The Juicy Truths About Your Pelvic Floor Transcript

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Introduction to Libido and Pelvic Floor Health

Hi, everybody. Welcome to another episode of the Sexual Health Summit. I am your co-host, Dr. Diane Mueller. Your libido doc. And today I'm really excited for our next guest, a friend and colleague and pelvic floor expert Jana Danielson.

Thank you so much for being with us today. So great to be here. I am in love with the title and theme of this entire week. Dr. Diane. So thank you for bringing this forward because I think we definitely need to start the conversation more around libido and confidence and sensuality.

Yeah, it's a really important topic, you know, it's so taboo. It's one of the things that I think really inspired us to get this summit going is because it's so needed but yet not talked about enough and not made comfortable enough.

So since we're talking about a taboo topic, just tell us a little bit about how you started down this road of being interested in talking and educating and supporting people with sexual health, with pelvic floor.

Just walk us through a little bit of your journey, if you would. Sure. So I came to wellness entrepreneurship through my own pain journey, and I found Pilates as my method for healing my body.

I tell the story that I was on 11 different medications by the time I was 21 years old for digestive pain that was undiagnosed. And anyone who has lived with any kind of pain, you know that the pain may be innocent an area, but your entire body, your entire body is impacted by it.

Jana's Healing Journey into Pilates and Wellness

And so I was so intrigued by how in four short months doing Claudius twice a week, I was able to heal my body, be off all of my medications, my body was changing.

And I it didn't it didn't make sense to me how movement, diaphragmatic breathing, spinal alignment and basic movements could actually heal. And in fact, I found out later through my body's training that that's exactly what it does, is it organizes the body from the inside out.

And and I felt like I didn't want to keep that a secret. And so I got certified to teach Pilates. I started teaching out of our home. And within about a year, it was evident that my business consulting business became the side hustle, which was my main career.

And, you know, teaching movement became really my passion. And so I opened a small play studio which expanded into a studio and an Integrated Health Therapies Clinic.

And through my teaching and education of Pilates, you know, the core is a central part of that. And a lot of women don't realize that our pelvic floor is a component of our core.

You know, the diaphragm, which is the main muscle we breathe in, sits in our rib cage is the the ceiling of the floor or of the core. And then our pelvic floor is the floor with our abdominal muscles that make the 360 degree cylinder.

And, and I would start talking about the pelvic floor and, you know, I would get these looks at, you know, they would it would be like talking to crickets.

Nobody would ask, you know, answer any questions or even interact or make eye contact with me. And I just found that to be so interesting at first and then kind of frustrating because it wouldn't, you know, fail after every class or every workshop I would do that would focus on pelvic floor health.

I would have a lineup of women waiting for me in some in tears, you know, saying that I spoke to their soul. No one's ever talked about pelvic floor health that way.

They felt alone. And they also felt that it was normal, you know, if they just had a baby. Well, but that's what I see on TV or that's what I see in a magazine, or if I'm in menopause, gosh, just walked down the incontinence product aisle in, you know, in your grocery store.

And you'll see all the options that you have which are framed as the solution, which really is not. And so I, I realized that there was an opportunity to maybe educate in a different way to start the conversation.

And that's really where, my love for pelvic floor health, sensual and sexual wellness, that's where it was rooted. Yeah. Thank you for that. It's. It's so true, right.

Like so much of the time, all that's really talked about is some of the dysfunction that happens when people have pelvic floor imbalances. And it's just like you said, like walk down the grocery store, you go to the medication aisle or you go to whatever you need to kind of symptomatically take care of the, you know, the symptom.

But nobody's really talking about why is this happening and why do you think that is? Why do you think like with all of the knowledge that we have in the world around musculature, around things like we need proper pelvic tone, why do you think that it's really not something that is talked about much?

I actually think well, I think here's our short answer is that the incontinence product industry is a $21 billion industry. Right. We're told that that's the fix.

I mean, for men talking about, you know, libido and sexuality, 90% of erectile dysfunction is actually a fitness/movement issue. It's not a medical issue.

