Introduction to Sleep and Pelvic Health

Hi everyone and welcome again to the Sleep Deep Summit. New approaches to treat insomnia and sleep apnea. I'm your host Dr. Audrey Wells, and I'm really excited about the next speaker.

It's Dr. Betsy Greenleaf, and she is a premiere women's health expert. She's a bestselling author, entrepreneur, spokesperson and inventor. She wears all the hats and she does holistic body, mind, spirit approach to help women find pelvic peace, inner power and regain their sexy.

So we're going to have a fun discussion today. Welcome, Dr. Greenleaf. Oh, thank you so much. I'm so excited to be here and to be talking with you today.

Me, too, because this is a fun topic. And I think when I get asked questions about sleep, you know, there's kind of this vulnerability because it's a little bit getting into people's intimate lives.

And so I think it's really fun to jive with someone who's been in that space for a while. You know what I was thinking about before us talking? And I was like, you know, people are going to go like, how are you going to connect pelvic health with sleep?

And then when I even started thinking about it, I was like, There's so many connections and it's almost like you can't separate some of it. So yeah, they're really intertwined.

And let's get started on that topic then. So help the viewers understand how sleep and pelvic dysfunction or sexual dysfunction are connected. Yeah, and it's so funny because it's hard to figure out where to start, but I think I'm going to start with the easier one and then we can get into the more fun ones.

But the first thing that I see all the time in people are bladder issues. So specifically, people getting up frequently to urinate at night. And it's it's a medical term called Nocturia, which Nocturia It just means urinating at night.

And so a lot of people, first of all, don't even know what how many times urinating during the day is. And so they think if they get up at all that night, it must be bad.

But eight times a day is considered normal depending on how much we drink. And about two times as much as that's annoying. Two times at night.

Nocturia and Sleep Apnea

Can be considered normal also, depending on when we're drinking. But I will tell you, every single person that comes into my office thinks, you know, as a urogynecologist, they're like, it's my bladder that's waking me up.

And I sit there and I go, Wait a minute, you're getting up at night, you're urinating, your sleep is getting disrupted. This is not your bladder. We now I'm starting to send them to sleep, doctors or people to look into for sleep apnea.

And I start asking them, you know, are you snoring? And I know a lot of people don't know if they're snoring. I'm like, well, does your partner believe your snoring?

And has any if you don't have a partner, has anyone ever told you that you snore? And, you know, it's so funny because everyone's like, it's not my sleep.

It's not my sleep. It's it's my bladder. It's my bladder. And inevitably, after they've seen the sleep, doctor, they come back to me and they're like, I'm not getting up at night.

And so the reasoning why this is happening is if you're in a deep enough sleep, your body shouldn't be paying attention to some of these little cues that would normally be annoying.

So it's not that your bladder is actually waking you up, is that you're just coming. You're not into deep enough sleep or you're coming out of a deep sleep and you just happen to notice that the bladder is bothering you.

And that's why you're getting up. It's not like if you were sleeping well, you would have slept right through that. So and I find that when it comes to the treatment of bacteria, even like the medications we have, they don't really work.

And I don't like them. I don't like them. And we have a medication that we can give people that stops their production of urine at night. And then I go, Why in the world would I stop a natural, you know, a natural process in the body?

Like, why would I want to shut down your kidneys at night? Like, that's ridiculous. So I really don't recommend the medications. And even then, like the medications for overactive bladder, we see often like not everybody has, if they're not having symptoms during the day, then they're definitely not having you know, this is not an overactive bladder situation at night.

So the medications don't tend to work. And so inevitably it's getting to a sleep doctor and somebody that can, you know, look at what is really going on with the sleep.

Yeah, you're so right. You know, I. I love it when I get sort of cross-pollination of different specialties coming to the sleep doctor, because sleep affects everything.

And I want to add one thing, because I get asked this question a lot from people when they have moderate sleep apnea or severe sleep apnea, that throat closure or actually can cause big shifts in your cardio, your rib cage, your heart and your lungs, which stretches the top chambers of your heart and signals to your kidneys, put out more urine because it misinterprets the blood volume as being high.

So treating this sleep apnea gets rid of the nighttime episodes of peeing, which people tend to appreciate a lot. You know, that's a good point, too, is that also bringing up the connection with the cardiovascular system and that if people's hearts are not pumping well during the day, not only do we have what you were mentioning, but when you're laying down at night, your body's on like you know, most people are.

