not a great marketing name by the way, I'm gonna shock your penis. But it wasn't really a shock, it was a sound wave. And what the sound wave does is it creates micro-inflammation. And again, you're the scientist, you're the doctor. So, you know, I don't even get into all the science behind it, but what it does, is it creates more blood flow. It fixes all the micro plaque that builds up over the years. It creates new blood vessels.

So it's really fixing the root cause of ED. Nobody in the US was doing it even though these studies were showing that this thing works. And we knew that if we were gonna tell the story and call it shockwave therapy, pretty soon every doctor would be doing the same thing and nobody would know about it 'cause you can't build brand awareness around like a generic name. It's very difficult to do. But it was funny 'cause we start, we didn't even know if it was gonna work. And we brought in this device, it looks like, it's about the size of a small suitcase. And it has a wand that creates the sound wave. And what it involves is a doctor going up and down the blood vessels of the penis for about 20 minutes. And it's supposed to result in better erections. So we had a patient of ours who didn't like Viagra, 'cause he was getting headaches.

He was taking a lot of testosterone. Funny story is he was a swinger. So I assume when you're a swinger and you can't get erections, it's not a good thing 'cause like you're a swinger I guess, having great erections and being able to perform all the time's important. And he didn't like the P-Shot 'cause he was scared of needles. So I said, you know what, there's this new treatment, you're gonna be the first patient we're ever trying it on. We're not gonna charge you for it 'cause we don't even know if it's gonna work. And I was a little skeptical at first 'cause I'm like, if this works, this is gonna be the next Viagra. So we do the treatment and I remember I walked into my office the next day and my voicemail light is blinking and I get a voicemail from this guy saying, it's Ron, call me immediately. It's very important we talk and I'm like, holy shit, did we hurt this guy? Like I didn't know what to expect. So I call him, he's like, Mark, I don't know what the doctor did, but I had erections all night long. I said, okay, but one for one. And then we did it



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on another patient and he had a similar story and then I actually had it done on myself and you know, it also creates and maybe you can explain the science, why it does it, but it also creates, your nerves are more sensitive. So you get more pleasure outta sex. So there's something going on there, but it really, really worked. So what we decided to do was create a trademark around it, called GAINSWave, which refers not to the device, but to the treatment. Similar to what Dr Runels did with the P-Shot. We started marketing it. Originally the idea was we could market it, we'll get more patients in our door, but we have people all over the country, California, New York, looking for a doctor in that area who can do GAINSWave. So I said, you know what we're gonna do is why don't we certify doctors, teach doctors how to do this. And then the doctor, when he goes home, if we get any patient referrals, we'll send it to the doctor. So that's how GAINSWave started. And it was slow at first, and when I say slow, like slow in terms of how many doctors we had. And then I get this call one day from our friend, Mr. Ben Greenfield, who said, you know, I heard about this treatment.

I wanna come to Florida and see if it works. And you know, if it works, I'd like to have a discussion about it on our show. And if it doesn't work, you'll never hear from me again. And so he comes in, this is December of 2016. I meet the guy, most amazing guy. He's a brilliant thinker. He's a very deep guy. And I know you've been on his podcast a few times and he comes in, gets the treatment and leaves. And you know, I took him out to lunch. He's like, let's see how it goes. And then that night I get this text from him saying I was having dinner with my grandma and I started popping boners at dinner. He's like, this is amazing. And then he talked about it on the show with our medical director at the time. And then we started getting patients from all over the country saying, where can I get this done? And we started getting doctors on board. Dave Asbury was another person who wanted to try it. And that's how I met you. I think you were working with Dave at the time.

Matthew Cook, M.D.

Yeah. I love Dave. I love Dave and Ben.

Mark L. White

And both of them said, I think Dave was like, God, you gotta meet my, this doctor I work with. He's this creative guy. And then you, I remember you flew down, you took the red eye here and we hit it off right away and got trained, you're a GAINSWave provider. But that's how GAINSWave got started.



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Matthew Cook, M.D.

