Ep #52: Gynecological Issues and Sexual Pain: Interview with Dr. Yas

Full Episode Transcript

With Your Host

Dr. Sonia Wright

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You are listening to *The Midlife Sex Coach for Women™ Podcast*, episode 52.

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Hello, Diamonds. Did you hear that episode 52? OMG I cannot believe it, 52 episodes. It has been a full year since I started doing this podcast. And I am so excited. I'm like the happiest woman. So, I am celebrating with you episode 52. And I really wanted to give you a gift. And so, I decided the gift I would give all my Diamonds is to talk a little bit more about sexual pain and just whatever issues that you may be experiencing that you need to see a gynecologist.

So, I asked my friend, Dr. Yas to come and do an interview with me on the podcast so we could talk about these issues. Dr. Yas and I went to the University of Michigan School of Social Work for our social counseling certificates. And she's just an amazing woman, an amazing gynecologist. And just so insightful, has so much information. And so, I wanted to make sure that you were aware of her.

She's going to be also teaching in my Own Your Sexuality Now CME course for all you women physicians out there listening to the podcast. That is going to be happening in September. And I will let you have more information on that. But right now, for all of my Diamonds, this is Dr. Yas and this interview is just amazing. And so, I want to say to all of my Diamonds, happy anniversary. We have been at this a full year. And I am going to be celebrating and well, I cannot believe this has happened.

Ep #52: Gynecological Issues and Sexual Pain: Interview with Dr. Yas

Okay, here we are, episode 52 and we are going to be talking all about gynecological issues, and pain with sex, and Dr. Yas is here to guide us through it all.

Sonia: Hello, hello, hello, Diamonds. I am so excited for today's podcast because I have a special guest here today. I'm going to let her introduce herself but let me just say that she is fantastic. And I did a series on sexual pain a couple of months back. And I really, I wanted to talk to somebody around this issue of sexual pain and other issues. So, I've specifically asked this person to come on. She is fabulous and I'm going to have her introduce herself. And then we're going to go from there. So, Dr. Yas, please tell me all about yourself and let my Diamonds know everything about you.

Yas: Hello, hello, thank you for having me, Sonia, thanks a lot. And I am privileged to be here. It is an honor to be with my peer. She was my class fellow as she said in our counseling course in Michigan. And then I went on to do things in the same field of sexual health and because sex certified as a sexuality counselor. But my journey began as an OB-GYN, a generalist, a general scope – full scope OB-GYN that I delivered babies. And I performed surgeries, including I was a certified da Vinci robotic surgeon.

And I removed uteruses and ovaries and for conditions that affected these organs. During those process I was always intrigued by women coming through my office and telling me they have low libido or they have vaginal dryness and pain with intercourse. And I didn't have answers at that time. I was in the mainstream, I was in the trenches of OB world and gynecology. And I kept telling myself I need to learn more. So, I got enrolled in a couple of different self-learning courses, one being a sexuality counselor, how to address these problems.

And second, I went on to attend many, many conferences of ISSWSH. And I will tell a little bit about ISSWSH a little later. And then I also became certified by NAMS which is the North American Menopause Society. And it

sheds more light, this organization sheds more light onto changes that happen in women's body after 40, and 50, and 60, those different decades of life, what happens to your body and how you can navigate through this. So, to sum it all, I came from both sides. I came from the midlife angle of menopause and sexual health as well.

And I opened a clinic called Women's Intimacy Clinic in Wisconsin about four years ago. And there I served patients who were coming in with sexual pain or sexual – I wouldn't even like to call this as dysfunction. I hate that term, 'dysfunction'. I will just say sexual functional issues about sexual concerns like vaginal dryness, or low libido, orgasm difficulty, and pain with intercourse, any pain, any pain around the genital area. So, I treated all of those conditions for the last four years. I kind of got referrals from patients coming as far as 100 miles, 200 miles to see me in Wisconsin.

Subsequent to that I moved to Raleigh. My life took me to Raleigh, North Carolina. And I opened a center, a very unique practice called Alray, A-L-R-A-Y, Alray Gynecology and Intimate Health Center. And here I serve women just for those concerns about their body involving their sexual health and menopausal health or perimenopause, any changes that is happening in your body from 30s, or 40s, or 50s, or 60s. Anything to do with your hormonal changes, anything to do with your uterus and ovaries, I take care of them.

So here I am to talk to you about whatever you want to know all about women, everything that you can ask me.