Hopefully, I know some people can't lay flat, but if you're laying flat at night, your body's able to pump your blood better. So it's getting to your kidneys and you can you can filter it better than if you're upright during the day.

You know, some of those people may seem like swelling in their legs. So in those populations, they're just making more urine at night because now their body can work more effectively.

So love it. Totally. So I want to ask I want to dove into sort of some juicy things and talk about sleep and sex. Now, this can be taboo, but if you're not sleeping well, chances are you're not sexing well either.

Exactly. You know, that's another thing that people come into the office and they especially I see mostly women and they come in and they're like, I have no libido, my sex drive is down, I must need hormones.

Everybody goes in, jumps to this mindset. We need hormones. Listen, I can give you all the hormones in the world. Nothing's going to help that sex drive unless you're sleeping well, because you know, we're going to go to the basics.

I mean, anything that puts stress on the body and not sleeping well is a stressor. And so the body can only exist in two states, either stress or in relaxed.

And so in the relaxed bucket, you have the digestion, you have sex, you have reproduction, you have your hormones. That's your whole parasympathetic nervous system and healing in the stressed bucket.

Sleep, Stress, and Sexual Function

You we're not healing. We're not digesting our food. Well, that's affecting our gut microbiome, that's causing body inflammation. We're not making our hormones.

The body completely shuts off any kind of process when it comes to reproduction. So that's fertility and sex drive because honestly, let's say, you know, you're we always give the example with the sympathetic nervous system.

You know, if you're walking across the savanna in a lion jumps out at you, you want to either fight or flee or, you know, stay. So incredibly still that that lion doesn't see you.

It's not the time to be having sex, right? There's times of things because you'd be eaten by the lion. If you're like, excuse me, Lyon, let me, let me get my sexy on over here. So.

So they just can't exist at the same time. And stress is such I mean, sleep is such a big stressor that so many people overlook, because I think in today's day and age, it's a combination of we're trying to push ourselves.

It's like trying to like just get a little bit more work done. Let's get another thing done in the day. So we're staying up later, we're not sleeping as much.

And then the the terrible blue light from all our devices. You know, I get patients, I'm like, they're in bed doing like Facebook or social me or whatever.

And I'm like, do not be on those things at night. You're affecting your sleep. So as long as that the sleep is affected, the body goes, All right, I'm in stress mode, then I'm going to shut things down.

So I think probably the number one thing for a better sex life is actually more sleep. I mean, it's just it's an it's a simple thing. You know, forget all the blue pills and the hormones and everything.

They're not going to work if we don't take that stress level out of our lives. So I love it. And, you know, I try to explain sometimes to people there's like a new meaning to sleeping together with your partner, like your your kind of helping each other to get good sleep so that you can have energy left over at the end of the day or at the beginning or in middle for intimate see.

And it seems to affect women disproportionately because women sort of need this mindset, this mind space in order to go forward with intimacy. What are your thoughts on that?

Yeah, you know, it's really interesting. They're finding out like the old model of desire in sexual function, like the Masters and Johnson's, which was amazing back in the sixties.

It was great the first time people were coming out with information on human sexuality. But that linear model that shows like desire and then arousal and then a you plateau and then orgasm and then resolution.

It's that linear model doesn't really apply to women and but we built our thoughts on human sexuality, especially for women around that model. And everybody thinks like, oh, I have to be like in the mood to have sex and everybody needs to get in the mood.

The problem is, as we get older or as we're in longer term relationships, we don't have those hormones like that. Dopamine that like excitement that happens when you're early in a relationship.

And so, you know, and also you add like, like work, stress and family stress and maybe economic stress and all these other stressors on to it. It's just waiting.

If you wait around until you're in the mood, you're just going to be waiting forever. So Rosemarie Bryson, who is just an amazing sex researcher, she came up with a new model for women's sexuality and it's actually you can

actually look it up.

And her name's Rosemary Bisson Visco and it's these intertwining circles. And a lot of times when I show this model to my patients, they go, oh, this makes sense.

So she found it's not that we can't have spontaneous desire that still happens, but it's not like everyone models the movies they expect, like you're walking on the beach and next thing you know, you're rolling around in the sand, which I always joke around about that because I'm like, Where's that I'm getting to?

But that's a whole other story. Like, that doesn't seem very comfortable to me, but, but, so we put the movies aside. Remember, those are the movies. So in Rosemarie, besides model, we have spontaneous desire that can exist, but in majority women it doesn't.

