Introduction and Guest Welcome

Hi, ladies. Welcome back to Mastering the Menopause Transition Summit. I'm your host, doctor Sharon Stills. It's beautiful to see you all here again. And as always, I've got a great, great conversation coming up for you.

And this is one that I am really, really looking forward to. We're going to talk about an important piece of this hormonal journey, which has to do with trauma and you may think, I don't have any trauma, or you may think, oh my God, I have a lot of trauma.

So no matter where you are, where you think you are on the trauma scale, I guarantee there's going to be something beautiful here for you to take out and take home and take with you and use on your journeys.

So this is going to be one of those grab a blankie, grab your tea, light a candle, get cozy, and get ready to just be part of a really important female conversation.

And I'm thrilled to be having this conversation with Doctor Keesha Ewers, who is a integrative medicine expert. And I hope I said your last name. Correct.

And viewers, viewers, as I think and I bet it's viewers, it's a doctor of sexology. So right away I knew we needed her here. She's a family practice er, and she's a psychotherapist and herbalist.

She's board certified in functional medicine and I r Vedic medicine, and she is the founder and medical director of the Academy for Integrative Medicine Health Coach Certification program.

She has been a popular speaker at Harvard and TEDx X. She's a bestselling author. She is just a wealth of information and you are in for a treat today.

So welcome. It is just really, really lovely to have you here. Oh, I'm so excited to be here. Thanks for having me. You are so welcome. So I typically start and just say, tell us who you are.

Tell us your journey. You have such a diverse and fascinating background of all the things you've integrated that how'd you get there? What was it like?

Yeah, I mean, all of us in this space have a story about how we get here, right?

Sharon Stills' Healing Journey and Trauma Origins

And definitely I'm no exception. I started out as a baby nurse at the age of 19. And being kind of gravitating to the high adrenaline junkie world, in the intensive care unit LifeFlight, and did that for about ten years.

And then as a lot of my patients say, you know, this, during my 20s, I ran marathons. I had four children. I used to skydive before I had children. And and then all of a sudden, in my early 30s, I woke up one morning sick.

And of course, it wasn't all of a sudden, but that's how it came on, right? And I had gained ten extra pounds of puffiness and I had redness over my joints, and it was like someone had taken the batteries out of the Energizer bunny, and I was just flattened.

And I got in to see a doctor. And in the course of the history taking process, she asked me if I had a family history of autoimmune disease. And I said, yeah, I think so.

I think my grandfather, who died in his 50s, I'm 57 now, and he died right at this age, was in a wheelchair with

rheumatoid arthritis. If I remember the story correctly.

And, you know, I never knew him. And she said, well, you have rheumatoid arthritis. And, you know, here are two prescriptions, one for methotrexate checks, eight one's for and a strong non-steroidal anti-inflammatory drug.

Come back when you get worse. Not if I'll change your meds. You know, that's that same mantra is being said today in rheumatology offices across the United States.

And I just remember saying, well, hang on, hang on. You know, because I knew the side of that profile of these drugs, I said, is there anything else like I'm, I'm really disciplined.

I'll, I make my own food, I'll do whatever it takes. And she said, no, I'm afraid that you drew the short straw on the genetic lottery, my dear. And I was like, closed the book, put it on the shelf.

That's it. So I remember as I was driving home thinking I was born and raised in this style of medicine, in this framework. Maybe there's another way.

And, you know, I always tell my patients and students, like, if an herb had bitten me on the bottom, I would not have recognized it. Like, I did not know anything about what I do today.

And, you know, so I started investigating. I went into PubMed, where we keep our medical literature and was looking for is there something else? And I found a compelling article on yoga and autoimmune disease.

And I went to my first yoga class the next day. And in that class, as they are wont to do, the yoga instructor, as we're holding our postures, you know, I was wandering through and he was talking about this framework of medicine that was 10,000 years old from India.

That's the sister science of yoga called Iron Veda. And he said enough. And then it really piqued my interest. And I went home and I look that up, and I was really stunned because all those years ago, there was this, like knowledge that we are not all the same and that we even require different diets and, you know, different sleep patterns and programs and hydration, like everything.

Right? Exercise and and, you know, we try to do cookbooks in our style of medicine, right. In Western medicine. And so I thought, oh my gosh, this explains so much.

And why if I give an that an IV push in the ICU to someone that's nauseated, you know, they'll fall asleep. And then if I give it to another person, they're wired, you know, it's like, oh, oh, of course we react differently, right?

We're different people. And so that really opened the space up in my mind. And I went home. And then in an era Vedic medicine, autoimmune disease is said to be undigested anger.

