

## **Oxytocin—The Cuddle Hormone**

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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**Summary:** Oxytocin, a neurohormone produced in both men and women, is also called the “cuddle hormone” because it aids the ability to bond through physical touch. As we age and our bodies stop producing testosterone, the natural production of this neurohormone decreases as well, taking with it our desire for physical contact with others. But, in most cases, with proper replacement of testosterone through pellet insertion, oxytocin levels return to normal and we again desire healthy touch and human interaction throughout our lives.

**Brett Newcomb:** One of the things that I have been thinking about is that the work that both of us do is really focused on specifics while we look for patterns. When clients come in to see me they usually come in with a specific complaint and one of the things that I have learned through the years is the presenting problem is almost never the underlying problem. So, as I try to take the thread, or the skein, and follow it back to the core message, what I am looking for are patterns. Patterns that replicate and malfunction or function well; whatever it may be to see the patterns in somebody’s life. And, as I listen to you talk about your medical practice, I hear you say the same kinds of things. One of the things that you and I have talked about, as you attempted to explain what you know and what you do, to me, is that you began to be concerned about the deterioration effects of aging. Your clients were coming in and talking to you about the misery, the dissatisfaction, the depression, the lethargy, the effects of aging in their life and that you started to try to track it back to its sort of initiating potentiator. And, what you have told me is that the aging cascade starts with the diminishment in testosterone manufacture and estrogen manufacture. And, that most of the aging effects that we can identify and treat individually, we can identify and treat at the beginning of the cascade through the work that you now do.

**Dr. Maupin:** Right. And, it’s interesting, medicine is generally a ... When I went into medicine I wanted to find out “okay, go upstream and find the initiating problem, fix that problem, be efficient, and then it will solve the other problems.” That’s what I get to do now. But, training-wise, most of us are trained by looking at one symptom and then treating that symptom and looking at another symptom, and maybe finding a disease, but never finding what started all of that. So that’s what I try to do in terms of diagnosis and I find it like swimming upstream. It is not how other doctors tend to approach this. But, when I have done this, patients came to me saying ‘I’m not old yet. I’m 40, and my life’s falling apart and no one has a name for it and everybody tells me that I’m just crazy, or fat, or lazy’ or whatever. When I had my ovaries out, what they told me was ‘You’re just getting old - get used to it.’ I was 47. I have to live to 100 probably, with my family history. So, I wasn’t going to live to 100 like that. So I had to go back and find out.

BN: Especially the last 50 years of your life -- in limbo.

KM: Right. And, feeling terrible. There was no name for that. So I had to then, (this was over 9 years ago), I had to go backwards and find what happened first, because I don't want to take a hundred drugs just to feel somewhat better. I wanted to solve the problem. And the problem was that my ovaries were out and they were failing before that, and they didn't make testosterone. That's the first change in aging of both men and women.

BN: So you wanted to move beyond the standard medical concept of symptom management and look at causative factors to see how far upstream you can go to make an intervention that is a systemic intervention.

KM: Absolutely. And that's exactly what I love doing.

BN: So in the last couple of months, you have gone to two different medical conferences on the specialization that is becoming medicine-focused on aging and the aging process.

KM: Anti-aging. They're now calling it reverse aging, which is really more descriptive.

BN: And coming back from those conferences, you have had your interest piqued by the discussion of a neurotransmitter that has kind of been off of the mainstream radar, but that is beginning to be recognized as one of the more critical neurotransmitters in terms of very specific kinds of things. In terms of a hunger or a desire for touch, for intimacy, for bonding, that isn't specifically sexualized.

KM: That's true. But, it also does affect sexual response.

BN: But, it also is involved in sexual responsiveness. That's what's fascinating about it. You had me read a book by Dr. Thierry Hertoghe, who is French.

KM: And you are the first person who has pronounced it properly, besides the physician himself.

BN: Well there you go. That's because I studied in Arkansas where we talk that way.

KM: Yeah. You go to France all the time.

BN: The title of the book is *Passion, Sex and Long Life - The Incredible Oxytocin Adventure*. So talk to us about oxytocin and why he's so up on it, and why he has written a couple of books about it.

