Introduction to Functional Edge and Sexual Health

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Can't we talked about. And so I think that cultural religious dogmatic way in which we have learned that sex is wrong and that everything that. Has to.

Do with sex, especially our body parts that are involved in it are wrong, then we have done everybody at the service for generation after generation. And then, we'd have a medical system that doesn't prioritize it.

Welcome to the Functional Edge. I'm Dr. Julia Ward, and this is where science meets real-world strategies for living healthier, sharper and stronger. From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all.

Ready to take control of your health and thrive? Let's dive in. Hi, and welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balanced Body Function Medicine.

Today, we're honored to welcome Dr Tanji to show. Dr tanji is the founder Texas Sexual Health and has dedicated her work to helping men and women understand and restore one of the most overlooked aspects of overall wellness, sexual health.

In this episode, we'll be exploring why sexual health is often a powerful window into our overall health. We'll talk about the connections between hormones, cardiovascular health, metabolism, stress and the nervous system, and how these factors can influence libido, arousal and intimacy as we move through the different stages of life.

Stay tuned for an engaging conversation where we'll break down the science behind the sexual health, challenge some common misconceptions about aging and intimacy, and discuss practical ways that people can restore vitality and connection.

This episode promises to be both eye-opening and empowering as you continue on your journey towards optimal health. Well, thank you for being here and welcome, Dr.

Tangi. Thank you so much for having me. I love functional medicine and I am so excited to jump into this conversation because I feel like you are the ones in the field that really look at the whole individual, which is always my thing.

It looks at everything and it really educates and empowers rather than just treat people by, you know, popping pills and giving them kind of a bandaid for whatever it is that they're complaining about.

So I am very excited to be in this conversation with you. Awesome. Okay.

Sexual Function as a Window Into Overall Health

Well, I think sexual health is something that many people struggle with, but very few feel comfortable talking about, so from your perspective, should sexual function actually be considered a vital sign of overall health?

Yes, absolutely. Well, we know that there's a lot of things that are needed in order for sexual health to be healthy, right? So sexual function to exist.

People, I think, take it for granted because if you don't have any problems early on in your life. Your sexual system just works kind of like a German train station.

It's very reliable, it's just on time, and everybody is like, oh, okay, I don't have any problems. Well, the problems that present with sexual function can be very revealing because they can point to other underlying issues that are happening in the background And by the time you notice something not working right in your sexual system, it means that there are things that you probably should take care of immediately in other systems.

And that's something that I help people realize is not just about treating a penis or a dry vagina. It is about really, really doing the investigative work to find out what's failing that is manifesting in a sexual problem.

Yeah. And I often tell patients that sexual function is really a window into cardiovascular and metabolic health. Do you see sexual dysfunction as an early indicator of things like vascular disease, insulin resistance, or systemic inflammation?

Absolutely, all of the above and more. Actually, there's more, so yes, definitely one of things that we see is there is something probably in the pipeline of cardiovascular health.

So I tell people, if you think about your body, let's think of our body. Let's thing about cardiovascular. People probably associate that mostly with blood supply, right?

So let's just say just in a simplistic way so everybody can understand. Let's say that your body has not an endless supply of blood, but has a finite supply a blood and it has to distribute that blood into different parts of your to make those parts functional.

And everybody in our bodies are dependent on blood. Right. So our sexual organs, penis, clitoris, vagina, they depend also on that blood supply. So when something is compromised at the higher levels, then you have a trickle down effect and the ability of the body to really deploy that resource, that precious resource of that oxygenated blood into your sexual organs is now compromised and it's not able to.

Definitely there are problems in the upper pipes, preventing that blood from going down or efficiently being caught and trapped while you are going to have sexual activity in order for you to do that successfully.

So that is definitely a sign of cardiovascular health. Metabolic health in general, as you said, inflammation. Obviously, when we talk about cardiovascular health, we're talking about the state of your veins, cholesterol, cortisol levels.

When we talked about cortisol and high levels of inflammation, that affects the brain. The brain is also affecting that. So it's kind of this symbiotic relationship.

And so that makes basically the brains less able to focus on sexual function because it is kind of sounding the alarm and chasing what is going on with your body on all of these critical processes that are not working right all the sudden.

So we definitely have cardiovascular health, metabolic health. We have emotional and mental health issues. When your brain is compromised, also can't do a good job at sending the signaling down for everybody to come, come to the party, RSVP, to have a party and have good time.