And when I read that, I went, oh my gosh, like, I've never even considered having to digest emotions and memories and feelings and experiences the same way.

I would digest like an apple. And so I remember sitting back in my chair and knowing I'm not an angry person, that was I, I don't know. And then and then it struck me, oh, maybe that's the problem.

Maybe the fact that I consider anger a negative emotion and don't really allow it. Maybe that is something I should be investigating. And so I was learning how to meditate as I was taking yoga instructor training over the next consecutive months.

And, you know, one day in meditation, this word autoimmune came floating in front of my third eyes, face and and I just remember looking at it and going, oh, I know that means I'm attacking myself.

I am committing suicide in this societally acceptable manner. In fact, when's the first time I wanted to die? And and,

you know, like just really considering that instead of how fast do I get out of my suffering, it was, what am I?

What am I meant to learn right now? It's a whole different way of approaching it. And, you know, so I started following my memory. Breadcrumb. Terrio backwards to like, is there a time you ever wanted to die?

Because that certainly isn't the case now. And, you know, sure enough, I landed on this ten year old girl version of myself who was being sexually abused by the, vice principal of my elementary school.

And I remember looking at her and thinking, she wanted off the planet. She really didn't understand what was going on. My dad was out to sea at the time.

I was trying to tell my mom I didn't want to go to school. I didn't feel safe that I didn't have the right words for her to understand. I don't even think I knew the right words.

And, you know, I thought, oh, that was so confusing and and destabilizing. I wonder if this has anything to do with what's going on with my health today.

Defining Trauma and the ACEs Framework

And I really got that. It had to be. And and so put myself into a really, like, stringent trauma healing program. And within six months, my aura was gone.

And it's never been back. And so, you know, this was such an interesting revelation to me about how we have to digest this stuff. Right? And so I went back to school, you know, got my masters and as a nurse practitioner and then went to got a master's in Vedic medicine and functional medicine.

And then I wasn't in private practice for more than about three seconds before I started realizing I need to go back and learn how to be a therapist, because this idea that this person with gastroesophageal reflux disease in front of me, you know, the gold standard evidence based practice for my license is that I give them a proton pump inhibitors.

I don't even address their anxiety. It's just not making any sense to me. And so, you know, that's kind of how I always say, every time someone came in and stumped the champ, the champ went back to school. So, I love that.

I love that we're we're we're very in alignment in how I patients and how I see healing and, there's always a little girl, and I'm so sad you had to go through such a horrible experience.

But you you often say that everyone has trauma, and so not everyone has such an intense sexual use. But what do you what do you mean by that? And for the women listening.

Well, it will probably make people skin crawl to hear me say this. I mean, when people say, I'm so sorry you had to go through that. I mean, I so appreciate that.

And I say that to other people. And at the same time, had the story not unfolded the way that it unfolded, I wouldn't be nearly as empowered, knowledgeable, a wise as I am today.

Right? I mean, it's it's the hero's journey, right? And so, you know, I this is where you know that you're healed when you've taken the post-traumatic growth out, you've learned what it was meant like for I, I even I don't know, I even think that perhaps my soul designed this is a learning experience for this lifetime.

I mean, I don't know what other people's spirituality are, but that that's kind of like how I live inside of my own being with that. And so, you know, when we when we talk about this in terms of my story, people will say, oh my gosh, I don't have trauma, right?

But you can think of like sexual abuse, domestic violence, psychological, emotional, spiritual abuse, having a

parent or caregiver addicted to, drugs or any other substance, mentally ill incarcerated, gone, you know, dead, divorced.

Like these are the big capital T traumas for anyone under 18 years old. This is where they were, how they were listed in the Adverse Childhood Experiences study.

But, you know, that was done between 1995 and 1997 by Kaiser Permanente and the centers for Disease Control, biggest study of its kind, over 3500 participants.

And they were studying capital T trauma and the impact it has on adult life, health, happiness, habit patterns. And we can dig into, you know, going through what all of those findings were.

But everyone has lowercase d trauma. So I conducted a study in 2013 called the Healing Unresolved Trauma Study. And it was a smaller, you know, 100 people pilot study.

And what I found is why the Aces study came up with the findings that they did. And you know, what I discovered, too, was that everybody has had trauma.

And I was going through fMRI scans, Pet scans, looking at brain imaging and in studies how that's how it's been correlated with post-traumatic stress disorder, what the architectural changes are of the brain.

And there are thousands of studies that indicate we have a shrinkage in our prefrontal cortex. Then we undergo capital T trauma and, growth in the volume of our amygdala and our limbic system.