Okay, great. So there's a few things to unpack there. So then, but then I think within just a little bit of that story is then a little bit of the secret of some of the stuff in sexual health is not one thing. Sexual health is such a multifaceted aspect. And so then suddenly you're hearing hormone replacement, the acoustic wave therapy and a diversity of different things that are working on sort of creating a total package. I also teach for Dr. Runels, the P-Shot and the O-Shot, which is, and it's interesting. The P-shot is, if you pull blood out and spin it down, platelets, it turns out are full of growth factors. And so then if you inject those growth factors into the penis, then all of a sudden they release and then they have a regenerative effect of kind of making the connective tissue there healthier. And they can have a, platelets and growth factors can be helpful, both in nerves and to blood vessels. And so then, you know, we injected into the corpus cavernosum, which is the kinda the vein part of the penis that gets all dilated during an erection. But you asked what's the mechanism of the shock wave therapy. I think one mechanism is that if there's a shock wave and there's one shock wave that is kind of almost like a little tiny jackhammer, where there's a little ball that's going back and forth and it creates a sound wave. There's another one that creates a piezoelectrical charge, it creates kind of a sound wave. But I think that what happens is you probably break down some platelets. And so it's kind of the equivalent, a similar mechanism of a P-Shot because you're, but then also it may help break down some of the plaque in some of the blood vessels, and then you create a healing response as a result of that trauma, because it's a measured response. So it's the combination of all of those things. We had been P-Shot people and then we found that when we did the P-Shot and GAINSWave together, it was a much better combination. And I think that's almost everybody that I've ever taught has told me that.

Mark L. White

Yeah, they're very synergistic. You know, I think it's like one plus one equals three. And to your point, like, I think with sexual wellness, and again, this is somebody who kind of got into this via backdoor. Like I didn't ever think I was gonna be doing anything around sexual wellness is like, we've noticed that there's like three reasons why guys get ED. One's hormonal, which is really addressed by having proper hormone levels, optimized hormone levels. One's physiological. But I think the thing that has been understated is the psychological component of why we get erections. And it's much more complicated than any other type of treatment because of that psychological component.



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Matthew Cook, M.D.

Now you guys are using PT-141, which is peptides, and there's this variety of different ones, but that one has come into play. And interestingly, you know, that one can, it affects arousal. So have, what's been the experience out of your clinic with that one?

Mark L. White

So PT-141 we heard about that maybe three or four years ago. It was a sub-q injection people were taking, a lot of guys said that they get nauseous when they take it, but their sex drive increases. It's funny what we do for our penis. Like, I'll get nauseous as long as I can get an erection. The other thing, this is a hormone, but I think it helps on the psychological component, is oxytocin, which is that bonding response that women produce a lot of oxytocin after they give birth, that's why they bond with their child. But what we've noticed is that when guys have high oxytocin levels, their arousal also seems to increase. So, you know, we've been marketing PT-141 along with oxytocin, and we've gotten a good response from the psychological side. We've also made alliances with sexologists, which I think is interesting, 'cause I'd never really heard of sexologists, but it's essentially a psychologist that focuses on sex. And, you know, if a guy has a bad experience early on in life, it can affect the drive. If a guy's addicted to porn, it can affect his ability to get an erection. And they use like a combination of CBT, cognitive behavioral therapy, and talk therapy. And that works very well in conjunction with what you do in your practice on hormone optimization and what you've been doing with peptides and also with regenerative therapy, which is really what I've seen is beyond the platelet-rich plasma, this world of stem cells and exosomes, which are the messengers of stem cells and the amniotic fluid. That's been also really good. I know the FDA is trying to crack down on it, but I think that in the future, we're going to see a combination of regenerative therapies, treatments like GAINSWave. I think you're gonna see peptides. Like there, there are a lot of exciting peptides and that's why I'm excited about the Peptide Summit. 'Cause people don't know what peptides are. But peptides can be used to target different, you know, whatever snippet the doctor's giving you, it can target whether you want better mental acuity, better sleep. And the peptide of PT-141 and CJC 1295, along with ipamorelin, that's kind of been the go-to peptides that we've been using for sexual arousal and sex drive.

Matthew Cook, M.D.

So then I'll give you. It's, you know, one interesting thing is just to hear what people are doing and then they kind of then go back and say, okay, let's defrag that. And think about that and



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understand that because if something's working, then it's useful to understand what's happening there. And I always like to come to you to know what's working because then, because you guys are so success-oriented that if you guys are doing it, I know it's probably working. So then, now this one's so interesting. And I'll explain this because it's gonna be useful for people who are interested in the PT-141. So it turns out that there is a protein in your brain called MSH or alpha MSH and it's called alpha melanocyte-stimulating hormone. So one of the things it can do is it stimulates you to get a little bit more tan.

Mark L. White

Yeah.

Matthew Cook, M.D.

Which is gonna be good in Florida. And so then it turns out that that protein then helps to manage inflammatory stress in the brain. And so if you start to have an elevation in inflammatory cytokines and markers, what will happen is, is the MSH will help manage that inflammatory stress for you. Interestingly, what happens over time and this is like just as an aside, but then it's gonna, I think be relevant and I wanted to kind of talk through this one a little bit. A lot of the people who we see who have Lyme and mold and kind of complex illnesses, have low MSH. And so then one of the sort of the major strategies is working around diagnosing for patients who are sick, you'll see high inflammatory markers. And we'll paint this picture that is, a lot of people describe as something called chronic inflammatory response syndrome. Well, MSH has this protein that's all over in the brain and has these diverse effects. Well, it turns out PT-141 is a sub-segment of that. And so then that's where it works, it works up in these deep brain areas. And so then, and interestingly, the mechanism that PT-141, it turns arousal on in the brain, which is interesting. And so then it was, and it, the early uses of it was actually for female arousal. And so it kind of came out as more of an arousal thing, but it turns out it also has a side effect from the brain, actually, not from peripherally, of causing a little bit of an erection. So it kind of turns on arousal. And then for men, it has a side effect of an erection but it also has an arousal, probably a physical arousal aspect for women as well.

