Vaginal Estrogen for UTIs and Urinary Symptoms | Drs. Valorie & Maki Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Vaginal Estrogen

couple of patients I've even gone up to couple of patients I've even gone up to 12 to help with that urinary stress 12 to help with that urinary stress incontinence. That's really nice. So, incontinence. That's really nice. So, but if somebody's having the UTIs or but if somebody's having the UTIs or they like they have to go to the they like they have to go to the bathroom >> Vaginal estrogen for UTIs and urinary >> Vaginal estrogen for UTIs and urinary symptoms. Hi, I'm Dr. Valerie Davidson symptoms. Hi, I'm Dr. Valerie Davidson from the Progressive Health podcast.

from the Progressive Health podcast. >> And I'm Dr. Magu from the Progressive >> And I'm Dr. Magu from the Progressive Health podcast. Uh so, the last one we Health podcast. Uh so, the last one we did, you find the link up here did, you find the link up here somewhere, we talked about uh as- somewhere, we talked about uh as- estrogen for vaginal dryness. Um that's estrogen for vaginal dryness. Um that's the GSM, genital urinary syndrome of the GSM, genital urinary syndrome of menopause. I think I say symptoms all menopause. I think I say symptoms all the time. So, we just talked about the the time. So, we just talked about the genital side, now we're going to talk genital side, now we're going to talk about the urinary side.

about the urinary side.

Estradiol vs Estriol for Urinary Symptoms

>> So, like we talked about on the previous >> So, like we talked about on the previous podcast, uh estradiol, vaginal podcast, uh estradiol, vaginal estradiol, and vaginal estriol are both estradiol, and vaginal estriol are both really well tolerated and very healthy really well tolerated and very healthy for the vaginal microbiome and also for for the vaginal microbiome and also for you the urinary tract. Now, estradiol, you the urinary tract. Now, estradiol, you have to be a little bit more careful you have to be a little bit more careful cuz it is the stronger estrogen. Estriol cuz it is the stronger estrogen. Estriol is much gentler, but estradiol you just is much gentler, but estradiol you just have to be a little careful with the have to be a little careful with the dosing if somebody has a uterus, dosing if somebody has a uterus, especially if their uterus is very especially if their uterus is very sensitive to estrogen cuz estradiol can sensitive to estrogen cuz estradiol can thicken the endometrial lining um easier thicken the endometrial lining um easier than the estriol. The estriol doesn't than the estriol. The estriol doesn't have quite as much of a of that effect.

have quite as much of a of that effect. Now, estradiol vaginally, estradiol can Now, estradiol vaginally, estradiol can be very minimal into the bloodstream. It be very minimal into the bloodstream. It can have a very little effect. You're can have a very little effect. You're not using it every day, twice a day. So, not using it every day, twice a day. So, it is well tolerated. I do find with it is well tolerated.

How Vaginal Estrogen Helps the Urinary Tract

I do find with estriol when I'm working on the urinary estriol when I'm working on the urinary tract that I like the estriol in a way tract that I like the estriol in a way because I can go really higher with because I can go really higher with those doses because the urinary tract, those doses because the urinary tract, especially women that are having more especially women that are having more frequent urinary tract infections after frequent urinary tract infections after menopause, that you can go higher on the menopause, that you can go higher on the doses and I'm going to go over the doses doses and I'm going to go over the doses of the estriol. Where with the of the estriol. Where with the estradiol, I really don't go too much estradiol, I really don't go too much higher than 0.5 mg, sometimes 1 mg.

higher than 0.5 mg, sometimes 1 mg. Um you know, if we're using it vaginally Um you know, if we're using it vaginally as estradiol. Now, Now, somebody doesn't as estradiol. Now, Now, somebody doesn't have a uterus, that's a little bit of a have a uterus, that's a little bit of a different story, but if someone has a different story, but if someone has a uterus, I want to be more careful. But, uterus, I want to be more careful. But, when you're looking at GSMs when you're looking at GSMs the syndrome, you know, but symptoms of the syndrome, you know, but symptoms of GSM for the urinary tract is women can GSM for the urinary tract is women can have more frequent urinary tract have more frequent urinary tract infections. They can even have it where infections. They can even have it where it feels like you have this sort of it feels like you have this sort of um like you just feel like you have to um like you just feel like you have to go to the bathroom. You're you're it go to the bathroom. You're you're it feels like it's uncomfortable, almost feels like it's uncomfortable, almost like you feel like you're getting an like you feel like you're getting an infection, but you don't have an infection, but you don't have an infection. Also, too, another symptom, infection. Also, too, another symptom, and you see this also in perimenopause, and you see this also in perimenopause, especially when the estrogen is starting especially when the estrogen is starting to dive, is waking up a lot to go to the to dive, is waking up a lot to go to the bathroom. Even if you don't have a full bathroom. Even if you don't have a full bladder, it's like, "Oh, I feel like I bladder, it's like, "Oh, I feel like I have to go." You go, and maybe it's a have to go." You go, and maybe it's a quarter or a half a bladder. So, using quarter or a half a bladder. So, using any kind of estrogen vaginally can be any kind of estrogen vaginally can be really really incredible for that. And really really incredible for that.