A partner says, am I safe? Am I going to be okay? Right. And and that actually changes the way that our brain brings in information or memories, store information, how we process and perceive.

It's everything. Now, what I found was that there was a study that was so interesting that had participants take, personal stress inventory. You know, this is the one that says, have you been married?

This year? Have you been divorced this year? Is someone close to you died this year? Have you been given a terminal illness? Like, have you moved? Have you gotten a raise?

Have you gotten fired? Have you had a child like all of these kind of. There are things that you would usually not call trauma. They're called stressors.

And so the, you know, like then they after someone filled that out, an fMRI scan of the brain was done. And what was discovered is that people that report themselves as chronically overwhelmed have the same exact brain architecture changes as someone with capital T trauma.

And I thought to myself as I looked at this study and looked at the architecture changes on these two, you know, I thought, oh my goodness, I do not have a patient ever that doesn't report themselves as chronically overwhelmed, you know, and and I thought, that's so fascinating.

And so I started digging into that. And sure enough, you know, any experience we are by illogically wired to experience any kind of, betrayal, rejection as trauma.

So if you're put on the outside of the fire light circle and tribal days, then you know the saber tiger can eat you. And so any time, like one day you've got three friends on the playground and then the next day they've turned on you and you don't know what happened.

That's a trauma. But it's never going to be listed as the capital T trauma. You know, if you trip and fall in the lunchroom and the whole cafeteria laughs at you, that's a trauma that is never going to be listed on a capital T trauma index.

If you miss the spelling word and the spelling the publicly and in front of the whole school, you know, or your classroom, then again, it's going to be experienced as a trauma.

You can't get to the top of the presidential challenge rope, and then you're going to experience that as a trauma, even though it's never going to be listed as one of those capital T traumas.

We have a thousand of these thousands of them. Childhood is a jungle, you know, like walking up and not finding a place to sit in the cafeteria, right?

They're like, who do I sit with? Who are the same people? Who are the cool kids? Who, you know, who do I fit in with? Who where do I belong? These are all traumatic experiences that are happening hourly in childhood.

And so, you know, there's a whole process that happens that I show in the hurt model about how that gets set up as a pattern survival response inside of your system with an attenuating meaning and belief structure that then creates adaptive behaviors for the child, which become maladaptive in adulthood.

It's the stuff like, you know, when I have a patient that comes in and says, I'm good for a while and then I'm bad, right? I, I'm on the wagon and then I'm off the wagon and I don't know why I self-sabotage.

It's it's because those adaptive behaviors that were put in place, you know, to match the beliefs and the meanings that went with a certain feeling that you had when something happened, and then your nervous system response, all of that gets triggered and it just is done on autopilot.

And so if you have a day where you feel like your resilience is really strong and you're not getting bombarded with a lot of overwhelming energy, then you're probably going to be in one of what you would call your good days.

But then when that's not true, you know, Susie didn't get her homework done the day before. Johnny calls and says he forgot his lunch.

How Childhood Patterns Shape Adult Health

And, you know, like, you name it, whatever it is, the basement floods, you know, then all of a sudden, you know, you're unable to stay away from these patterned behaviors from childhood.

And then at the end of the day, you feel like a failure because you wound up binge watching a whole bunch of Netflix and eating Ben and Jerry's on the on the couch, you know?

And then you say, I need help with my hormones. That may or may not be true. It probably is. But at the root of it, you know, this is an adrenal fight or flight response, and it's triggered by what's happening here and your perceptions, not because you just innately have low hormones or adrenal fatigue.

It's all generated by your own thoughts. And so, you know, that's where I start working with people right away, you know, is on what are these patterned survival strategies and how can we track them and, you know, re pattern them, reframe them, rebuild them so that you're not in the sort of subconscious automatic pilot.

This is so important. Ladies I want to go there's this to you pieces that I just want to reflect upon. One your response to your own personal trauma and how you used it as a gift.

And I always say that I say it a lot with patients that I'm dealing with who have a cancer diagnosis, but also with autoimmune patients. And even in the menopause journey, I'm always it's always that point when they go, doctor stills, I am so glad I got this cancer because if I didn't get it, I wouldn't have learned.

And so I think that's such a beautiful thing. You brought up in something really important for the audience to really take in that our experiences can really be as painful as they are.

They can turn around and be our greatest gifts for growth. And we are here on the planet to to learn. And we can't rest that. Like that's the other thing is, if you're not there right now, please don't think you're failing.

You don't don't get there in a hurry because it's a digestive process. Like you have to digest everything and then get the nourishment and nutrients out and get rid of the crap, right?

