Introduction to Libido and Toxins

All right, everyone. Much needed discussion here. Something that we ignore and shouldn't. Because it's not just a sign of what we're dealing with, but it's a sign of so much more.

So Diane Mueller's here to talk to us about how environmental toxins are disrupting female libido. So thank you for being here. Yeah, thank you for having me.

I'm really looking forward to this conversation. Yeah, it's important. I mean, this is a thing where the Beatles treat it as a sort of siloed problem.

Right. And it's also not often treated as a health problem. It's more like a recreational or leisure thing, like. Okay, I guess I lost that, you know? Yes.

But it's a big red flag and warning sign of all, a lot of other things that could potentially be going on. So and now our current environment, it's good that you're at work and helping the patients through.

It's so much more toxic than it's ever been. So are we seeing that libido issues are more prominent now than they've been before because of that? In parts, yeah.

I mean, it's, you know, the whole conversation on libido and the first area to start is just to help people understand that it's about it's estimated depending upon the study that up to 70% of women in particular have low libido issues.

Of course, this has helped. This affects every gender, every person with different sexual orientations. But from a female standpoint, it's estimated 70% of women at some point in their life report low libido.

So, yes, it is a huge problem. It's an under talk about problems, a problem that really is connected to sleep, to relationships, to connection, to happiness, to anxiety, like there's there's so many different areas of connection.

And so an answer to your question that the toxic component is one very prominent piece of a puzzle that really is linked to, say, the root causes of why somebody might have low libido.

So it's one of many it's going to be our focus of what we're talking about today. But I think it's just important in discussing and going deeper into some of these, you know, conversations around toxins that we're also remembering that this is only one of many different causes of what will actually contribute to the low libido picture.

Yeah, that makes a lot of sense. And there's some people that we're also we're not all the same. There's like innate levels that we're at. Right. But what we're talking about is a noticeable change in a shift in like something happened.

And I wish it didn't happen. And one of those some things may be the toxic burden that you're suffering from. So what exactly is the mechanism like?

How Toxins Affect Hormones and the Brain

Why is it that me breathing in the wrong thing would change my libido? Yeah, it's a few different things. I mean, one is connected to our hormonal systems.

So we know, for example, that, you know, mechanism that we know, for example, that toxins will say disrupt the microbiome right in the microbiome of the gastrointestinal tract is actually responsible for the proper recycling of hormones and proper hormone balance.

So from a standpoint of proper hormone balance, and I'm talking about estrogen and progesterone, testosterone, but primarily estrogen and testosterone, these hormones are really related to a healthy libido.

Right. So when we have say in this example, toxins impact microbiome, microbiome impacts hormones, hormones then get out of balance and therefore are dry.

Can can get, say dysregulated. That's one mechanism. Another mechanism is through our neurological system, for example, because we actually see that toxins can cause neuroinflammation when we're neuro inflamed, we tend to have higher amounts of cortisol, for example.

Now sometimes this hormone cortisol, sometimes people will actually find that if they have higher levels of cortisol, they have higher levels of this hormone that's related to energy.

But we also associate with stress. Some people will find that, oh, they get higher levels, levels of this hormone, and they actually find their libido goes up.

So while that happens for some people, oftentimes for people, the opposite happens and more often the opposite does happen that we go under more stress and all of a sudden we see that our libido falls and some of that is connected with this toxic conversation back to the impact that toxins will have, creating inflammation in our body, creating this neurological inflammation.

And then when that happens, we get the subsequent falling of our libido due to the stress response of our body. So everything you're describing sounds like the description with so many other chronic problems that come out of hormone disruption, neurochemicals, so it seems like to me the shift in libido could be a warning sign to look under the hood and see like what else is going on.

It is, you know, it's like so many different things. I'm glad you bring that up because it's like so many different things. When we're talking about health, we're talking about, you know, a symptom.

You know, it's we're talking about a condition and there's, you know, the where the reason why, say, for one person, say, toxins might lead to brain fog, another person toxins might lead to fatigue, another person it might be sleep, another person, it might be low sex drive. Right.

Somebody else, it's going to be something else or a combination of all of these things. Right? So with anything and we want to figure out what those root causes are.

And that's why I start the conversation with saying, hey, when we're talking about this and we're talking about toxins, this is a huge piece of libido puzzle, but it really isn't the only piece.

And like any other condition that we're working with in functional medicine, we really want to do the investigative research to say what is going on from the standpoint of why somebody might have the low libido, right?