It's nothing that's wrong with their brain. Or yet that's what we're that's what we're told. Like we're fed that. And I think it's year years of just buying into this belief system that we're women and, you know, we had another birthday candle on our cake.

Why Pelvic Floor Health Is Taboo

Therefore, these are things that, you know, that should be happening and, you know, I like to mention this sometimes when I'm, you know, having conversations is that if we want to go way back and look at like some deeply rooted historical, you know, maybe this is why the pure dental nerve is the main nerve that runs from our brain to our pelvic floor.

Right. It has to purpose is it's a motor. So it sends messages, communication, and it's a sensory nerve. So everything from pleasure to pain. Well, if you were to look at the Latin root of the word to dental, it's rooted in a shame, like the sensation of of a shade.

And, you know, those of us who maybe like to dabble in like the wittiness of what is that karmic baggage that we bring with us? Maybe that has something to do with it as well.

And we would just rather not have the conversation or because we're not like, you know, the Hollywood starlets that are in their skinny jeans pushing, you know, their baby carriage a week after giving birth, we think, oh, my God, like if that's normal, like, I'm over there.

So I'd rather just not have the conversation. Yeah, I think there's a lot the shame is very interesting to me. The, you know, the Latin root of that and really understanding that cause I think there's so much there.

I one of the things I find myself in conversations about this type of topic with a lot of people is what's a man when they are seeking out sexuality and say they're being more promiscuous and they're having a lot of partners and how that's almost like the hi fi bachelor type of thing and you know, and women like typically if you're going to have

more than one partner, then it's like you're a slut and it's social shaming and all of that.

So I find that very interesting and important, you know, that there's that root behind that, that we're going to add up the pelvic muscles. So very, very interesting.

I want to make. Sure before we move on. You know, I know you started mentioning that about where the pelvic floor is located, but I think we should go a little bit deeper into that and into these muscles and talk about you know, besides things like help with incontinence, like where are these muscles exactly?

What are they doing? Can you start tying this in to the topic of sexuality, of libido, that sort of thing for us? Yeah, let's do that. So first of all, you know, the geographical location, there are some women that that, you know, might think it's part of their their abdomen and they'll go like, I've had clients like point kind of to just blow their belly button.

Like they'll say my pelvic floor and they'll put their hands below their belly button. And so your pelvic floor, you're literally sitting on it. All right.

If you put your hands on your hips, those are the bones of your pelvis. Within the pelvis lies a hammock type group of muscles that we call the pelvic floor.

And we live on a planet with gravity. So as we age, there is that dissention of lots of parts of our body. Simply because of that, however, there are really important, you know, key hints and tips that we'll touch on later on that it doesn't, you know, really age is just a number.

You can have a very healthy, functional pelvic floor that works, too, because the pelvic floor holds up the pelvic organs into your body. So you know, the bladder, the uterus, the rectum are held up.

Pelvic Floor Anatomy and Whole-Body Symptoms

It's it can be thought of as, you know, it's the standalone kind of island of muscles, but that couldn't be further from the truth. Earlier I mentioned that it is part of the core structure and it doesn't work on its own.

It actually fires. So when a pelvic floor is healthy, right, when it's when it's sitting in that little bowl, when it is functional, meaning it knows when to work, knows when to lift and knows when to rest.

It works with there's like a team of three other muscles that work along with it. So our inner thigh muscles, also known as our abductors, our deepest sort of abdominals called the transverse abdominals and the the glutes are there's lots of, you know, there's glute muscles that make up the whole glute complex, but the glute meet or the gluteus medius, we call those the three core recruiters of the pelvic floor.

So it does. And just like I said, it's not just this island that it works on its own. It really does get help from muscle groups around it that function.

All right. And this is why some men believe I was just doing a podcast for men earlier and the host was like, what do many the ones that we don't have babies?

And I'm like, no, it's not like, yes, men do have pelvic floor that's not just reserved for women so they can have babies if they choose. Right. It has it has a physicality to it, meaning that it can create dysfunction when it's not properly working.

So in women, it can show itself as incontinence, meaning you might have to run to the bathroom more often than you think you should. Or there might be some leaking when you cough or sneeze or lapse.