Mark L. White

Plus you get a great tan.



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Matthew Cook, M.D.

And then it also has the side effect of a tan. But what can happen is because it's stimulating these deep brain areas, then it can cause nausea. And so then there's gonna be a percentage of people that have nausea. It turns out it's subcutaneous. There are also some people who have a nasal spray from the compounding pharmacy. You can get a little bit more hypertension occasionally with a nasal spray, but the nasal spray can be quite effective. And so then, so suddenly now you've got this thing. And just for people who are thinking about dosing, the dosing usually is one to two milligrams. Most people don't like to do it all the time. I know a lot of people who will do it maybe once a week, twice a week. And interestingly, as you think about some of the other drugs that we used, Viagra and Cialis vasodilate the blood vessels actually in the penis. And so then when you take Viagra or Cialis and PT-141, they kind of work synergistically. And then as you were saying, then sometimes people will take oxytocin, which is, can kind of increase with that bonding. And so suddenly now you're bringing a whole bunch of things together to create kind of a great kind of mental, emotional, spiritual kind of experience.

Mark L. White

One of the things we've been trying and we've been testing it, is there are troches or sublinguals, you can take that combine tadalafil or sildenafil with oxytocin and PT-141. I'm not sure. And I'm not sold yet that you can get a response from PT-141 if it's taken sublingually. But I know people that have been trying this are getting a good response. I mean, they're also getting it from the oxytocin and from the tadalafil, but it's, I think if there's, do you remember when we were little, there was like this whole thing called the Spanish Fly?

Matthew Cook, M.D.

Yeah.

Mark L. White

Spanish Fly was like, this thing you would take, or a woman would take it and they would get really horny and excited and all that. It was like this mythical thing. And it's like, well, you know what, if we can create this troche where you can combine everything, we now have, scientists have created the Spanish Fly. And I always look at things through, does this have demand? 'Cause like I'm on the demand side, you're more on the supply side, you know, can we do it? Can science do the R&D, can we make it work? My side's a little bit different, which is, is there a market for it? And how do you bring awareness to it? And I think when, you know, you see these



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things like Spanish Fly going around, there's already demand. It's just like, can science now meet that demand? And every day we're seeing that come true.

Matthew Cook, M.D.

Yeah. It's amazing. Well, you know, they say when you do, 'cause I know you're a great person in terms of understanding some of the business metrics. But somebody told me, they said people in terms of cash-pay medicine will only pay for three things. To look good, to feel good or to have good sex. That was like an old term that people used to say.

Mark L. White

It's funny, like on the, you know, like going back to like what we do and what you do is, you know, guys will have, they'll have chest pain. They'll say, you know what, I'm gonna put it off or they'll have some other thing that can indicate serious illness and they'll put it off. But the moment a guy has a bad night, the moment a guy can't perform, he's like already on the internet searching for a solution. And it's almost like a lot of times what we find is ED or poor erection response is almost the canary in the coal mine. So, you know, we've identified guys who have come looking for GAINSWave or looking for a solution for his ED and he has a serious cardiovascular issue 'cause he has other blockages going on. So, and I think that's interesting 'cause that's the way you get guys to really look at their overall health. That's where functional medicine comes in.

Matthew Cook, M.D.

Right. And so then imagine, so let me take, imagine I had that person. And so then let's say 1.0 and because at 1.0, people just wanna do something and they wanna do something to feel better. And so then that might be that person. It might be the GAINSWave because that, you know, regardless of a cardiovascular status, the GAINSWave is gonna be a hundred percent safe. And I actually have seen some people who kind of are metabolic syndrome and they've got a plumbing problem, not enough blood flow to the penis. And so they do GAINSWave and shockwave therapy and next thing you know, all of a sudden the penis is getting more blood flow and that will help and that often is kind of like if sexual dysfunction's a canary in the coal mine, that was a conversation starter for a lot of people that really helped us because it gave us something to do. You know, I remember I had somebody who came, a good friend of mine that I worked with and he came in and I looked at his penis and it was gray. And you know, he was 65, but it was like gray and ashen. And we used that term, you know, as a, like if you see somebody in



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the emergency room, but I was kind of shocked when I saw it and then we started doing shockwave therapy and next thing you know, I would see him and it would be pink. And so I was like, oh, that's gotta. He didn't get any better. But it started to look better. And he could tell that he says, you know, it's not working yet. And he had, he was doing injectable therapy with Trimix. And so then with, which is an injectable vasodilator that causes erections. But I think also it probably causes scarring. And so probably, if you can possibly avoid doing that, you want to. And so then we sort of started to work our through and ended up helping him. But you know, then you think for that person that, let's say we do shockwave therapy, and then we say, okay, let's try something else, Viagra. Viagra is good but some patients with heart problems, it will vasodilate in other places too much. And so they can have issues.

