Introduction and the origin of the Vagina Coach

Welcome back, everybody, to another episode of the Solving Sexual Dysfunction Summit. I'm your host, Dr. Betsy Greenleaf. And you guys are in for a treat because we have the vagina coach with us.

We have Kim Vopni with us and I can't wait to talk to her. Thank you so much, Kim, for being with us today. My pleasure. Thank you so much for having me.

Now, how did you become the vagina coach? It's always the question before. You know, it's not. It's not I always say it's not a job that you that you dream of becoming when you're a little girl, like how to grow up and be the vagina coach.

It really was kind of accidentally on purpose. So when I was pregnant, well, even before then, when I was younger, I saw a childbirth video in our sexual health education at school.

And I thought, no. So I all my growing up years, I was very adamant that I was never going to have children. And then I still, though, had this curiosity about it.

And I was talking to my mom. My mom was an OR nurse. She was very open about body and anatomy, health with my brother and I. And so she told me about her birth.

She told me about episiotomy. So that was another like, okay, not, not doing that. I don't want anybody cutting anywhere. And anyway, that was my I didn't think I would ever have children.

And then I met my husband and we decided we did want to start a family. And I was really determined to have a different story than my mom. My midwives had introduced a product to me called the EPI-NO which is a biofeedback device that helps train the pelvic floor and can help reduce the likelihood of tearing.

So you just had a great experience and I thought, why is it that not everybody knows about this? That then was I said, okay, I'm just going to start a little side thing and I'll sell it to friends and my midwives can recommend people that that's how it started and then, you know, then I started a website, then they added more pelvic health products to it.

And then I was kind of like, you know, this is a fitness issue and I'm a personal trainer and we need to talk about this. So then I brought more in kind of fitness programing and it was working primarily with pregnant women and new moms. Initially started a second business with two other women called Bellies Inc, and at the time I was actually called or known as the fitness doula because I had trained as a doula and I was a personal trainer and I was combining a fitness element to preparing for prepare to push was my was my program I love that.

And then sort of belly thing that was about postpartum recovery. We had abdominal wrapping and postpartum exercise, pelvic floor initiated and that was that and carried on.

And then I started to go through perimenopause and I'm now post menopause and I said, You know what? This is not just a digger kegels and learn about pelvic floor pregnancy, pelvic health is this through our life span?

And we go through so many different, you know, life stages that influence our pelvic floor. So about six or seven years ago, I knew that I needed a bit of a switch in terms of this brand that I had fitness doula wasn't necessarily resonating with this perimenopause menopause crowd, and I was presenting to a group of women entrepreneurs.

And my talk was how optimizing your pelvic health can make you a better Mompreneur So it was the Mompreneur Conference and all of the speakers were some sort of a business coach.

And so when I came up on stage, I joked and I said, Now you have a vagina coach for your business. And and it was just like this. That's it. That's it.

I've got to say, this really hated word. Nobody likes to say it definitely stops. People in their tracks is very memorable and it's trying to normalize this conversation and why everybody hush hush is about about vaginas, right?

So that's how the vagina coach came about. And now predominantly I work with that perimenopause menopause crowd. On occasion, a few pregnant women still still come to me, but that's how I started.

I love that. And I agree.

Normalizing pelvic health conversations

Like I just saw a study not too long ago that 65% of women are uncomfortable saying the word vagina and get like 80% of us will have a pelvic health problem at some point in our lives.

So I'm always saying if we can't say the words the we can't talk about it and we can't get the help that we need or like even like health practitioners are uncomfortable.

Like, I find that unless you're in the gynecologic or pelvic health field, like you say the word vagina and all the other practitioners are like la la la la, here I hear no evil It's like, it's not my specialty.

You go to your gynecologist and yeah, I'm sick and tired of that. We need to just normalize their body parts outside and get over it. Yes, 1,000%. And some people are.

So even if they're comfortable maybe saying that word to, you know, maybe them themselves to their friend group or whatever, but when they don't want to embarrass their care provider, so they don't ask questions about it.

So it's just yeah, there's a there's several barriers there, but it's changing, thankfully. You know, I've been doing this for 19 years and I've definitely seen a shift and I hope that shift carries on in the direction that that we want.

And that's awesome. And brings us to our subject today, which is sandpaper, vagina and leaky bladder. Two other things that nobody likes to talk about.

