Breaking Taboos: Why Sexual Health Matters for Everyone | Dr. Debra Durst | Ep. 16 Transcript

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Introduction to Sexual Wellness

Anything that is interfering with your sexual satisfaction is erectile dysfunction. There's no way to really make a penis longer. It's not just that the medical field won't talk about sex, there are a lot of partners in a lots of relationships and marriages that don't really talk sex either.

Meet Dr. Deborah Durst, founder of Revitalize MD, an expert in regenerative medicine. Dr Durrst is dedicated to empowering your wellness journey, enhancing your health from the inside out.

Today, we're going to talk about sex, about your sexual health. We're talking about penis vagina. we are talking climax. All of this stuff you guys are scared to be talking.

Patients are proactive with this. They're ready to. Nobody's listened to them. The primary care doctors, the gynecologist, urologist, no one. If you treated the root cause, which is low sex drive or sexual dysfunction, you could correct the depression.

a male, how long should they actually last during sexual intercourse? So the average duration, do you know how women wanted it to last? Shoot, tell me.

Welcome to another episode of a Healthy Point of View podcast. I'm your host, Sam Tahata, and today we have a special guest, an expert, someone with many, many years of experience as a medical doctor.

We have Dr. Deborah Durst with Revitalize MD. She's a health and wellness expert specializing in sexual health. Today we're gonna talk about some of the things that people are scared to talk We're gonna talk about sex, about your sexual health.

Yes, we're talking about penis, vagina. We'll talk it about climax. All of this stuff you guys are scared to talk. At the end of the day, this is something that we all need to make a priority.

This is important. And we have Dr. Durst who is 25 years in emergency medicine. In my opinion, if I have issues with my sexual, That's an emergency, so Dr.

Durst, how are you? Great. It was so nice of you to invite me, and I'm excited to be here and talk about sexual wellness. Yes. Thanks, Sally. I am excited just to go deep into this.

You specialize on both, males and females, right? Correct. Where do you want to start? Well, I think that you did a great intro, and the taboo aspect of it is a good place to start.

It's very taboom. People don't want to have those conversations. So I just think opening conversations and talking about sex. Let's do it. You have a lot of patients that come in.

How difficult is it to actually start having those conversations? And the reason I'm asking this is that we have significant amount of doctors and PAs and nurse practitioners that tune into this podcast.

And a lotta them are trying to get more involved into some of these other services and modalities that'll benefit their patients, right? So sexual health is one of the ones, even within our locations at Liquivita, Some of our new practitioners are very hesitant about it.

So how difficult is it to have these conversations with your patients? So I don't find it difficult at all. I will just start

with, I'm in Tennessee. And Knoxville is the Bible Belt.

So you would almost think that it's difficult there. But patients are proactive with this. They know that there's changes. A guy, he starts having problems with erections.

Just a little inconsistency. It happens once or twice. They're thinking about that every time. Is that gonna happen again? And so they're proactive. When they come to those providers, and we need more providers doing it, they are ready to talk about it.

Nobody's listened to them, nobody's opened those conversations. The primary care doctors, the gynecologists, urologists, no one is asking those questions or opening those conversation.

So I think it's very easy. And patients are more proactive than providers in the medical field with this. As you know, there's no sexual education in medicine.

There's not regenerative solutions, at least offered by traditional medicine, but there is a ton that are available. Yeah, and you know, I've been seeing a lot on social media like the hymns and the hers and The Vault.

And I know a lotta them have like a medication, but there's a lots more to correct some of these issues than just a meditation, right? There's the mental health component, because psychologically this affects people, it affects relationships.

There's technologies that help both males and females with their sexual health. And then there are the medications, like the different peptides, and then also the Viagras and Cialis that are out there.

So talking about that, first part I want to talk about with it is the mental health component of it. Like when people come in, number one, they're taking the first step to come and talk to you about it, you as a medical practitioner, we're not even treating anyone just yet.

It's now you have to connect with them on more like a psychological, you know, perspective. Let's let's talk about how that works and how you connect.

With these patients. So I really think that for a lot of providers, because it isn't something that we are taught across the board. with medical education.

Again, a recent search of that, there's still no medical educational related to sex.

Libido vs Erectile Dysfunction

Nutrition, too. There's other things, and even fitness. So a lot of is like YouTube University, right? But I think providers have got to be comfortable having those conversations.

That's number one. I thing it's the right fit provider for sexual wellness. And then the patients are looking for providers. But for our patients, they're coming in, having hormonal like systemic issues where it's energy or its brain fog or low sex drive or they're coming in for sexual wellness specifically with vaginal dryness or laxity or orgasmic strength is a huge one for women.

And so they are either coming for hormones, more of a systemic, you know, overall, I don't feel well or something specific to sexual function. And so it cross, it goes together.

So we're coming in for hormones. We have intake forms that talk about sex. It's like what kind of orgasms do you have? Why are you having sex? It is a great question because you would think it's because of drive and desire.

But with women, they lose their sex drive. And it is actually not drive sometimes. I don't want to say obligation because they're actually upset that they don' have a drive, but they are doing it for their partner.

So those are important questions to ask because again, if you don''t have drive they''re tearful about that. And when you talk about psychological components to this, so hysterectomy for instance.

We have no issues and we can get into hormones and stuff with it but we have issues in a woman having vaginal bleeding, excessive vagina bleeding during perimenopause.

They're young and they're having a hysterectomy. But once they have a hysterectomy, even if they leave their ovaries in, they get decreased production of hormones because the blood supply to the uterus and the ovary are very tightly connected.

And so if the lose their sex drive, the have like a 200% increase in the risk of depression or psychiatric issues related to, mainly depression. just having an early hysterectomy.

And it's all hormone related. So there's a huge component. I'm not sure that it is not the cause. Basically, if you treated the root cause, which is low sex drive or sexual dysfunction, you could correct the depression.

Yeah. That's got to be very tough, especially in a relationship. Do you find that partners come together to talk to you about their sexual health issues or typically as an individual?

So I think it's both. So we do a lot of partners and it is interesting because we have like a no man left behind, but it came out of like, a partner that came together.

You know, so they came to together, she came first and then he didn't think he had issues. But again, once you hormonally optimize a woman, the sex drive changes significantly.

Right? So now he's having trouble keeping up. So he comes in, we're having those conversations together. And it was just a joke between the three of us about the no man left behind.

But then it became on the intake form where they would refer other couples. It was like, what is this no-man-left-behind that you talk about? So we do a lot of partners.

That's awesome. You know, like again, it's not just that the medical field won't talk about sex, but a lot of partners and a of relationships and marriages, they don't take about that either.