So we want to do the right test to figure out the underlying root causes that really could be driving this. And like I said, toxins are one of them. And I think another thing to help people just orient to like, well, do I have low libido?

Because that sometimes I will get on this conversation, right? Sometimes that that comes up. And that's what some of our listeners here might be wondering, like, how do I even know if my libido is low?

And it's a really tricky thing to answer because from a medical perspective, low libido doesn't really exist. What we call it in medicine is hypoactive sexual desire disorder.

And in medicine we say, okay, well, you have to have a low sex drive for six months. So if you have a low sex drive for six months, you get that label right.

Just like we use other diagnostic labels in medicine to put this category. And so that's when we say, okay, there's a

problem here. Now, this is a subjective problem, though, right?

Because somebody could say, okay, well, if I have desire once a month and that feels a little bit low when I do that for six months, then I get this label.

Somebody else could say, Well, if I have desire only once a week, and I do that for six months, then that's the label. So from a true label perspective, it can becomes really difficult.

So I, you know, the way I kind of talk to women that I work with in my practice and for my libido practice, I work with only women. But this is true. No matter what your, you know, your gender orientation is.

But the way I talk to people, my practice is ask like, okay, so if your libido was better, do you think like you would have better relationships? Do you think that it would help manage your stress?

Well, we see and Dr. Pelz in her book, she does such a great job of looking at some you know, some of these types of topics of like the impact on hormones and that sort of thing.

And we see, for example, we see that when we have healthy libidos, when we are sexually engage, we actually release more oxytocin as oxytocin, right? It has such a great hormonal effect on regulating stress, on regulating or other hormones.

So that really of like when we're like deciding, do I have low libido, do I have this hypoactive sexual desire disorder? Do I need to look down the road for toxins or other things to get help with low libido?

I would really, you know, start saying, like, if you were it's more sexually intimate, would it improve your relation ships?

Recognizing Low Libido and Root Causes

Could you have more benefit in your life? Went for less stress? Could you use more happiness or less anxiety in your life? And if you're answering yes to any of these things, then your libido probably could use improvement.

So kind of I would say that is some of the foundation from a subjective standpoint to really decide if it's a low or not. That's really important because the this measure, it is a gray area and it's so tricky.

And there's a measure of like, well, how often or how much? It's more like, what's your context? Like, what's how are you going to be? Who are you with? Right.

And if you don't make it contextual or how is it relevant, it's got to be what makes it work for you, which is very true. And nobody thinks of it that way.

This is the first time that I've heard that, which is awesome. Yeah. So, so I know we talked about toxins and we can clearly hear from you why there would be a problem.

And then that makes me think of other sort of insults, like viruses and bacteria and parasites. Is it all the same or these? Are we also needing to look out for these things?

Are toxins and more aggressive of a threat? No, I definitely think these especially like the chronic hidden infections. Right. So whether it's chronic hidden EBV, herpes virus, some of the other Tickborne, you know, scenarios, the thing that we have to remember with infections is one of the mechanisms and there are several, but one of the mechanisms through which infections cause problems in our body is by they also release toxins, right?

So they release like infections. When they're in our body for a long period of time, they'll actually release toxins that help with the infection survival.

So they'll do things to actually change, for example, our ability to fight them and these types of changes in our body have toxic effects as well. So our body has to, you know, release these things.

And the classic one, one of the more common ones that people talk about is LPs Lipopolysaccharide, which is a type of toxin found in any bacteria that has a gram negative classification.

Very easy one for people to wrap their head around is e coli. So E.coli is this class of bacteria that is in this gram negative type of class and things bacteria that fit into this classification that's gram negative classification system will release and LPs is lipopolysaccharide.

It's like a polysaccharide very toxic to the body. You know, we see that it's related to leaky gut. We see that it's actually a cause of leaky brain, for example.

And this is where it gets really tricky, right? Because a lot of the system of our body sending the right hormone like we want it, you know, healthy hormone system like we're talking about for libido.

So the body's sending the signals for that, for the adrenals to make more DHEA, which is a precursor hormone to testosterone and estrogen. Well, that signals coming from the brain, right?

The brain signals the adrenals to do this. And so we have something like a bacteria like this gram negative bacteria. I'm talking about creating this release of this LPs.

The LP goes to the brain, it makes the brain leaky, and then all of a sudden we get toxins entering the brain not supposed to be there. Our blood brain barrier supposedly really strong and intact.