We talk about back health. I ask people when they're in my practice, have you had an accident? Have you have had a fall? Because that also impedes signaling that is crucial for sexual functioning.

we have pelvic floor. Pelvic floor is essential for a sexual function. So when we talk about sexual health, it can be a reflection of a lot of different things that can't be going wrong in the individual.

They're probably not putting two plus two together. Maybe they go to another provider and they're just looking at

that body part and their just prescribing a pill or an injection to make that work.

But they're not looking at what caused this in the first place. And that's what I'm mostly concerned with.

Why Sexual Health Is Taboo in Medicine

I want people not only to have good sexual health, to be able to sex tonight, but I also want them to understand how did this happen? Where is this coming from?

What's the blockage here? Right? where's a red flag that we need to look at? And I feel like, again, I do that investigative work and that's what functional medicine doctors are very good at, is identifying like all those aspects in your life that are not going well, that all of a sudden the system is kind of not in balance.

And so you have something that you think is acting in isolation when in fact it's part of the whole system. Yeah. Yeah, exactly. Exactly. Well, let's just hit on the cultural kind of aspect of this, you know, and I find that interesting that we're very comfortable talking about heart disease, diabetes, but a lot of people get embarrassed discussing erections, vaginal dryness, painful sex.

Why do you think sexual health is such a taboo topic in medicine and in, I think, in our culture in general? That is the bane of my existence. You are preaching to the choir here.

Yeah, it leads to a lot of frustration on my part. I asked myself that question, I have researched it extensively, and I ask my colleagues also in the sexual medicine and the sex health space.

And I think it's a combination of factors, multifactorial. First of all, you have an area of life that has always been kind of demonized and vilified and sinful.

We shouldn't talk about it. And the problem with that is that it's permeated everything and all levels of our existence. And so we don't abandon those thoughts just because we're having a dry vagina or a penis that doesn't get erect.

So when that happens, you know, we're not supposed to be looking down there. We're now supposed be having sexual thoughts. Were not suppose to have a sexual desire, especially for women.

I mean, it's a little bit more condoned than men, but in women you're supposed even know what your body parts are. You're suppose look at them. A lot of women have never looked at their vulva.

They have never seen their labia, they have ever seen anything that has to do with that part. We call it down there, which is kind of a funny word, but if it can't be named, it cant be seen and it cannot be talked about.

And so I think that cultural, religious, dogmatic way in which we have learned that sex is wrong and that everything that have to with sex, especially our body parts that are involved in it, are wrong, then we have done everybody at the service for generation after generation.

And then, we now have a medical system that doesn't prioritize it. I was having a conversation with a very well-known sexual medicine specialist, Dr. Rachel Rubin, on Friday, and she is a urologist and sexual medicines specialist for both women and men.

And she was saying that this is like the non-serious part of medicine. So sexual medicine is, like, you know, cardiology and neurology and urology, all of those are, they're real doctors.

The medicine is like, are you kidding me? They're boutiquey. You know, nobody knows what that is. When I tell people I'm a sexual health clinician or sexual help practitioner, they don't know where to put me.

They don' know what to do with that information. And in my clinic, I take care of the whole individual, as I said. So

we do pelvic sexual medicine and sex therapy.

We do the three. Basically, you know, we have to take care of the person in their relationships, in the mental state, and their emotional state as it regards to their sexuality and sexual health.

We take of care the body, but we take the care body in different ways. And we can also prescribe, obviously, to make sure that they're optimized. So we try to, take, care, of a whole individual.

But by the time people come to us, It's almost like the last resort. They don't see that this is a worthwhile investment. Again, going to the cardiologist, believe me, there's a lot of value in cardiology because if you don' get your heart checked, you can die tomorrow.

Nobody will die of sex starvation, although it cuts down on your health span and your lifespan. So it does it, but it doesn't slowly. It doesn' do it all of a sudden like a heart.

I'm not telling people to not prioritize their heart, But we're seeing kind of like the last in the line of important things. Actually, this is a very funny fact for your audience.

Yesterday, I think I posted yesterday, it was a repost from a study that says that men rather break up their relationship. They rather breakup instead of taking care of their erectile dysfunction.

I mean, that's how ingrained this is. I means, it carries so much shame that white just can't bring themselves to go to the doctor. And in the case of women in which they have been denied, we have denied sexual pleasure as a pillar of health in our human experience, That's even worse.

You know, women will go to the doctor, they will come to see you, to me for like peeing in their pants when they laugh, but they would not go and seek help immediately when sex starts hurting.

They just think it's normal and they just brace through it and so they don't prioritize that as an essential part of who they are. And they also shut down the sex.