No, no. And it's it's kind of funny, right? You you are losing lubrication that can contribute to this dryness. Yet many people are then now facing either for the first time or worsening incontinence, which is is more moisture.

Right. And so then they're wearing pads which can even make the vagina even drier, the mold even dry or drier. So it's yeah, it's a bit of a dichotomy.

And then even too, when it comes to sexual function, I've seen so many women that come into the office and now you add a layer of now they're self-conscious.

And so when you're self-conscious and embarrassed, you're less likely to be able to relax with a partner, let alone your self, because they're afraid, like, ooh, if I do anything down there, I might make it worse.

So totally, yeah. Am I going to lead? Is it do they smell? Can they feel anything? Yeah, it's there's there's a lot there. And what I'm, I think both of us really have this mission and kind of what we were just talking about is if we can normalize this conversation.

And when I was learning about sexual health, education way back in the day, and when we are teaching our kids, why not introduce the concept of this really important group of muscles in the body and how we care for it?

We learn at a young age that we need to brush our teeth twice a day and floss and go see the dentist once or twice

a year for a checkup. Why are we not preaching that same information about pelvic health?

I really think it would solve it would prevent so much of this silent suffering that is associated with the pelvic floor. And, you know, I like that idea, like, let's bring it up at a younger age, because if we bring it up at a younger age, it's just normal right now.

You know, and I can't tell you how many women are like, okay, you know, we all go, well, many of us go through that sex ed course and in high school or whatever or in grade school or, you know.

Yeah, if you if you're lucky enough that your school has that and we're learning about periods in pregnancy and everyone's like, Wait a minute, nobody told me about menopause.

I didn't get that memo. Yeah. Yeah, right. And you know, what's also interesting, too, is I do online coaching. So like this I would meet with a client and go through your questions.

Sandpaper vagina, dryness, and moisturizers

And there are many women who will they'll they'll say, well, hold on, my kids are home. I don't want them to hear or my daughter's here. And I and I sort of say, you know what?

I think maybe they would benefit from hearing bright and part of what led you to be in this place where so many people say, I wish somebody had told me, then why are we hiding it from our kids?

Yeah. And it's funny, on the opposite side, my kids hear me talk about this stuff all the time that I know. They're just like mom, like and I'm like, we got to talk about vaginal health.

Are like, mom. And I first yeah, my kids were first on Instagram. They were, you know, because of course you're following your kids and you're teaching them how to use it.

And they're like, Mom, do not like anything. Do not comment, do not. And they say, Can you not can you just have another account or can you not be a boob coach instead?

Because that was somehow less embarrassing. And now they're, you know, one's in university and the other one's almost finished high school. So now they're kind of like, It's okay, I'm okay with that.

They've got to the point now where they don't mind. But at first it was, I get it. It's you know, the teenagers are not necessarily friendly. I think the worst thing I did to my kids, they're just they're probably scarred for life was I did a funny post with a giant vulva costume that I had found, of course, on Amazon, because you can find everything on Amazon.

And I wanted to be outside pretending I was hitchhiking in this giant vulva costume, and I wanted to go out to a main street. And the kids were like, No.

Like, Mom. We're not going out to Main Street. I'm like, Yeah, but it would be funnier if there's like cars going by. They're like, No. It's but all right, so now we get let's go back to this sandpaper vagina and leaking.

And what are the things that you have found to give advice to people about these these topics? Mm hmm. One thing many years ago, I was interviewing a friend and colleague of mine.

She's a nurse, continence advisor, and I wanted her to talk about pelvic health and incontinence. And she was seeing primarily perimenopausal, postmenopausal women.

And she said, we should all be moisturizing our vagina. And I thought, wow, I've never heard that before. And how do we just like, is it just moisturizer, cream, or how do we do that?

And she said, hyaluronic acid is is something we produce in our own bodies. And there are vaginal moisturizers that are made with hyaluronic acid that we can use on a daily basis and we can start whenever.

And I just this was revolutionary to me and I just remember and I hear now and I still say now all the time, moisturize your vagina. And a friend and colleague of mine, Shirley, we are from Menopause Chicks also.

She's actually formulated her own, which is my now favorite vaginal moisturizer. So that's one recommendation I say to absolutely everybody. It's it's a naturally occurring molecule in our body.