There can be urge incontinence right where you have bags of groceries in your hand and you get to your front door and you didn't have to pee a nanosecond ago, and now you're dropping the groceries and undoing your pants as

you run to the bathroom. So there is that whole piece.

And then there's things that, you know, there's pelvic floor pain and pain during intercourse we can touch on. But there's also symptoms that you might not draw a direct line to constipation, bloating, cold, tingling feet.

You know, the sciatica issues, all of those, you know, tight hip flexors, low grade, chronic back pain can all play into pelvic floor health because of its location.

It's basically a junction between the upper body and the lower body. And because of its geography, when it's dysfunctional, it can create symptoms up or symptoms down in the body.

And if you're a person that just kind of has been trained to go after where the pain or discomfort is, like my hip is bugging me, right? My back is bugging me.

Or, you know, you may not think, geez, maybe the root of this is is my pelvic floor. So when it comes to sensuality and libido, it I just think it's like the keystone in the Roman arch when we understand that.

I mean, our root chakra, the root energy center, is located there. I mean, the place where we feel grounded and safe, you know, there's a lot of trauma.

Women take a lot of trauma into the head, neck and shoulders and into the pelvis. And so we really need to understand that, you know, how how to work through that, that it's not just the physicality of, oh, I'm peeing my pants, looks a little bit there's a lot of emotionality in that part of our body and there's a lot of energetics in that part of our body.

And once you understand those layers of confidence and sensuality will follow the physical function. So when we can improve physical function, the emotionality in this and, you know, the energetics of confidence and sensuality will absolutely follow.

Yeah. There's so much in what you said there. Thank you for that. And I want to kind of piece my questions apart because we can go a lot of different directions.

So 1/1 if we could like one of the things I really want to touch on that everybody I want to make sure everybody heard is the fact that when we're talking about pelvic floor, right, we're not just talking about sexuality, that all of these different things.

And if like, you know, what John is telling us here is that if we have, say, some of these like pain, like sciatica, that could be from the pelvic floor, which of course, can feed in right to our you know, to our sexuality, because who is very interested in having sex when they're in pain, right.

So it's like there is that link that way. But let's go a little bit more into from the sexuality, from the sensuality standpoint of this, into like how is this connected to things like dyspareunia, pain with sex?

How is this even connected to things like challenges with orgasm? Can you go into those kind of topics a little more for us? Yeah. So if we think of like a number line or a continuum, the pelvic floor can be too tight, hyper tolerate.

You give your kids sugar, they're hyper, there's too much activity. So hyper tone. On the other end of that spectrum, our number line there is hypo tone.

So a lack of tone. All right. When there is hyper tone, it doesn't mean that muscle is strong, right? Everyone always wants to strengthen their pelvic floor.

It means that muscle is tight. That muscle is like a brick wall. And what we don't realize is we are unconsciously, some of us holding a lot of tension in that area, even just during our regular activities of daily living. So if you live in a place where there are seasons and you ever been in a vehicle where you hit a patch of ice or you're getting to a

stop sign, you tense up, or you're watching a scary movie or a loud noise happens, your body responds to that, and the body is meant to respond, sympathetic, and then it's meant to relax parasympathetic.

But for a lot of us women, we are in a perpetual state of sympathetic holding, protecting. And what happens is these alarm bells are going off in our mind where it's like danger, danger, danger.

So all these little support safety structures are holding us, trying to keep us safe, in essence, locking us down.

Pain, Hypertonicity, and Sexual Function

Right. And this is playing into the that that tension of the pelvic floor. Well, what do you think happens when you're about to have sex with a partner or maybe you have a toy that you're using on yourself?

There is that sense of that surrender and relaxation as part of the process of pleasure. Right. We need to let that few dental nerve know that there is something good and juicy coming, but yet that nerve is like, wait, what?

But all day long you've been telling me danger or danger? Protect, protect. And it gets really confused. And so then you get frustrated because, you know, you're cringing and your partner is trying, you know, is trying to have sex with you.

And it's written all over your face. It's written in your body language you're protecting. And that's a tough one. It's like a big ball of yarn. It takes time to to undo that. So we want to understand that there are some really simple tips and techniques that even prior to intercourse, you can just start doing.

