Kegels Are a Scam for Most Women. Here's What Actually Works Transcript

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Summit Introduction and Guest Welcome

Hello, ladies, and welcome back to the Future of Menopause Medicine Summit, formerly known as Mastering Your Transition. This is our fifth year and we are uncensored, unconventional, and unapologetic, and we are excited to be here talking about all the things that matter most to you, to whether you are looking towards menopause coming.

You're in the midst of it. It's far in the rearview mirror wherever you are at. If you are a woman and you're in a body, this conversation is going to be something you want to hear.

Because I've got a fan favorite here Kim Vopni. She's known as the vagina coach and she is certified personal trainer, a menopause support expert. She is like, you know, when I said, I want to talk about the pelvic floor, it's like, who am I going to talk about it with?

I'm going to talk about it with Kim. So she's the author of three books Your Pelvic Floor, Prepare to Push Pregnancy Fitness. She has, I tell you this every time I talk to you.

But she's got the most creative names. Her podcast Between Two Lips and she has her buff month method. So if you don't know what the method is, stay tuned.

You're going to find out. But in all seriousness, the pelvic floor is underappreciated, misunderstood, not talked about enough, and it's such a crucial, crucial piece of your health and your well-being.

And so thank you, Kim, for taking time to be here and to help enlighten the audience. Yeah. Happy to be here. Thank you very much for having me back. My pleasure.

So let's just dive in. And I think it's always a good place to start. You know, there's things we hear like, oh, your pelvic floor. And I think there's a lot of women listening, and rightfully so, who don't really like.

What does that actually mean? Like, I know it's down there. So maybe if we could just do like a quick pelvic floor 101. And I like how you say like the pelvic floor should be a vital sign.

Like, I'm in the clinic, I'm taking vitals and doom BP, I'm doing temp, I'm doing pulse ox. But what do you mean by the pelvic floor is a vital sign. The pelvic floor is responsible for a lot of things.

And when it's working well, we don't even think about it. When it's not working well, it influences so many aspects of our life, which I'll explain when I talk about what the pelvic floor is.

And if we had practitioners asking us about it, if we had education along the way. When we're learning about the menstrual cycle and we're learning about sexual health, when we're learning about our bodies, if we had the education, about what the pelvic floor is and why it's so important, what it's jobs are and what are some of the signs and symptoms that mean it's maybe needing a little bit of assistance and then also what to do about it and who to see.

It's I really, truly think it would change women's health. It change our lives. Really. So the pelvic floor is I want to get people to even feel on their own bodies, the bony pelvis.

Pelvic Floor 101 and Core Function

If we think about like if you've ever been angry or your cross and you put your hands on your hips, so find the tops of your hips, those bones, that is, that is the part of the bony scaffolding of the pelvis.

And if you into your fingers forward down towards what people call the pubic bone, it is actually a pubic joint. It's the intersection of two bones with a with cartilage in the middle for from a joint perspective that's your pubic symphysis pubic joint.

It's one of the places where the the group of muscles called the pelvic floor attaches. And then if you are standing or if you're sitting, it doesn't really matter.

But if you can sort of pull the flesh of your butt cheeks away, even just do one side and sort of pull the flesh away and you'll feel a bony point through your butt cheek.

You have one. And either sides. Those are your tuberosity is a bit of a mouthful. People call them sitting bones or sits bones. Pelvic floor muscles attach to those on either side, and then at the base of our spine, we have our spine that we have.

What's the triangular bone called the sacrum. And at the very end of the sacrum we have our tailbone or our coccyx. And that is another point where the pelvic floor muscles attach.

So joint two sit bones, coccyx. It's kind of like a triangle. And the muscles that attach there, it's not one muscle. It is layers of multiple muscles.

And there's three main layers primarily. The first layer is primarily responsible for our sexual response. Second layer primarily responsible for managing the openings of the urethra, the vagina and the anus.

Third layer primarily responsible for the support of the organs bladder, uterus, rectum, urethra, intestines to some extent. And that doesn't mean that each layer is only doing that one job.

It all works together globally, but we can we can narrow it down to the scope of what those jobs are. So continents, organ support, pelvic and spinal stability because it is the foundation of our core.

We've all heard of core exercise or core fitness. The pelvic floor is the foundation of the core, but it's been left out of the conversation. So core control and stability is another job.

I mentioned sexual response and also because of its relationship with the diaphragm. So I call our inner core unit the core for for meaning for parts to that system, the pelvic floor.

