#663 Why Libido Fades in Menopause and The Hormone Fix Most Doctors Miss | Jennifer Gularson

Dr. Wendy Myers

Welcome to the Myers Detox podcast. I'm Dr. Wendy Myers, and on this show, we talk about everything related to heavy metals and chemical toxicity, the health issues caused by toxins, and more advanced topics than you'll hear on other shows. We talk about libido, hormones, biohacking, bioenergetics, and all kinds of other topics.

Today, we have Jennifer Gularson on the show, and she's going to be talking about libido. Specifically, she will address loss of libido in menopause and perimenopause, and all the underlying root causes such as stress, sleep, metabolism, and other issues. Of course, toxins are a big factor. We don't go into that on this show, but it's very well known that heavy metals and chemicals interfere with our hormones, so just another aspect to add insult to injury.

In menopause, our hormones decline dramatically. We talk primarily on this show about hormone replacement therapy, but also strategies for sleep and for improving stress and our metabolism, which affects our libido as well. So, it is really a good show today.

Our guest today is Jennifer Gularson. She's a well-respected expert in women's midlife health, functional and integrative medicine, longevity science, and natural aesthetic enhancement. She's in practice at the Osteopathic Center for Healing, a unique medical practice known for delivering elevated concierge-level care to patients, and specializes in helping women navigate perimenopause, menopause,

and complex chronic health concerns. You can learn more about her work at yourbestlifewithjennifer.com. Jennifer, thank you so much for coming on the show.

Jennifer Gularson

I appreciate being here. Thank you.

Dr. Wendy Myers

Why don't you tell us a little bit about your background and how you got into health?

Jennifer Gularson

I've always been interested in health. I was a college athlete, and I think using your nutrition and watching your body break down and build back up was part of my overall education and childhood. I went to PA school right after college, and we are traditionally trained, as you know, to do family medicine. I got into some oncology for a couple of years, did family medicine, and then found myself at a med spa where the owner was going through menopause, and that wreaked havoc amongst all the employees. So we started treating her and a lot of our other patients and really became one of the well-known hormone clinics in that area.

About six years ago, I came to the Rockville area, where I've been in practice here for six years. So I do a little bit of aesthetics, and a lot of hormone replacement and functional medicine. A lot of the women come in seeking hormones, but they end up with a gut program, an adrenal program, really fixing their sleep and dialing in all of the things around their hormones so that the hormones actually shine.

Dr. Wendy Myers

Let's talk about libido because this is something a lot of women are struggling with. They want to have a libido, and it's just not what it used to be. So talk to us, what are some of the reasons that libido changes during menopause?

Jennifer Gularson

As with everything, and I'm sure your listeners know, it's not just one thing. It was funny recently when I was with a bunch of my girlfriends on a cabin trip, a girls' trip, and most of our conversation revolved around, one, how to get more protein into our diets and how to do it, how much, what supplements, and then number two is, where

did my libido go? I like that women are talking about it and feeling comfortable, because I grew up, and I think we're about the same age; I grew up in the '90s, when HIV was a big thing. I don't know if we were exploring sexually.

So now women are sort of having this conversation. They're like, "Okay, the kids are gone. Why don't I want to have sex anymore?" It can be a combination of things. As they often say, is it my partner? Is it me? Is it my hormones? All of those things absolutely can happen, but we are probably busier now in our 40s and 50s. We're doing more career-wise. A lot of our kids are into activities where we're running around. We're probably running companies. We're doing more, and so the sleep starts to decrease. The stress starts to increase, and all that happens is your ovaries start to poop out on us. So our hormones, all of our hormones are decreasing with the...

Dr. Wendy Myers

Then your added stress, where cortisol plays a role, which you talk about so much all the time.

Jennifer Gularson

Yes. It becomes multifactorial, so the approach to correcting it can be multifactorial also.

Dr. Wendy Myers

Let's talk about the most obvious, low testosterone.

Jennifer Gularson

Yeah.

Dr. Wendy Myers

I want to just start with that. We'll talk about stress, sleep, and metabolism and all that stuff. But when you hit menopause, you don't make much testosterone at all. And this is my case also. I went into menopause about six years ago, and then I was like, "You know what? Maybe I should get a hormone test." For women, it's supposed to be 100 to 200. Mine was two.

And I'm like, "Oh, that explains a lot." Men are supposed to be upwards of 6, 7, 800 to 1,000, but mine was two. So I'm like, "Oh, that explains a lot." I took hormone replacement.

Jennifer Gularson

You were limping all along.

Dr. Wendy Myers

Yeah, I took hormone replacement. I'm like, "Oh, wow, this is what it feels like to be a guy, to have a libido. This is great." So can you talk a little about that?

Jennifer Gularson

As soon as your ovaries go by the wayside, and even in perimenopause (I'm treating a lot of women in those, in that 35 to 45 age range), the testosterone does start to tank. Another reason is your adrenals get a little bit taxed, and adrenals make your DHEA, and DHEA can then be converted into testosterone, but not to the amount that you're used to when your ovaries are fully functioning. So replacing that is really important for the right people.