Sonia: Well, I already know I'm going to have you back on the podcast. There's so many, there's so many issues, so many things to ask you about. Where do I begin? So, I think of the questions that my Diamonds come to me and ask me about, or the issues that they're dealing with. And so, I would love to talk to you about sexual pain. I am astounded and amazed at how many women come to me and say they've been in pain for years and

they just bury it. They just like, “Okay, let’s slap on some lube and get this done.” Or they don’t have any intimacy at all because of the pain.

And they just think that this is what I have to deal with. This is my body’s changing. I can’t do anything about it. This is just the way it’s going to be. So how do you approach sexual pain when somebody comes to your office? Because I really want my Diamonds to hear, one, there is help, two, come and go to the gynecologist, go to your providers and present them with what is going on. And they are so smart, they can figure this out. So, when somebody presents to you and they’re saying, “I’m having pain with sex”, how do you approach this whole issue?

Yas: Sexual pain is a challenge, Sonia. I will tell you, most of the patients that I get in my office, they have seen at least three providers, three different providers. It could be an internist, it could be an OB-GYN, or any other primary care providers. And they have seen multiple providers. So, when they walk in they’re pretty much frustrated with themselves, their providers and also their family because nobody is believing that they have pain. And the providers have dismissed them thinking it’s all in their head and it’s not there in your genitals.

So, the first thing I approach with this patient with my background as a sexuality counselor and the background of anatomy and physiology that I know about the genitals is validation. I listen to my patient and I go into the depths of their history. When did this begin? How did this begin? Was there a triggering factor for that? What started it? And how is it impacting their life? Their personal life, their relationships and their work life.

So, I think that validation is so important for these women. That’s the first door to say, “I hear you. I have seen this. I treat this. And I am your doctor to listen to you.” So that’s the first thing I do, in their history. And the second thing is an exam. I spend almost 16 minutes of an exam, on 14 to 16 minutes just to show them where the pain is arising. Because what is

happening in our health system? Sexual pain is underserved and it is wrongly diagnosed.

When a woman walks into the clinic with painful sex, pain during intercourse or just no intercourse, I have vulva pain. I have pain in my genitals. What do the gynecologists, the mainstream gynecologist or any other provider does, “Lack of lubrication, lots of lubes” like you say, “Use lube, lube, lube.” And the second thing, “Try some vaginal estrogen.” This has been the mainstream. But when you look at it, the pain can be divided into whether it is outside or inside. We’ve got to do an exam.

An exam is going to dictate where is the cause or the root cause of that pain? Is it on the vulva? Is it in your clitoral area? Is it in your labia? Is it in your vestibule? And vestibule is something that I’m going to talk a little bit more in detail in seminar or in your class that I am doing. But I can tell you a little bit. That is the most common cause of pain, vestibular pain, the medical term for that is vestibulodynia. Anything dynia is pain, D-Y-N-I-A. So vestibulodynia is a pain that is inside on the vestibule, that is right to the opening of the vagina.

We are sticking in estrogen inside to treat vaginal pain but we are not taking care of vestibulodynia. And the poor woman comes back and says, “Hey, doc, you gave me estrogen, it’s not helping me. I still am in excruciating pain.” And the other challenge about sexual pain is it’s very hard to diagnose for doctors because they are not open to understanding vulva, or clitoral cause of pain. They are kind of straight going deep into the vagina, look at the cervix and there are other organic causes like endometriosis, adenomyosis, fibroids and all of that.

As gynecologists we are trained in residency and medical systems just to shoot for uterus, and ovaries, and endometriosis, and PID and whatnot. We’ve got a constellation of diagnoses that we have in our brains that we forget the vulva. The most important piece is vulva, and the clitoral area, and the posterior perineum which is the area between your vaginal opening

and your rectal opening. That little band of tissue and the muscle we totally forget about that. So I go into very detailed history, a very detailed exam.

I try to evaluate what are the causes and then I treat accordingly, finding what is the reason this patient or this woman sitting in front of me is having pain? So, it needs a very detailed evaluation to really give an individualized plan for them.

Sonia: And so, I love this. So, the first thing we do is we validate. We recognize that women are in pain. Just because we don't exactly know the source of the pain does not mean that women are not in pain. So just validate and accept that the pain is going on. And then the next thing that I hear you say is then we need to locate where this pain is. It's not necessarily within the vagina. We need to know exactly what's going on and so it becomes very important to do this exam.

And just so they understand what the exam is, because I have an understanding of it. But how would you do the exam? I mean you don't have to go in depth but what do you do to elicit the pain?

