Say Yes To Getting Your Sexy Self Back Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Background

Hey, Sharon, I am so glad that you agreed to be part of the M. S. and Neuroimmune Summit. We don't have anyone talking about your particular area of expertize.

So please introduce yourself and tell us why you are the expert. Hi. It's so great to be here. My name is Dr. Sharon Stills. For those of you that don't know me, I'm a naturopatic medical doctor.

I've been practicing for over 20 years and I actually went to school to be a pediatrician. But life happened and patients came in and I started working with a population of women and autoimmune disease and cancer and started realizing that sex is like overlooked and, you know, sex is health.

And we we get so worried about, you know, is the microbiome and my gut balanced and in my detoxing and we sometimes forget about the important beautiful gifts of being alive and to me, sex is one of them.

And what I've seen over the years in clinical practice is a lot of times that just goes out the window. It's not something that women or men are interested anymore even think is like an option for them.

They think, you know, I can, you know, let me just get my diet together and my detox together and my this together and my hormones together and, you know, just function and I'm all about like optimal.

So, yes, I want you functioning. And obviously all of those things are super important and I do them with all of my patients. But I really like to bring in the pleasure piece because as human beings, you know, we we have sex for pleasure.

It's not just about reproduction like so many of the other animals out there. And so I don't want that to you know, I just really feel like when you're ill or you have a chronic illness or diagnosis that, you know, you're still a human being and you still deserve to have a full life.

And it's possible. This is why I am so thrilled that you are part of the summit now for everyone who's listening, the loss of sexual desire, difficulty with erections, difficulty with vaginal dryness, difficulty with interest in sex can lead to loss of sexual IT content, loss of physical contact and loss of emotional contact, which then has severe implications for our family life in our own personal life.

So let's let's just begin to talk about how this begins to happen and what the consequences for the people that that you see. Well, I think, one, when we're sick, we're tired and sex can be the last thing on our plate.

And so we definitely I'm always about like separating it out, even though the two areas are married together, you know, it's the mind and the body. And so if we look at it from an emotional perspective, often we're just tired.

We don't feel sexy, we aren't thinking about pleasure where, you know, we're deep in our in our disease process and or hopefully our healing process. And we are we're using a lot of energy to heal our bodies.

And so sex often kind of gets left. It's like if you look at the hormone cascade, if the body has a chance to produce hormones such as cortisol that are going to help our survival or to produce hormones such as estrogen or testosterone, the body's going to choose their survival hormones because survival is more important.

But we have to remember that we can do both. We can. I truly believe and I work with my patients to really embrace and understand an experience that we can have it all.

We, you know, we can survive and thrive and also have fun.

Why Sexual Health Matters in Chronic Illness

Okay, so let's whip plenty of folks with our mass who may have lost their sex life, who may have lost that part of their their personal relationship with their spouse.

And I come to you as a patient. I tell you, like, you know, haven't had sex in a year. Where do I begin? So there's no one thing and everyone is unique, but the first place to begin is like emotionally, are you are you connected to your self?

Are you still feeling like you're a sexual being? Are you still like, do you have sex with yourself? Are you engaging in masturbation? Masturbation. So like I have to touch myself. Yes.

They're yes. Yes. You know, if we can't feel comfortable touching and knowing what gives us pleasure, especially if we're having pain, whether it's because of neurological deficits or it's due to hormonal deficiencies or it's due to toxicity or lymphatic stagnation or fascia constriction or whatever it is, first we have to, like really understand, you know, what do do I enjoy?

And this is something that a lot of times we've we've never thought about, especially as a woman, we kind of have just, you know, gone with the rolling along of what sex is.

And we never really stop to ask ourselves. So I always view any time you have a disease process or something going on, it's like this opportunity to stop and go, let's just evaluate my whole life.

Like, let's really look at what this life is because this life is precious, this life is short. And we often if things are going well, we're just, you know, busy paying the bills and running around and doing this.

We don't often get introspective, but when we are dealing with a significant diagnosis or an illness, you know, it's a great opportunity because as I said, they're married, the mind and the body, they're married.

You can't separate them. And so first place to start is just like getting comfortable with yourself, with touching yourself, with thinking about what gives you pleasure.

And this may be like mind blowing to be like, I have no idea what gives me pleasure. And so then it kind of becomes like a little activity fun discovery process to figure that out because how could you really expect your partner to give you pleasure if you don't even know.