We produce less as we age, especially post menopause after your shower, put it on externally, you can put it internally as well. So all around the vulva clitoris to anus inside as well and it can be used as many times during the day as you need and and it's awesome.

So that's one place to start. The other thing to consider is we have a steep decline in estrogen and that often will start in perimenopause as we're going through the sort of ups and downs.

And that steep decline in estrogen is also going to affect the tissues in the vulva around the clitoris or labia inside the vagina. Also around our bladder, we have lots of estrogen receptors and when we are no longer producing estrogen, those receptors are hungry for that.

When that's not there anymore, the tissues start to become thinner and drier. There can be some atrophy around the clitoris. Even in the labia, people will comment sometimes about maybe experiencing pain, burning, itching, irritation, maybe even some tearing, especially within sort of sex and vaginal estrogen is is incredibly helpful and beneficial.

And many of the people that I follow in that been the realm of urology and female pelvic health are pointing to more and more research, suggesting that around the age of 45, most women would benefit from starting on.

Like, it's not something we need to wait for symptoms to happen and then try to tackle them. Let's know that over 80% of women will experience this. Let's be proactive about it.

So vaginal estrogen is something that I recommend, and that's even something back from the postpartum people that I used to support as well. It's also very common after you've given birth to a baby to have that steep decline in estrogen and also benefit from from vaginal estrogen.

So that's also what I recommend. And those two can be used together. Then we have to two other things. There's lubricant which during in sort of sex with or without a partner lubricant will help reduce friction so we can help with the health of the tissue.

With estrogen, we can moisturize, but neither of those takes the place of lubricant. So we also want to have a really good lubricant. And then there's also vaginal DHEA, which is non-hormonal.

And it's it can help with the conversion of estrogen and testosterone and can alleviate some symptoms as well. So Java, intra Rosetta, those are two that I recommend as well.

You know, I love this idea of let's start it as prevention because unfortunately in traditional medicine it's not looked at like that, it's looked at like, okay, let's wait till you're dry, you're irritated, you're having all these symptoms of low estrogen and now let's treat the tissue right.

And it's so much harder to recover tissue that has been in that state.

Estrogen loss, vaginal estrogen, and prevention

Like the longer it's been in that state, the harder and longer it is to get it to recover. Not that it won't, but it it takes longer. And so now, coming from a different world, I do a lot of anti-aging and esthetic teaching and a an aside life

and a lot of the esthetic world is let's do things for prevention.

And this is where is interesting. I mean from a beauty standpoint, we're seeing people doing like Botox for prevention or, you know, more, more commonly like how many of us are buying like tons of fancy creams and putting us on our faces.

So like, you brought that up before, like, why aren't we moisturizing our vaginas more like if we just did this as prevention, you're going to, first of all, long term Republicans spend a lot less money because they're actually not going to have to use as much products or go to more extremes.

And so and we're just going to keep it. You might not even you might not ever even have those issues. Yeah. So yeah. And the other you bring up another point that reminds me of another friend, colleague Collette Cadigan, who started so Lux Joy Lux and she so way back in the day when I had my, my pelvic health e-commerce store, I became the first distributor in Canada for the V sculptor, the V fit.

So in the United States it's called the V Fit. Canada's called the V sculpt. And it's a red light therapy device for the pelvic floor. And at the time so this is probably nine or ten years ago, maybe I had never really I had never heard of red light therapy.

And it was a little bit uncertain. And I was reading this and there was very compelling research. And she had basically taken what she had been doing in esthetics and bringing it to the vagina and the vulva and saying, you know, there's it's collagen, it's muscle, it's tissue.

And it can benefit from many of the same therapies that we are using on our face. And so you're right, so many people will spend thousands of dollars on treatments and therapies and serums and creams for our face, but we're neglecting this other part, partly because we don't see it.

It's not like it's on display for most people through the day. But but there are so many benefits, red light therapy being one of them. I'm a huge, huge fan of red light therapy.

And many people, including myself, I sit in front of a red light device. It's good for thyroid, it's good for skin, it's good for hair, for sleep, all these other things.

I used it post-op when I had a wreck to seal repair. I used it from a post-op perspective for healing. And then the V sculpt is actually inserted into the vagina and can help with also lubrication.

So they have some clinical research on people who were experiencing dryness and a term vaginal atrophy where the tissues are thinning and losing some of their volume.

