Introduction to Libido and Lyme

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi, and welcome to another episode of the Healing Lyme Summit.

I'm your host, Dr. Mariah Hinchy. And today we're going to be talking about a topic that I don't think has really been discussed. We're going to talk about libido in Lyme disease.

And so this is going to go way beyond just feelings of fatigue and lethargy and pain and just not being in the mood and really dive into the physiological connection between Lyme disease, sex hormones, and low libido.

And here with us to talk about this not only is a doctor who specializes in treating Lyme and complex chronic illnesses, but she's also the libido doctor.

So welcome Dr. Diane Muller. Tell our audience a little bit more about yourself and how you came to specialize in these two really important topics. Yeah, thank you so much.

So it's great to be here, everybody. And one of the things that I think so many of us what like one of the reasons why so many of us end up in these professions largely is due to our own interests, our own pathologies, our own histories, those sorts of things.

So I've been a lime doc for many years, about 15 of them. And That started because of my own issues with Lyme disease. I had chronic pain, I had fibromyalgia, headaches, migraines, all the, you know, all the kind of things.

And the stories with that I like to tell, like one, my pain was so bad that it actually felt some days like I was getting my legs sawed off, I would Sometimes get stuck in a sitting position.

The worst one was actually getting stuck on a toilet where I couldn't actually move because I was stuck in such bad pain. It would have to have somebody physically carry me.

And then other things that were happening with Lyme included. things like memory loss, leaving my home, forgetting where I lived, numbness and tingling so bad in my hands that I couldn't feel things like as I was carrying them, for example.

So it was very obvious to me that I needed to study this. And like so many people, I was misdiagnosed for so many years. And eventually after my own studying in naturopathic medicine, I ended up learning about Lyme disease, tested myself, and that really became my journey with Lyme.

So many people, you know, in this topic we're talking about today, Dr. Mariah, so many people, when I tell them I do Lyme and libido, it's so easy to be like, well, these things seem so different.

But actually, and one of the things we're going to explore today in our talk is like how related these two types of illnesses, how related they actually can be.

and how causative they can be. And libido was actually something that I was interested even prior to my Lyme diagnosis. I have a horrible history of sexual assault.

Dr. Mulleru2019s Lyme and Libido Background

And after that happened, when I was 19 years old, I wound up just feeling really disconnected to my female anatomy, a lot of pain, a lot of numbness, and frankly, a lot of confusion.

And as I went through healing from that, from a mental, emotional, psychological standpoint, I still was noticing like no ability to enjoy pleasure, no ability to connect to my partner.

And that was long before the And the Lyme symptoms really started coming up. So it was a huge interest of mine that kind of got diverted as I went into the Lyme, you know, process and study that deeply.

So that's why later on, as I was, you know, repair it had repaired myself from Lyme and all those crazy things that go with that. I also got back into studying relationships and hormones and tantra and, you know, in sexology and various types of things like that to really have these two very unique, but as we're going to talk about today, like pretty interrelated topics.

Thank you so much for sharing your personal story with us. And I think, you know, you just nailed the first question. So I've heard you say that Lyme is an inter-relational issue.

Can you explain what you mean by that? Yeah, it's so important, right? Because I think with Lyme, any of those of us that have gone through this, it's so isolating, right?

That's why these social media, Lyme, chat and support groups become really popular because it's just looking for people that understand. One, especially when oftentimes we look normal and everything seems normal in the common lab tests, yet we know there's something wrong.

So what I mean by interrelational is the impact that it actually impacts the friends and the family network. So I have seen divorces over this. I've seen breakups.

I've seen people realize that they can't have babies or feel like they can't have babies in the middle of disease. And that leads to complicated things.

I've seen friend group change changes. And I feel like so much of the support right now that is given to Lyme survivors is really just about their physical body, which is essential, right?

We obviously have to do that. But there's not a lot of talk yet about like, what about the influence on the marriage or the relationship? What about the influence on your friend circle and your and your children and all these sorts of things?

And that's no in other diseases like You know cancer, for example, there's a lot of emphasis with something like cancer or alcoholism on supporting the family unit with these sorts of things, but there's not as much talk with this yet on Lyme disease, and I really think it's essential because.

We can so often have our complete family unit fall apart due to our illness and yet nobody is taught as a spouse as a partner as a child how to really be in relationship with somebody that is suffering from these things and of course in the relationship to libido.

What happened to our marriage, to our relationship when all of a sudden we don't have the energy or the thought or any capacity to even think about intimately showing up for our partner when we feel this way.

So there's so many different ways that these are all connected and really play into impacting the entire community. Yeah, that's such a good point. There's not many other diseases that not only affect your entire body, but also your brain and your emotions and your capacity to be there for other people, much less even yourself.

