



Improving Overall Health for Men - Expert Tips and Suggestions

June is men's health awareness month, when we aim to increase awareness of preventable health problems and early detection/treatment of diseases among men and boys, and encourage them to seek regular medical advice. We are talking to Dr Jamin Brahmbhatt, a board certified urologic surgeon specializing in chronic testicular pain and infertility, who will share his suggestions for overall improved men's health.

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Shweta Mishra: Good evening, everyone. This is Shweta Mishra, your host and I welcome you all to CureTalks. June is Men's Health Awareness month. And today we are talking about improving overall health for men, with our eminent guest, a zestful doctor, a board-certified Urology and Robotic surgeon, a speaker and someone who is well known as a national authority on Men's Health, Dr. Jamin Brahmbhatt. Every June during men's health month, Dr. Brahmbhatt along with his partner organizes a drive for Men's Health, which is a 10-day, 6,000-mile, public engagement road trip. Encouraging men to eat better, get active and engage in preventive medical screenings. This year, the covid pandemic would have deferred his drive to sometimes later. But his message is simple and that is health and wellbeing for men in all walks of life, at home and across the globe. Welcome to CureTalks Dr. Brahmbhatt, it's a pleasure to have you back with us today.

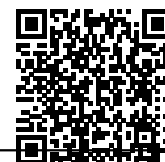
Dr. Jamin Brahmbhatt: Thank you for having me. I'm excited.

Shweta Mishra: Alright. So, on the panel we have with us patient advocates Mike Scott, Kristen Darcy, David Stanley and Jonathan Boldt. Mike, Kristen, David and Jonathan I welcome you to CureTalks and thanks for joining the panel today.

Kristen Darcy: Thank you for having us.

Shweta Mishra: Without further delay, I'll begin the panel discussion. We have lots of good questions to cover today Doctor. I'll begin with Jonathan Boldt first. Jonathan is a writer, journalist and author of the book, 'Shooting Blanks: A Husband's Perspective on Missing the Mark and Dealing with Infertility.' He has been extensively interviewed with his experiences with infertility. John, I'm glad you could join us today, please go ahead with your questions.

Jonathan Boldt: I think I'll start with what we talked last Dr. Brahmbhatt. We've some ideas, and before we talk, we'd only done some of the preliminary stuff and so we had two unsuccessful rounds of IVF and three unsuccessful IUIs in the last year. And so, I was just wondering with your experience. Do you have any advice for couples when they're trying to find the right clinic to go to. We're in the process of switching, going to new clinic. We weren't entirely thrilled with the first one and so do you have any advice as far as it goes on picking the right doctor and right Clinic?



Dr. Jamin Brahmbhatt: I think you have to take a step back first. You have to make sure that you and your partner continue to effectively communicate and continue to be like engaged in what the end goal here is. Because a lot of the frustrations happen when things don't go out right. But you have to make sure that you two remain strong. So, I advise before you start searching and going to the next options, definitely make sure that you guys continue to openly communicate, not get frustrated not get stressed and at the same time continue to enjoy your sexual life together, like don't just do it because there's something that could happen, just continue enjoying the intimacy between you two. I'm sorry to hear that, it's still taking so long and I know your past, you've had an extensive work up, she has as well and you were in a great book in the whole process and how fun and exciting it can be and how uncomfortable it can be. But you do a great job, portraying it in a very thoughtful manner for men to understand and be able to go through the process. The thing I would recommend when you are looking, let's say for a second opinion, so I see a lot of patients for second opinions. They may have seen other infertility specialists. I'm also urologist, so they may have seen someone else or something else and I think the smartest patients are the ones that take multiple second opinions and they come see me, they may go see someone else and they may go see a third person. It does take a lot of time and effort to go and meet with these other individuals. But then you got to find like, all right, this is my second opinion, but this may be my last opportunity. Who do I feel most comfortable with and I think that at the end of the day is going to get you the best results and the best outcomes. At the same time, you have to do your research like okay, I'm going to go see these individuals. It's the time to really ask some of the hard questions, you may have not asked the first time, like how many patients do you see in the office? What is your success rate? What is your success rate with someone that's my wife's age? And that someone that had been through me and let's say natural pregnancy does not work with us. What other options do you offer? And this may be time to think about donor sperm or donor eggs or surrogates or adoption. When I see my infertility patients for second opinions, I don't sugar-coat it. I'm very honest, like listen you guys have had a huge emotional roller coaster and a physical one too with all the things you have to do in the office and the process. It may be time where you do visit some other opportunities. Because at the end of the day, it's not about getting pregnant, it's about becoming mom and dad and becoming parents and there's some excellent ways to do that some great ways to do that beyond the natural process. So, really kind of being more of a friend and honest with them, I feel gets people to really trust me much better because I'm not there trying to sell them into another procedure. I'm trying to get them to realize alright, this is the time to really think about realities of what's been going on and how can we make what you want to happen in the next year?

