Introduction and Dr. Rajkau2019s Story

All right, everybody. Welcome back to another amazing session of the solving sexual dysfunction summit. And so we have with us today Dr. Rajka Milanovic Galbraith.

So thank you so much, Dr. Rajka, for being with us. Dear Betsy, Dr. Betsy, thank you so much for having me. You and I are like minded and I know we both love educating, so I'm super thrilled to be here.

Thank you. You know, I. Always just like everyone's back story and I love people talking about, you know, talking about themselves because you do so much and really are just an amazing physician.

How did you end up in your area of medicine? It's a little bit of a story. I hope you have a cup of coffee for your listeners out there. You know, I had a dream when I was a little girl being a doctor ever since I was five years old.

And I just wanted to go on to get married, have my own children. And the third dream was to cure everyone. And when I came out, I realized pretty quickly that I wasn't curing anyone and I couldn't solve the simplest complaints and the most common complaint.

Then and even today in your primary care office is fatigue. And we were taught that if someone came in fatigue, you did an exam. And now with the seven minute visits, I don't think exams are happening like they used to.

We order labs. And when the labs came back normal and you and I know normal labs, there's always subtle abnormalities. They're usually suboptimal. You were to suggest that they were depressed and offer them an antidepressant like Prozac.

And you and I both know and I knew in my heart of hearts these people weren't depressed and it wasn't a Prozac deficiency. And little did I know at the time that I was pretty fatigued and I just wasn't actualizing it.

I mean, so much so that I fell asleep on dates. Can you imagine my love life to fall asleep on a date on more than one occasion? And I even fell asleep at the inaugural Rock and Roll Hall of Fame concert.

That was back in 1995. I got to listen to Bruce Springsteen, one of my personal favorites from growing up, and it was Lights Out and it had nothing to do with alcohol or drinking.

I don't even think I was was over age. I probably was of age, but I just was so tired. Why would I drink? And I don't remember a single thing. And, you know, it was one thing to have colleagues label me as lazy, which was very upsetting, but then friends would joke and they take bets on when it would be lights out for Rajka.

And but at least I could stomach, you know, when it was my my friends jesting. And so it just what culminated is it felt like I got diagnosis after diagnosis.

And I really wish then someone would have said, it's not your thyroid. And I have to agree with the allopathic doctors. It wasn't my thyroid. It was everything that led to the thyroid dysfunction that nobody uncovered, that led to the next symptoms, PMS and infertility and endometriosis and vision.

Losing migraines, for goodness sake. I thought I had had had a stroke when that happened. I was actually pregnant at the time to weight gain around perimenopause and it culminated in where my liver was failing and they didn't know why.

So here we are on this celebratory trip. We we'd spent eight years living abroad and were celebrating to be able to go home and visit with and be with our friends and family that we so dearly missed because we didn't see them as

often.

And we chose Sri Lanka because it was a quick, you know, quick little flight for ours to come and go. We rented a villa, we had a swimming pool. It was like should have been the happiest time of my life because I had achieved having those children.

I had become that doctor. I was married and I was kind of on the verge of figuring it out. I had already found functional medicine, but had only just started training and I was sitting there watching my kids and they were screaming, Watch me, mama, watch me, mama.

And all I could think of was, This is how it ends. I'm going to leave these children without a mommy. And the next thoughts that come to my mind were they're not going to have a mommy see them graduate from high school or college or get married or even be there when their own children were born to guide them through.

As my mom had guided me for many years and decades, and they wouldn't have a mommy to sing songs, lullabies to those children. And right after that trip, I made this conscious decision.

I am not leaving my children motherless.

Understanding Fatigue and the 3D Protocol

And I found a functional medicine mentor who was a colleague who I trained under. And he guided me through, and much to the surprise of my doctors, I reversed that liver failure and I never got the diagnosis of autoimmune hepatitis that they were convinced I had.

This carries a mortality, a death rate of 50% in 3 to 5 years. If the person doesn't take steroids now, things may have changed. Now they may use other drugs.

But that was the stats then. And it's been ten years. I have never been given that diagnosis. I've never in my life taken steroids. And in those ten years I've learned functional medicine like the back of my hand.

I've now gone on to heal thousands, if not tens of thousands of people by utilizing this knowledge. And I even became a best selling author just a few short weeks ago when I released my protocols in a book called Energized Feel Fantastic Forever, so that now my dream of, you know, curing everyone can really manifest because it's not just could be thousands or tens of thousands, it's going to be in the millions.

