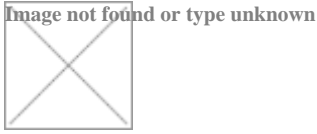


Interview with Urology Expert Geo Espinosa, ND



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Jen Palmer, ND, Education Director for the [Restorative Medicine Herbal Certification](#) program, interviewed Geo Espinosa, ND, LAc, IFMCP, CNS. Dr. Espinosa is a faculty member of the herb program and will be speaking on urology, his area of expertise. Dr. Espinosa held a fellowship position at the Columbia University Medical Center, is a functional medicine doctor, and is currently working in the department of urology at New York University Langone Health.

JP (Jen Palmer): Thank you for being with us today Dr. Espinosa. Your experience as a naturopathic physician is unique; can you tell us a little about that?

GE (Geo Espinosa): I took the road less travelled; while in naturopathic school, I decided to focus on men's health exclusively, and that has been my specialty ever since. I also have only worked within academic institutions and with medical doctors, which is unusual. I'm fortunate to be working within a truly integrative healthcare model.

JP: Tell us a little more about your approach to urology and how it differs from standard medical care.

GE: There are some urological conditions which western medicine or urologists have a hard time treating. That includes prostatitis, interstitial cystitis, or just in general chronic pelvic pain; these are the Achilles' heels for urologists. I think most urological practices would love to send their prostatitis patients to naturopathic or functional medicine doctors because we know how to work with those type of patients.

JP: Can you give us an example of how you treat prostatitis?

GE: Let's compare what a conventional doctor would do versus what a naturopathic or functional medicine doctor would do. I should first stress that I've worked only with urologists since day one, so I'm super appreciative of working with them and this is not a criticism. From a conventional standpoint, the standard treatment for prostatitis would be antibiotics for about six weeks, even with no evidence of infection. It's not just any antibiotics; it would be primarily fluoroquinolones, which can be very damaging to mitochondria and the entire patient's system. Side effects include peripheral neuropathies, Achilles tendon ruptures, and other problems. They are also given alpha drugs, such as Tamsulosin, which causes ejaculatory problems. It's just a complete mess.

So I approach it from a holistic perspective, looking at how the whole system works together. For example, with regards to prostatitis, there are other issues that are common. A lot of guys that present with prostatitis have IBS, so that needs to be addressed. The second important factor is that they're generally highly stressed people, so we need to calm their nervous system and really stimulate the parasympathetic nervous system. Number three is relaxing the muscles around the prostate. The prostate is 30% a smooth muscle. Constricted prostate and bladder muscles cause pelvic symptoms that can be associated with stress. That needs to be addressed by stimulating the parasympathetic nervous system.

I also put them on strong natural anti-inflammatories. One of my favorites is curcumin and boswellia. I add in anxiolytic herbs, such as [lemon balm](#), Melissa, [Scutellaria](#), and magnesium. Notice how I've not said saw palmetto or any "prostate" herbs, because it goes so far beyond that.

JP: That's interesting, because I wouldn't normally associate stress with prostate issues, but it makes a lot of sense. So how long does it take for your patients to make the connection, and how long until symptoms resolve?

GE: Generally, within the first 10 minutes of discussion, they just say, "Finally, somebody who understands!" They've already tried everything by the time they come to me, so they are relieved to find someone who understands. Once they buy in, they'll do the things in my protocol, and I just never see a case where my prostatitis patients don't ultimately feel better. It generally takes a few weeks of following the treatment plan for symptoms to resolve. And the patient learns to make the connection between his stress levels and his symptoms, so if it reappears later in his life, he knows what he needs to do.

JP: What is your philosophy on dosing herbs?

GE: When it's an acute situation, I'll put them on therapeutic dosages, which tend to be pretty high, whether it's liquid form or pill form. Then there's a lower maintenance dose, maybe half as much. I only work in cases of urological conditions, so I'm pretty familiar with the pharmaceuticals that they may be on and I know the possible interactions with the herbs. This is the advantage of specialization, in my opinion.

JP: Thank you so much for sharing your unique approach to urology. We look forward to hearing more clinical pearls and protocols in your webinar.

GE: Thank you also. You know, when I decided to go into urology almost 20 years ago, people dissuaded me because they said men never go to doctors. Now, with the baby boomer generation getting older, I find that everywhere I lecture, integrative practitioners report seeing up to 30% of men in their practice, even if their clinic specializes in women's health! My goal is to help more integrative practitioners get up to speed on these topics so they can help more men resolve their health issues.

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