So yeah, that's such an important point. Strictly talking about libido, how often is low libido a symptom or associated with Lyme and other tick-borne diseases?

Yeah, it's a great question. And I've looked up stats on this and cannot find any from, say, a research perspective, but it is something that has been on my questionnaire for Lyme since 15 years ago when I started working with Lyme disease.

And I can tell you almost 100% of the time, people at least that make it their way to my office have low libido. So I think it is absolutely a symptom from what I've seen clinically and from the data I've personally collected almost in every case.

Yeah, we have the same question on our checklist as well. And it's almost always checked off. Yes, exactly. Exactly. And the easiest way, and we'll get into more mechanisms as I know today, but the easiest way I know a lot of people say, how do you expect me to think about sex?

How do you think about me to expect to think about intimacy when I can't even get to work? I can't even make my bed.

How Lyme Affects Relationships and Libido

I can't even take my child to daycare or gymnastics or whatever it is. how am I going to even begin to think about sex? So obviously that's like, what are the more obvious ways that people are oriented to this?

Right. And to that point, so how does somebody know like besides the obvious that they have low libido? Yeah, great question. So medically speaking, it's kind of a funny way we diagnose this.

And it's kind of a funny way because it's still very subjective, meaning it's still a personal say way we are speaking of it so the medical definition of low libido low libido medically is actually defined as hypoactive sexual desire disorder so that crazy mouthful and like why we do that sometimes i don't know but we do in medicine And so essentially how we define that is basically reporting a low desire, a low sex drive for six months or more.

So if you report that to your doctor and they say, Oh, you have hypoactive sexual desire disorder, AKA low libido. But like I said, it's subjective. So the first part of that, that is like not really well defined is.

that well what is that normal like like when are we reporting to our doctor that our sex drives low is it like when we have we have a desire like once a week once a month so it's still so it's still not very clear so the way i like to define it is there really is two different ways one Do you feel like you could be improved with better relationships, less stress, better sleep, less neuro inflammation, better happiness, right?

All of these types of things, because that's what we actually see, the hormones that are related to sex, when we release them, we see all of those things change and improve.

So if we could say, hey, we could, feel better, we would like to improve any of those things. It's probably worth working on the libido. So that's one way to look at it.

From an inter-relational standpoint, when we look at studies around libido, what we wind up finding is that most couples that report the highest on happiness index scores have an intimate type of acts.

And I'm using that because I don't wanna use sex because we're talking about way more than just penetration. We're talking like way more around anything that we can put into a sexual intimacy category.

And it's once a week. So I would say based upon that and saying, okay, once a week related to happiest couples, then we might say, if we're not having a drive to actually interrelate that way in once a week or more, then we could probably say, Hey, our libido is low.

Okay. So how Give us an overview of what you think the major like physiological contributors are, and then let's kind of break them down one by one. So obviously hormones, right, are going to play a role.

We know that Lyme significantly messes up both female and male hormones. Can you talk a little bit more? Just start there. Yeah, so hormone wise, we absolutely want to make sure when we're saying hormones, we're talking about sex hormones, adrenal hormones, and thyroid hormones, because all of those really actually can impact the drive.

And from the standpoints, you want me to actually list them out? I just want to be clear on your question. Well, however you want to present it is fine.

I just think sometimes it's helpful for the listeners to kind of get like an overview before we dive deep into specifics. Yeah, let me list them out first.

So we're talking hormones and let's say, okay, from a libido standpoint, we're talking sex hormones, so estrogen, progesterone, testosterone, adrenal hormones, so cortisol, DHEA, and our thyroid hormones.

Those are the real common ones that are going to impact libido. We also see our cardiovascular system and it's really known for men, you know, a lot of like erectile dysfunction.

For example, we think a lot about cardiovascular health, but women also need proper cardiovascular flow for proper arousal. So cardiovascular health is another one.

Our nervous system is a huge one and neuroinflammation is a big reason for a low sex drive. So we see neurological, then obviously of course we have psycho, you know, psychological.

So we have that mental, you know, mental standpoint as well. And then beyond that, all of our diet lifestyle, those sorts of things. And I am missing one in my brain right now.

Let's start there. It'll come back to me. I'm missing that one right now. So let's keep going. So do you want me to go through them one by one now? Yeah.

So why don't you start with like, with the hormones. Okay. Perfect. So hormonally, Oh, and you know what, why I'm missing one in my brain. And now I realize that cause I usually put stress and adrenal hormones into a different category.

So I mentioned that already. So I'm not missing one. Okay. So hormonal hormonal wise. So what we're talking about here. Let's go through them kind of together.

