

# How Your Thyroid Gland Governs Your Sex Life and “Hormones of Desire”

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There is mounting scientific evidence that sexual dysfunction has a direct causation due to thyroid gland dysfunction. In my 35+ years of clinical practice sexual dysfunction is in epidemic proportions and I along with many training and experienced Integrative Health Care Physicians are noting the same in many (40-60%) of the cases reported at our facilities.

In the sex act, there are four steps or stages that normally lead to sexual fulfillment or orgasm, each of which is affected by thyroid function. A sexual thought, a touch, or a signal that our brain interprets as erotic causes certain parts of the brain to emit chemical transmitters. These transmitters generate a surge of sexual interest and fantasies, making us willing to become intimate. Brain chemistry stimulates the autonomic nervous system, which will make us experience a range of physical responses; the skin becomes more sensitive, breathing and heart rate become more rapid, blood rushes to the genital organs, and so forth. This phase of excitement (or readiness) varies in duration from one person to another. As stimulation continues, the physical responses generated by the autonomic nervous system intensify, causing lubrication and engorgement of the external genital organs in women. The vaginal opening narrows, the labia swell, and the clitoris pulls in and becomes close to the pubic bone. In men, the autonomic responses cause an erection due to engorgement of the penis with blood.

The brain chemistry involved in sexual arousal and excitement is affected by the level of thyroid hormones. They promote the pleasurable body-mind response that culminates in orgasm. At the time of climax, the brain increases the release into the bloodstream of the hormone oxytocin, which causes the involuntary rhythmic contractions of muscles in the genitals, anus, and uterus. These orgasmic contractions depend on normal thyroid hormone levels. After we reach orgasm, we experience a period of relaxation. In women, the resolution of the lubrication and engorgement may take several hours, whereas in men, the resolution of the engorgement and return of the penis to a flaccid condition occurs almost immediately after ejaculation.

Women tend to suffer from sexual dysfunction more often than men. Research has shown that **40-45** percent of women and **20-30** percent of men suffer from sexual dysfunction. Low libido (lack of desire and loss of sexual fantasies) called hypoactive sexual desire syndrome, is the most common form of sexual dysfunction among women. According to a study conducted in Switzerland, one of two women suffering from sexual dysfunction has lack or loss of sexual desire, and one of ten has an issue with reaching an orgasm. Sexual dysfunction causes significant personal distress and promotes major interpersonal problems. Any kind of sexual dysfunction among women has several roots and includes both physiological and psychological reasons. You are more likely to suffer from hypoactive sexual desire syndrome if you are not satisfied at work, if you have relationship problems, if you have a medical condition, or if you

feel that your partner has low libido and does not reach a climax. You may also suffer from **“hypoactive sexual desire syndrome”** because of abnormal hormone levels or as a result of taking certain medications

Women’s sexual problems often arise from the differences that exist between men and women with respect to thinking and feeling. Generally speaking, men focus on sexual intercourse, but women can be satisfied with just the emotional affection associated with sex. Typically, when a woman loses interest and desire in sex, the couple often stops having intercourse. A woman also does not want to have sex if she suffers from pain during intercourse. Wanting to have intercourse, for women, is more linked to the affection that she has for her partner and to the anticipated physical and – equally important – mental and emotional satisfaction experienced during intercourse. In essence, men and women have different ways of thinking about sex.

**Because of this high vulnerability to sexual dysfunction, women’s sexuality becomes easily impaired at all levels if they have a thyroid imbalance.** In patients with this condition, depression makes sexual dysfunction worse. This often explains why women with thyroid imbalance may continue to suffer sexual difficulties even after the imbalance has been corrected with treatment. Another reason why a woman may continue to have low libido is **hyperprolactinemia** – an excess of prolactin, the pituitary hormone that regulates lactation. High prolactin can be caused by an **underactive thyroid**, by medications, or by a pituitary dysfunction. Recent research has shown that 88 percent of patients with hyperprolactinemia have sexual dysfunction. High prolactin level in women impairs all phases of female sexual function, including libido and orgasm. Women with high prolactin also have problems with arousal, lubrication, and satisfaction with sex. The higher the prolactin level, the more severe the dysfunctions.

Thyroid hormone not only has a direct effect on the brain chemistry interactions that lead to the autonomic nervous responses of sexual arousal and fulfillment; it also has an effect on the levels of sex hormones. **In women, hypothyroidism lowers estrogen and progesterone levels and can contribute to a cessation of ovulation. The lack of estrogen has significant peripheral effects, not only on the brain but also on the lubrication of genital organs. Low thyroid makes the ovaries produce less testosterone as well.** In a hyperthyroid woman, testosterone levels are higher, and estrogen levels may remain normal or decrease. Thyroid hormone excess may enhance libido in some women because of the increase in androgen levels couples with the direct effects on brain chemistry. In fact, this same increase in androgen can cause acne, growth of facial hair, and loss of scalp hair due to a shortening of the life of the hair follicle. In men, hypothyroidism often causes a decrease in the testosterone level. Treatment with radioactive iodine in men is another cause of lower testosterone levels. Low testosterone in men causes the levels of some forms of female hormone to become higher than normal. The various effects of thyroid hormone on the brain, on the autonomic nervous system, and on sex hormone levels account for the multiple sexual disturbances that thyroid patients often experience. Thyroid imbalance is much more common in women than men, and its effects on sexual function are quite often more complex.

Dr. Badanek's office looks at sickness and disease at a totally different perspective. We address the root cause(s) of all conditions, test for them, and treat the cause(s) not just the symptoms. It is a totally new paradigm shift of conscientiousness for the new patient. To input knowledge to the patient, which is most lacking today in our health care delivery system, is empowering the patient to be successful with their health challenges presented.

Please schedule an appointment if you or a family member is currently experiencing these or any other health challenges which have not seen success under your current health care provider(s). We offer a courtesy consultation for your first visit to meet and consult with Dr. Badanek. Dr. Badanek has been in private clinical practice for 35+ years working in the field of Integrative/Functional Medicine in the Marion/Ocala Florida region.

Dr. Badanek's websites: [Dr.Badanek.com](http://Dr.Badanek.com) OR [alternativewholistichealth.com](http://alternativewholistichealth.com) will give you an idea of what the facility has to offer the sick and health challenged.

To schedule an appointment, please call 352-622-1151.