And then we have the diaphragm. We have our deep abdominals called our transversus abdominis. And then we have some stabilizer muscles along the spine color multiverse.

So this is what I call that inner core unit core canister. Some people say core four is the term that I use. And that relationship between the diaphragm and the pelvic floor is part of that core.

Four is another essential component of the function or the role of the pelvic floor. And acting kind of like a sump pump. It helps move things lymph with lymphatic flow through the body as well.

And the breath is an integral part of the function of the pelvic floor, and also how we can improve or even eliminate some of the symptoms that come along.

So that's what the pelvic floor is. That's what the jobs are. And we see externally our labia. We can see our vulva. We don't see the tube on the inside which is the vagina.

We don't see those internal organs. We don't see any of those muscles. It's not like we can go to the mirror and like, you know, when we flex our biceps, we can't do that with the pelvic floor.

So it's always been this elusive part of the body. We know we're supposed to do quote unquote Kegels. We don't really know what those are. We don't really know how to access this group of muscles because it's something we

can't see.

And we've never received the education about what it actually is. And, you know, just from what you just said, it's like it's important. This is, you know, from sexual function to incontinence to I mean, and just as you're describing and I'm thinking, you know, not that I'm seeing the glass half full, but like, there's so many opportunities for strain or imbalance or something to happen within the pelvic floor and how that could be felt or experienced so many different ways.

So you mentioned Kegels. So let's just talk about let's just have the Kegel conversation because you hear so many, you know, what's your thought like, are Kegels worth it or they the only option.

Are they outdated. Is there a right way a wrong way. You know, I remember my gynecologic before I was even a doctor. You know, when you get to the red light, do your Kegels like that.

Still, is that still valid? It still is perpetuated. That message is still perpetuated. I would say Kegels have a place they can be effective when they're done correctly and consistently, and for the appropriate condition.

The challenge is anything to do with the pelvic floor. Anytime somebody asks for help or complains of pelvic floor symptoms to their doctor or care provider, they are often told, go home and do your Kegels and sometimes go home and do 100 Kegels, or do them at every red light, or do 300 Kegels.

And we know from the literature that especially from a stress urinary incontinence perspective and even early stage pelvic organ prolapse perspective, Kegels can be very helpful.

They can work. However, we the way I've looked at it is it was always limiting to me where all the other muscles in the body. We can work in multiple ways.

We work on strength, we work on endurance, we work on lengthening, stretching. We work on power. And why aren't we applying those same principles to the pelvic floor?

And I also thought, well, this thought of do it every red light or do it while you're brushing your teeth when you're distracted. You're not.

Why Kegels Alone Are Not Enough

It requires a little bit of focus to connect with the pelvic floor, but it's also not training the pelvic floor with real life functional dynamic movement and most of the symptoms that are coming up and potentially bothering, bothering people, or interfering with people's quality of life is when they are exercising, when they are doing their laundry, when they're lifting a bag of groceries into the car, when they have to run across the street to to make the light before it turns red, like it's.

It's these little moments where we need the pelvic floor to be able to react quickly in time, generate enough force, close the openings and prevent leaks, and make sure the organs are supported and control that core control mechanism needs to be happening.

So I looked at that as we need to apply some different principles to the pelvic floor, and I wanted to incorporate it into whole body training because it already is.

It's already sort of coming along for the ride already. But if we have symptoms, that means something has broken down in that core force system and we need to retrain it.

We need to maybe retrain the reaction time. Maybe we need to build up some strength. Maybe we need to work on endurance. Maybe we need to work on power.

Maybe we need to work on releasing tension. So it's it's a much bigger conversation and deserves a much bigger

evaluation to determine if voluntary activation or voluntary activation and holding in a static format would really be beneficial.

And I think it could be a starting point, as I mentioned, for stressing continents for early stage prolapse. But very quickly, just as with any other type of exercise, we need to progress.

We need to progressively overload those muscles for them to get stronger. And when all we do is stop at a red light, we could be there for 10s. We could be there for a minute. We don't know.

We're not in a great body position for for proper pelvic floor work. We're distracted. We need to focus on the road. And also we don't reach the point of fatigue, which is an important part of muscle adapting and therefore building itself up and getting stronger.

If we sat at a red light for 30s and we did a few little squeezes, and then we carry on with our day and that's all we ever do, and then, oh, we have another five minutes later, I have another.