It's always a conversation, obviously, about pros and cons. I'm glad you're talking about it, because there is a lot of pushback from other clinicians who don't feel comfortable prescribing testosterone for women. They don't feel that it's a hormone that women need. They always say it's a male hormone. And then I even hear that perimenopause is fake, that it doesn't really happen. Then the numbers. In my labs, even you would be low, but when I get labs on my patients, 4 to 50 is normal, but we know that women usually feel better between 50 and 100.

Also, they're not testing the free testosterone, so that serum-bound testosterone is just that number, but your free is actually what you have to use. So a lot of people are not getting that tested if they can get their practitioner to test it. And then once that's established, there's low, there's normal, and then there's optimal. It’s difficult trying to understand or trying to convince your practitioner, like, "Yes, I know it's 20, but I have all these symptoms, and I just would like to try it to see if I get a boost."

Dr. Wendy Myers

What are the options for testosterone replacement? Like, what are the forms?

Jennifer Gularson

Right now, there are no FDA-approved forms of testosterone for women, but there is a consensus that about five milligrams tends to be about the dose, and I range it anywhere from an older patient, one milligram, up to six, seven, eight milligrams. It just depends.

Dr. Wendy Myers

That's per week?

Jennifer Gularson

Actually daily.

Dr. Wendy Myers

Daily, okay.

Jennifer Gularson

So we use our compounding pharmacies. I'm a big proponent of compounding pharmacies to give us their exact dose. You can use it as a daily cream. I have a prop that I show my patients. It's usually dispensed in something like this, where it comes out the top, you just do these little clicks and it gives you an accurate dose. You now have cream on your hand that you can rub on the inside of your thigh, back of your legs, and some women prefer to do it on their arm. That is one form.

I do have some patients have me put in a prescription for a male dosed packet, where they then take a syringe, suck up the gel, and then dose it that way. For me, if they're comfortable doing that, that's fine. But sometimes that can be a little tricky. Another option is injectables, which is what I tend to do, and that is you use a tiny bit, like a 10th of what men usually inject, and I inject once a week subcutaneously. It doesn't have to go into the muscle. We used to say it has to go into the muscle.

The third option is pellets. Those are little subcutaneous little pieces. They look like rice, little grains of rice that are placed in your subcutaneous fat, and they dissolve over the course of about three to four months, depending on dosing. They get a bad rap, but I think in the right hands it can be an absolute game changer for some women who can't remember to put the cream on, they don't get good absorption, or they just have needle phobia.

There is oral testosterone, but the dosing is geared toward men, so I don't offer that for women right now.

Dr. Wendy Myers

I've done the pellets before. I think they can have some issues where it goes in a curve. It's a really low dose at first, then it gets really high and you're thinking about sex all the time. Then it slowly starts to peter off and you don't have as much, and it can be kind of hard to deal with that. You're not getting this even dose all the time. But it's probably not the end of the world either.

Jennifer Gularson

Again, I offer all modalities because everybody's different. I often say to patients, "If you choose one modality and you want to try another one, you absolutely can." You can switch between things. I have patients who just get needle fatigue and just don't want to inject, so we'll do a pellet or go to a cream for a couple months. So it's nice to be flexible with your dispensing. They usually put the pellets in your butt, so...

Dr. Wendy Myers

The pellets are put in your hip area.

Jennifer Gularson

Like where you would put your wallet.

Dr. Wendy Myers

It takes a few days for that to heal as well.

Jennifer Gularson

Yeah, no squats.

Dr. Wendy Myers

No squats for three days.

Jennifer Gularson

No hot tubs for three days because you want that to heal.

Dr. Wendy Myers

Absolutely. I just wanted to mention that. Let's talk about stress. I think that's a big factor because when you are making stress hormones, you're doing that at the expense of sex hormones that would charge your libido. So can we talk about that?

Jennifer Gularson

When your cortisol is really high, they call it the cortisol steal. That cascade of sex hormones is sort of interrupted, and your body is pre-programmed to go ahead and create that cortisol, which can disrupt your sleep, which then disrupts your hormone production even more. It gets sort of in that vicious cycle.

Anything we can do to reduce stress is important. It may mean changing jobs and changing your lifestyle. It could also include sleep, your diet, breathing, yoga, not going to CrossFit every single day and burning yourself out. Things like saunas can be restorative and give your body a break from the constant pounding and the stress that we have.

Dr. Wendy Myers

One way I reduce stress is walking.

Jennifer Gularson

Oh, yeah.

Dr. Wendy Myers

Also really honing in on sleep, which we'll talk about in a minute, and that's easier said than done. I use a PEMF mat, a pulsed electromagnetic field mat, which really relaxes you. An infrared sauna gets you into that sympathetic nervous system as well. But there are many ways to do it anyway.

Jennifer Gularson

I love all your modalities. Those are all the heavy hitters.

Dr. Wendy Myers

I also take GABA. So I take a product called Gabatrol because I think a lot of people are just under so many different types of stress that we use up all of our GABA, which is the brakes for cortisol and stress hormones. It turns them off. So if you don't have enough GABA, you're going to be drawn towards Xanax or be drawn towards

benzodiazepines or other medications that help you to relax and sleep. But you can supplement with GABA, and I think that's a huge game changer. Again, it's called Gabatrol. You can get that on Amazon. That's a big game changer for a lot of people who are just trying to reduce stress, but nothing is really working, or they just still aren't making the right hormones or are still not sleeping. That's a big game changer.