So they rather not have sex than to get the problem addressed. which is very sad. And so, yeah, I hope that explains a little bit about why, but I think it comes primarily from culture and religion.

Obviously, then we have medical providers who are not trained and don't have their own biases. I have had so many patients who come to me and say, I talked to my primary care and I told my primarily care, you know, that I had a problem and they seemed uncomfortable.

They kind of brushed it under the rug. they didn't answer the question. And that's bad because that shame just harbors more shame and then it shuts down any possibility of that patient going somewhere else to get answers.

But the worst part is when they give wrong advice, like, oh, just have some wine. Oh, you just have to date your husband a little bit more, or you know, yeah.

You just. Have to forget about it. And so that's very wrong advice because you can not whine down or up. biology, right? You cannot wind up or down your metabolism or your hormones.

And so, yeah, so again, it's cultural, religious, and then we have a medical establishment that doesn't really understand it, cannot manage it. Yeah. We don't talk about it enough.

So thank you for giving this topic a platform on yours. Yeah, and I imagine if you get that kind of advice from a primary care that you just need to relax more, you need just to go on a date or have more wine, that sort of like puts it back on you as if somehow you're not doing something right.

And then I'm sure that that just makes the shame and the bad feelings all the worse and then just shuts you down.

Absolutely. It's very demoralizing. Yes.

Yeah, demuralizing, yeah. And then you get a lot of underdiagnosed or just undertreated conditions going forward. Yep. A lot my patients deal with chronic illness and they're stuck in a state of nervous system dysregulation.

So chronic stress, elevated cortisol, sympathetic overdrive. How does that physiology impact libido and sexual function? That is such an interesting question.

And I love talking about this because, you know, sex is biopsychosocial. So there is a biological component, there's a psychological component and obviously there are external forces around us.

When we talk about biology, I tell people, if you're under stress, and I have a lot of high-power alpha male patients who are on top of the world, they have done incredibly well in business or whatever profession they are, chronically stressed, poor metabolic health, et cetera, and their penises don't work.

And then they come there like, well, my penis doesn't, work and so why doesn' it work? Why doesn it not work when I am on top of the world and top producer for this industry, whatever the case may be?

and I have to break it down to them. And I like to breakdown things kind of simplistically so people can understand. So what I tell people is, you know, we have a neurobiology or neurochemistry, rather, that is needed for sexual function.

Stress, Nervous System Dysregulation, and Libido

We have another one that basically triggered when we had high stress, high anxiety, when haven't slept, were eating poorly, etc., etc. And so those two categories are mutually exclusive.

They cannot exist when one is present. So when you have high sympathetic response in your body, so that's your high level again of stress, anxiety, worry, preoccupation, and you are under constant stress.

The hormones that you're producing in your body are countering the hormones you need for relaxing and sexual pleasure and the sexual experience. And so basically one kills the other.

Let me try to sanitize this language because I really talk like this to my patients. I say when you are on sympathetic mode, which is the one that activates you, you know, that's a threat alarm.

You have really four F's. They say fight or flight. It's actually four S. Like you have fight, flight, freeze, or fawn. So those are the four. People are very familiar with the fight-or-flight.

Either start throwing punches and kicks. or you run away from the threat, right? If a tooth saver is after you, those are the two things that you know what to do.

You can also freeze. And there's a lot of people that under duress, they just freeze and that's the defense mechanism of the body to keep you alive and you can fawn.

you can kind of adapt to the threat and be agreeable and amenable to that threat to kind like, you know, make yourself again, live, survive that thread.

There's one F that is not there and it is F-U-C-K. And so I tell people there's four F's, there is no room for a fit. So you are going to manifest those four.

Why? Because when you have a thread like a tooth saber is running after you, You're not stopping to reproduce. You are not stoping to mate. You're not stopping to romantic with your partner.

That's not on the priority list. And that's why those neurochemicals, those neurotransmitters are designed the way

they are. One, these ones block these one.

So your priority is to stay alive, not to reproduce, which maintains, yes, the race alive long term, but not in the short term. Then so now they can understand like, oh, OK, so if I am under stress, all of these other neurotransmitters are being deployed and those are blocking my ability to really, really become sexual on demand.

So it's not that easy. And it is not you because it you. It's you, because you're human. And so that's basically kind of the connection between both. And that is why it is so important to really work on the skills or the strategies to deal with stress and mitigate the stressors around your life.

But when people have become so chronically stressed, as you know, and they have now insulin resistance, they had high cortisol levels, et cetera, etc., and all that ensues, you the visceral fat accumulated around their belly, which is extremely toxic and inflammatory, high inflammation levels in your body.