KM: Oxytocin is also referred to as the "cuddle hormone" in terms of the psychological world. And in medicine, oxytocin is the neurohormone, (it's not exactly a hormone and it's not exactly a neurotransmitter so they call it a neurohormone), and it is what we

initiate labor with. I'm very familiar with it because I am an OB-GYN, and we always gave Pitocin, which is oxytocin, to women in an IV drip to make their labor go faster or to induce labor. But, when you are not pregnant, men and women both have oxytocin, or should have oxytocin but it diminishes with aging. Oxytocin is the hormone that makes us want physical contact, makes us want to communicate with others, not be hermits, to want to be outgoing and caring and want to take part in our families and our communities. People with high oxytocin levels, genetically, and usually that goes along with being young and genetically high in oxytocin, are people who touch. People who have very physical relationships with their spouses. People who are very outgoing, salespeople - they choose their specialty by who they are, by what's inside of them.

BN: Better living through chemistry.

KM: Right. That's what's inside of them. And, it's inside of all of us to a different degree. So as we age, it then decreases. But what makes it decrease? Well, the first thing that makes it decrease is a lack of testosterone. So in general I was listening to all of these lectures about this wonderful hormone called oxytocin and I found that my patients generally don't need to add oxytocin because they have testosterone. And when we give them testosterone pellets, then their oxytocin goes up.

BN: It's rejuvenated the same way that their testosterone is rejuvenated. So it's an automatic part of the process for most patients.

KM: Absolutely. For most patients who come to see me and I replace the testosterone the way I do it. Now, not everyone at this anti-aging conference understands why pellets are better, but I could see that I don't need a lot of these other things except in specific patients who don't respond to the testosterone. Here is the example: A patient comes in and they are fatigued, they have no sex drive, they have no relationship with their family or their spouse, they don't want to go out any more, they in general are fatigued, they don't feel good, there's no joy in their life, they don't want to touch anybody, they feel like they draw back.

BN: So their life is shrinking inward.

KM: Right. And, they give me this as part of their problem. But I look at their lab and I don't generally look at oxytocin because it is a very expensive difficult test to do, and I look at their testosterone. Their testosterone is low. Maybe their thyroid and a couple of other things are low and I treat that. They come in for their follow-up appointment and they sit across from me at my table in my office, they cross their arms in front of them, they pull back away from me, and they look at me and with a straight face and say 'I feel great.' They don't have expression. They don't get closer to me. They don't lean on the table or lean forward. They say 'I feel great' with no emotion. And then I ask them specific questions. Is your sex life better? 'Well yes, my libido is better, but no I don't like being touched still.' In this particular subset of my patients I then have to ask more questions about oxytocin symptoms. Things like joy, and being more like your old self. Not everyone is outgoing.

BN: Well maybe their old self didn't have that either.

KM: That's true and a lot of people come back to me and, generally, even people who are anorgasmic, (women who have never had an orgasm), after testosterone have orgasms. Those that don't, generally need oxytocin. And then that brings it back. There are certain things that lend to people who have never had oxytocin be a very high hormone in their hormone profile. That is verbal and sexual and physical abuse as children stops the production of oxytocin. We withdraw. And that's not just a psychological thing, it is a physical thing. And so it is very hard to get over that. I know you deal with the psychological part of it, but it is hard to do that unless you have the hormone that actually helps you with that.

BN: Exactly. The psychological component of that that I hear about are people that will say they are anorgasmic, that they have never had an orgasm. And as we discuss and explore that situation, what we concentrate on is safety. And the ability to be safe enough that you can relax and then as you relax and you're not having adrenaline, and you're not having the anxiety issues that sort of insert themselves for your safety ahead of any other mechanical process in the body. As they can relax, then there is increased potential for them to have an orgasm or to feel intimacy. But how you get in a relationship with somebody who is safe enough, that you can be that open with and that trusting with if you have an abuse history. Whether it is sexual abuse, physical abuse, or emotional abuse, if you have an abuse pattern in your life, then there going to be walls up that protect you from abuse. But the cost of that is that you are not going to be available for orgasm or for nurturing intimacy.