Diaphragmatic breathing is one that I always talk about, right? When you breathe, die pragmatically. You've taken 600% more oxygen. So first of all, your cells are going to be receiving all this yummy oxygen. Right. And then it's also telling that sympathetic nervous system, like chill out.

I am you know, this is this is going to be pleasurable. I am choosing this. I you know, I am I am safe. If that's how you're feeling. And just sometimes I've had clients where the simple act of breathing can actually bring them into a state where they can enjoy sex.

On the other hand, you know, I had a young woman in her early thirties who she was a CrossFit athlete. She did a lot of Highland dance, so she had a lot of physical tension in her pelvic floor simply from her fitness and her her movement in her life.

She came in, in tears to me because she was newly married. And she said, Jana, on Wednesdays. And in her words, she said, Wednesdays, Wednesday nights are the night that I once a week that I let my husband back.

Right. And she said all day on Tuesday and all day on Wednesday, my throat is clammy. My hands are sweaty because I'm anticipating the pain that I'm going to have to hide from him so that he can have his pleasure with his new wife.

And she said, I'm afraid that this marriage will not last because I want to be physical with him. But I just have so much pelvic floor pain. After about six weeks, we started working together.

We were doing her breathing. She learned proper posture. You know, we will talk about the couch ball. She was using her couch ball and, you know, they were able to reconnect her confidence and her sensuality was at a place where she didn't have to be afraid of her pain anymore.

And like, I think within three or four months, they were expecting their first baby. So it's important to know just how connected the mind and the body is when it comes to libido and sensuality.

And and it take it also takes time like this is not to go and buy a pill and take it and you're good to go understanding that your body or I'll say it this way, let your body humble you versus frustrate you or disappoint you.

Because if you can shift that mindset, it will go a long way to the process of moving from that plain to your pain to that pleasure. Yeah, I really love all of this.

I feel like, you know, the safety thing is super important. And one of the things that I like talking to people about is that turning or turning oneself on is an interior inside job.

Right. Because I think it's so common that we are looking exterior to a partner, to a movie, to whatever it is to turn ourselves on. And actually, when we're doing some of the things that you're talking about, like diaphragmatic breathing, it's like art of turning ourselves on is like getting oneself into a state, like you're saying, where we can be relaxed enough to actually be present to pleasure.

So I really appreciate you bringing that up. And you know, with the safety thing, one of the things that I'm thinking about as you're talking is as well, some of the research I see is, okay, as we age as women, one of the things that I'm going to put this in air quotes here that is happening common is the loss of elastic elasticity of our muscles, right?

So it's like our muscles don't move as well. And that's really connected to some of the pain that a lot of women experience, like with this example you gave.

And so I think it's really important what you're bringing up around like this is not a aging, quote unquote normal aging process. This is something that is almost like a pathological aging process in many ways that we've labeled as normal because we don't have the tools.

Like you're like you're talking about here. So, you know, so talk to us a little bit more like, you know, go like for this woman or just in people you work with in general in your practice.

Like somebody comes in, they are experiencing pain with sex or urinary incontinence and how are you working with them? How are you advising and what are the tools that people can take away to start helping with their elasticity, start helping with pelvic floor dysfunction, these sorts of things?

Yeah. So you know, the first thing actually we start having the conversation and I listen for cues, like I listen for how do they talk about that area?

You know, are they saying I have a problem down there or or, you know, with my vagina? Like sometimes they won't even use vagina, pelvic floor. They'll like point and I'm and it gives me like a starting point.

And, you know, one of the first things that I will give them to do is a piece of homework, because many women have never actually looked at their own anatomy, like looked at their vagina.

What is it? Never mind. Touched it. Maybe it's like obviously don't you know it's a wipe after they go pee with toilet paper. That's it. And so you brought up a really good point that it actually does start internally with us with that sense of confidence.

And I think how we've been brought up, you know, how religion has played a role in how we were brought up. Then you said it like good girls don't do stuff like that.

Right? Good girl, do good girls have a. Vibrator. In their life. And I'm like, Yeah, yeah. You know, it's not, it's not a matter of good or bad, right?