Your body is trying to survive the threat of the tooth saber. It's not a tooth sabre anymore because it is maybe your job or maybe it's your relationship.

But it is a threat and the brain is not telling you, oh, is that a holy mammoth? It is your job. The brain acts exactly in the same way, maybe in a lesser response.

Obviously, if it was a lion chasing you would have more of it. But is this exactly the response? And so the Brain is very smart, but not necessarily that discerning.

to be able to say like, oh, okay, yeah, it's your wife that wants sex with you tonight, or it is your husband that want sex you with tonight. It's okay.

You can relax. And then all of a sudden, all those other neurotransmitters disappear. Right. Then you have the sexy ones that help you to have pleasure.

Yeah. Exactly. I have been telling my patients that your sexual health is like the cherry on top of your overall health. And it just can't be there unless everything else is sort of lined up.

But you're right, that chronic stress really does a number on our bodies and it affects so much, including blood flow. So that's a major component, I believe.

Exactly. So from a functional medicine perspective, we often see sexual dysfunction in patients with insulin resistance, visceral fat, or metabolic syndrome.

What role does metabolic health play in sexual performance and desire for both men and women? Well, definitely, when the body, again, is a competition for resources, it's very, very hard to relax and have a good time.

I mean, think about this. When you are under duress, under stress, When something is nagging at you and it doesn't shut up and you're in this constant battle within because whatever, you try to meet deadlines, You have very demanding job, whatever the case may be, Now I'm telling you, in the middle of that, turn it off and let's go party.

Like just turn off. Yeah. And no alcohol and nothing involved. Let's just forget about it and now let start dancing and then start like having a good time.

It is very hard to make that transition when you're in a midst of it. Especially when have something chronic. going on. So when we talk about insulin resistance, people don't realize.

And I tell people all the time when they come to me and they're like, you know, A1C and it's, I don' know like six, whatever. I have to break it down to them and I say, that's you putting sugar in the gas tank of your car.

What is it going to do? And i'm not a mechanic, but I've been told that is very, very bad for a car, that basically, you know, all that gas goes through all those pipes and systems, wherever gas, goes in a card and it damages the whole car.

Actually, the reason I know this is because many, many years ago I was in the military and a guy had court martial because he did that to the cars of officers in his unit.

And he got into a lot of trouble. So when I went into the military, he was waiting for his court-martial. And anyway, and I was very young, I'm 18 years old, so I didn't know anything about anything.

But the guys were like, oh my God, that's very bad. You put sugar into gas tank and that is very badly. That was the first time I learned about it. When I learn about metabolism and blood sugar, what it does to the body, That's exactly what is.

You have a little bit of extra sugar in your body that is going everywhere and is damaging everything. And so sexual function is a lot about your ability to have good blood flow and your capability to help intact sensation.

So nerves can communicate between your brain and body. And that is actually harming both systems. It's haring your vascularity and it's hurting your nerve endings.

And so basically, you're blunting your ability to function properly sexually when you have those high markers.

Metabolic Health, Blood Flow, and Sexual Performance

And we already talked about what cortisol does, and basically it invalidates the other neurotransmitters that are involved in sexual function and sexual pleasure.

When you those have high-markers, basically what you are doing is you severing signaling. in your body. You're severing the ability for your brain to communicate effectively, give you sensation, gives you pleasure, and give your response.

And you are blunting your ability to deliver the blood where it needs to go. Again, you don't produce more blood when you need to have an erection. I mean an erection for men and women because clitoris is also engorged and that's an Erection.

That's how women feel. you don't produce more blood. It's the same blood that you have going all over your body. And it's so, if you are compromising the blood supply, then it can't get to where it needs to go.

So that's kind of the connection. That's how I try to explain it to people so they can understand a little bit better in more lay person terms, like, oh, okay, that makes sense.

that what's happening to my body, so every little extra sugar that is damaging systems that are needed for sexual function. Do you sometimes see improvement in sexual functions on patients who improve their metabolic health, like even before medications are introduced?

Absolutely. I want everybody. My spearhead right now in life, my mission in live is funny because it is sexual health, it continues to be sexual help, but it's metabolic health.

Because for me, that is a holy grail. That is the essential piece that you need to work on. And so everybody that comes to me gets an assessment, how's your metabolic doing?

And I wanted everybody to improve metabolic help markers. And that's non-negotiable because even if they don't feel like that is a thing that it's affecting them now, it will affect them in the future.