A lot of those patients will do great with PT-141. And then interestingly PT-141 can cause nausea sometimes and PT-141 is very similar to another peptide called Melanotan II, both of which are analogs of MSH. And so they both cause nausea. With the Melanotan, what you do is you start at a real low dose and go up and then you can make a nasal spray out of Melanotan also. And the way you make, I'll just drop some free knowledge here. The way to make a nasal spray outta Melanotan is take 10 milligrams of Melanotan and put it in a five milliliter nasal spray, and then do like one or two sprays. Melanotan and PT-141 can both cause a little bit of anxiety. And then they, and because they're such central stimulating and Melanotan, quite a bit more, which is why we usually say do PT-141 over Melanotan. And then, you know, I had a friend of mine called me this weekend on Sunday morning. That was like my first call. And I'm like, what? What's going on? First thing in the morning, Sunday morning.

Mark L. White

Had a bad night Saturday night?

Matthew Cook, M.D.

And I, and he goes the Cialis and the Melanotan worked and the PT-141 worked. So he's called me to tell me that. So I was happy with hear that one.

Mark L. White

Well, I'll tell you one of the things we do when people come into our practice here to get GAINSWave, we always test their testosterone levels. We have a lab in-house that gives a real-time test. And what we've noticed is over 50% of the people that come in because they



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wanna get GAINSWave, have suboptimal testosterone. And, you know, I think a lot of times it's like that hormone optimization is you always wanna have those optimal hormone levels for everything. 'Cause if your hormone levels, if your testosterone levels are low, you don't have the libido. So you don't, you know, that sometimes fixes the libido, PT-141 enhances it. You don't have the, not only the sex drive, but you just really have no interest in sex. And you're probably an asshole, like grumpy and women don't even wanna be around you 'cause you're just grumpy. So I think a lot of times fixing the hormone markers and optimizing hormones is always the best base to build upon. And we see that all the time.

Matthew Cook, M.D.

There's a idea that I have that your, how you feel is actually just an average of your hormonal and biochemical balance. And so then, for example, a lot of the people with Lyme and mold and especially mold, will have really low MSH and a variety of other inflammatory things going on in their brain. And so as a result of that, they feel bad. If you're running around and you've got a testosterone of a hundred, the side, one of the side effects of that is people feel bad. In fact, you know, it's interesting, just as a side little note, you know. I've probably written like a hundred, I've probably written a hundred pain narcotic prescriptions in like the last five years, at the most. And I do complex injections. But being on pain medication lowers testosterone. It's like a classic thing. So then that's one of the reasons why we're so against being on long-term pain medication, 'cause you see people who are on long-term pain medication they'll come in, their testosterone will be 50 or a hundred. It'll be like totally in the tank and then one of the side effects of that is you feel terrible. But then, and you have a, just for people should know if they wanna work with you, you've got a great telemedicine service for testosterone, right?

Mark L. White

Yeah. It was actually funny 'cause during the pandemic, we had to close our office for a couple months, even though we are in Florida and there's a myth that Florida didn't close down, we did have a couple months where we couldn't see patients. But we continued to service them via telemedicine, which is really sending a person out to your house to get labs. And then having your physical exam done, either you get a copy of the physical or that person who does the labs does vital signs. And then you do a call with a doctor via Zoom or via some sort of a synchronous communication and people like that. So it does allow us to expand our reach so that, and I think telehealth is gonna be the future of healthcare along with, I mean, everything we're seeing now just in general is using technology to be able to make a connection. I mean, we couldn't, you



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know, 10 years ago, you and I couldn't do this Summit via Zoom. We would have to sit in our room, you'd be asking me the questions or we'd be on a phone call you're recording. So I think that's gonna be the future of medicine. You know, things like GAINSWave, you really have to see a doctor in person, but you know, there's, you see more home devices coming out. And I actually read something the other day about, you've heard of Neuralink, the hat that Elon Musk is building that you put on your brain and send that? They said that that's going to be able to give people orgasms because it stimulates parts of your brain that help with sexual function. I thought that was interesting, but I think there's so many things people can do where they don't even have to see a doctor in person and that's gonna be the future of healthcare.

