

Ep #17: December Flowerside Chat: Part One



Full Episode Transcript

With Your Host

Dr. Sonia Wright

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You are listening to The Midlife Sex Coach for Women Podcast, episode 17.

Female Announcer: Welcome to the Midlife Sex Coach for Women Podcast, the only show that combines a fun personality, medical knowledge, sexual counseling and life coaching together. To create unique sex coaching that helps busy women awaken their libidos, address intimacy issues and learn how to express their sexuality for the rest of their days. Here is your host, certified life coach and sexual counselor, Dr. Sonia Wright.

Well, hello Diamonds. How are you doing? Happy holidays. Let me just tell you that things are a little crazy over here for your sex coach. Well, I did have plans to be sheltering in place and laying low during the holiday season but my plans kind of got changed. One of my family members in California got very sick and I had to travel to California on a red eye to take care of them. The blessing from all of this is that my relative is healing. We did not lose them. And I actually got to see my son.

You may recall from an earlier podcast episode that my son, Julian, is an avid birder. He loves to go and watch birds. And he's actually at Stanford doing research on birds right now. But he also loves marine biology. And if I actually go way back to when he was a child, his first love was actually astronomy. So I had Jules at the beginning of my second year of medical school. And I used to joke that I was memorizing anatomy and Krebs cycles in medical school during the daytime. And at night I was memorizing Jupiter's moons with my three year old.

Well, let's fast forward 18 years to last night and I was outside on a deserted street in 40 degree weather with my son and a very large telescope looking at the conjunction of Saturn and Jupiter. You may know that the conjunction is the closest that Saturn and Jupiter are together if you're viewing it from the Earth in the last 400 years. And if we actually count the fact that it's at night, it's been about 800 years since we've seen it at night.

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So it was really wondrous looking through the telescope and seeing Jupiter and Saturn close together in the same frame. I could see the rings of Saturn which really excited me. Yes, yes, let's just be truthful, I am a big nerd. So with everything going on with Covid and sheltering in place and my son being in California I didn't actually think that I was going to be able to see him this Christmas. So it was extra special to be with him.

We were outside on this dark night observing the conjunction of Saturn and Jupiter but in my heart it was really like the conjunction of Sonia and Julian, mother and son. And this was my gift to me during the holiday season. And I have a gift for you too. So this gift that I have for you all, for all my Diamonds during this holiday season is the gift of my December Flowerside chat and Q&A. So this is for you. I love you Diamonds; I'm hoping you're having a good holiday season and enjoy this Flower side chat. Take care and I'll talk to you soon.

Good evening everybody. I am Dr. Sonia Wright. I am going to be here with you for an hour. I am here to discuss whatever questions you have, whatever you want to know about, I'm here. It's more like my informal questions and answers session. Sometimes when I'm doing my coaching I am focused so much on the coaching, and the thoughts, and what's going on with people that sometimes I don't have time to just check in and just answer some practical questions. So that's what this is all about is answering any practical questions that you have. I am here for you.

Let's just start with some ground rules. So, Dr. Sonia Wright, I am a medical doctor, and life coach, and a sexual counselor. You are in the Flower side chat with Dr. Sonia which would be me. And in terms of the ground rules, I always set ground rules, so mainly about confidentiality and making sure this is a safe space, making sure that you feel comfortable enough to ask whatever questions that you need to ask. And so that you understand that I am here for you.

This is a service that I provide to people so that they have a sense of what services I provide and what questions I can answer for you. And we'll do a

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little bit of coaching. I'll just ask you some questions but not necessarily a big back and forth type of coaching that I do when I'm in my group. The chat is open, feel free if you have any questions at all to put it in the chat. And I will answer anything you have. And can I say, happy holidays, this is being recorded in December, this session. And I try to do one about once a month.

So in terms of the ground rules, the confidentiality, making sure this is a safe space for everybody. I do open the chat up and it is open for panelists and attendees. And actually it's going to just mainly be panelists on this one. So it's you're mainly going to use it to ask me. Yeah, so I'm going to have this one set to panelists so that you can ask me questions specifically. So a safe place. Ask any question that you like. This is confidential. I don't name people's names or anything like that just so that it's good and helpful for you.