Right. And so sometimes it just opening those conversations with somebody else in the room. So we almost call it like a small group therapy because they both need to have those conversation.

but they haven't had them in 20 years. And now there's some issues that are prompting that. This allows them to open up and kind of rekindle things as well too throughout the process.

Going to talk about the male sexual health, There's a bit of confusion that a lot of people have when they think about sex drive, or let's put it like this, more of libido versus like erectile dysfunction, right?

Decreased libado versus erectal dysfunction. So I want you to touch up on it because they're two whole different things. And I notice people, when they have those conversations, they'll kind of use them interchangeably, which they're not.

So I want you to touch up on the difference between erectile dysfunction and then actual decreased libido. It's a great question, Sam, because that is, and it's, a subtle point to some, but it is a huge difference.

When I talked about that systemic, you know, symptoms, that libido's a systemic symptom, so meaning like overall, like whether it's, you now, psychologically, or just overall the man isn't having a sex drive any longer, which is very, it is the last thing that go for men, the first thing with women.

You know, so a man can have a very low testosterone, but more frequently, they still have sex drive where a

woman will lose that early on. So it's harder to get back with women than the first thing to go.

Men, not quite the same, obviously a low sex drives abnormal for a men. So what do you say? It is, you know, it's not it. It's a good drive and healthy drive.

But the regeneration is local regeneration. OK, so when you're talking about erection issues, which will happen with all men eventually. So if you don't start to regenerate early.

Mm hmm. If you notice like you lose an erector one time, maybe it somebody new. You know. Maybe it is with the same partner. What do mean by regenerating?

Just to touch up on that. So when you're talking about like erection issues versus drive, like drive is more testosterone, hormonal base. Okay. Yeah. So you have to optimize a testosterone most frequently with that where erections issues are usually a blood flow, blood, 80% bloodflow, 20% hormones.

Age does matter. So if you're 30 and you come in with an erection issue, probably more likely to be a hormonal component. But as you get older, again, medical problems or age, and again if your not testosterone optimized, that does play a role in erections, but it's not the whole thing.

80% of that's blood flow. When you are talking about getting better blood and harder erections, you're talking about like an acoustic shockwave that's communicating with the tissue to tell it it's injured and get improved blood flow and sensitivity and orgasmic strength and erection and then injections like PRP.

Would it be safe to say that libido is more the thought of sex, right? Yeah, it's the drive is the Drive the sex drive. So it like for the guys that are listening It's when you're 18 or a teenager and you always just like thinking about it and, you know, You're out on the prowl, right?

That's that the tribe that we're trying to get back for them and females also so so with the guy's The drive, and I'm just kind of repeating what you're saying here, it's probably more hormonal base.

It's by like an issue with your testosterone levels, which when you increase that doing something like testosterone replacement therapy, the TRT, you'll probably start getting that sex drive back.

which I know I've met older men that get their sex drive back and sometimes it's a positive and it causes issues in the relationship because now they're a little bit too thinking about it.

With the erectile dysfunction, you said it is typically a blood flow issue. What causes some of these blood flow issues, any kind of like chronic illnesses, cardiovascular issues?

Well, obviously any history of medical conditions such as high blood pressure, anything that's going to affect the blood vessel, high pressure or high cholesterol, diabetes, obesity, inactivity, smoking is a huge one.

But then, again, those are the smallest blood vessels in the body. They're one to two millimeters. So the penile vascular flow is a barometer of overall vacular health.

Okay. If the Penile vessels are one two to millimeters and the coronary is three to four, the carotid is five to six. So that's gonna be the first blood vessel affected.

So loss of a nocturnal erection, loss a morning erections. Those are all signs that there's something going on with your blood flow or if you have trouble maintaining an erector.

That would fall under the category of erectal dysfunction also. And that something that people have to understand. It's not just not being able to get it up, but it's being to maintain it through sexual intercourse as well too.

I say like it has to be. So there's some obvious things, but it comes down to one general category. You can have

inconsistency, so you can get it. But maybe there is one or two times that they can't maintain or can not get an erection.

That's a first sign. Obviously that plays a huge psychological component with men. Oh, I bet. Yeah, that's huge. And then like getting it, losing it and people will talk about a venous leak versus arterial blood flow.

Acoustic shock wave regenerative treatments are going to treat both. They try to break that out into one versus the other, but the blood vessels, venous or arterial are gonna be regenerated.

And then even loss of sensation. So prolonged like inability to have an orgasm is a form of erectile dysfunction, not premature ejaculation. That's a whole nother treatment.

Which I want to touch up on that in a little bit as well too. But overall, the general category is if something is leading to sex not being satisfactory for the man, there's your answer.

Like that's not usual. So you don't have a drive to do it. You can't consistently get an erection. you're worried about getting an eruption. You can have an orgasm with sex.

Anything that is interfering with your sexual satisfaction is erectile dysfunction when it comes to the penis and erections. In your professional opinion, a man, a male, how long should they actually last during sexual intercourse?

So it's funny, we just did a recent podcast on the duration. And so there are lots of different studies. Do you know what, like women? The average duration, I'm gonna let you try and guess just to see what do you think like the average of sex is?

So I was on Instagram the other day and there was like one of these like, you know, YouTubers that walk around the streets by the nightclubs and interview people.

And he was asking females like how long do men typically last? And the averaged was seven minutes. So, i'm going to go with seven minute. So I think the average was three.

Shockwave, PRP, and Regenerative ED Treatments

Three. It was between three and five. And so but I. Think like three point one and maybe like the range was 3 to 5. Do you know what women wanted it to how long women.

Wanted it. To last. Shoot. Tell me. 25 minutes. That's going to be tough for a lot of guys. On average, the women wanted it to last 25 and it was lasting three to five minutes, I think it brings up a couple of points.

In UK, it's interesting, this study was done out of Australia, but Australia wasn't one of the five countries studied, which is kind of odd, but UK was the longest at 10 minutes.

Oh wow. What are they, what's in the water over there? I don't know what they're doing over here. They were the longest for sure. But it comes to the point that I think men are probably more focused in on duration.

Obviously the women were, they wanted it longer. And that was just penetrative sex. There wasn't any foreplay with that. But I thing what is more important, and I thin women as they get older are more straight forward with it, But what men need to be aware of is the clitoris plays a huge role.

That's the only function of the Clitorus is a sexual, it's a, sexual organ has 7,000 nerve endings more than the penis. And so without that stimulation, which again is on the outside, what you see is, the glands of a cliteris equivalent to the penis, but not as extending out as far, right?

But there's legs on both sides and around the vaginal canal. So that external stimulation and arousal is important. I

think you can almost get a woman close to, you know, orgasm, very close, then penetration doesn't have to last that long.