So I've looked at a lot of research to say, Hey, can I see anything that is like super specific on Borrelia lowers testosterone?

Hormones, Stress, and Inflammation

I have not been able to find anything like that. However, what we can find is, and I'm going to take a step back to say, Again, clinically, what I notice is oftentimes, as I imagine a lot of Lyme-literate docs notice, is that when we have Lyme, we do see a lot of hormones fall.

Cortisol can be high or low, thyroid can oftentimes be low, sometimes high, and we see sex hormones oftentimes in the gutter or in very weird balance of each other.

So do I see a study on Borrelia actually say lowering testosterone? No, I have not found that specifically. However, what we see, for example, we see other things.

We see that cortisol, for example, can lower testosterone. So if somebody is in that early stress stage where their cortisol is high and we see that Borrelia has actually driven that cortisol up due to that early onset stress, that can lower testosterone, for example.

can also lower estrogen. And estrogen and testosterone are two of our key most important hormones, of course, when it comes to libido. So that's a really important thing there.

From a thyroid perspective, there are studies that are showing, especially when it comes to autoimmune disease, there are studies that are showing that all those inflammatory markers that often raise with Lyme disease trigger an

autoimmune response.

That's why some people say that late stage Lyme is actually autoimmune Lyme is because we have this almost autoimmune like process happening on our cells.

One of the cells that can get impacted by Lyme, of course, is our thyroid. And so we see research that says, OK, well, if the thyroid is impacted negatively and low thyroid hormone will actually lead to a lower testosterone and estrogen production.

So we can see very similar things with cortisol as well as thyroid. where we can see that process of those sex hormones actually lowering because of the lime.

Another interesting thing from that inflammatory molecule standpoint is MMP9. This is an enzyme. It's associated, we talk a lot about it with mold, but it's an inflammatory enzyme.

It's called matrix metalloproteinase. And this particular enzyme will actually elevate also with Lyme. There are some studies on this. It's been associated with one of the reasons for things like Lyme arthritis.

What's interesting from a hormone issue as well, is that MMP9 is also secreted in women around the time we menstruate. It's one of the things that is a kind of a signal to tell our tissue to break down and slough off, right?

Because it's a protease. It's breaking down protein. It's breaking down, unfortunately, the tissue in our joints, but also in healthy levels, at menstruation, the tissue that is actually causing our uterine lining to slough.

So if you're kind of putting all this together, what can be happening is that when we have Lyme and when we have an increase in some of these inflammatory molecules like MMP9, and then we go through our menstrual cycle, which is gonna increase that inflammatory molecule even more, that's one of the relationships with all of a sudden why we see, we can see pain, we can see menstrual disorders, or we can see these situations, which I know a lot of us in the Lyme community see, which is women go through their cycle all of their symptoms worsen.

So there's that inner relationship to the cycle and to that proper hormonal cycle and that proper menstruation cycle, which of course can be linked also back into libido through these inflammatory molecules.

That is so interesting. So I would say with almost all of my female patients, they all tend to get worse in the couple of days prior to their flow or their menses.

And I never knew that that was the connection, but I talk about MMP9, which is AKA collagenases, right? So this is that inflammatory enzyme. that breaks down the collagen and actually feeds the spiral key feeds Borrelia breaks down our joints causes arthritis, et cetera.

But I had no idea that this was the actual link as to why there's such an exacerbation of symptoms. So That's great to make that connection. Yeah. I love understanding the whys, right?

It's like, it's so fun because most of us see this, this stuff clinically. And so we know this because we watch these patterns over and over and over again, but it's really fun to understand like, Oh, that's, that's why that's happening.

So that's one of those really super interesting links there. Should we go on to the stress component? Yes, please. OK, so I did mention this a little bit already by saying high cortisol can also lower estrogen testosterone levels.

So we see that over and over again. You know, high cortisol can also create that that dysfunction in our brain or hippocampus and our memory. And so that obviously is a stress and doesn't tend to make us super say horny, super interested in sex and sexuality from that standpoint.

So one of the other things that's really important to mention though with this is DHEA. So DHEA is oftentimes lowered. We see this frequently lowered with Lyme disease.

And so when people have a lower DHEA, DHEA is that precursor testosterone. And testosterone of all the hormones, both for women and men, is the hormone that is super linked to healthy libido more than any other hormone, right?

We want that testosterone as a high driver. So when we see Lyme lowering DHEA, which it commonly does, then we see a lowering then of that testosterone downstream.

And that's actually going to drive that libido. And what's also interesting And I know we're gonna come to this later, but just because it's DHEA is a lowering amount, a lower amount of DHEA I've seen in certain situations to heal common cases of vulvodynia, that pain in the vulva.