So I can prevent needless suffering. Oh, my God. That's absolutely amazing. And, you know, it does really connect a lot of what's going on, especially when you're talking like this fatigue.

Like I think that that for a good portion of people is really I mean, not only is it affecting every aspect of life in employment and careers and but sex life, too.

So how do we combat this fatigue? Because I'm right when you're tired. That's it. Sex relationship. I think the last thing you want to be working on. That's absolutely right.

And all mothers out there, especially when they have that newborn in those first years of their lives where they're so sleep deprived. You're right. It's the last thing on your mind.

It's like maybe tomorrow, maybe next month, maybe next year. I'm so glad you asked. And that's what my book is. And it really walks the readers through my proprietary 3D protocol that leads to hormone balance.

So there's each aspect of it will elevate the energy, will balance the hormones so they can thrive. And what I didn't allude to is while I've labeled it the 3D protocol 3D is also multidimensional.

So there's three S's and three M's that also will factor in. And so focusing on the fatigue that First D is really

optimizing diet. And I have three top tips when it comes to diet for energy and just in general hormone balance.

One is that most people do not prioritize protein are getting too little. And I say unless you've got chronic kidney failure, you really should be eating one gram of protein per pound of ideal body weight.

So if you're an ideal bodyweight in your 125 pounds that should be 125 grams of protein divided through the day. And to give your audience just a visual on what that looks like, your palm is the size of about 30 grams of protein.

And so, you know, 30 times three is only 90. So you're going to need to if you're 125 pounds woman, need to eat about a palm and a half of any sort of meat nuts just to give you kind of a visual.

On the second thing people don't prioritize is diversifying the diet. So how many out there and I want the audience who can't we're not listening, you know, having them listen while we record.

But I want you to nod your head. Do you eat the same foods every day? Because that's shooting your diversity in the foot? And the second thing is, how many foods do you eat in a week?

Are you eating 15 or less? I mean, because that's what's going to restore the balance of our microbiome and our microbiome dictates so much, our mental health.

So if you're depressed, you're going to feel fatigue, your immune health, if you're constantly getting sick, you're going to be fatigued and recover less well.

And then the third thing people get wrong is what I call is most people don't eat a balanced plate. And what that looks like, again, another visual and the tip people can take on vacation when they're eating on a cruise or through that buffet line, where it's tempting to get piles and piles of food is to fill the left half of the plate with vegetables, fill the right quarter with the amount of protein you need.

So maybe it's that palm and a half size or two of protein and then fill the bottom quarter with other things. So if you're exercising, you can add in your complex carbohydrates like quinoa or brown rice.

If you're focusing on optimizing your blood sugar or losing weight, then you want to add more vegetables or low sugar fruits. And then off to the side of the plate, you want a serving of of good fats.

So olive oil, avocados are just a couple and some of my favorites. So those are the top three dietary things that I think that contribute to low energy that are not being followed.

And we actually I've created, I'll say, this last piece about diet. And let me interject. As I've created the task method to an abundant diet, we have them track as the first nine parameters and then add is a second step, add back in what they're missing.

And remember, protein and balance plate and diversity are probably the top three that need to happen. And then we have them do an elimination diet of sorts of subtract.

And the other thing that people get wrong and a lot of times is unintentional. So how many of the viewers have been instructed to do an elimination diet?

Well, it's not forever an elimination diet unless you're really living healthy and probably gluten, dairy, sugar, soy should not be part of anyone's diet.

But for the other, healthy foods, like you're eliminating eggs, which can be a trigger or citrus or even caffeine. Easier said than done, including myself included.

But you should introduce those foods at the 21 day mark to see are they actually a trigger for you? And a lot of healthy foods. If you heal the gut, heal intestinal permeability, you should be able to tolerate.

So that's my whole approach to diet when it comes to increasing energy. You know. I love that you say that stuff about especially the protein because suffering my whole life with weight issues in so many patients that I see are always constantly trying to restrict because they're like, Oh, maybe if I lose some weight, I feel sexier and everything.

But I found that I personally found the moment I ate, added the more protein in my diet, and I started eating more protein and more vegetables and eating more food than I've ever eaten in my life.

The weight just started coming off without even having to try so and then the energy came back. So I was like, I was really surprised. I was like, Hey, we're all, you know, we're going about this all wrong.