Jonathan Boldt: Appreciate that. That's some really good advice. So, like in our previous talks, it's been a stressful trip in for everybody. So, it's good to keep things in perspective, if you're trying to figure things out, especially when they're not working. My next question would be kind of going off, of what we were just talking about. For people like my wife and I, we've been trying for 14 years, trying some different things over the years and now have done two rounds of IVF. According to the doctors that we saw they said my wife's workup was perfect, mine was perfect, the embryo was perfect, and they didn't know why it didn't work but sometimes it just doesn't work. But so, for people I guess it's not necessarily just for people that have been going out at years and years like we have. But when you've exhausted some of these resources, what advice do you give to your patients as far as like keeping hope and keeping alive the dream of becoming parents someday.

Dr. Jamin Brahmbhatt: Yeah, 14 years in the long time, right. So, there comes a point where it's less about hope and more about reality and I know it sucks to hear the realities but, it's been 14 years so you could have had a 10 year old by now, if you had adopted or found some other avenues and the money. IVF is, I don't know if Insurance covers it but, two rounds of IVF, all these treatments, all the medications that come with it, you probably drop 40-50 thousand plus on the whole process. Here in Florida, I know that can pay for a year of college for kid at the current going rate. So, it's been a long journey, and if you want to continue the natural route, I would say you try one more time. But then you really start looking at other avenues and other ways, because you even said yourself it's about becoming parents and being able to nourish a young one in your family. So, there's been 14 years of missed opportunities in that while you guys are trying. So, hope is great, but there comes a time where I do get very honest with them is like listen, there's a lot of other opportunities, you may not think about it. A lot of it honestly is like there's a lot of cultural taboos with a



lot of like stigmas behind some of these things. So, it's my job to really tell them who cares what other people think or what you've read, this is about you raising a family together.

Jonathan Boldt: Yeah, that's great advice. My Insurance actually did cover for two rounds. But that's the first time we've ever had insurance that would cover it.

Dr. Jamin Brahmbhatt: Well, it's good. I'm sure you paid a lot for that insurance too, right?

Jonathan Boldt: Yeah, I guess my last question would just be with coronavirus, covid-19. Are you seeing any issues related to that? Like I did test positive with the antibody test. So, I did have it at some point and I don't know that the illness itself has had enough time being around for you to encounter that yet. But have you heard anything about that?

Dr. Jamin Brahmbhatt: Yeah, there's been a lot of stuff in the Press, but if you actually look at the literature like the Journal of Fertility and Sterility came up with a paper back in May and there's some new stuff coming out almost every single day. So far there doesn't seem to be a straightforward link between getting the virus, the symptoms that you had and then having issues with the overall functioning of the testicles. Obviously in a state of stress what you will have when you have Coronavirus or Covid, especially when you have severe symptoms, you're going to have a natural decline in your testosterone and the functionality of testicles naturally. We know this when you have other viral infections as well, it's what's the long-term side effects going to be and for us what we know is that certain viruses like mumps and stuff like, can cause issues in the future with all these things. But coronavirus, I think its way too early to tell whether it's going to have any long-term repercussions. But so far, it looks like probably not, but the jury is still out on all this stuff.

Jonathan Boldt: Okay, if you don't mind, I'd just throw a quick one in there all over that. The time we did the IVF cycle last year, we had to move out of our apartment, there's a fire and really stressful situation. Does that have effects on the IVF itself?

Dr. Jamin Brahmbhatt: I would say yes, stress in general definitely can affect your fertility. I mean there are a tons of studies that show that a man that's in the state of stress, there's definitely a decline in the quality of the sperm as well as other factors, but ,I don't know if that state of stress may have affected your overall IVF without knowing exactly what stage in the process you were and when it didn't take her whatnot. But I would say probably not, it may have contributed but I don't think it's a significant cause or reason for what happened.

Dr. Jamin Brahmbhatt: Okay. Thank you. That's all my questions for you. I think you appreciate that.

Shweta Mishra: Thank you.

Dr. Jamin Brahmbhatt: Visit us down here someday.

Jonathan Boldt: Sounds good.

Shweta Mishra: Yeah, next up on the panel, we have David Stanley. David is a writer, teacher, voice over actor and audiobook narrator. His book, 'Melanoma: it started with a freckle' hit number one as a new release in dermatology in 2016. He speaks regularly on fatherhood, education and cancer advocacy shows. David, please go ahead with your questions.

