Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

Full Episode Transcript

With Your Host

Dr. Sonia Wright

Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

You are listening to *The Midlife Sex Coach for Women™ Podcast,* episode 80.

Welcome to *The Midlife Sex Coach for Women™ Podcast*, the only show that combines a fun personality, medical knowledge, sexual counseling, and life coaching together. To create unique sex coaching that helps busy women awaken their libidos, address intimacy issues, and learn how to express their sexuality for the rest of their days. Here is your host, certified life coach and sexual counselor, Dr. Sonia Wright.

Sonia: Hello, hello, hello, hello Diamonds. I am so excited to be here. And I know I promised we were going to talk about the sexless marriage. And we are still going to talk about the sexless marriage. But I was at ISSWSH just a couple of weeks ago. And ISSWSH is for those of you that are not familiar, I talk about it all the time, it's International Society for the Study of Women's Sexual Health. And I met this amazing doctor there, this amazing woman.

And I couldn't wait to bring her on the podcast. I just had to interview her and really get her message out because you know when you meet one of those people that you know is going to change, change the way we deal with women's sexuality? Then you have to let the world know as soon as possible.

Okay, I have a bio here. So, I'm going to tell you about her and the bio and then we're just going to start talking. I'm so excited already. I just can't even. So, her bio, Dr. Diana Bitner is a board certified OB GYN physician since 1998, having received her degrees from Wayne State University School of Medicine. Dr. Bitner specializes in women's wellness and sexual health. And her goal is empowerment. You know how I love empowerment. Women's empowerment to feel and age the best.

After 16 years as an OB GYN generalist she cofounded True. True Women's Health. And in 2020 opened True Women's Health offices and

launched True Women's Health mobile app to provide personalized comprehensive healthcare. She was named NAMS Menopause Practitioner of the Year in 2015. And you just need to know that that's really a high honor. There's some amazing doctors out there that deal with women in menopause and she was named the provider in 2015 so be aware of that.

Her detailed guidance on healthy aging can be found in her book, I Want to Age Like That: Healthy Aging Through Menopause and Midlife. And she now also has cofounded Khyria, of hopefully I'm pronouncing that correctly. And she'll let me know if I'm not. But Khyria, as a CEO to provide more women as a consistent companion to guide her experience through midlife and menopause. Lord only knows we need somebody to help us through menopause, and to support their personal healthy aging goals.

So, Dr. Diana Bitner, thank you so much for coming on the podcast. It's just a pleasure and a joy, I can't tell you how excited that I am to have you here.

Diana: Thanks, Dr. Wright. You and I are just smiling at each other on the Zoom call here. We are just, you know, we are likeminded. When I met you too, of course your smile is what attracted me first. You are just so full of joy. And so, to be able to talk to you about this and share our mission, I am honored that you included me in your podcast. Thank you.

Sonia: Definitely. Definitely. So, I want to talk about True Women's Health. And tell me more about this. Why did you decide to found this, to start this practice?

Diana: Well, it was a big leap of faith. If you had told me I'd be leaving the healthcare system, the traditional system and starting going out on my own I wouldn't have believed you. I'm loyal to the death. But it was just the right thing to. At True we can innovate quickly. So, as we learn from our patients what our patients need, we're able to provide that service. In a healthcare system it's just a bit more of a challenge. So here at True, we have a

membership based practice where people are able to have much more time with us as providers.

There is myself, and internal medicine doctor who also specializes in obesity medicine as well as Suzanne our PA who specializes in cancer survivorship, primary care and is trained in functional medicine. So, we also have a chef who is a nutritionist. We have a therapist and a pelvic floor physical therapist. And four nursing staff. We just love what we do. So, it's like a medical home where patients come here for one stop shopping. And we talk about sexual health, and relationships, and we'd like to think we do a lot of it. So, it's just, we have a lot of joy at work.

Sonia: And where are you located? Just so my listeners know.

Diana: Sure. We're located in Grand Rapids, Michigan. So, for those who live in the state of Michigan it's easy to provide an online carer, a telehealth which we do. If a patient's able to visit us in person that's always ideal. We also have an app that we're able to stay in touch with our patients on a very easy frequent basis. And we also, again, our mission is to reach as many women as possible so we have a lot of free content on all of our social media platforms. Just like you, we want to help as many women as possible and empower them.