So that's another product that I that I wholeheartedly recommend. I love it. You know, and I have to agree with you. And it's actually I do sell some of those products on my e-commerce store and it's probably one of the bigger sellers.

But I love the red light therapy because it's something you can just do at home and, you know, coming back from like, you know, as a doctor, you know, I was the first one in New Jersey who had the laser, the vaginal laser in 2014, because that's when it finally came out in the United States.

And lasers were great. I love lasers also because they're non-hormonal ways to, like, trick the body into rejuvenating itself. It just uses light energy to kind of penetrate the tissue and it triggers all of these growth factors.

But for many people, the laser can be quite expensive. And so and it has to be done by a practitioner. So it was kind of, you know, when the Joy Lux came out, their V fit product came out on the market, it was like, This is great.

Now there's something that people can use at home. Yeah. And I've actually even found that the more we combine these therapies like. Yeah, the better.

Totally. Yeah, multimodal for sure. And there's that. And then it's so like I've even used where if somebody gets a laser like let's use the red light to just keep the tissue healthier longer, then you can throw on the hyaluronic acid or the Java or you know, like you could do it all like yeah.

And then there's, you know, there's another really cool product that I found awesome came from the talking about the esthetic world. I came from the esthetic world.

Lana Kerr She invented this stuff. It's called the CO2 Lift. And so basically and it's big in Europe, they do something called carboxyl therapy and it used to be where they like injected the skin for like cosmetic purposes on the face with carbon dioxide.

And you're like, well, why would that work? So they found that the carbon dioxide would attract oxygen and then that oxygen would rejuvenate the skin.

So a lot of it was like, well, let me figure out a way. You know, she was in the esthetic world and she wanted to figure out a way to use that therapy for herself vaginally.

I love how all these women like it all starts where they needed it themselves and they just go figure it out.

Red light therapy and other rejuvenation options

Yeah. And so she actually working with some scientists out of Japan, I believe the story is came up because who wants to sit there and have something injected into the vagina like that isn't like like not a fun idea.

So she was able to come up with a gel. They found a gel delivery system that would basically suck that carbon dioxide into the skin. So it was a topical gel that you could apply in the vagina and it would do the same thing.

Rejuvenate the vagina using this gel at home. So I've even had patients where we've done like the CO2 left and the red light and the laser super and, and the hyaluronic acid and I said it all works different ways.

So it's, it's, they're really great options. Yeah. And I think like the multi-modal approaches is always, I think always going to have a bit more power behind it.

And I think the important piece is also that I think a lot of people will expect that if I do this exercise program, I'll be I'll eliminate my symptoms and then I'll be done.

Or if I do this carb oxy or red light or whatever, then then I'll be done. And we're when we think about it from a face perspective, we don't put a moisturizer on once and say, we're done.

We're like, we don't brush our teeth once and get a good checkup and we're done. It's, it's, it's maintenance. We have a body that we need to maintain.

And so a lot of these therapies may have power when used together, but maybe it's one of them is something that we use on an ongoing basis because we still need to.

This is it's a lifelong maintenance program which for some people they're like, that sucks. I don't I don't I want the quick fix. And some of these things can give you a bit of a, you know, eliminate some symptoms.

But it doesn't mean that the maintenance is not important or not relevant anymore. I like that because, you know, we're not we can't stop the aging process.

We can slow it down with a lot of these things. But you're right, we're still every single day we're aging. So if we don't do I mean, I like that that analogy.

You just don't brush your teeth once. Yeah. So yeah. Yeah. And we're face like we have age related muscle loss.

We have bones to consider. We have loss of collagen, loss of hyaluronic acid, loss of estrogen.

All of these things are in our whole body. But when we're talking as specific as we are today about the pelvis, it all applies to the pelvis as well. So we have to come in and intervene with some sort of action plan to help.

Again, we can't stop it from happening, but we can come in and intervene and reduce it and kind of slow it down. You know, I've been going down this rabbit hole recently because I'm working on this project with them microbiome and it kind of connects because there's been a number of studies that show of the microbiome, the balance of bacteria and organisms in the vagina.

If they're good, there is a higher likelihood that you would have a good libido. And the only it's not like we can just put bacteria in there and you can take a probiotic and just put it in the vagina.

It's got to work. That tissue has to be healthy first and all these things are going to keep that tissue healthy. So that would then support a healthy microbiome and then therefore support libido.

