Pelvic Muscle Secrets: Skyrocketing Women's Pleasure Transcript

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Introduction and Guest Welcome

Hey, everybody. Dr. Diane Mueller, your libido doc and Summit host here. I'm so excited to have Alyce Adams on the call with me today. We are going to talk to the Kegel queen, you guys.

We're going to dispel some myths about Kegels. We're going to talk about some things around what you might not know how this can help with sexual dysfunction and so many other problems.

Welcome to the summit, Alyce. I am so excited to have this conversation. Thank you so much. I'm very, very happy to be here. Fabulous. Well, let's get started.

So let's just jump in a little bit. This is a super niche thing to go in, you know, to basically become the Kegel Queen. So talk to us a little bit about your journey, about how you really got in love and fell in love with Kegel.

And just tell us a little bit about your your process here. So since tiny childhood, I've been really interested in the human body. And since how old was I when I was 17, I had this thought maybe I should be a midwife.

I didn't know anything about midwives, but just had this thought. I didn't have the maturity, you know. But then sure enough, in my twenties I was like, I really do want to be a midwife.

And so I took a long time to. I worked as a dual. I taught childbirth classes.

Alyce Adams' Journey Into Pelvic Health

I ran a monthly home birth circle for years. Finally, I made it to nursing school at age 30 with the intent of becoming a nurse midwife. And I went through three years of nursing school, got my bachelor's degree, and I'm in my master's program to become a midwife.

And I had the blessing of conceiving my daughter, which was not unintended, but it meant that I had the choice then of either doing like an 80 hour clinical work week with a baby or leaving school.

So I never became a midwife. I never finished my master's degree. But I am an hour in and totally always into women's health. And then what happened with my daughter being part of my life when she was, you know, the size of a speck?

I got really sick. I had really, really bad vomiting in my first trimester. And that was the beginning of pelvic floor problems for me, because one of the things I'm sure we'll be talking about this more here's a pelvis, but one of the things that really, really messes women up is pressure against the pelvic floor from this direction.

So like coughing, vomiting, a bunch of other things we can talk about, like pushing on the toilet, all kinds of things. For me, it was vomiting. Mm hmm.

So I ended up with pelvic floor problems, and these persisted. After she was born, I had sneeze pee. I had symptoms I didn't even know were typical textbook bladder prolapse symptoms.

And I had problems with sex and it was the sex part that really got me emotionally. And I was like, I didn't know that I could have. It's I don't think it's the right thing to do to accept those other problems.

But I was like, I probably would have just accepted like, oh, well, sneeze pee. Oh, well, I feel like my guts are like hanging there every time I take a step.

But losing that and not just losing the edge of pleasure with sex, like making having sex be mediocre for both of us was like, not acceptable. So I tried to figure out I was like, okay, pelvic floor exercise.

How do you do it? And everything out there was just bad. There was one bad, incomplete information source after another. They all disagreed with each other.

Everything was just junk. So I would drop my daughter off at preschool. I walked three blocks to the medical library at the University of Rochester, and I read hundreds and hundreds of pages of research about how do you do it and how does it actually work?

And I started I put a program together for myself. Two months later, everything changed. The sleep went away, the saggy prolapse symptoms went away. The sex was right back where it should be or better. And then I thought, you know, I got to teach this so that I started teaching 14 years ago.

And the more I dig in, there's just it's an infinite. There's so much to learn about the pelvic floor and what can go wrong with women's bodies and what can be done about it.

And it's just endlessly fascinating and rewarding to me. Yeah. Thank you for sharing all that. I think there's so many different directions we can go with what you're saying.

I think one basic thing when you're talking about like the pelvic floor is how much time we spend in basic health care types of scenarios as far as education, but also from a layperson for people that are listening, like we go and get massages when our body is out of balance, right?

But like we don't typically get into a lot of these pelvic floor muscles, right? So it's this area of our body that is really important and oftentimes doesn't get that love and support and care.

So I think you touched on something really important in talking about how, you know, the sexual dysfunction around the displeasure and that sort of thing was a key motivating factor for you because I feel like from what I've seen clinically in my practice, this this motivational thing of being able to connect, say, a symptom to that dysfunction is oftentimes motivating for, say, okay, well, I got to do my kegels right in this example.