Right. Because you've had those other… And a lot of women will say about 80% of them don't think they have G-spot orgasms. But again, they're so closely related.

Is it really solely a G spot, which is not technically a spot? But anyhow, it involves the clitoris too. So that external component and arousal, then men wouldn't have to be as focused in on the penetrative sex.

Or part of it. You don't have to last as long. I mean, this is something people have really to think about here. The average of five minutes and then women that want 25 to 30 minutes.

Something has to be done. There has be some kind of compromise. We've got to work on something. So with men… With men, when we're talking about erectile dysfunction and the blood flow issue, most people are familiar with the Cialis and Viagra that's out there.

And that works on the cardiovascular system to increase that bloodflow. But one of the things that people have to also recognize is that it's kind of like a band-aid.

It's not actually fixing the root cause of blood-flow issue. There's a lot of… issues that can feed into the blood flow issue. So you mentioned something about the low frequency shockwave therapy.

How does that actually correct that bloodflow issue in males? So I think whenever we're doing regeneration, and for men, you know, that acoustic shock wave, however you want to call it, like, again, there's different companies that do it.

But that low, It's outside of the body acoustic wave communicating with the internal vascular system. But it's basically every regenerative treatment is communicating some kind of injury pattern.

So you're communicating the tissue telling it it is injured and then to repair. All the growth factors that happen with repairs. I always explain to patients, especially when it comes to injectable or PRP treatments, but it the same with acoustic shock wave.

When you are communicating an injury, You have a cut to an arm, you have the platelets that go, they stop the bleeding. And the plaitlets have growth factors in them.

So first is your bleeding stops. Then those growth factor in the platelets, and if you are doing injectable PRP treatments, then you're getting a concentration of platlets which have bunch of growths factors that are now released to the tissue around the cut.

They are communicating with the stem cells in area. Same thing is happening with acoustic shock wave. And then you have all those growth factors. You have regeneration.

So those are vascular growth factor. Those are soft tissue growth vectors. But it's stem cells in the area. so you're gonna regenerate penile tissue. And so again, better collagen, elastin, fibrous linings.

Vascular and nerves. Delayed ejaculation or decreased sensitivity is treated with acoustic shockwave, but it is all an injury pattern. And you, you do it alongside with like the P shot and the exosomes that are out there.

Yeah. So I think that always pairing, I love to do again, that communication with the overall tissue. Like an acoustic shockwave, whatever, device or.

you know, different places call it different things, but just finding an office that you trust, right? That is reputable and that your trust. That it's communicating with the overall tissue when you're doing it everywhere, because you are doing that over the penis, into the scrotum, or into that perineum.

Not the scrotum because that would be painful. And then you dumping a bunch of growth factors in after so they're hearing that. So even if they are a series of gains wave or acoustic shock wave, whatever you want to call is, the um you're doing the the series because most men will need a series but again scoring systems that you can evaluate the erectile dysfunction going on.

That's the shim score. The shims yeah and so that gives you a number and that's five to 25 so if you know you are 25 and just think 25 being you're 25 and no issues whatsoever.

Or five, you've had a prostate surgery, nerve injury potentially, is it coming back or not? But hardly have any or no function. You want to get to the 20s.

So usually a series of something, and that can be exosomes, an injection, a PRP. But I think that when people ask about PRP versus exosomes, you're really taking your growth factors with PRPs.

So somebody is hesitant to add young, healthy growth vectors. But the further advanced you are with erectile changes, the better it is to ad exasomes to it.

I love this, because this is like, we're focused on correcting the root cause, where sometimes you correct it and you don't even need some of these medications that are out there.

Now, so Cialis Viagra works on the cardiovascular system. There's a peptide that has become very popular, the PT-141, which works both on males and females.

That works in the central nervous system, So that, I mean, we just hear people talk about that. It is the best thing since sliced bread. Give us some graphic details of what it really does and what your patients are saying about the PT-141.

Everyone loves PT 141, but when are they going to love it? You know, because the orgasmic strength is incredible. So that's the feedback, right? For both men and women, they can both use it.

And I think when you bring up all the different things that you're bringing up, what you are pointing out is that it has to be a comprehensive treatment because it is multifactorial.

For sure. So there's a psychological component. If you're hitting it with a peptide that works neurologically, it's the melanocortin system. It's whole different system, but if a guy has that confidence issue because he's had some erection issues, you regenerating, and you want to give them that competence back, then they can get erections spontaneously.

thinking, do we really want them to have spontaneous erections? But it has not been an issue. I have not heard any feedback about, so I still think, you know, that stimulation, but then they're more confident that they'll get the erection when they want it.

But everyone loves it, like orgasmic strength is incredible but erectile dysfunction and like ED, is huge, so just better erections, not just orgasmic strength.

But when are they going to love it? Because they get a little nauseated maybe. Initially, right. Is it work in 30 minutes or is it five hours? So you got to find your timing.

So I don't recommend it on, you know, your honeymoon the first time because you might get nausea. Vomiting yeah, but everyone loves it. Like I have Patience rave about now PT one for one that was actually FDA approved for females for female Yeah, the leasing whichever it was said for for a female hyposexual desire and it gets them going Yeah So now how does it work on females versus males?

I obviously with males it get some erect and with females, what are they experiencing? So do you think before we get to that, do think it's interesting that we actually have a peptide approved by the FDA for a hypoactive sexual

desire disorder for women, but we don't have testosterone yet approved?

That's crazy. That is crazy when you're thinking about it. It's like, so women need testosterone, most circulating hormone in their bodies too. And so people are amazed by that.

You know, it is 10 times higher than estrogen. And a female just estrogen is the dominant hormone for a woman. And again, both men and women have both of those men just have a higher 10 times higher than women to have testosterone and we have higher estrogen than men.

But both need to be optimized. We don't have it. Testosterone approved FDA product for women. So you know, whether you're using pellets or testosterone injections, you, know when you were talking about creams, that's a compounded, which is a whole nother topic.

And so that how you would optimize, but we have PT 141. So it's one dose, one injectable, again, also doesn't allow you to titrate that because you don't need a one-dose for everyone.

That's the problem with manufacturing conventional medications that are FDA approved. It's usually a one size fits all. You can't customize. But it works the same way.

So it's a neurologic, better orgasmic strength for women too. And so again, but women are just like men. Its a comprehensive, its multifactorial. There's hormonal, psychological, there's all of that.

Yeah, you've got to hit it from all the different angles and address everything. Now, I do know with males, there's other things that contribute to sexual health issues.

There's Peyronie's disease, which there are a lot of guys that walk around and they just think, okay, well, my penis walks around with a curve. It's okay.

And they don't understand that there're some issues there. Some plaque that's been built up. But let's talk a little bit about peronies and I know some of the shockwave can help with that as well, too.