Right. And when the blood brain barrier becomes leaky, we get these infections. We get these toxins from the infections into the brain. All of a sudden, the brain cannot send a signal to the adrenals in the same way that signaling pathway can get disrupted.

And all of a sudden we're not making the same amount of DHEA. Like I said, DHEA is a precursor to testosterone and estrogen. And so then when that happens, we can see a subsequent downregulation, a subsequent turning down of that production of DHEA and the subsequent libido falling as well.

So the LPs, it is something that we can test for to kind of reverse engineer, Oh, this has gone high. Maybe there's an underlying bias that I don't even know about.

Yeah. I mean, LPs are typically just for clarification and typically more from bacteria than viruses. So you can do blood tests to test for LPs. Yeah, you're right.

I mean, this La Nina reacting to LPs as well. Okay. And you mentioned the herpes virus. I know people think of it as, you know, it's it's it's not there unless it's there.

So it's it's dormant somewhere. And sometimes my lipo flare up could be vaginal, could be who knows what it is, right. So are you saying the same thing that while it's in dormant or not flared up, that it may be causing a toxic burden because of it trying to proliferate itself?

Yeah, I mean, it's definitely possible. You know, these are areas where we don't know for sure the level like we're still learning from a standpoint of science around like how much when these types of viruses, for example, are in dormancy, like how dormant are they really?

So it's like an unknown, truthfully, from a research perspective of like, are they still secreting toxins? How much is our body still having to combat them?

So there's a little bit of an unknown, I would say, in dormancy, but certainly when they're flared, we know that as our immune system is activated in killing it because there's oftentimes it's our immune system kind of attacking

them and killing these microorganisms that's causing the release of the toxins.

So if it's truly dormant, our immune system's not going after them. If that part's a little questionable, if they're, you know, if they're actually being active and causing this type of reaction.

But definitely when they're in that acute flare standpoint, that's when we're really concerned about that. And so and just listening to all of this, so we libidos.

So now we know toxins, we have caused hormone issues, neuroinflammation issues or maybe underlying bacteria, etc.. Where do you start? Do you when you're working with somebody, are you actually acutely jumping into the libido itself and say, let me get you some relief?

Or is it more like, no, I got to find the underlying thing? Or It's a little bit of both. In my libido practice, we jump into libido because one of the things that like is super interesting in the conversation with libido really comes down to, you know, oxytocin and pleasure.

And it's pleasure, unfortunately, is a not hugely talked about part of medicine yet. But when you know these pleasure hormones, oxytocin being one of them, dopamine being another, when they are secreted in the right amount, the amount of other things downstream in the body that start being regulated become really huge.

Infections, DHEA, and Diagnostic Testing

You know, it's like we're talking about sleep, we're talking about happiness, we're talking about mood, but we're also talking about our ability to not be socially isolated, you know, to have this deep and meaningful connection with our partners and to have so much happiness in our life and so much joy that we feel like we have the energy and the excitement to seek out, say, social engagements with the energy and excitement to put back into our kids, into our careers, all these sorts of things.

So, you know, libido is a in my opinion, in my professional opinion, I've gone down this road in part because I think it's a really needed area and it's kind of an under talked about area of wow and we can't we fix this like this.

There's like this trickle down thing that happens. So one of the things I will jump into right away is saying, okay, well, let's let's focus on the libido, then let's talk about all of these underlying reasons why.

So let's run like a total tox task where we're looking for all sorts of things like mold, toxins and environmental toxins of all kinds plastics, pesticides, herbicides, glyphosate.

It's like, you know, tons of stuff. So we'll look at that, you know, sometimes look at gut health, running our stool cultures and our bacterial tasks for the small intestine, look for other chronic pain infections, look for hormone levels.

So there's definitely that that that say lends of saying, let's figure out the route. I think that's very, very important. And, you know, even in looking at hormones and understanding them totally, completely like DHEA, that precursor hormone that I mentioned is the precursor to testosterone and estrogen.

Typically for women, for example, most most studies I see, I'm like, really? When people's libido go away, when women's libido go away, it's usually when that DHEA level is 200 to 300 men, it's usually about 100 higher.

So, you know, 304 and that's significantly higher on a high to outside of the reference range. So people can have a 50, for example, of DHEA and one some labs will say their normal low weight is 200 for women, 300 for men.

So you can see then when you run labs like this is also about understanding, not just like, oh, the lab says it's normal, but of course what is like actually optimum.