Dosing Strategies for UTIs and Incontinence

And then, on another flip side that vaginal then, on another flip side that vaginal estrogen can be helpful for is if you estrogen can be helpful for is if you have urinary stress incontinence. Now, have urinary stress incontinence. Now, there's so many different reasons for there's so many different reasons for having urinary stress incontinence, but having urinary stress incontinence, but if it's that urethra because of the lack if it's that urethra because of the lack of estrogen, it's a little bit lax, of estrogen, it's a little bit lax, sometimes it's easier to have like a sometimes it's easier to have like a little leakage if you're coughing, or if little leakage if you're coughing, or if you have to go, but you're holding it, you have to go, but you're holding it, all of a sudden you're leaking before all of a sudden you're leaking before you get to the toilet. So, that can be you get to the toilet. So, that can be really tremendous for that.

really tremendous for that. >> Yeah, I mean, uh we've been using uh >> Yeah, I mean, uh we've been using uh we prefer estriol. Um and granted, we we prefer estriol. Um and granted, we have used estriol have used estriol >> back back and forth cuz I know estradiol >> back back and forth cuz I know estradiol is very easily available. The cost of it is very easily available. The cost of it is pretty is pretty well, you know, for is pretty is pretty well, you know, for the general but at least in the United the general but at least in the United States here. Uh you know, women have States here. Uh you know, women have access to estradiol much more easily access to estradiol much more easily than estriol.

than estriol. >> Yeah, estriol is only going to come from >> Yeah, estriol is only going to come from a compounding pharmacy. a compounding pharmacy. >> And and you know, it might be a little >> And and you know, it might be a little bit more pricey, so you're looking at bit more pricey, so you're looking at affordability there. So, if it's a affordability there. So, if it's a difference between you know, no estrogen difference between you know, no estrogen and estrogen, take estrogen.

and estrogen, take estrogen. >> Yeah, sure, sure. Yeah. Um one of the uh >> Yeah, sure, sure. Yeah. Um one of the uh um some versus none, you know, take the um some versus none, you know, take the some, and that's better than having some, and that's better than having nothing. And honestly, we've seen quite nothing. And honestly, we've seen quite quite a few miracles over the years quite a few miracles over the years using vaginal estrogen, um whether it's using vaginal estrogen, um whether it's for dryness or incontinence, or I've for dryness or incontinence, or I've even had a a few patients that have had even had a a few patients that have had improvement in their prolapse.

improvement in their prolapse. Um their their bladder and uterine Um their their bladder and uterine prolapse by using estrogen and where prolapse by using estrogen and where they didn't require surgery.

they didn't require surgery. >> [snorts] >> [snorts] >> [snorts] >> Uh now granted, the problem wasn't >> Uh now granted, the problem wasn't completely solved by using uh you know completely solved by using uh you know um some estriol cream, um but it made it um some estriol cream, um but it made it where it was tolerable uh and they where it was tolerable uh and they really weren't really looking to have really weren't really looking to have surgery anyways.

surgery anyways. Uh you know anyway uh you know whatever. Uh you know anyway uh you know whatever. So it just gives a lot of uh a lot of So it just gives a lot of uh a lot of options options options and it can be, you know, pretty profound and it can be, you know, pretty profound in the in in in a lot of cases.

in the in in in a lot of cases.

