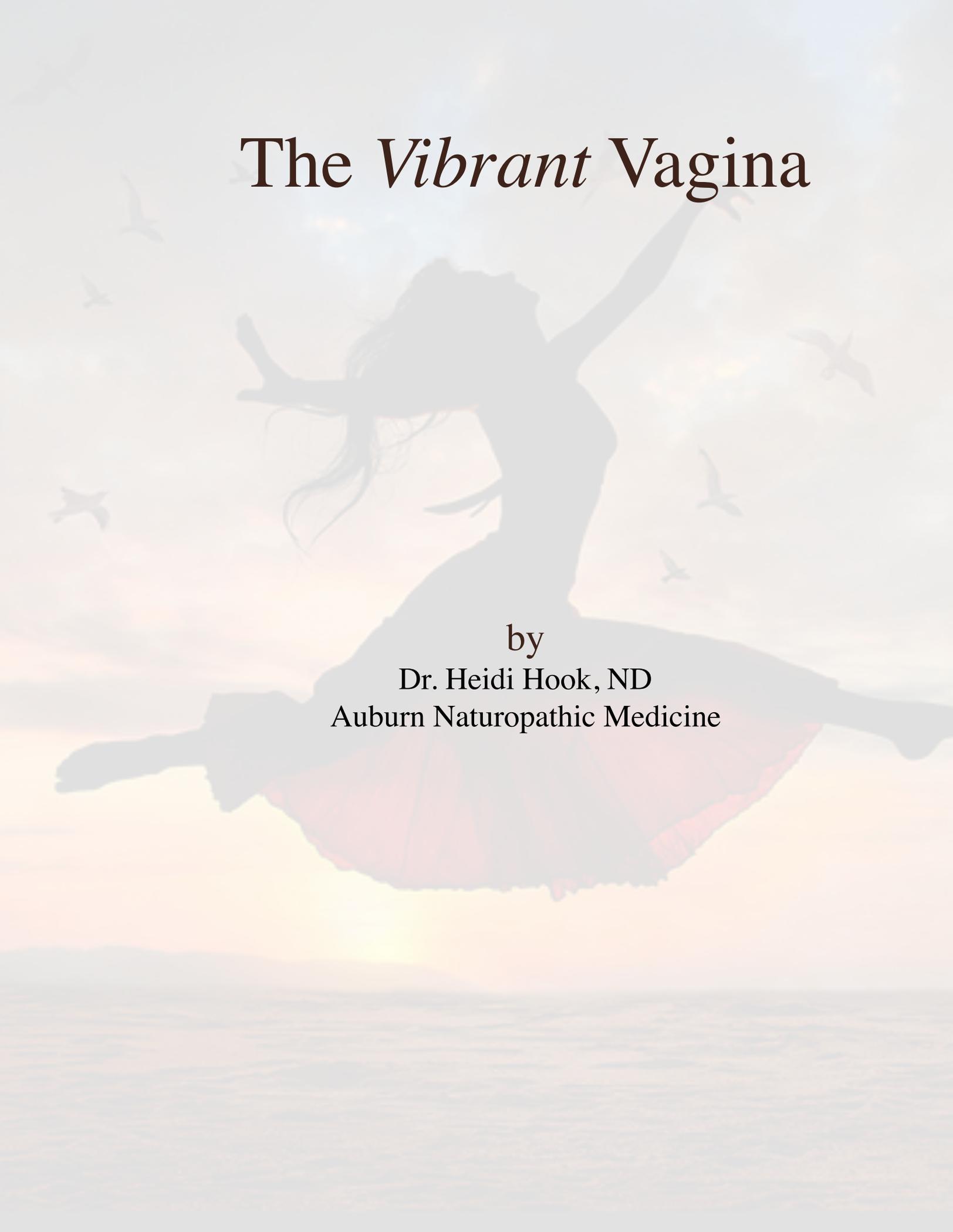


The Vibrant Vagina

by

Dr. Heidi Hook, ND

Auburn Naturopathic Medicine



AUBURN NATUROPATHIC MEDICINE

That's rightyou heard correct... The Vibrant Vagina!

What do I mean? I mean a healthy, pain free and self lubricating vagina for all women even for peri and post menopausal women. Why do I want to talk about this? Because this is the issue I hear most, across the board, from my women patients. They tell me that sex hurts and they have been told that there is not much can be done so they “grin and bear it”. Most of my patients won’t freely talk about this unless I ask directly. I hear so many comments of...”Wow... no one has every asked me that!” Some patients may have been given the option to use estradiol (which is not the safest option) hormone cream and use lubricants. I have amazing news:

The Solution To All Of This Is Incredibly Easy, Safe, And Effective!