And what comes and goes across our lives. But in her model, she has willingness as the first step. So as long as you have a conversation with your partner about like let's you know, I know it doesn't sound romantic and spontaneous, but I'm telling you, it works.

Is that set aside aside a date night, set aside a time where you're going to have some intimate time with the knowledge that you make an agreement that if you're just not feeling it, like you don't want to go through the steps just because, because then that's going to set up this negative feedback loop and you're just going to end up not liking sex.

But the idea of like, all right, let's set up this date night where we're at least willing to try and see where it goes. And that once you set up that willingness and you kind of start going through the steps, maybe it's making out, maybe it's just holding hands, maybe it's just being, you know, cuddling, maybe it's being close and, you know, not having any of the detractors.

Once you have that willingness now you start getting some physiologic changes in the body and we start getting increased blood flow to the pelvic organs.

And when we get increased blood flow to the pelvic organs, now we start getting increase in desire, we get increased sensation, increase lubrication, and then we start getting the desire, desire.

So in her model, the arousal comes before the desire and it becomes at a willingness.

Womenu2019s Desire and the Role of Sleep

And then after the, the, the desires, they're then going through and doing whatever sexual activity makes you happy. And then women in general report more satisfaction when they follow that model than, you know, just trying, like just waiting around until they're in the mood.

So when I have patients try that, they come back and they're like, you know what? I don't think I need the hormones or I don't need like and everyone's waiting for that magic pill, which they're just unfortunately, they're not going to they have the brain is your most important sex organ.

And so they can't figure out a pill that's going to turn on everybody's brain. So that's why we're never going to have a pill that's going to put us in the mood because everybody's different.

But that's so interesting. And I want to tell you, I took some notes because I think this is really important and I. I love it. That willingness is the first step because that's mutually respective, respectful of both partners.

You know, this comes up in my line of work because I preach to everybody I can about nasal breathing and sex improves your ability to breathe through your nose.

And so the next time everybody you're in the mood, see what happens afterwards, see if you can take advantage

of that nasal breathing and keep it going.

Now, I want to I want to pick your brain a little bit here because, you know, not everybody is in a sexual relationship and a lot of people aren't, but want to be.

And sometimes when I'm talking to people about treating their sleep apnea with CPAP, there's some resistance, there's some reluctance because the question is, this thing is like a fighter pilot.

This is in no way attractive. What am I supposed to do? I'm curious to know what a sex expert would say. You know, I'm laughing at this because I actually had sleep apnea.

And so and it was it was diagnosed very early in my marriage. I've been married for 20 years now. And, you know, I thought I was just getting tired because I was working long hours.

I didn't realize it was because I wasn't sleeping well at night because of the sleep apnea. And so I remember when I first got my CPAP and my husband used to call it my scuba gear.

Because he. Was like like, oh, that's sexy. Yes. Oh, but you know, what I found personally is that using the you know, using the CPAP, I started having more energy.

And also once again, because I've more and more energy probably going through the whole thing of stress. I had more sex drive. So yeah, once again, we're probably not getting into that spontaneous like I mean, maybe your partner, if you have a partner, is rolling over and like, you know, they're not looking at you no matter what as sexy, whether you have the big scuba gear on or the fighter pilot mask.

You know, I know some of the nasal cannula is are so much better now than they used to be. So, you know, they're probably looking at you as being sexy no matter what you look like.

So but whether it's, you know, whether it's with a partner or without a partner, I find that the the treatments for the you know, the CPAP really is going to help long term and plus it's going to help with that cardiovascular stress on the heart because you can't have good sex if you have cardiovascular issues.

So and we know even when it comes to like men with erectile dysfunction, erectile dysfunction, it actually is one of the first signs that there's an underlying cardiovascular problem.

So you have to think about could that even be one of the first signs of sleep apnea? So some people sometimes I get men's attention by bringing that up, as, you know, a possible effect of untreated sleep apnea.

And I also like to point out to people that typically you aren't having sex with the CPAP masks on, you know, to each their own. I don't want to yuck anybody's yum, but, you know, the well-rested version of you, even the well slept version of you is the best version of you.

And that's what you want to bring to a relationship, whether it's new or old. And I think that if your sleep apnea is untreated and you have a lot of snoring at night, that for sure is not sexy.

Now, show up with authenticity. Make this a part of the discussion. And I love it that you're kind of dispelling the myth about the spontaneity that we are all seeing in the movies.

Yeah, and that's the thing, is that because we're not given good examples of sex, I mean, everything else in our lives, we're taught and we're given examples.