We don't really reach that point. I'm going to sit not going to say there's no benefit to it, but it's really not the in fitness, we have to do multiple sets, multiple reps.

We have to reach a point of fatigue where we then go and rest, and that's when the body says, wow, I'm going to use the protein I have in my body. I'm going to use some creatine, I'm going to use the hormones, I'm going to use all these, this substrate to now go and rebuild from the work that she just did, so that if she does it again, I will be stronger.

But if we're only ever kind of haphazardly doing it, we don't reach that point. And then to add on, I know that was part of your question, but we also need to make sure we're consuming or have the substrate on board to allow our bodies to build that muscle back.

So let me take it back one second. So for the women listening, is there like a little because like you said, it's not like you can look at your skin and go, oh yeah, I have acne.

Like you can't really see it. So is there kind of a checklist you have for them? Like, should every woman of menopausal age be addressing her pelvic floor?

Do some women slide by and their pelvic floor is never an issue? Like what should they be thinking? What should they be like a checklist? Or you know, if you're experiencing this and you know, how do they know if this is like really applicable to them?

So in my opinion, and I hope that this becomes standard of care going forward. Anybody with a pelvic floor and that would include men. Now I work primarily with women, but all women should ideally they would benefit from seeing a pelvic floor physical therapist every single year from the time they are sexually active for the rest of their life, even if they have no symptoms, but especially if they do so.

I'm not a person that is sitting around and waiting for something to happen. I don't want there to be years and years of suffering. Okay, now I'm finally going to go and do something about this.

We know we can play a role in reducing our risk of these things. Not everything is within our control, but a lot is. So I believe everybody would benefit from seeing a pelvic floor PT once a year for your checkup in terms of symptoms that could indicate the pelvic floor is looking for a little bit of support leaking with laughing like leaking urine with laughing, coughing, sneezing, some sort of exertion jumping exercise, pushing a heavy door open, standing up from a chair.

If we leak a little bit of urine, that is called stress urinary incontinence. Very, very common. The one that will most likely respond to a Kegel practice.

But again, I still would have you expand upon that Kegel practice. Urge incontinence or urgency. Urinary urgency is where we suddenly feel we have to is like alarm bells.

We have to get to the bathroom right now. That could happen with people say, as I come home and as I'm putting the key in the door, there's something called key in the door syndrome.

It becomes like a Pavlov's dog response. Or if I see or think about a toilet, or if I hear the sound of running water, or sometimes just out of the blue when I stand up from a chair or even just doing nothing, all of a sudden I get very, a very sudden urge.

That is urgency. If we leak a little bit of urine as well, or lose complete control of the bladder, that would be urgent. Continents. You can have both mixed and continents.

You can have anal incontinence where gas or stool leak out. And this is much more life altering. It's less common. Same principles are going to apply for the most part in terms of overcoming it.

Then we have pelvic organ prolapse. And this is where the bladder uterus, rectum, sometimes intestines, urethra can shift out of their proper anatomical position and bulge into or descend into the vagina.

50% of women who have given birth have some degree of prolapse. Early stage prolapse is asymptomatic, which is another reason why I recommend people do see a pelvic PT once a year so we can catch these early, and then we have a sort of a pelvic pain category.

And this is things like it could be pain in the bony scaffolding that we talked about. It could be pain in the vulva. It could be pain around the opening of the vagina.

It could be pain with insertion. It could be low back pain, tailbone pain. There's all sorts of different pain categories. And those are the three most common buckets I would say.

I would also say if you're waking up multiple times a night to pee, if you feel like you have to plan your life around the bathroom and you're always searching out and you feel like you're in there every 20 minutes, every 30 minutes, that would not be normal.

Signs of Pelvic Floor Dysfunction

If you have low back pain. 95% of women who have low back pain do have pelvic floor dysfunction as well. So not always obvious signs. Painful sex, so painful insertion that could be pain from dry irritated tissues.

It could be pain from tight muscles in the pelvic floor. It could be pain from maybe an organ that has shifted out of its position and is obstructed. The insertion of whatever it is.

Fingers, toys, penis tampons. So those would be the most common buckets. So I love this because it's like and we're not taught this, we're not told this.

But it's like you go see the dentist once a year, like you're and you didn't say like I thought you were going to say like when you hit menopause, but you were like from when you start having sex.

So we're talking about, you know, you're saying start early, which I love because natural medicine is, you know, the power of prevention is always 1,000%.