Jonathan Boldt: All right doctor. I have really three questions relating to general men's health that aren't necessarily related to each other. So, I'll give you the big question first. We are as men really good at killing ourselves. If suicide was treated as a disease, we would have had an epidemic of this or would have gone out a while ago. We're really good at it mostly because we use guns of course, but we're also really good at it because men, we tend to be pretty determined individuals. David Hemenway, Professor Hemenway at Chan School in Harvard has said it's time to start treating men's suicide as a public health issue rather than



a mental illness issue. I was wondering if you could talk about your experience as a health care provider and men and suicide and getting them to ask for and seek out and utilize the help that's available to them.

Dr. Jamin Brahmbhatt: I think if you switch it to a public health issue versus the mental health issue, we're probably still going to have the same problems. I mean look at what we're going through right now, right? That's a public health issue yet, people are still not listening and engaging and following the guidelines. There are so many other public health issues that we're so behind on. So, I don't think it's a matter of labelling it a certain way. I think it's more a matter of awareness and kind of getting rid of that stigma that comes with any kind of mental health disorder, whether it's suicide, whether it's depression, whether it's anxiety. It's just not something that we like to talk about. It's not and especially men are half as less likely to talk about their mental health issues. They manage stress by eating or having aggressive behaviour. Whereas women are so much better at communicating and effectively communicating their emotions to their friends or their family. So, I think all we can do, we can't control what's going on outside, what we can do is kind of start off with our own inner circles. In our inner circles, we have to start engaging our own friends and our own patients about the benefits of communication. So, we kind of start there and then we hope that it trickles down and that's why we did the drive for men's health. The number of years that we did is just going out and talking to as many guys as we can about the power, the power that comes with communication. It sucks and I think we're going to be seeing a lot of more mental health disorders. We're going to be seeing a lot more stress, a lot more anxiety and turning on the TV or reading the news is not helping us at all. So, we really have to do something about it. And it's a tough one, I wish I had a good answer for you. But all I can control is me and the people I engage, and I try my best in every situation. I've been on so many media interviews talking about mental health, we haven't really been able to change much. But, if I can change one guy's life every time, I talk about it then, I think we're doing pretty good.

Jonathan Boldt: When I do speak in engagements, I'm just talking to friends. My Mantra is always the same thing is that I can't heal the world, but I can make my own little corner just that little bit better. Second is more objective kind of question. The biggest drop-dead killer of course of otherwise healthy individuals especially in man is our pulmonary embolisms and we're very good about paying attention to heart attack issues, and we're okay about cancer issues. But we never talk about pulmonary embolism issues and they're big. I wrote a big piece for a magazine about it, and I was just dumbfounded at the things that we turned out as I did that piece. So, if you could talk for a few minutes about what you see in your practice, in terms of pulmonary embolism issues and man warning signs, how we can help raise awareness. There are groups like 'Stop the Clock' but, this is like the unsung killer of otherwise healthy individuals. We got to get a handle on this.

Dr. Jamin Brahmbhatt: It's a pretty obvious, embolism is basically something that blocks off a major or even a small blood vessel and so that can lead to a lot of issues. So, when you mention pulmonary embolism, it's basically a big blood clot in your lungs which then can cause issues with breathing, which then can cause issues with oxidation. And then you go down this downward spiral. So, the question really is where does the embolism come from? And the most common reason is something called a DVT or Deep Venous Thrombosis. So, it starts off in your legs and then it can migrate up into your lungs. So, that's why we have to know patient's risk factors and you have to know your risk factors. If you have cancer, then your blood is going to be a little bit thicker. So, then you're a higher prone to. Men that I see, that are on testosterone, that are having an elevation or haematocrit in blood counts, then yes, I'm putting them at risk for having a clot as well. If you've been flying and you're just kind of keeping your feet still and not keeping the muscles pumping those veins and blood vessels. Then you're more likely to form a blood clot. If you're overweight, you're more likely to have these clots formed. So, there's so many different reasons that it can happen. But the good thing is I mean getting a PE that is a short for Pulmonary Embolism is a bad thing. But most of them can be caught early if it is something that's in the legs and if you do have symptoms, you've just recently travelled, you start getting pain in your legs, swelling and that's the time to get really checked out in emergency room as quick as you can. Because we can do a quick ultrasound and they can kind of find these clots before they migrate up into your lungs. But if it happens, if it goes into your lungs then again still like if you have this acute issue where you can't breathe and have issues, you would get a scan in the ER, they will check for, then they would almost immediately put you on blood thinner to try to stop the clot from



getting stronger and forming more and start dissolving it. So, there's definitely a lot of ways to prevent it. But hey, you have to go and get yourself checked out. If you do have symptoms, focusing on the key issue, the clot issue is great, but I think men are more receptive when you talked about just moving more and exercising and losing the weight because those are the risk factors that put you at risk for this stuff. So, why don't we focus on the risk factors, but not the problem.