Excrete it. And that it literally is a digestive process that you cannot rush. And so I do want to say that like people try and spiritually bypass all of that process and you can't do that.

You know, it is definitely a journey. We've been talking a lot about the journey and how important it is to mindfully be in that present moment, and that who you are is so much more important than what you are doing.

It's who you're being, and if you rush it, you'll miss it. And learning to breathe and relax and just be open to it, calling it in when it's ready to appear.

And then I just think what you're talking about and our, our inner child is such a key to healing. And you explained it. So like gently that we all, whether it's that moment in the in at the lunchroom table or not, that all of these things and we never know exactly which ones are going to really hit us big.

And even I think back as a as a parent, I always tease my kids. And they're older now. They're in their 30s, but I always tease them therapies on me for life.

I said, I always said, I said, you know what, good mom, I did my best, but I know that you're going to end up in therapy for something I did. So I got it covered and and yeah, as a, as a grandparent now I have such a bigger viewpoint of what this little girl, she's two and a half is going through and being so conscious and so mindful, knowing that we are creating her inner child right here, right now and really choosing my words.

And even with that knowledge, knowing that there's still going to be traumas. And she has a little sister arriving in two months. And I keep teasing and I say, well, here comes the first reason she's going to need therapy.

She know, like the star of the show, she's got a costar coming and back from I right there, you know, there's such an important piece to highlight and to learn to.

I call my inner child. She. Sasha. And I, she's named and she's nurtured. And when I got in touch with her and learned how to heal her because I had lots of those tears, big, small all around.

Yeah, that was the biggest growth in my life, in my healing journey. It was something that even though I had done and been on a healing journey for so long, it was that piece that really just wow.

It moved the ball in a big way. So I think the work you're doing is, is just so, so important and so, so what do what do you recommend? I mean, we can heal from it.

We can heal from the brain and the hormone changes. What do you what are some of your favorite things to to share for the listeners? Yeah, I, I actually depends on what I use the hurt model to help people track their hurt so that they can.

We start with where you're at. Right. So if you're having weight issues because you're an emotional eater, right. We start there and we reverse engineer.

If you are unhappy in a relationship or, you know, having relationship dysfunction, and you already know that, oh, this started when my parents got divorced and I was 13.

And then we start there. So it's it just sort of depends on where people are are at. So I do a lot of, deep immersion retreats using plant medicine or not plant medicine.

I do three day ones for non plant medicine and overnight ones for plant medicine. I do one on one therapy with people. I have a book called Solving the Autoimmune Puzzle that has a lot of worksheets and things like that to get started.

I just, you know, I also do the functional medicine part because if you're adrenals and hormones are off and it doesn't matter how much of the emotional work we do, it won't stick.

So and then by the same token, if you're not doing the emotional work and all you're doing is taking bioidentical hormones and fixing your adrenals, then that won't stick.

So I have a Ted talk called Have You Heard from Your Libido lately? And I talk about that like, yeah, you know, you have to not separate the mind and the body from your story and from your heart and your spirit, like all of it needs to come to the party.

And so, you know, some of my favorite, one of my favorite things to do is to just start with observing your own language to yourself for 24 hours, just 24 hours.

Pay really close attention to the tone you speak to yourself in internally what you're saying externally to others or to yourself. If you're live alone and what what's the content of it?

And you know, there's I don't know who counts this stuff, but supposedly 94% of our thoughts are recycled like we've had them already. And so, you know, is there a theme to your thoughts?

Healing Through Self-Reflection and Inner Child Work

These are automatic negative thoughts. And, you know, are they are you ruminating on a theme? You'll start to notice that if you start paying attention, this is developing what you would call the observer's mind.

And you're just starting to witness yourself. You know, just start with that. On the hurt model I have, you know, you have this initial stuff that happens when you're a kid, but then in adulthood, the model bifurcates over here.

An unwillingness to self confront means you keep that you're an automatic negative thoughts. You keep ruminating about them. You keep having judgment.

You keep doing what you've always been doing, and that leads to disease. And then it leads to disease. And then over here, the, you know, hurt model. That's the healing unresolved trauma study that I did.

The hurt model came out of my research. And then over here on the other side, there's another wheel that's that goes into adaptive memory processing rather than maladaptive.

In other words, the child mind is in control over here. Over here, your adult mind starts to have this curious compassion and a willingness to self confront and to say, you know, every time I'm unhappy, I'm present.

I wonder if I have anything to do with this. You know, the mirror, mirror, there's not just everyone else out here is wrong, and I'm the only one that's right.