What to do with. Pleasure? No, no. Sometimes. Yeah. In my practice, I have to help people start with. Okay, masturbation feels a little too difficult, so let's just do sensual things that just physically feel pleasant, you know, stroking my face, my hands, my back, my thighs, my tummy.

And as you get more comfortable, you can gradually get closer to that. Really sensitive area known as your clitoris or your penis. And what feels good there?

Do you use anything like that shared or can you get people to just boldly go to the clitoris in the penis? I'm a redhead, so we're just like, we just go.

Let's go straight there. Okay? No, I definitely you know, to me, masturbation is what you all you know, it's that foreplay with yourself. So it is. And it could be a beautiful bath where you're stroking yourself.

It could be giving yourself a breast massage. It could be even just like feeding yourself grapes or cherries or something that's like got a sexual connotation to it, you know, juicy fruit and can be just lying and feeling the wind and really just coming, becoming mindful and really becoming aware and present to different sensations.

Yeah, because that alone is very enjoyable and we again don't really pay attention. So I'm a big proponent and I teach my patients about mindfulness meditation.

It's something I learned about when I was in medical school, and to me it's one of the best medicine is available. And so the the radical act of slowing down and paying attention to your breath, to the wind, to an odor, to a to a taste exploding in your mouth.

These are all ways to engage in sensuality and sexuality and orgasms.

Starting with Self-Connection and Sensuality

And so yeah, all of it. Okay, so let's get sort of radical. I'm sort of imagine this meditator experience where I'm paying attention to the physical sensations.

I'm paying more attention to the physical sensations around my vulva, around my clitoris, around my penis, if I had one, you know, obviously I don't. But so we're zeroing in on those sensations.

You know, I also talk a lot about lubrication because many of my tribe have issues with dryness. And so I'm curious, I'm sure you must be talking about lubrication.

So let's give us the lube. The lube to. The live TV. So I mean, there's what is that product, Uber lube, which is really pure and then you could use coconut oil is a real also safe but to me as a hormone expert, I typically am prescribing estriol, which is E3 cream because if there's dryness it's you know, to me I'm about right.

We want to we all are. We want to get to the root. We just don't want to Band-Aid the symptom. And so, yes, you can use coconut oil, and that's pure and isn't going to be a problem for most people.

But it's not fixing the issue. The issue why we're dry is because there's a deficiency of estrogen. And so the vaginal tissue is, you know, becomes friable, it's drying out.

It's like, you know, if you had like a caked piece of dirt on the ground and it was, you know, like here in the desert, it's just dry. And you see all the cracks.

That's what's happening in the vaginal wall. And so you want to feed it the estriol so it can plump back up. It's like it just sucks it up, drinks it up with a straw.

And so is there a limit to how much estriol I can put put on my vagina? Or I'm sure you must give some instruction. So typically I do a loading dose of like a half a gram every night for two weeks, and then after that it becomes very individualized.

The average is two nights a week following that that you need it in someone who's dealing with M. S, it might be a little more frequently. You know, there's some women who need less, there's some who need more.

So it's really you can figure out because you have that feedback from your body of how often you're going to need to do it. Now, some of these folks with M. S. may be taking a Estriol Cherokee because Estriol by Martha Sublingual has been helpful in reducing relapse rate for M. S.

So for that woman, would she also be taking a estriol cream? Yes. Yeah, because you're just you needed that local effect to a little bit of it will go, you know, there's this old school of thought that, oh, you can use estrogen vaginally because it's not going to go systemic.

And a little of it does. I notice in some patients it will go systemic, but they're going to taking the Troca is not going to affect the dose. You really need to get that vaginal application right there.

So estriol. So what that's try is do you ever give estradiol vaginally as well or is it just estriol? I just give estriol to heal the vaginal tissue. I do give estradiol pill to the external labia for systemic.

So I'll do like an extra dial estriol combination to the external labia because that's mucosal tissue. And when we're

applying hormones, we want to apply to a mucosal tissue, we get a much better rate of absorption.

We can use less hormone and we don't get like if you're applying it to skin areas, you know, your breasts or your arms, we get a dermal fatigue and we have to start using more and more and it doesn't work.

It can get stuck in the fat tissue. So I'm always having patients apply it to the external labia but in dish and that's more for the systemic. But in addition to that, I'm having them do the estriol internally for the dryness.

Okay, super interesting. Now if I'm a man and I've got a penis, do I have to worry about my penis drying out? Probably not. Or do I? I mean, so, you know, I work more with women population, but I do have men in my practice too.