And unfortunately, especially in American culture, it's very taboo. It's kind of, I think from back from our Puritan starts, even though everybody has different backgrounds and we're a big melting pot, but it's kind of following us along and like, it drives me crazy because sex is probably the most natural thing in the world is how we all got here.

But yet you see so much more violence in movies than we do sex.

CPAP, Energy, and Intimacy

And I'm like, you know, I think that's one of the things is that the examples we have are these kind of crazy, like spontaneous things in a movie that we are all trying to model, and it's just not the way it is.

So I. Totally agree. Yeah. I mean, I think that's really helpful. And like I said, it, it gives new meaning to the term sleep with me. You know, there's there's a couple of different ways to look at that.

And you can have healthy sex and healthy sleep. And I'm very curious to know, with your expertize, when women have trouble with sex, what does that look like and what treatments are available?

Yeah, so it can be a number of things. Sometimes it can be like pain with intercourse and we see that especially as we get older because of the lack of estrogen, the bad tissue starts to burn out and loses its elasticity.

It's very dry remove elasticity. So sometimes you can feel like cut glass when you're having sex, which is not fun. And so you see that more in the perimenopause of menopause period begin to happen with women on birth control because we actually lower the estrogen levels and also women who are pregnant and breastfeeding that they're pregnant.

Breastfeeding. We don't have a lot of treatments because we don't want to disrupt those other processes that are going on. But when it comes to like vaginal rejuvenation, we have so many different things anywhere from topical hyaluronic acid, which can be bought over-the-counter to some topical hormones all the way up to lasers on the extreme.

So what they found out is they've used lasers for year since the eighties for tissue regeneration and lasers basically just cause like a microscopic injury to the tissue and that was bio the tissue.

It tricks the tissue into healing itself by causing this like little tiny microscopic injury. And so when it heals itself, it floods the area with growth factors, and we can regrow tissue without hormones, so we can reverse that aging process with lasers.

And then it opened up the whole world. Like while lasers work, what else in the esthetic world were. So they, they basically took like what people do doing cosmetically and start applying it now to the pelvis and so now we have things like radio frequency, which is sound waves to generate new collagen and we have things like red light therapy.

There's some home devices that you can use that have red light therapy, which has been shown to have an anti aging effect on the tissue. So that's that's the biggest thing when it comes to like the pain, that infinite dryness, that can happen.

There's that there's a whole whole range and in something for everybody's price price ranges. And actually the more you combine therapies, the better.

So I always say check with your practitioner to see which ones can be combined. But the better, the more you combine them, the better. And then really, when it comes to mood in women were so mad when Viagra came out because they're like, that's not fair.

Men have the blue pill. We want our pill. Well, I tell them, listen, bagger is a blood flow, pal. It's not a horny pal. I said before, there are no horny people.

That's not going to happen. There's too many factors that go into putting, you know, putting ourselves in the mood. So but interesting enough, women can use Viagra also, so the average just increases blood flow.

But for men, too, like for men and women, it's not like you take the pill and you're ready to go if you take the pill and if your brain wants again, because the brain is the most important part, it's a brain becomes sexually excited.

Now, the process goes on in the body to try to open up those blood vessels in the pelvis. So you have to be mentally stimulated for Viagra to work anyway.

And so then for women they get increased sensitivity and increased lubrication in men it helps with erections. The other thing with that is sometimes it's very expensive for women to get and even for men I like there's a supplement called L-Arginine and L-Arginine is an amino acid that works in a very similar way.

But it once again, I'm going to preface this like don't go out and start buying L-Arginine because you want to make sure from your health practitioner that you are able to take something like this because people with certain heart conditions cannot take l-arginine people on nature like nitroglycerin, cannot take l-arginine or Viagra.

Treating Pelvic Pain and Vaginal Dryness

And so in class you don't want you want to you want to get in to make sure you have good health. You know, we want to make sure that you're in good health before you start with all these little, you know, these different types of interventions.

And then when it comes to mood, there's been like I said, we don't have a pill necessarily for mood, but there are some herbals that have been shown to potentially help with mood.

But not everybody. And it's hit or miss. So like maca root is really good for for libido, but there's a whole bunch of other herbs like anything from him being to try something called tribulus and you save time, you'll see these in like mixtures.

But I would say before, a lot of times people mistake herbals and over-the-counter and supplements as being safe because they don't need a prescription. Yet.