If you have little kids running around we can get explicit around sex. So if you want to put some headphones in or if you want to go to an area that's just relaxing and it's kind of secluded for you. This is your evening. This is your time to ask me any of the questions that you may have been wanting to ask me but haven't had a chance to ask me. This is definitely something I do once a month and I want to make sure that my services are available to you. So confidentiality, make sure you're in a safe place.

If you've got kids around or people around that you don't want to hear this conversation, put some headphones in. And yeah, this is your time. So the chat is open, if you have any questions feel free to put it in the chat or in the questions and answers, the questions and answers tab isn't just in because it has an anonymous feature in there so you can ask some questions anonymously as well. So any questions that you have, I'm here for you. Start putting it in there.

I'm going to start by asking you a question which is what made you interested in coming tonight? What concepts were you interested in learning more about? If you want me to teach a little, I am definitely here to

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teach for you. So if there's anything that made you want to come to this conversation, made you want to come to this chat then just put it in the chat and let me know what it is that you want or what questions that you have.

Okay, it looks like we have something in the Q&A. Let me look at this and see what people are asking. "I have seen you on other podcasts and I've also seen you on some Facebook Lives and different groups and if you could talk about spontaneous versus receptive libido." Okay I'll do that. There's another question here about lube, this one's a shorter question so I'll answer that first and then I will get to the next question. And feel free to keep your questions coming.

So this question is, "You mentioned in your email that we could ask you about your favorite lube." Okay yeah, so my favorite lube, I have two favorite lubes. And let me talk a little bit about lube and then I'll tell you what my favorite lubes are. So first of all in terms of lube, so there's silicone based lube, there's water based lube and then there's oil based lube. And then there's combinations of all of the above. So I like lubes for different things.

Anything that's an oil based lube like coconut oil or anything that could degrade a condom and stuff like that I don't use on condoms. I don't use on any barrier type of method. So that's something to take into consideration. So if you're using a condom you'd want to use, more likely to use a water based or you could use a silicone lube. Now, a silicone lube is a great lube. I love the silicone lube.

But most silicone lubes you can't use with silicone toys. Now, vibrators and things that are made out of silicone, dildos or whatever, now, because the silicone lube can bind to the surface of a silicone toy and then make the surface a little bit irregular. If the surface is irregular it actually would leave like little divots in it that bacteria and such could get in. So this is why the majority of silicone lubes we don't recommend using with silicone toys. Plus your silicone toys are not cheap. Most silicone toys are 50 to 150 to 250 dollars. So use a water based lube with a silicone toy.

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So having said that, now, in terms of silicone based lubes, Uberlube is my favorite silicone based lube, that's a good one. And definitely for women that are postmenopausal, it's also a good option for anybody that's experiencing, "Hey, do you want to use lube?" I know sometimes people have ideas if they should use a lube or not. If you have a question if you should use a lube the answer is always yes. And then the answer is always use twice as much as you think you're going to need because you don't want to be in pain with sex.

Any time you start associating unwanted pain with sex then you're going to get to this place where you're not going to want to have sex or get sexually intimate, you're going to start stressing about things. And it's going to bring a negative connotation into around the issue of sexual intimacy. So yes, use lube. And yes, use a lot of lube. Uberlube is a silicone based lube and that one is one of my favorites for silicone based.

My favorite for water based lubes is a lube called Sutil – S.u.t.i.l. And I love Sutil, it's a natural product. Most people do not react to silicone based lubes. But some people tend to be sensitive and for the very most sensitive people then I have not seen too many people react at all to Sutil. That one's a great water based lube. So Uberlube and Sutil are two great lubes and they work well. And for people that are sensitive those are something that you can use so you don't have to worry as much. There's Sliquid and there's different brands. Sliquid is another brand that's out there.