Yeah. If we like, when we're teaching kids about the menstrual cycle and about bodies and sex, we learn about sex is in like how to not get pregnant and how to prevent STDs.

That's really our sex education, right. And and we could we could. That's a whole other conversation. But that's the time where we really should be empowering kids with knowledge about their bodies true, healthful, supportive,

anatomically correct information that puts them in control and understands what some of the signs and symptoms are to look for that.

If if they think something's wrong, who do I go see? What do I say? And with regards to waiting until menopause, that's usually in my community. That's when most people come because we usually are waiting for there to be a problem.

And now we're like, oh, now I have to do my pelvic floor exercise. And I hope again that that shifts and we all start to do whole body pelvic floor muscle training earlier in life, and it just becomes part of what we do.

We all know the benefits of exercise. Let's bring the pelvic floor into that exercise that we're already doing, so that we can kill two birds with one stone and the menopause.

The other layer with menopause is the the hormone piece. And that's usually sort of the straw that broke the camel's back, where symptoms may have been sort of creeping in.

Maybe they've been manageable. Maybe it's like I'll deal with it later. But then once we have that drop in estrogen, all of a sudden that's now either bringing symptoms on for the first time or exacerbating and kind of making existing ones feel even worse.

So that's usually when people are like, all right, I have I have to do something about this and take some action. Yeah. We're like, the hammer is coming down and now we can't ignore it.

So I have two questions. One is they're like anything you should be looking for when you're looking for a pelvic floor therapist. Like, are they all created equal or is there anything you should be calling around and interviewing.

And then from that like and then your program, how does that take the place. Is that used in conjunction with the pelvic floor therapist. So like what are the things that women can be doing and how should they be going about it.

Pelvic floor physical therapists are we need more of them. So it can be sometimes there's not always going to be one in your area. It may be difficult to get in sometimes.

There's a bit of a wait list. Of course I do. Anybody on your care team? It is beneficial to go and have a meeting with them. Interview them. Make sure that the right fit for you.

Sometimes we don't maybe have that luxury, but yes, I would definitely recommend you do that how you look. You can go to Google and put in pelvic floor physical therapist Cincinnati like wherever you are closest major city.

Even try the town that you live in. If it's a smaller town, if you're in the United States, it's pelvic floor physical therapy. If you are in parts of Europe and Canada, usually Australia and New Zealand, it's pelvic floor physiotherapy.

So it's the same thing, just slightly different name. If you're not having success with Google you could also go to Pelvic Global and this is a paid directory.

But a lot of different pelvic health professionals are listed there. You can search by postal code or country or, you know, zip code, what have you. And see.

You can look then at the person's bio, their website and I, I would say I have a bit of a bias to somebody who has a movement background. Maybe they worked in orthopedics first before going into pelvic PT, or they incorporate movement practices into their therapy.

So that would be my bias. It doesn't mean that somebody who doesn't do that is a bad pelvic PT by any means, but it's also an important it is important to have trust and to to like the person.

So you're going to have to have some sort of a good connection, is it? It is an intimate therapy and some people will see one, two, three, four before they find the right person for them.

So even if I said this is a great PT, it may not be the right one for you. That's okay. And if you go and get checked out, is it like something? Maybe if there's no issue then you're just going like for your once a year checkup, just like you go to the gynecologist.

Yeah. Just like you go to the dentist. They do a checkup and no cavities, so I don't stop brushing and flossing. I still continue the work of prevention.

Pelvic floor muscle training would be the same. So everything you get a clean bill of health, so to speak, and everything's looking great. You carry on doing the the maintenance work again.

I, you had asked me and I forgot to answer. I apologize how my program fits in. So my program is not designed to replace an in-person pelvic floor, physical therapy appointment or assessment or treatment, but it does play a role for people who may not have access their need.

There needs to be other options for people who can't geographically get into a pelvic PT, who need who. Maybe financially it's not accessible for them.

Many reasons why. So this is designed to ideally work in conjunction, and I recommend anybody who comes into my program if you can. I do recommend you see a pelvic PT.

It doesn't mean you can't have success with my program if you don't, but it is something I recommend all women do. I just feel like it should be standard of care.

So I'm always promoting that. And what I do is the almost like the homework that a lot of pelvic Pts would, would give to their patients. So the patient comes in, they'll do some sort of assessment, the manual therapy, health history, all the stuff that happens.

They will then usually depending on the person's symptoms, if any, anything they need to work on would send them home with the home practice, which is usually exercise focused.