So let's start the next part of our conversation. I know, you know, you talked about sleep and you know, and sexual displeasure and those sorts of things.

But last can you go a little bit deeper into from a pelvic floor dysfunction standpoint, what are the types of symptoms that women should really be working on looking out for to say, oh, yeah, there's something that could be going on with my pelvic floor.

Yeah. So one of the most important things for women to know is, and I think that the the conversation is evolving. I think more women realize this than they used to.

Pelvic Floor Symptoms and Dysfunction

But the pelvic floor, like any muscle in the body, it can be too slack. It can be too loose, too saggy, too flabby or it can be too tight, can be too clenched, too contracted.

And we want a muscle everywhere in our body. We want muscles that are strong and toned and supple and stretchy. And I think women don't realize too like they want to go for tight, not realizing that tight equals weak, just the same way that loose equals weak.

We want actually strong and toned, which is neither of those things. So if we look at the pelvic floor here, so here's the pelvis, of course, here's the pubic bone in the front just to get everybody oriented to what we're talking about.

Here's the tailbone and the sacrum in the back. Right. Here's the base of the spine. And then in between we've got

this ball of muscle and see how it's embedded in the pelvic floor.

Are our organs of sex and elimination. We have the anus here, we have the vagina. The urethral opening is right here and the clitoris and they're all enmeshed in the pelvic floor.

So when the pelvic floor isn't working right and of course it's connected here, it's connected to the base of the spine. So when the pelvic floor isn't working right, you can have problems with elimination, right?

The famous sneeze pee. Or if a lot of women have urged incontinence or well commonly known as overactive bladder, I don't like to use that term. But if women have urgency and they can't hold it back, you know, urinary incontinence, you're going to have anal incontinence, which could mean just gas or it could mean also stools.

So continence is a big function of the pelvic floor. Another function is stabilizing the base of the spine. So you may end up with back issues if your pelvic floor is not functioning properly.

If it's too tight or it's too loose and you might have problems with pelvic organ prolapse, your your uterus, your bladder and your rectum, all nestle inside this bowl, just like pieces of a jigsaw puzzle and part and really, really important part of the support that they get is from the pelvic floor.

So if your pelvic floor isn't working right, you're more susceptible to those organs not being in the right position anymore, which is pelvic prolapse. They can literally fall and finally sex.

So again, look at the vagina and the clitoris they're attached to the pelvic floor muscles. They are surrounded by them. It's these muscles that create the structure for the vagina.

And when your muscles are either too tight or just not, there's not the the muscle mass and tone that they should have. Either way, you're missing a lot of circulation, which is so key, of course, for sexual function.

For every stage of sexual function from the beginning of arousal through orgasm, circulation is key. And if you have really good, healthy, strong toned, well infused muscles with good circulation, that means your vagina and your clitoris have good circulation and there's much more that the pelvic floor connects to with sex.

But as far as dysfunction, that's that's a huge, huge deal. Yeah. I'm really glad you touched on the the circulation because I feel like there's so much emphasis in men's health around certain proper circulation for sex drive, for proper sexual function.

And there's still, for whatever reason, still this misunderstanding that we need this to as women regrow blood flow. So I think that's a really good point.

Do you see also from a symptom perspective, do you see that? Because those muscles are attached to the pelvic bone, do you see that with a tight like over tight pelvic floor muscles can pull on the pelvic bone leading to like hip pain and you know, pain down the legs?

Are those types of symptoms that people should be looking out for as well, can be. Can be. And that that honestly isn't my specialty area. Sure. But, you know, there's a lot going on here with the nervous system and everything from, you know, the pelvis is is amazing what you said earlier.

I really wanted to come in on to that with with the pelvis we have this combination of it's extra extra important and extra extra neglected. Yes. And you know, everything from your lower body like everything passes through here.

There is so much going on in here. But I think one of the what I would be most concerned about with a too tight pelvic floor as far as like body mechanics is, if the if the pelvic floor muscles are too tight and clenched, your tailbone bone in your pubic bone are going to be too close to each other.

They're going to be pulled close. And that changes the angle of the sacrum. The sacrum actually moves out. My

model can do it, but then it'll start falling apart.