Jennifer Gularson

I also like oral progesterone for that reason. Even if you don't have a uterus, you can take oral progesterone. For most people, I would say, like, three-quarters of people, it definitely helps increase that GABA. The other thing I like is ashwagandha and L-theanine helping to relax and, and bringing down the cortisol level. The ashwagandha really does have good studies showing that it does lower cortisol.

Dr. Wendy Myers

Let's talk about progesterone more, since we're talking about hormones. I just wish I had done hormone testing in my early 40s when I started having a lot more stress, or I just started feeling more stressed. I don't think my stress levels changed at all or my life circumstances. I just felt more stressed and had worse sleep. I spun my wheels for years, even as a health professional, trying to figure out why I wasn't sleeping or why I felt more stressed, and I just needed progesterone. I think that was a big factor. Even after age 35, so I did more of a let me try and see versus testing.

I was like, "Let me try this and just see if this works." I had an IUD, which just treats my uterus. It wasn't giving me the systemic progesterone to help with my brain. So even if you have an IUD, you can use some oral progesterone.

Jennifer Gularson

When you are in your 30s, 40s, your egg quality sort of plummets, and the progesterone is what's made by the shell left after the egg leaves. The shell is supposed to create that progesterone, and that typically is the first thing that women notice. They notice the symptoms. They just don't know why it's happening. So giving some women in the second half of their cycle a little bit of progesterone just to try it out and see if that helps, especially if they have a high PMS right before their period when everything drops.

For me, it's sort of the first thing I try, and I like sustained release, especially if women have anxiety. Like you noticed, you just aren't as resilient. You can't juggle as much. You used to remember everything and do 50 things, and now you can only do 10, and that's with the help of sticky notes and Post-It notes. But the progesterone really does help, and if you are getting better sleep, then everything else is going to be so much better.

Dr. Wendy Myers

The progesterone was life-changing for me. I was like, "Why didn't I know about this earlier?" I mean, I actually did. I tried some progesterone creams, like some five milligram progesterone, but I need 400 milligrams a night of progesterone. So five milligrams was like, this isn't working. I don't need this. I think women need to be very careful about maybe over-the-counter progesterone or that might work when you need very little. And I didn't...

Jennifer Gularson

Yes, maybe in your early 30s, but once we get a little bit older. When you do use cream, you're not getting that mental stimulation. You have to use it orally to get that GABA production.

Dr. Wendy Myers

Interesting.

Jennifer Gularson

And when you take that progesterone, you're more relaxed. You get stress resiliency. You're sleeping better. The first night I took it, I was just knocked out. I had such a good sleep, and I couldn't believe it, but you kind of get used to it. Usually you have to start increasing the dose slowly over time, but that is such a game changer. Women, do yourself a favor and go get your progesterone checked, please. It'll make your life a lot smoother.

Dr. Wendy Myers

Yeah, and then when you have less stress and better sleep, that has an effect on your libido.

Jennifer Gularson

Yes, it can. I think one thing with stress, it is eliminated through safety. Women need to feel safe within their marriage, relationship, and their partner. They need to feel safe that everything's sort of done, that their checklist has been checked off. So if partners are listening, if you can just take something off of your partner's list, you might have a change in the libido just because of one less thing.

It means feeling safe in a relationship, feeling safe that you're not going to get walked in on with either your dog or your little ones, feeling safe in that you can step into your femininity, relax, and take this moment for yourself. Professional women, they just feel guilty about taking time for themselves. This is something that they need to take time for and then feel safe and secure that this is going to happen. That way you can relax and sort of get into that parasympathetic, not as stimulating, and then something might happen.

Ads 17:48

GMOs and pesticides. It is made with all clean ingredients. They have a bourbon vanilla flavor with real vanilla seeds from bourbon vanilla from Madagascar, which is the best vanilla in the world.

The dark chocolate is made from organic cocoa powder. And that's really important because cacao is very, very contaminated with heavy metals. They, of course, test every single batch. Honestly, it feels really good knowing that I'm taking the highest quality protein powder. It's made from whey. A lot of plant proteins can have heavy metals in them. They have problems. Soy is genetically modified unless it's organic. So this is clean protein tested for safety with total transparency. You can get Puori's fantastic whey protein powder and use code WENDY20 at puori.com/wendy20 to get 32% off your first Puori grass-fed whey protein powder order when you start a subscription. Again, go to puori.com/wendy20 and use the code WENDY20 and get this limited-time offer

Dr. Wendy Myers

Let's talk about estrogen since we're talking about hormones. Estrogen makes things grow and swell up, and for a lot of women, they don't want to have sex because it hurts. Part of that is that while testosterone gives you the lubrication, the estrogen helps the tissues to swell up, and so it's more comfortable. Can you talk a little about that?

