

Dr. Karen Toubi, Board Certified Obstetrician and Gynecologist: Comprehensive Gynecology

Interview by Sheldon Baker

Dr. Karen Toubi, is a highly skilled and compassionate board-certified obstetrician and gynecologist in Beverly Hills, California, Specializing in gynecologic care for women of all ages, Dr. Toubi, affiliated with Cedars Sinai Medical Center, focuses on women's intimate health, menopausal care, and cosmetic gynecology. Her extensive knowledge and expertise are devoted to helping women achieve optimal well-being and confidence in intimate health. Dr. Toubi emphasizes patient education, empowering individuals to take control of their health and advocate for improved care. Collaborating with physical therapists and sex therapists, she ensures a comprehensive and holistic healthcare approach. As a proud mother of five, Dr. Toubi brings a unique perspective, and understanding the joys and challenges of balancing motherhood and womanhood. This personal experience shapes her compassionate and down-to-earth approach, creating a warm and nurturing environment for her patients.

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Integrative Medicine: A Clinician's Journal (IMCJ): Please talk about your women's health expertise.

Dr. Karen Toubi: I am a board-certified obstetrician and gynecologist who specializes in genitopelvic pain and pleasure disorders, vulvar skin conditions and menopause care. I help people with sexual pain issues, arousal, libido and orgasm. I help women live their best lives. I believe sexual health is health. When people are having sexual pain it hinders their ability to live fully in the way they want to. Some people avoid having sex entirely because of the pain or lack of interest, completely blocking this out of their lives needlessly. If they knew there was a solution to their pain or problem, they would gladly seek it.

I help women in their midlife transition—perimenopause and menopause. There are many changes that happen in midlife where hormones and our bodies are drastically changing. People don't feel like themselves and don't recognize themselves. They are not able to

function at the level they want to. It's important to help women in mid-life not only feel better day-to-day with their symptoms of perimenopause/ menopause, but also to be able to have the benefits of hormone therapy for years to come. We know that hormone therapy has lasting benefits for bone protection from osteoporosis, brain protection from dementia and protection from heart disease.

IMCJ: Are there other areas where you can help women feel better?

Dr. Toubi: Helping with hormone therapy, counseling, explaining and educating. It's teaching women about their body and how things work. I explain the risks and benefits of different treatment options, then having women choose for themselves what they want to do. I feel women are quite intelligent people who can make good decisions for themselves once given the understanding of how everything works and options of what is available.

IMCJ: You also collaborate with physical therapists.

Dr. Toubi: Yes. Absolutely. I work collaboratively with both physical therapists and sex therapists. It's a very much a collaborative approach. Genitopelvic pain is treated in a bio-psycho-social treatment modality. You have to see how people are doing physically. Is there a biological and physical component that's hindering whatever sexual dysfunction is happening. When a woman comes to me with sexual pain there are many things that need to be addressed. If she's been having sexual pain for years there is this fear that when she continues to have penetrative sex she'll continue to have this pain. As a result, she needs to work with a sex therapist to help conquer her fears.

Physical therapy is incredibly important, because the muscles in the pelvic floor are much like the muscles in your shoulder or neck. Just as you'd go to physical therapist to help work through those muscles for a better range of motion, the bowl of tissue and the muscles in the pelvic floor are the same. They need to be worked on over the course of weeks or months to lengthen and strengthen those muscles to help with pain and function. It's really like a multi-modal approach. Generally, it's very much a team approach where sex therapists and physical therapists

are utilized to help a patient get back to where she wants to be.

IMCJ: What do you think are the main factors affecting women's health?

Dr. Toubi: So many things. First, a lack of education. I think that in general, there's a huge emphasis on men's health and sexual health. If a man can't get an erection that's probably the biggest emergency in the world and he's going to his doctor immediately. There isn't any shame in helping figure out what's going on. On the other hand, women who have low libido just kind of deal with it, or women are told to deal with their hot flashes, because it will pass. This is a normal part of aging. Women aren't necessarily given an alternative and are dismissed or not empowered to understand that there is so much available to help them. I can't tell you how many times I see a woman in her 60s for an annual exam. When I ask if she is having sexual pain, she says "Yes, but I can deal with it." It's incredible what women put up with.

I would say the second part is that we don't have the same amount of funding for research as men do to help with their health. Women have been treated as small men. Studies that have been performed on men are just assumed to be the same for women. Women are not just small men. This does not always translate well. In general, there hasn't been education for physicians to help women in the sexual space. When I trained as an OBGYN I had almost no training in genitopelvic pain and pleasure and menopause. Most of my training was focused on helping to prevent pregnancy, achieving pregnancy, labor and gynecologic bleeding issues. Menopause training was sparse, if at all. I was just told to give women this smallest amount of hormone if they absolutely need it, and for the shortest amount of time.

All of the training and education and hundreds of hours of learning that I've done on menopause and sexual medicine, genitopelvic pain has been post residency, and in conferences, training modules, reading and collaborating closely with others in this space.

There is definitely an access problem. The education available to most of the gynecologists has been sparse and on top of that, our medical system is broken in that women have 15-minute doctor's visits and it's just impossible to educate someone in that short amount of time. I feel that is a huge disservice. Women are just told do this or don't do that and it's not explained why. They don't really understand. I think women need to find someone who's able to sit with them and explain all the risks and benefits and what's going on in their body so they can make decisions for themselves as to what they want to do.

IMCJ: What do you feel are the top three common reproductive health concerns that women have, based on your expertise.