So that's what we get to do at True and we look to just raise the bar for women's health.

Sonia: So, what were you seeing that made you want to start this?

Diana: Thank you. So again, I am an ob gyn. I am 55 now. So, when I was about 40, first of all I had my first hot flush, so it's all about me. But my patients started asking me questions like, "Why am I gaining weight? Why don't I want to have sex? Why am I anxious and my life is pretty good?" So, these women's bodies were changing and they asked me why and I didn't k now the answer. And that made me very frustrated. I felt like if anybody should be able to answer those questions it's an ob gyn.

Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

So, I went to my first women's health conference and was blown away about how much is known. But how much, it's not – I wasn't trained in this stuff. So, I saw a lot of women with needs, with questions and who were just suffering unnecessarily and I wanted to make a difference.

Sonia: Well, thank you. Thank you so much. And I'm just going to go down the different list. So, you said low libido, it sounds like it's one of the issues that – and definitely I coach a lot on low libido. What were you finding? And what do you offer? What can you say to women?

Diana: Well, again women would say to me for example, "I really like my partner, my husband, my wife. I really like them. We have a good relationship. But I just don't care about sex anymore. I just don't feel like having it. And my partner is really having a hard time with this. And I don't know what to do about it. But I don't want to do it." And so again I didn't know what to say or do so I would just pray that they don't bring it up. Don't bring it up.

And you and I both know that 80% of women have questions but now I know only about 10 to 20% of women will bring it up with their provider. And only about 10% of providers even know how to talk about it. So, I thought you know what, I need to know how to talk about this. And just like you, I love ISSWSH. And I remember sitting in a lecture by Dr. Kingsberg who we both adore. And Sheryl was talking about all the reasons for low desire. And I thought, how am I going to remember all of this to talk to a patient?

And how am I going to explain it, number one? And how am I going to help her take the information back to her partner? Because you know how often you go to a doctor and you talk about stuff. And you leave and you're like, "Okay, that was nice but I don't remember half of what the doctor said."

Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

Sonia: Right. It makes sense then in the moment. And you're like, yes, that's it exactly. And you get home and you try to explain it to your partner and they're like, "What?"

Diana: Yeah. The partner's like, you know, they're so excited that they're going to go for this visit to talk about sex. And then they get home and their partner's like, "Okay, do we get to have sex?" And they're like, "Well, she told me some things but I don't really remember what to do." So, I love process. I love process improvement. So, I got thinking, what's a way that I can explain this to people? I think about sex drive like a puzzle. There's all these pieces of a puzzle.

So first I tried to design a puzzle. And each piece was going to have a reason for low libido on it. So, we played with that invention for a while. It just didn't work. And so how do you not lose the pieces or whatever? So, I came up with the idea for a card game. So, I'm showing you on the podcast or on the video call here. But the sex deck is a card deck, one could play it like a game. But on the front of each card is a reason for low desire. So, I've heard you talk about this as well that with libido there's spontaneous desire and there's responsive desire.

So, these pretty much cover most of it. The orange cards are color coded for physical reasons such as incontinence, low estrogen, low testosterone, depression, anxiety, physical inactivity. And on the back of each card is why this happens and what to do about it. So, it right away helps not only me but other healthcare providers who maybe aren't so trained in sexual health to become a sexual expert. These are all evidence based. They've been cleared by Dr. Kingsberg, Dr. Simon, all of our colleagues at ISSWSH. Several of them said, "Yeah, evidence based, agree."

Dr. Clayton made sure I had the card in here about incontinence. So, thank you, Dr. Clayton.

Sonia: Thank you. Important.

Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

Diana: And so, it's fun because again it helps other providers give the information and use it as talking points. So, when I'm with a patient I go through each card and I say, "Does this apply to you?" "No." "Does this apply to you?" "Yeah." So, we make a pile and we look at the cards that apply to her. So maybe it's job stress. It's history of pain. It's history of abuse. It's lack of mutual respect, lack of attraction. Their partner has left their self go and not trimming the nose hairs and little, you know, all this.

So it's how do we start to have that conversation around what do I need? What do I want? Am I asking for what I need? All of it. Poor communication. Unresolved conflicts. So, it just allows a person to go through their cards and then take it home and go through the cards with their partner.