Jennifer Gularson

I think there are two distinctions to be made here. One is your vaginal estrogen and using vaginal estrogen and some vaginal testosterone and DHEA, and then systemic estrogen. Things like oral estrogen patches that are now on short notice, and then some higher dosed creams that you can put on your skin or gel. That's going to systemically treat you from head to toe, your hair, brain, and then everything down. So getting back to that safety, if it hurts to do something, you're probably not going to want to do it.

I think all women after the age of about 35, even pregnant women, women on birth control pills, women who are nursing or postpartum, have vaginal dryness, and it's normal, but you shouldn't suffer through it. So there's prescription medications. It's a very low dose of estrogen. They have creams and little tablets that you can insert

vaginally. You can use DHEA in the form of Intrarosa, which is a prescription, or you can use a five milligram tablet. I have my patients do that all the time. You can compound a cream or use a little bit of testosterone cream vaginally.

But yes, you're right. Women need to understand that they need longer foreplay because it takes about 20 minutes to get the blood to your pelvic floor in order for the estrogen to work to lengthen the vagina out so that you're able to have sex, to lubricate properly, to relax, and to get into the mood. Remember that we are Crock-Pots. We take a little while to get going, and just because your partner is ready to go, you definitely need that time to relax and then have that pelvic floor full of blood so that you can actually enjoy it too. Studies show that 20% to 30% of women can have orgasms through penetration. The rest of them need some sort of stimulation, clitoral stimulation, in order to enjoy an orgasm.

I'm reading a book called *We Can Have Better Sex*. One of my professional book clubs is reading that, because people have so many questions. And in there they definitely talk about the time that it takes, the safety, the relaxation, and all the things that it takes for a woman to climax. One of the big things is that pelvic floor blood flow. You want blood flow to the clitoris in order for you to have better sensations. And that's another complaint I get stating, "I just feel dead down there. Like, the feelings aren't as good," or, "I get really close. I just can't go over the edge."

So that's where a lot of these interventions can help to lubricate, to bring blood flow and feeling back. You just have to be a little bit patient with yourself. It's not going to be the same as it was when you were 20. But it will happen.

Dr. Wendy Myers

Also, when you first start hormone replacement, it takes time to ramp up.

Jennifer Gularson

Oh, yeah.

Dr. Wendy Myers

They just want to give you a little and then just kind of see where you're at, and then wait a few months, and test again. Then they'll increase it a little bit more. So it can take six to 12 months to get you where you need to be hormonally optimally.

Jennifer Gularson

Even with the testosterone, I tell patients, "Don't love it or hate it for at least two or three months, and if you want to discontinue, please message me. Let's talk about it. Let's see where you are, and maybe we can do something else or add to it, or increase the dose, or change the modality."

Dr. Wendy Myers

So let's talk about sleep and how that can affect libido because that's something so many people struggle with. It can be very complicated. But what are your thoughts on sleep in relation to libido?

Jennifer Gularson

I think that if you are thinking more about going to sleep rather than having sex, then that's the problem. It's probably your body's telling you that you need to slow down and take care of yourself. Although, if you do have sex and have an orgasm, the oxytocin actually helps flood your brain with relief, and can help you sleep as well. But sleep definitely is going to help you be in the mood.

I talk a lot about sleep hygiene, like what is your room? What's the temperature? What's your white noise situation? What's your blue light? You know, we have lights, these little pesky lights everywhere. I have little sticky notes on some things just to block it. Room-darkening shades, masks, earplugs and the comfort of your bed.

Dr. Wendy Myers

I love that. Do you sleep on the PEMF mat?

Jennifer Gularson

No, I don't sleep on it. But I'll do it for an hour before bed as part of my little routine, and it really...

Dr. Wendy Myers

That's great.

Jennifer Gularson

It helps to just kind of relax

Dr. Wendy Myers

Oh, I love that. They make sheets too that you can put on your bed to help restore that way and just give that energy healing throughout the night.

Jennifer Gularson

Another important thing, and I think women don't talk about it enough, is: are you with a partner that snores, and that will wake you up? Do you need to sleep train your children so that they're not coming into the bed and waking you up? Magnesium's really great for a lot of people, like the L-theanine, the progesterone for the GABA. And right down to your pillow, the smells. I used lavender cream before. What was your caffeine intake? How late did you eat?

Just trying to hone in this sleep strategy to set yourself up for success. And it may be that you start picking up real books instead of reading on your Kindle or your reader or your phone. It may be that you're keeping your phone downstairs charging, and you have a crazy '80s regular alarm clock that nobody uses anymore. Just to reframe, because a lot of people will automatically pick up their phone and start scrolling if they wake up at that 2:00, 3:00 timeframe. For me, usually that's a cortisol issue, and it could be an estrogen issue, so let's hone that in and get you really good with your sleep hygiene.

Dr. Wendy Myers

You can't say enough about it. Sleep is difficult to troubleshoot. I think my life would've been a lot easier if I just started with progesterone, and then figured out what else was left over that I needed to work on. I tried all these different things, and I think it was just the progesterone. But yeah, there are so many underlying root causes of sleep problems, and I have a podcast I'm going to do at some point in the future. It's a two-hour podcast that I've written out about all the ways to troubleshoot your sleep, and using an Oura Ring.