I see a lot of husbands and brothers and so forth. And sometimes I just have men who are into their health and they come see me. But for men, you know, testosterone production significantly declines.

And that's a huge factor in erectile dysfunction. And so really looking and evaluating them properly. And that's also, you know, with sex a lot of times like I hear from patients, I'm just too tired to even think about sex.

So we have to kind of support the whole hormonal system, including the adrenal glands and the thyroid gland. And so with men, a man who's deficient in testosterone and then starts getting testosterone, it is like a light switch.

It's literally like day and night. He's going to wake up, he's going to have more energy. He's going to feel better. He's going to have his drive back.

He's going to be able to maintain an erection.

Lubrication, Vaginal Dryness, and Hormone Support

And so I find, you know, it's not like it sounds like it's a one trick pony, like just take estrogen, but it's kind of like, you know, if you do that, then you can kind of see where the chips fall and then you can go in and kind of tweak the other things that are still needing support.

But it's kind of like this huge piece that can just really help a man. Same for a woman getting her estrogen, progesterone, testosterone, DHEA, pregnant, alone, getting her hormones balanced is a huge piece that's going to help overall with sex and with energy and with brain function and so on.

And then, of course, there's oxytocin, which I run on all my patients in 24 hour urine tests and oxytocin, which is, you know, it's the love hormone, it's the bonding hormone.

So it's, you know, when a woman gives birth, she produces oxytocin. So it connects her to the little critter who might be keeping her up all night. And she's getting frustrated with.

So, you know, when you hug someone, when you have an orgasm, you're really releasing oxytocin and that's what bonds you together. It's what makes you, you know, want to go snuggle up on the couch next to your partner.

And what I find is that pretty much across the board I'm baselines like we are just a society deficient you know Towson and so and I like to deliver oxytocin via the nostrils through a nasal spray.

It's what I have found to be the best way that it gets absorbed. And so that can also be another big piece in helping you achieve orgasm or just helping you to get in the mood or helping you to want to cuddle.

And, you know, there's like when you said with masturbation and like just being sensual and the same goes for intimacy. You know, sex doesn't always have to be intercourse with an orgasm.

There's so many different ways to enjoy each other's body and even just, you know, being close, stroking each

other, hugging each other, kissing all of these things just, you know, help support our our good endorphins and our neurotransmitters and really make us feel good and help us heal. Now, I also talk about vibrators and sex toys because we're part of the problem for many of my EMS and Nermeen patients is the sensation has diminished on the vulva, the sensation has diminished on the clitoris, the sensation has diminished on the penis.

Do you end up talking about sex toys, vibrators, penis rings, penis pumps? Yeah. I mean, so. Yes. And before I go there again with sensation, you know, remembering to really like be mindful and really paying attention because sometimes if you're not paying attention, you may miss something is substantially if it's diminished, we have to pay more attention so maybe we can feel something.

And I also will have women apply like testosterone to the clitoris like directly that can often help with orgasm. Sometimes the peptide one for one, which is injections can help.

There's different things, but absolutely vibrators can be a real you know, it's kind of like a double edged sword because sometimes, you know, with a vibrator, then it's sensitized to you that when your partner touches you, you may not feel as much because the vibrator is so so this.

But yeah, there are definitely vibrators is mystery vibe there out of England but yeah they have some interesting that are actually like FDA approved for this reason for a medical device to help return sensation and so forth.

And then I of course love Lelo that's a very popular vibrator company that I think they have great products, so that work really well. So I think yeah, it's really about, you know, and even just having that conversation, right?

So if you're listening and you're like, Oh my God, I can't believe she's talking about vibrators like, you know, taking a deep breath and just like, you know, we're assuming we're all adults here and, you know, and this is this is just part of being a human being and part of being comfortable in our bodies.

I'm you know, we especially if you're listening and you're from the States, you know, we're just such prudes and we are so uncomfortable with our bodies and with, you know, perfect example is like getting a massage, right?

No one touches your stomach, which is so important to have your stomach massaged, all your abdominal organs. No one touches a woman's breast when they're getting a massage, which is like should be criminal because of all the lymphatic tissue and all the need for movement and massage there.

But you go over to Europe and they're like, you know, they just dove right into your breast because they don't have the hang ups that we've kind of gotten here.

And interesting Miami. And so, you know, this is an opportunity like I you know, I'm on this mission to change.