It's just a matter of time. And so I am a kind of a different kind a practitioner because I do want to take care of it

now but I also want set them up for success in future I don't want to just, you know, give them a pill so they can have an erection tonight.

I mean, yeah, that's great. That's very noble. Yeah. But I want them to have great sex tonight and five years from now and 10 years. From now, my motto is sex until death.

And so I'm going to not have sex. Until your last breath. And so and I want you to do that successfully and i want You to that happily and, I wanted you, to, do, that abundantly if you choose to and so let's give you the ability to have a lot of sex or as much sex as you want to Have until the end of your days or until you decide that sex is no longer for you This is a matter of aging but it is A matter, of how, people take care of their bodies And so I have seen, you know, 70 some year olds that the wind blows and they have erections unassisted because they take very good care of themselves.

And I've had 22 year old who can't have an erection. So this is not necessarily just a function of normal, quote unquote, aging. It is about what you do with the years that you have with your body.

Yeah. So we live in a world where there's an app, a pill, and a screen for almost everything. Do you think in some ways we've started outsourcing intimacy, relying on medications or digital stimulation, rather than addressing the underlying causes of declining sexual health?

Oh my goodness, 100%. That is a great question, by the way. Yes, absolutely. I think, let me break this in parts. So 1998, March of 1998. Actually, Sildenafil Viagra is having an anniversary on the, what is it, 18th or 28th of March.

highest or most sold drugs in the world, I think it's been now challenged by the GLP-1s, but it became the most widely prescribed and used drug in world.

So, Denafil and then Tadalfil and the others, the PDA5 inhibitors. And so, In the advent of that, I think that we got very comfortable and complacent and we felt, oh, you know, it can be solved with a pill.

No big issue. I mean, You know I can, be smoking, drinking, have a lot of visceral fat, high metabolic markers for poor metabolic health, whatever I want and then I pop two of these pills and my penis will work.

And so that's it. First of all, that's not right and secondly, they will stop working at some point if you continue on that path with your poor metabolic health.

So they're not bulletproof and they don't work for everybody. And they are not an arousal drug. What it means is they help with blood flow, but they do not help you have sexual desire.

They don´t increase your libido. They don't give you necessarily, you know, better sexual prospects. They just better your ability to function properly with an erection.

So that was on the male side. And then all of a sudden men are like, oh, okay, wow, I have this erector again. That's awesome. that's wonderful. But we didn't treat the women.

going through perimenopause and menopausal around the same time that the men are kind of losing their erections. So, you know, both of them are going to their changes at the time.

Let's put a number, let's say 45. It's all 45 years old. The man is like, oh, wait a minute. Like, I'm not waking up with morning wood anymore. I don't know what's happening.

My erection are starting, but they're subsiding. And then later on, they become harder to start. and then harder to maintain. And around that time, she's also going through perimenopause and menopausal, which creates a host of changes in her body.

It really affects her libido, low testosterone can affect sex drive. She's going kind of through the same thing, but he's

more encouraged. Everybody prescribes testosterone for everything.

I mean, you have low T clinics everywhere. You can just go to one of these places. They take care of your testosterone. Now you've got Viagra, now you're all set.

But you didn't take of the woman. And so the women has dryness, pain, atrophy. She has the genitourinary urinary syndrome of menopause, in which, you know, she has prolapse.

She pees on herself when she laughs or when coughs or where she sneezes. So she's suffering from all of these other things, plus the fatigue, the mental fog, everything that comes with perimenopausal menopsis.

And you have a guy who's ready to go, and you've got a woman who hasn't been optimized. Also, because of the hormonal changes, her metabolism is also changing.

And so we don't necessarily have a great plan for her. Now we are raising our voices and menopause care is becoming a thing, but we're like super late to the party.

I mean, 1998 Viagra. So that tells you what the big gap is. And meanwhile, you have a whole generation and all of us really who have porn at our disposal at any time and for free.

And so basically we have proxy for comprehensive sex education. People are really not talking about sex. They're not learning from reputable sources, but they have access to this content, which the content that jumps at you is probably not the most enticing.

I always tell people, I never want to demonize porn.

Outsourcing Intimacy and the Limits of Quick Fixes

Not everybody has a problem controlling their porn consumption or poor health outcomes with porn, and if people want debate me on this, they can do that at a later time.

But really the one that jumps at you initially when you go to a porn site, it is the ones that is like super hardcore, et cetera, but there are thousands of categories of porn Like, if you wanted to curate your consumption, you can go and have feminist porn and romantic porn, and, like, animated porn.

You can have all kinds of it. And it doesn't have to be the one that jumps right at you when you first go in. But people are learning that that is sex.