So that part's really important. But another important part of really breaking down this libido topic is starting to

normalize conversations, even as simple as like sometimes people's libido are low.

And I've just seen that so many times. It's very common due to, you know, micro type of fighting with a partner. And I say micro type it. Sometimes it's major, but oftentimes it's like just simple little things that go unresolved, like a snappy little comment, like, I'm going to let that one go and enough of those things happen.

And all of a sudden there's a level where bi directionally or you and I directionally people do not feel safe with their partner. And when we don't feel safe having conversations around libido, that can sometimes be very tender to the ego become very difficult.

So that's another thing we really work with is like connection and relationships and communication and how do we actually have these kind of like sensitive conversations?

How do we normalize them and how do we make this just like almost a type of conversation that is in some ways as normal as like, you know, what are we eating for dinner for our health, right?

It's just because it's a different version of relationships as well as interpersonal health. So in the libido work, we really look at all of these different areas.

But from the physical standpoint, the root causes that we're talking about here too. Do you believe that because you've worked with a lot of people, do you believe that there's any truth to a natural loss of libido as you age, or is that just a sign that, like any other chronic condition, you just didn't take care of yourself?

I you know, it's I feel like it's a big conversation between like normal versus common, you know. And I'll go back to the DHEA conversation to answer this, because DHEA, it's been considered normal that as aging, aging happens, that we actually have a lowering of this level of DHEA and has been associated also with things like anti-aging lowers and lower amounts of DHEA.

And so, you know, in science, the curiosity with us is, is this actually normal or does it happen so much that it's common that we start assuming that it's normal?

So it's like as we age, definitely things change, right? We definitely see that things change. But my personal feeling is we get way to we way too easily in medicine stick this kind of like your getting older thing without actually looking for the root.

So yeah, I do see that sometimes we go through ebbs and flows with libido, but libido really should be something that truly and health should be healthy, you know, at 60, 70 and sometimes even into the eighties.

Like, you know, really it's a is a sign of our health being, you know, being functional from that standpoint. And do you find that that there's other people that you just can't help that there's a problem?

Yeah, I mean, I think anybody that any doctor is always going to anybody that's being honest is always going to have people that come through their office that they they haven't been able to help.

And I would hope that any doctor would be honest about that, because nobody that I've ever met is able to fix 100% of people 100% of the time, you know, so there's always that.

There's always that. And sometimes in my professional opinion, with all the different conditions I work with, really, I had the same answer for that, which is if you're figuring you're like working with somebody for a while and it's like, wow, you know, it's like it's really good feedback for me when people that I work with say like, Oh, this is not working because oftentimes that's just a data point.

That's like, Oh, okay, that's not working. We have option to option three, option four. We have a different lens we can look at. So oftentimes it's like we want to communicate, you know, like you guys are listening and you're working with somebody.

It's like, it's not working. It's really important to communicate that with your health care provider because that is data. And there's also some times where it's just not the right approach or sometimes you need a fresh lens on something.

So there's definitely times where it's like finding somebody else with a different lens can be a helpful thing too. But you know, in answer to your question, sure, there are people occasionally that, you know, that don't have the improvements we're looking for.

But, you know, I see this stuff work for most people most of the time. And, you know, just made me think of something. But I know for men, a lot of men try and they go down this route of whether it's nitric oxide or supplements or training or hormones, whatever.

And if it doesn't work, you can plan go to plan B, which is a pill. Right. And that pill is gonna work. So is there any such thing for women? Yeah. You know, there's there's I mean, there is a a natural Viagra.

There is a, you know, Viagra version. It's pretty controversial from a side effects standpoint. So there is that for women available. What's also interesting for women and for men is prep into the genital.

Treatment Approaches and Hormone Support

So PRP platelet rich plasma, which is basically where you withdraw your blood, you have a clinician draw your blood, they spin it in a centrifuge. They take out the the part that is really platelet rich and then they inject it into the body.

And so this was used for a lot for a long time, for, you know, for pain, right? So it's like knee pain, those sorts of things. And now we're actually taking the PRP and injecting it in two places in female or male genitals.

And this is actually what that's doing is the platelets have a lot of growth factors and healing molecules for the body. So we're actually doing that as a way of regenerating tissue.

Their tissue is like stop not working and respawning. And so there's options for both mass, you know, both men and women that way, both people with male parts and female parts.

So that's one option, you know, certainly for women to another thing to really consider that seems to impact women a little bit more than men is a dysfunction of all the pelvic floor muscles.

