You're Not Crazy - You're Suffering From Hormone Imbalance
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Dr. Kathy Maupin: Welcome to BioBalance Health Podcast #27. I'm Dr. Kathy Maupin the medical director of BioBalance Health. And with me is Brett Newcomb. He's a counselor, here to help us understand a statement that my patients make when they come in for their new patient visit. "I think I'm crazy, I think it's all in my head. Please tell me it's not." And he's here to tell all of those who have physical problems, physiological problems with hormone loss that they are actually not crazy.

Brett Newcomb: Well they're not crazy. And a lot of people don't know it. People get labels. People get attitudes in their head. They are told by family members or by physicians "There's something is wrong with you." And they internalize that message and they adjust that behavior, they adjust their behavior to try to present themselves as though something is not wrong.

KM: They are great actresses. They come in, they look perfect. Everything is fine. They don't crawl in like I did. I was miserable.

BN: One of the things I love about these conversations is you always use the feminine, because you focus on the feminine mindset.

BN: I was thinking more about men who are beginning to have erection problems or who are beginning to not be able to function in the way that they have historically functioned.

KM: Interestingly enough, in practice, men don't think they're crazy. They think that there is something terribly wrong with their bodies and that they are really sick, that they are going to die.

BN: My friend is dying; does that mean I'm going to die?

KM: Yea, that's right. I'm not getting enough blood flow there so am I going to die, have a heart attack? And some of that is a nugget of truth in terms of when your testosterone drops you start getting atherosclerosis and then yes, it does lead down the line to that issue.

BN: Well all of those deterioration changes that we have not had the medicine to understand and the psychology to understand them, at least not necessarily the professional psychology to understand them, has been to say you're just depressed, or you're just getting old, or that's the way our bodies work so make adjustments. So people attempt to do that. And the really sad part that I see in relationships, and in

marriages, is that they don't communicate with each other about what they're afraid of. You and I were having a conversation earlier about how aware men generally are about the way their bodies function. And what you say from your conversations with them is that their awareness is pretty localized.

KM: It's very localized between the knees and the belt.

BN: Women, on the other hand, are taught from infancy to be aware of not only their bodies but everyone they're responsible for. They keep track of all the allergies and treatments and medicines and injuries that everyone around them has had. And they're very sensitive to nuance changes within themselves. And so when those nuance delicate changes begin to occur in their functioning they go to see a physician, generally a general practitioner, and they say something is happening or my husband is not happy with me. I'm not sexually responsive the way that he wants me to be. Is there something wrong with me?

KM: And the physician is thinking 'that's not my job. Wait a minute.'

BN: Exactly. I don't know this stuff, I'm not a sex therapist, or I'm not even potentially a gynecologist. I don't know all of that but what I know is people get old, bodies deteriorate things change. So the say you're getting old, bodies deteriorate, things are changing. They may say you're depressed, why don't I give you something for anxiety or depression that you can take and that may help. And the depression and anxiety medicines often have side effects that impact sexual performance.

KM: Yes they do. They're very impaired. They feel happy but their sex life is terrible.

BN: Well those antidepressants or antianxieties often put a floor or ceiling under how far you can fall or how high you can go. They don't necessarily make you feel happy, they don't dope you in any particular way.

KM: But then nothing really bothers them. They just come in and say "I don't feel anything anymore".

BN: Yea they get flat, they get numb. And sometimes people get numb because they've learned how to numb themselves as a defense mechanism, which enables them to just go away somewhere and not feel the things that are going on. My side of all of this, or my concern about all this, is to talk about the habituation patterns that people develop in relationships and the conflict that that can lead to both before and after the kind of treatment that you offer. People that have made accommodations to fit within a range of acceptability in terms of sexual performance. Couples that have an imbalance in terms of desire or frequency or that have differences.

KM: And in that, the desire issue that Masters and Johnson talked about. It is like being hungry. Some people love to eat a lot and some people don't like to eat very much but they like to eat often.

BN: Bodies have different rhythms and needs.

KM: That's the same kind of thing as the difference in couples in terms of sexual desires.

BN: Right, part of what I have to do with couples is to talk to them about that. People ask me all the time what's normal, what's average, what are we supposed to do? And what I talk to them about is finding what the over lapping comfort zone is for the two of them so that they're okay with what they're doing, so they're not worried about a label like "normal".

KM: Right and they have to negotiate a deal.

BN: And that means they have to talk they have to communicate.

KM: And that's a big problem because they don't usually talk. It's supposed to be something you know. Especially with women. Women think their husbands know what they want, what they need, what they don't want. They think it's just part of being a guy.