Vaginal pH, Microbiome, and Infection Prevention

>> Yeah, and just, you know, from you know, >> Yeah, and just, you know, from you know, we've dealt with lots of patients, so we've dealt with lots of patients, so we've heard lots of experiences and just we've heard lots of experiences and just my own, I remember when I was going my own, I remember when I was going through menopause, I was doing some through menopause, I was doing some static dosing, you know, I try static dosing, you know, I try everything um before I went on the everything um before I went on the rhythmic dosing cuz I have and I'm sure rhythmic dosing cuz I have and I'm sure all you ladies might have this habit too all you ladies might have this habit too where it's like, oh, I have to go to the where it's like, oh, I have to go to the bathroom, I have to go urinate, I have bathroom, I have to go urinate, I have to go pee, but I just want to do one to go pee, but I just want to do one more thing or let me tidy this thing up more thing or let me tidy this thing up real quick or let me just check this real quick or let me just check this real quick and then I remember when by real quick and then I remember when by the time I was getting the bladder, I the time I was getting the bladder, I actually peed my pants.

actually peed my pants. >> [laughter] >> [laughter] >> [laughter] >> And and and I've always been, you know, >> And and and I've always been, you know, I've always kind of felt like I had a I've always kind of felt like I had a small bladder, you always know that I small bladder, you always know that I have to go to the bathroom a lot.

have to go to the bathroom a lot. >> Like a Like a kindergarten >> Like a Like a kindergarten >> notice it was like I had to go more and >> notice it was like I had to go more and more when I went through menopause, not more when I went through menopause, not because I was, you know, I was holding because I was, you know, I was holding on to water, I was letting go of water, on to water, I was letting go of water, it was just like it just felt like I had it was just like it just felt like I had to go. So using that vaginal estrogen to go. So using that vaginal estrogen was really nice to kind of tonify that was really nice to kind of tonify that up that urethra, um like you said, the up that urethra, um like you said, the pelvic, you know, the pelvic floor pelvic, you know, the pelvic floor muscles can also get tonified. One thing muscles can also get tonified. One thing that vaginal estrogen can help with is that vaginal estrogen can help with is when it thickens the lining of the when it thickens the lining of the vaginal mucosa, the tissue, the tissue vaginal mucosa, the tissue, the tissue can put out um glyc- um glycogen. So can put out um glyc- um glycogen. So glycogen is basically like sugar, like glycogen is basically like sugar, like food or fuel for the lactobacillus, food or fuel for the lactobacillus, which is the predominant species in your which is the predominant species in your vaginal vault microbiome. So the more vaginal vault microbiome. So the more lactobacillus you have, the lower the pH lactobacillus you have, the lower the pH it is in your vaginal vault and then it is in your vaginal vault and then it's a nice beautiful symbiotic it's a nice beautiful symbiotic ecosystem. But when that lactobacillus ecosystem. But when that lactobacillus goes down because the estrogen went goes down because the estrogen went down, then they they don't get their down, then they they don't get their fuel source sources, less lactobacillus, fuel source sources, less lactobacillus, higher pH, it makes you much more prone higher pH, it makes you much more prone to the E. coli, to the E. coli, which is a predominant bacteria that's which is a predominant bacteria that's going to cause urinary tract infections going to cause urinary tract infections for the baddies to come in. Those E.

for the baddies to come in. Those E. coli, the baddies, you know, the lacto coli, the baddies, you know, the lacto go down, and the baddies come in, it can go down, and the baddies come in, it can crawl up that urethra, cause a

bladder crawl up that urethra, cause a bladder infection, cause a urinary tract infection, cause a urinary tract infection, can also make you more infection, can also make you more predisposed to having bacterial predisposed to having bacterial vaginosis as well.

vaginosis as well.

Reducing Antibiotic Use for Recurrent UTIs

>> Well, one thing that we don't want is we >> Well, one thing that we don't want is we don't want women having to run to the don't want women having to run to the doctor to get antibiotics, doctor to get antibiotics, uh or just have too much exposure to uh or just have too much exposure to them in general. So, this is a very them in general. So, this is a very great sort of seems obvious to us, but great sort of seems obvious to us, but out of the box kind of a thought process out of the box kind of a thought process of cuz a woman is not supposed to get of cuz a woman is not supposed to get just a random UTI, right? Just casually just a random UTI, right? Just casually living their life. I just had a patient living their life. I just had a patient the other day, and she was um traveling the other day, and she was um traveling internationally, um um did not have any internationally, um um did not have any intercourse, and developed a UTI. That's intercourse, and developed a UTI. That's not really supposed to happen. And women not really supposed to happen. And women in their 20s and 30s, and also women in their 20s and 30s, and also women very much are prone to them, and there's very much are prone to them, and there's a lot of factors that can go into what a lot of factors that can go into what makes them prone. We're trying to make makes them prone. We're trying to make sure we don't create that vicious cycle, sure we don't create that vicious cycle, antibiotic infection, infection antibiotic infection, infection antibiotic, infection antibiotic, cuz antibiotic, infection antibiotic, cuz the more exposure you have, the more the more exposure you have, the more susceptible you are to those recurring susceptible you are to those recurring infections.