It's if we have to, it's like, you know, I'm not going to rely on my husband to make dinner. I know how to make dinner. I know how to go. And, you know, do these basic things.

I should be able to do the exact same thing from essential in a sexual way. And you know, the conversation when I can be totally open with my clients about that, it really starts.

You can just see them starting to think like, Huh, why? Why have I not thought about it this way?

Assessment, Breath, and Gentle Reconnection

So actually what I get them to do is they have to take they have to go and not have to share with anyone, but they've got to go home. The first thing they have to do is take a picture of their vagina and look at their vagina or sit in front of a mirror and look at it.

They don't have to like they don't have to touch if they don't want to yet. But we do get to that. Right. And just understand that just like I have, you know, my deltoid, I've got my glutes right.

And I can easily touch those parts of my body. It's and you know, and I'm also aware that for some people there's trauma and so that that area for them is like it actually in part of their brain and in their heart, I think it doesn't even exist.

So treading softly around that and understanding what are those past experiences that may be creating big blocks? And that's why the breathing piece can be very emotional.

Right. And I'll get women to put one hand on their sternum, in one hand on their belly and feel the inhalation and the exhalation and make sure that bottom hand is moving so that there can be air, you know?

Yeah, air getting into into the deep part of their body. And then we just start with basic movements, right? So, you know, a little bit of a tuck of the tailbone.

What does that feel like? A little bit of an arch of the spine. What does that feel like? Do you feel how when you're doing these little undulations, there can be a little bit of a sensation in that part of our body.

And so it's actually just turning on the connection between the mind and the body. What happens when I do this? What does that feel like when you do that?

And so, you know, I'll get them on a what plot is reformer or whatever we're working or online and just ask those questions. Right. And it's a lot of not what do you think?

But what do you feel? What what do you feel with that? And we start to change some of the language and the dialog around how we talk about that area and then we progress from there, right?

Like that's why when, when this, when a lot of this is a fitness issue and you can improve your sensuality and sexuality function, you know, of, of that part of your body, it makes it a little safer.

And so then we start getting into more of of the movement piece. We check on things like hydration. Rate hydration is key when we are dehydrated. I mean, our brain is the first part of our body to get hydrated.

The vital organs are second, and then our muscles are fascia, which is key when it comes to pelvic floor health. The joint structures, they get hydrated last.

So if we are dehydrated, you know, being we're not going to we're going to feel sluggish, we're going to feel bloated. We're going to feel those things that don't make us feel sexy and juicy like we should.

Yeah, I think, you know, there's so much there and like the inaction of what's happening in those muscles, like the pelvic floor muscles, it's almost like like you're saying it's like there's like this disconnect.

But really when it comes down to it, these muscles operate like any other muscles in the body, right? They need hydration and they need movement. They need proper relaxation, proper stretching.

And just like any muscles in the body, they can hold trauma. So I want to also mention that if anybody is listening to

this and and you're experiencing with any of this, if you have trauma come up, I really think it's important to work with somebody that can help you process that.

So you're not, say, in a state where you're actually reactivating it and reliving it unless you're with somebody that is trained in how to do that. But I also find it and I'm curious about what you see in your work, I also find that oftentimes, you know, that that aside, you're working with somebody that can help you with that that with that trauma not being retraumatized.

But that aside, then doing some of these activities, working with these pelvic floor muscles like almost starts to bring like blood and it almost starts like, can it reconnect the neurologic connection, right?

Because trauma can make us not you know, we can we can numb out. We can go into this free state and some of that tissue. It's almost like like you said earlier, it's like it doesn't exist anymore.

So are you finding that when you're working with people with pelvic floor exercises, that they're actually able to start to feel their own musculature, they're actually able to feel sensations from a vaginal perspective, better, that sort of thing.

Yeah. And you know, I frame so everyone I think everyone has heard of the key. All right. We all we all hear of key goals. And I like to frame what I do as beyond the keyhole, because I find that in most cases, a key goal is actually taught improperly.

Right. It's a lot of cases. It's taught to like stop the flow of urine and then start the flow of urine and stop the flow of urine and start the flow of urine.