Jonathan Boldt: Last question and kind of near to my heart. I also had a big bout of pulmonary embolisms, even though I fit none of those risk factors. I have an undiagnosable clotting disorder but I'm a two-time melanoma survivor and the book that I had out a couple of years ago was about that. You are being in Florida, see that probably pretty regularly. We men are terrible about health care, skin care. We don't pay a lot of attention to sunscreen, when we do get melanoma of course, we wait much longer than we should to get treatment, our mortality rate as a result is higher than women. Again, kind of the same issue that you spoke to the last couple questions. How can we get more men to schedule regular skin checks? So that we can get this early and when it's stage one, stage two, rather than having to deal with just the tremendous cascade of effects from stage 3 and 4 melanomas. I mean, we're losing a lot of guys.

Dr. Jamin Brahmbhatt: Yeah, this is the same problem we have as urologist for let's say testicular cancer, like if men were to examine their testicles more often and know exactly what normal is so that when they feel abnormal, they can go get checked. I think we'd be seeing a lot more men and saving a lot more testicles and save a lot more people from testicular cancer. So, this goes back to the same thing that is men knew their bodies and when they do notice any kind of change, they would look at it be alarmed and then pretty much go and get it checked out. That would be the ideal situation. It sounds so easy. It is easy. But obviously it's hard for a lot of guy. In melanoma you've had it so you can probably speak to it as well. But you do notice a progression in the size, the colour, the density and everything and it can happen rapidly, or it can happen very slowly. The scary thing is that you can get these clots in other parts of your body that you can't even see and so that's when it's very scary. And that's why, we do recommend a early skin check whether through dermatologist or your primary care physician, they should be checking just like they check your heart, your lungs, and if you are a dude, they're going to check your prostate but pretty much like checking every single part of your body and see , where are there any abnormalities but again, I put the ownership in the onus back on the man and the family that he's in. You got to be your biggest advocate right? You guys were introduced as patient advocates, you were not introduced as doctor advocates. I'm not a doctor advocate, I'm a patient advocate myself because if we could get more people in great, but you could really help yourself a lot by being your own detective and your own investigator. And I think that's pretty cool. Like hey, I'm on my own detective here, if we can get guys to think with that mentality. I think we'd have a much healthier society and honestly like guys like doctors are not there to like do surgery their procedures or suck you into anything that you don't need, I mean, I personally like to practice honest medicine. I know my colleagues like to do. We're really here to help you. So, when you come and see us like you shouldn't be afraid and you should be open, and you should pretty much get the right care when you need it. But that really also comes down to who your trust like some doctors are very fast, boom, okay, let's go this way you need and that's what you need and there's doctors like me. That they talk way too much and explain ways too much – we still need that. But you still need the same thing? So, it really comes down to who you feel most comfortable. Some of my patients like don't like when I talk to them too much, they really what do I need, Let's go and a lot of my patients like what I talk. So, you really have to find someone that you mesh with so that when you do have issues like it's much easier to pedal start that Communication channel the great question man. Thank you for asking.

Jonathan Boldt: Thanks. Yeah, my wife actually found mine. She's a Nurse and she leaned in, I thought she was kind of giving me a kiss on the cheek. My initial lesion was right in front of my left tragus, the little flippy thing that sticks out from your ear canal and she looked at this and said that looks weird and I said, what do you mean weird? She says, well it's grey and brown. I as a real layman at that stage of things, I'm like that isn't good. She goes. "Oh, no, you need to get that checked out", and then it came back, but that's, you can buy the book.

Dr. Jamin Brahmbhatt: But that is a classic story of how we get men to see a doctor, to see healthcare



professionals and I don't like to use the word doctors because there's advanced practice providers like NPs and NPs and it is MDs and DOs and we're all there were all part of the Healthcare Community doesn't matter who you go and see like you need to see someone that's a trained medical professional. But usually what happens is these significant other in the relationship whether it's the female or the Male find something and then drag the patient in to get help and so I want to give kudos to all significant others out there for kind of dragging, my men into the office to come and see me because you're making the world a much more healthier place. So, thank you for that and it's classic because I think when you went to the doctor you were like oh man I got to go see a doctor for you like that because that's how most of my men are.

Jonathan Boldt: Actually, this happened to me when I was in my late 40s. And yeah, already kind of thinking Hmm. I've been out in the sun a lot of used to race bicycles for a living, my dad was a physician, maybe I was a little more aware of it, I would say I didn't really think I had melanoma though. I figured, I'm 45 years old and have probably got the basal scar or squamous scar or something minor. They sat and said. Oh, no, dude. You got melanoma! If you went for the biopsy Friday you get the phone call that says you need to come in the office today to discuss your treatment options that's a slap in the face. That's a big slap in the face. If I can just throw this out, one more thing to get your opinion on and then I'll pass the microphone over. A friend of mine is a big advocate in the testicular cancer community and one of the things that he and his folks advocate for is that, is that your urologist can show the guy what it normally looks like and as part of foreplay, you can actually involve your significant other, in part of that and it can be very natural and it can be fun and most of the time of course it's going naughty! but once a month, have your significant other, kind of not so bad.