I'll let you kind of go deep as the medical expert on that. So perone's again, there's a curvature, so there is a scar tissue. And a lot of men, There's no recall of what happened.

Was it a fully placement, you know, a simple outpatient procedure? Was It an injury during sex? A lot men can't actually report what happens. but they start to notice a curvature.

So wherever you're curving is where the scar tissue is. It's just contracting down and you get curvature in that direction. Does it get worse over time?

Progressive with time and then pain and also ED. Wow. And it's actually painful for the partner too. Yeah. Its pain for both and it is progressive. Especially if it hitting certain areas that it shouldn't be hitting.

Even the progressive part is interesting because patients will you know, how many treatments do I need to do for Peyronie's or ED? You know is it a one time, you now injection, is that a onetime gains wave and I'm sure you, kind of hear this occasionally and it's like there is a no one-time, one and done in life period.

And the one thing that is guarantee is, it is progressive with time.

Peyronie's Disease and Penis Enhancement

So erectile changes are progressive time in 100% of men at 80 have erectile, and it's 50 at 50, 60 at 60, 70% at 70, so it is progressive in pronies is the same.

So that curvature happens and the best way to treat that is with acoustic shockwave communication to get

realigning of the scar tissue, which is collagen and injecting PRP into that area too, because your other options that include, you know, traditional options are again, a collagen breakdown injectable, Which actually can set you up for a potential fracture of the penis because that scar is now weaker and surgery, and no one's looking for surgery.

Especially down there. But vacuum erection devices are great with all of because that's your home. We have our part in it, but the patient has their part, and so getting healthy and being active, it's multifactorial.

Getting active. Not smoking any longer. you know, just all the things that you can do, but also vacuum erection devices are part of it, because it's gonna pull blood flow in and stretch it out.

And that's part the protocol, so for the men that are listening, and we just started talking about this curvature, right, there's going to be quite a few men who are going listening to this podcast, where they're gonna go walk into the bathroom after they listen to the podcast.

Man, my penis curves to the left, to right, up, down, something. What do you recommend if they hear this podcast and they're like, I never knew I had peronies.

Well, what's the first step at that point? I think being evaluated, if you're really concerned, you know, most, It's something that they do pick up and recognize.

And I think most are probably looking at and can get enough information online. But if there's a curvature that's starting to be very obvious, you know.

I think that you need to at least have that looked at. But when you talk to the urologist, again, there's very standard, but only a couple options there and none of them are good.

So I you have to start looking, and this is where patients are more proactive than providers in medicine in this, they're looking for solutions that aren't traditional.

They're for something that doesn't involve a med, a surgery. And regeneration doesn' have side effects that come with it. But there is an investment in time and money and just educating on that because there's a commitment on the patient's part and on our part.

Education's key. People just have to know first. One of the things that, I actually got this question the other day from a patient and their ask from us was I want to perform like a porn star.

And the first thing I said is, well, listen, this is like me watching a Superman movie and say, hey, I want to fly. Like it's a movie, right? You know, you want be like a porn star.

We can help you try to get there. But at the same time, when you're watching these pornographic movies, like, there's different scenes, they cut it, They turn it off.

There's, a stunt guy that comes in, their zooming up. Is it realistic for guys to be able to perform like how some of these people do on TV? Oh God, that's a great question.

And I guess a very diverse answer could be the answer because it gets, it depends on what kind of porn they're watching too. Like if you're like watching erotic porn or sensual, like you probably are more about the clitters than the external and getting the woman aroused than just the penis.

They want to go. The guys that talked to us, I want, to last for an hour. I wanna just keep on going. It's like, You know, we're talking about erectile dysfunction.

We're talkin' about libido, but at the same time, there's another part that we just started talkin about, which is the performance. You now, where we have guys that come in that don't have erectal dysfunction, don' have decreased libito, But they just wanna perform.

They wanna last longer, they wanna be thicker, They want to be longer. And a lot of the things that were talkin bout will help these gentlemen. So I think again, it's what they want and what the desire, which is why the answer would be, what are they watching?

What do they wants from that? So that's lasting forever. It's not that these procedures won't give that 20 year old, you know, that ability to have a harder erection or again girth max type procedures, where you're injecting filler and making them larger.

Depends on what want. And I if it is important to the patient or the woman or the man, then having those conversations, seeing what they desire, and if it's important to them, it is important for us, too, to try and get them there.

Do you do those procedures, the filler? The filler, yeah. How is that? I haven't heard much about the fillers. Does it actually work? It works, yes. It's actually quite addictive, I think.

Like once they do it. There's no way to really make a penis longer. Potentially maybe a pump and there's a specific there like traction devices. I've seen out there too.

There's PE They're doing, you know home, um stretching, You know devices how many extra like inches you think a guy can get from like the penis pump? and or the track traction device so I think you're gonna see more about that on almost forums.

And we did a recent podcast on this, even just talking about, because we had not heard of the PE, and again, it's probably because I have a female office, we don't have the equipment, right?

And so we're not hearing it from internal discussions. But we got on forums and just, saw, and there's a lot of patients that actually report, a lotta men that report an enlargement, girth is already a known thing with the vacuum erection device's length, maybe not, but they do report it and they'll have the traction devices and the vaccuum erections devices that they're using.

and they have specific models they like, but they do report it. I don't advertise lengthening in any way, shape or form from my office because I can't promise them that and I want it to be very transparent and realistic.

And that's why I think it's talking to the man and if it is important to him, then it important for us to just be realistic, can we get you that or can not?

filler procedures are great. You know what I'm saying? How much grip can men actually get from something like this? Well, you're not gonna do more than a little bit at a time.

I shouldn't say a bit. Like I'll put up to three syringes on one side and then the other. you might get some lumps and bumps when you are doing that amount, but I do have a lot of men that will travel in because they can't get that anywhere.

Oh wow. But it's a matter of that working its way out and They love it and they want more. And so then you can repeat that. But what are the potential like side effects of doing it?

And like, you're not going as deep as the corpus cavernosum. So you really just going into the layer in between the fascia. So it's not gonna affect erections.

If you got blood, you're too deep, so you would be rerouting. So definitely you want that provider that knows how to do it and is reputable with it. But lumps and bumps are the biggest thing.

Just making sure those smooth out. There's certain things you don't wanna do right after, like anal sex would one of them. Anything too tight that's going to affect the filler for a good, So I would assume when the penis is flaccid, it's probably going to look a little awkward with the filler.

Until it smooths out. And how long does that filler typically last? So when you're in a system like that, but that is a used system, meaning that that's inactive.

So if you put filler in tissue that moving, then sometimes you'll get that to dissipate a bit quicker. But usually you're talking about a year and somebody's commenting again.