Dr. Toubi: Again, coming back to the theme of lack of education. I would say understanding how our reproductive system works so that women have a broader understanding of contraception options.

When we learned about sexual health as teenagers in high school all we were taught was how to prevent pregnancy and STDs. That's really what sex was when we were introduced to the topic. As people get older, they want to learn how they get pregnant once they're in that stage of their life. For the general population sexual medicine and sex education should be so much broader. I feel that's a huge disservice not having more education.

How you achieve pleasure is also a big one. It's a disservice to the couple when one partner is having pleasure and not the other. It doesn't lead to connection, but rather resentment. Having sex for someone else is never a good thing. I feel there should be an emphasis on sexual education as to how to achieve pleasure for both partners. I try to do that in my practice, both explaining and educating. For example, where is the clitoris? How big is the clitoris? How do you stimulate the clitoris? Is there a place in the vagina that is more sensitive? Are there different positions that are more pleasurable for different people, and really just explain how a woman can achieve pleasure in her life and body and educate women in terms of what happens in their different cycles of life. No one should ever fake an orgasm. During the postpartum period and breast feeding the tissue lacks hormones. It can be very dry and painful to engage in penetrative sex during this time. It's educating people on what's going on in their body and not just waiting for them to ask questions or volunteering information as they're going through it and anticipating that they're going to have a problem. Explaining this is what happens and is very normal. If you're having that problem, we have to not wait for them to ask.

Maybe people are embarrassed to bring things up in annual exams if I'm doing just a regular gynecology exam or a pap smear breast test. I always, besides just asking about their medical history and their family history, ask if there are any new changes. For example, are you getting an orgasm? I feel like nobody asks that. But that brings a lot of insight into what's going on in their life. Also, are things working or do they need help. It opens up a window to asking more about their sexual health and having them be comfortable telling me personal things and see how I can help. I feel that's important, and most people don't do it. Of importance is asking if they are waking up in the middle of the night multiple times to urinate. Nobody really asks that and there are solutions to those problems. Other things may be, are you having pain or multiple urinary tract infections.

It is a common thing for a woman in her sixties to come in with urinary tract infections really frequently and instead of just providing antibiotics to treat them, we have to understand why this is happening. We need to explain

GSM (genito-urinary syndrome of menopause). Women are having increased urinary tract infections beyond menopause because the tissue in the vagina is dry and thin, and the urethra is gaping open. I can treat her with vaginal hormones to help treat the real problem and prevent urinary tract infections. Women in midlife and beyond have a lot of hormone related problems that people don't generally address head on.

IMCJ: Wearable technology and advanced monitoring systems are enabling women to track their hormone levels in real time as well as monitor menstrual cycles, predict ovulation, and even detect early signs of menopause and provide insights into their reproductive health, overall wellbeing. Your thoughts about wearable technology.

Dr. Toubi: I think they're great. They empower women to understand their body and understand what's going on and make decisions based on what they then know. I have many patients who wear aura rings. They come in and say, "I think I'm pregnant because I ovulated and now my temperature is elevated." They say that before they take a pregnancy test or before their pregnancy test is even positive. Understanding their body is great and very empowering.

IMCJ: How about AI tools for diagnosing health issues?

Dr. Toubi: I think AI is going to be very powerful in the future. It needs to be used in conjunction with an experienced doctor because if you put your symptoms into AI only about 95% of the time AI will get it right.

There's some nuance that AI misses out on what a physician has been doing for many years. AI will never have that human touch.

IMCJ: High cholesterol, high blood pressure, heart disease, diabetes and obesity can all be considered number one killers. What do women need to be aware of that could lead to an early death.

Dr. Toubi: Heart disease is probably the number one killer of women. Osteoporosis is another. You break your hip, and you may go downhill from there; 40% of women will die in the first year after breaking their hip. That's why I feel so passionate about hormone therapy. Hormone replacement therapy when taken at the appropriate time, will decrease your risk of heart disease and will significantly decrease your risk of osteoporosis. It will also help with your metabolic health, decrease your risk of diabetes and it decreases your risk of high blood pressure, as well as decrease your risk of dementia and help with brain fog and dementia. Testosterone will help maintain muscle mass, which is the real key to metabolism and longevity.

IMCJ: What are your views about abortion, and all the issues taking place in our country.

Dr. Toubi: It's complicated. I feel like when people think about abortion, they just think about killing a new life. People have to understand that abortion has a lot more implications. It's about helping people. These laws are blocking women who may have a dead baby inside and they need to have a procedure to remove the fetus. That needs to happen because otherwise it can kill the woman. If a woman has an infection inside of her uterus she needs to remove that pregnancy because it's a threat to her life. Yes, technically, that's killing the growing fetus, but that's also saving a woman's life.

I'm pro-choice. I don't think people should use abortion as a contraception method, but I definitely think people need to understand that abortion is a lot more nuanced than just killing a growing fetus. It's saving someone's life, helping someone's mental health and physical health. There are pregnancies that will not survive outside of the womb. There are babies that are growing without brains and putting a woman through needing to carry to full term just because she can't get an abortion' I think that is very cruel. Here again, education will help people understand how important access is to abortion care.

IMCJ: I appreciate your honesty. Anything else you'd like to cover?

Dr. Toubi: We covered a lot. I feel women should be empowered to make their own decisions based on sound science and education. Women's sexual health should be spoken about and is just as important as men's. We shouldn't just dismiss women or their concerns. We should listen and also learn a lot. We have a lot of tools, and most things are fixable. If people are having sexual pain that is never normal and it can be fixed. You just have to find the right person.