But here's the thing. Most women already are in a hyper prone state, too much attention. So now they're stopping the flow of urine and seemingly starting the flow of urine.

But if that pelvic floor were an elevator, they might be going to the 10th floor on the squeeze and maybe only the fourth floor on the release, not really getting back down to the lobby.

So now they're actually creating more dysfunction unknowingly, thinking they're doing the right thing. And so unlike some of those big global muscles like our glutes, like our quads, like our biceps, the pelvic floor is a very it's it's subtle, right?

We want to think of it like literally like like like a like a cup, maybe like a like a jellyfish or like a mama octopus. Just like floating in the water.

There should never be, like, forced, even when we're having a bowel movement right. And I should say this, that reminded me that there is, you know, just like there's urinary incontinence, there can be fecal incontinence.

Right. And that is a pelvic floor issue. So if we're not talking about, you know, about pelvic floor from a urinary perspective, we're definitely not talking it from a fecal perspective.

So just understand that if that's you as well, that's pelvic floor. And this stuff we're talking about can check some of the boxes. And so when you understand that, it's the subtlety, you know, there's that story of the princess in the pee where she's sleeping on 21 mattresses and she can still feel that letter pee.

It's kind of like that. You want to get to a point where you use as little effort as possible to create that elevator moving up or down. And that's when true mastery of the pelvic floor can happen.

We start with the basics, right? We start with the kindergarten.

Cooch Ball, Blood Flow, and Daily Pelvic Care

Just books, just feel it, move right and then from there, we get more and more into the nuance and the subtlety of it, because actually it's in the subtlety of the lift and lower that the true strengthening and function occurs.

It's such a good analogy. I love that so much and I think it's just that, you know, it's like a product of our society, right? It's like we go to the gym and when we think about just, you know, fitness of the body, most of us have a tendency in our society to be like, okay, let's make sure we get our lifting in, our hit training, our cardio and yada, yada, and then maybe we'll see if we can squeeze in some stretching somewhere.

Maybe not, right. So I think this is a product of our society around like, oh, it's like push enough hard to push an effort, but you bring up so much in that analogy around like what about that relaxed thing?

What about that softening? What about that stretching? What about that letting go? All of it is those different things. So talk to us a little bit about Coach Ball, about your program, about your product, because it's super helpful for what you're offering to really integrate all these things you're talking about.

Yeah. So the missing piece, the way I look at pelvic floor health, are through the three B's. All right. And the three B's are body position, also known as posture.

So, you know, what is the optimal seated position? Well, it's using those bony but bones kind of like your feet. You want to be up top on them with good spinal alignment.

When you're standing, you want to have 60% of your weight in your heel bone. That big calcaneus bone, 40% across the metatarsals, which are the widest part of the foot.

So that's that's that's the quick and dirty on body position we talked about breathing diaphragmatic Lee that's the other be the third B that is missing is blood flow right just like a plant needs water and sunlight to grow.

Our muscles need the oxygen rich, nutrient rich blood that runs through our body. And the pelvic floor is an area that doesn't get a lot of that automatically. So the cooch ball was the answer and I actually keep mine, right?

So it's simple, right? I created this product, you know, as a mom of three boys, I went downstairs to their toy box. They were much younger than they are now when I was creating this.

And they had all kinds of like slower hockey balls and mini basketballs and like all these things. And I just thought to myself, based on some work I did with a year ago, gynecologist in the U. S., I know the pelvic floor doesn't work on its own.

I know it has those vocal recruiters. I also know through the research that's out there in the fitness industry that, you know, a foam roller using it on your IT bands on the side of your legs or your quads can help knee pain.

We know that people will use a tennis ball on shoulder discomfort. Right. We know there's myofascial release through the massage world. So that was my that was my big question is how do you bring blood flow to the pelvic floor?

In a way that doesn't require, you know, the $2,000 package of the shower machine or I'm a huge proponent of pelvic floor physiotherapy. What could work in conjunction with pelvic floor physiotherapy.

And that's where the cooch ball was born. It's got it's a it's patented, which means that it's, it's it's one of a kind based on the really cool nylon threading that we do on the bladder, the ball.