And so you start to, you know, be able to have this compassion and self confrontation. And it goes through steps of how you start to, you know, identify your patterns, release them, enter into forgiveness.

You know, do. And then resentment can drain. I always say resentment is the most toxic element on the on the planet. It's not manufactured by industry.

And pour it into our air, water and soil. It's actually manufactured internally and our cells have to bathe in it and drink it and you know it and get choked by it.

And so that's that's the worst thing we can do in our own health and with our hormone balance. And as we go through menopause, it's a mandate to move from one stage of being a female into another where you're supposed to pause.

This is the time when you pause and you reflect and you start witnessing as you're going across the threshold from, you know, you're maybe if you've been a mom or a business professional or bulls, whatever your stage of life in your middle age is, then you're moving into Elder Head and, you know, as you move across that threshold, it's time to take stock.

It's time to say what's worked, what hasn't worked. What do I, you know, can I consciously create the last chapter of my life rather than having it be factory default settings from my childhood that were designed around trauma?

And so as I bond with others in my life and my trauma bonding or in my bonding from a place of power, you know you're a daughter of the stars. You know, like you're starseed.

And so when you say that out loud and you go, yeah, I'm the child of the divine, I'm. I'm the starseed. So then I bond from power, not trauma. And if I bond from power, that means that I'm bonding from a place where I am bonded with source, with divine goddess, whatever it is for you and and you take that into your next stage of life.

And that that's not giving the car keys to an upset child and having them drive you through the rest of your life, that's you showing up as your older, wiser version and then emanating that to all who come in contact with you because they need you to be in that place.

We don't need a bunch of Arrested Development princesses. You're all trying to look like they're 20. We need our elders, our matriarchs and crowns, like it's so important.

And it's just like what you're saying. You know, your granddaughter is so lucky to have you because you're very intentionally, you know, saying, okay, this is an inner child right now that's being developed.

So how can I best support that process, knowing full well that our jobs as parents and other fellow humans is to actually mess up everybody around us?

Because that's only that's the only way we attain wisdom, is to heal from that and to learn from it and to process and digest it and take the nourishment from it.

And so it doesn't mean if you're not perfect and you can't be parent or grandparent that you failed. It means that you've done your job and so, you know, but doing it as consciously as possible.

So that's, you know, it's it's what are your motivations? What are your intentions? Are you doing it consciously or are you doing it from, like I said, this sort of factory default settings of your childhood trauma?

This is it. This is the first time we're meeting and as you're talking and go. And she just says exactly what I say, I love it. This is like, this is this is why I wanted to host this summit.

Because you are bringing up the the pause, the clearing, the civil ity to move into this grown state of being in our wisdom. And I you say it so eloquently and I love it, and I feel it in my body.

And it's such a it's such a beautiful thing to feel this. I'm actualizing. I'm okay with who I am. I'm present. I do not want to go back to being 20 or 30.

No way. I loved my 40s and now I love my 50s and it just keeps getting better and better. I think one of Dante's Rings of hell should have been middle school.

It feels like if I were to design a hell, it would be middle school roofing. That day after day after day. And I, as noted, you know. Thank you. I know.

Yeah, I know, it's so great. I mean, I tell I told my daughters I don't crave any food anymore. I don't crave chocolate. I don't have a sweet tooth. I don't, you know, after I went through menopause about a year and a half ago, my body is, is just like one size.

I got rid of two thirds of my closet. I didn't even realize after having four children all these years, I carried three sizes and everything in my closet, and I now have gotten rid of all that.

I'm a solid size six. I don't I don't deviate from that. I don't crave food. I don't hold on to, you know, like the the moodiness that happens with those hormonal fluctuations like menopause when you're doing it consciously, you know, and you're tracking what all your levels are, including your thoughts.

And you're just really motivated for this as the outcome is, lasting. I mean, oh my gosh, to not have those mood swings anymore. Exactly. Like, you take your, your cycle and you're and it's a beautiful thing to be a woman.

And it is I mean, I would I loved it while I was there and I'm so happy to be where I am. Thankfully, I Mr. Right too. Absolutely. It is definitely a blessing.

I don't miss it at all, but yeah, so. And I love that you talk about digesting emotions because I practice a lot of I elevated to and that's such an Ayah Vedic way and thing that we have to digest emotions and emotions.

The whole range of them are okay. It's how do we digest them, how do we dance with our emotions? So I'd love if you just give like a little brief Ayurvedic.

We haven't really talked about your Veda and it's just so beautiful. And I'd love for you to just share a little what it means to you, to the listeners.