infections. infections. >> Yeah, so one, you know, everybody's >> Yeah, so one, you know, everybody's men have longer urethras, that's why men have longer urethras, that's why they don't get urinary tract infections they don't get urinary tract infections as frequently or ever. And women have as frequently or ever. And women have shorter, and some women have shorter, shorter, and some women have shorter, you know, shorter urethras, so they're you know, shorter urethras, so they're going to be more prone. When they go going to be more prone. When they go through menopause, that urethra gets a through menopause, that urethra gets a little bit lax, like I said, the pH little bit lax, like I said, the pH changes, the E. coli can crawl up there.

changes, the E. coli can crawl up there. So, when you're using the vaginal So, when you're using the vaginal estrogen, you want to you can for the estrogen, you want to you can for the year people that are having were more year people that are having were more maintenance for UTIs, like they haven't maintenance for UTIs, like they haven't had one, but they've maybe gotten a few had one, but they've maybe gotten a few in the last few years, and they've never in the last few years, and they've never had them before, then I might have them had them before, then I might have them do the estriol vaginally or estradiol do the estriol vaginally or estradiol like once a week. If it's just for like once a week. If it's just for urinary tract infections prevention as urinary tract infections prevention as maintenance. Now, if somebody's having maintenance. Now, if somebody's having more bacterial um or if they're having more bacterial um or if they're having more like BV issues, I'll probably have more like BV issues, I'll probably have them maybe do it, you know, one to two them maybe do it, you know, one to two times a week. Maybe you can even add in, times a week. Maybe you can even add in, which is another classic, is this is which is another classic, is this is from education, not for medical advice, from education, not for medical advice, is you can do boric acid vaginal is you can do boric acid vaginal capsules are really nice. 300 Usually capsules are really nice. 300 Usually 600 mg is the magic number. That's 600 mg is the magic number. That's sometimes used 300 in people, but 600 is sometimes used 300 in people, but 600 is usually the magic number as you can do usually the magic number as you can do that once a week to maintain that that once a week to maintain that vaginal pH. That's a nice thing to go in vaginal pH.

When Vaginal Estrogen Is Most Beneficial

That's a nice thing to go in co-in, you know, sort of in in co-in, you know, sort of in in conjunction with your vaginal estrogen. conjunction with your vaginal estrogen.

But when I'm using estriol for the just But when I'm using estriol for the just the urinary tract, where you know, the the urinary tract, where you know, the the vaginal dryness was the episode the vaginal dryness was the episode before, is I can even go up higher to before, is I can even go up higher to like 5 mg. Sometimes I'll even go closer like 5 mg. Sometimes I'll even go closer to 10 mg of estriol. I would never do to 10 mg of estriol. I would never do that as estradiol vaginally, never.

that as estradiol vaginally, never. That's way too high. But estriol you can That's way too high. But estriol you can go a little bit higher, even up I've go a little bit higher, even up I've even a couple of patients I've even gone even a couple of patients I've even gone up to 12 to help with that urinary up to 12 to help with that urinary stress incontinence. That's really nice.

stress incontinence. That's really nice. So, but if somebody's having the UTIs or So, but if somebody's having the UTIs or they feel like they have to go to the they feel like they have to go to the bathroom, a lot of times I'll use bathroom, a lot of times I'll use anywhere between 2 mg of estriol up to 4 anywhere between 2 mg of estriol up to 4 mg of estriol through one to three times mg of estriol through one to three times a week a week vaginally. We'll either put it around vaginally. We'll either put it around the introitus, around the opening of the the introitus, around the opening of the vaginal vault, or use an applicator to vaginal vault, or use an applicator to insert it into the vaginal vault, and I insert it into the vaginal vault, and I have them to of course do that at night.

have them to of course do that at night. Do it at night and put a little panty Do it at night and put a little panty liner in. liner in. >> Yeah. I I it's a really we've been using >> Yeah. I I it's a really we've been using it for years, really good solution. Uh it for years, really good solution. Uh it almost always works. Sometimes, like it almost always works. Sometimes, like you said, you got to play with the you said, you got to play with the dosing in some respects. And now maybe dosing in some respects. And now maybe on the leakage side, uh like I said, the on the leakage side, uh like I said, the stress incontinence, stress incontinence, uh I mean, that just seems like it's uh I mean, that just seems like it's almost like a like every woman is going almost like a like every woman is going to experience that. It's a big deal, all to experience that. It's a big deal, all right? And very common, happens to right? And very common, happens to everyone. Now, maybe it doesn't uh maybe everyone. Now, maybe it doesn't uh maybe it doesn't solve the problem completely.

it doesn't solve the problem completely. Like a really hard sneeze, okay, maybe Like a really hard sneeze, okay, maybe you have a little bit. you have a little bit.