Yas: Yeah. I go right from the top. As a gynecologist I have to say I've been a vagina doctor for 22 years. So, I've been looking at vulvas and vaginas for 20 years. So, I really start right from the mons pubis and I come down to the clitoral area. I look into the vestibule. And I do a Q-tip test that we have been studying a lot. Because for wart vulvodynia is a pain that gets triggered with contact. It doesn't have to be a penis or a tampon, even your clothes, your panties, or your panty hoses, or your tight jeans, or something that you're wearing, a tight fabric that's touching that vestibule is going to trigger pain.

So, examining a woman with that cotton Q-tip is just going to give me an indication exactly, it is going to map that pain, the same pain. Well, this is the location of pain. Now, I may not see any signs. I may not see the redness. I may not see anything and that is challenging for many doctors

as to oh my God, I don't see anything here. So, there's nothing wrong with you. And that's how patients get dismissed. You're getting pain. I did a second exam, the vagina looks great, her clitoral area looks great, everything looks great. Why is she reporting pain?

Well, we need to incorporate a specific test. I mean there is another test called vulvoscopy that we as sexual medicine experts do. And we can look at that area through colposcope and we put in a dilute vinegar solution and look if there are normal cells there. And we can biopsy those areas, if there's any skin changes like lichen sclerosus or lichen planus. And these are all skin conditions that can still cause pain for a woman. So, I do that as well.

And then I also look at the clitoral hood and you look at the anatomy because sometimes there can be smegma, there can be crystals, there can be inflammation in the glans and the hood of the clitoris. So, you've got to retract that and look at it and see if that pain is arising from there. So, it's a real detailed pain mapping that I do in my office. And once we do sometimes, I get – now vulvodynia can have causes that I would say it can be contributed by a few factors like hormonal, infections and also neural proliferated vulvodynia which we call it as [inaudible].

Women like the day, do you remember when we were 13 or 12 years old you're used to putting a tampon in your vagina? These girls, when they have congenital neuroproliferative vulvodynia, it's really a mouthful. But what it means is, yeah, what it means is there is overgrowth of nerve receptors in that area. That's all it means. It's an overgrowth of nerve receptors. You didn't ask for it, you were just born with it. It's congenital. So, it is there in your overgrowth. These receptors are called nociceptors, N-O-C-I, nociceptors.

They're just pain nerve endings that have overgrown. And the poor girl can't insert tampons. Her first sex was painful and sex has never been pleasurable for her all her life. When this patient walks through the door

and she tells me that, “Yes, I had sex always painful. I never was able to enjoy a vibrator. I never enjoyed self-stimulation. I never touched myself. My first intercourse was at 30 years of age. I was always hating sexual intercourse with the penis and vagina sex.”

I know she’s probably got neuroproliferative vestibulodynia or vulvodynia because that is something that has started right from the bottom up, right from the time she’s grown. There’s another condition called acquired, it can mimic the same way later in life where the nerves get proliferated and they just get proliferated due to certain other factors like chronic yeast infections.

And I try to tell my patients, “If you have yeast infection two or three times don’t ignore it. Don’t just think I’ll go to Walmart or a Walgreens and pick up a miconazole or some over the counter yeast treatment and keep using that as a band-aid. Because when you keep treating that yeast infections repeatedly you are creating the environment for that overgrowth, over-sensitization of those nerve endings.”

Because yeast causes inflammation and when there is inflammation the opening has the vestibular, the opening near the vagina, that area gets an overgrowth of nerve fibers. And you start responding to pain like when you wipe yourself, when you sit on a bike and you ride a bike, the pressure of that bike seat that you’re sitting can bother you. A tight panty hose, anything can bother you and those people end up with sexual pain. So, I always try to be preventative in my annual exams, when people come to see for their annual once a year exam or whatever exam.

If they tell me, “I’ve got yeast infections three times last month and twice this month”, I always consult about sexual pain. I always tell them, “If this happens you need to come back. We need to look at it. We need to put you on some suppressive treatment. That means we’ve got to stop this yeast coming back again and again.” That’s one of the reasons for pain if it is not controlled can end up in vulvodynia.

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The second thing is hormonal. And I see this pretty common in women after childbirth. Your estrogen is very low. You're postpartum, you're breastfeeding your baby, and you have a high prolactin, estrogen is so low, they always have pain. I ask my postpartum moms when they come in and they tell me that, "Yas, I don't enjoy sex." And some of them can't enjoy sex by the way obviously because the baby demands and your body demands and all of that. But even six months down the line, one year down the line they can have dryness because of lack of estrogen because they are breastfeeding.