It's not bad. Most will come back before that to do it and I don't actually advertise it. So they're usually finding because we'll have something that we have done before on it but they'll look and all of Tennessee and can't find a provider doing it in our office.

So you're talking about the different vacuum devices. I'm familiar with there's one called the Kaplan device and has pretty good ratings and stuff. Is there a type of device that you typically recommend?

Do you recommend more of the manual device, electrical, battery operated ones? What's your recommendation? So we use the kaplan. It's actually termed the whopper because it has two cylinders.

the first the whopper is that like the hamburger whoppers yeah it's actually a funny name but the it has two cylinders with that one and that's the one that potentially might get you length The first cylinder is based on penis size, so it's small, medium and large.

So that same length. It's just a different girth. And then the second cylinder, is larger. You're supposed to put the scrotum in it as well. Then you have the suspensory ligament in there, potentially could get lengthening.

Again, it is not something that I'll advertise as a solid result of pumping or using in the vacuum erection devices because I think that's more of a male reported thing than I've actually seen in practice.

And when we're doing regenerative treatments, I don't also report that you're gonna get increased length. I just think you get harder erections and therefore length back.

But men report increased girth and potentially increased lengths. but we use the Kaplan, and so that's the one that we prefer to use, it's manual, not electric.

We recommend that to a lot of our patients that come into our sexual health division. Now, for the people that are listening here, its not just one thing, you've mentioned that multiple times on this podcast, You know, there's multiple things that have to be taken into consideration between hormones, doing the shockwave, dealing with the vacuum.

You now, all of these things play a part. And, you know even with a vacuum pump, part of it you have do it X amount of times a week, and then post that.

A day, okay. Usually we'll recommend 10 minutes twice a day. Twice a Day. for regeneration or active sex, but if they can't have sex. So you gotta bring your little thing to work and bring it with you.

Twice a day, yeah. It's just like pumping for breast milk, right? Same thing. What are you doing in the bathroom there? I know. People are knocking at the door at work.

We just need to get rooms for them. And then I've seen that there's a ring also to hold the blood after your pump. But what's the purpose of that? So with the ring, you could potentially have sex.

So a guy with that Chemoscore range, or in the lower end of the range could put that ring on, pump up, and then leave the bring on which constricts and leaves the blood flow in and actually, Is your technical name for that ring besides calling it a cock ring?

It's really. Yeah, that's pretty much basically it. The official term for it, but that is something that they can do. And actually that used for prostate rehabilitation after surgery.

Or I should say like erection rehabilitation, like penis rehabilitation. After a prostate surgery, because in the partners actually and the patients report a significant satisfaction with that.

Because they have to, like your prostate doesn't have a capsule and so frequently the nerve can be affected with the surgery and it's robotic surgery that's done.

But if it is affected, is it just an inflammation? Is it something that is more severe? And so rehabilitation is a normal part of that and vacuum erection devices are huge for that Awesome, awesome.

So I think we got the whole male stuff down. I mean, there's a lot and, you know, obviously we can't give everybody all of the information because everyone's little bit different.

And for any males or any medical practitioners that are treating males, we're here to provide you with more information, reach out. But now I want to go into more of females, right?

I think people talk a lot about male erectile dysfunction, sexual health, and sometimes we forget about the females. And there's a lotta different procedures out there that are very beneficial for females, especially females that have multiple kids.

Correct me if I'm wrong, prolapse and uterus issues. There's pelvic floor issues, females endometriosis, you know, they have scar tissue, so vaginal dryness.

So where do we start with the females? Sounds like a huge one because it's again, I think that there's such a gap in medicine for sexual wellness across the board for both men and women because the traditional offerings are very limited.

So you're talking about your band-aids, the Cialis Viagra. You're taking about potentially injections after that, right? And then maybe even penile implants for men.

So there's already a huge gap because there is a lot of regeneration that we've already talked about that you can do that. That you don't hear about, but patients are more proactive.

And so that's a big gap for man and for women. but women have been left in the dark for a long time. So we have low T clinics, right, for men. We have no low-T clinics for- For the women.

For men, but yeah, nothing for the woman, Right? But it is the most circulating abundant hormone in their body. I think we're starting to talk more about estrogen and progesterone and the WHI study being way behind.

And again, huge miscommunication and media hysteria way back in 2002, and women have been taken off hormones since then and have suffering symptoms since.

That systemic again, that's that whole body, like brain fog, energy, low libido, it's affecting sex, its affecting marriages. And then we get to the whole sexual dysfunction because as a woman hits 40 to 55, I say that the perimenopause with 51 being the average age for menopaus, we have a lot of symptoms but we're placed on medications now because they took hormones away.

which again, they didn't have to. But even physicians aren't yet prescribing that as much for women. And we have no FDA-approved products for testosterone, but we do for estrogen and progesterone.

Again, compounded stuff fit the bill a lot better because you can customize those. When we come to sexual regeneration, it's even more ridiculous. They have not sex drive, which all the sexual dysfunction that happens with low sex drives Vaginal dryness, the things that you've mentioned, orgasmic strength decreases, you have arousal issues, You have urinary incontinence, they've had vaginal deliveries, and then there's brain fog and energy and sleep and all those things also affect how a woman functions sexually, right?

Female Sexual Health and Vaginal Rejuvenation

So women across the board, there is about a 50%, almost 50% sexual dysfunction in menopause, but that happens a lot earlier And especially if we're not doing hormones and we are doing hysterectomies and were not explaining to them that their hormones must shut down and they're going to get depressions and anxieties.

So we put them on. Anti-depressants, anti-anxieties and sleep medicine. But regeneration is huge for them. We just don't do acoustic shock wave as much.

we do laser vaginal rejuvenation and it can be done internally. Again, communication pattern with the tissue just to regenerate nerves and blood vessels so better orgasmic strength.

you get all the functional improvement. You get better blood flow, better orgasmic strength, tightening. So it's something that also might be beneficial to the partner.

And so you have all of that improvement in incontinence. That's the regeneration part, but optimizing them hormonally so that the tissue responds is important.

Usually it is laser internal and then we do external stuff too. that tightens and can transform just the look externally is, you know, the vagina takes a beating over time, right?

So Dr. Daris, how young are you seeing some of these females coming in with sexual health issues? Again, that's a loaded question because things change with time.

Like it is changed. And I think when I opened my practice in 2019 at the current location, that women really had to be almost convinced of, like they would have all the complaints, but almost of worth in doing treatments where men would come ready to do them.

But that is completely switched. So we see a lot more women now than even men. And, what's interesting is the younger women, now, even having questions about what looks normal.