Yes, we absolutely are. And, you know, there is a thing and I know you're familiar with is reverse dieting and it's to try to fix that to fix the metabolism that slowed over time.

And so that's part of it. We also have a weight loss plan that, you know, does rely on some of those principles. And I would say you have to do the diet and in the first year as nutrients.

So I actually measure vitamin and mineral status. And, you know, lo and behold, people used to be deficient in 3 to 5 vitamins and minerals and now it's gone to seven to 8 to 10.

And forget about the 20 and under crowd. They are ten to 15 to 20 vitamin and mineral deficiencies. And if you're eating a brown diet, you've probably got at least 20 deficiencies.

And I've seen it time and time again. I've seen it in people who eat healthy. It's just you need to also you optimize all that and then you go to digestion and say, which is my second T and you want to optimize the microbiome.

So I would say your do the five hour approach, just remove those offending agents, foods and bugs. I prefer to do stool and urine testing to make sure I know what is going on.

And within the balance of the back of the what we call the pathogen milieu in our large intestines, that's what our microbiome is. All the pathogens or bugs in our large intestine.

It should be non inflamed. Eating a whole foods diet will take that microbiome and take it from inflammatory to not inflamed. So think about that. Every time you eat you have a chance of optimizing your microbiome and then we replace anything that's missing.

So could be stomach acid. We have people do tests in the office for this. Maybe it's bile salts, maybe it's digestive enzymes. And again, I'm correlating to what is seen on the stool test.

Do they need to have it replace that?

Diet, Digestion, and Gut Health

We say most of this is short term except the 65 plus crowd. My elderly need more acid use produce less. And the sad thing is that most elderly are put on proton pump inhibitors which shuts down acid, which they already don't produce, and it contributes to poor absorption of their B vitamins.

And you need to be vitamins for brain health and energy. And it's just like this vicious cycle. It's like the worst thing we can do for our elderly population and then we repopulate with not only good foods, but adding in pre and probiotic foods to fuel our microbiome.

And then I always do gut healing. I used to use a whole, you know, fish oil and zinc can't seem to use a whole lot of glutamine. It's an amino acid, I still do, but it's pretty similar.

And I found a lot of benefit in using something called BP c157 body protection compound 157 and they use it for a

minimum of three months. And if you have autoimmune disease, I think that probably needs to be a staple at one dose a day.

Typically I dose it twice daily for three months and then autoimmune patients tell them I'm going to bring it back down to once a day. And when you're over, you feel flare or you're out of balance.

Go back up to twice a day. And that's what I've been doing. And I've shut down autoimmune diseases like this, even with bad diet and lifestyle. And I don't like to admit that because I don't want people because then we're constantly battling, you're constantly trying to swim upstream.

It's like putting the Band-Aid on it. And I tell people, you don't want the you want the Band-Aid fix to feel well enough to do all the other measures.

And I see you nodding your head. So what would you like to add? I'd love to hear anything else I've missed in that arena with digestion, the microbiome.

Now, I well, first of all, I mean, I just get very excited about all this stuff because this is like I just geek out on it. But I mean, I just think we're so connected that gut health is off.

Everything else is just going to, you know, just not going to work. And sex, you know, sex life is kind of like the extra. The body's like, all right, we don't need that right now.

Let's get the other stuff. So we've got to get things on track with those nutrients. But I love that you brought up the peptides because I, I find that whole field like fascinating.

And I too have like BP is probably one of my one favorite peptides which stands for Body Protective Complex, I believe right there. Body protection component. Very common. Yeah.

And it's naturally made in gastric juice and I've seen it do some amazing things. But I know that this is a this is an area that you're really well versed in is the peptide.

So I'm going to take you on a little detour towards like talking about some of the peptides. Yeah, I'd love to. So, you know BPC 157 we've already mentioned it's like the Swiss Army knife.

It not only restores, you know, gut health, but it helps with recovery from sports and injuries if you inject it near the site of injury. I feel too pale.

An ideal cyst which usually requires surgery and can even require antibiotics with it. So the second one I think about especially 40 and older to optimize those hormones.

And by the way, the three D protocol leads to hormonal optimization. And so I'll give patients two peptides. One helps you produce growth hormone and the other one helps you release it.

So the combination I'm loving is CJC A for Maryland and I tell people this is not medical advice, this is giving painting the picture. You should only take peptides from a reputable source that's not created in a sterile pharmacy, not anything remotely used for research.