Sonia: So good. So how do you talk to your patients about for asking for what they want, what they need? Because I find that that's one of the hardest things. You can identify the situation in the office but then how do you help them to be able to bring it home to talk to their partners about what they need?

Diana: Sure. I try to offer them some language like I'm sure you do of saying, and I even tell my patients, "Let me be the heavy." You can say, "I talked to Dr. Bitner." Do you do the same thing?

Sonia: I do, exactly, I'm like, "Blame Dr. Sonia. I am the problem."

Diana: Yes, exactly. So, blame there but say, "I was able to talk to my doctor about sex and it's really interesting, there's lots of causes of low sex drive." And you and I both know that two of the most common reasons are poor connection with partner. And the other common reason is self-image.

So, the person could say, "I'm not feeling great about myself naked. I don't feel real sexy right now. I've gained some weight or I'm tired. And also, I don't know that I feel the same connection that I always did. Can we talk about that? And I feel like if we had more fun together we might want to have sex together."

Sonia: Yeah. And I also mention in terms of our body is always changing. So, the things that we found stimulating and we appreciated, enjoyed, and found pleasurable in the past may not be the stimulation that works with our body right now. We might need a different pressure, different type of sensation and different areas stimulated. And that's okay because our bodies are always changing. And as long as we're able to communicate that and figure it out ourselves, and then express it to our partners as well.

Diana: Exactly. And too I'll talk about that, you know, I'll say, "What worries you about bringing it up? What are you scared of?" And so, I've had patients say that, "My husband is really proud and I'm afraid that if I tell him to do something in a different way then he'll feel bad, he'll feel less than." So, I said, "So you're protecting yourself and you're protecting your partner and nobody's getting what they want."

Sonia: Nobody's getting anything.

Diana: Yeah. He's not getting as much sex and you're not getting good sex. So, it's just to say, "Hey, I was talking to my doctor and it's really common that couples change what they want and it can be hard to talk about it." Or even you and I do with patients. I'll say to a woman, "Ask your partner for permission to talk about it." Not permission per se but just permission to have this conversation. And it just changes the frame of a conversation. It's not you're not doing this for me, you're not touching me in the right way and I'm mad at you.

It's, hey, I'd really like to talk about this. It's uncomfortable for me, maybe it's uncomfortable for you but can we talk about this? And often the partners will say, "This isn't uncomfortable for me, why are you thinking that?"

Sonia: Because we're projecting our stuff onto them and then bringing it back to us. And they're like, "No, I would just like more sex. Whatever that's going to take, I'm okay with this."

Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

Diana: Exactly. So, I did a Facebook live on sexual desire and I had a patient come in and she's like, "I told my husband he can't watch any more of your stuff." Because I was saying things like, "Just empty the dishwasher. The best foreplay is chore play. So do some chores." And so, she's like, "My husband now empties the dishwasher and say, "Hey, what's going on?"" She said, "He doesn't get to watch you anymore because he's trying too hard to work the angle." But it's just really making that conversation easy.

Another thing is I'll ask a woman, I'll say, "Are you in a lucky 30?" And she says, "What's that?" And I say, "Only 30% of women can have an orgasm with penetration. Are you in the lucky 30?" And she's like, "No. I thought I was broken. And I didn't know it was okay to ask for something more." And I'll say, "You are normal. So, what about using a vibrator when you have sex? There's all different creative ways to do that." And she's like, "Well, I feel like my husband will feel less than because we're introducing this toy into play."

And I'm like, "You know what? If you survey partners away from their partner and say, "If we introduce the toy would you be offended?" And they're like, "No. Because I get to see my partner have an orgasm. That is a turn on. So, I'm okay with it."" So, it's like people just talk about it, just talk about it. It's okay.

Sonia: Even when you're talking about this which I 100% agree. I spend a lot of time coaching on this subject around toys. And if people do have a certain mindset I break it down. I'm like, "You can continue to have your issues with toys and get no sex. And you're got 20/30 more years of intimacy possible or not ahead of you. Or you could introduce that vibrator, get on her clit, get some pleasure going and you will see an increase in the amount of sex you're having." But as you're talking about, the lucky 30, I wonder if we could even shift that around.

Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

There's a connotation, 30% unlucky and other 70% are shit-out-of-luck. So, my life coaching brain is like, can we shift it to the lucky 70? And I even talk about 15 to 30 now, depending on what the percentage is. I'm like, "Can you shift it to the lucky 70? You're the one that gets to stimulate your clitoris and have some fun with this and get to be really creative. Whereas the other 30% are just doing ho-hum boring penis and vagina sex or penetrative sex. So, are you the lucky 30 that gets to create something really fun here?" Or I mean, sorry, the lucky 70 that gets to create something fun.

Diana: That's awesome. I love how you say, because too I'll ask patients, "What do you want?" And they're like, "Well, I don't want pain." I'm like, "No, let's flip it to the positive. What do you want?"

Sonia: What do you want?

Diana: "I want comfortable sex. I want easy sex. I want to be able to have sex without having to think about it, or be afraid of it, or prepare for it."

Sonia: Yeah, let's talk about painful sex. Do you serve that population? What do you have to help us with that?

Diana: Well, as a gynecologist I feel that's been helpful. But again, back in my gynecology days where that's just what I did, if someone had told me they had pain with sex I'd be like, "Some estrogen." I didn't know much more than that. So, when a woman comes in, before we even do the exam, before we get too deep into me questioning her I start with, "This is how my brain works around painful sex. And as I ask you questions and if it's okay to do an exam then I want you to know this is how I'm thinking about it." So, to give you some context for my questions."

Because some might feel a little intrusive. So, I'll say, "Pain with sex, I think about it's either skin on the outside, it's skin on the inside, or it's the pelvic floor muscles. And the muscles are connected right to the brain." And so, I'll say, "The skin on the outside." We look for skin conditions lichen

sclerosus which I would argue is so much more common that we think. Studies show maybe it's 20%. I swear it's 50%. But I see it so much.

Sonia: I'm sorry to interrupt. But so many people don't know what that is.

Diana: Sure. So, lichen sclerosus, lichen, medical terms, it's just Latin. So, lichen sclerosus means the white moss on a tree, sclerosus means scarring. So, lichen sclerosus is an autoimmune skin condition. We jokingly around here call it eczema of the lady town. So, it's basically where we have a skin condition down at the vulva, it's the outside skin. So, it can be by the hood of the clitoris. It can be by the labia minora. And it's basically where very early stages the skin gets real tacky and sticky.

And the labia minora, the little flaps for lack of a better word, I wish I could come up with a better term for that, they then become sticky and they stick to the labia majora. So, women will complain with early stage lichen of itching that doesn't make sense. There's no discharge. There's no yeast. There's nothing. It's just real itchy down there. And also, that the skin sticks together and then when they have sex, when they ride a bike or they wear tight jeans the skin splits. And then it feels like a cut burn or like a razor burn and then it will stick back together.

And then it splits and sticks. And so then long term the skin starts to get really thin, it turns a whitish cast or a thick white and that's the collagen building up to protect the dermis. And of course, long term untreated can lead to an increased risk of cancer of the skin of the vulva. So squamous cell carcinoma. So that's long term untreated. So very early it can cause pain with sex. So, we're always looking for lichen sclerosus or other skin conditions like lichen planus which is more of a red fleshy open area on the vulva that doesn't heal.

So again, if you have any of that please see your gynecologist and get checked out. Skin on the inside we think about dryness. So of course, we know about low estrogen related change the skin. You and I know, we call

it genital urinary syndrome of menopause, GSM. And we see GSM in patients.

For example, I just saw a girl this week. She's 30. She is on the lotus birth control pill. Her estrogen level is less than five. She has vaginal dryness and painful sex. And her skin on the outside is just fine. But because of being on the lotus birth control pill and she's so suppressed that her systemic estrogen level is really low. And the skin in her vagina is like that of an 80 year old. It's very thin. It's dry. It tears. She bleeds. And so, we're going to get her off the pill, get her on an IUD and use some vaginal estrogen to kind of get that up to snuff pretty quickly and that should help a lot.

But that brings me to the third thing is the muscles inside the pelvis. So, this patient has had painful sex for a year plus now. And so now her body is like, are you kidding me? You're not going to let that thing in here, it hurts us. Stop. So, the muscles just close down. And she said, "When we have sex even if we use lots of lube, it feels like he's hitting a wall." So, as he goes in her muscles close down and create this wall so he can't go any further.