Like I think it's a social media thing where it almost an insecurity that's instilled. In the 20s. I have multiple staff alone, we're sitting there having a conversation looking at before and after of like a vaginal external treatment we do called the for beam.

We're taking a picture we're looking at and I have three staff in their 20s sitting there like almost red-faced wanting to ask questions because they feel like this wasn't normal for them or this I was like what are you possibly talking about?

You're in your 20s. I'm sure it's all normal, and it was. It's just knowing the anatomy and knowing that the labia majora and the minora, you're gonna see that.

So I don't know if it is a social media thing and instilling insecurity. In social medial, I've sort of noticed a lot of these plastic surgeons are promoting the Labiaplasty, right?

Where they're cutting off the lips. It's given it a different look. So do you think that a lot of these younger females that haven't had that procedure are thinking, hey, this is what I'm supposed to look like.

And now it's causing some kind of insecurity with them? No, I think they need education. first is education, that it's normal. Like every vagina looks different.

It's just like a fingerprint. Every single vagina look different, but it is not abnormal. I mean it very rare for that to be an abnormal needing surgery.

But most of the time there's been a gynecologist along the way that has told you that you have excess labia, you

know, that would require surgery. It's only when you've excess tissue or maybe an adhesion and the clitoral hood is adhesed to the Clitoris that's interfering with sexual function.

But other than that, most of it is normal, but labiaplasty has increased, which is why I say it has changed over time. Over the last five years, it's increased by 75%. One plastic surgeon with a recent conference, Cosmetic Gynecology Conference in Miami, just recently had reported in 100, and it was an international conference.

150% increase in his practice. And when he asked why he thought that was, he though that it was because not enough people are doing the surgery. I think it's because of an insecurity we're instilling in our young women on social media.

that I had three 20-year-olds in my office alone asking about what was normal. So that's what prompted me and that was before the conference. I think most don't need surgery.

We do have lasers that treat that and we have multiple lasers treat internal and external. One of them does an amazing transformation externally. Anything that is normal but bothersome, again, if it's important to the patient, then it should be important to have less.

I would only assume that if, you know, there's too much down there for the female, it could cause potential painful intercourse, right? And this is just an assumption on my end, because I'm not too familiar with the sexual health medical side with females, is that a lot of them are probably seeking these type of procedures, even with a laser, No, most of them young are actually, so I think the ones that have had painful intercourse have probably already seen their gynecologist for that and have been told that they have excess tissue of some sort.

But that's not usually, usually it's something really minor that is bothering them. And sometimes it is women going through a bad relationship. Like again, sex isn't happening and now they want it more than the man does and they're starting to just question.

So I feel like most of it minor things that they want to see, but in their mind, it's very big. And so I tell them, if I look at you and do an exam and I say you're nothing special, that's actually a good thing.

Because what I'm saying is really like, you don't have anything that can't be treated non-surgically. You don' need a labiaplasty. We have that joke with patients because they're actually feeling very insecure, even prolapse.

which you talked about, we've had at least one lady who loved hiking and she absolutely loved. Hiking was giving it up because her gynecologist had scared her.

She thought her uterus was going to fall out when she was hiking because she had prolapse. That is actually not uncommon either. There's probably what usually causes that.

it's just vaginal deliveries, most of the time hormonal changes. And so you really just get a weakening of one of walls of a vaginial canal. To break it down for the people who don't know what a prolapsed uterus is, like what is it?

What's happening? So what you're talking about really is a prolapse of something. It can be a rectal prolapse. So like the vagina canal is long and the cervix is at the end and in the front you have the bladder and bladder can actually prolapse into the uterus or into that vaginal canal.

You can have a uterus prolaps or you can ever rectal. What that is is just weakening of the vagina wall tissue, which is pretty normal after vagin deliveries or hormonal changes as we're getting older.

So there's very few women that you're not going to do a pelvic exam on, bring the speculum out and see some kind of kind collapsing of the vaginal wall as you bring it out.

But I think if we started to vaginol laser treatments internally, in between children, we actually probably would never progress to have that perimenopause and menopaus, but vaginal treatments are going to tighten most of that up.

Are there any exercises that help with that as well too? Well, kegels are like something they talk about with incontinence. And so, you know, the pelvic floor also weakens and there's even an EMS treatment that you can do that.

tightens up the pelvic floor too. But Kegels, everyone talks about that. If they truly worked, we would have no women with incontinence, but we have a significant problem with Incontinance with women as we hit perimenopause and menopausus.

It's actually quite common with young girls too, so it's something we're seeing and hearing a lot more in our young women, as well. So when we talk about vaginal rejuvenation, it helps tighten the vaginial area, too?

Yeah. So if you're looking at the vaginal canal, so like the Vaginal Canal is long and again, that lengthens during sex, there's different things that happen.

But if think as we get older, it's really like an accordion that turns into a PVC pipe eventually when you have hormonal decline. It's almost like that equivalent again of the man and the corpus cavernosum that has the blood flow being a sponge.

If you leave the sponge out of package and it dried up and not healthy. It's hard, right? You take it new out of the package, it's nice and spongy. So that's where you're trying to like regenerate that tissue to be healthy and have lots of blood flow.

For women, you want that vaginal canal to healthy again. If you do the laser internally, and we have multiple different ones, Most of those are just heating externally.

So you're not, you are penetrating the vaginal canal but it's just a surface heating and again a communication pattern of injury to improve blood flow and bloodflow is lubrication.

Vaginal pain, vagina dryness, but increased nerve regeneration, so sensitivity, increased orgasmic strength. You can focus in on the anterior vaginol wall.

and we discussed that that's the bladder, the space in between the urethra and the ladder and get support of that again because that something that weakens over time with vaginal deliveries and hormonal changes in age.

But so you get functional improvement of all of fat when you're doing a laser and diffusely heating and then you are dumping in growth factors when your doing PRP or an O-shot or injectable along with that.

So pairing those you having like an exponential communication of injury with the tissue from there. It's just a different repair. I tell you, the science and technology has come so far.

And for the guys that are out here listening about vaginal rejuvenation for your significant other, when you're telling the labor and delivery doctor, hey, put a few extra stitches, that's not gonna fix it.

But we're talking about here is what's going to actually get the results of what these guys are looking for with with their significant other. So we go without even telling women there's any potential.

Right. It is you have vaginal deliveries of a huge baby through a very small tissue. Obviously, it's expansive and It's elastic, it's going to come back to you, but not ever to the same degree.

But there are things you can do to communicate with that tissue and so even if we're talking about injections for men or against Cialis Viagra, you can do that for women too.

It increases blood flow, increases that nitric oxide production and then having a supplement that also helps you with a specific pathway that might again, break down after we start to age.