An oura ring is an amazing thing to do to see if what you're doing is making an impact or not, and getting a baseline of how crappy our sleep is great. But let's talk about metabolism and how that can affect our libido as well.

Jennifer Gularson

This is a big one. I'm watching a show on TV, and this woman is postpartum, and she just is so unhappy with how her body looks, and it is definitely affecting her relationship. So I can totally relate and understand. I hear it all the time. We don't give our bodies enough credit. We've created a living being, and then we're feeding it for six to nine months if you're nursing, and you're going to have changes. That can affect how you feel about yourself, and typically, if you ask your partner, they really don't care. This is all in our heads. So we beat ourselves up. We feel not as feminine, or we feel like we're overweight, we're not attractive, and that definitely affects your libido.

Getting back into shape, slowly being nice to ourselves and having our partners just reaffirm that they are attracted to us is really important during this time. During your 30s, 40s, postpartum, your metabolism goes wonky. Lack of estrogen, lack of testosterone, those two things affect you significantly. Estrogen unlocks those fat cells, and you really need estrogen there to lose weight. I feel for women. We're so hard on ourselves and we're such a visual society, but we need to be really careful about body shaming. I hope partners are affirming our body shape, and we need to love them because you just created something. As we age, I do a lot of low-dose GLP-1s for my patients. I don't escalate them. I do microdosing, a true microdosing, and then diet, exercise, sleep and stress. Those are the big ones.

Dr. Wendy Myers

I'm a big fan of GLP-1s. I don't buy the stuff in the media that they're harmful. I just don't believe it. I see way more benefits than downsides to them. I personally use them, and it has helped me lose a lot of weight. I think also as our metabolism changes and our blood sugar regulation is not as good and we have insulin resistance. Then hormone issues, sleep and stress. It's just like the perfect recipe to gain weight, and it's very difficult to overcome that. I think it's very important to regulate blood sugar, and GLP-1s are a great way to do that. It's great for weight loss, for longevity, and for many other reasons. It's not just for weight loss.

Jennifer Gularson

I think unfortunately women's bodies are just sort of set up for failure in some ways in this regard. As our estrogen decreases, so does our testosterone.

Dr. Wendy Myers

Decreased testosterone, decreased muscle mass...

Jennifer Gularson

Decreased muscle mass, decreased insulin receptors, and then you get your insulin resistance. I just had a patient today, she's like, "Of course, my partner, male, he says, 'Oh, I'm going to lose 10 pounds. I'm just going to not drink soda,' or something, and the weight falls off. Meanwhile, I've been good for six months and I have lost two pounds." So I think there's really good studies out there now, two that came out recently combining hormone replacement and GLP-1s that show that combination of those two medications are better than separate, and then better than placebo.

There's great information about inflammation and reduction of inflammation, therefore you're able to give up those fat cells, open them up and reduce fat. The one caveat that I'm really strict with my patients about is if you're not eating, getting your protein, and maintaining that part of it, because the GLP-1s can turn off your hunger sensory. If you're not eating, then you're not getting medicine. That's it. You're just going to be flabby and upset, and then in my chair wanting me to fill your cheeks because now you're all gone, your skin is all saggy and you're going to be mad. It’s a fine line. I think we're honing in on really helping people lose slowly. I hear, "Well, my friend lost 30 pounds in a month." I'm like, that's not healthy. That's not where we're going- we're going for life changes. We're not doing these six-month little changes.

Dr. Wendy Myers

I agree. There's no shortcuts with the GLP-1s. You have to work out, do strength training, eat healthy and get your protein because it's very easy to just not eat. And like, "Oh my God, the weight's just falling off of me." I definitely lost muscle. I lost my butt, basically. I mean, I'm building it back.

Jennifer Gularson

Yeah, your butt is a big muscle, so if you don't want to lose that, you need to make sure you eat your protein. There are no shortcuts. The GLP-1s help a lot, but some of those...

Dr. Wendy Myers

It's a tool.

Jennifer Gularson

The downsides are real, that you've got to be very cognizant while you're using them to do strength training and eat your protein.

Dr. Wendy Myers

Yes. I love that message.

Ads 32:56

Now a word for one of our sponsors. So I'm a huge, huge fan of Tru Energy Skincare. This is a bioenergetic skincare line that I've been using for almost two years now, and it's what I use exclusively. It's so good. They have a new product out called the Bio Adaptive Hydration Oil. This is really, really key for protecting your skin from dry winter weather because when you have cold weather plus wind, plus indoor heating, that's gonna equal dry, irritated skin. So hydration is really, really key to protect your skin barrier and, you know, preserve your skin.

Why does this matter? It's because dehydrated skin can look dull, tight, and have more fine lines and wrinkles. Supporting your skin during winter helps it stay resilient and healthy. As I mentioned, I love Tru Energy Skincare, and they have this bio-adaptive formulation designed to boost hydration and nourish the skin. It's a bioactive, nourishing skin oil, and so it's infused with frequencies. There are dozens and dozens of frequencies imprinted on their energy-optimized blue bead that's in all of their products. It's imprinted, actually, with not hundreds, but thousands of frequencies to support cellular repair, improve collagen production, and increase regeneration of your skin.