So, this high tone pelvic floor dysfunction we call it, or spasm of the pelvic floor then we treat with maybe vaginal valium. We treat it with vaginal dilators, pelvic floor physical therapy. So, I know that's a lot but that's how I first explain it to a patient. And then I started asking her questions so she knows where I'm coming from. And then we do an exam and usually then that confirms what I might already be thinking by her answers to the questions.

Sonia: So, if you're doing an exam and they're having pain how do you do this exam?

Diana: Sure. So first of all, my patients laugh because they've all heard about this from other patients. But I give them a mirror and they hold the

mirror on the belly and then the stirrups, that whole thing. So initially we'll just do a visual exam of the outside and I'll have her hold the mirror up so she can watch everything I'm doing. I get a Q-tip out and I just will show her. We'll do a little anatomy exam. Sometimes as you, you know, we talk about at ISSWSH, it might be adhesions over the clitoris. And so, the hood can't pull back.

Or it might be painful on the area of the clitoris because she's got collection of the epidermal pearls we call them, the sebum, the white stuff under the hood. So, we'll look at that. We'll see if the hood retracts or not. Then we look down at the labia minora and look to see if it's sticky. So again, she's watching the whole time. So, let's say that all clears. Then I'll put a speculum in, well, first of course I'll look at the introitus or the opening of the vagina to see if there's any skin changes that are obvious.

And then we'll put a speculum in and a lot of times too they'll use the mirror to kind of see in there or I'll ask for their phone and take a picture of their bottom if they want to be able to see it while I'm looking at it. It's pretty funny and again it's on their phone, not on mine, so they can have the picture of it. And then so we'll look at the skin and describe it. And then I'll do a bimanual exam. So, where I'm actually using my fingers to feel her pelvic floor. And I'll say, "I'm going to touch just lightly and do an exam."

Of course, make sure she doesn't have an ovarian mass, or make sure her uterus is good. But then feel for those muscles. And I learned all of this at our ISSWSH fall course where we actually have three to four intensive days of training. So, I learned from the best of the best in terms of pelvic floor. I have taken all that information and brought it into True.

Sonia: So fabulous. So, talking about True, when we started this you mentioned that you have, it's a membership basis. And that you have an internal medicine doc. You have ob gyn docs. You have nutritionists. You have chefs. You have therapists. You have pelvic floor physical therapists.

You have all sorts of things. And tell me a little bit about that. And also, you specifically work with women in midlife, is that what I'm hearing?

Diana: Right. Well, we do work with women of all ages. And again just, you described my background. I have just very specific interests in midlife and menopause, also looking at the risks for chronic illness, diabetes and heart disease. So, I really love to focus. But we see women who are 18 and starting to have questions about sexuality, and nutrition, and self-care. So, we love those, we call those the empower visits.

We also see women 65 and older and have the option of doing just a one time visit called a Silver Wellness. And we talk about bone health, and vaginal health, and the whole thing. It's a great one hour appointment. And then we have the membership basis where we focus on midlife and menopause. And we also have a medical weight loss program for women. So, on the website it describes all the different programs. But again, we just want to meet women where they are.

And the first thing that we ask them when they come in is, "What's hard for you? What do you want to make sure we solve before you walk out of here today? And then how can we provide ongoing support?" So, I did this because I worked within the system. I created a Center for Midlife in Menopause within a healthcare system. I created a fellowship for women's health. But the problem is, is that even though it was a break even, I really learned a lot about business and sustainability.

But within the system they really wanted to mandate that we kept those visits to 10 to 20 minutes and I just couldn't do it. You can't, I don't believe that one can provide really good comprehensive care at least without doing that initial visit for an hour. So essentially I did learn that it's hard to keep the lights on and pay my bills here at the office if I just bill insurance. Unfortunately, insurance doesn't reimburse for an hour visit.

And so, we charge that membership to provide the ability to see them for an hour. But also, to provide the app, the extra classes, the extra counseling, the extra time. And we just wanted to provide a service that's still, we'd like to think, very affordable but yet very comprehensive and personalized.

Sonia: Yeah. And I love how it's holistic. It focuses on all aspects of a woman's life that she needs, especially as we're going through the midlife and to go to one location and to have everything there, definitely I appreciate that. What is that you've got?