Matthew Cook, M.D.

A hundred percent. You know, another peptide thing related to that is, there's a peptide called kisspeptin that.

Mark L. White

Yeah, that's for, I was reading about that, it's for women.

Matthew Cook, M.D.

Well, that's for men, especially 'cause that'll it causes your test, it stimulates your test, your testicles to make testosterone. So then you could either, you can take testosterone or you can take kisspeptin. And so there's people that will take, I've got a lot of people who take kisspeptin to support testosterone levels. And some will work with that. And then other people, we also, you know, have people all over doing, you know, testosterone, both with creams or injectables. What do most people who take testosterone with you guys? How do they like to do it? Mostly?

Mark L. White

I mean, typically what they're doing testosterone, everything's personalized, it's generally a hundred to 150 milligrams a week and it's usually injections. There's a gel that they can take daily, which I actually prefer because it helps me with dosaging. If I feel like my testosterone levels are getting too high, I'll just take a couple days off of taking testosterone gel. But you definitely want to combine it with aromatase, something to keep your estrogen levels in check 'cause you don't want your estrogen levels to go up. We were doing a lot with human chorionic gonadotropin, which I think acts in a similar manner to kisspeptin, it stimulates your testes, produce more testosterone, but it also prevents your testes from shutting down while you're on testosterone. So



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generally that's been the bread and butter of testosterone replacement therapy. A lot of guys were doing growth hormone, but now with the peptides that are out there, you can, you know, especially with like CJC and ipamorelin, you can get the same benefits of growth hormone without having to worry about the side effects. And that's very exciting.

Matthew Cook, M.D.

Right? So then these basically are either causing you to make, helping either with synthesis or release or both of growth hormone from your brain. And so then the nice thing about that, you know, it's interesting when I first started doing functional medicine, I always say there's functional medicine gangs. And the biggest gang was always like the hormone replacement gang and you know, everybody was trying to get people on it's and it's interesting sort of thematically to think about functional medicine and you see kind of what people are doing is one of the reasons I love talking to you to find out what people are doing. At the beginning, everybody had people on human growth hormone. And now almost everybody that I know has stopped doing human growth hormone, because why be stuck taking something, an exogenous source of a hormone, when you can just tell your body to make it. And when you take the CJC and ipamorelin is one combination, another one is tesamorelin, there's a whole bunch of different ones, but the CJC and ipamorelin, one instance is they can, it can help you sleep if you take it at night. Can help with athletic performance in the morning. And then the, you know, the sexual health conversation is this multimodal thing that we're an average of all of our biochemistry. So if you can balance growth hormone, you can optimize testosterone. And so suddenly we got a variety of ways to do it, either by giving you testosterone or stimulating your body to make it. And then we can kind of do some actual work down in the penis and start to turn that on. Well, and the vagina for that matter. And so then suddenly you realize this is kind of awesome. It's awesome that, suddenly, people feel like they've got some hope.

Mark L. White

You know what I like about functional medicine versus allopathic medicine is, you know, functional medicine people ask me, well, what are doctors doing? And I think it's like asking a chef in a restaurant, you know, how do you make a hamburger or how do you make a dish? There's so many different ways to make a dish versus like allopathic medicine. It's like, okay, if the person is sick, you give him this pill and it's 25 milligrams. Like Viagra, it's like, okay, he's sick. Here's the pill. With functional medicine, not just around sexual wellness, but around everything we do, is there's so many ways a doctor can create a program for a patient. And I think that's



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where the artistry or the creativity of it and I think what separates really good doctors from other doctors is their ability to do the research and come up with, you know, like, and also through compounding pharmacies too, because they're the ones who will actually create the compound. But there's so many different ways to tackle it. And every patient's unique and every way a doctor approaches a problem's unique. So I think what, it's funny, 'cause I go off on these tangents sometimes, but you know, what I can't stress enough is I think the most important thing when you're doing sexual wellness or any type of functional medicine, is that the doctor really does matter. Really matters. And it's just having a guy like yourself, who does the research and puts in the hard work and really personalizes a program around the patient.

Matthew Cook, M.D.

So then that brings up a good point because to go back to what something you said earlier, erectile dysfunction may be the canary in the coal mine, because to have great erectile function, a whole bunch of things have to be happening well. So your brain has to be working well, it has to be making hormones. It has to be. And then vascularly your blood vessels have to be working well. They've gotta be able to dilate and send blood flow. Structurally the ligaments and tendons in fashion and everything like that and the penis all have to be working. Everything that we said's, you know, kind of interesting and good. However, sometimes we'll see people with actual metabolic inflammation, so their blood vessels, they have systemic inflammation. And so then we start to work on hacking that and the reality is a lot of that is just bio-hacking. A lot of that is learning to kind of get healthier, manage things that are gonna help the, your actual blood vessels work and the cells that line your blood vessels work. And so then we do that with a lot of testing, basically with micronutrient testing, with metabolic testing, looking for inflammation.