You have to remember, even though they're over-the-counter and you can buy them, they're like they're magic medications, just like anything you'd be prescribed, because a lot of the medicines we have are derived from plants.

These products are derived from plants. So I would not start any kind of supplement regimen or herbal regiment without getting some sort of clearance from your doctor.

And if your traditional doctor doesn't know, because sometimes they don't. I didn't, you know, until I went and sought this education, then you really that I would recommend, you know, finding a functional or integrative doctor or somebody that is, you know, versed in those kind of alternative therapies.

So. You know, I think there's a parallel there because I have folks asking me a lot about something that they found over the counter or they're they've bought it online and it's not regulated and there's no telling what's actually in there.

Sometimes I've actually found things like caffeine in sleep aids, which is bonkers, right. But yeah, I think the message that you're giving is really valuable.

You know, these are not to be taken lightly, just because you don't need a prescription doesn't mean that they're necessarily safe or effective. If if a woman is having issues and is having trouble finding pelvic peace and I really like that term, what do you recommend as the best place to start for some of these treatments, some sound like derm treatments, dermatology treatments, some sound like gynecology treatments.

Where where should a woman start? So there's a couple different places I'm going to jump to where I think everything in life starts. And then I'll and then I'll give you some other places to go.

My, my thoughts are really into the microbiome. And it started off with my looking into the vaginal microbiome and pelvic microbiome, and I was able to track these.

So the microbiome or the little, little bacteria, yeasts and things that live on and in our bodies and each section of our body has different has different types of microbiomes.

And I was finding that in women they get recurrent urinary tract infections are compatible infections. Their microbiome was off in their pelvis, but we able to track that back to the gut.

And so as I got deeper into this integrative and functional medicine world, I realized they were. So I realized that the gut has everything to do with everything and even you can connect it to sleep.

Because if our gut microbiome is off, we're not making the neurotransmitters that we need for our healthy pelvis, you know, healthy moods or, you know, like 90% of your happy hormone is made in your gut.

1995. If you don't if your gut is off because of bad diet or stress or other medications, we're more prone to depression and anxiety. They've even found some of the neurotransmitters in the gut related to sleep and that the microbiome in the gut has its own circadian rhythm, you know, devoid of exposure to light and dark.

Which is it really interesting to think that this is affecting our lives too, and how we're sleeping? So I always start with all my patients with gut health and then we work out because I can fix so much stuff by affecting the gut.

Now where are you going to find somebody that does that? So I find that a lot of the functional and integrative doctors tend to have that gut brain knowledge.

And so that's where I would start with somebody like that. Now, the other places I would go to, if there's a pelvic issue, is pelvic physical therapists for men and women, they're just brilliant. So one of the things we start losing 8% of our muscle mass as we age, and so that affects our pelvic floor.

And so we start affecting our sexual function, our ability, a hold in urine and stool as we get older. And it's because we don't think about exercise our home or so you go to a hobby for physical therapies is ideal.

In fact, it's crazy. In Europe, women have had babies automatically go through pelvic physical therapy after birth. But we don't do that here in the United States and in Europe.

They have much less issues of pelvic pain, incontinence, prolapse than we have here in the United States. So finding a pelvic physical therapist, even just like have a checkup and be like, hey, men and women because it can affect sexual function too.

Like, be like, hey, am I doing the key goals, right? Like, are there any concerns that I need to know about? Like, it can affect your balance too, and it can affect your back.

So like, I love pelvic floor physical therapies and there's so many of them out there. And then the other thing, I'm kind of partial to your gynecologists, so your gut ecologist is advanced training beyond gynecology or beyond urology.

And it's, it's more on all the pelvic organs and pelvic health and then if there's pain conditions, there is the International Pelvic Pain Society, which is a great resource because if there's only 1500 euro gynecologists in Egypt, I mean, New Jersey in that in the United States, I'm in New Jersey, but up in the United States, there's even less practitioners that practice pelvic pain.

Microbiome, Pelvic Therapy, and Self-Pleasure

So if you have a pelvic pain, I would find somebody that specifically does pelvic pain. And then even more so if you want to get down even to a higher specialty, if you if their skin conditions, then not not even just a regular

dermatologist but for women evolve our dermatologist in a man they could probably find a dermatologist that that that specializes in pelvic health and there are some out there there but you know and think any health practitioner is a good place to start and then work their way you know, work your way.

And I see too often because people will see four or five, six doctors before they see me. And inevitably I get people who are like, well, I don't want to leave my doctor because I feel bad.