And I know we're gonna talk about that a little bit more later, but that's very interesting to me in this because we see Lyme sometimes as a precursor to that vulvar pain.

We see Lyme also lowering DHEA And then I've seen DHEA applied topically to the vulva really helped to reverse in certain cases vulvodynia. So we can like use DHEA in a way of like getting our libido back, supporting our energy, kind of healing that, but then also in working with healing things like vulvodynia that can in some cases be caused by Lyme disease.

Right. So since we brought it up, do you mind just talking about it right now? Sure. Yeah. So let's just talk about that a little bit. So one of our upcoming questions was going to be the link between Lyme disease causing vulvodyna or vaginal pain, pain of the vulva.

Can you elaborate a little bit more on that? Because I have so many patients that have this as an issue and it is just like mind blowing to them when I say no, like this can be one of the symptoms of Lyme disease as well.

And when you're answering, if you could talk a little bit about, do you think like, is this almost like a form of neuropathy? Is it mass cell derived?

Like what is the mechanism that's going on here? Yeah, there's so many different actual mechanisms that really could be happening here. So we see that vulvodynia is sometimes even just like an ulceration issue.

So there could be some sort of lesion or ulceration. We see that it can be a neurological, it can be a pain and a nerve root issue. So this typically happens if the nerve roots in like the lower thoracic, the upper lumbar or the sacral.

So basically low spine and tailbone. you know, for our listeners, like those areas, the nerves in our low back, in our tailbone areas, if those are inflamed, that can be contributing to the vulvodynia.

And one of the things like from a Lyme standpoint is we know that Lyme can cause neuroinflammation. That is super interesting, right? And there's definitely cases of that and research on that.

So that's very, very clear. and it couldn't cause neurological pain syndrome, right? And what's interesting from a standpoint of vicious cycles, like one of the things I talk about in interviews like this a lot is the vicious cycle that we get into in medicine.

And a vicious cycle to me is like a chicken and an egg. It's almost a what came first, how do we get out of it? And it's interesting, the vicious cycle I see is that We have pain in our vulva and that's caused by neurological inflammation.

It's caused by ulcerations. It's caused sometimes even structurally Borrelia, you know, that creates the neurological inflammation can cause this. Another thing that can cause it is the troser, like the bladder muscle.

Vulvodynia, Neuroinflammation, and Pain

So that bladder muscle that actually controls that, uh, that stretch of like we have. filled up with enough urine in our bladder, we need to stretch appropriately and then contract appropriately when it's time to release urine.

So we see that muscle, which Lyme has been shown to impacts. Well, that muscle has been linked to problems with vulvodynia as well. So we see all these different reasons for it.

and the bladder detrusor muscle as well as neurological pain syndrome from Lyme, both of those things can actually be impacted and caused by Borrelia here.

So the vicious cycle can be one of the things that can really help and actually calm nerve pain is enough oxytocin. Oxytocin is that intimacy molecule.

It's that love molecule. It's that hormone that we have released when we cuddle, when we touch, when we orgasm. And so that will actually help from a standpoint of pain reduction.

It'll help with a standpoint of neurological inflammation reduction. And there are studies on that. And so oftentimes that can be a way we actually get out of some of that pain.

And we can actually repair that way. But of course, when we're not interested in intimacy and sometimes touch, often with things like fibro and all these other symptoms that go with things where it's like a little bit of touch actually feels bad, not good.

Sometimes it's hard to access the hormone that we need to actually get out of this. And I know you probably want to take a break soon. So I want to pause because I imagine we want to go into how we get out of that.

So I don't know if it's break time yet, but I am aware that it might be. Yeah, so actually, let's pause here. So we still need to get into all of the other ways of how Lyme is affecting libido.

And then also, yeah, what are we going to do about it? So we're going to take a quick break here. I would like for you to tell our listeners how they can get a hold of you.

And if you have any exciting news or events coming up, And then we are going to dive deeper into this discussion. So for all of you who are subscribers, hold on.

We're going to go deeper in a moment. And for those of you who aren't, hit that Subscribe button so that you can come with us and hear the rest of this conversation.

But Dr. Diane, please tell everyone how and where they can find you. So super easy stuff you guys so if you go to libido quiz.com super easy to remember just libido quiz.com you'll actually find a free quiz that will actually the first part is a research based questionnaire quiz which it'll guide you through is your libido actually low or not.

you get yes to that then it's going to basically give you the root causes it's going to ask you more questions and it's going to tell you the top root causes of all the things we're talking about today and which one is most likely your number one root cause based upon your answer so it's totally free so you can go to libido quiz.com to really get that and get information on likely root causes that would be perhaps a good place to start with in your journey.