Diana: I'm going to show you this. I'm going to show you my symptom circle. So, people can actually go on our website and the symptom circle is under the tab, resources. And you can click on it and make it spin on the website. So, this was my first invention. I wanted to empower women to know that they're not crazy. So, the symptom circle's all the symptoms of menopause around the outside.

And then I don't know if you can see it, there's cut out windows of what you can do to make the symptoms worse and what you can do to make the symptoms better with or without meds, or whatever. So, mood swings is one. Body complaints like joint pain, dizziness, palpitations. Let's see, what's else, I can't spin it in the mirror here. And what else do we have? Hot flushes, night sweats. We have decreased libido, menstrual bleeding and vaginal dryness or bladder complaints.

And so, the symptom circle is great because women are like, "Oh my God, yeah, I do have that and it's a real thing. It's a medical thing. I'm not crazy." So, it's helpful to use with their family members, their work colleagues to say, "Hey, I'm having a menopause day." I tell people to use it as their sign.

Sonia: So good, I love that. So, you mentioned that this is available on your website.

Diana: It is.

Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

Sonia: And what is your website?

Diana: truewomenshealth.com.

Sonia: Okay. And we'll definitely put that in the show notes as well. And there's something else that you're working on. Can you tell us about that?

Diana: I'm so excited. So, at True Women's Health I really wanted an app where people could have it on their phone. They could text us 24/7 which they do. All their intake forms would be on the app. And on the app is also the MTS. So, the MTS is the Menopause Transition Scale. And I'm very excited to announce that it was accepted for publication in the journal, Menopause. It just went live last week. And it will be in the hardcopy in July. So, it's now available online. But I validated the Menopause Transition Scale. It's a seven question questionnaire.

So, it's on our app. So, our patients track their hot flushes, night sweats, all the symptoms of menopause related to how they change their lifestyle. And if they choose to take a medication like hormones, or an SSRI, or whatever works. So, they can track that their symptoms actually get better. So, I wanted this app to be something that I could take the data and show them a graph of their symptoms. So, they could say, "I started drinking more water and my hot flushes got better."

But our app is a pretty – it's a limited app, it's only a WordPress app. So basically, you put in a piece of data and it just sits there. But I found out that to build a bigger platform or a bigger app takes a lot more money. And so, I am working with an incredible Venture Studio called Sanguine Labs. I now have Venture Capital and we're developing a company called Khyria. So, it's K-H-Y-R-I-A. And in Greek it means the female almighty.

Sonia: Whoa.

Diana: I know. So, my development team is a group of mostly Greek, this company found me on LinkedIn. And we're working together and just

having a great time developing what I believe is going to be an incredible product. It's a digital platform using wearables to track hot flushes and night sweats, feeding information into an app to provide a personalized experience for women. So, we're super excited about this. A lot of apps collect data but not many people know what to do with that data.

So, we have a proprietary process of how we organize that data and give feedback to the woman. Again, we just want to empower women so they don't have to suffer.

Sonia: Fabulous. I can't wait. And when is this going to be available to the general public?

Diana: So, we're first going to research it. So, we're starting our randomized control trial this summer. So, we'll compare women's experience on the app, and with the kit, and without the kit. We'll compare their experience. And as we start to see how it rolls out, how women like it, then we will be able to raise more money and then go out to market. So, I'm learning a lot about being an entrepreneur. So hopefully we'll be out to market by early winter, hopefully at the latest January 1 of 23. But we really want to make sure we have a good product before we go to market.

So, we want to make sure we do our due diligence and our research so people get their money's worth. And then we'll be very excited to launch Khyria to the greater marketplace, the greater good.

Sonia: Yeah. I cannot wait till it comes out. I feel like this is going to revolutionize things. I really feel it's going to make a difference. And I love how you talk about how we – it's just not one person, one provider in isolation. Tell us a little bit more about that.

Diana: Well, just like you, are you a radiologist or a psychiatrist?

Sonia: I'm a radiologist, yeah.