This is what I'm using at 53 to get the best skin that I can possibly get. This is one of the secret weapons that I personally use. This bio-adaptive hydration oil uses nutrient-rich skin-supportive and clean ingredients as well. All you do is add one to two drops to your face cream or Tru Energy products like their serums or their lotion, and it just increases that hydration. I also use it 'cause I do face yoga every night. I use hydration oil. I put it all over my skin, and massage, and I'll do guha and other things. It’s part of my nightly routine. So there are a lot of different uses for it,

including increasing the hydration and the effectiveness of the products you already have. Try it for yourself. Go to trytruenergy.com/wendy5

Dr. Wendy Myers

So let's talk about what women should consider, like what's normal versus a sign that something deeper is going on when you should seek help? What's normal libido versus what should they do and when should they start seeking help?

Jennifer Gularson

Normal and optimal, two different things. So if it's causing distress, if it's lasting longer than three to six months, it's causing distress either for you or your partner, your relationship, it worries you, you think about it a lot, it's interfering with life, that's when you make the call. There's a lot of supplements. We've talked about all the things that you can do to make your fundamentals better so that your pillars of health are better.

But if something is lingering and it's causing you a little bit of distress, that's definitely worth seeking somebody who understands hormones and is open to spending time with you and really picking apart what it is. Is it communication between you and your partner? Is it that you just have to take a little bit of testosterone? Is it that you maybe have a little bit of depression? You know, teasing that out. But if it causes distress and it causes interference with your life, that is a time when you want to seek help.

Dr. Wendy Myers

How should women seek help? I think a lot of women would probably talk with their gynecologist about this or their primary care physician. Can you help women navigate that? I see a lot of doctors that would steer women away from HRT because they didn't have any education about it or tell them misconceptions or something they read 30 years ago that's no longer true. And can you talk about some of the things women need to hear to navigate that with their medical doctor and what type of doctor or practitioner they should go see instead?

Jennifer Gularson

That is coming to the forefront now just because the studies were wrong or are misread. The black box warning has come off hormones. More women are getting on hormones. So one of the things that's really wrong with our society is just how our medical practice is. Who should be treating these women? Everyone. Your internal medicine should know, the endocrinologist should know, your GYN should know, all of them. But we didn't get any of this education because it was seen as dangerous, so we have a lot of catch-up to do.

I have a luxury. I have a functional medicine practice. We are cash only. We don't have the parameters of you having eight minutes to diagnose and treat somebody, and we're not overbooked. We spend time. We get to know each other. We understand what's going on at home with your kid. You really have to find a practitioner that kind of dives deep into things instead of just writing a prescription really quickly, because it takes a little bit more time. So I think the things are stacked against us a little bit.

I love the Midi Health option for people who have no one around them, like if you're in the middle of the country and there is no practitioner. It's online, it's not as personal, but at least you're getting some help. I think mental health practitioners can help have this conversation. Psychiatrists, I have a couple friend psychiatrists who are treating because it helps with depression. They're giving them hormones. So who should be able to treat you? Almost everyone because it hits every single specialty. Orthopedist, frozen shoulder, joint stiffness; rheumatologist, autoimmune diseases; obesity medicine. All of us should have the knowledge. We just don't.

Finding that practitioner is important. Answer this, "Do you have an expert in your practice who knows hormones, who's been trained, and who has time to deal with some of these concerns that I have?" And coming prepared, writing things down and having specific questions, asking for specific tests. You have to almost become your own advocate, and I would say for the next three to five years, you're probably on your own, being on TikTok or Instagram, listening to your podcast and others, you're going to be a little bit more knowledgeable than some. You just have to find the right practitioner. But usually if you call a practice and say, "Who in your practice has taken this on?" I think more practices are having this.

Dr. Wendy Myers

I wouldn't want to go to someone who isn't focused on this. Hormones are their specialty.

Jennifer Gularson

Because they just haven't had the training, or if they're not specializing in hormones, you're probably going to get some misinformation.

Dr. Wendy Myers

I see with my mother, she's gone to several doctors and asked about hormones, and just have gotten the most ridiculous answers imaginable, just totally ridiculous and wrong. Then women are steered away from hormone replacement when we can really help them. My mother had a frozen shoulder. She thought it was just from walking her dog, and she hurt her shoulder. And I had the same thing. I had all kinds of muscular issues and muscle pulls.

I was just exasperated because I kept not being able to work out for two weeks at a time, and then I'd start working out again, I'd pull another muscle, I'd start working out again, pull another muscle. It just was driving me insane. I'm like, something is wrong. Then I figured out it was the lack of estrogen. That's what it was. Problem solved now.

Jennifer Gularson

Estrogen is a great lubricant for our muscles and for other parts of our bodies as well. But it's very anti-inflammatory, and we have estrogen receptors on every cell in our body, everywhere, from our hair growth all the way down to our toenail growth, and everywhere in between, especially our hearts.

Dr. Wendy Myers

Yeah, not to mention preserving our bones and preserving our brains as well. If men all across the land, their penis stopped working at 50, it would be a national crisis emergency to get them all the help that they need. So I think that women have been very much underserved for many decades by faulty information, including the Women's Health Initiative that steered so many people and medical doctors away from hormone replacement therapy. So what are some of the biggest misconceptions that women have about libido loss during menopause?