So it's been that's been an interesting rabbit hole that I've gone down with the, you know, the role of bacteria and libido. And estrogen, the role that estrogen plays.

There's an astrobiology, right? Yes. So, yeah, it's a it's an amazing rabbit hole. I'm super fascinated with anything gut health related. Obviously, because that's a big part of constipation.

And constipation is something that interferes with sex, something that interferes with pelvic floor function. So, you know, the the the microbiome in our whole body, the gut, the vaginal microbiome, the astrobiology, I'm like, it's all super, super fascinating.

And then these all connect with the incontinence, too, because people are like, Well, wait, you said incontinence. Now you haven't connected it, but it all it actually all connects.

So how does the incontinence connect with the health of the vagina? So when we were talking earlier about estrogen and when we have estrogen declining, those again, those receptors are looking for us and we don't have it.

And so that can affect our microbiome with less estrogen. But it also it makes the tissue less resilient. There's less plumpness juiciness. We lose some of the folds in the walls of the vagina.

The room that we have that allows for that sort of expansion that happens for many things, but including in sort of sex.

Incontinence, bladder health, and pelvic floor therapy

And so that that decline of estrogen is a major contributor to the walls of the vagina, the Vulvovaginal, but also around our bladder. And so many people will report they feel like they need to go to the bathroom more frequently or they feel like they have stronger urges like they can't make it to the bathroom.

Now, you know, if I if I feel I have to go, I've got to go right away. Or maybe the leaking has started or maybe all of these have maybe kind of been little like every once in a while would happen and now it's happening all the time and screaming a little bit louder.

So incontinence is statistically, if we look at their stats, you know, somewhere between 35, 40 ish percent, I believe it's higher than that. These are reported cases and many people just think that it's normal.

They don't report it, they don't want to talk about it. But that's statistically what it is. So we it's very, very common. And because we have pad companies normalizing that, it's just part of being a woman.

They just say, okay, you just put up with it. And then if they're wearing pads all the time, that can irritate and dry out the vulva tissues and vaginas as well.

And not to mention the cost, it can be upwards of $70,000 over a lifetime, not to mention the impact to the environment, because people just accept that that that well, that that's just what happens when you get older is what happens when you get to menopause.

That's what happens after you've given birth to children. But this can happen to people who have never given birth, who are in their twenties and thirties.

It's it's very, very common. And it's not always estrogen related. So estrogen is usually around perimenopause, menopause, the one the thing that's kind of tipping us over the edge where it's now becoming a really a big bother.

But incontinence of stress, urinary incontinence is where little bits of urine leak out with some sort of exertion, like a laugh, cough, sneeze, jump, even standing out from a chair.

And that's the one that's the most common. That's the one that the pad companies are are selling their product to us for and they can play a role. But I want it to be a temporary role.

I want people to understand that's not a solution. It's a it's a Band-Aid. While you are seeking treatment and stress, urinary incontinence, there's an 80% cure rate with pelvic floor physical therapy.

And again, it's not like you go to pelvic floor physical therapy, cure it, and then you're done. We then need the maintenance of pelvic floor exercise and most people then think of keyholes.

And we have evidence to show that most people well, we have evidence to show that keyholes do work when they're done correctly and consistently. But most people don't do them correctly because they've never been taught and then they think they don't work. So they're not being consistent.

And I think another kind of limitation with keyholes is that they don't take a whole body approach. They're not training the pelvic floor dynamically.

So if you look when you stand up from a chair or when you're exercising, if we're only doing keyhole seated or laying down, it's not necessarily going to help manage the pressure changes of all of the other things that we do on a daily basis.

So stress, urinary incontinence is really, really helpful. That's really, really, really helped by pelvic floor physical therapy and pelvic floor exercise using a whole body approach.

There's urgency kind of feeling like when every time I come home and put my key in the door or every time I get to my exercise class, I almost feel like I have to pee really strongly.

And a lot of that is behavior. So if we can overcome the behaviors and identify some of the things we're doing that have contributed to that happening in the first place, and do bladder training coupled with pelvic floor physical therapy and exercise, it can be very helpful.

And constipation is often a contributor to urgency and sometimes even the the stress urinary incontinence as well. So we want to address gut health and pooping.

And then the frequency piece is also very commonly behavior related. And so some people will say, oh, I have an overactive bladder or I have a small bladder, and they have kind of self-diagnosed themselves, but they've actually contributed the people who go pee just in case I'm going to perform an exercise class so I don't leak.