Dr. Jamin Brahmbhatt: Yeah, not so bad, as long as they're not mad at you and they don't squeeze too hard to blow. But two really quick things on that is, you don't need a urologist learn how to examine your balls, like there's lots of great non-profits that have online resources that can help you with that, your primary care physician can, and you yourself can just quickly check and take it from there. If there's a change of second thing you mentioned in sunscreen. I think it's very important. I think dudes don't like wearing sunscreen and most of us that do wear sunscreen don't wear the right way you're supposed to apply a thick layer all over your body. You're supposed to put it on multiple times. You should make sure it's at least a good SPF and the brand really doesn't matter at the end of the day. I think these are these are great points that you made and thank you for the opportunity to answer some of your questions today.

Jonathan Boldt: Yeah, a shot glass full for the torso front back and we all know what a shot glass looks like. Thanks, doctor, for those answers.

Shweta Mishra: Thanks. It was wonderfully listening to your discussion David and your questions. Next up I want to invite is Kristen Darcy. Kristen Darcy is a noted author, fertility coach and motivational speaker. Highlighted in many national Publications and broadcast media. She's also former board member and volunteer for RESOLVE of New England. Kristen, please go ahead and ask your questions.

Kristen Darcy: Hi everyone. I'm loving this conversation. I have some questions; you know how I love to pick your brain. So the first one I wanted you to address, you've been addressing right along and think through these thoughtful questions from the panel, but, there is such a gap in health care for men, we've discussed this before and I don't want to say I'm feeling discouraged but there really isn't any in my little world, any changes of that. There's a drop-off from for regular health care for men from when they get to an adolescent point and then going to college, there isn't a consistent, like practice for them. And I know you and I discussed that as an overall health. So, what can we do about that still?

Dr. Jamin Brahmbhatt: I'm at a loss on that as well. So, when I gave my TED Talk. I told the audience in the public that I had this like big Vision by 2020. So pretty much like they were like four or five years after the talk. So, in 2020, we would change the statistics on men's health, where men right now or back then lived five years less than women. And my goal was to bring that down to four and it's still five years. So we haven't really been able to, swing that Pendulum in the direction that we want to swing it and there's so many different factors on it and what I realized and how I've evolved and matured on the whole topic is not



to stress on the macro level stuff that I'm trying to change but microscopic and that brings us back to what we talked about when we first started as like just start with my community and who I can affect and then hopefully over the next couple years decades or even generations will be able to change some of those statistics. I think the same issues men had back then are still present today. And if any some issues are only going to grow with the pandemic and the protests and everything else going on financially, socially, spiritually with all of our communities right now is I think things are unfortunately going to get a lot worse before they get better, in terms of overall health as well. I myself gained the *corona-5* like I gained five pounds when I was at home chilling every time, I would turn the TV on, and read the latest stats, I would be eating ice cream. So, it's definitely and I'm sure there's millions of other guys like that that just, I tried to see a patient today. I've known him for years now and he really opens up to me on certain things and I thought he was a highly functional guy, but he told me that when Corona started, he started drinking and now he realizes he has a major drinking problem. So, he's checking himself into Rehab on Monday. I'm like, holy crap like this is someone that is very near to me, dear to me, I thought I knew him. But if someone like him with such a strong mind and body can succumb to this. There're so many other guys that will. But the cool thing about him is that he knew he had a problem; an evolving problem and he knew that he needed to get help which is what a lot of guys are not able to do is ask for help.

Kristen Darcy: Yeah, I am coming from the emotional component because that's where I do most of my study. This is such a highly triggered emotional time for all of us and it's a huge sense of grief that we're all coming together, even though we're isolated, we're still feeling that sense of grief, that we're grieving what was the past and hopefully moving to a new beginning and I think to bring that back to men's overall health, that hopefully this will be the opportunity to change the trajectory, like we're still advocating for men, we're still focused on that and hopefully this will also bring that out and so light. There is a gap in medicine for men, there's a gap for them being seeing regularly. I'm kind of going into my soapbox, but I really wanted to talk about the overall health for men and their fertility and that's part of like the subset for men changing the story within their head about seeking Healthcare, right? And so maybe this pandemic and unfortunately every terrible thing that is happening across our nation. Maybe this will help shift that to that oneness, that we all have to take care of each other, but you have to start with yourself.