Jennifer Gularson

That it's normal. Yes, it's common, but that doesn't mean that it's normal. If it's distressing to you, there are options out there, there are medications and things that you can do. Another misconception is that that part of your life is over, and it's not worth talking about, and it's just, "oh well." That's not who we are. We are investigators. That's the Gen Xers. We solve stuff and figure things out.

So I would say the biggest misconception is, "I'm done having kids, so my body is done." But in reality, the kids are going to get older and be out of the house. This is when you can have the most fun, and you probably can't get pregnant. So let's have some fun and experiment.

Dr. Wendy Myers

I know there's some women out there, and I thought this too when I was in my 30s. I always thought, "I'm just going to age gracefully, and I'm not going to do hormone replacement. I'm just going to let my body do what it naturally is supposed to do." Now I'm like, "Fuck that." I'm just like, "No, no, no, no." I know the hormones are anti-aging. They're about longevity. They're about feeling good and feeling younger for as long as you can. Can you talk a little bit about that?

Jennifer Gularson

I feel like the hormones going down is normal. But we have options now to improve the quality of our life.

Dr. Wendy Myers

I think some of those misconceptions really did influence the Women's Health Initiative. That's the study that said hormones were so bad. If you ever read the book *Estrogen Matters*, the way that the Women's Health Initiative was sort of abruptly stopped, it'll make you kind of angry because they just really did a disservice. But there were several people on that study committee that just didn't want hormones to work, that it couldn't be that easy.

Jennifer Gularson

We have lots of different options, and even the medicines used in that study are not ones that we use anymore. We use all bioidentical, which means exactly what your

body used to make. But aging gracefully, you can age naturally, but aging gracefully, I'm totally with and on board, and I will never not be on hormones. I even have patients who've had breast cancer who come to me, and we put them on hormones because that's their quality of life.

If you go back and look at the data, we weren't supposed to live this long. The only mammals that actually keep fertile for most of their lives are whales, a couple different species of whales. All the other mammals can have multiple litters, their gestation keeps going. Ours stops, and when that happens, the bones, the heart, the brain, your joints, all of these things suffer. So if everybody passed away at 50, we wouldn't be having this conversation, but we're going to live 30, 40 more years. I want to be 95 and walk with my great-grandchildren. I want to be active, traveling and have no pain, or pain that I can manage. These will help us do that.

We have a whole generation, my mom included (she's 81). She had hormones for a little while, thank goodness, because even those women who were on hormones just for three to five years, they did see benefit in their 50s, 60s, 70s, 80s. She's doing really well. But I think there's a lot of people her age who have aged more quickly. We have a lot of dementia, tons of diabetes, heart disease, osteoporosis and urinary tract infections that lead to sepsis. So all of these hormones help prevent those long-term chronic diseases.

I don't want to slowly decline, where I just have no quality of life. I'm working really hard, and my patients are working with me to build muscle, to establish healthy habits so that when we're 80, we're like, "Yeah, good on us that we did that because now we're enjoying it." We're still dancing to the '80s.

Dr. Wendy Myers

And the UTIs, which I just did on Friday night, but UTIs are an issue because a lot of doctors will prescribe vaginal estrogen cream to stop those recurrent UTIs. Women can be dumbfounded as to why they just keep coming back, and the estrogen can really help curb that.

Jennifer Gularson

Yes. I even see more women who are maybe taking some testosterone and their libido increases, who aren't not using something like Uberlube or another type of lube

while having sex yet think that they're adequate in their lubrication. They get tiny little micro tears that can be itchy and then a little bit burn, and they attribute that to, "Oh, I must have a urinary tract infection." So I think we're sort of over-treating people too, where we could have just prevented things by using vaginal estrogen and lubrication and doing our Crockpot method of getting things warmed up down there so everything's nice, stretchy and vibrant so that it can be receiving penetration without having a lot of pain.

Speaking to aging gracefully and aging naturally, there are some women (I have a couple friends) that are happy they don't have a libido anymore. They're happy they don't have the desire anymore, they don't want to date anymore, and more power to you. Yes, for that. Some women are just like, "This is great." I just feel like they've come back to themselves or something like that.

Dr. Wendy Myers

Can you maybe expand on that a little bit? I know there are some women that, when that estrogen has started to come down, they don't feel like taking care of everybody else now. And their husband's like, "Who is this person? Why aren't you taking care of me like you used to?" Can you talk a little about that?

Jennifer Gularson

We've all seen those memes, right? We just do not care. I think that comes with a little bit of age. You raise these children (I have three of them) to be these amazing young adults, and then you're kind of like, "Huh, who's going to take care of me?" That can be really eye-opening. What am I going to do next? What the heck do I like? I don't even know. I have no hobbies because my kids were my hobby and my work and all my other duties have been taken care of

I think that when you look at a menstrual cycle, there is another little blip. Testosterone goes up right around ovulation so that it stimulates our libido so that we want to procreate. There's also a little blip of estrogen, and estrogen alone can sometimes increase libido for many reasons, one of which may be it doesn't hurt as much because you're better lubricated. If it hurts, people don't want to do it, and if you don't want to do it, then you don't get the pleasure.