So one of the things that will happen is like the pelvic floor muscles just don't work as well. And, you know, and kegels have been one thing that has been talked about for helping that for women.

And you know, the idea with a Kaggle is like, oh, pretend like you're urinating and squeeze your muscles, like to stop a stream of urine. But one of the you know, one of the things that's kind of being theorized by people that studies sexuality with Kaggle is is that they don't get to the all of the different muscles of the pelvic floor as much as other exercises.

So there's exercises such as data exercises. You can look up jade egg exercises online. And there they're looking at various ways to actually get to the pubertal pubic muscles in a little bit different way.

So you're actually getting more pelvic floor involvement. That can be a really useful thing for women. And then the other thing for, you know, for women that I see is, you know, with men, it's like tends to be more like the more common thing of, you know, E. D., erectile dysfunction, sometimes prostate problems, right?

So those tend to be the more of the problems for men. For women, it tends to be if we're you know, if we're adding another layer, oftentimes a low libido from a genitalia perspective really comes down to like, is there pain there?

You know, a lot of people will have like vulvodynia or this pruning of a dinosaur like the vulva has pain and pain can

just be there any time, just pruning as pain with sex.

And so in these sorts of situations, you know, we can do things like pelvic floor exercises, we can do things like hormone therapy. But another thing that's even being looked at for for like pelvic floor muscles that are, say, too tight or causing pain.

Is even Botox in these types of muscles as another way of like calming down the muscle, letting the muscle relax, giving the muscle time off as another kind of healing mechanism.

So there's a lot that's really coming out, you know, both from a, you know, men's sex health perspective as a women's sex health. Like I think we're now because the focus for so long was on Ed and on Men's Health and there wasn't as much research for female health.

But that's starting to really change. And we're seeing other options available for, you know, for both genders. And with the PRP, is it more that you're just regenerating the areas which is more pleasurable or is it actually increasing desire?

The libido itself? It's more of that. It's like healing the area. But oftentimes there is this connection, right, where if there's pain in that area or there's inability for women to lubricate or inability for blood to flow, because of course, there's erectile tissue for women, just like men.

And part of the pleasure for women is really also like with men, it's getting that proper blood flow to the tissue. And so we're actually seeing that if the tissue functions better, then there is that now natural follow through with libido because all of a sudden, if it's more pleasurable, then obviously desire can go up.

So now going back to the original topic at hand, which is the toxins. Yes, somebody comes to you and you've identified, okay, that you haven't worked on this yet.

There's a toxic burning. Where do you start with them? Is it is a testing first or do you jump straight into some kind of protocol or what do you do with them?

Yeah, most people can if people can afford tests, it's definitely nice to. One of the biggest things from a testing perspective when it comes to toxin, that toxin.

So it's really important to elicit our most toxins because a lot of other environmental toxins we can do like just kind of guesswork of like, okay, well, what are you putting toxic into your body?

There's really cool apps, for example, like Yucca, why UK where you can take your phone and you can scan all your home products to be like, how toxic is this actually?

And if it's as natural and organic, is it actually safe for you? So there's a lot you can do just by like learning and using and becoming educated on what you're putting in.

So we can do some of those things with that testing, the more toxins are definitely a huge reason to consider tests for just because if mold is in your body, it's probably in your house.

And if it's in your house, it does become very difficult to actually eradicate those toxins while you're still living in it. The other advantage of testing early on really comes down to a awareness from a treatment perspective.

For example, we're going to run down the road of treating and of eliminating toxins and all of a sudden lost, say, oh, a couple of months go by and somebody is like, I'm not sure if I'm noticing anything or having a original task where it said like, okay, you had, you know, 90 percentile, you had really high toxic load, lets us know that that was at least part of the problem.

And then we can go back and retest and say, Is the protocol working? Have you moved from 90% toxic, low down

to 80%, or is the protocol not working? You're still at 90%.

So it kind of gives us like check and balance to have that test. It isn't 100% necessary other than the whole thing. So there are ways is like if somebody is really worried about cost containment, you know, we can go around it.

But if you can't afford it, I always recommend I'm a scientist. I love seeing like exactly what we're working with. So there's that ability to do that.

It's definitely great, but like I said, not 100% necessary. And then one of the biggest things, there's a lot I work with people from like a protocol standpoint around getting toxins out.

But one of the things that I talk about through across a lot of my work is when the liver a lot of people talk about, oh, like liver cleanses and, you know, getting the liver to work better to break down the toxins.