So the sacrum actually moves like this with you, and if it's pulled too much this way, then that creates this domino effect all the way up the spine. And that could show up in your neck.

It could show up in your occipital muscles at the base of your head. It could show up anywhere along the line. So, you know, of course, the body's a system.

Everything's connected to everything else. And the spine is an obvious connection to the pelvic floor. Yeah, yeah. Thank you so much for that. And I want to get into, you know, kegels and treatment and all that.

Before we do that, though, you had mentioned a few different things that can be kind of a cause of some of these symptoms, type it, you know, starting to happen and problems with the pelvic floor.

So you had mentioned things like vomiting and coughing and pregnancy. Are there any other root causes of what really can lead to pelvic floor dysfunction that we should touch on before we go into cargoes and some of the treatment? Yeah.

So some things you can control fairly easily and some things you can't. So one big risk factor, of course, for pelvic floor changes is menopause. Everything in the body gets less stretchy and more brittle and that goes for the pelvic floor, too.

And your body is also, you know, directing resources away from your sexual function and this whole part of the body becomes a little bit less important on the priority list for your physical survival and health after menopause.

So that's one big thing. But the most important thing, the message I really, really want to share every time I'm talking about this, is you've got to watch out for that pressure.

So anything that puts strong pressure against the pelvic floor from the inside of the body can be really, really harmful. And the worst offender is chronic constipation.

So many women don't even realize it's a problem. They're like, Well, I don't like it, but it's always been this way, or it must be normal for me. Straining on the toilet even one time, if it's like really for real.

But especially if it's over and over and over again. Over who knows how many years this really can do. A number on the pelvic floor can really, really cause some damage.

Causes of Pelvic Floor Problems

So we really want to avoid that prevention, obviously. But even if you end up constipated, you've got to take other measures instead of straining then other stuff you can't necessarily avoid, like vomiting or coughing or issues.

One major thing you can control is exercise crunches. Any kind of strong abdominal pressure crunches, double leg lifts, moves like that are going to squish your abdomen.

It puts a lot of pressure here and that is really, really harmful for the pelvic floor. So those are a few things. Yeah. Thank you. There's so much there.

I really appreciate the consultation conversation and because I don't know about you, but it's amazing to me how many people come into my clinic where it's like, Oh, I poop once or twice a week.

And my doctor says, That's normal for me, right? And it's like, we got to get this, this word out around. Like, that's like that might be common for you because of the pathology you're stuck in.

But that's from a health perspective. That's not normal for anybody. And, you know, it's like I'm a motivational

standpoint, too. I think this is important for people to hear like, Oh, you're chronically constipated.

Look at all of these downstream types of things, like the pelvic floor dysfunction, like sexual pain, like sexual dysfunction that can all be stemming from this.

And then the other comment I want to make that'll tie us into our next question is you had said something earlier that I think was really important, that, you know, we're really when we're talking about pelvic tone, we're talking about both basically contraction and relaxing.

Right. We don't want to type. We don't want to loose. And that's one of the things when we're talking about menopause that I, you know, see as I relate it from research to, you know, just paranoia, pain with sex wear is where we lose that elasticity.

So the body gets like almost stuck and it can't move back and forth between that, you know, that relaxing and contracting. So let's go more into like the treatment.

Like let's talk about can you talk to us about like kind of big picture what Kegels are. I know a lot of listeners know about Kegels, but I think you're going to do a much better job of explaining that.

So I love your explanation. And then let's start diving into kind of like why this is effective for pelvic floor issues. Yeah. So the first thing women need to know about Kegels is that whenever I meet somebody at a party, women will be like, Oh, I'm doing so right now.

You know? I go like, Oh, I'm doing something now that is never going to be effective. Like ever the there, there's a great benefit to having a brain connection with the pelvic floor and just kind of moving your pelvic floor, noticing it, being engaged with it.

That's great for the brain pelvic floor connection, but in order for Kegels to actually help with an issue like incontinence or pelvic organ prolapse or sexual issues, you need to do cables correctly.

And what we're going for when we do cables correctly is one thing is strength, one thing is control. But a lot of what we're going for is actually increasing muscle mass in the pelvic floor.

So what we're doing is actually building this muscles. These muscles up so that they're oh, they're thicker, they're more firm. The pelvic floor is sitting higher up in the pelvis than it was before.