Hormones, Oxytocin, and Restoring Desire

You know, I want us to be open about our bodies and about sex and to feel comfortable all talking about it, especially like with your doctor, because I'm sure, you know, I have patients who come in and yes, I got it.

I'm being very forward here because I'm trying to get information out. But yeah, we have to kind of ease into it because we're not comfortable or women, you know, it breaks my heart.

I had a patient a few weeks ago in her fifties, told me she's never had an orgasm. And, you know, I'm starting to cry practically. And, you know, for her it was just like, yeah, I've never had an orgasm.

Let's move on. Yes, I eat, you know, toast for dinner. It wasn't like it wasn't a chief complaint that it was just something she kind of thought acknowledged.

Yeah, this is just how it is. And so, you know, I'd love for everyone listening to just like, stop and take like a sexual inventory because you deserve to have an orgasm.

You deserve to feel comfortable in your body, you deserve to feel pleasure. And how would we even begin to have this conversation? You know, a lot of people can think about that need to have this conversation.

So the conversation with my romantic partner, the conversation with myself and the conference say conversation with my primary care doc or my specialist, my neurologist or rheumatologist who's managing my my illness there are a lot of conversations that should be happening that I bet for most people are not happening with any of those important people in our lives.

We're how do we begin? I think first we begin with ourselves and we just get comfortable, you know, maybe journaling about it or thinking about it or meditating about it.

And, you know, and I mean, obviously, there's also this component of, you know, there's a lot of sexual abuse and a lot of people have trauma. And, you know, if that's you, this is definitely something you need professional help supporting you and surrounding you with you.

You know, you can't just listen to me talking on a summit and think it's going to be okay. You know, that is a you know, there's a huge violation and that's something that needs to be handled professional and that can be getting in the way of a lot of how you have experienced sex.

So that being set aside because I just want to acknowledge that situation, that being aside, if that's not the case for you, then it's really, you know, just even doing an inventory like when someone comes in and you take their case and it's like, tell me about your medical history.

You know, it could be thinking to yourself, like, what is my sexual history? What do I, you know, what do I believe about sex? What have I experienced about sex?

You know, what has been great? What has not been so great? What have I just kind of, you know, pushed under the table? Because I know, like, you know, when I do that myself, I'm like, yeah, there's some not so great stuff there that, you know, just it wasn't associated with love it, you know, it was trying to get, you know, your self-esteem met or whatever it was.

And, you know, if we don't, it's kind of like the inner child. You know, the inner child kind of by the time we're seven, we've kind of developed how our views about how we see the world and how it's going to go or isn't going to go and what's fair and what's not fair.

And so it's the same with our sex story, you know. So what have you decided? You know, did you use you know, did you use sex because, as you know, as a way to get what you wanted or were you having sex, not really wanting to, but felt like you didn't have a voice?

Or has sex been an enjoyable part and you know, you don't have any stuff around it. And so we have to really go back and look and think, you know, what has my sexual experience been?

Have I have I had a sex drive? Has it been important to me? Was I told, you know, as a woman, I'm a slut because I was really into sex or, you know, there's so many different things, you know, if a man has a lot of sex, you know, he's a stud, a woman, not so much.

And so we have to really go back and think about, you know, how did we embody that and how did we digest that and how do we have that playing out? And, you know, if it was like all great and then you got sex sick and your drive went away, you know, then looking at, you know, are your hormones properly balanced?

Is your adrenals functioning? Are you getting the right nutrients? Is your gut balanced? Is there toxins in the way? Because all of these things will drain away from our sexual life force?

Okay. Super helpful. I think this is a great place to begin, even just free writing and talking about the role sex has in our lives, in the role that we'd like to have it in our lives.

Sex Toys, Sensation, and Mindful Intimacy

And, you know, I might add that the role of physical intimacy, emotional intimacy, the role that it has in the role that I'm wanting it to have, and hopefully for anyone who's listening that, you know, that you can have and you can want to have all of those things.

Emotional intimacy, physical intimacy and sexual intimacy. Yeah. I think to also just further answer your question about like how do we begin? I think with your part, like once you've got that clear or a little clearer because it's a journey, you know, we're never like actually arrive.

We're constantly just learning and unfolding. And so, you know, then once you feel a little more comfortable in yourself than going if you are in an intimate relationship and have a partner and going to your partner and being like, Hey, you know, I've been thinking about this for myself and I'd like to open up the conversation with you and you know, would you be willing to do that?