The second people who run into problems are the ones on birth control pills, oral contraceptive pills because their ovaries are intensively shut down with the birth control pills that they are using. And their testosterone and everything is very low because the physiology, if you get into it, the SGB is high and all of that. But the bottom line is they don't have enough testosterone in that vestibular area. And that vestibular area of the vagina or the vulva, it's really dependent on androgens or testosterone.

So, when you deprive that area of those hormones it tends to end up inflamed and in pain. And when you do that Q-tip test you can see sometimes inflammation like a patch of redness. When you touch that area and you give a pain scale mapping of zero to ten, women will move back on the table. They will not withstand the Q-tip, a cotton Q-tip, Sonia, it's not even a speculum. I don't do speculum exams at all. I just do cotton Q-tips in my sexual pain patients and vulvoscopies, whereas they can't handle it, it's so painful.

It's the same story about the clitoris too, there will be inflammation around the glans and the prepuce and all of that. So hormonal cause can happen, infections like candida can cause that, yeast infections. Trichomoniasis can cause that, like the trich infections happening repeatedly for some young person, not getting treated well. So those can cause that. And even conditions like neuroproliferative, people who have pain syndromes like fibromyalgia they have interstitial cystitis. Those people can also end up

with sexual pain because it's the wind up phenomenon that is happening in your body.

Your brain is registering that little pain that you had with your yeast infection, your brain is registering that and has created new pathways. So, it's a very complex evaluation of sexual pain. And the treatment is totally targeted to what is the cause of pain that I find. So, it just goes with what I find. And it's not one size fits all. We have to individualize that treatment. And it takes a lot of time.

And that's why our health system clinics and large fast paced clinics are not really geared to do a quick exam and a quick diagnosis for these patients. And that's causing a lot of frustration because these women go in for their annual exams and they say, "You know what? I've got dryness and pain." And the doctor or any clinical provider, or a PA, a nurse practitioner will say, "I'll prescribe some estrogen for you and I'll see you in a year."

Sonia: Yeah. And so, the women that are going in, it took them a lot to get to that point to talk about the pain, right?

Yas: True. True.

Sonia: They get the estrogen, it's not working and they think that there's something wrong with them. And they don't necessarily go back. So, all my Diamonds that are on this call, go ahead and advocate for yourself. If it's not working and you're still in pain, go back to your doctors and let them know that this didn't work. And you may need additional, a longer exam to really find out what's going on here. Help the gynecologist help you basically. Don't give up and advocate.

Yas: Yes, don't give it. And my other thing is, many gynecologists may not be comfortable to do this kind of an exam and spend this amount of time and resources in understanding that. So, it's okay for women to look for vulva specialists or vulva specialist and sexual medicine experts around in your area. And one good resource is ISSWSH, which is International

Society for Study of Women's Sexual Health. And I am there and a lot of other worldwide specialists in their area will be listed there.

If they put their zip code and find out who is the doctor who knows a little bit more about vulva, who is a specialist. And they will benefit that time seeking those physicians to go and get examined and evaluated.

Sonia: Yes. And I've mentioned, ISSWCH before but we will also put it in our show notes to make sure that women know to connect with ISSWCH and find a provider that can help you. I love that you brought that up again. Can we switch gears a little bit? Because I know you're a busy woman and I want to make sure. Now, I've had a lot of women come to me and this is a lot of women in their 40s, 50s, 60s that they feel their orgasm is shifting, that something has changed. It's not as strong as it was before or they're just not feeling the sensations.

Can you talk to us a little bit about shifts in orgasm as we age and what we might be encountering and what to do?

Yas: Yeah. This is a big question, Sonia. I keep seeing those patients with orgasm difficulties, muted orgasm, inhibited orgasms, decreased frequency of orgasms. I see it all. You are amazing being a sex coach. And I'm sure you are coaching people on mindsets. And there is a lot of social and psychological. We both learned about this, the biocycle social model of evaluating orgasmic dysfunction we call as, how do we treat that? So, when patients come to me with this I look at them through the same lens. I see what is causing this orgasm difficulty.

I mean I come in to fix the cause that's resulting from the bio or the biological needs. I depend on people like you and the sex therapists to fix their past and to lay down their mindsets for their future which is the psychosocial component. So, coming to the medical piece of it, if a woman's testosterone is definitely decreasing, the peak testosterone levels

in women, because the testosterone comes from two organs in a woman, one's the ovary and the other is the adrenal gland.