Dr. Jamin Brahmhatt: What people need to realize Kristen is, some of the excuses guys are going to use right now is like, oh man, it's too dangerous to go get help. What I tell everyone out there listening right now is almost every single medical facility has opened up virtual visits, all of them. So, actually now it's even easier to go in and see someone because you don't need to go in, you could be sitting on your couch in your boxers. Please have a shirt on when you talk to me, but like you can literally get a majority of your Healthcare donor at least started all using your smart device from home doing these virtual visits. So, coming into the office is not a barrier right now and there's insurance companies and the government is a super supportive of Telehealth right now. So, this opens you up to so many opportunities, so that lame excuse that I don't got time, I got to wait for you in the office, etc is pretty much non-existent right now. So, that's one small good thing that's happened throughout this whole process which I think is going to lead to hopefully a big benefit for everyone in the future. Especially dudes.

Kristen Darcy: I love that because that's the opportunity in this chaotic crisis is that you can take that initiative and without that barrier of having to make the big effort because all you have to do is log on to zoom or Telehealth to speak with you and it's time to do that. Because I think part of being an advocate like you said, is you have to take that first step for yourself. I love Jonathan because he just speaks about it and he's a rare kind of guy who will do that and especially if you're having a problem with fertility like call in Telehealth and talk to you. This and of course overall health also. But what would you think, what would you tell the women that you addressed with the melanoma about how the statistic, that it's normally a friend or a partner or someone close to the person that identifies and kind of pushes them along, how do you motivate that to happen?

Dr. Jamin Brahmhatt: That's a tough one because you have different subsets of partners, right? You have the partners that are very type A and on top of it will drag their loved ones in and the loved ones will listen and then you have the partners that want to but there they kind of live in a state of fear about like not



pushing the envelope too much because of their precautions that can come in terms of like closure with communication, gaps in conversations and then you got partners that themselves may be struggling with their own health issues. So, if I can do mine and how am I going to be able to do theirs'. Honestly like some of the sweetest things that caused me to like message my wife or text her, after I see a couple is those couples that come in where the partner becomes the primary caregiver and to see like the notes that they bring and how they helped them get back into their wheelchair, get them up on the bed. Pretty much their entire life and their job becomes taking care of their loved one and that is like love, like these people have been together for years and decades and to see the commitment that these individuals have to their partner and it could be the male partner or the female partner, I mean, I see both sides. It is just beautiful, and I always tell myself like that is a relationship I want when I grow up and get older and as me and my wife go through the decades of our life. But it's hard, it really is hard to get to that point and how they got there. I always ask these couples. Like how do you get there? They said we number one knew that is just me and him or him and her. Like we knew that we were always each other's priorities and then we always made our family and communication our priority not work or anything else, like that is our priority. That's what matters the most and I see those are the couples that I feel are the most happiest and the mostly together even with the major health issues in the future. So, I'm working on that. I'm reaching 10 years of marriage this year. I'm working on that as well. It is not easy, but I think pretty much to answer that question round about what it is like, the partners really need to pushing and advocating and recipients of this push really need to be open and supportive because they're not doing it for their benefit. They're really doing it for your benefit because they want you to be healthy so that you can live a healthy active lifestyle and you can be there for them longer.

Kristen Darcy: That's what I so appreciate about you. You just take such a thoughtful, well-rounded approach to these big concepts of keeping each other healthy and keeping yourself balanced and then in good health. So, thank you. My questions kind of mixed up a little bit but I loved our conversation and you and I are will advocate for filling in that gap. So, men get that overall health care from the time they're 18 to adulthood as opposed to that big huge dip that happens. So, thank you for everything you do doctor. I appreciate you.

Dr. Jamin Brahmbhatt: Thank you for everything you too Kristen and I would recommend if there's guys out there like they're dealing with mental health issues like there's a lot of companies out there that have opened up mental health companies like that are online and virtual, where you can speak to counsellors and therapists and even some places had psychiatrists that you can kind of engage using virtual visits. I have a friend recently, he just told me that he was on Instagram and got an ad for one of these companies that one of the celebrities is a part of and he actually told me and admitted to me that he's been dealing with some stuff and he actually joined off an Instagram app like a mental health company that's like doing online counselling. I'm like, holy crap this is pretty cool. It's the social media that's causing some of the things like anxiety and stress, but it's actually helping him. So, there's lots of opportunities out there and I know Kristen is on LinkedIn, I am too and I'm often posting some of these resources. If you get an opportunity to follow me on LinkedIn, it's just my first and last name and let's engage out there. Let's try to help each other out as best we can.