And then you can find my two practices also super easy at my libido doc.com and my lime doc.com. So super easy. Wonderful. Thank you. Okay. So diving back in.

So we talked about adrenal and stress. We talked about sex hormones themselves. I think you briefly touched on cardiovascular health. Why don't you continue, continue with that?

Yeah, I think one of the important things there's two important things to make a note of here. One is that cardiovascular disease we know is the leading cause of death worldwide and oftentimes a low libido is a early warning sign of a cardiovascular problem.

And men tend to go to their doctor frequently when this is a problem because it usually leads to erectile dysfunction. And that oftentimes is, you know, the most men I know that have gone through that, that's like motivating, right, to see a doc.

Women, however, it might show up as lower arousal or a little bit of pain or low lubrication. And sometimes those aren't as motivating reasons to go to a doc right away.

And it could actually be an early warning sign of a cardiovascular problem. So I'd like people to know that because those symptoms of like something's changing could actually be a bigger something than you may realize.

So that's important. The link with Lyme, since that's our topic today, really comes down to Lyme carditis, right? So we know that Lyme can affect the heart.

We also know that Lyme, through its inflammatory systems, can actually infect the vasculature. Like the vasculature, we know more and more that a lot of what's creating things like coronary artery disease is this oxidative, this like toxic type of stress on the vast of the vessels.

And Lyme, of course, through its crazy biotoxins that get released, as well as through its inflammatory processes can really create that vascular stress.

And so that's the, that link then of, so we have that vascular stress. We know that vascular stress can actually be linked to low libido. That's very, very, very clear.

So that's really the, how those two things fit together from a causation standpoint. OK, and then what would be the next? So beyond that, so we've talked about sex hormones.

We talked about cortisol and thyroid a little bit. The next thing really to talk about is the neurological system. So we have to have, with every process in our body, we have to have that proper neurological flow, that stimulation to the tissue.

So from a neurological system standpoint, If our nerves are inflamed, we know Lyme disease, we know co-infections, we know mold, we know all these things cause this neurological inflammation.

So we have our nerves that are not firing correctly. They are not actually signaling tissue correctly, and that can actually be contributing to that low arousal.

It can be contributing to a low lubrication, to a low responsiveness of the tissue. And another thing that's really interesting with that is the female versus male cycle of arousal, right?

Because most of us, even in medical school, we're just taught at this like male linear cycle of arousal, which is really, hey, we get excited. There's this, we feel aroused, we get excited, we engage intimacy, intimately, we climax, and then we go through a refractory period.

Cardiovascular and Nervous System Effects

And that's what most of us were taught as far as the arousal cycle. Well, from a neurological standpoint, if we're not stimulating, if the nerves are not sending that information to the arousal tissue to get aroused, that can make a difference there for men.

But for women, what is interesting, and I really appreciate a model of female arousal done by Rosemary Besson. And she redefined female arousal. So it's much more of a circular situation of arousal.

So by the circular situation, what it is is many women don't get aroused until you actually start engaging intimately. And because we're taught that arousal is just you get excited, you get kind of turned on, you feel a certain something, and then you move from there into intimacy.

Well, for females, because our anatomy, because our blood flow to our brain and estrogen and progesterone dominant scenario, because that blood flow to our brain is different, Often times we don't start getting aroused until we actually engage intimately.

This is why women commonly will report to me like, Oh, wow. Okay. I tried having sex last night and I was not in the mood and did not feel like it. And then like 10 minutes into it, I was like, actually, I'm really glad I'm doing this.

And then like laying afterwards and, you know, saying to a partner, like, wow, I'm really glad we did this. Why don't we do this more often? And it's because nobody has taught women that arousal does not always come first.

Sometimes arousal actually comes later. But if we're in a situation where we are so neurologically inflamed and our nerves are not sending that response to our tissues, just like with men, that arousal may not happen in that way that is making that pleasure.

sensation really possible. So we want to restore that neurological dysfunction so that we can actually get those signals going to our erotic tissue more appropriately.

And so how do you recommend doing that? Like what are your go-to therapies for decreasing neuroinflammation? Yeah, and there's a few different things.

I mean, one thing is if we're talking about neuroinflammation causing pain, so we're back to the vulvodyne scenario. If we're talking about that, I'd like people to know that there is a study that a colleague of mine did internally.

And this is a sex toy, a sexual massager company called Mystery Vibe that I really like because they're so research based. So they did a study that showed that three times a week of a sexual massager toy, so three times a week use for 12 weeks had a five times reduction in pelvic pain.