Mark L. White

What are you looking at? Homocysteine C-reactive protein mainly?

Matthew Cook, M.D.

So you're looking at those and so then those will, C-reactive protein can, it can be a marker of vascular inflammation. Homocysteine is a surrogate marker that looks at something called methylation and methylation relates to basically just, a lot of times, a molecule like a B vitamin will be inactive. But if you put a carbon group on it, that carbon group is called a methyl group and it activates it. And so if your body is working well, you can shuttle carbon around from one molecule to another. And it and so one the side effects of that is, is your blood vessel health is



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good. When people can't do that, sometimes there's a little bit of a genetic cause. And sometimes there's, maybe they're not getting enough in their diet, then they can struggle with methylation and then that can be associated with heart disease. And I think one thing when we see people who come in with erectile dysfunction, some of them are somewhere on the spectrum of cardiovascular disease. And so, as you said, that's just a little bit of a canary in the coal mine. So then what we're doing is trying to broadly kind of look at them, gather a history, understand all of that, and then basically build programs to optimize and dial in their total health.

Mark L. White

I think there's two things that came to mind. One is like one of the GAINSWave practitioners, he's actually a really good cardiologist, he's a holistic cardiologist, Dr. Joel Kahn. And he likes GAINSWave 'cause when these guys come in, he's always working up their calcium score and does echocardiograms. He like, Mark, you'd be surprised how many people have blockages in other places. 'Cause if you have blockages in your penis, you're gonna have blockages to your heart. And the worst cases, if you have blockage in your penis, you can't get an erection, but if you have a blockage in your heart, you're gonna die. So he's using GAINSWave to save lives. The other thing that, you know, as you were talking about methylation, have you ever heard of True Diagnostics? They're doing a lot with epigenetics.

Matthew Cook, M.D.

A hundred percent. Yeah. We just started using them.

Mark L. White

It's really cool. And I think you're gonna see a lot more in epigenetics and looking at methylation, 'cause you can actually determine how well or how slow you're aging. And I think that's really a great place for any type of functional medicine, any type of functional doctor to start, you know? 'Cause when you know what the baseline is, you can actually work towards a goal.

Matthew Cook, M.D.

Yeah. A hundred percent, yeah. I've been very impressed by their technology. And then that just goes to show you, to get buy in, something has to happen, On the sexual health front, it's kind of easy because there's a problem and so it's easy to kind of get buy in. But a lot of times, if you can tell a good story and using and show, hey look, this looks like a problem right here and then



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here's the solution and so then that can be helpful. The, you know, one thing for if there are any doctors out there and we kind of came up with this, but I'm sure other people did too. I do everything. I do all my injections all over the body with ultrasound. And so then we started, when we do injections into the penis, we started doing 'em under ultrasound. When you see, when you look at the penis under ultrasound, it looks kinda like a double barrel shotgun. And then over on kind of the medial side of where the corpus cavernosum is, there's a little tiny blood vessel and you can, you can see that in there. And when I first learned how to do penile injections, you would just kind of hold the penis and do the injection. I have kind of a funny story. I was in with a, one of my great kind of regenerative medicine mentors is a guy named Bill Paspaliaris and he's founded a company called Tithon and is an adipose stem cell guru and studied D cells and is super interesting. And so I was over working with him in Malaysia and he says, you wanna do a stem cell? And so I said, sure, why not? And so then, and so then we did it.

And so then it was an IV stem cell and then, but he said, I've got some more leftover. So he said, well, we'll inject it. He says, there's anything going on? So he injected my hip because I had a sports injury and which it totally fixed. And then there was like four CC's left over. And then I said, he says, well, he says, you can't let this go to waste. So I go, I don't really have anything else going on. He says, well, in that case, I'm gonna have to put it in your penis. And I was like, I was a little nervous, but I didn't have enough time to back out of it. So he did that. And then that was how I got my first P-shot. And I found it to be super helpful. But now that I know what I know, I showed a friend of mine who was a urologist and he said, you don't need to do a, he said, you don't need to do an ultrasound. I said, come watch me and you can watch me do it and then tell me if you still think you don't need ultrasound. And so then he came and watched me and then said, I'll never do another one without it. And then he bought an ultrasound the next week.

Mark L. White

Yeah, there's a doctor up in Canada who uses ultrasound, but he can also measure blood vessels. He has a machine that not only can you get the ultrasound, but a software program that measures it. And he showed us that after you do a series of GAINSWaves, where you can actually show the patient the blood vessels are expanding. And it's pretty remarkable. 'Cause you've seen guys get off of Viagra and this fixes the, it truly does fix the root cause of ED.