That can happen with women, too, and bloodflow is needed for arousal and lubrication. But we don't talk about that with woman. And now when we do videos, we still get questions about can women use that too?

So women, there's no gynecologist prescribing a Viagra Cialis for women and there are low doses of them, low dose combinations you can do for men and for woman that help and work.

But the regeneration, even incontinence being again about 50% of women as they get older, The only American Urologic Society and NIH and recent guidelines in 2023 still only included medications and surgery.

We're talking about Botox injections into like the bladder wall. Like not good options and medications that help with incontinence when we can regenerate without any side effects.

And there's studies to support the safety of lasers, but there is not one regenerative treatment recommended for those societies as of 2023. There's just a lot of work we need to do to close that gap in medicine for both men and for women.

Now, Dr. Durst, I've heard of, and I have heard about this stuff, that the technology for vaginal rejuvenation is so good that there's even young women in their 20s that are part of certain religion groups and stuff that they're not supposed to have sex before marriage.

that they go through these procedures before getting married and their husbands have no clue and they think they're aversion from how good the technology works.

I don't know if you've heard anything like that before. But I've had at least one husband and it wasn't in a bad way. We just have conversations. And he was in for something and he's like, oh, my wife can do vaginal rejuvenation and be tighter.

Oh, I'm gonna schedule her an appointment, but we know her too. So it wasn't, and she was all for it. It's a matter of having communication. She said, no doubt.

I don't doubt that they can get that because it does tighten. And then you can also have, we have that surface heating, there's another one where you're penetrating needles with the surface heatings.

Like radio frequency microneedling that you could do. Sounds painful. like if you do Morpheus on the face or a radio frequency microneedling on your face, you can do that vaginally.

And it's actually more painful when you're doing it on face than it is vaginally. We have techniques where we're numbing, but I really think that tissue is meant more for a blunt force than for penetrative needle, sharp force.

So they actually do quite well with that, but if they have more severe urinary incontinence or orgasmic stuff that we might wanna address, then you're just driving the energy deeper into the tissue.

How many sessions would you say to actually get to the desired result? How may sessions typically do women go through? So typically across the board, you were almost looking at three, again, laser treatments a month apart with a PRP or a shot added in.

But we'll do FSFI scoring systems. There's also an incontinence scoring too that you can do. So that's at least a starting point. If they are older, have hormonal changes, vaginal delivery, already starting to have symptoms, more severe symptoms may need more.

We'll kind of lay out a treatment plan at the beginning with women and then go from there and assess but we usually will say again if we recommend a series and an o shot if you choose something different because you You know, we're gonna support you in whatever choice you make right if your not happy with the results and there's probably a reason for it.

Because there is a recommended treatment plan aesthetically, you know, for everything, right? And so if we put somebody medically on high blood pressure medicine and traditional medicine, but they don't stop smoking, they work out, and they do not lose weight, we are surprised that their blood pressures are still high and we're going up on it, it was a treatment plant.

And one party did their part and the other party didn't. So I like to just be transparent with people, what I think is gonna be needed to get the results, because that's really what we're going for.

And we have a lot of experience with that. But you can do external stuff. Just say there is, and that is not such a normal thing. and we used to do it with one of our surface lasers, but now, again, we started doing almost a vaginal facelift with a laser because we do a non-surgical facelet with the laser on the face and now applied that protocol to the vaginial area with transformative results.

So most women don't need cutting unless if you can hold. They can do with lasers. Right. Yeah. Vaginal dryness. I know that there's a lot of things that can affect that, even in younger women, you know, medications that they're on or whatever it is.

What type of procedures are you doing to help with bringing moisture back? It's still the same because those lasers are going to functionally treat everything.

So like your injury is nerves, which orgasmic strength, collagen, elastin, tighter, more elastic, but also blood and blood vessel regenerate or blood, vessel regeneration.

Dryness is in lubrication is a function of blood flow. The better bloodflow you have, the more regeneration, better. Blood flow, The more lubrications you So even with breast cancer, patients that might not be able to get hormones, vaginal laser rejuvenation is not contraindicated with that.

So they can still get improvement, and you can also still do vagina estrogens that aren't estradiol that can improve vagin health and are great because frequent urinary tract infections.

also happen. You know, we have a very short urethra and things aren't healthy down there and post breast cancer and treatment, vaginal dryness is very common, but you can actually use some estrogen that is an estradiol that isn't going to raise your estrogen in your bloodstream and get some rejuvenation.

And I think hormones is a huge part for women. We have done a. Huge disservice for. Women in the US, but actually, you know, worldwide, we're just starting to address that misinformation from 2002, But it's still very weak.

I think that as soon as we think we make progress, we'll have an opinion piece that pops up in a very reputable medical journal that is doubling down on that same.

Those were synthetic hormones. We use bioidentical, compounding pharmacies aren't bad. It's more customized, it's filled a gap in medicine for a long time.

And so as long as you have a hormone specialist or a provider that's treating the right way and following, You know, again, everything should not be insurance-based because you don't want insurance companies dictating your care.

Yeah, you definitely don' want that. And you also don"t want physicians to be, their care is dictated by insurance company. I mean, do you really want an insurance to dictate the kind of care you get?

I don. So some things are going to have to be, it's like the leased car. You go and you lease a car versus buying an older one because you're gonna have things that are covered by a lease.

So you don't want the major expenses. Insurance, they're for the measure expenses, but things would actually make you feel better. you still have replace tires and brakes because everyone has them go bad.

And you have them to drive. It's the same thing with cash-based medical procedures. I think people are attached to the fact that something has to from an insurance company and improved and by a traditional doctor, but we're way far behind in medicine and we probably won't even see that change in our lifetime.

So unfortunately. I think one of the most important things is for the person that's seeking some of this help for sexual health is finding a medical practitioner like yourself that is really dialed in with a lot of these alternative treatments that really work.

that are, in my opinion, more of the definitive treatment on fixing what the root cause is. Yeah. You want to get to the cause. And again, it is multifactorial.

It has to be comprehensive. So if somebody throws like an acoustic shockwave in an office, I've had tons of, you know, patients that come in, I had that, it didn't work.

But if you're not comprehensively addressing it, and you, again, think you might know what might get the results, but if it's more severe, don't respond, not doing your part, just assessing and then further adjusting as you need to, but you gotta be comprehensive.

And there has to be a commitment both ways, But I think there also has be to a fit. The patient has a to fit for the provider or office, and not every patient's a bit for my practice.

But, I'm not a for everyone else, either. So, that's okay. That's, okay, we're gonna all attract the right one, like the fit, if patients are empowered, and they can make a difference and without traditional meds and surgery, they should do it.

I would educate and empower them to make those decisions and not wait for an insurance company to tell them, make the investment into your own health, your sexual health.