Finding a Pelvic Floor Therapist

Sometimes there may be some modalities or devices that could be beneficial as well, but I, I sort of come in and help play a role of giving people a community to come to a place where the resources are already done, the workouts are done for them, the all of the education they need to to do that whole body pelvic floor exercise program happens.

And that's really, I hope, going forward again, that we learned this earlier, that we are told about pelvic PT much earlier in life, and that there people understand the value of the in-person assessment and treatment and also the homework, the staying consistent with the exercises.

Yeah. And it's like you said. So you work your pelvic floor just like you work your biceps and you don't work it. You lose it. And I'm sitting here going like, why doesn't every gynecologist office have a pelvic floor physical therapist?

Yeah, I'm starting to see that happen more and more, which is, of course, music to my ears that that is an essential collaboration with gynecologists, even with family doctors.

Not necessarily. They always have to be in the same office, but practitioners when they refer they ideally, I would hope they are referring everybody to pelvic TTS, specially if there's something that a person is brought into that appointment that they are dealing with symptoms from.

But again, I really, truly think we could reduce so the cost of the health care suffering, relationship breakdown, time

off work like we could reduce so many things by being proactive and planting the seed that it's important to pay attention to your pelvic health.

And we shouldn't wait until things are so bad, or wait until we're suffering, or wait until symptoms show up. We should really be ideally taking a hold of this much earlier.

Yeah. I mean, and there's, you know, we live in this society of, well, what? You know, I'm sure we're all waiting. Like, what's the pill? We take her pelvic. Yeah.

You know, and you know, we supplements or supplements and you know, I use them a lot in my practice, but we've got to put in the work. And I think there's something really valuable of getting to know your pelvic floor and being intimate with your pelvic floor and understanding even these parts of our bodies that are so crucial.

And how you said the breath is connected to another breath is, you know, moving everything that we can, you know? Yes, I'll give you your internal estriol and it will help, but it will help so much better if you're doing the activities.

So and that was actually recently shown in research to there was a research article, women with vulva Vaginal Atrophy which we now have have upgraded that term.

But that was the term used in the study. They looked at that group, the group of women who were doing Kegels only, and a group of women doing Kegels, plus vaginal estrogen, which was estriol.

In that study, there was a mild, moderate, severe categories. And Kegels can help with blood flow and circulation, which can help to some extent with now called GSM genitourinary syndrome of menopause.

But the moderate to severe groups especially saw the most significant change when they had the combination of key goals. So pelvic floor muscle training and vaginal estriol.

And in addition to that, I sort of mentioned earlier, we need to make sure we're consuming enough protein. We need to make sure we're hydrated. So we're poop.

Well, we need to make sure we have good fiber on board. We need to pay attention to our posture, not get constipated. We benefit from you know, I'm now seeing more and more research about creating the benefits of creating, especially for postmenopausal women.

And that's all designed for muscle support and a reminder that the pelvic floor is a group of muscles, skeletal muscle. And so it's going to benefit from the protein intake, the creatine, omega three fatty acids, vitamin D, like all the other things that we're doing for other parts of our body, the pelvic floor is also going to benefit from yes, you know, it's a chuckling because it's like you always got to go back to the basics.

Supportive Treatments and Whole-Body Habits

It's like you need to be hydrated. You need to sleep. You know you can build upon a foundation that is cracking. So I'm curious I didn't tell you this, but I'm curious.

So we just opened our 7000 square foot clinic here in Scottsdale, and I put a pelvic power chair in, and I'm curious what? And I don't know, it's from Switzerland, so there's not.

Are you familiar with the pelvic power chair? I'm curious what your thoughts are on it because it's like, does the key goes for you. And it's a magnetic field and it's strengthening the pelvic floor.

And so is that cheating? I wouldn't say it's cheating. But again we want to make sure I always recommend people first invest in a pelvic PT to understand what are the contributing factors to whatever symptoms it is that they're dealing with.

And as I said, with Kegels, Kegels can play a role for a small percentage of people, and I view the pelvic power more for that population. And there are some people who it sounds miraculous and, oh, it'll do all this work for me. That's great.

But it's not like I never would refer somebody to a therapy or a device first. I always want the pelvic PT first to make sure you understand what's happening, and then they can help you decide if that's going to be a beneficial therapy for you or not.

So I'm not I'm I love devices, I love technology, I love all the innovation that is happening in the space because it just means more opportunities for people.