I'm going to pee when I get to my activities so that I don't have the urge later. And so we get into these habits unknowingly, like we're thinking we're doing a good thing, but we start to create other, other issues.

So, so estrogen comes in and plays a role in that. But it's not the it's not the end all, be all. It's going to be helpful. But we need that pelvic for physical therapy piece and pelvic floor exercise piece as well.

You know, with that overactive bladder, one of the most frustrating things I have to deal with with patients and because it seems very counter intuitive and it's hard to get people to understand this, but they think like, Oh, I'm peeing a lot or I'm leaking a lot, or I have the small bladder, so I'm just not going to drink fluids.

So that's everyone's like they purposely dehydrate thinking, Well, if I'm not putting as much fluids in, we won't get as many out. But it actually ends up backfiring because when you become dehydrated, it, it, it concentrates your urine.

And the more concentrated the urine is, the more irritating it is on the bladder. Like sometimes I kind of compare it to like if I had a paper cut on my finger and I poured salt water on my finger that would burn, that would be irritating if I kept diluting that water out and diluting that water out, even though it had some salt in it.

Now it's got less and less salt because I've I've now put so much more water in it compared to the salt I poured on a paper cut. You're not going to feel as much.

And so there is I mean, there is a balance of yes, of course, you drink more fluids, you're probably going to make more urine. But at the same time, if you're not drinking, you might end up going just a little bit because you feel like you have to go because I'm get the concentrated urine is is eroding the lining of the bladder and that's really hard to get people to understand that that concept.

Yeah and you're also not going to poop very well if you don't have if you're not drinking water, you're going to have very hard stool that's hard to pass and that's going to be, you know, leaving you cranky period and then having to strain.

And that's not good for the pelvic floor either. So yeah, it's so like such a good point. I often say if you want to overcome leaking and urgency and frequency, increase your water. And they're like, what?

You know, they've, they've been decreasing it the whole time. So yeah, such a good point. And even when it comes to like vaginal secretions, I mean, vaginal secretions during sexual excitement are a blood product.

So if we're meaning that, like, all right, I got to back up and explain this to people. If we haven't already explained it in this, is that when you become sexually excited, there's a blood flow to the pelvis.

And what happens is that pressure from the blood flow actually makes the vagina.

Hydration, lubrication, and circulation

It kind of like seeps through the vagina, not as blood, but as as lubricant. So a lot of people think it's mucus, but it's actually a blood product. It's kind of like the plasma kind of like condensate.

It's almost like condensate in the vagina. Like, I want to get the vagina sweating because it doesn't sound like more like condensation. And so if you're dehydrated, that also is going to affect lubrication.

So yeah. And if you also if you're like you bring up another great point with blood flow and and circulation and that's it's important for so many functions.

And if we are constipated, if we're dehydrated, if we are afraid of maybe something hurting. So if we've had sandpaper sex and we're now we're thinking, oh, that's that that tightness, that restriction is going to restrict that blood flow as well and is going to inhibit the potential for arousal and the potential for that expansion of the rug that we need as well for any sort of sex.

So yeah, and exercise, pelvic floor exercise and moving throughout the day is also going to help with that blood

flow and circulation. Oh my God. They're just so many great things that we just went for.

And, you know, I could honestly talk to you for hours about this because this is so this is so like such great information. And just wrapping up, is there anything I didn't ask you that you want us to know about?

I don't think so. I think we covered a lot there. Yeah. And then where can people find out more information about you. If you go to Google and put vagina coach and you'll find me somewhere?

So I'm on all the social media handles with her channel sorry with the handle: @vaginacoach and my website is vaginacoach.

Where to find Kim Vopni and closing remarks

com and I have a book that you can find on Amazon called Your Pelvic Floor, which is a I find it's a it's a good place for people to start who are kind of unsure maybe about an online program or coaching.

They can purchase a book and read it and then I say, pay it forward to somebody else in your life who may benefit. I love that idea. That's that's a great, great and it's great gift for for girlfriends, too.

Like, you know, like have you coming up with something for your friend? You're doing a gift exchange. That's a great idea. Let's get that book. So once again, thank you Kim for taking the time to talk with us today.

Thank you so much for having me. All right, everybody stick around because we got more great sessions coming up.