That is very penis and vagina driven. So now to go back to the question, you have a guy who has testosterone and Viagra. You have woman who doesn't know what to do with her perimenopause and menopausal is suffering from all these other symptoms.

And you had this new era of information that is jumping at you that tells you, that sex is only like hard penis in a vagina you pound and pound, and that's what you're supposed to.

She can't take it. She can't take that. And so if that's your idea of intimacy and romance and good sex, it is a disservice because, yeah, penis in a vagina.

I mean, I love it, but it's not the only thing that we do. It's the one thing people get caught on. and I see it especially in younger couples in my practice, actually even older.

What am I talking about? In which it's like, if we don't have a penis that goes into a vagina, we're not having sex. We can't sex, there's nothing else going on.

People are not doing any of the thousand other things that they can do while they're together to foster intimacy and

have sexual pleasure with sexual activity.

That sometimes doesn't require a hard penis in a moist vagina. So I hope I answered kind of a question, but yeah, I'm sourcing everything and I don' think we are doing a good job at it.

Yeah, yeah, absolutely. There's this mismatch, if you will, between the man and the woman with their sexual function, and medicine has just been catering much more to the men, unfortunately.

One hundred percent. So, one question I hear a lot from patients is, you know, whether declining libido is simply inevitable part of aging or not. In your view, do you think that's true?

Are many of these changes actually treatable? As far as libidio itself, So what I tell people when I am asked this question is, we were not supposed to be living this long, right?

So we we're not suppose to live in this law. So I don't want to say that menopause, for instance, or andropause which is the male aspect of it, that Menopausal and Andropaus are inventions, but I say they're modern inventions.

Not inventions in the sense that it's not a construct, it is not something that we made up. It is something that happens because we outlive our own health expectancy or life expectancy.

And so before, you know, men died in war and conflict and whatever, like hunting, whatever else. So you had a lot of, guys who made it into their later years.

But mostly when you look at the demographics historically, You see that the life spans of people were much, much shorter than in modern times. So you have, I don't know what it was, but you like in your thirties for men and maybe your forties, for women and women died mostly of childbirth.

And so imagine, and they still do. But back then it, was like considered to be like the one thing that can kill you, that will most likely kill, you as you delivering a child.

But now we live much longer and we outlive the function of our testicles and our ovaries. So basically that's what's happening. And so, yes, in that sense, yeah, it is a part of aging because we're outliving the shelf life that we were granted before.

But that doesn't mean that have to accept it and it doesn' mean we have live like that. It is treatable. But it is more than just the sex. And I think that's where people kind of get a little bit, you know, going back to this dogmatic thing about sex being bad and sinful.

When we circumscribe testosterone, for instance, or hormone replacement therapy to something that will help your sex, that is where kind people get stuck.

because they're like, oh, whatever, you know, what was meant to be, well, I want to have more sex, or whatever. Well, hormones, they are called sex hormones.

But they aren't really for sex. Hormones, estradiol, progesterone and testosterone, help with a lot of different things. They protect different systems in your body.

they help you live longer with higher quality. And so we're not only talking about giving you back like, you know, moisture in your vagina or giving back testosterone just so you can have sex, we are actually talking every system, I mean bones and muscles and brain and heart.

You know I tell people hormones are good for eyeballs. Do you want to protect your eyeballs? And they do so much more than just the sex. And when we call them sex hormones, sometimes people don't understand that they work beyond that.

I mean, you need estrogen for your nails, for many, many different things. And so, yeah, natural. But it doesn't mean that it is more normal and natural, but it does mean it has to be accepted.

Because again, we were supposed to die a long time ago, But we have developed a lot of technologies and systems and medications and treatments to help people not die at 30. And so if we're helping people live longer, why can't we help them live with better health quality?

Yeah, absolutely. So if someone realizes that their sexual health has declined over the last few years, what are the first things that they should look at from a health perspective?

Oh, well, the first thing that I would look at, contrary to what many even of my colleagues will say, they immediately go like, maybe it's psychological.

I hate that. But hate actually when people are told initially, oh, it must be in your head. And there's a lot of that going on. There's even I am sent patients from urologists.

or gynecologists, and they're like, you know, it's probably psychological, so go see Dr. Tanji. But they are not looking at the metabolic health. They are looking not at overall health and so they maybe looked at PSA, they may have looked testosterone levels, but maybe that was it.

And so what I want to know again is what is driving this? How did you get here? And I talk to them about everything. I want to know how they exercise.