Now, I'm going to talk about something else. So if you're engaging in anal sex or anal play in any way you're going to want to use a thicker type of lube. So if you're engaging in anal play, I mean the anus doesn't have any lube naturally. So you're going to want to make sure it's a thicker lube that stays there in place. So for those who want to have something that has a thicker coarsity to it for our anal play, so just be aware of that.

And then silicone based lube is good because it stays on the surface of your skin or of your vagina, wherever you put it. It doesn't get absorbed in so it lasts longer. Water based lube does get absorbed. Your body can

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absorb the water based lube so be certain to apply it again, and again, and again. And there's no shame in applying lots of lube. We want to make this as much fun for you as possible. So that is something about lubes.

Now, I don't generally recommend the lubes that you get in the grocery store, or CBS and things like that because most of those have a lot of glycerin products and products in it that can shift the pH in your vagina and can lead to irritation, and infections, and things like that. So you want to keep your pH in a good place. And so I find that the higher quality lubes are better at keeping the pH in a good place for you. So that's just a little bit of what I have to say.

And sometimes there's a lot of sugars and things like that in lubes and watch out for that if you have a tendency for yeast infections and things. So that was my little take on lubes.

Any other questions you have, feel free to put it in the Q&A section or put it in the chat. And let me see if there's anything else in the chat while we're here. Yes, thank you. It's so good to see you all here.

So let's talk a little bit about libido. Spontaneous libido and responsive libido and what exactly that is because this is something that a lot of people have questions about as well. So, often my clients come to me and they say there's something wrong with them, that something has changed, that their libido is not what it was in the past. And they're trying to figure out what has happened to them, why they're broken, what has changed. And the short answer to that is there's nothing wrong with you.

You have shifted possibly from more of a spontaneous libido to more of a responsive or a receptive libido as it's called. And that is a normal thing, 70% of women function from a place of having more of a responsive type of libido. So nothing has gone wrong if it's the case that you at one point had spontaneous libido and now you've shifted into this responsive libido.

And responsive libido is coming from a place of neutrality where you could be interested in having sex or maybe not. Maybe you'll just be as interested

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in folding your laundry. Nothing has gone wrong, 70% of women function from this place. Then it's just more of an issue of what is it that takes to make me more interested in sex and what makes me less interested in sex?

And it's good to know both things because the way that the woman usually works in terms of sexuality and libido is that she has what we call an accelerator, something that makes her more interested in sex. Something that makes her like, ooh clean sheets, or ooh I love the smell of my partner, or ooh I love the way my partner looks at me, or ooh I've read some erotica. Those are the things that make you more interested in sex and sexual intimacy. But women tend to have breaks. That if we're like a cog then there's the brake and the pedal brake, but then there's also a handbrake.

There's this backup system where you're always taking into consideration safety, you're always taking into consideration connection, you're taking into consideration what is going on in your life, what's going on in your relationship, so all these things are going on in your mind. And in some ways you have to check all those things off that okay, it's safe, it's a good time, okay, let's do it. Right, yeah, it's time to get going. So sometimes the brakes are really sensitive and they go on in an instant.

So you just have to have a better understanding of your body and what makes you more interested in sex, what makes you less interested in sex. What puts on that brake for you and just figure out how to ease that brake off. If it's a communication, you don't feel the connection is there then work on the connection with your partner.

So there's different things that – it's the context of a relationship or a context of what's going on in your life and so sometimes you do have that spontaneous libido and it kicks in and you're good to go and you're like hey. But a lot of times it's not that way and just so that you know that that is okay.

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Okay, I've got another question here in the Q&A. And keep the questions coming. "What about coconut oil for lube?" Coconut oil is fine for lube. You wouldn't necessarily want to use it if you're using a condom or something like that. So coconut oil is fine. And some people use that as just a moisturizer especially if you're postmenopausal. Some people will use coconut oil for a lube as well. And if that doesn't bother you, it does irritate some people. But it also is a nice moisturizer and some other people like it and they like it as a lube, others like it as just a daily moisturizer.

So if your body tolerates it and you like it, go right ahead but do recognize it's an oil. Oils may not work well with a condom because it's going to degrade it, so just so that you're aware of that. Whatever lube you choose make sure you use more of it than you think you're going to need to and apply it again if you need to.