And that's important. Right. People have heard of a lot of these things glorify on NBC milk thistle alpha acid these common things that help the liver to move faster to break down toxins.

But one of the things that's commonly missed is once the liver does its job to break down toxins, the liver has to get the toxins out. And the liver does this with this protein transport system, this, you know, there are proteins and they basically mobilize.

They open these doors that allow the toxins to go out of the liver into the common bile duct with the bile into the small intestine. And so getting those proteins to work is really important because if those proteins don't work, the broken down toxins from the liver don't actually leave and go out of our body, but they go backwards and end up in our bloodstream.

So nutrients like coaling, like myrrh, like tied car, these are some common nutrients that we see that actually open up those transport proteins. And so that's a, you know, from a standpoint of like, you know, I like giving people like quick wins and from a standpoint of like a quick win, what you may be missing, making sure those transport proteins are working if you're doing detox is essential and it's and it's commonly missed, like I said, in the detox process.

And those nutrients you can get from foods or are we talking about supplementing. You can get them from food. However, I mean myrrh is going to be a little bit harder is an herb choline you can get an egg.

The tadka is a taurine derivative taureans an amino acids you can get kind of close from from some foods. But really the levels we're talking about to get these proteins working well, you're going to want a supplement.

Mm hmm. Yeah. Then one thought. That's because, you know, the age group we're talking about, you know, somebody coming to you typically is of that age where they're in a relationship where they think that kind of connection is important.

Then there's some people, as they age, you feel like, well, we don't really need to do this anymore. You know, that's a belief. So are you finding that there's even a mindset shift needed where no, you actually can keep this part of your life?

So you're saying like a mindset thing with the age component and libido. Yeah. Okay. Post menopause, you know, it's like, oh, my body is changing. I guess this is part of life.

Yeah. I appreciate you asking this because I think it's a really important topic because it's, you know, it's like this part of life, like really enjoying pleasure is also related to self-regulation of, you know, stress like we've talked about.

It's also related to the ability to be present. You know, the practice of pleasure in an intimate setting is the practice. It's actually very similar in many ways to meditation.

You know, it's like the practice of being center and centered and, you know, and practicing, not having the mind wander or if the mind wanders, bringing it back to what the moment is.

And that's essentially what we do in meditation, right?

Age, Mindset, and Relationship Communication

It's like the mind wanders, bring it back, the mind wanders, bring it back. And so and sexual intimacy is actually very, you know, similar that way where it's like this practice of being present in the moment of if the mind wanders, come back.

Because we can't feel pleasure. We can't truly feel pleasure without truly feeling presence. And so it's also this practice of enjoying life as we age, just practicing like enjoying the small things, being present for each and every moment of our day.

And intimacy is the practice of that. So like I said, this whole thing of like, yes, we see that, you know, that hormones can change as we age for sure.

But does that mean that libido shuts off? No, it doesn't mean that libido has to shut off. And there's ways we can think and things we can do to help with hormonal balance, even post things like menopause, like not to the level where women are going to start bleeding again.

But we can start even post menopause with working with hormones in ways that we're keeping levels and up enough to support libido where you can still enjoy this part of, you know, this beautiful part of being a human.

So yeah, we got to get the I'm just getting older conversation out of this. Yeah, for sure. And I feel like if I were to be a fly on the wall, you know, being in your clinic is probably a bit of relationship counseling, too.

It's like, what? What are you doing to improve? Again, if it's been a while, you've been together for a while, things kind of fall off and you just take it as it is, or you can light a new fire, you know, and kind of have a fresh start.

So you want to. Yeah, exactly. And it's like and this is an area, you know, it's like the conversations around libido and sexuality when it comes to relationships.

Like they are sensitive conversations, right? Because there is a lot of of ego involved in this. Like the ego can get hurt easily because there is this natural tendency to want to perform for a partner, provide for a partner, be there for a partner, like deliver this thing right to to somebody that that one cares about.

So we want to be very careful in these conversations, but in some ways, having these conversations are just practice for all the other tricky conversations that we get to have as humans.

And, you know, when talking about the kind of conversations to have with a partner, the biggest kind of take home, some easy high level tips like one is generally don't have a conversation about what's you know, what's not working well and you're concerned about don't have that conversation in the middle of a sexual act don't have that conversation in the bedroom.

You know, that's a conversation to have when there's not a lot of stress when you know, you and your partner are alone. And the idea with this is to say, you know, to start with saying like like, you know, I want to have a conversation like, are you how are you?