So, when I do labs and see what your total testosterone is and if I serially do it between 40, and 50, and 55, and 60 the numbers are going down. So, it is postulated that sometimes low testosterone level is causing the inhibited response in this clitoral tissue because it's so androgen dependent that it may not be giving that vascularity, that blood flow, that nerve response because there's low testosterone. In those who are menopausal it could be a combination of both. They don't have the estrogen and their testosterone is extremely low.

There is no medication that's FDA approved for orgasmic problems or orgasmic concerns. But there are a ton of off label options that I and other medical doctors are using. There are serums that we try to use those. And now we have some SSRIs like Wellbutrin and other products that we use. And some arginine, arginine is a product that improves the blood flow. And we tell them to buy over the counter and use that as well because the blood flow to that clitoris, as you said, 8,000 nerves and a lot of blood flow that's flowing into that, the wishbone.

What we are seeing is as you know, it's just the tip of that clitoris, you probably have a model. I've seen that with you. Yeah, I love that. I love that. I totally – I have a pink one like that, Sonia, I do in my office. Yeah, that's amazing. Yeah, so I always show that. So, the clitoris is a lot bigger than what we are seeing ourselves with a mirror. And I always show women with a self-holding mirror in my office how their clitoris looks. So, when there's not enough blood flow and nerve supply obviously you're not going to respond. Your organ is not in the top health.

So, I really feel like you should, if you are frustrated, if they have done all the job and all the work that you are telling them, masturbation, self-stimulation, use some good lubes, do different things, different positions. Try everything what your sex coach or your sex therapist has told you. And

if it's still not working I definitely feel it has to be a shared decision-making. Come and meet a vulva specialist, or an expert, or a sexual medicine expert. And we do have options. There are both injectables, there are some injectable options again which are off label used by sex med docs like me.

We sometimes inject Platelet Rich Plasma, that is again an option that people are using it, we inject. We take a little blood off you, we spin it, and there are growth factors and there are stem cell factors in that. And I use that around the clitoris and the arms of their clitoris. And that sometimes stimulates the growth of blood vessels and new nerve supply, bringing back those sensations and everything. It is all very experimental but it is anecdotal. It has worked very well for some of my patients. So, it is a shared decision-making. It's off label use.

But there are both medications, and injectables, and over the counter options that we can give in orgasmic problems.

Sonia: Yeah. And since I always like to do that disclaimer, and I put the disclaimer at the beginning of this podcast, but also just in the middle here. We are both doctors, but we're not specifically your doctor. So, when you talk about it being a shared decision-making, check in with your doctor and see if this is something that may be helpful for you. But we're not specifically your doctors and telling you to do this.

Yas: Yeah, exactly, yes.

Sonia: But it is good to get the information out there and to let people be aware of what options are available. And I love the fact that we do have some options available. What if it's the case that it's a woman that has never had an orgasm? Now, sometimes I deal with these clients. And really I am coming from the place of what are your thoughts around it? What's going on? What may be blocking you? But yeah, there is the physiological side of it too.

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And so, I do work with my clients in tandem with them working with their gynecologist or vulva specialist or somebody like that. So what if it's somebody that has never in their life had an orgasm?

Yas: It is very hard to match that they are not having an orgasm without an organic problem. I feel there's always a problem which we have to tease it out because there could be some anatomical problem. Maybe the clitoris is completely, the glans is occluded by the prepuce, the folds on the top. I sometimes don't see the glans. So, an exam is very much needed. Is she menopausal, is her hormones very, very low? I do check serum levels of ovarian hormones. Are they pretty low? And if I repeat that to a safe amount, a safe level, is she going to start experiencing?

Because I do get some patients like that who come to me and say they've never had an orgasm. And when I fix the pathology or the physiology that should be right, they are able to experience orgasm, they are able to get there. So, I think we need to dive deeper and really look for causes that can be corrected. It's very hard as a gynecologist for me to believe that you've never had an orgasm and you can never achieve for a woman because that organ is supposed to be functional. There is no other function for that organ in your body.

It's supposed to be. Okay, now how do you get your orgasm? Maybe 30% people are getting clitoral, 70% are getting through – I mean, sorry, the other way around, 70% are getting clitoral and 30% vaginal. I want to really see where you are not getting it. I want to examine your vagina. I want to examine your clitoris and see where the disconnect is. Because you're working on the psychology piece of it, you're working on the mindset. But I want to work on the vagina. I want to work on the vulva.

I'm the genital doctor. I've been saying genitals for 20 years. I want to see what's broken there so I can fix that broken system here so your mind can work in tandem with your genitals.