And then it looks like lube is the question of the day. "What about aloe vera gel for lube?" Not specifically aloe vera gel, I wouldn't necessarily do that. But there are lubes that include aloe vera gel with some other things. So I haven't actually seen too many people just use straight up aloe vera gel. If it works for you, possibly, just watch out that there's no irritation or anything else going on with that. But there are some lubes out there, specifically lubes that have aloe vera in them.

So somebody's commenting that they're surprised that coconut oil did not work for them. And they think coconut oil is antibacterial, which it can be, yes, and messed up the pH. So it can and this is one of those things where it might work well for one person and doesn't necessarily work well for another person. And that's okay, that's okay that our bodies are used to one thing versus another.

And some people are okay with coconut oil and can have a fantastic time with it as a moisturizer or as a lubricant. And other people can be very irritated by it and get an irritation, inflammatory response to it. And then be aware that there's different qualities as well. Yeah, it's nice to be able to get it all over like a moisturizer.

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“Can you explain pH balance?” Yeah, okay. So our vagina has a specific pH balance. And so we want to maintain that pH balance. And the pH balance is there so that we have a balance of – we have bacteria in our vaginal area which is fine, which is fine. And so the pH balance attracts a certain type of bacteria which lives in there and it’s okay. But then if the pH balance gets thrown off then the good bacteria can die and then other type of bacteria or yeast can get there and cause a lot of irritation, and pain, and constant chronic infections, and chronic inflammation and things like that.

So we want to maintain our pH and so anything that we’re putting on our vagina or in our vagina, yes, that was the next thing I was going to say is that like soaps, and perfumes, and douches and things like that, we don’t need to do all those things with our vagina because it is like a self-cleaning oven. Our vagina, our vulva area knows how to clean itself. So if you’re just using some warm water and rinsing it off, you can use a little mild soap if that doesn’t irritate you.

But these products that are making your vagina and vulva area smell like a fresh summer’s breeze and all this stuff, that’s a lot of perfumes. And then douching all the time changes the pH and can irritate because that’s soap, and fragrances, and things like that. So it’s okay to have our vagina smell like a vagina. It’s okay, it doesn’t have to smell like the morning dew on the outside. It’s not what it’s supposed to smell like.

And when we’re adding all these artificial things then we’re basically messing up our flora, our bacteria, the good bacteria, we’re messing up the pH in our system. And so this is why it’s important for us to kind of leave it alone. Make sure it’s clean, yes, wash it in warm water, a little mild soap if you want to or just water is good enough. We don’t have to have all these perfumes and such, that just irritates us. And then we get irritated so then we add something else on top to help with the irritation.

And then there’s another layer, and another layer, and another layer of all these different products that we’re using where if we just went down to

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basic water and a little bit of mild soap if need be then we would probably get to a better place.

And then for the women that are postmenopausal this is for you. There's a genitourinary syndrome of menopause, GSM. And very often after we have sex it manifests, we feel like we've got a urinary tract infection. And so, we're like, "Oh my goodness, every time I have sex I have a urinary tract infection." That is not the case, I mean it could be but generally what's happening is you don't have enough estrogen in your vulva region and it's getting irritated after having sex and it feels like a urinary tract infection.

But what you actually need to do is go and talk to your gynecologist or somebody that's well versed in menopause. And then check out hormone replacement therapy but localized. You could use estrogen in localized, there's little tablets, little creams and things like that that you can use locally. You don't necessarily have to do systemic. You can if you want to, I'll let you talk to your gynecologist and your primary care doctor about that.

But just be aware that if you're postmenopausal and you feel like every time you're having sex that you're getting a urinary tract infection. Probably what the issue, underlying issue is the fact that you don't have enough estrogen and so you should probably go check that out. And see what can be done for GSM, genitourinary syndrome of menopause. So let me see if there's any other questions. And if you have any questions about that please feel free to ask me any more questions. And let's see.