Ep #80: Raising the Bar for Women's Health with Dr. Diana Bitner

Diana: I know but you also I think, you're also a psychiatrist. But it's like we healthcare providers with experience, we have seen patients questions and we want to expand. So, we all have to work together with our expertise, with our communities, it's going to take a village. I can't wait until – I don't know – 10 years from now, True Women's Health is alive and well. Khyria is flourishing and helping millions of women. And I don't care if anybody knows who invented it. It's going to take all of us to work together to help women. And there you go, it's going to take all of us.

Sonia: Yeah. And that was what was so fantastic about going to ISSWSH the beginning of March, was there's so many providers, there's so many women, there's so many doctors just in general that want to make a difference. And to see the different ways that people are coming at it to make sure that women's sexual health becomes an important topic that we're researching, that we're talking about, that we're making a difference to improve women's lives. So, I want to thank you so much for all the work that you're doing and thank you so much for being on this podcast.

Anything else that you want to make sure that my listeners hear before we just ask you one last time how can people get in touch with you?

Diana: Well, just like you, I want women to find their voice and to ask questions. When I had a patient leave the office today and she said, "You don't even know how you gave me hope. And you have helped me find my voice again. I'm not afraid to talk about this. I'm not afraid to ask for what I need and what I want." I mean just personally I am so satisfied and so lucky I get to do my job, but to give a woman hope and to help her find her voice.

So, I just encourage all women, please don't be shy. If you're not getting the help you need where you are, if your healthcare provider told you just to live with it or that's just how it is, if that's how it's supposed to be. I see, Sonia, you're shaking your head too. You don't have to live like this, you don't have to suffer. So please everyone out there know that. And ask for

help or give us a call and we'll help you find someone in your area to help you out. So that's amazing.

Sonia: And so, thank you so much for being on this podcast. You are so impressive and so inspirational and I thank you once again for all the work that you do. How can people find you?

Diana: As you are, Sonia, thank you. Truewomenshealth.com is our website. And we're very active on all social media channels. So, Instagram, Facebook. We have a public Facebook page with all of our events. I do a Facebook live every other week, or members of my team do. So, this week Dr. Egan and Ashley our therapist are going to talk about being kind to oneself. And how we, you know, how that really is so important, not to beat ourselves up about eating that extra cupcake.

So anyways, Facebook Live, we have on our Facebook channel and of course Twitter and LinkedIn. So however, we can serve, that's where you find us.

Sonia: Okay. Well, thank you once again for joining us today. And Diamonds, yes, I will be back next week and we will be talking about the sexless marriage visiting. Alright, thank you so much.

Diana: Thank you, Dr. Sonia.

Hey Diamonds, do you want to reignite the passion that's gone missing from your life? Do you want to want to want it again? You know I'm on a mission to end the emotional pain and isolation that women experience associated with sexual difficulties. And many of you also know that I was once in that place where I was experiencing little to no sexual intimacy in my life. And I kept thinking that there was something that was wrong with me, that I wasn't enough, I wasn't attractive enough, I wasn't good enough, I wasn't smart enough to fix this problem.

And I was worried all the time that my relationship was too far gone because of this lack of intimacy. Well, you know what? I was right about one thing, the relationship didn't last. But even though the relationship didn't last I committed to doing the work that I needed to do to own my sexuality. And now I have this amazing sex life and it's everything that I wanted it to be. And I'm also committed to helping my Diamonds by teaching them the same strategies that I figured out in order to revitalize the intimacy in their life.

So, if you want to stop feeling broken, if you want to stop feeling shame and guilt about sexuality, if you want to feel more comfortable with your sexuality and tap into that pleasure then I'm here for you, Diamonds. First of all, know that there's nothing that's gone wrong with you. You're not broken. And you know what? You can solve your intimacy issues. You can let go of that shame and guilt, and you can tap into that passionate person that's just waiting to come out. Let's get on a strategy call together and let's discuss how we can work together and how I can help you.

And know that a strategy call, it's 100% a safe place, there is no judgment. We'll talk about your intimacy situation, which is what's going on right now. We're also going to talk about your intimacy goals, what you would like your intimacy to look like in the future. And then we'll talk about how we could possibly work together to come up with a personalized strategy plan for you so you can get the results that you need. So, Diamonds, I'm here for you, don't wait another minute. Book that consultation call with me today and I can't wait to talk to you.

You can get that consultation call by going to soniawrightmd.as.me. And the link is also in the show notes. Okay, have a great day. I can't wait to talk to you. Take care.