And I'm like, You're not like, this is your health. Like we're theoretically your servants to a point. We have the tool. If you don't like what's in my toolbox, you don't like my personality.

Guess what? There's somebody else out there for you that has a toolbox that you like and whose personality you like. So you're not doing your health practitioner a favor for staying with them because you just feel like, you know, you don't want to hurt their feelings and leave them.

You're not you're not going to get good care because you're mentally in the mindset of, I don't like this person. So then you're less likely to want to listen and do the things that they have to say.

So you have to have a really good relationship with your health care practitioner to get the best health. Yeah. Oh, man, that is so true. And I think it's part of endorsing patient autonomy, patient power, you know, really stepping up and being an advocate for your health.

You gave so much good information there. I want to recap and say you just blew my mind about the microbiome in the vaginal canal because I am familiar with that nasal respiratory tract, the gut.

But really any office that has a mucosa has a microbiome. So of course, of course. And I love that everything goes back to the gut. This is a new frontier in health.

And I think as we learn more about what the gut can do, not only from a microbiome perspective, but also from a neuroendocrine perspective, as you know, this is going to be just kind of like unlocking the secrets to longevity and health.

Love it. You talked about seeing a uro gynecologist addressing pelvic pain. There's dermatology specialists for skin conditions and pelvic physical therapy.

I'm thinking that could be fun, actually. So maybe book that as the start of your date night and then see how it goes. Yes, I like. That. Exactly. So, you know, I did read something, I did think, but we didn't cover it when it comes to sleep and pelvic health and it was so fun.

So I did not realize all the years of doing pelvic health. I did not realize that May is international masturbation month. So it's actually has been officially termed that.

And so I was hired by a sex toy company to talk about the health benefits of Self-Pleasure. And I was actually really surprised because we've been talking about like partners and partners. Partners.

But like, here's the thing and I was so shocked because something I just kind of overlooked was looking into the the data, but looking into the research, it shows that self-pleasure especially for women and it doesn't even have to be to the point of orgasm.

Orgasm isn't even the end point that any kind of self-pleasure will put you into a relaxed mood. And 70% of women report improved sleep quality with self-pleasure prior to sleep.

So oh my god. It actually telling people are having a hard time getting to sleep. Like like let's not have those. What's that like? Let's put those, those medications aside.

Like, let's just have a little mean time and it doesn't mean having to go straight to the genitals. It could be that Self-

Pleasure could be just laying in bed and just touching your arms and touching your breasts and touching your feet like anything to kind of like like feel your body and get it into that relaxed state.

So it goes beyond like some people think, you know, like go directly to genitals. I guess that can help but you know, it doesn't have to be that. Totally, totally.

And sometimes I have this conversation with women who are really upset about staying on sleeping pills or not being able to overcome insomnia or or middle of the night awakenings.

I mean, you have options is the point. And I think that it gives it gives kind of a value to me time and kind of making a menu for yourself to see what works for you.

I love it that you brought that up and again opens up the nose. So better breathing, everybody, as we close.

Finding Dr. Greenleaf and Closing Remarks

Dr. Greenleaf, I wonder if you can tell the audience how they can find you to learn more and even potentially work with you. Sure. So I got a bunch of places.

I'm all over the place. So there's DrBetsyGreenleaf.com. That's the main website and we're working on getting our blog back up and going on there. Also, I have a website where I sell the products that I recommend because I found that patients were having a hard time finding them.

So why not just make a website where I have it? So that's the pelvicfloorstore.com Also putting together some courses for individuals and practitioners on a lot of these subjects and that's on femversity.com And the other thing is I'm all over social media as long as they don't kick me off sometimes every once in a while I pick them up.

You know, apparently vagina goes against community standards. I get in trouble sometimes I get and they got to make my account again. So but if you look at just Dr.

Betsy Greenleaf, but it's I'm like drbetsygreenleaf_, @DrBGreenleaf But if you look up Dr. Betsy Greenleaf, you usually can find me there. So yeah. That's fantastic.

And I really enjoyed our discussion today. I know the audience did too, and hopefully we're answering the questions that are not getting asked. So feel free to reach out, everybody. Dr.

Greenleaf, it was a pleasure. Thank you so much. And you're doing some amazing work, honestly, with somebody who's had sleep apnea and sleep problems.

I wish this was around when I started my journey, but I'm so glad it's here now. You're doing a great job. Awesome. It is my passion and it's great to talk to a sex expert about your passion.

Pleasure to see you today. Take good care.