So we were talking a little bit about menopause. Now, we were talking about menopause but before that we were talking about libido. So let's look at libido. We were talking about spontaneous libido and that tends to be the libido that we have in our 20s and in our early 30s. But usually our life is not as complicated at that point in time. Maybe we're going to school but we usually have enough time to do the self-care type of things. And so I'm going to transition into self-care.

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But when we have spontaneous libido we're able to, like we're just kind of in the mood, our mind and our genitalia is in alignment and we're ready to go and we're ready to have fun. And that's one form usually as we get older or if we've been in a relationship for a longer period of time we shift from spontaneous over to more receptive libido. And this is where 70% of women hangout is in the world of receptive or responsive libido. And that's coming from a place of neutrality and so you feel like something is wrong.

But I just want to let you know nothing is wrong. You might have to work a little bit more to get in the mood but that's okay, that's okay. It's uncovering your libido that's still there and then just getting it primed and getting it up and running.

Okay let's see. I've got a question here, "Does using a shower head to stimulate, harm your clit?" No, your clit can sustain quite a bit of activity. So I mean obviously if it's extremely pressurized, but I mean you can tell. If you're feeling like your clit is getting a little numb or if it's becoming painful or irritated or something like that then don't necessarily use the pressure hose from your shower or whatever. But most people can tolerate it and that's fine.

If you find that you're needing more, and more, and more pressure and you feel like your clit is getting desensitized, now, that's a different issue. And desensitization can occur, and if that's the case, and you can see that with strong vibrators as well, or women over a period of time will need a stronger and stronger stimulation, or a stronger and stronger type of vibrator.

If you start with the little vibrators and it's just a little buzzing. And then within a couple of years you're up to the Hitachi Wand which is the big boy and it's like zzz. Well, you might need to back off for a little bit and you might need to switch to manual or decrease the vibration and the stimulation just to kind of give it a little bit of a break so it gets sensitized again. So yes, it can get desensitized.

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Yes, you can kind of overwork your clitoris but that's okay. It's just something backing off a little bit and then just recognizing when your clitoris needs a little bit of a break. But that doesn't happen that often and it's okay, so just if you're aware of it or if you're feeling pain in any way then you probably want to stop and want to, you know, you may need to go to your gynecologist and get it checked out to make sure that there's not some sort of irritation or something that's happened to your clitoris. Alright let's see, got some other questions coming in here.

Okay, one question is, "Should I expect my partner to help me get in the mood or is it my responsibility?" So it's ultimately your responsibility. What I like to think about in terms of sex, and sexuality, and sexual intimacy is like it's two people coming together that are willing to be responsible for their own sexuality. But they come together in mutual enjoyment and fun but ultimately you're responsible for your sexuality, and for your orgasm, and for your pleasure. If it's not exactly the way you want it then just mention it or redirect.

And if you need to have a conversation ahead of time when you're not in the middle because sometimes when you're in the middle of sex and you're like, "You're doing it the wrong way." First of all let's not say, "You're doing it the wrong way." You could say, "I've been figuring out more about my body and I've discovered I kind of like this stimulation a little bit better. Can we try it this way?" And see how that works out, kind of redirecting a little bit. Ultimately you are responsible for your own pleasure. Ultimately you're the one that has to have some skin in the game.

You can't just lie there on, you know, be a pillow princess and wait for everything to be delivered to you. And just saying that it's your partner is responsible, he, she, they, them are responsible for their pleasure. And you two can come together and enjoy yourselves together and communicate and try new things. And don't be afraid to bring toys to the bedroom.

I'm like if we could just get rid of this thought that your partner is responsible for your pleasure, or they're not a good enough partner, or a

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good enough lover, if they're not making you cum. If we could just be like okay, you make sure that you get your pleasure. I'll make sure that I get my pleasure, we will come together. We will have fun. None of this guilt, and shame, and worry about performance anxiety or anything like that. So yeah, so you don't have to worry about that if you're coming from a place of I'm responsible for my own orgasm, or I'm responsible for my own pleasure.