So to me what's happening there is almost it's as almost as neurological repair where it's like we're starting to get it's almost like fibromyalgia right where it's like those pain signals are incorrect and that threshold of like with fibro where we hit our hand on the desk and all of a sudden it's like a it wouldn't even register to somebody without fibros pain, but with fibro, that pain threshold so dysfunctional that the nerve sees that and senses that and feels that as pain and the brain then registers that it has pain.

And so the same thing I believe is probably happening when we see studies like this three time use for 12 weeks, five X reduction of pain in the vulva.

is when we are actually putting a little bit of pressure and stimulation and vibration on the tissues is perhaps due to a almost like this neurological reset of actually changing that pain threshold.

So that can work. Sometimes internal massage can work. I really, I mentioned DHEA on the vulva earlier. DHEA is just absolutely amazing as far as healing the tissues, as far as reducing pain, vaginal lubrication.

I really like a product called Jolva. People can get that on my stores by Dr. Anna Kabeca. And I like her product because it's DHEA, but she also puts stem cells into her product and you use it topically on the tissues of the vulva, the clitoris, and even all the way down to the anus and the anal sphincter.

And that actually causes the tissue to rejuvenate and it prevents things like atrophy where the tissue shrinks and just is not as functional, which happens with Lyme, but it also happens with aging, right?

So DHEA is a really good thing, cuddling. is amazing. And if you're like at a point where it's like, you can't be touched due to your Lyme symptoms, I get it.

And that obviously we have to lower those symptoms first, but just engaging intimately, even if you're not ready for anything that is, that is sex or sexual in any way, even just saying, okay, you know, partner, how can we actually have a cuddle date and literally cuddle?

20 second hug right the 20 second hug has been studied and researched for that's how long it takes for oxytocin to be released again that's that hormone that is improving sleep that is lowering inflammation that is doing all these things well we see is 20 seconds is where you really get that oxytocin boost and you get more and more and more oxytocin the more frequent you get you do those 20 second hugs and so if you've never tried a 20 second hug try it because It's actually a lot longer than you think.

Like when I first studied this research, I was… kind of obsessed in my social circles around like, you know, just like counting when I hug people. And oftentimes five seconds is, or less, is all we tend to hug people.

So it's simple, but it really releases that oxytocin and can contribute to a lot of that stress reduction as well. So, and then certainly there's other things, right?

For cardiovascular, we want to consider things like citrulline. Citrulline is an amazing amino acid that will actually help to dilate our blood vessels and to bring more blood to that area.

And then of course, you know, it goes without saying on, you know, on your summit where people are hearing so much of this, but just to always throw this in there, we of course always need to get back to the root, right?

So we want to make sure we're absolutely taking care of Borrelia and toxins and anything else that's going on as well. Before I forget to bring this up, can you talk a little bit about how hormone imbalance or having low levels of estrogen and or testosterone negatively impact the immune system and actually could help this infection to thrive and survive inside of the body?

I mean, from a standpoint of actually say going in and lowering T cell function or those sorts of things, I don't know that I have like a study to say, okay, our white blood cells are directly impacted by this.

That would be a good thing for me to look up to see if that study exists.

Treatments to Support Libido and Healing

So I can't talk about it from that standpoint, but what I can say is just more of like the, You know, the overarching obvious thing of if we don't have those healthy hormone levels, like, for example, like we see that that estrogen and progesterone, but especially estrogen is really, really impacts things like memory and brain health and brain function.

So from that standpoint, it's like I would extrapolate. that when we are seeing lower levels like that of, you know, impacting the brain, we could perhaps see some, you know, some of the immunoproperties that way.

But I don't have like a specific study of that as far as like the immune system and estrogen and testosterone. Okay. I've seen it in a few of my patients where women have had really low levels specifically of estrogen, even if there's like a progesterone imbalance or an estrogen dominance when the estrogen is lower.

And then the women who have chosen to go on like a bio identical hormone replacement, it's kind of like once that happens, their ability to manage this infection is night and day.

And again, obviously these are the women that have the very deficient hormones. So, you know, this wouldn't be like a one size fits all thing, but it's just so apparent how important having these hormones are for the overall like immune function, inflammation, et cetera.

Yeah, I mean, I definitely see the same. I mean, that's why even in my book, it's not in your mind. I talk about like a four part way of healing from Lyme.

And one of the first things I say is phase one. I call it the rebuilding phase. And in phase one, we work on thyroid. We were kind of adrenals. We work on sex hormones.

We work on mitochondria. And I've seen from a standpoint of herxing and all those things we talk about with Lyme disease and hypersensitivity and whatnot, that there's so much less of that and that I see treatment goes so much better when we build up sex hormones, we build up thyroid and build up adrenals before we actually go in and say, let's do any of our antimicrobial treatments to actually address Borrelian co-infections.

So I completely see it in my practice too. That's why I organize things that way most of the time. Yeah. All right. So we've talked about Lyme's impact on libido.