Shweta Mishra: All right. Thank you. Thank you very much Kristen, wonderful questions. Dr. Brahmbhatt, I guess I'll just read out Mike's question. He's not able to join due to some unforeseen circumstances today. So, the first question that he had was I believe a part of it you have already answered but I will just read out. What is the most important thing you think we can do as a society to get men to think earlier and more wisely about male health issues and the gelling to the same concept is another question that he says that to what extent do you think that men avoid this whole issue of regular health checks. So, maybe you can share some anecdote from your drive for Men's Health.

Dr. Jamin Brahmbhatt: Yeah, I think great questions. I think it comes back to everything we've said is that men just don't engage healthcare and there's many different reasons why and I think one of the panel's kind of alluded to it earlier is that guys don't have the same opportunities, their female counterparts do to engage the Healthcare Community when they're younger, and that's when they should be engaging.



Women engage with their doctors for various reasons for a CD checks, for birth control or during their birthing years, they'll be going and seeing their obstetrician where they will be getting other checks of their body to make sure that they go through the pregnancy. Also, that the same time younger women are again more likely than men to just go to get their preventative checks. Whereas dudes really don't have that opportunity unless you're young and you're having issues with fertility. And then you come in or you're having issues with erections or you ended up getting a kidney stone like, it's only during acute stages in your life that you go in and engage. But we have to change that is when you're in your non-acute stages to go and what I recommend is going once a year and then once you go, go and get a roadmap, just like when you go and get a new car. We just got a new minivan in our family and it took like three hours after we bought it and paid for where they go to the whole manual, I was like, oh my God. But just like you get the manual when you're supposed to be doing this, if you have a problem do this, do that like your primary care doctor is going to give you that same manual. So, usually no thinking involved. Like if you have this family history you got into a, b and c then, if your blood pressure is this you got to do e, f and g. If you have this abnormal on your Labs, you're going to do this. So, it's all set for you, it's like it's there, you have nothing to think about. It's like when you go to the movies like the movies going to play you know it's going to be a happy ending again. That's the same thing as you just got to go and get started. And once you start it does become kind of very easy and straightforward from there. So, I think once again get more men to understand that it's very important. So, what I do is I put my friends like hey, did you go see your doctor this year? Did you go see someone; did you go see someone? After a while I know I do some much that they do end up going and seeing someone. Again back to all we can do is control ourselves, our own communities and try to get them to change and then through channels like this, the opportunities like this, where all of us can get together and the viewers and the listeners that listen can hopefully get a message of hope and inspiration and go and get themselves checked out, regardless of how old they are.

Shweta Mishra: All right. Thank you. Thank you for that answer doctor. The other question says do you believe that men are more willing today to honestly address their sexual health issues with the physician than they used to be in the past.

Dr. Jamin Brahmabhatt: I would say absolutely yes. I'm seeing a lot of more younger men with sexual health issues that are open to talking to me about it. Interestingly some of them have seen me or heard me on platforms like this or I think the word sex is lot more commonplace now and we can't thank the tinder generation for that. And I think people are just more open to talking about it now, which I think also gets people to discuss it much more easier with the healthcare professional. I'm seeing a lot of young guys that have issues with erections, issues with their overall sexual drive and I end up finding that they have low testosterone. Well, honestly a lot of the young guys I see under 40 that are coming to see me with erectile dysfunction. It's really not a medical problem. I mean, it is a medical problem, but it's really not an anatomic problem with the blood vessels and nerves. What I find, it is a lot to do with their overall mental health. These individuals either have strained in their relationship, they are either too much pornographic videos or when they're actually would someone physically, they have a hard time because it's a different kind of stimulation. They are either dealing with depression or again, I mentioned stress. So, there's lots of things I end up at that time becoming more of a therapist like it's easy just to give them the prescription for Viagra or Cialis or other generics. It's hard to actually engage them in conversation. So, what I try to do is take that extra five minutes and get them to open up and focus on what is the real problem. I think they're very appreciative about that. And I'm glad that more and more guys are coming in to talk about it. I do see it end up seeing a lot of guys not to sound funny but they're worried about their size because again adult films make them feel like they're always inadequate and then I also have to have honest conversations with them about what the reality is and a majority of cases purified.

Shweta Mishra: Absolutely. Yeah, I understand. Well, thank you. Thank you for that answer doctor. One of my own question, being a woman and an infertility advocate I know there is so much concern around women's age when it comes to fertility. So, I wanted to ask you how old is too old for men when it comes to fertility issues. Is there anything to worry about for things like birth defects, cleft palate, heart defects, when setting into the child just because of the old age of the male partner.