Don't wait. For the insurance companies to do it and take that deep dive. You know what? Take that. Deep dive in. And you know, you'll, see the positive side from it.

Yeah. I mean, we only have one body. Right. So again, fitness and nutrition is not a medicine based thing. We don't do a good job with that either. We don't do a good job with sex.

Good job of talking about it, but we only have one body. We have relationships that determines our joy in life. And so yeah, you got to take care of it.

If we didn't know there was house maintenance and we have a house that's 80 years old and were just finding out there's a lot of maintenance. So the sooner you notice changes, the quicker you get on things, The healthier you keep.

Be proactive about it. The experts are out here. You're here, you're talking on it, is there anything else that you would like to touch up on when it comes to sexual health with the females or any of that?

I think the biggest thing for me. So when I opened my practice and the new location was in 2019, And again, it was just me going through things and we talked before the podcast a long time in the ER, just noticing changes and then you go to a first anti-aging, you realize that there's all kinds of solutions, but you don't know about them.

And as a medical traditional trained doctor, I knew nothing about it. So as I'm starting to do it and feel better and you bring it into practice, when I opened the practice the sexual wellness piece is the part that took off immediately.

The second is women's health. So if I was to say anything, women have been so left behind. Like we're talking about nothing approved for really getting at the root cause for women.

But there are a ton of safe procedures, hormones being one of them, going to a hormone specialist, readdressing

the fact that, yes, estrogen is good, we're doing bioidentical, yeah, it might be compounding.

We don't need to do the fear tactics we've been doing since 2002 with women, but we need add testosterone onto that too and optimize them because they don t need be on anti-anxiety, antidepressants, sleep medicine, you know, a peptide injectable first.

we can optimize their hormones, including testosterone, and get them active and healthy. And then obviously peptides are part of it, but I think women just need to know that they're gonna have to make those decisions and learn it because every single day, all day long, it's patient after patient.

And we see a lot more women now just because of the change over the last five years because they are online. They see their solutions and they aren't worried about it and their not happy.

So I the more providers we can get, doing this, the more I mean, you know, that your book talks about it, there's a gap. There's A lot of providers that want to get out of traditional medicine are very unhappy, and don't really know how to do that.

Right. But there are a lot patients for looking for procedures that aren't traditional. And so there's a huge opportunity for them right there. Yeah. You know, Dr.

Durst, I really appreciate what you've done and some of the stuff you're saying here. One of things that I want to make sure that these medical providers that are listening in right now is they have to put in the effort themselves and learn about female sexual health, about females hormones.

Um, in one thing that I've noticed is there medical providers who get into this industry more of the age management or functional medicine, sometimes they get a little lazy and they want the easy way out and doing male hormones.

It's the easier one, right? Females are a bit more complex. Um but it's not something that you can't learn. You just have to Learn it. You know, there's a lot of different organizations out there, accredited organizations, that will put you through the different type of testing, the urine hormones, blood hormones.

Every type testing that's out their for you to really understand these females that are coming into practice. And really the medical providers that out they're that not really treating females, I think that a untouched market that if you specialize in it, you can do very, very well financially on a business standpoint.

So it's just, they have to make that commitment and start learning about female hormones. I think there's so many points to what you just said that are valid beyond belief, right?

Is that physicians have never been great business people. And I wouldn't have known that until I ventured out into my first business, but I will say that the perseverance and the drive it took to do that.

And, I was doing it at a different age. You know, it wasn't starting at 19. I wish I had, because I love the business aspect of it. But I think that they do need to learn outside of traditional medicine.

So when you hear physicians now shutting down hormones, and I, men are more accepted, than women, but they're gonna do one of two things with women. They're either gonna scare them or they gonna refer them out because they don't know.

And I would prefer the second. But they are doing that because there's no incentive for them learning that pathway, right? Because we're going to do what we are taught and 50% of what learned in med school and I'd say way more than that is not true by the time we get out and practice.

Sometimes the way we learn hormones might not even be practical, so you have to, at first, and now that's progressed, where providers can learn it a lot easier in a practical way.

But I think what you bring up is that we can offer regenerative treatments. Hormones are a harder thing to learn, but the sexual wellness isn't. And it's safe.

So if they even want to get out by doing that first. You can remotely work with somebody that does hormones, You know, like your, you know businesses or, or mine where we can kind of manage a guide in some way where there's a collaboration, at least do the sexual wellness part of it, because that is something that's easier to learn in an untapped market and a hugely needed market.

So that would be my suggestion. And you're right. Like again, we wouldn't have mainly physicians employed right now, not even owning their own practices.

if what you said wasn't true. So I think it's time for a little change. Absolutely, I agree. And we're here to support it. I always make myself available as much as possible to help providers get where they need to be and help their patients achieve their health and wellness goals.

Well, and I think as you started, you know, your business in liquefied, I, think it's expanded as. You've seen the need for it, right? Absolutely. And I.

Think that's going to continue and that. Is going. To grow because I? Think there's a lot of physicians and providers extremely unhappy. Yeah. Extremely unhappy, very, they're there to help patients, but they.

Are being told how they can help. Patients. So. I think that that provides an opportunity for somebody. You don't have to create a new path, you know, now there's some pathways that exist that exists and the sexual wellness piece of it can be an easier and safer thing for them to start with, even if they never got into the hormone.

And just as long as they have somebody else managing that hormonal component. that does it well and they can make it happen. Yeah. Teamwork makes the dream work.

Right. So Dr. Durst, if people want to find you, how do they find? So I'm on YouTube. Like we have a channel on Youtube, um, revitalize empty. And again, that channel started a while back of video podcasts.

We're also on all the podcast channels and on Instagram. And I think for me, the big change for that's coming is really doing probably a different YouTube channel with just my stuff so that I can talk about even business stuff that my viewers don't necessarily want to hear on the other.

But I think that just getting out there and doing it and looking, if you look at me or revitalize, it's just us talking about almost sexual wellness now, but I love the business aspect of it.

And there's other things I want to talk about. but I'm not sure my patients really care to hear much about that. So it's easy to find, but there's been such a grind in the build out over the last seven years that I am just getting to the point of creating more avenues of education.

for patients. Do you guys have an Instagram page? We do. Yeah. What is it? Dr. Deborah Durst. Awesome. But I just did that personal one again versus the business.

So we're just kind of, again, the marketing piece evolving right now because that's the part we love because you need to get the information out there.

And I love the video podcast. I really thank you for inviting me down. So this is another sexual health podcast. You got a lot of information. Always remember if you're in love, wear the glove.

All right. Make sure you subscribe, follow, like, share, do all the fun stuff until the next one. Again, Sam with a healthy point of view podcast