And of course, that you're developing control of those muscles. You're really working that brain pelvic floor connection. So that's a lot of what you're doing.

And in it, it affects everything because when your pelvic floor is functioning right again, then you have this optimal support for the base of the spine.

You have optimal improved circulation for your sex organs. You have better control and better muscle function for controlling your elimination. It does the whole the whole thing.

So that's that's a lot of it. I mean, we could go more into any of that. I don't know if I exactly targeted the the answer but. Well, a. Follow up question I have for you.

There is, I think, some of the level of confusion. And I know like we talked off line, like to, you know, really explain all the details about how to do a proper Kaggle is more than we have time for in this interview, but I think we should at least like dispel the myth around like, okay, to do a proper Kaggle, all I have to do is like, you know, stop, like pretending I'm stopping my stream of urine, right?

Which is why you're at the party, seeing people like I'm doing this right now, right? Yeah. So let's, let's talk about let's, let's do one really good Kaggle together and then we'll talk about the four characteristics of that one, really

good Kaggle.

Okay. So we're going to do a little exercise. So those of you at home, you can close your eyes. You're welcome to also Dr. Diane if you want. So you're going to imagine now that you are having dinner with someone that you really want to impress.

I might go to for this exercise is Denzel Washington about age 40? So you're with this person at dinner. You're in a quiet corner of the restaurant and this person is really opening up to you, telling a really personal story.

And you're fascinated. And, you know, things are getting really intimate and he's really opening up. And all of a sudden you have an overwhelming urge to pee and pass gas at the same time.

So A, hold it back, don't ruin this moment as hard as you can and then let it go with a nice breath in so that that's one good Kaggle. And what we want to notice about that is it's not like this like, you know, people say like do 200 a day or something.

It's not these little pulses that's a sustained contraction.

What Kegels Are and How They Work

It's also not these little pulses. It's a maximum intensity contraction. That's what activates these type two muscle fibers and builds muscle to get you the results that you want.

It's also involving the entire pelvic floor when you're just stopping your stream of urine, which, by the way, in practice you should not do maybe once a week.

Try it. If it doesn't work, don't ever try again until another week has passed. But if you look at these muscles that stop, your pee muscles are more like in this outer layer.

The muscles that make up the most of the pelvic floor are this whole inner layer, this whole inner layer, these muscle. This muscle group is called the elevator.

And I group it means lifts the anus, here's the anus. So we really need to engage all those muscles and what's the fourth thing, the. Oh, relaxation. That's huge.

You can't just just tighten and then kind of like not tighten. You need to contract and then not just go to neutral, but consciously with as much intensity as you contracted the muscle, you need to apply that same intent and intensity and focus to fully, fully, fully rebuild waxing.

Thank you. I love that visualization, by the way, like in thinking about like, you know, with that cute, cute man and like not wanting to pass gas or anything, it really helped me contract those muscles more.

So I love the love, love, love that. But I also wanted to comment, right, because we were also talking about offline how I was saying about some study that I read around Kegels and not engaging all the pelvic floor muscles.

And you just answered that question for me, right? Because I think the way, you know, it's like in trying the way that cables are classically taught, it's like that whole elevator in a in a area does not get really contracted.

But in doing it that way, it's like, oh, this is why there's misinformation out there, because people aren't being taught to do this in a way that's actually engaging all of the muscles.

So you really helped answer that question for me. So thank you. Absolutely. There are so many. And this is the thing. It's there I there's nothing else I'm aware of that has so many different myths about it.

As far as the body, it's like it's just this rumor thing that no one seems and I've even heard it. I went with a friend to

an appointment with a euro gynecologist.

These are doctors who specialize in treating pelvic issues, you know, like prolapse. And this woman told my friend to do 200 kegels a day any time she was at a red light or waiting in line.

That is not science. Yeah, yeah, yeah, yeah. Not. Not science. So I really appreciate you dispelling myths. And we're going to dispel another big myth in a moment.

But before we do that, since this is a sexual health summit and since Kegels and sex are related, can you tell us a little bit about how these types of practices can really help with any sort of sexual specific dysfunction and enjoyment and pleasure and all those sorts of things?