BN: Yeah, you think it's instinctive. We grow up in a puritanical society where we receive mixed messages about sex and sexual behavior and sexuality that is conflicted or compounded with all the mass media messages that we get around eroticism. So we have these conflicts as an adolescent or as a teenager and you think you know from the movies that you see or the jokes that your friends tell. You think it's an instinctive response to know how to be sexual and compatible. The sexual part may be physiologically instinctive but the compatibility part is not. And the performance part is something that needs to be learned.

KM: It's like learning how to dance with somebody. That's what people kind of describe, and then they've lost the tune.

BN: Well, exactly. Unless you're always going to dance alone.

KM: They've lost the tune, they can't follow the music anymore and then they also don't want to dance anymore. So those things come back, but then they've adjusted so much to it that even though they have the desire, they slip back into counting the dots on the ceiling or whatever. They slip back into going "okay, I'd rather be doing the wash". Even when they have the desire back.

BN: We've overlapped clients, which is how we've come together. Some of my clients were seeing you and some of your clients were seeing me. So they've talked to each of us and it's not at all unusual to hear somebody before the treatment protocols that you do with the bio-identical hormone replacement to say "yes I felt it slipping away but I was glad because the pressure was going away." You know I had an excuse to hang it on. You know my doctor said I was depressed. Or my doctor said I was getting old. Or

that's just the way it is you need to adjust. Why don't we play pinochle or why don't we go for a walk. And you need to get over that because that's over."

KM: Yeah, their lives are over at 45, or their sex lives are over at 45. Which causes conflict.

BN: Which is so sad, and hurtful, and angry, especially if you're 10 years older than your partner and you're having those changes and your partner is not.

KM: Even in the same age group a lot of men don't have changes until after 50, so the women are getting this change starting at 40, or I have a few patients who are 38. Or women who have had hysterectomies at a much younger age for endometriosis, generally, and they have no ovaries, they lose it then. The best predictor, as you've said, of if you're going to have sex when you're 80 is if you're having sex when you're 40. And, within a couple, you have the habits. And even without hormones some of those habits continue.

BN: And that's what I want to talk about today because when they come in where they've created a habituated or adaptive pattern that incorporates loss. And then you do the treatments that you do that replace the loss.

KM: And let me just state that what we're replacing, nobody else tends to think they need. They write articles in medical journals "Do women really need androgens?" I mean it's ridiculous. It's so far behind what the public needs and what the baby boomers need.

BN: Don't you like it when men decide what women need?

KM: Yes. I love it. I was in a conference once. It was all men way back when and they said "women don't care if they have periods until they're 80". And all the men are nodding their heads And I'm in the back of the room and I put my hand up and I said "Excuse me I take care of 1000's of women and they don't want a period after menopause by the way". And this guy was furious. But they had to hear that.

BN: Yea you stepped on his parade.

KM: I did.

BN: Good for you.

KM: There's a lot of that going on. Women are just now, in the medical, in the GYN community, we are even in terms of number so we haven't really had a voice. We were taught by men. And often, until I kind of broke away and did my own research, we were telling people what the male teachers taught us. Now we're the teachers.

BN: And the question then becomes which is it, perception or science? Is it a masculine perception or is there a science to support the position that you had?

KM: The science supports what I do and the way I do it. The way I do replacement is I give testosterone pellets, and estrogen pellets if necessary, but testosterone is the key hormone to most of the aging problems that women have, and men as well but later in their lives. So when they come in and get that they then feel like they are 35 again. Unless there's intervening medical problems which kind of complicates matters.

BN: Like diabetes or blood pressure or something like that.

KM: Right, and so they go back to square one. They have their desire back they don't know how to use it. And so that's why they're really not crazy, they don't think they're crazy anymore, they feel justified.

BN: And that's where then, after the treatment with you, they need to come back to me or someone like me to work on awareness and attention and communication, discerning how to match rhythms, if not again then finally. And that comes through talking. It comes from being able to share. These are the things I'm interested in, these are the things that feel good, these are the things that I'd like to have. Where are you with all of that?

KM: You have to set up time in your day to do that. And, some people don't do set up time in their day. They don't say "honey I want to talk." Usually that is a bad thing. That's probably not a good way to approach it.

BN: I can attest to that "Honey we need to talk" and your first reaction is "Oh crap. Honey what have I done now".

KM: That's probably not a good way to approach it. So even a deep discussion is not always fun because it's like touching a hot stove. Most of those deep discussions are bad instead of good.