All bets are off. They could be non effective, but worse would be that you knew. Who knows what it's contaminated with. And what I've seen in my patients is they lean out a bit, so who doesn't want to be a little leaner?

They have even better sleep. So over about a month and their recovery from poor, from performing and, you know, workouts and athletic events is improved.

In fact, you can be careful if you're actually a competitive athlete. It's banned by WADA, so you can't use it if you and I think BPC was added recently, unfortunately, to that list.

And what I've seen the the little side benefit seen in me and my husband both and my clinic patients is increased love you know so who wouldn't want that?

And the funny thing was I've said it and my patients have said it. I'm like, I didn't even feel like I had a libido problem. I thought that part of our life, our relationship was just fine.

Fine. And so, like, this is incredible to what a little side benefit here. And then I would reach too. So in the fatigue patient while we're getting them to feel better, there are three peptides I like.

So let's talk about the oral peptide. I like something called five amino. I am Q and that helps us produce and add vitamin B or vitamin B3 niacin. And if you give us NAD, there is a time and place.

If you give too much, you can shut down something called methylation and methylation is important because it shuts off our defective genes. You don't want to be so you don't want to turn methylation off because then you're not going to turn off the defective genes.

So five amino I am. Q Now is a way to increase energy without shutting down methylation. I've used it for a month or two at a time and just amazing results here.

Clear your energy is high, you feel good all around, and then if someone is open to the injectable, we'll reach to there's two mitochondrial peptides.

Both of them are exercise mimetic. So that means it mimics as if you've exercised and the one is. Oh, I want that one and none of. Science for six months, that's huge.

110 milligrams dose that's SS 31. More commonly I've been using Mont SC so Motts stash C dosed about three times weekly and then once someone gets their results, the onset is quick.

With that it is within an hour you're feeling good. And so let's give you a personal example. We were skiing. We try to go locally, early and predominantly to ensure that the kids learn.

And now they've gotten we've on and off taken them. So there's no fear. I learned at almost 30 and there was a lot of fear there then. And I fell a lot and I was not happy.

And and I love it. And so we take them. But, you know, we really as far as time away only get away for four days or so. So we're at the start of our third day.

And within a runner too. I'm like, I not only can't do these blues, but I'm going to have to go down to the greens because I will wipe out and one of my knees, which is almost bone on bone, sadly, which I have recovered with peptides.

I'm not going to be needing a replacement any time soon. I've got I don't want to crash because I don't want to cause a knee injury. I don't want to get so sloppy that I fall.

And so I was okay. And at the one hour mark from injecting, I like, wow, I got a burst of energy. So it's back up on the blues and the blacks with the kids and super fun too, to really feel that.

And then a few weeks later, I'd come home from my workout and my husband was cycling. He was like, Honey, I bet 90 minutes. And he, up until that point, could not break 60 minutes of cycling in a row on the stationary bike.

And he goes hard and he's like, I feel like I could go another half hour, but I don't have the time. And I'm like, That's awesome. And so you of course, don't you want to use it to support and recover, but not override poor lifestyle choices?

And I do have a special peptide that people will know the name of the peptide oxytocin. Right. Are long hormone.

It's released when we deliver our babies.

So we get attached and love that newborn and it's released after sex. And so you can supply it and it's FDA approved. It's given nasally, so it's easy to deliver.

Not terribly expensive. A dose a day. And it is a pretty quick fix. I've tried that one because it's also indicated for it increases bone density and that's in my family and I want to prevent that.

Plus I have hypothyroidism, which puts me at risk of having low bone minerals. But thankfully touch wood. My last bone density showed no evidence of thinning or osteopenia process.

So I may back off on that. But. But for the female sexual hypo arousal disorder, what a way to pack a punch. An FDA approved, inexpensive, no untoward effects and all you feel is good on it and it increases your bone health.

That's a no brainer. I mean, how many medications do you know give you? Zero side effects. Every medication out there has some sort of reported side effect, and some of them can be quite serious.

And, you know, unfortunately for for bone health and others, when you give some of that, like the Fosamax as they build bone, but the bones weaker. And so then if you stop, it actually increases your risk of fracture.

So don't if you're on it, don't stop it. But if you if you're needing something to improve bone health, you want to be talking to your doctor about our hormone is hormone replacement right for me is oxytocin right for me?

You want to have that conversation? I tell people I will do whatever people want, but I'm it is my job as a really awesome doctor to counsel you on the risk versus benefits.