Yes. So let's flip it around. hand working on libido help in Lyme treatment? I know for a lot of people, it's kind of like the last thing on the totem pole and it can be looked at as just one more chore and thing to do, but can you talk a little bit about the benefits of enhancing libido and being intimate and having that intimacy in the ability to actually help and resolve the infection?

Yeah, this is another chicken and the egg type of scenario, right? Because yes, absolutely. Like working on libido can absolutely help with Lyme disease.

And the way that I have seen it help really is with symptom alleviation, with sleep improvement, with improving a level of like, So it's like, there's so much that gets put on the back burner when we're in survival mode naturally, right?

Of course there is because we're trying to survive. But the subsequent thing like we started our interview with today is like relationships get impacted.

And so the ability of even engaging to a level intimately can really support the relationship. And that can also lead back into having more supportive care from a line perspective.

But the bigger things I've really seen as far as working on libido is truly is sleep improvement, stress reduction, inflammation reduction. So that's obviously can translate sometimes into pain reduction, symptom reduction.

So the way I like to describe libido is interesting because we talk about so many other things with Lyme, right? We talk about like, okay, we got to get good sleep.

What can we be doing to get people to sleep to heal? We got to work on the diet and get the gluten out and the inflammatory food is the high histamines and all the things that we commonly do.

from a lifestyle component. We got to move the limb. We got to get, you know, so all these things and. libido oftentimes is not talked about in a way from a lifestyle perspective standpoint.

And the reason why it's important to consider is because of that hormone oxytocin I keep coming back to that is that it's a master regulatory hormone.

Like we don't realize oftentimes in public societies, we don't actually realize, because it's not talked about like how much this hormone will actually regulate the other hormones of our body, our happiness, our sleep and all the things I mentioned.

And so when we are trying to get our pain down, when we are trying to get our sleep better, when we are trying to find a level of like serotonin happiness and like just the tiniest little glimpse of that to help us survive this actually working on our libido can.

Can improve all that. So then the biggest question is that's the most obvious question that people are probably thinking about this is like, okay, that's great.

Dr. D. But like, how am I going to do that when I can't even think about engaging in sex when I have no, I have no drive and I just feel horrible. I'm just trying to get through the day.

And that's when we can actually begin to open up like what we actually mean by libido, what we actually mean by sexuality. Right. So that could mean, for example, that could mean like we have one date, you know, one date a week.

We even one date every couple of weeks where we are just laying in bed. in whatever position is the most comfortable and just touching and holding each other's bodies, right?

There can be different ways of accessing this that doesn't have to be the classic definition of sex in order to still get all those hormones. So this is a time to actually get creative with your partner if you have a partner.

creative with yourself if you don't, and really begin to say, okay, well, within the context, just like we say, we ask with every other question with Lyme disease, within the context of movement, what type of movement can your body handle and not hurts, right?

What type of positions do you need to be in for sleep? How do we maximize that? And libido's the same, the more we can become curious about it and say, okay, well, what ways can we explore touch when I'm exhausted, when my body hurts?

what ways are still available to us. And sometimes we do that, we can actually find really creative ways of connecting to our partner when we actually look at this as like, this doesn't have to be traditional intercourse.

There can be a lot of other ways of exploring this and still getting those hormones released, still having that connection and in touch, still caring for our partner, showing that bi-directional love and so forth.

So I think the creativity around this and really releasing the fact that libido equals sex from an intercourse standpoint is part of how we solve that.

Yeah. So how do you suggest that people talk to their partners about this? Because I think for a lot of people, it's just a hard subject to bring up, especially when you have Lyme disease and you feel the way you feel.

And for most people, it's probably already become an issue. So do you have any suggestions on how to go about that conversation? Yeah, the way I described it is the how, the when, and the where of these conversations.

So the where is very basic. I go through a lot more of this in my course material. But just to keep this pithy for our time allotment today, the where is essentially literally that.

So it's like having these kind of conversations in the bedroom, probably not a good idea. You want to make sure wherever you're associating a conversation that could be a little bit sticky is not that same place where you want to engage intimately because you don't want to be engaged like that way and all of a sudden have that trigger of that memory of that conversation that perhaps did not go as smoothly.

So you want to make sure you're just kind of protecting yourself that way. Where is really important? When is also important.

Talking to Partners and Protecting Relationships

Like when obviously is, you have to consider your own needs, but I would consider when are you the most resource throughout the day with Lyme? Like most people I work with with Lyme have like, you know, one point in the day where it's like, okay, like, yes, it feels bad all the time, but maybe at 10 30 AM, maybe it's like a little bit less bad, right?