BN: But I don't want people to start with a deep discussion I want people to try to break the habituation pattern. What happens is, it goes back to learning habits. We were talking before we started the podcast. As a child when you learn a new skill set like tying your shoes you have to pay attention to it, you have to focus on it, you have to break it down into learnable segments. And so it takes your full concentration.

KM: Such as what? In terms of sexual activity, what are we talking about?

BN: Well in terms of intimacy, in terms of relationships. What happens is when you first meet somebody and you are infatuated you really pay a lot of attention. And then once the relationship is established and I have a sense of what your rhythms are, what you like or don't like about how you are, what jokes you'll laugh at, how to set up and encounter all of that. Then I start to respond to my sense of that, rather than to continue to watch you. So over time there develops a gap between changes you're making as you mature and develop and grow, as your interests change. And the way that I'm behaving toward you, the way you're behaving towards me. I got married at 19

years old. I grew up in a family that didn't like pizza, never ate pizza, went off to college and everybody ate pizza and I was like "no". So my wife, who loved pizza, learned that I didn't like pizza and 20 something years went by and we were having a discussion one night about "well what would you want for dinner" and she said "I'd love pizza but you hate pizza" and I just started laughing hysterically because over those 20 years I had accommodated enough, surrendered enough, experimented enough and I had learned to like pizza.

KM: And pizza really means something that she really liked, like sexually and you didn't really care for.

BN: Yes so you learn to make those accommodations out of love, out of affection, out of grace, out of a desire for peace. But you internalize some of those messages and you change, and you adapt. Part of the issue that I have in a dysfunctional relationship is how much attention, how much consciousness are you bringing to the conversation, how much attention are you paying to what she likes. How she likes to be touched. You know we were talking the other day about sensory issues and that pressure is comforting and calming but sometimes a light touch or a light stroke or a tickle touch is irritating and frustrating and for some people painful.

KM: Yes, it depends on the person.

BN: It depends on the person, so what you have to do is pay attention. And find out what this person likes and then when you want to be close to them, be intimate with them have them, feel good about them being with you and you want to touch them in the way you know brings them comfort and pleasure and satisfaction. So whether that is eye contact, whether that is dancing, whether that is walking holding hands, whether that is smiling, whatever that might be on a spectrum of stimulus events. You want to pay attention. And so what you have to do is to break the natural human tendency to habituate. Ok this worked the last three times it'll work the next five thousand. People change, things change, bodies change.

KM: And in this age everything changes. I mean it's one of those things where they feel like someone else has invaded their bodies. Their body is not even theirs. Their brain is not working appropriately because they've lost, sometimes, they've lost both estrogen and testosterone. But testosterone is key for being able to think they can't do what they used to do productively and they feel like they're not even there.

BN: So you reset the body clock but you also have to reset the behavior. You have to be infatuated again. You have to fall in love again. You have to pay attention again, or for the first time.

KM: That's one of the issues, because some people just were in lust and got married and then they lost the lust and then they quit paying attention.

BN: They just become a merger, a business arrangement functionality.

KM: Or they had multiple children and the children took a lot of time and they just grew away from each other. They didn't have time or intimacy, or it depends on your house. Kids in your bed or disturbances. That has always been one of the issues that parents talk to me about, how do we get around that and now that we've lost our sex lives, how do we get it back now that we have desire. And now we don't have kids in the house, empty nest.

BN: Happy, satisfying relationships where the bodies are healthy and capable of functioning involve attention, and focus and communication and if you didn't know that before you have to learn it now.

KM: That's very good and no, you're not crazy. You just need hormones and counseling.

BN: You're not crazy, just unskilled.

KM: Just practice, practice, practice. Thank you very much Brett for giving us all of your information that you give to your patients and your office and lecture about. This is our 27th Podcast . We're going to continue to do podcasts on interesting subjects that our patients bring up. You can listen to our podcasts at my website biobalancehealth.com. You can go to drkathymaupin.com and read our blog which is generally a transcription of this plus other things that I like to write about and patients have asked me about during the day so I sit down and it's like diary.

BN: And Kathy, what if they don't just want to read or listen. What if they have a question or a need a more immediate response what can they do?

KM: Well we take questions by email and then if the patient wants to we will answer them privately. And then sometimes we do, you do, open yourself up to us talking about the problem.

BN: Which we're going to do in Podcast 28.

KM: That's right. So if you have any questions you can email us. Or you can call my office to make an appointment which is 314-993-0963. We're in St. Louis. I look forward to next week, talking about "How to Make a Medical Decision".