My only thing is I make your first stop or your first line of defense, your pelvic PT first, and decide if that's going to be appropriate for you. You know, a good one in Arizona, I do.

I'll get I'm trying to think of her name right now. What part of Arizona we're in Scottsdale. Yes. I'll get you then. I'll get you. Well, you'll have to get that from me, because, yeah, I'm a big believer in, like, getting your hands on getting the knowledge.

But it was I ran into it. I was in Germany and I saw this chair and I was like, oh, this is super cool. And like, for all of and for men to. Right. I know we're mostly women here, but men can benefit also.

I love that you said that in the beginning. Yeah. That's women. We go to these men of horse summits and we do all the things that we get really healthy.

And if we have a male partner in our life, we can't forget about them, right? Because we want them to be vibrant alongside of us. So we got to get along.

Yeah, we have to say the reverse as well, because we see how long has Viagra been on the market and how long has there been sexual health support for men?

But there hasn't been anything available for women. And now finally we're catching up. But it's like, well, we have all these men who are ready to have sex with sometimes female partners.

But if the female partners have pain with sex or they have tight muscles other they're afraid of leaking, then they're not going to be they they're not going to be interested.

So now finally, we're having we're moving the needle forward with regards to options available for women to improve their sexual health as well. So that's you know, I see so many relationships break down because of pelvic health struggles.

And so when we can support women through this process so that they can have the language to talk to their partner, to help them understand what's going on so that they feel empowered, that they can do something about it, and they have the resources available for them to make change, then we can bring back that harmony.

Yeah. Which is, you know, so important. I hope everyone listening, like if you had the thought, well, that part of my life is just over. I'm 50 or 60 or 70 or 80 now.

Like, take that away. That doesn't have to be your truth at all. I have patients who are like, we're the best of our lives and we're 84. So yeah, I mean, yeah, we and we deserve to have a beautiful sex life and feel pleasure like that's one of the gifts of being human.

So there are, you know, I hope what you took from this is hope, that there are solutions, there's hope. And for those of you listening who have younger women in their lives, right, whether it's daughters or nieces or grandchildren, you know, like get them hooked up.

Pelvic Power Chair and Sexual Health

Like, I think that's such a powerful thing, like, let's change the trajectory of women's health. And we can do that by sharing, you know, what we weren't told what we weren't.

So anything else you want to add that I didn't ask? Or you think it's important for women to know? I think I want people to know it's never too late. So there are. Yes, I've been talking a lot about prevention.

Let's tell younger people. But if you have been struggling even for ten, 15, 20 years, it's never too late to make change. The oldest person I know of in my community is 93, a 93 year old woman, which I think is amazing.

So you can make change at any age. And a lot of the research, again, that one about vaginal estrogen Kegels, that was a women post menopause. There was some recent research looking at Kegel exercises with coupled with resistance training, which is of course supporting my bias.

That was with elderly women. That was the term. And they used in the the study dealing with incontinence.

Hope, Prevention, and Where to Learn More

So it's never too late to build strength to pay attention to your health, to your muscles, to your pelvic floor. So I hope people have taken away a few nuggets and maybe go see a pelvic PT.

Ask your doctor for vaginal estrogen if you haven't already, and make sure you're consistent with your whole body, including your pelvic floor. I love it, and how can they come hang out with you and learn more about your powerful program and your community.

Where's the best place? Yeah, so my method you can go to buff com Boof move. It is a bit of a mouthful. Com and if you want to just sort of check out what I'm all about, you can find me on YouTube or Instagram, where I share tips and exercises so you can get a better understanding.

My podcast Between Two Lips and I also have a book, a physical book called Your Pelvic Floor. Sometimes people like to have a physical book to read at their, you know, read the chapter at a time.

But that's also something that is very easy to pay forward, that, you know, in terms of getting the information out to other people. So those are a few different ways. Love it.

Well, you're such an important piece of the female health journey, so I just bow to you for all you do and all you contribute. Amazing. So go check her out, join her program, follow her by the book.

I'm like, I need the book from my waiting room. And from that on my list. Yeah. And yeah, I, you know, there's I'm so glad you said that. Right? Because it's two ends, it's prevention.

But then it's also. Don't worry, we still got you like, it's got you to tell women all the time with hormones like it's never too late. Better to be preventative.

But if you weren't, if you missed it, it's okay. Come where you are. Come as you are. So thanks everyone for being here. We'll be back with another talk and stay tuned and we'll talk to you soon. Bye.