Is that okay for you? And could we set a date and a time and maybe light some candles and have some nice fruit or whatever it is just to set the stage and then really like practicing mindful listening.

So I like when I run retreats, I have my talking stick. My Native American talking stick, and if someone is talking and holding the stick, you know, then you are committing that you are listening.

Because often when we're talking, it's like we don't really take in someone fully, we are hearing them and then we're thinking about our own experiences or we're deciding what we're going to say in response to them.

And so really trying to set this stage of mindful, active listening and then I love Harville Hendrix work, which is a Margaux therapy, where if you say to your partner, you know, I would really like to have more touch and I would, you know, I would love it.

It feels so good to me if you stroke my face in my hair and then having the partner say back to you, what I heard you say is that it's really important to you that I stroke your face and your hair.

Did I get it? And then you saying yes or them saying, you know, so that way you really are hearing each other being received. And you can really and you can use this for anything, not just for sex.

Oh, absolutely. Like this is a very important, you know, for that emotional intimacy conversation to really connect with your family members, your kids, your adults, your parents, your romantic partner.

Because you're there. Right. We don't communicate what we want, actually, and we don't know for sure that we communicated, got really heard. And especially is it men like women need that emotional connection to then really enjoy sex like most women need to feel bonded, need to feel heard, need to feel seen and witnessed before they're just going to surrender and have orgasms and enjoy sex.

You know, men kind of the other way, they connect through sex. But for a woman, we really need this this intimacy and this this emotional component. It's really important.

And you might find I see this with patients a lot once they get this going, it's like, oh, you know what? I don't have a hard time orgasming anymore. Like, I don't need your darn peptide shots or your herbs or anything.

Like that's what they needed and that's what gets the juices flowing. And so, you know, again, it's like health is multi factorial and to me, our human being, our human experience, our relationships with our self and our partners and our family and our communities, to me, it's such a basic foundation that everything springboards off of.

And that's not to say that you don't need your essential fatty acid aids, and you don't need to make sure your mercury is detoxed and you don't need your B12 shots and so on and so forth.

Some of these things that we know work really well with an ms. diagnosis, but we often what I find is when we get sick, we get scared because it's scary to get a diagnosis and then we just start clinging and we just want the magic pill and we want to know exactly the right diet and how many times to chew it and at what time to eat.

And we get very fixated on all the physical stuff and we kind of leave behind this very important emotional piece. This is amazing. And so, so important.

So really for everyone who's been listening, I hope this has inspired you that it's possible to get your sexy self back.

Communication, Trauma, and Reclaiming Pleasure

It's possible to restore that intimate connection, physical connection, sensual connection, sexual connection with yourself and your romantic partner.

Sharon, this is just been so amazing. I could talk to you for hours, and I'm just having a wonderful time visualizing this retreat that you have. I bet it is an amazing, very enriching time and totally fun.

And I sort of want to be like, what kind of food? And that whole central experience. Like, oh my God, this this is totally fun. And I'm going to ask another interesting question is that a couples kind of event or is that a single event, a mixed event?

Right now, the retreats are just for women. That's not to say that there won't be other other iterations of it in the future, but right now it's just women.

Well, very I'm sure it's a very amazing and energizing experience. Now, what is the one thing you would want the people who are listening today to take from our conversation?

Hmm. To to to know there's always hope and to know that you deserve it all and that, you know, the first thing is really is getting honest with yourself and getting a team and getting support.

You know, there's there's nothing wrong with having a therapist or a couple of therapists or a somatic body worker. But these things sometimes are easier said than done.

And, you know, doing like the journaling exercise, you know, it's good to then have a professional to kind of get feedback from often, you know, we need someone else, we just can't see it ourselves.

But that you are worth it. You are worth the time investment, the financial investment, the everything investment to to actualize and live a fully realized life that includes pleasure.

This has been wonderful. This has been a gift now shared. How do people find you? Well, you know, Dr. Sharon Stills and I'm around the normal places. My website is Dr. Stills Ecom.

I hosted the menopause summit where we talk a lot about sex. So I'm I'm around and you know, I've been practicing over 20 years now and just really passionate about getting more information out as are you doing this to to everyone out there because you know, what you learn being in clinical practice is that there's a lot of misinformation and a lot of conversations that aren't happening. And so that's why we do what we do.

Here again you are at on more. Tax bills dot com distills dot com pretty easy. Okay this is great. Thank you so very much. Thank you.