I can't decide for my patient. They need to decide that they're going to take their chances. And I'd say oxytocin is really very, very limited in like none that I'm aware of side effects except for feeling good.

Like I said. Yeah, that's a pretty good side effect. I kind of like that. So yeah. Yeah.

Peptides for Energy, Recovery, and Libido

And then, you know, it's interesting too, because I want to take a step back with peptides because I realize like I'm, I know what peptides are and we're talking about peptides, but you know, I go where many people don't even know what this word peptide actually means.

So maybe we should like give a definition. Yeah, let's back it up a couple steps. And you know, I need my clinic simply health institute because it's I love that it needs to be health made simple, simple so people can actually execute it.

So I do the same thing when I'm explaining no 3G protocol. Diet, digestion, detox leads to hormone balance. The task method to an abundant diet track adds, subtract, keep and then that way people my kids can rattle off the eight causes of inflammation, the word statins, and they know all of those.

And my patient those are the three things I teach in that first appointment. But peptides are essentially amino acids, amino assets are breakdown products of protein.

The other thing for your listeners to know is that our body naturally produces about 7000. And like with a lot of things, they do decrease in the amount we're able to put out.

And so too many to measure. There's not that many that are available to us, but they're coming out with more and more and some support. The immune cells, some support our brain health, some support, you know, like we said, mitochondrial health and others for hormone health.

And it's a discussion, I would say probably my whole practice is on at least BPC in some way, shape or form, whether it's three months or ongoing. And then the rest is variable high, high portions.

As soon as you tell people these are our results and your what your viewers may know and the big peptide everyone knows is insulin. But even bigger than that in the media is a cmpc or semaglutide, also known as the goby.

And that's a conversation for another time. You know, certainly we want people feeling lean and attractive, but I say all of us should, you feel comfortable in our own bodies, regardless of our shape or size?

And hopefully most people listening to this, the goal is to become better versions of their self with each passing day. You know, I wanted to ask you again about the BPC 157, because I know it comes in an oral version or an injectable version.

Is there a benefit of one over the other? Yeah, I'd say oral, definitely better for intestinal permeability or leaky gut, because it's delivered right to an intestines.

Although I did have one client who we have a mutual friend who's a doctor who advised him how to take BPC and he opted for injectable and he shut down his autoimmune disease.

So I believe even for leaky gut, you're going to get it. But it's just easier and it's less expensive to take oral. The injectable I prefer in recovery whether it's an injury, I have a post op surgery recovery plan.

I start him on injectable daily at pretty high doses and that's another one. It's really hard to get into trouble with very limited side effects, oral or injectable.

Obviously injection is pain at the injection site. Sometimes people develop a mild itchy rash around the injection site, but very limited side effects.

And so I'll use that daily for, you know, 10 to 14 days and then back it down. And it's about a month long protocol I have. So and you know, any time you use peptides, I'd be remiss if I didn't say, you want to foundationally be healthy diet, digestion, detox, all that should be optimized if not by the time you start them is that you're looking to improve them because you're going to need less of them and to sustain that.

Yeah, because if you're doing your three D protocol and you've decided to throw the diet to the curb and then you're doing peptides, you're kind of just wasting your money.

Like I, I see this all the time. Like we said, this is a conversation. We can go down this track another time. But with these, with the semaglutide or the white goby or the Zampa, I see too many people that are doing it to lose weight, but then they're still living the life of Doritos and Twinkies and you know, McDonald's.

Since we were on that topic and I know a lot of people are really interested in it, there's a time and place for it. But I say don't lay that foundation either at the start of it.

So people are starting to eat healthy day one that they start injecting. They're going to be the ones with the increased side effects. The biggest ones are not vomiting.

I've had patients that I've even optimized that. Then I said, okay, this to me says that you need further optimization. It's usually the gut health is terrible and that's why and I almost always combine it now with Pepsi 157 and I'm not as big of a fan as ozempic as I am of Munjal, which is towards Appetite.

And I almost always count pound unless the insurance covers it. And a lot of them the only indication is type two diabetes. And we've tried to appeal it. They're not. They're just not.

I have so few people get it covered and it's $1,000 a month. So we count on it and then that way we can go up

slowly. I can go up one milligram to around three four.

But unfortunately, like when you're going through a pharmacy, they're bigger. Johnston there and you only want to take what you need to be losing £1 per week.