Sure. So I your Vedic medicine is the science of life. You know, and it's sort of like the owner's manual that you wish had been stapled to your babies by when they came out.

You know, it's like, yeah. So here's the caring and feeding of this being, which we didn't get and also for yourself. And so one of the things that your Veda says is it's an elemental framework of medicine, which means all of the elements that are in the environment are in us, and we are a microcosm of the macrocosm of the larger universe.

Ayurveda, Doshas, and Digestive Balance

And so when we think about it in that way, then I always say we're just like dirt, you know, we have all the stuff that dirt has in it. So with with that being said, I read it divides us up into these three types called doses, and we are a mixture of all three when we're born.

And those three are called in Sanskrit vada, peda and kapha and vada elemental is is like sand. And when you take grains of sand and you know, you let them go, there's a lot of air and space, there's lightness.

It blows away easily. Because Vada people have a lot of air and space in them. And so then the imbalances of about a person which the vada stage of life is menopause and beyond.

And so you, you also have a lot of time of day and you have but as seasons and cycles throughout life. So when we think about imbalances vada, it's going to be all the things old people complain about dryness, constipation, wrinkling up.

You know, the leaf on the tree that now loses all of its luster. That's going to be vada mechanism. And so you can get a little air headed, you know, a little, forgetful and in things like pains and dryness and, clicking, popping, cracking bones and joints, all of that brittleness will start to ensue in your system unless you are actively, consciously, feeding yourself properly for that, which would mean like a lot of good healthy fats and oils and warm, soupy things, you don't want to be crunching on ice and putting cold drinks in your body when you're eating, or you know, you have to keep your digestive fire nice and strong.

Keep a daily routine that's nice and steady and stable. So that kind of anchors that vada. If you think about sand, like I said, if you pour oil on the sand, it doesn't blow away anymore.

So that's how you can kind of think about it. A pitta person where a vada will be seen with thin lips, then hair, the tall or short a person is going to have a lot of undertones in their skin.

Perhaps freckles, moles. Yeah. Yeah, she's actually a typical I am too. I'm a I was a vada when I was born, and then I went through a really big spiritual, transformation, and I went I went into a cafe and my yoga teacher said that.

That's kind of rare. Usually don't change your first constitution. So. So pitta people are very smart. They have very sharp wit, sharp mind, sharp tongue.

And so then that can mean that judgment towards self. And then sometimes it leaks all over. Everything else can happen. The they have sort of a normal body type and everything's sort of medium.

The imbalance of a pen is going to be red, anything red. So menstrual disorders information, you know, anything that's inflammatory in nature can be up.

And then so I always say the dirt that represents pet is like the rain forest soil. If a bird's flying over the rainforest and drops a seed from its beak, you don't have to actually cultivate it.

That soil is so fertile and so rich and nutrient dense, and it just sprouts, you know? And that's the way a pet mind usually works. So they can be inflammatory mentally, spiritually, emotionally and physically.

So then the the last body type is kapha. And that one has where pitta is more fire and water, kapha is water and earth. And so the soil that kapha would represent is clay, where sand of Nevada is really light and blows away the clay stick a stick in it and it doesn't move, so it's immobile, stuck kind of heavier.

And so it's a heavier body type. It tends to hold on to like pus or water or, you know, like fibroids and sets and boils can be some of the weight being pancreatic problems, blood sugar imbalances, slimming.

You can see like these are all kapha imbalances. And so foods that provoke that are going to be bad for kapha. So sugar and heavy creamy things and coconut oil like there's a sort of pervasive idea that in our culture right now in the functional medicine world, that if you just eat healthy fats, it doesn't matter how many you eat, then then you'll get skinny.

That is not true for a cafe. You know, it doesn't matter how healthy your fats are, you can't be eating fat. That just doesn't work for a calf, a person, just a tiny little bit, you know, and it's very minimal for them.

So they thrive on bitter greens. Like I just had a smoothie just before this. I taught a course for the shift network, and then I had about 20 minutes before this interview.

So I went in and I made a smoothie out of a whole blender full of bitter greens. And what that does for me is it clears things out, right? Because the comfort of sitting still teaching, I can kind of feel my energy collapse in.

And so by eating bitters and putting some lemon juice and it with some astringent, it'll help to kind of perk that back up again. So so this is just how like I can navigate my own body and know what's good for it, you know?

And so anyway, that's that's I in a nutshell. Digestive process is king. And so we're always we're always looking at your tongue pulse diagnosis that your skin, your eyes, your facial lines.

It's your bowel movements, your urine, your body odor, all of it. To ascertain the language, that of your body, to find it's feedback that it's trying to give us because it's always talking to you.