>> Only if there's some mechanics going on. >> Only if there's some mechanics going on. It's not It's not a be-all end-all for It's not It's not a be-all end-all for urinary um stress incontinence. Truly urinary um stress incontinence. Truly no.

no. no.

Practical Use and Closing Remarks

>> But you can still get you know 50, 70, >> But you can still get you know 50, 70, 80% uh improvement, maybe sometimes even 80% uh improvement, maybe sometimes even up to 90% improvement.

up to 90% improvement. >> If it's from GSM. >> If it's from GSM. >> Yeah, yeah. Uh uh it's just that those a >> Yeah, yeah. Uh uh it's just that those a few exceptions where it might not go few exceptions where it might not go away completely.

away completely. >> And then using that like I'd mentioned >> And then using that like I'd mentioned about waking up in the middle of the about waking up in the middle of the night going to the bathroom, it can help night going to the bathroom, it can help you not have to go up go to the bathroom you not have to go up go to the bathroom as much. Now, we're girls, a lot of us as much. Now, we're girls, a lot of us wake up at least once a night to maybe wake up at least once a night to maybe go to the bathroom or if you drink a lot go to the bathroom or if you drink a lot of water during the day, I drink a lot of water during the day, I drink a lot of water in the evening. So, of course, of water in the evening. So, of course, but I have noticed if you're waking up but I have noticed if you're waking up

several times at night to go to the several times at night to go to the bathroom, but it's not a full bladder bathroom, but it's not a full bladder and you don't have a UTI, then vaginal and you don't have a UTI, then vaginal estrogen can definitely be beneficial.

estrogen can definitely be beneficial. >> Uh yeah, that's Sorry in the >> Uh yeah, that's Sorry in the >> We bring our dogs here and one of them's >> We bring our dogs here and one of them's kind of hot and panting.

kind of hot and panting. >> Yeah, yeah. >> Yeah, yeah. >> He's a panter. >> He's a panter. >> They're the uh >> They're the uh they're the production crew and uh right they're the production crew and uh right now he's uh it's um August here and uh now he's uh it's um August here and uh it's a little hot.

it's a little hot. >> Do you feel >> Do you feel >> No, no, it's it's fine. He's he's just a >> No, no, it's it's fine. He's he's just a little bit of a baby sometimes and he little bit of a baby sometimes and he hates this office.

hates this office. Um anyways, uh Um anyways, uh sorry for the digression. sorry for the digression. Um but he's like panting right in our Um but he's like panting right in our ears we're trying to do this.

ears we're trying to do this. >> cute. >> cute. >> cute. >> Yeah, he's adorable. >> Yeah, he's adorable. >> let's see. I I took a little notes here >> let's see. I I took a little notes here to just kind of talk about Okay, we did to just kind of talk about Okay, we did the vaginal one. Yeah, the stress um the vaginal one. Yeah, the stress um urinary irritation. Of course, urinary irritation. Of course, always get yourself checked. Make sure I always get yourself checked. Make sure I do I have a UTI? Is it BV? Is it yeast?

do I have a UTI? Is it BV? Is it yeast? So, make sure you get yourself checked, So, make sure you get yourself checked, but know that vaginal estrogen can be but know that vaginal estrogen can be really beneficial for the urinary tract.

really beneficial for the urinary tract. >> Now, we're going to do another episode >> Now, we're going to do another episode on UTIs in general, but one thing I on UTIs in general, but one thing I would like to say about limiting would like to say about limiting exposure to antibiotics, exposure to antibiotics, uh if you uh uh if you uh don't have symptoms, but show positive don't have symptoms, but show positive on a, you know, on a, you know, UTI on a, you know, on a, you know, UTI dipstick, we don't recommend treatment dipstick, we don't recommend treatment in that respect. Um, because now you're in that respect. Um, because now you're giving, um, antibiotics for, giving, um, antibiotics for, you know, for no symptoms. And women do you know, for no symptoms. And women do not have silent UTIs.