It's not pounds in pounds. You're looking at months on that. So three months probably lose, you know, 12 to £15 or so. So you optimize the diet. So we instruct people how to eat so that you limit the side effects.

And now there's the first ever lawsuit in the state of Louisiana against both wegovy makers that will go beyond Cmpc and Munjal. So they did rope mango into that for downplaying the side effect of gastroparesis and to the laypeople stomach paralysis that did not resolve in two patients after one year of stopping you.

So why now? Counsel This is not a designer drug to be utilized for that person that only has £10 or less to use really should be utilized like they've outlined it.

A BMI of 30 or higher, a BMI of 27 or higher that has a comorbid conditions like heart disease, diabetes, etc. that really needs to lose the weight. Certainly there are people that you can consider that are borderline on that, but anyone £10 in less no way wouldn't do it.

And so many of these little metal bars are cropping up. Most of them get it wrong. They don't counsel on diet and they're they're pushing it on people who have £10 or less.

So they're just setting people up to do poorly, have side effects and, you know, fingers crossed. And it's not and none of these should be used in people who have thyroid cancer.

So there's we have a whole consent. And I actually we don't even ship out the first peptide signed and I review it in depth. Here is what you're agreeing to.

I want you to rereview the concern. It's a few pages long and know what you're getting into. Like you have to accept the risk. Not me. I might be using it.

I have a different risk profile than anyone else. You know, we're all individualized. That those are some really, really good points, you know? Is there anything I didn't ask you that comes up with your patients that you think we need to know when it comes to, like, energy levels and libido?

Mm hmm. So two things. Number one thing is that almost everyone, everyone older than 20 years of age is acclimated to a lower level energy. And I've seen it time and time again.

So 35% of our population is health optimization. No symptoms whatsoever from age 20 to 65. Okay. So people who want to just feel better, I try to two years of age up to my oldest now is 95.

And so, you know, I have quite the gamut. And obviously the women and children are probably the top two demographics. But when I am done taking them through the three D protocol, the most common statement I hear is, Wow, I didn't realize I could feel this fantastic.

And I almost named the book finally fantastic. But it is feel fantastic forever because and I can guarantee it, I usually run through people through. So if you're not eating organic, if you don't sleep 8 hours, if you don't hydrate, if you don't poop every day, if you don't take a handful of core supplements, multivitamin, vitamin D, fish, oil, probiotic, if you aren't filtering your water, aren't filtering out using clean personal care products on your face and body, aren't cleaning with clean products.

You don't filter your air. You are set up to be functioning at a lower level of energy. I just have seen it. I wish that's the number one point I'd love to make with the book is even if you feel you have all the energy you've ever wanted, you don't.

And you really the way to reflect is you have the energy you did at ten when you used to ride your bike day and night through the neighborhood in the summers and the high heat going without food or water.

And your mom would be calling your name on the street as the street lights are going on to get your butt home. And you haven't even you haven't you've been active all day long and you could still and you're still having trouble going to sleep because you have all this energy.

So if you don't have that energy, then you're at you've acclimated. And I can guarantee you, you make you feel better. So read the book. Read the books.

Now, when it comes to libido, I'd say we've kind of talked some about the physical and the energy and I'd say, you know, is to get that relationship in order.

So when you do when you're dating and when you're newly together, whether you get married or not, and even the early days of living together, it's all new and it's shiny, shiny objects and or you're happy, you're excited.

What will the next day bring you there in your mind and thoughts every single day? But you know, you can get pretty complacent and routine. So I'd say mix it up, make sure the sex is pencil in.

Then if you need at least you know how many times a week using, you know, like two or three times a week, maybe once to start.

Hormones, Relationships, and Sexual Wellness

And then don't always pencil in catch on by surprise when you can make sure you have that time. And what I will tell couples is I think like anything preventative and you'll agree in America, shouldn't women post up post delivery, vaginal delivery?

They should all have pelvic floor therapy right here. The but they don't they do in Europe and I the listeners don't know is I did deliveries of babies for six years in my practice so I would see it all the time and people are patient.

The other day just asked me should I pelvic floor rehab? I said, What are your symptoms? Pretty mild. I said, Absolutely. I said, It can only you had two kids vaginally.

Each kid, you know, there's there's a relaxation and trauma that can occur. And so that's first foremost is you make sure you get your pelvic floor rehab.

So that sex feels good, make sure you optimize your hormones and then have ensure that that relationship is on solid ground. And one of the things I like referring people to, and I would say when you get married and then at least once in the course of when you're together is John Gottman and his wife.