How they sleep. What they eat. Obviously, their weight. All the metabolic panels. Everything. L, P, A. Although it probably doesn't help me a whole lot, but I wanna know.

I want to know absolutely everything that I can know to be able to help them because usually what happens is that when you have the first mishap, when the have first malfunction, it creates a lot of anxiety.

And then you get into the anxiety loop that triggers the same things that I talked about earlier. So it is true that it triggers a psychological response, but it's coming from a physiological root cause.

Aging, Hormones, and Treatable Sexual Changes

And there's no amount of talking that I can do to you or with you that will help that. And so you have a compromise, you know, cardiovascular health. There's not amount talking we can't do fix that if you don't sleep at night.

If you sleep well, if have sleep apnea, insomnia. Even if you don't brush your teeth right, you know, I tell people the quality of your gums is a quality, of you're veins is the equality of erections.

And so if have periodontal disease, there's no amount of talking that I can do to fix that. So I need to know everything so we can tackle the root causes.

And so for me, it's always a combination. It's never just one thing. There are a few cases in which, you know, this guy maybe had a lot of work to do or maybe, had to drunk at night and his penis didn't work.

And then from that point on, although there's nothing in their metabolic health that points to any problems, but now he is in a loop of like anxiety or woman.

Uh, and so that's a truly a psychological type of deal. But I can say that that's probably 1% of what I see. 99% I think there is something that can be turned around that, can't be tackled.

There's something measurable going on. And if we fix that then we deal with the anxiety and that response that you got and the fear of intimacy that developed because of the avoidance of failure.

And now we have a whole individual again. Yeah. What are some of common root causes you uncover when patients come to see you? Well, one of the main ones is actually pelvic floor issues.

So one main one is that they have either hypertonic or hypotonic. The pelvic muscles are either too tight or their two legs are stretched out. That can happen for a myriad of reasons from just natural aging to having babies, even carrying babies.

Sometimes, you know, women think like, oh, I'm good because I delivered BSC section. I like now, and I still carry that baby and muscles were severed and everything like that.

So you need to have an evaluation. Always evaluate everybody for pelvic floor. So that's a big component, cardiovascular health, metabolic health. I want the whole metabolic panel, as I said before, because I wanna know what I am contesting against.

I want to know their beliefs about sex. I wanna know what they think about it. Like what priority do they give it in their lives? I Wanna know how they relate to their spouses because eventually when they maybe get on a better path, they will have to deal with somebody else on the other side who will also maybe have To get treated.

And so I wanted to about everything. So my first appointment is always two hours. Because we extensively cover everything from the Genesis to the apocalypse.

And what are some things people can start doing right now to improve their sexual health naturally? Prioritize your sleep. That's the first thing. Make sleep protected, defend it.

And like with your life, protect sleep. Because if your body's not well rested, it cannot regenerate itself. It cannot work on restoration. Your brain doesn't work right.

You're body doesn' work, right? All the things, the bad things that we talked about before, they will happen if you don't have a good night's sleep and you're chronically sleep deprived over time.

So that's the first thing that I would recommend to everybody is like, get your sleep in check. After that, you have to really pay attention to what's going on around your waist.

You have pay to attention that visceral fat. Because we know that the more of it you had, the wonky those numbers will be. They will elevated, they will wreak havoc in your body.

And so, I always tell people like, look at this. Look at what is going in on your circumference. I get a lot of people with the super hard bellies and sometimes they come in and I look at them, obviously I haven't met them before until that time.

And when I see them I'm like, I know everything that's going on with you. I that your metabolic health is off the charts in a bad way. And so that's one thing that I want them to definitely take a look at.

I wanted them start moving. And want to improve their muscle mass. To start circulating that blood. Want them eat right. Because you cannot outdo a poor diet.

Yeah, you can't out-exercise a bad diet. Exactly. You cannot out exercise it, You can not out sleep it. you cannot do anything with a Bad diet, so definitely take care of what you're putting in your body.

My motto, I love my body and I always say I don't want anything in that I will want out. So if I want it out, i'm not putting it in because I Don't wanna do with it Once it's in people, once it is in, it like under a tight lid and to get it out is super hard.

It's easier to put it in than to to Get it Out. And so basically, I want people to basically practice the same health principles to live a healthy life as with everything else.

I also want them to look at sex from my multidimensional standpoint. I want people to look at sex not as this task as, this job. How people were like very serious about it.

They don't have fun.

Root Causes, Practical Steps, and Closing Advice

I don' know how they have sex at home, but I can probably tell that they had sex that home like they're on a mission impossible. There are like, they are almost like angry and, you know, the penis must be hard, a vagina, it must end, and it's like this, task oriented, performance oriented thing.