Like, are you open to this right now? Like, we want to catch people when they're in a good mood, not when they've had like the longest, hardest day of work ever.

Right. So we want to, you know, set these conversations up for success. And then usually what also works very well for these conversations is starting with like, hey, like these are the things I love about how we're interrelated in

the bedroom.

These are the things that are going really, really, really well. And I care about you so much, and I'm really wanting to go deeper and I'm studying all this libido stuff.

And these are areas that I'm wondering we could explore and talk more about because I want to go even deeper, right? So we're not shaming somebody. We're setting somebody up for like, hey, the value of this conversation is not about what somebody is doing wrong, but about building on whatever foundation, no matter how thin or thick that foundation is.

Yeah, I guess it's like any other new habits that you're trying to bring in. You have to start and kind of normalize that thing and then it becomes innate.

It's like, Oh, we do talk about this. This is something we deal with. It's something that whereas it's taboo, you know, you can turn it into something normal.

And, you know, I think about when I think about toxins and I think what is the practical reality sitting in an airport or, you know, going to work? And you see all these people with a laptop on their lap and phones and etc..

Do we need to worry about EMF as another form of talks? And yeah, potentially. I mean, we definitely see that in amps, you know, do seem to bother especially some people's nervous systems as worry seems like really coming into play most frequently is is in the nervous system component and neurological inflammation.

And so you know, we want to consider that anything that from a neurological inflammation could have an impact. That being said, there, another thing I want to make sure to emphasize, we also have to be in the world, right?

This whole thing of like becoming so isolated because we're worried about EMFs and worry about toxins and we're not going out into the world. You know, we also don't want that either because that's going to create a lot of stress and have downstream effects.

So, yeah, it's something to consider, but some of the things that we can do, such as making sure that we are putting our phones on airplane mode at night or, you know, just looking and saying, okay, well, on the other side of the bed, like on the other side of the wall you're sleeping on, are there electronics on that other side of the wall?

Like anything that's like is there an appliance that's going to run all night or is there an electronic that could be like connect it to wi fi in any way?

So you want to think about like how to protect yourself, especially the most at night when you can get a little bit more of a break from the amps. You know, there's like there are EMF like clothing and hats and these types of things and people that actually know what it's like.

Some people, some clients of mine really do notice EMFs and they notice that, you know, they're around more amps. They can't think as clear. They get brain fog, you know, a little fatigue.

So if you actually notice that, it might be worth like investing in certain EMF protective clothing when you travel, for example. But if you're not somebody that really notices it, I would say like, yes, like there's there's possibly an impact on all of this.

But, you know, take some smart steps like I'm talking about protect yourself when you're sleeping and be in the world and you know, the world. We want to make sure that we're not becoming so isolated or so worried about everything.

Then we're just creating this other stress response that's going to impact us in that way. Yeah, I definitely feel it in my hands when I'm using my phone.

Yeah, especially when I'm traveling. And so I'm on my phone a lot. Everyone from the Office of the Family to everyone is texting, calling back and God, and particularly my right hand road.

It's this I know it's not numbness or even know how to describe it, but it just feels like I can't believe I'm using this toxic thing. You know, it's this weird kind of as if I was gripping something in my hand is like, exhausted, you know?

So it's there. I feel like, you know. Yeah. You know, the other thing that I worry about from phone perspective is strontium. So when we're talking about toxins, the metal, strontium, strontium is a toxic metal that typically is not used a ton from what I've been able to tell the United States, but it is used in screens.

So things like TV screens, phone screens, it can be found in some of the like screen technology. So I do worry that about this a little bit because especially when I test for toxic metals with my clients, I do like not infrequently see elevated levels of strontium.

So I worry that it's like a lot of like this, you know, we're holding our phone gets hot, we're holding it up to our face. And we do see that our faces permeable, our skin is permeable.

So that's the other from a toxic standpoint, what I worry about cell phones and that, you know, that we can eliminate more of by just like, okay, you're going be on the phone for a while, use a headset, you speakerphone, that sort of thing, like get the phone away from, you know, your face.

But that's also, you know, using that type of technology could also be beneficial potentially from EMFs. It could also be harmful because there is that Bluetooth communication.

EMFs, Environmental Exposure, and Detox Support

So there's just that's why I you know, I'm also grounding this and like we want to try not to go crazy over all of this, but also to consider the impacts.