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Matthew Cook, M.D.

So then that's an interesting one, if you, and so then if you think, if you look at this, imagine this double barrel shotgun. So imagine you were looking at like just one side and then you stick a needle in. And the needle actually is so small, they say nobody wants the needle in their penis, but the needle is actually about the size of a hair. So it's a 30 gauge, so it's a tiny needle that's only a half inch long. And then interestingly with, when you inject peptides, so if you inject DPC-157 or thymus and beta four fragment or thymus and beta four or GHK, but not GHK copper, it will, you'll see the penis just engorge right in front of your eyes. And the same thing will happen with exosomes. And then interestingly, when you see it, it will engorge and then what will happen is is you're sitting, you will look with your ultrasound, if you, and I always do one shot on each side, just so that I get a balanced effect. But then by the time I get to the other side, both sides are really engorged. So it's very interesting to see. And I think that in the, if I was to say, in terms of fixing root cause of inflammation in the penis, I would say peptides are probably more effective than anything we've found, including regenerative medicine for penile injections. And it's amazing 'cause you know, they're a lot cheaper too.

So I think it's kind of, I think it really creates an opportunity to help. We had, I've had people who were on Bimix and Trimix and so that was kind of considered end stage. And basically once those stopped working, basically what happens is people would start their journey taking Viagra. They would do shockwave, Viagra, shockwave, PT-141, then they would do start to have to do injections into the penis. And then that, they would do Bimix, that would fail. And so then they have to keep going and then they would do Trimix and then that doesn't work anymore. And so then I had, you know, you have, of the people that come to see you, you have 85% that you help. Almost everybody that's gonna come to see you, you can help because of those things are all helpful. But when you have somebody that everything has failed, that was kind of the end of the road. But I have, I've been, we've been helping those people. And to me that's like one of the greatest things we ever discovered and it's kinda like a side gig for us. You would think that I do 10 of those a day, but when we get 'em, we, they seem to do well. So it's kind of an interesting.

Mark L. White

You know what was interesting though is like that 15%, generally what you see is you kind of have an idea before you get started. I mean, they're either extremely obese. They're diabetic. They haven't had a good erection in years and there are doctors, especially functional doctors who address the metabolic syndrome. They'll get their diabetes in check. They'll talk to them about



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healthy eating and a healthy lifestyle. And then as these guys get healthy, you can then go, you can then now affect the penis. 'Cause I think in those cases, what we usually see now, granted there are people that there's a root psychological issue to their ED. Which I think it's a different category. It, you know, I can get started with like, you know, the porn on the internet, 'cause I've seen that a lot. Like especially you get these 21-year-old guys that have no problem masturbating to like some kinky porn, but they can't get an erection, you know? And I don't know if what we do really helps versus you know, go see a psychologist, but when it's a person with like really serious health issues or especially around diabetes and obesity, I think fixing the body will lead them to an erection, really gives them hope versus a guy who's diabetic. And he just goes to his normal doctor who says, okay, well you need to eat better and the guy doesn't really care. But when you motivate him by, look, if you do all these things and we can get you living this healthy lifestyle, guess what you're gonna have great sex, 'cause that's, you know, and again, on the demand side, what motivates people is like this core drive we have to procreate, to like the sex drive. I was reading that the strongest desires we have are eat, sleep, drink, and sex. Right, that's animal instinct, that's hardwired in our reptilian brain. And I think the sex part gets 'em in, but what gives 'em hope is, hey, we can get you healthy so you can have the sex and that motivates those people.

Matthew Cook, M.D.

Right? And so then, you know, with my, even my journey on this, now I live such a healthy life that it becomes a self-fulfilling prophecy that I love. I love that. Before, and this is, I'm always kind of trying to figure out like psych, a psychology way of kind of talking people into healthy lifestyle. Before I thought I was gonna give something up and I think if you were gonna give up fun by living too healthy of a lifestyle. And now the side effect of a healthy lifestyle is basically everything in your biology works really great.

Mark L. White

Yeah. I mean, for me on my own personal journey and again, I did not start thinking I'm gonna live a healthy lifestyle. I never, you know, like I was always the kind of guy who really didn't care about that as much, especially when I was in my twenties and early thirties, but ever since being involved in this whole industry of functional medicine and holistic health. My personal medical doctor, I have stopped using him and I see a functional medicine doctor who really talks to me about how to stay healthy. Like if you think about baseline is absent of disease, like we have this baseline. 95% of your practices and 95% of what you would call, like Western medicine operates



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below the line, okay, you're sick, we're gonna get you the baseline. But I think the biggest shift you're gonna see over the next few years and you see it with great doctors like yourself is let's focus, not so much at getting sick people to baseline, but let's focus on taking people at baseline and teach 'em to be up here. 'Cause when you're up here, you just don't get sick. Like I really, knock on wood, I haven't had any illness in 15 years. I mean, it's really amazing. I eat healthy. I do intermittent fasting. I'll do keto diet. I had, I just bought this Levels. I don't know if you heard of Levels.