Well, that's, fantastic. I your data, we're going to one and just, for the audience listening to realize that we really are individuals and we have constitutions, and our constitutions can easily get out of balance.

And I think that, example you gave of the fats is such a great one for, for kapha people. And, you know, some if you are calf, you are bigger bones, you are, you know, calf.

I my younger son is cough and I call my cough a bear and a daughter. I call the same thing. So, but, you know, he's just so earthy and grounded, big beautiful eyes.

And so there's beauty in all of our uniqueness and our difference. And the Air Veda so eloquently and efficiently and effectively helps you go through that and navigate it.

So love it, love it, and okay, now I have to shift gears, doctor. Sexology. All right. We are here. We are on this women's summit. What is that all about?

I said earlier that whenever anyone came in and sent the term, the champ went back to school, and I was often confronted with people that would come into my office and say, you know, you you prescribed bioidentical hormones to my mother, my daughter, my sister, my friend, my aunt, you know, and and they look fabulous.

And I want some of that. I want to be on hormones. And then I would start asking those very simple questions like, so what makes you think you need to be on hormones?

And sometimes it would be things like, well, I haven't had a libido for a long time, you know? And then I would ask the follow up question, which is very logical and rational, like, do you like your partner?

And often tears, you know, you had an affair five years ago. I've forgiven him, but I haven't had wanted to have sex ever since then. You know, or, gambled away our money and we went through it, you know, with the stock market crash.

And so I haven't really wanted to have sex since then, you know, and I would say, you know, estrogen and progesterone, testosterone aren't going to fix that.

And, you know, that's not that's not what they do.

Functional Sexology and Low Libido Causes

And I started seeing so many emotional stories and hurts and pains that were at the root of is that I went back to school because nowhere in PubMed was I finding the resources supported what I was seeing.

And that's when I went back and did my doctoral program, the Heart Healing Unresolved Trauma Study, and found that, oh yeah, there are five root causes to low libido, and there are two different kinds of libido that I've identified.

And and so I came out and I I'm the mother of functional sexology. So I teach doctors this all the time that, you know, this isn't the number one thing that women get if they say I don't have libido is first they're given a lubricant, which doesn't make any sense.

And secondly, they're given a serotonin reuptake inhibitor or antidepressant drug whose number one side effect is low libido. And so, you know, or sent off to a psychotherapist who has no training and doesn't know about, you know, sexual relating and health.

And so it's it's really messy for people, you know, like who do I talk to? And it's so funny because when I go to conferences and I teach doctors, this, you would be shocked, Sharon, how many pull me into dark corners and start telling me their sexual stories and how they want me to work with their wives or them or themselves as a couple?

Or I can't even believe how many men tell me I need to fix their wives and medical conferences. I'm just like, first of all, that's not a thing, right?

You're part of the equation. Power is out. So it's just it's so fascinating because when someone says, oh, you're a sexologist, this is your wheelhouse.

I want to talk to you, you know, and and there's like, a thirst. And when my, when my daughters were teenagers, I was the mom. I actually started doing permission slips because, I wanted parents to know, like, this was happening.

My kids would have parties where their friends would come over, and sometimes they would keep me up until 3:00 in the morning because I would do a fishbowl and they could write down any question they wanted and put it in the bowl, and I would take it out, answer it.

I mean, they were so hungry for real information, not the information that comes from porn or chat rooms or, you know, like or health classes that say you're going to get chlamydia and die if you don't wear a condom.

I mean, you know, it's like or abstain, you know, and so it's it's a real gap for this world. So sexology for me is the function of not necessarily intercourse.

That's how people kind of go. There is orgasm and intercourse, but more about the relatedness inside of you to yourself and you to others. Libido comes from the Latin word desire array, which means from the stars, which means that it's actually your birthright as a female to be able to have pleasure.

You have the only body part designed only for pleasure. Men don't have that. Theirs is like dual use, right? And women have a clitoris that's only for pleasure.

That's it. So, you know, that's the puritanical ethos about desires. Bad or I'm bad if I have it or I'm bad if I don't have it. You know, another piece that came out of my research is that 69% of women, after being in, one year committed relationship, no longer have spontaneous sexual desire and therefore feel broken.

And so, you know, to just learn that, like, you don't have to feel desire to engage with a safe, intimate partner that you love. If you know you've had fun before with this person and it's something that you know is healthy for a relationship, then you can actually commit to being aroused first and have desire follow.

And many people don't know that. They just think they have to be in the mood, which isn't realistic, especially if you're one of the many who always feel overwhelmed.