And here's how it works. It's a three minute a day commitment. You sit on the ball, on a chair, on the floor, on your couch, on your bed, depending on your ouch factor, because there will be an outside factor.

And here's what I can tell you. The ouch factor is a direct relationship to the health of that area of your body. So if you get on this ball and you're like, what the hell?

Right, maybe go off of your kitchen floor and go sit on your couch, or the couch can take a little bit of the ball, the brunt of the ball from the body.

But it's it's an eye opener, right? It means those muscles, if they were plants, they haven't had sunlight and water in a really long time. And they don't know what you're doing and they think, what is this?

Ouch. So you start slow and steady and what you do is while you're sitting on the ball and you're breathing diaphragmatic li the weight of the body on the ball and you use it with a little bit of squish in it.

It creates this beautiful Myofascial release in that fascial tissue that is holding the muscles so tight that it won't let blood flow through. So that muscle is actually suffocating amongs this fascia.

The nerves, right. Those communication lines are like totally disrupted. And through this, as you work up to the three minute experience, the diaphragmatic breathing is telling your brain, I'm choosing this.

I'm safe, I'm okay. And it's feeding those cells the oxygen they need to respond to the release of the body on the ball. You come off the ball, you feel tingly, warm.

That's blood flow. Any time there's warm, tingly. And that's how, you know, with confidence, you just it's like CPR for the pelvic floor. You've just brought in that life source.

And then in the meantime, you'll start to notice chronically tight hips and low grade back pain start to melt away. You might notice constipation start to correct itself.

You may notice sciatica that's been flaring up go away. You know, this isn't just a one trick pony. I use it for gut health. I use it on my SO as I use it just on my face to get some blood flow to my face.

And so that's really how the beach ball was born. And it's also meant to be a conversation starter. Gosh, it's called the Couch Bob Right. And it has a little bit of a sassy personality and it does.

Women ask, what is it? How do I use it? And I always say to women, imagine 30 days from now when you're sleeping through the night because you don't have to wake up to go to the bathroom.

Imagine having the best sex of your life. Imagine having that confidence and and sensuality back and it's supposed to be simple. That's the thing. I think for many of us that have gone through health journeys, that have had major hiccups, it can get very complicated very quickly.

And I just wanted something simple. Yeah, I love it. I love it. And. And you're so kind to send me one. And I love mine. It's part of my pelvic floor health routine.

So I think it's a super, you know, just like these these kind of tools, like you said, that are so easy to use. And take 3 minutes. It's like it's not a lot of time.

It's not a huge investment. Like why not do something so simple that is a really useful tool. And you know, you sit on this, you can do your diet for magic breathing at the same time and, you know, get deeper into your relaxing state and all of that stuff.

Where to Find Jana and Final Takeaways

So let's tell everybody how they can find you. Yeah, so you can I mean, on Instagram, I'm @thecoochball or Jana. Danielson and I always leave this open invitation.

Please reach out like direct messaged me. I know sometimes it's easy to feel alone. I just saw a new stat actually last week. The stat used to be one in three women have some sort of pelvic floor dysfunction.

The new stat is one in two women have some sort of pelvic floor dysfunction. So you're not alone. And it shows up in lots of different ways, shapes and forms.

And I'm happy to I'm happy to connect and maybe shed a little bit of light on what's going on for you. Perfect. Then that just reminds me of one of the stats that I know of, of the fact that when we talk about sex and pelvic floor dysfunction, like talking about it, it normalizing it actually improves it.

So I think it's a really amazing thing to just offer that level of connection, right, for people because I think that's what it is. It's like we look at what happens with the research on social isolation and loneliness and how that impacts the sympathetic nervous system.

So of course, that would trickle down to, you know, that fight or flight like you've been talking about into the, you know, the pelvic floor muscles and that sort of thing.

And and you guys, Jana's giving us she's going to have an offer for you guys, so make sure you look for this. It's going to be related to pelvic floor health.

That's a surprise for you to find in your opt in section of the Summit and just make sure you find her on coochball.com And thank you again so much for being with us today.

Dr. Diane, thanks for having me. All right, everybody, we'll see you in the next one.