Yes. How much time do we have? I'm sure not enough. One of the things we didn't talk about yet, I want to take off this outer layer of the pelvic floor.

One of the things we haven't talked about is this gap in the muscle. There's a natural gap supposed to be there. This is where the vagina and urethra that lets urine out where they pass through from the out, from the inside to the outside.

So one of the things that's really cool about Kegels is that when you're doing cargos correctly, the urogenital hiatus, this gap gets smaller. This is one of the major things that was an issue for me after I had my daughter that there just wasn't the same sensation with intercourse as before because the muscles, the structure of the vagina was just not there the way it was before.

So building the structure around the vagina is a really, really important thing for more sensation, better sensation with intercourse. And of course, I would never mean to imply that intercourse is the full buffet of sexual activity.

There's a lot going on that isn't that. And cargos can have a lot to do with that as well. So let me put the outer layer back on here and show you another cool thing, which is if you look here, I've got it right up to the camera.

If you look here, here's the clitoris, okay? And you can see it's like cut away on this side. But you can see but these muscles, they're called the balbo cavernous muscles are connected directly to the clitoris.

And that's what muscles do. They move things you can literally move your clitoris with these muscles with conscious control. And that is a really interesting way to increase your level of sensation with sex.

Another thing is you can simply and it works, of course, better when you have the brain pelvic floor connection, when you have good strength, good control.

But during sex, whether it's during intercourse or during anything else you're doing or during dinner on date night, you can play with these muscles. You can just play.

You know, we were talking about with therapy, you took cables, there's like you got to have maximum intensity and do it a certain way in bed. You can do anything you want with these muscles and just experience what that's like.

Try contracting, try contracting hard, try contracting at a very little level.

Kegels, Sexual Function, and Pleasure

Try relaxing a little, try really relaxing, try pulsing, try whatever you want and just experiment. And there's a whole world of sensation available there.

Also, as far as functioning, we talked about circulation, which is a huge deal, but another piece of having really good bulked up strong, healthy, functioning muscles is that sensation with orgasm can increase because a lot of what we experience, a lot of the sensation we have with orgasm has to do with muscle contractions of these

muscles.

And when the contractions are when you're contracting nice, strong, juicy muscles, there is more sensation. So it's a pretty, you know, it's a big deal.

It's a really big deal for sex. Yeah, you're right. We definitely could use a lot more time just on that topic alone. I think a couple of things to just emphasize.

One, this this thing that you've said a couple of times now around the connection between like the brain and the muscles of the pelvic floor of the entire vulva, vagina, entire female anatomy.

Essentially that connection, I think it's so say disrupted very, very commonly. And sometimes it's due to, you know, trauma that if you have trauma, you know, definitely work with a trauma therapist on that.

But sometimes we almost just develop this like numbness of where we can't actually recognize, we can't actually feel, you know, these pelvic floor muscles.

So I just want to emphasize that what you're saying around like, oh, if somebody is having a hard time being like, I actually don't feel something, you know, maybe when you're when they're going through any of the processes, whether it's intercourse or other parts of the sexual process that that it can do so much of what you're saying to really just make that brain, that genital, you know, connection, that's huge.

So to emphasize that and you know, and then in interest of keeping us on time, although I wish we had a lot more, I do think we should talk about the jade egg thing we mentioned because, you know, those of you that don't know jade eggs, I'm going to ask you to just kind of give us a brief overview of what that means for the people that haven't heard of it.

But I do want to talk about this because of the whole myth thing around, you know, your opinions on it, your perspectives on it, because it really is.

I feel like almost this war in pelvic floor health around like Cargill's jade egg Cargill's J. Yeah. Sure. Down for us. Sure. So let me say that for fun.

You know, if you were using whatever, as long as it's safe as a sex toy, have fun if you want to optimize your pelvic floor muscles. I think the worst thing you can do, I don't know, is the single worst thing is right, right up into at least one of the very worst things you can do is to use some kind of vaginal weight.

So a jade egg is this little, you know, egg shaped, literally jade thing. And I know there may be other ways to use them, but what's typically discussed is you put this thing in your vagina and then hold it in like while you're vertical, like you'd put it in and then go wash the dishes or something.

And this is something that's also recommended sometimes by doctors. They don't use jade eggs, but they will recommend vaginal weights that are special.