So like, when are you going to be the most resource? Is there going to be a time of day? And, The way that I tend to tell people to frame it as far as when for their spouse or their partner is to make sure to almost give them a warning about the when, but not in like a honey, we need to talk kind of voice, right?

So it's like, it's not, Hey, you know, I need to talk. The, the one is like the when and the how can be related as far as. saying, hey, honey, I know what's going on with me has put a lot of pressure on you and a lot of pressure on us or however you frame it.

I'm just giving you an example. I really want to explore how we can continue to stay connected in the middle of all of this. And I'm wondering if you would be available for a conversation like that at 1030 a.m.

tomorrow. For example, that's when you think you're going to feel the best. The reason we kind of give them that information is it helps them prepare that.

OK, we're going to have a conversation maybe about intimacy, but we're going to do it in a way or they're prepared. They know it's coming, but it's not the.

Oh boy, honey, I had to talk where they're going to go into that conversation with anxiety. And so that's also wrapped up in the how and the how is also putting you guys on the same team saying like, we're going to explore this together.

I know, I know whether or not you understand this. I know, you know, you might name some of the feelings they have. frustrated or whatever they're feeling, right?

Because our partners have their own feelings around our disease process. And I want you to know that I'm still really interested in the middle of all of this of staying connected to you.

So I want to explore some ideas. And really, so that's kind of the frame. And so what we're doing there and the how is also working to put you guys back on the same team again, because oftentimes with these crazy, you know, horrific disease processes, we almost like get dissociated from being on the same team as our partner, they maybe not understand, they may not be supportive.

So we're really working with kind of the framework and the pre framework here to position everybody to be on the same team again. So you're actually going to that same goal of like, okay, you might not understand what's going on with me partner, but I want to still find a way despite that to stay connected to you.

which of course is easier said than done, but the goal here is to hopefully get you not only through Lyme and in remission and a true survivor of this, but also to keep your relationships intact and hopefully come out of this with your relationship stronger than ever.

So some of this also internally, I know this is like from my own personal experience, I've been there, it is so much will, but the will comes from Hey, I want to come out of this, not just stronger.

I want to come out of this and have my relationship survive as well. Yeah. And that support system is just so important, I think, beyond obviously just with your partner.

But as we started this talk with your family and your intimate community that you have, because a lot of times it's just so, so isolating. it really is it really is and that's what we're because that's the other thing we see you know it's like the social isolation of this really complicates things and you know the number of times clients of mine are crying because relationships are falling apart because friends have left because they just don't have any of that anymore and obviously like obviously this is a traumatic this is one of the things that makes this such a trauma that Lyme disease is such a trauma.

And that's why I think it's really important to talk about strategies around what can we do to actually keep our relationships intact during this? Because even though it's hard having that support system and really having that strong relationship is part of what I think gets people through this.

Yeah, I agree. So what would be your last couple pieces of advice for our listeners who are struggling here? My one of my last pieces of advice I would say is Take, just like you're doing time for everything else I know you're

doing, which is so much, all your supplements, any sort of machines you're using, like rife or whatever else you're doing, every lifestyle thing, even if it is two minutes a day, to start, to wrap yourself in a big hug, to sit with a child, a partner, an animal, like a pet, just something that you can just hug and cuddle up to, a living thing, you know, preferably not just like a blanket or a pillow, but something that's living, even if it's two minutes a day, just like holding that person or that pet to really get that oxytocin release.

I know, you know, it's like, and then we can build from there, but even if you can start small and just two minutes a day, you can get so much of that oxytocin released.

And The other thing I'll leave you with is like, when it comes to, you know, these types of relationships with your partner, just continue to allow yourself grace.

Like these kinds of things, as far as how to communicate, it's just like, you know, sex and libido and all these things we're talking about. So many of us were not taught how to do this in our childhood and our life.

So the conversation, we want to set you up, right? Where it's like, there's not that trigger of the bedroom if it doesn't go well, but It's just another example, like so many places with with Lyme and chronic illness to just, you know, radical self-compassion, you know, working to improve what we're doing while still giving ourselves so much forgiveness, so much love and so much compassion in the process.

Yeah. That's great advice. Thank you so much for being here with us. Why don't you once again, tell our listeners how and where they can find you. Sure.

Thanks so much for having me. It's been lovely chatting today and you can find me again by going to my libido quiz, super easy free quiz. I'm going to tell you some of the root causes of why your libido might be low from a functional standpoint.

So that's libido quiz.com. And then you can also find my two practices, mylime doc.com and my libido doc.com. OK, wonderful. Well, thank you, everyone, for listening.

We'll see you next time at our next episode. And I hope that you've found this information helpful on your journey healing Lyme. Take care. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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