And, "Hey, why don't you come here and why don't we have a good time and enjoy ourselves. And if there's something that you like let me know about it." I find that that's kind of a better way to approach sex and sexuality. Okay, I have another question in the Q&A. Keep the questions coming, I'm loving this. This is one of my favorite things. I just love doing the Flower side chat. It's just one of my favorite ways to connect with people and answer whatever questions that you have and just like okay.

"Why do my normal sex positions don't feel the same after menopause and can't reach orgasm like I used to?" Okay, so your body is changing after menopause. And I don't know if you're using topical estrogens and things like that but let's get real here. If you don't have estrogen and to a certain extent, some testosterone and some other androgens involving your vulva and your vagina, postmenopausal women the truth is that it can atrophy. So things are shifting, they're changing, they're not as plump as it was before. So it may feel different to you.

Things are shifting around, there can be some more laxity in there and so the ligaments in there, everything can shift around postmenopausal, the pelvic floor musculature, you have to work to make sure that that is nice and strong. That also helps with your orgasm. So I often suggest people go talk to their gynecologist to see if they might need some physical therapy to help, pelvic floor physical therapy. There could be a lot of different reasons why things feel different. But I'll tell you, postmenopausal, the main thing that's missing is estrogen.

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Our estrogen is tanking postmenopausal. So if that's the case, and I'm not saying you have to put this onboard, but yeah, the structures, your vulva structures they will shrink. It can be brought back. I don't want to say that it's permanent. If you go on hormonal replacements it can be brought back. If you find that your vagina has shrunk down to the point where it's painful during sex then you may need some physical therapy and dilation for that. So it can all come back in one way or another. It's not lost forever.

But there is some certain things, if you atrophy to the point where – and here comes Iris. This is my vulva puppet. I think some of you are familiar with it. And I usually talk about the structure. So the anatomy is, this is the labia majora, the outer lips or the inner lips. And then this is the clitoral hood and this is the clitoris. And this is actually just the tip of the clitoris. The clitoris actually goes down into your labia deep. So this is the outer lips, the inner lips, the gland or the tip of your clitoris.

There's a little rosette here, that's where you urinate out of, that's where your pee comes out of. It's attached to a tube to your bladder. And then down here is your vagina. So when you don't have estrogen to your vulva a lot of these structures will atrophy and get smaller. You might actually, if it's the case that you just don't have any estrogen an extended period of time, your inner lips can just shrink down to almost nothing.

So atrophy is real in postmenopausal women. We want to make sure that blood flow is going to this. So self-pleasure is something that's important for women that are postmenopausal to keep the blood flow going to this whole region. And honestly, your vagina can atrophy too, it can get shorter and it can get smaller in diameter. So there's a lot of things that can happen postmenopausal. So one thing they can do is local hormone therapy which would be like you can get a little tablet, a little gel, a little cream that either goes inside your vagina or on your vulva.

So if you have a tablet that's going in your vagina it may not get as much estrogen to your vulva so you might need a little estrogen cream as well. And then what can also happen is you may have more problems with

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urination and stuff because you can imagine if all the structures are shrinking then this little rosette actually it stays the same in size. It seems like it gets bigger because the other structures are kind of getting smaller. And so that can cause irritation and problems as well in that regard.

So things can feel different because your structures, especially your vulva. And I'm looking for my friend, my favorite friend the clitoris. So this is your clitoris but if the structures are shrinking down and you're not getting the blood flow to your clitoris which is tissue that's kind of engorged type of tissue that takes blood flow in there. You can imagine your vulva, your clitoris is in your vulva which is the outside area, not the vagina which is inside.

And so when the outside area, it has kind of decreased or atrophy postmenopausal then stimulation to your clitoris may also decrease or you need to shift some things around. You may need a different position than what you're used to. So all these things can happen and they can affect. So you may find that postmenopausal you need a different position because your structures have kind of shifted a little bit. You may need to strengthen the pelvic floor musculature like I mentioned before, the kegels and stuff like that, you may need to do that type of work.