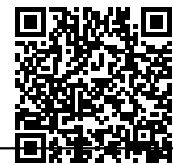


Dr. Jamin Brahmbhatt: That's an interesting question. I think the research is much stronger looking at what effects a woman's age can have and the lifespan of the ovaries. In men, I think there was a recent study done that I read that in men their sperm is viable for their whole life, like they're going to have sperm but the quality of their sperm does start declining with age and some of that could be just the aging process. But some of it could also be their overall issues with the testicular function and the testosterone and it could also be as they get older, they make get overweight or have heart issues and anything that stressful to the body can affect their fertility. But when it comes to a guy in his 60s, that's going to have a child. Are they going to be more prone to overall, more and more birth defects and some other things? I think to be a hundred percent honest with you I don't think the data is that strong on it. I think more likely the guy may have problems actually getting through the pregnancy part and then what happens afterwards, I'm not sure. There is a slightly increased risk, but I don't think it's anything significant. I just did a vasectomy reversal on a 60-year-old, who has a new life partner and they're going to have a baby together. I just found out recently that it worked. So great. So, I don't think there are any extra risk. I just think it's a little bit harder to get pregnant because the sperm are just not as strong, and the quality is just not as great.

Shweta Mishra: All right, thank you. Doctor any final tips or suggestions from you that you would like to share with your audience.

Dr. Jamin Brahmbhatt: I think first I want to thank you and I want to thank all the panellists. It's awesome to be given this opportunity to speak and pretty much preach the benefits of good health. And I think it's awesome that you guys are doing this in your own little circles and tribes and it actually motivates and inspires me to do more because there are a lot of people out there that need help. But I would say listen it comes down to pretty much only a few things. Number one, it's all about you. You got to take care of yourself because you are the most priceless possession you own. It's not your car, it's not that shirt that you're wearing or those shoes you just got. It really is your body and you only get one opportunity to have this body. So, make the best of it, make the best of the brain that you have, make the best of the muscle that you have and treat it like anything else that you hold high by value and high regard. I often hear people say, oh I only have one life, I'm going to live it great. But don't you want to live longer so you can experience more things throughout your life and that usually it's a lipoma that yeah, I do want to live five years more. So, just take care of your overall health and make sure that you're selfish when it comes to your health because you're the only one that's going to care. And you're the only one that's affected when you don't take good care of it. Obviously, your family and everyone will be affected as well. But at the end of day, it's your body. The second thing it is not hard to access the doctor. If anything, is much more accessible in today's times and the third is go and get your routine screenings done. And I'm not going to sit here and tell you the 10 things you need if you're 30, and the 20 things that you may need if you're 50. I'm going to leave that up to you, your conversation with your doctor. But once you have the manual it is very easy to go and get checked and stay healthy. If you are looking for things to do right now, today start moving more try to get at least a hundred fifty minutes of exercise a week. And this doesn't mean just a light walk out in the street or clicking the channels on your TV but getting some moderate to aggressive movement hundred fifty minutes a day, which is which is not hard to get. If you need some help get something like an Apple Watch which will motivate you like it's telling me to get up and start walking because I've been sitting here for the past fifty four minutes, but hey, it's a constant reminder for me to get moving. And then when you're sitting down and having lunch or dinner today, eat smarter. Honestly weight loss and everything is 70% diet and 30% exercise. So, if you like having three scoops of ice cream then start off with just two today. Just have two, I'm not telling you to cut everything off, but just slowly start making smart decisions in your life and the more decisions that you make for your health and you're going to lead a much better health your life in the future.

Shweta Mishra: Absolutely. One bit at a time Doctor. Thank you. Thank you so much. Well, it was wonderful listening to all the information you shared doctor. So, folks we were listening to Dr. Jamin Brahmbhatt, of Orlando's Southlake Hospital. Share tips and suggestions on improving overall Men's Health. Dr. Brahmbhatt, thank you so much for finding time from your busy schedule to discuss relevant issues related to men's reluctance for preventative check-ups, their denial that they may be susceptible to health problems and educate us on all issues like the effect of Covid on men's fertility, their general mental health, their heart



health and all those important issues. Thank you so much for your time today. We hope the information shared will be helpful to the folks out there and I urge all men listening to this show right now, to go to this website called driveformenshealth.com. Check out their social media pages to learn more about this initiative that Dr. Brahmbhatt started and get motivated about taking care of yourself right away. And if you have any questions, you can email at info@b4mh.com

Dr. Jamin Brahmbhatt: Or just find me on social media @drjaminb because our topic on Men's Health is on hold. Just reach out to me personally on my LinkedIn. I think that's the best way but would love to engage anyone that needs a little boost in any way I can and also reach out to Jonathan or David or Kristen. I think we're all here to help you in the best way that we can. So, just be well, be healthy men. That's all I ask.

Shweta Mishra: Thank you. Kristen, Mike, David and Jonathan, I thank you all for your really insightful questions that brought out a very informative discussion today, and the talk will be available on curetalks.com. Please visit our website for details on upcoming talks until next time. Thank you everyone. Have a great day and stay safe.

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