1. What Hormones are involved with helping you get a Vibrant Vagina?

Estradiol and Estrone are the two main hormones and they are the more potent estrogens. They are also more pro cancerous and pro-inflammatory when in excess. They get broken down to Estriol which is 80 x less potent and less toxic than Estradiol and Estrone. Estriol is an anticancer, anti-inflammatory, estrogen and it builds collagen. This is the one we want to take. DHEA is a hormone that your adrenal glands make that is the precursor to these estrogens and is the precursor to progesterone.

An important thing to notes is that all of these hormones must be balanced with Progesterone

2. What happens to us around menopause?

Around 40 years old, our hormones start to decrease. Progesterone decreases first. This can put us in a state of “estrogen dominance” which can cause inflammation and heavier menses with more cramping and PMS. Around this time, our estrogens start to decrease as well. With lowered estrogens our vaginal tissue gets dry, thin, and weak. Lubrication diminishes and OTC (over the counter) lubrication just isn’t a good substitution. This is when sex becomes painful. We either stop having sex or suffer through it. After menopause our estrogens really decline to a post menopausal level and the vaginal tissue gets even drier and thinner.

3. The common Menopausal Vagina experiences:

The common Menopausal Vagina is dry with little to no lubrication. The tissue becomes thin and becomes easily injured. With injury comes pain. With painful intercourse comes low libido. With low libido and pain then lack of activity down there can lead to pelvic floor apathy. And dry vaginal tissue leads to chronic imbalanced flora. With chronic imbalanced flora then unwelcome and pathogenic bacteria start to take over This opens the door for urinary tract infections and then chronic urinary tract infections later in life.

4. What we can do about it?

Test our hormones - Testing your hormones through saliva or urinary hormones accurately tell us the hormonal levels. I want to know the levels of Estrone (E1), Estradiol (E2), and more importantly how well they are getting broken down to Estriol (E3) and how they are balanced with progesterone. WHEN WE TEST WE HAVE A BASELINE AND AND KNOW EXACTLY WHAT WE NEED. When estradiol and estrone are too high, not getting broken down to estriol, or not balanced optimally with progesterone then increased inflammation and increased risk of estrogen related cancers can occur.

We have a urine collection test kit called the DUTCH Hormone Panel and it tests all the hormones and their metabolites so you know exactly your hormone picture.

RE-TESTING- I advise re-testing every 3 months until your hormone picture is steady and balanced and then every 6-12 months to maintain to every few years when you are confident with your hormone picture.

5. How to Treat:

Estriol is my hormone of choice to put vaginally - It builds collagen, is anti-inflammatory and anti-cancer. Your body naturally restarts building lubrication. The most common prescription is *Estrace* vaginally which is estradiol. This builds the tissue back but is also inflammatory and pro cancer....not the best choice. Estriol comes in coco butter suppositories called *Hydration Cubes*. Depending in the level of deficiency 1 cube is placed vaginally (best at bedtime) x 2-4 weeks for a therapeutic level to build the tissue back up and then 1-3 cubes a week to maintain. There are a few different concentrations and formulations to consider. I like to start with the *Hydration Cubes 1X*.

They have 1 mg of estriol//cube. If after 1-2 months there is not the response that was hoped for then I may increase to the *Hydration Cubes 2X* which is 2 mg of estriol/ / cube. I always think as a general rule of thumb that I like to always do the lowest amount of hormones that gives us the response needed. *Hydration Cubes 1X Plus* and *2X Plus* are the same respectfully but with added DHEA. Now DHEA is the precursor to estradiol and estrone and testosterone. This is why I like to test. I will only suggest the 1X plus and 2X plus only if those hormones are low and balanced with progesterone. At no time do we ever want to create an estrogen dominant situation especially if there is any history or family history of any estrogen related cancers. And if you decide to try the DHEA formulations then I highly suggest to retest every 3 months to know what your body is doing with those hormones.

Most importantly, what are the *Patient Results*?

My patients tell me time and time again how happy they are to not only finally have their sex life is back but how much they ENJOY it again! This is the reason that I have decided to write this... the overwhelming response that I get from my patients. The frustrating question for them is why they didn't know about it and why it isn't this common knowledge for ALL women? Because our vaginas are not a common topic of conversation, there are so many women who miss out on this valuable information. So, my one favor to ask is this... if you use this and it works for you then please tell your women friends and be ready to experience the joys of sex once again!