How to Rekindle Your Sexual Desire

With Valentine’s Day soon approaching comes the question; what is the fix to a languishing libido? In contrast to the myriad of over two dozen approved medical treatments for sexual dysfunction in men, not one medical treatment has been approved for use in women. While this disparity may appear comparable to the gender inequities that exist for women throughout society, solutions for women’s sexual health problems may be more elusive than for men due to the very nature of the problem.

Sexual health problems affect women more than men but remain largely under-recognized. Lack of desire, or hypoactive sexual desire disorder (HSDD), is the most common form of female sexual dysfunction (FSD). With loss of libido, women are more prone to mood problems and relationship discordance. But how do you treat what can’t be measured? Unlike erectile dysfunction in men, libido is not as easily quantified. Furthermore, the multitude of factors that contribute to sexual desire makes a “magic bullet” solution improbable. For women, sexuality is affected by the level of stress, fatigue, hormones, mood, self-esteem, body perception, vaginal health, as well as intimacy. And so, a top-to-bottom approach starts with rebooting the sexual brain.

To be more sexual, first it requires being more present. Forever the multi-taskers, women tend to be less able than men to set aside their worries and the endless mental “to-do list” and simply be in the moment. To be sexual, we must think sexually too. Clearing your mental slate prior to sex can allow a more mindful experience. Sex is experienced through our senses, and our senses are key to our sexuality. Through scent, taste and touch, signals are sent to our brain that influence mating, libido, and orgasm. Being sexual then is also about being sensual. The question of pheromones has long tied our noses to our lust. Animals, plants and even bacteria release chemical signals to attract mates. While no obvious pheromone signal has yet been found in humans, new research is revealing that a signature of chemo-signals released from our bodies may subliminally sway potential partnerings and social relationships. Differences in the major histocompatibility complex (MHC), a set of important immune system genes, imprint us with a unique “odourprint”. It is thought that our “odourprints” play a role in attracting a mate with an unlike MHC. This pairing yields an evolutionary advantage with offspring having a more diverse and more robust immune system.

Our taste buds can send sexual signals too. Aphrodisiacs are substances that increase sexual desire. Chocolate, long considered an aphrodisiac, contains three psychoactive chemicals; anandamide, a feel good chemical, PEA (phelethylamine), a love chemical which releases dopamine in the pleasure centre of the brain, and tryptophan, a precursor to serotonin which helps lift mood. The Aztecs called avocado ahuacuati the “testicle tree” and coveted them for their sexual enhancing effects. Other foods and herbs claimed to be aphrodisiacs include; oysters (zinc), chili peppers (capscacin), arginine, maca, ginseng, and the Ayurveda herbs ashwagandha and tribulus terrestris.

While our scents and tastes may help elicit sexual arousal, there is no question as to the vital role in foreplay and sexual touching. From hosting a party to competing in sport, being prepared is key to a successful outcome. Sex is no different. Sexual touching is not only considered the socially accepted sexual norm, it is vital to achieving physiological and psychological readiness. Foreplay readies our bodies for sex; exciting our brains, quickening our heartbeat, and preparing the genitals for intercourse, while also relaxing us through stimulating the release of oxytocin. Forgoing foreplay affects women more than men as women’s sexual arousal tends to be more complicated. Indeed, research suggests the relationship between sexual touching and the quality of intercourse is stronger in women than in men. There is no one right way to engage in erotic touching. Surprisingly, in women, the erotic regions are distinct from their sexual organs. Whether it is on the lips, the ear, the scalp or the mons (pubic bone) – women want and need to be touched for proper sexual function. Couples can help each other by sharing the “roadmap” to their
erogenous zones.

When it comes to medical therapies, none is as potent in both partners as testosterone. This male sex hormone drives sexual function from libido to orgasm in both men and women. In women, testosterone begins to fall within two years of her menopause, coinciding with the frequent complaint of absent or diminished libido. Testosterone’s role in enhancing both sexual and cognitive function in peri- and post-menopausal women has been confirmed by a substantial body of scientific research. However, there remains no government-approved pharmacologic testosterone therapies available for use in women in North America. Sexual dysfunction remains a complex and inadequately addressed concern. The solutions need to be as multi-faceted as the problem; addressing the brain, sensory and hormonal aspects, as well as intimacy. So take a hit of that Chanel #5 while dining with your mate on chocolate and oysters to help make this Valentine’s Day one
you both will not forget!

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