The government's created the art and science of love. It's a weekend seminar. It is two days and it is the best money ever spent. So we did it preemptively 23 years ago.

We just repeated it in March. And the price, $500.23 years ago, I think it's six or $700 now. It has. Wow. That's a bargain. Yeah, you can do it virtually.

So say you can't get to any of these destinations. We were lucky there was one locally held an hour away, so we just drove to and from each day didn't have to incur a hotel in person is definitely I think better because and you can ask questions and the first day we were there this time and ours was a small group, I'd say 15, 18 people max, we'll have to be even 16 or 18, say the couple behind us.

We were like, Oh my God, they're going to kill each other on the first day. And by the end of that first day, not even the second day, they were laughing their heads off like teenagers, like so much so that they were disruptive.

And then what we would do our our little they had break out. So it's so super private they do teaching then they have an exercise that you do. And one of the exercises was create an event that you and your husband are going to implement like today.

And so we decided we're like a little spice to life. So we went to a little toy store, not the kind that sells Tonka trucks. And our thing is kind of fun just to like, you know, not be so complacent.

And we use women or even the men that are listening. You know, we need to be able to speak about this openly. I always do with my patients. And I admire especially when a man comes in and he can say, Hey, Doc had to tell you about something.

And, you know, it's almost always like performance issues, like erectile dysfunction. Then we have the talk and I love it and and now, you know, it's on our questionnaire.

We ask and, you know, how, how they rate their sex life very well fair or you know if they're rating it fair or poor there's and then even if they're saying very well I'll still, you know, ask around a little bit, but yeah, do yourself a favor.

It's so inexpensive and it'll probably be the best money. So you have to look at that whole psychosocial dynamic of the relationship. And in, in addition to any of the physical.

That is such, that is really such a good, incredible point. And I love that you brought that in there. So and you know, I agree with you. It's I don't know why, like, I've tried to figure out why, especially in America, this topic is so taboo.

I mean, there's so many different factors, but it's like it's a natural part of life and like we need to talk about it so we can keep learning and growing and developing.

So I love the fact that. We actually in our family, it's pretty open. And like when my daughter got her period, she was an embarrassed it all and so we you presented and it's these are natural body functions a natural part of growing up and going on and even today I was saying something to my husband and we're kind of speaking in code for you know, like some time we were going to set aside for each other this weekend and my son goes, What are you going to do?

And he jokingly said, I he's old enough. He's 19. So it's not like he doesn't know. You know, he's not five years old and doesn't know that men and women are intimate.

And, you know, it doesn't even have to be a man or woman, but, you know, a part you know, people who are in a relationship, that's a part of it. And so, yeah, it was pretty funny.

So like, okay, I said, why are you eavesdropping? I said, You wouldn't be eavesdropping if I was shouting your name saying, Hey, I need you to unload the dishwasher.

Exactly. Right. They don't hear that. But that's I know. It's it's funny. I've kind of gone out of my way to make sure that this is like a normal conversation.

I'm two teenage daughters, and because it wasn't a normal conversation for me growing up. So, you know, my kids are like, mom, like, do we have to talk about this again?

Like guess And if you have any questions, let me know because let's talk about it. It's normal. So I love it. I love it. And it should be it should be an easy conversation. And another story I had is a mom had recommended that I keep a journal when my son had teenage years.

And I wrote in the journal, hey, dear Liam, you know, this is mom. I'm this journalist, so you can write me anything that you might not feel comfortable telling me in person.

And he wrote it and he goes, This is a dumb idea. He's like, I would just tell you anything I wanted to say. And I laughed. So we never used it. But my daughter, you know, they kept their different birds and from one child to another.

And it was very helpful to bring up, you know, topics that were a little more sensitive. And she's usually pretty good about more of it's that she's just not wanting to talk it when I want to talk.

So then you got to be open. Yeah. This has been so much fun. Dr. Rajka, Where can people find out more information about you? Yeah. So links to all everything the book.

My social media can be found on my website drrajka.com Awesome. So everybody go make sure you check out Dr. Rajka and get that book. I got it. It's amazing.

So get the book. Really? Really. I would definitely recommend it. Now, I want to thank you so much for taking the time out of your crazy busy schedule because I know you're doing tons of things and for being with us here today.

Yeah, you're welcome. I so enjoyed it. All right, everybody stick around because we got some more amazing sessions coming right up.