Matthew Cook, M.D.

Oh, a hundred percent. And for all of the people out there with kind of metabolic and blood sugar things, tell 'em about the Levels. That's so great. We use the glucose monitors for a lot of people.

Mark L. White

I think this whole idea of the quantified me and using technology to know what's happening in your body. I use my aura ring to make sure I get enough sleep, Levels to make sure I'm eating right. Just being aware and having a doctor who is aligned with that, which really, you know, like people like yourself and I think you're the best people can get. But finding doctors who really buy into that, that can have a good discussion about why we sleep, what we should be eating, you know, like this whole concept of how our environment's killing us. And even the fish we eat, like I've shifted, like I love fish, but now I'm really cognizant of, is this fish source I'm getting, does it have toxins in it? 'Cause like most fish that we're getting is farmed fish, full of toxins. Beef, if you're like, I only eat grass-fed beef, I do not eat beef that is being pumped full of antibiotics. And you know, like the thing is that mainstream media doesn't talk about it. They're like, take a pill when you're sick, but they don't talk about the importance of little life shifts you can be doing. And I really think that starts in your doctor's office and it's picking the right doctor, who understands the importance of all these things. And I think most importantly is on the front line of gathering information, 'cause this is happening in real time, they're not going back looking at 30, 40-year-old studies. They're getting the studies after they come in and making recommendations in real time and I think that's important.

Matthew Cook, M.D.

So then this, for people, sort of for doctors out there and then also for patients, what kind of, to summarize what you're hearing mark say is kind of like a hundred percent what I think all the



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time. This is not a peptide summit, this is a life summit. What's the secret? Optimal lifestyle, doing these things. If we wanna fix a problem, sexual health, there's probably four or five ways and those, whatever the tools we use may change. But then as you kind of you, the constellation of those things get better. And I think probably the most important thing that you do that just inspires me is, you're creating the branding and awareness of something that is a need that, you know, hundreds of millions of people in the world are struggling with. And so then, it's kind of amazing to begin to think that that now we have a chance because of the work you've done to kind of go out and communicate to those people and put together kind of packages that are gonna be helpful.

Mark L. White

But it all really, it starts with the work that great doctors do. I mean, we don't have anything to talk about unless great doctors can show with real science and really good clinical studies and actually treat the patients. So I believe we're all in this together. Like any practitioner that's in functional medicine, any practitioner that operates above the line, every doctor, and again, I'm not gonna get political on COVID, but we hear about what we should be. You know, we hear about the vaccines we need to be taking and we hear about the masks we shouldn't be wearing. But what we don't hear about is that we should be raising our vitamin D levels. We don't hear about the fact that we should be checking inflammation. We don't hear about the fact that the number one way you can cut down on any negativity to COVID is to just live a healthy lifestyle. Nobody's really talking about that.

You know, those voices are silenced. And what people are talking about is again, wear a mask, take the vaccine, that stuff you hear, but people should really be talking about the overall body and what we need to do to stay healthy. And it's really, I think the internet is an amazing platform for amplifying it. And I think as practitioners and as people in this field, we all have a responsibility to talk about the things we need to do to live at an optimal lifestyle. 'Cause it's really the best way to have great sex. That's the best way to lose weight. That's the best way to stay healthy. That's the best way to have high immune function. That's the best way. I mean, I read something about how diet affects dementia as we get older and people don't talk about it. They talk about the treatments. They don't talk about the prevention and that's where we all need to be.



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Matthew Cook, M.D.

Yeah. That's why they called dementia type three diabetes. So, well, it was awesome to talk to you. You're one of my heroes and I'm so grateful to have you on this show and grateful for the work you've done to make the world a better place. So thanks and have a totally kick-ass week.

Mark L. White

No, I really need to thank you too, 'cause you opened my eyes. Like you're my go-to guy when somebody asks, you know, like when I hear about a new science, you're the guy that when I call you, you've already read the studies and say, yeah, that's real or I don't know about that. So you are one of the true pioneers on the science and the fact that you're putting together this peptide summit, nobody knows is really what peptides are. So this awareness you are creating for people, not just doctors listening to this, but like just people who wanna know more, this is really important stuff. And there's so much more than peptides, but peptides is going to be the next frontier. So thanks for putting on the summit. Thank you for having me on. I really appreciate it.

Matthew Cook, M.D.

Okay. Have a great day. Thanks so much.