not have silent UTIs. >> Well, some some do, especially over the, >> Well, some some do, especially over the, you know, you know, um, women that are older, maybe in their um, women that are older, maybe in their 70s or 80s, especially 70s or 80s, especially >> True. No, granted, we don't have a lot >> True. No, granted, we don't have a lot in that category, um, right? We don't in that category, um, right? We don't have a lot in the women that we do have have a lot in the women that we do have in their 70s are not elderly yet.

in their 70s are not elderly yet. >> No, no, they're in great shape. They're >> No, no, they're in great shape. They're good. But some some women, I mean, just good. But some some women, I mean, just to speak to that, um, like, especially to speak to that, um, like, especially in like nursing homes or whatnot, in like nursing homes or whatnot, sometimes they exhibit more behavioral sometimes they exhibit more behavioral issues when they have a UTI rather than issues when they have a UTI rather than showing that they have pain. And once showing that they have pain. And once you correct their UTI, then those you correct their UTI, then those behavioral or mood issues, you know, behavioral or mood issues, you know, diminish completely. So, that is one diminish completely. So, that is one thing. So, I don't want to say don't thing. So, I don't want to say don't ever use antibiotics. Please, you don't ever use antibiotics. Please, you don't want to get a kidney infection. You want to get a kidney infection. You don't want Bladder infections are the don't want Bladder infections are the worst. I mean, that worst. I mean, that Not everybody I'm sure somebody's had a Not everybody I'm sure somebody's had a UTI that's watching this and know that UTI that's watching this and know that No, I they're not fun. So, if you have No, I they're not fun. So, if you have to use antibiotics, absolutely. Our goal to use antibiotics, absolutely. Our goal here is to try to minimize the

use of here is to try to minimize the use of antibiotics so you don't become antibiotics so you don't become antibiotic resistant.

antibiotic resistant. >> Yeah, yeah. And that's And just limiting >> Yeah, yeah. And that's And just limiting exposure, so over the course of a year, exposure, so over the course of a year, uh, and over time, you're just not uh, and over time, you're just not accumulating, especially for the women, accumulating, especially for the women, this really, uh, this really, uh, bodes to the women that are having bodes to the women that are having reoccurring infections. We're trying to reoccurring infections. We're trying to break that cycle because those are the break that cycle because those are the ones that are going to end up with some ones that are going to end up with some problems. You're going to trade one problems. You're going to trade one problem for another. You get a, you problem for another. You get a, you know, you take one antibiotic a year for know, you take one antibiotic a year for UTI, no big deal, right? And honestly, I UTI, no big deal, right? And honestly, I think what's the average? I haven't think what's the average? I haven't looked this up in a while. Like, 1.3 looked this up in a while. Like, 1.3 UTIs a year or something like that. I'm UTIs a year or something like that. I'm not not not >> I'd have to look that up. But I do feel >> I'd have to look that up. But I do feel with GSM, with GSM, because it is the result of the lack of because it is the result of the lack of estrogen, you know, in the vaginal estrogen, you know, in the vaginal [clears throat] tissues, that you can [clears throat] tissues, that you can really really really do, like I was saying, the different If do, like I was saying, the different If you're going to have estrogen, take the you're going to have estrogen, take the estrogen in the, you know, vagina. Do it estrogen in the, you know, vagina. Do it because it can be really beneficial for because it can be really beneficial for women that are getting UTIs frequently women that are getting UTIs frequently from GSM.

from GSM. >> Absolutely. >> Absolutely. >> Absolutely. Uh yeah, so um Uh yeah, so um I'm not sure if there's anything else to I'm not sure if there's anything else to talk about on this one.

talk about on this one. Um Um Um >> Yeah, so if anybody has some questions >> Yeah, so if anybody has some questions about this, like I'm sure we could go on about this, like I'm sure we could go on honestly, we're very verbose. I could honestly, we're very verbose. I could talk forever. But if anybody has any talk forever. But if anybody has any questions, concerns, or your own story, questions, concerns, or your own story, please write it in the comments or you please write it in the comments or you can write it on our website if you don't can write it on our website if you don't feel comfortable. Um on the website, we feel comfortable. Um on the website, we always change everybody's names if we always change everybody's names if we talk about you.

talk about you. >> Yeah, until next time, I'm Dr. Mackey. >> Yeah, until next time, I'm Dr. Mackey. >> And I'm Dr. Valerie. >> And I'm Dr. Valerie.