And you know, a zebra that's being chased by a lion knows that if it's about to get eaten, it's not safe to reproduce. And so therefore they're not going to have sexual desire.

There are hormones that are responsible for having sexual desire, and the brain parts that are necessary for desire are co-opted for survival, because survival always wins over reproduction.

And so sexology for me is untangling and finding and fixing your flow to your life force, vitality, and innovative medicine. We call it odious. I call it au juice.

So wherever that's blocked. Right. And that could be that you have writer's block and you're an author. It doesn't necessarily have to be intercourse.

It's your passion, your desire for life, your vitality and your creativity. And yeah I'm thinking wow that was those fishbowl nights. How how right, how badly did everyone need one of those?

Like, we just didn't get it. And we we get our information or lack of information and then we're, we're swimming around, not sure what to do in the fishbowl.

So what? What lucky children and children's friend. That. And before we finish, I'd love you mentioned the five causes of low libido. I'd love for you to just I'm sure women are like, well, what are they?

What are they. Oh, yeah, they're they're the same that are the five root causes for auto immune disease and cancer or obesity or any chronic illness. They're they're found in your body, your mind, your heart, your story and spirit.

So in the case of libido, body root causes can be hypothyroid, adrenal fatigue, having cancer and or auto immune disease. You know, libido is kind of the first thing that goes off line when you're ill, and it's the last thing to come back on.

And so body. Right. Mind if you've got mental constructs that say because the past trauma that you're not safe or you're overweight and you don't think that your partner's going to find you attractive, or they've even said that, you know, there's, there's like the traumatic mental belief systems that can go on emotional if you are, you know, having any kind of mood issues, like you're sad, you're you're disgusted by sex, maybe there's some despair, maybe there's some guilt, some shame.

You know, these are all going to inhibit libido in spirit. And then that that can be like, good girls don't, maybe wear a purity ring because you were in a Christian church that said, desires bad and you need to wait until you get married and then, you know, you've had your hose kinked.

And then when you get married, you're supposed to be able to turn it on. And that often doesn't work. So, you know, there's maybe there's a, an eastern philosophy that espouses that, you want to channel that Shakti and not use it for sex and, you know, are all kinds of things in spirit around that, that can get in the way of libido.

And then story is going to be in your libido map, which is one of the terms I coined, where as you were introduced to the, you know, sex, did you have trauma, right?

And so and your libido mapped, you can have wounding along different ages and stages that will affect your adult libido. And then there are two kinds of low libido.

One is acquired, which is the woman that comes in and says, I love my partner. I've always loved sex. We've had a great sex life. I went through menopause, and now it feels like I have cut glass in my vagina.

That's a clear you know, like acquired low libido due to a very specific reason. And you do an adrenal and hormone test and you fix that and off they go.

There's also innate low libido. And that's when I ask the question, when's the last time you had a libido level that you were happy with? If they start crying and say, I never have.

Once again, estrogen, testosterone and progesterone are not going to fix that.

Closing Thoughts and Free Quickstart Offer

And the most common reasons for innate low libido are trauma. And also, things like OCD, anxiety disorders. Yeah. So those are those are the libido in a nutshell.

Thank you. Well, I'm sad because our time is up and I just want to chat with you for the rest of my day. We covered so many. We did in realms, just this is, this is a good one.

Ladies, you're gonna want to listen to this again and again, because there is so much to digest here. And you're gonna want to digest it and really think about where, you know, what really speaks to you and what's something you can start working on for your journey.

So, wow. Do you have, a gift you want to offer to the ladies who want to learn more about you? Yeah, I have a,

what I call a 21 day quickstart program where you get 21 emails a day at a time, drip down where they are.

What I think of as hormone hacks that are in that body, mind, heart, spirit category. So, inside of that space, they're really simple, easy things that you can do.

I'm, I'm one of the busiest people I know, and I'm not overwhelmed by it. I'm grateful for it. I love the work I do. I'm so grateful to live in the era I live in, you know, and to be able to have the blessing and honor and privilege of doing what I do.

And so I, I put together things that have worked for me that aren't tedious and take a lot of time that you can quickly implement and start to see, quick turnaround.

Okay. The summit host can sign up for that too. Right. Right. Well thank you for taking time to be here with us and share your grace, beauty and knowledge with all the audience.

I know you're very busy and I appreciate you being here. And from my heart to everyone listening, I just want you to bathe in this conversation. I just feel my whole being lit up from everything we talked about in such important pieces.

As we journey as women through these hormonal stages. So be well, everyone, and we'll be back listening at Sin Divide.