They don't know how to have fun, they don' know to be light and airy with it, They dont know that this doesn't have to that serious. You can laugh, actually when I tell them like, you know you're supposed to laugh or smile or whatever, during sex they're like what?

Yeah, yours was like, you know, whatever happened, happened. Like if somebody fart during sex, okay, we'll laugh it out. It's like a new concept. They're in their 50s or 60s and they have never thought about having fun with sex.

Sex is always like this job that they clock into and then they cluck out and it's this very serious matter. And sex doesn't have to be that. You can evolve.

you can sprinkle things in it. This is a sandbox, and you get to come with all the toys. Toys are great, toys are your friends, they're not only for kids.

Bring the toy, bring your imagination, your creativity, this is your time to kind of go back to kindergarten or to pre-K. When you were like, it was all fun and games, you're learning new things, playing with the blocks.

It was great. That's what sex should be. ominous thing that we're signing up for and that now it's either we get an A or we an F while we do it. So those are kind of the things that I focus on.

Great. All right. If there was one thing you wish more physicians and patients understood about sexual health, what would that be? Oh my God, that it is essential.

As important as every other aspect of your life. That it's not like the last resort. It is not the like last thing in the list. Yeah. But it should be a priority.

We should take it as seriously as any other health conversation. And that we don't need to be ashamed of it. we dont need be embarrassed about talking about it I always say that my superpower is that I talk about sex like you talk, about the weather.

And so sometimes I'm in restaurants and I am all over the place talking about, sex. This is my life 24 seven. Sometimes I have somebody who's like whispering a word.

And I'm like, no, you don't have to whisper the word. Everybody even has a penis or has the vagina. Like we all have one. I mean, if we're lucky, some people don' have either.

But anyway, most of us will have that. And so most are not dirty words. That's actually one of the ways going back to like three or four questions ago in which I normalize the sex conversations is that I talk about sex and sexual body parts in the proper names.

And I get censored and put in jail by Facebook and YouTube all the time. But I refuse. I refused to relent because if I cannot say clitoris, I mean, that's a tragedy if i cannot take cliteris or I can't say click.

And so I help people. Like, just say it out loud. You say armpit. It may be funny, like saying our pit, for whatever reason, when I say eyeball, people kind of chuckled.

I find it funny. Eyeball too. But that's part of it. It's like normal. You say eye ball, you say ear, head, shoulders, knees and toes. When you're like a baby, learn the proper names and name the body parts by those proper name.

It is something that we need to get over and just start having those open and candid conversations. I understand that not everybody can treat sexual stuff.

That not every clinician is prepared, but you can open the window for the conversation, invite the patient to share. and then say, I'm not the right professional, but that's a very important concern and I would like for you to get it addressed and maybe here's the resource that you can seek out so you have that treated.

And so maybe have a list of resources, people or information or websites or books that can give to the patient. Sometimes it will not be you directly, it would be something that will tell the patients Oh, my concern was taken into consideration.

I was taking seriously. It was validated. And so from there, maybe they continue on to find other resources, but at least you gave them that kind of empowerment.

to continue on rather than shrug or like act like, oh my God, what did they ask? They asked the S word. I'm not ready. And, you know, I am not that kind of professional.

So I would say, get educated, maybe a few resources. It doesn't have to be a whole lot. Maybe have a book with this and that that you can recommend for either men or women, read this or look at this channel or this website.

That's it. Yeah, awesome. All right, well, if people need or want to get in touch with you, how do they do so? It's your website and phone number. Well, it is very easy.

It is texasexualhealth.com. I do not know my phone numbers by heart. I think that's pretty easy website, TexasSexualHealth.com. Exactly. And I also have a YouTube channel, The Sex Doctor.

So I feel like those are like the two easy ways to remember me. And maybe not everybody agrees, but, you know, Texassexualhelp.com is super easy and the sex doctor in YouTube.

And it also has my information where they can find me. I post information every single day for free so people can learn about their sex, so that people are empowered to take control and charge of their life.

That's great. We'll definitely have a link to that in our show notes. So, well, thank you so much for joining me on the functional edge and thanks to everyone for being here.

I hope today's episode gave you fresh insights and practical tools to level up your life. If you found value in what you heard, don't forget to hit the subscribe button, share the podcast with someone who needs it and leave a review.

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And until next time, stay strong, Stay healthy, And keep living on the functional edge. Thank you for joining me on The Functional Edge. I hope today's episode gave you fresh insights and practical tools to level up your life.

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