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Sonia: Yeah. And I love that working together and kind of figuring it all out. Now, have you encountered women that experience orgasms but not necessarily the way that we've been taught that an orgasm feels like? We've been taught that it's like this muscle contraction that's in our vulva region, in our vagina. But I kind of have a sense that there may be different ways that people experience. I've had people tell me that they experience in their knees, they experience it all through their body, not necessarily in that way. Have you heard different ways that women do experience orgasm?

Yas: Yes, Sonia, very much so because I see a lot of orgasmic difficulties in my office. And I have heard the whole nine yards, from rhythmic contraction off your pelvic floor, your vulva muscles and your groin muscles, the rhythmic contractions of those. I've also heard about it's just a euphoric feeling in your body and mind. And I've also heard about a sensation, something like a fluid is coming out of your urethra or off your vaginal opening. There's actually no fluid but they feel like something is getting released.

So, I hear all those different experiences and that unique orgasm for that woman. And there is no right or wrong. I mean that's the way, that is her experience and that's an orgasm for Miss Jane. This is an orgasm for Miss Mary. And each one is different. And I validate all those orgasms. I mean as long as they are experiencing a climax sensation, something where the pleasure is at its peak and it's coming down, I totally acknowledge that as an orgasm.

Sonia: Okay. Well, we are getting close to finishing up this podcast. Now, is there anything else that you'd like my listeners to know about you? If there's one thing you want them to take away from this, what would it be?

Yas: I want them to have hope, hope and seek for experts. Please do not give up hope. And don't get frustrated with yourself. There are options available. You don't have to live with sexual pain, you do not. Pain is not

normal. Pain is not something that you have to live with. Please seek experts. I mean if you're in North Carolina anywhere or in Wisconsin I can see you. But beyond these two states, please look for specialists who are devoting their lives and taking care of women for these problems.

So, look up on ISSWSH, again, and Sonia will put that in the notes. It's I-S-S-W-S-H. And you will find experts, so please don't leave hope and live positive, and seek answers and you will be able to get back your life.

Sonia: And, Yas, if they want to, we're going to put the notes in, in terms of how to get in touch with you. Do you have a website or something where they can reach you if they need to?

Yas: They sure can. They can email at info@alraymd.com A-L-R-A-Y md.com. And they can visit my website which is www.alraymd.com, A-L-R-A-Y md.com. And if they forget my email they can just contact me through the website. There is a contact form and they can just send me an email via that.

Sonia: So wonderful. And of course, Dr. Yas, you are a guest in my Your Empowered Sexuality monthly membership program. So, any Diamond that's listening to this call, if you're interested in my monthly membership program, Dr. Yas also comes in there and answers your sex questions as well. And she's actually going to be coming and working in my Own Your Sexuality Now CME course for women physicians. So, there's so many different ways that you can reach and connect with Dr. Yas. And, Dr. Yas, I just want to thank you so much for coming on this call. This means the world to me and to my Diamonds.

Thank you so much for doing this work because it's so necessary. There's so many women that come to me with sexual health concerns, and of course I refer them to their gynecologist. But it's also good to know that there are other resources out there. So, thank you so much for being here for us, thank you.

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Yas: You're welcome, thank you, Sonia, I was super excited to be here and I enjoyed it. Thank you.

Sonia: Wonderful, thank you.

Diamonds, how is your sex life? No, really, how is your sex life? On a scale of one to ten how would you rate it? You know I'm all about the intimacy for women in midlife. If you rated the passion in your life as less than an eight then we need to talk, sister. I'm personally inviting you to check out my new program, Your Empowered Sexuality 30 day kick starter. I am so excited about this program. Most of you know that I have an impossible goal to positively impact the sex lives of over a million women. And I am just getting started.

Come work with me for 30 days to kick start that intimacy in your life. Let's create that amazing, satisfying, intimacy that you deserve. Let's face it, if you're in your 40s, 50s or 60s, you could have 30 to 50 more years of intimacy ahead of you. What do you want that intimacy to look like? Let's get real and talk about what's going on with your body, your libido, let's see what we can do to kickstart this intimacy. This program is for you whether or not you have a partner.

If you are a woman who wants to enjoy all aspects of her life then this is the program for you. It finally gets to be your time. So, click on the link in the show notes or on my website at soniawrightmd.com and come join me for Your Empowered Sexuality aka YES, Your Empowered Sexuality 30 day kick starter. I cannot wait to see you Diamond, talk to you soon. Take care.