There's a number of different reasons why it might be shifting around. A lot of times women are on top positions or positions where women have more control of the pressure. That might help. That might be a way to get a different stimulation that would work for you. So this is also something to take into consideration. Just checking on time to make sure that we're here, keep the questions coming, I love this. Okay let's see what other questions that we have here.

"Are you saying that lube would not be a replacement for estrogen?" Lube, I do need to be very clear about this. Lube is not a replacement for estrogen. These are two separate things. Now, lubrication, buying a lube is very important especially if you're postmenopausal or anybody that's having pain and irritation, you want to keep that lube. But lube does not

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have the hormones in it. It is kind of treating a symptom and not the underlying issue.

The underlying issue is the fact that you don't have the androgens and the estrogen going to your vulva like you did before. The symptom of that would be dry and lack of lubrication. The lube treats the symptom by adding on the lubrication but it does not treat the underlying issue which is the lack of the estrogen or the hormones that you need. So these are two separate issues. So you can get the estrogen and still use the lube and there's lots of people that still need the lube even if they've got the estrogens.

Developmentally if we look over, like if we go back millions of years, or actually even 200 years, most people did not live past their 50s. So your reproductive years kind of ended around the same time that your lifespan ended. But now we live into our 60s, 70s, 80s, 90s. So we could be living 40 years past the point where we have estrogen really in our system for women. And so originally when we were made there wasn't this thought that you were going to be lasting 40 years afterwards.

So now you still get to replace that. You can replace the estrogen in order to keep the vulva health going. So that's something that I suggest you talk to your gynecologist about. And even if you have a history of breast cancer it may be something that you can still use a local estrogen in the vaginal area. So those are all questions that I refer and defer to your gynecologist and to get that help and to get those questions answered. But yes, lube is separate from needing estrogen, two separate things. You can slap tons of lube on your vulva but your vulva can still be atrophying.

"Is it harder for diabetic women to have orgasms?" It may be. This is a really good question. It may be harder because with diabetes it affects your nerves. It can lead to some nerve damage with diabetes. And it's the same thing, your clitoris and your clitoral region, your vulva region it has a lot of nerve endings, it has thousands. The clitoris itself has thousands of nerve endings.

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But if you are actually decreasing, if you have diabetes then you can be having problems with your neurons, your nerves are not working well. And if that is the case then yes you can have some desensitization or it could take longer to have an orgasm. Or you might feel that you need more stimulation than you needed in the past. But then something to take into consideration as well, if you're diabetic you may not be feeling things as well. So you do have to be aware.

It's just like if you have a problem with like you can't feel your foot as well if you're diabetic and you're stepping on your foot, you might end up with a sore, an ulcer because you're putting mechanical pressure on your foot in an interesting different way. You can still be putting a mechanical stressor on your clitoris and be so desensitized that you may not know what's going on.

So you're going to have to look at your clitoris and make sure that it's okay, check out with your doctors and talk to them. Talk to them about what's going on with you in terms of your nerves and what you're feeling, your sensations and if they're changing, so that's something to be aware of.

Something separate from diabetes is if you have back problems you could also end up with problems with your clitoris and your vulva area just because the nerve roots that are leaving your spine and going to your vulva area can be compromised or compressed in some way by herniated discs and other things that are going on. So if you're having back problems that can also contribute. So there's a lot of things that can contribute to that and that's a really good question.

To celebrate the launch of the Midlife Sex Coach for Women Podcast I'm going to be giving away a \$50 Amazon gift card to five lucky listeners who subscribe, rate and review the show on Apple Podcast. It doesn't have to be a five star review, although I would really love it if it were a five star review. But more importantly, I want your honest feedback so I can create an amazing show that provides tons of value.

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Visit www.soniawrightmd.com/podcastlaunch to learn more about the contest and how you can enter. I'll be announcing the winners on the show in an upcoming episode.

Okay, that's all for now, see you next time Diamonds.

Female Announcer: Thanks for listening to this week's episode of the Midlife Sex Coach for Women Podcast. If you enjoy Dr. Sonia's fun and caring approach to sexual intimacy, head to soniawrightmd.com to learn more.