You know, for sure. And then there's so many devices now, you know, they're everywhere. It's your phone, your laptop, your iPad, the TV and the remote.

And every remote is like a smart remote now. So, you know, like everything is. Yes, you got to that total load. You got to think about. It's not just what you're breathing, what you're eating, it's what you're exposed to.

You know, and it's interesting because every conversation we have kind of lands in the same place that, okay, here's the problem I'm going to fix today.

Here's a discussion we're going to have, by the way, our bodies can handle a certain level of toxin burden and we're all overburdened, you know, and it's it's kind of same conversation over and over again.

Symptomology depends what hardware is and doing well in your body. And then also you're going to feel this over that. So very important to deal with that.

So when you deal with people, how are you? Is it like is it like call it like a few weeks of coaching or is it more like, here's the supplements you need?

Or what does that interaction like? Yeah, my libido program is set up in a group standpoint. So from the group standpoint, we they get access. Everybody that joins gets access to order labs.

We talk about what labs mean. We talk about relationships. We talk about how to have hard conversations. And I do this in the group format for the reason.

For the main reason, there are two main reasons. One is, like we're saying here, like this conversation has been taboo for so long, even though we're seeing more and more evidence that this is connected not only as a symptom

of health, low libido, but a healthy libido actually helps us like stay healthy.

Right. It helps us regulate all these other hormones in our body. So it's it's it's becoming in my personal professional opinion, is becoming more like a healthy libido and working on libido and helping it to stay healthy and engaging and healthy, intimate experiences is becoming more and more of like, okay, we're talking about our movement and our exercise and our food and our hydration and our sleep.

All of these different, say, pillars of health we really need to start throwing in, like in libido and sexual health in here as a pillar because everything else it impacts right?

It's like there's so many trickle down effects of the positive things that having a healthy libido can actually do. So because it's something that has been taboo.

And because it's something that so many people are concerned with talking about, we normalize that. And so the idea is like a safe space. And that's why I do only work with women in my practices.

It's like, you know, I only work with largely hetero women in my practice and I hope more people open up clinics like mine where they, you know, try to work with men and they work with transgender and all the other different areas of orientation.

Like everybody needs help. I just work with, you know, with mostly hetero women because I'm trying to create a safe space of people that are very similar.

And like reading that, it's like, oh, we can, we're safer to have these conversations that have been so taboo and feel understood. And so then it's even like, okay, well, I talked to my partner of this and this is what happened and we can talk about what we learn from the experiences and empower women to like make these tiny, tiny tweaks in their conversations.

So that's that's how it really works. It's looking at physical is looking at mental emotional, but also in this group context. So everybody starts to feel normalize supported and you're really able to have more practice with talking about these sorts of things.

And that goes back to normalizing it, like having a peer group and it makes it so much easier to work on it when you remove the taboo and the stigma and it's like, Oh, there's another 300 people here, you know?

Yes. Me and all that sense of that sigh of relief, like, okay, I'm going to go get to town and work on this now. So that's a beautiful thing you're doing because I think that's exactly how it needs to be done, especially on a taboo topic like this.

So how does sort of somebody find you if they want to work with you? Yeah, you can find me at My Libido Docs you go to mylibidodocs.com you'll find me there.

And in addition to that, can I give you I can give you a giveaway, right. Sure. Let's do that. Yeah. Yeah. So I will send you guys over so that you guys have this for that the talk.

I will send you guys a my libido e-book, so I'll send you how to get that as a self-guided basically say online video book where you we go through a ton of these topics.

We talk about connections, we talk about conversations, we talk about test and testing from like toxins like we're talking about to thyroid and libido to adrenal health and stress, promoting libido, cardiovascular system and libido.

So we really break down a lot of the physical types of root causes, how to get testing, what testing means, how to be empowered, as well as some of the lifestyle and conversational thing.

So that's a video e-book we can give you guys for free. That's very generous of you. And then that's going to, you

know, help people a lot. So it's amazing you're able to do that.

I wanted to thank you. This is insightful, you know, a very needed topic. And really, I think it's important that people realize don't treat this as a separate, like like a pleasure only type thing.

It is a health concern and pleasure is also a health concern. What you said so very well. The oxytocin and this foundational hormone that drives so many other things.

We as humans are wired to do things that we do, you know, and there's there's more reason to them than the sort of recreational surface level that we see.

So thank you for acknowledging that this is often awesome conversation. Thank you. Yeah. Thank you so much for having having me. And happy libido everybody.