So having women talk about it with their friends, and figure out what everybody else is doing, that little blip of estrogen does help peak. Replacing things can help libido is critical. Estrogen alone can help libido a little bit, the testosterone too, and even if you don't want a partner, self-pleasure is really important. That oxytocin that's released after an orgasm helps with overall inflammation and helps you sleep a little bit better. It actually increases your dopamine, too. It's better than scrolling, but scrolling's easier.

Dr. Wendy Myers

Let's talk about giving ourselves orgasms rather than scrolling.

Jennifer Gularson

That's the other thing, that dopamine. You increase your dopamine when you're having sex and when you have orgasms, but it's a lot easier to get dopamine from watching cats play or my silly puppy videos that I like to watch. So I think it needs to be a conversation maybe amongst partners, like, let's leave our phones out of the bedroom, and then also with your practitioner about that.

Dr. Wendy Myers

For women that aren't feeling very frisky right now, they want to increase their libido. Are there some quick things they can do to start seeing some results faster than, say, doing the HRT route and all these other things we talked about?

Jennifer Gularson

There's some medication. Addyi is one of those that was researched for depression but does help to increase libido. Is it because we sleep better? Because it actually helps women sleep better, so if they're sleeping better, are they more up to say yes to sex? Don't know. About 50% to 60% of women benefit from that medication. Then there's PT-141, Vyleesi, that works on your brain to help stimulate wanting to have sex. Going down that dopamine route, there's velvet bean extract, a supplement you can take that will boost your dopamine a little bit.

I just prescribed this today for a patient, something called Scream Cream, or arousal cream. It's just a topical compilation, everybody has their own, every pharmacy has

their own little recipe, but it has a little bit of Viagra in it, a little bit of L-arginine, a little bit of testosterone, a couple other things that help bring blood flow to the area.

Great studies on using vibrators, vibration. You don't even have to put them inside yourself. You can just put them on top, on your mons and labia. You don't even have to orgasm, but 10 minutes a couple times a week does increase blood flow, so the tissue gets saturated a little bit better, and it prevents lichen sclerosis and vaginal atrophy. That's kind of good. It's alone time. It's me time. It's relaxation. So those are some quick little things that jump to mind.

Dr. Wendy Myers

Fantastic. I don't recommend horny goat weed. I definitely tried that at one point because I was in my late 30s. I was trying to figure out how to increase libido, and tried that; it did nothing, but the name sounded really good.

Jennifer Gularson

I have a lot of male patients who come in on it, and then they're like, "Well, it really doesn't work," and I'm like, "Okay, yeah, and you don't even know what's in it, so let's try some compounded things that we know what's in it."

Dr. Wendy Myers

Also just one other side note, the birth control pill destroys your libido, kills it.

Jennifer Gularson

Oh, yeah.

Dr. Wendy Myers

Yeah, because it turns everything off.

Jennifer Gularson

As our ovaries go through menopause, testosterone decreases, so it stands to reason that if the birth control pill turns off your ovaries, then it's not going to make the testosterone. I also think that your choice in partner may be altered too, just because you're looking at safety a little bit differently. That's just a philosophy of mine. I talk to women all the time about it. Not to mention that the birth control pill can sometimes cause vaginal atrophy because your natural testosterone's not there,

and your estrogen. A lot of times I will put women who have been placed on birth control pills on vaginal estrogen, because then they're on birth control pills, but they can't have sex because it hurts and the pill is causing the dryness. So it's sort of a vicious cycle.

Dr. Wendy Myers

So you give them vaginal estrogen even on an IUD?

Jennifer Gularson

Yeah, vaginal estrogen. It's just a low dose. It's not going to hurt anything. But it helps that tissue stretch and have a little bit of pleasure there.

Dr. Wendy Myers

Interesting. Well, Jennifer, thank you so much for coming on the show. That was really educational, and I hope you guys listening got a lot of really good, juicy tips on how to increase your libido, because that's a big concern. It can really affect marriages and relationships when the desire just isn't there, and there are many reasons and a lot of things you can do about it. So thanks for coming on.

Thanks for asking these hard questions. I know sometimes it makes people uncomfortable, but it is a good part of your life, and I don't want that to decrease as well as our hormones. So tell us where we can find you and where people can work with you. Can they work with you online?

Jennifer Gularson

Yes. I have a practice in Rockville, Maryland, which is out in the DC suburbs. I see people in person. I do see people online. I do have an online option if you are not in the area, where I don't prescribe to you. I just help you advocate for yourself and explain hormones. And then my Instagram is @jennifergularson, and I'm on Facebook as well.

Dr. Wendy Myers

And what's your website?

Jennifer Gularson

My website is yourbestlifewithjennifer.com.

Dr. Wendy Myers

Thanks so much, Jennifer, for coming on. Everyone, I'm Dr. Wendy Myers. Thanks so much for tuning in to the Myers Detox Podcast. I just want to do these shows to help you upgrade your life and give you all those little tidbits, information and pieces of the puzzle so that you can live your best life and feel your best too. That's why I do this show. So thanks for tuning in.

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