KM: Right. And those people, maybe even young people, that's where this neurohormone and the supplementation of it actually can happen without the testosterone. Their female and male hormones are fine, they just don't have this one piece. So we can add that back with an under the tongue tablet or a nasal spray.

BN: The oxytocin comes that way.

KM: The oxytocin.

BN: Sublingual.

KM: So you can put it under the tongue twice a day or you can use a nasal spray, and that's also twice a day.

BN: So you don't just use it the way men use Viagra; it is not just for a sexual experience.

KM: No

BN: It's for that whole interconnective physical component that allows emotional intimacy to become available.

KM: Right. And, it won't work if you are not missing it. I mean if you aren't missing oxytocin and I give you oxytocin it might make you tired and just so relaxed that you are not going to be able to function well, because it is very relaxing. But it's supposed to make you relaxed. Some people get energized by it.

BN: So, let me ask you a question just out of the blue. Would you say that oxytocin, is then an enhancing component or an enriching component from foreplay and post-coital contact? Because I have clients that complain about both ends of that spectrum. That there is no foreplay, or it is not satisfying, it is not sufficient, it doesn't set the tone and that there is no post-coital intimacy, physical holding, hugging. 'He rolls over and goes to sleep. He rolls over and gets up. She gets up to go put a load of laundry in.'

KM: 'She paints the house.'

BN: So that sex becomes more of a physiological functional impact than an intimacy impact. So would you say, or do you know, is oxytocin a part of all of that?

KM: Oxytocin is a part of that. So we're talking about a different situation. We are talking about normal functioning people with normal testosterone and they produce oxytocin. You are producing it most of the time, but certain things stimulate it, and they will stimulate a surge of it. Now of course we have talked about labor and we start labor sometimes with breast stimulation but in sex and in pregnant people, breast stimulation stimulates oxytocin. So that's part of foreplay. Cervical stimulation also stimulates oxytocin. Moving the cervix, whether that be through intercourse or manually.

BN: I used to teach history and we always talked about in a certain age of ancient civilizations - all roads lead to Rome. And, what I am hearing is that all of these processes lead to neurotransmitters, which makes me remember that your brain is your most important sexual organ.

KM: Absolutely.

BN: And that's what all of your work is pointed at being able to reconnect.

KM: That's right.

BN: Get the brain engaged again in it's functional processes for the neurotransmitters and the hormone production going the right places in the right amounts. That also then brings my field into it of how to get the brain involved in terms of the set up; in terms of the perception and the framing of what it is that you are trying to do and it needs both halves.

KM: And if you can get somebody to . . . I mean, it's which came first, the chicken or the egg? Foreplay is going to make both partners much more likely to produce a lot of oxytocin and bond. It's a bonding. God made every hormone and every neurotransmitter for the benefit of bringing people together to have sex and children and then take care of the children and stay together long enough to bring the children to adolescence, not to adolescence but independence, and now that is 25 [years old]. It used to be 12 [years old].

BN: Yeah. 27 when they first leave home.

KM: Yeah.

BN: And you know, my argument consistently is that foreplay is more than just the 10 or 15 minutes before you try to have sex. Foreplay is something you start a day or two in advance, in teasing, in thinking.

KM: That's assuming you only have sex 3 times a week or 2 times a week.

BN: It's a constant behavior, then.

KM: Foreplay is a constant behavior the way you are discussing it. It's a mental kind of thought pattern, and that does, actually, mentally you can stimulate oxytocin by doing that. But it also has to do with touching and it's both partners. If one partner pulls away, the other person is going to touch their partner and they're not going to get oxytocin from that. They're going to get norepinephrine and go 'ooh - I guess they don't want that.'

BN: We are talking about things like hugs that are intimate hugs. I talk to clients all the time about what I call fence post hugs. When people have been in relationships so long and their behaviors have become so mechanical and so automated, they're not paying attention and they are not engaged. But I hug you before I leave for work and say 'bye, dear, have a nice day.' You know, I could be hugging a fence post. I am not aware of you, I don't feel you, I am not connected to you.