Graduated weights. You start with a light one and then you worked up two heavier one weights you put in your vagina. You hold it in and go about your business for 20 minutes or 30 minutes or something.

And I very strongly feel that these are a problem if, you know we talked about what it what is one good CAGLE And an enormous piece of that is relaxation right.

We're building the pelvic floor brain connection. We're increasing control. We're consciously relaxing after every contraction so that the pelvic floor doesn't end up tight and clenched, but if you put a weight inside your vagina and you're just holding it in there and walking around, you're training your muscles to clench.

You're not only failing to develop the connection between the brain and the pelvic floor about how to move the

pelvic floor and how to, you know, how to have the pelvic floor respond to your intention.

But you're training the muscles to clench instead of to be supple and stretchy, and I think that's incredibly counterproductive. Yeah, that's a really great explanation.

It's almost like, okay, let's sit and do whilst lots every day for our entire life and never stretch our quads right. We want that tone, we want that relaxation.

So just doing one for any muscle in the body really is problematic. Right? And you wouldn't hold something for race, wouldn't get your weights in like, okay, I'm going to press for 15 minutes now.

Yeah, it's another really good analogy of that. So this has been so wonderful. Do you feel like, you know, big picture, are there any things that we did not touch on today?

We'll obviously talk in a minute about how people get a hold of you. But before we do that, are there any big picture things that you're like, oh, this has to be said that yeah.

Yes, actually. And it's not about libido at all. But one of the things that I think I really, really want women to know that they're not likely to hear is if they end up with pelvic organ prolapse.

Jade Eggs, Myths, and Better Options

One of the organs or more is not where it belongs anymore. Surgery is not the only option. And I really, really, really want women to know that because 99% of the time they're not going to hear about other options from their doctor.

So I really want women to know that that's not the only thing you can do. Yeah. Thank you for that. And even some of the, you know, histories and some of the surgical options that I've seen out there, like, you know, they do they do come with risk and side effects.

So it's good to know there's, you know, options like this, too, for people that don't have, you know, risk and side effects, you know, really associated with them.

So thank you for bringing that up. Yeah. And tell us a little bit more about, you know, the work. Again, I know you do a lot of training for women on how to really do proper kegels and how to work with their pelvic floor in a way that's really effective.

Can you tell us a little bit about more about that the work you're doing in your in your clinic as well as how people get a hold of you? So no clinic.

I work with women exclusively online and in addition to the really very complete and specific and research based Kegel instruction, as we talk a lot about all the other stuff that can go on with the problems that women might have.

So we talk a lot about all the other things you can do for incontinence or for pelvic organ prolapse. And I really I because kegels, they're not like any other thing you can do.

They work, but they don't solve 100% of everyone's problems 100% of the time. And what my goal is for everyone who comes into my program to come through and say, like, okay, now I have a plan, now I know what I'm doing, now I know what I can do, what I shouldn't do.

I have a life supporting me that includes Kegels, but that they know about food and they know about all you know. Like I was saying about surgery, that they know all kinds of mechanical things they can do.

They know that they have tools.

Closing Thoughts and Resources

So that's really what what the core of what I do in any setting is I really want women to feel like they have control of what's going on with their bodies and not feel like, you know, oh, no, this is happening to me, but feel like, you know, okay, I have this situation.

How am I going to handle this? Yeah, it's very empowering. I think the work you're doing is very empowering to give women options of like, hey, you teach them things and this is actionable stuff.

You can start right away. You don't have to, you know, do these things like surgery and that sort of more aggressive treatment, you know, much of the time because you're really getting to the root cause and and empower to take, you know, take charge of that.

So you guys, Alyce's information will be in her speaker profiles how to get a hold of her and then you are doing a giveaway for us as well. Correct. So what is that giveaway you're doing? Do you know yet?

I'm not sure. Well, we'll talk about it. We'll get something just perfect for your folks. Okay, so you guys make sure you look out for that giveaway. We'll have that in the the section for you guys where we have all of the speakers giveaways for you.

So thank you again. This was so informative. I love the mystery to now and I love the empowerment type of topic we talked about today. So really appreciate your time and your expertize.

It's my pleasure. Thank you so much, Dr. Diane. We'll see you all in the next one. Take care.