KM: And, you're not getting any of the surges of the hormones or the benefits of that.

BN: No, my mind is already in the car and driving to work and solving problems. It's not taking that moment to stop and just be connected to you. That is what I talk to my clients about all the time. Don't do fence post hugs. Work on taking 3 minutes, 2 minutes, 5 minutes, whatever you can to turn all the outside world off and just engage your partner in eye contact, in a hug, in a caress, in a kiss; in an awareness. It is about paying attention.

KM: And when you are paying attention, your hormones are surging. Now, here is what happens when we are in our 40's, 50's, 60's, 70's, 80's. If you have ever watched someone, very closely, aging you notice that they become less huggy, less touchy, less

emotional, less facial expressions, and if they are not replaced with any hormones, they become very stoic and alone. Even when it is a couple and they are sitting in the room together. I'm sure you see that.

BN: Flat affect

KM: Flat affect. No ups and downs and no real warm feelings. I am somebody who feels the person in the room.

BN: Sort of pasty, overweight, lethargic. I think I am describing myself.

KM: No. I was in a whole different realm. I was not talking about you.

BN: Well, it's all about me, Kathy. You have to know it's all about me.

KM: Of course it is. It's all about all of us when we are talking about this. So we will all age this way if we don't replace our hormones. We get more and more alone, we grow apart, it's not the golden years, it's the alone years. If you go to a nursing home, everybody is into themselves, introverted, because they don't have the neurotransmitters and the hormones to actually make their brain want to go outside themselves and engage with someone else. I would assume, if I was guessing why God did this, it was so that we would not mind being thrown out of the group and thrown into an isolated situation. It wouldn't hurt us so much because we wouldn't notice it.

BN: Kind of the way when you move into the dying cycle that the body turns itself off, if you have time, if it is not a trauma, the body turns itself off in stages. And, it goes to the central core and then it dies.

KM: Unfortunately, that is what aging is really all about. Slowly turning yourself off. However, we now live so long. After the normal aging initiation at 40, most of us live so long and not well. This is all a part of my joy in seeing my patients come back well. I talked to a woman yesterday who clearly has her testosterone fixed everything. I mean, every symptom, every social and physical symptom immediately was gone. Her relationship is better. She has a closer relationship with her boyfriend. She is in her 40's, 50 actually. With her love, now they are not so distant, even though they live at a distance they still have a sexual relationship now, just verbally until they can meet up.

BN: Phone sex.

KM: Right.

BN: That is great. That is foreplay.

KM: That's foreplay. Absolutely. Foreplay and something else. So it's one of those things that is in your mind. It is producing this neurohormone and many other neurohormones. We need to be vibrant, healthy, complete human beings.

BN: So if I am harassing and tormenting my wife, and she says 'Why are you doing that?' I can say 'I am trying to stimulate your oxytocin.' It's just science.

KM: That's right. It's just science.

BN: It's an experiment.

KM: You can absolutely do that and we will talk about that next week when we come back.

BN: You know, as Captain Kangaroo would say "the old clock on the wall". Next time one of the other ancillary hormone related issues that is so critical and that we haven't talked about, we have made reference to it a couple of times, is the thyroid and how that plays a part in this as well. So maybe next time we can focus on that.

KM: We will focus on that.

BN: We'd like to remind people that if they have questions or comments that they would like to make in response to these conversations, they can contact your office by email and you will give them the address for that.

KM: You can email [podcast@biobalancehealth.com](mailto:podcast@biobalancehealth.com) We also invite you to visit our website at [BioBalanceHealth.com](http://BioBalanceHealth.com). We have lots of videos and we have links to our blog and it tells you all about the services and the supplements, skin products and everything else that I have developed to make people feel better and look better and be younger. If you would like to call my office for an appointment, my number is 314.993.0963. My blog is at [Dr.KathyMaupin.com](http://Dr.KathyMaupin.com). It includes transcripts of these podcasts so if you would rather have somebody read them instead of listen to them, they are written down. Thanks for listening. Thank you, Brett.