



Progress Your Health Podcast - Episode 095

What Is Oxytocin Used For?

Dr. Maki: Hello everyone. Thank you for joining us for another episode of the Progress Your Health Podcast. I am Dr. Maki.

Dr. Davidson: And I am Dr. Davidson.

Dr. Maki: So on this episode, again, we are going to introduce something that we have used quite a bit with our patients. We are going to talk about a hormone, actually, a hormone prescription called oxytocin. I know a lot of people have heard of that before, right? It is considered to be kind of the love hormone. But it can be used, it can be turned into a prescription and we use it quite often.

Dr. Davidson: Yeah. I have actually used it a lot with patients. When it works, it works really well and the great part to it is there is not any necessarily, negative side effects to it. So if it works, awesome. If it does not, then okay, we are back to the drawing board. Those of you that have heard of oxytocin, they think of it as like the love hormone. But it is. You know what, it can help with female libido and that is probably a cup. Probably the two reasons that we use it or I use it is for working on female libido because we know that that can be a tough one. Because school rules are complicated. The other part that I use it for is just a sense of well-being. It does kind of help bring up that mood. We live in a stressful world. We live in a sympathetic, adrenal fight-or-flight world, whether it is watching the news, or driving your car, or getting to work on time, or working with family, things are stressful that I find that oxytocin can really push you over to the other side to help bring that joy back so you do not always feel so rushed and overwhelmed.

Dr. Maki: Yeah, right. I would agree that those are the two main things that you and I use it for. We are not really big fans of antidepressant medication in general. We never use them. That is fine if people want to take them, but we are not necessarily going to prescribe those things. That is just not what we choose to focus on. Oxytocin is kind of

our version of something like that. It has very good, as we are talking about one of our previous episodes, the cost-benefit ratio oxytocin, also has a very good cost-benefit ratio. It works great. You get some benefit from it. There have been a few where they just do not notice anything or the effect of it is not substantial enough for them to notice any subjective improvement. Again, it is very subjective. Libido, maybe not as subjective either, your libido increases or it does not. The mood can also be kind of an up-and-down roller-coaster. There are good days and bad days that it can also be a hard thing to gauge or quantify over time if it is actually helpful or not. But the ones that it does, I had a patient to talk to earlier this week. Now, this is where it gets complicated. There are a few different types of dosing forms. All of them were had to be refrigerated that has some issues. But now they have some sublingual, they have a nasal spray, they have some I know that do not need to be refrigerated like a stable tablet. She has three different ones and she uses them all for different situations. When she took the original one, the refrigerated form, she noticed a dramatic difference in six days. Ever since, she is like, I love it. I think it is great. She is a business owner. She has got a lot of pressure, a lot of stress relatively and it just gives her that little bit of pick me up to be able to get back up and do it all over again.

Dr. Davidson: Something you had mentioned earlier, it certainly is not a replacement for antidepressant medication. We do not use it in that way. We are not big fans of antidepressants you know, in the right circumstance. Absolutely, it is so necessary. But that is where we are part of a health care team. We work all together as a team. So we all know what our patients' other doctors are doing with them and what prescriptions they are on. Now, granted our patients' other doctors, like their GP or a gynecologist or psychiatrist, do not exactly understand what we are doing, but that is okay. We are still on the team together. But the neat thing about oxytocin is, let us say somebody is on some other types of medications, there is not a lot of contraindications with taking oxytocin. Even with vitamins. Like if someone is on a blood thinner, you do not want to put them on too much vitamin D with vitamin K2 in it because that could then their blood some more. Even vitamin C or fish oil can thin the blood. You would not want to take 5-hydroxytryptophan and maybe some mucuna to raise up your dopamine if you are on some kind of SSRI or anti-depressant medication. There are so many different contraindications when it comes to medications. The neat thing about oxytocin is, regardless, is we can give it a try. If it works awesome, if it does not, if you do not notice it, that is okay. Like Dr. Maki was saying as I do think we should probably go back to and explain a little bit about the dosages and how you take it. So originally with oxytocin, when we would use it, it always came as a nasal spray which was not the funniest thing to do. It is almost like you put it up to your nose and you spray it, kind of like Flonase or Afrin or something. But it comes in that little container. You have to keep

it in the fridge. It does sting a little bit in certain people's mucous membranes. It stung mine. Because I have tried everything. Everything we do, we always try. We got to experiment.

Dr. Maki: We are our own little guinea pigs in that respect.

Dr. Davidson: I am not going to give anybody anything that I would not do myself. y

Dr. Maki: That is true. I used to coach some nutrition students and I tell them the same thing. If you are not willing to do it, do not tell your clients or your patients to do it just because you have the experience. When it comes to diet, nutrition supplementation, medication, all that kind of stuff, in there is a little bit of, kind of trial and error to understand how the experience of trying something.

Dr. Davidson: Exactly. Well, we have tried the nasal spray and it does work. The nasal spray is more absorbable and that is why they had it as a nasal spray because oxytocin is very hard to digest. That is why the capsules because they do come in capsules, oxytocin capsules. Because we did eventually end up using the capsules more often than the spray. But once you take that capsule, your stomach acid really does destroy a lot of it. So you have to do kind of a higher dose, kind of like you do more. So whatever it destroys, whatever is leftover, you are able to utilize. So now, more recently, which is really nice, is now there are available, the sublingual tablets. I do think the sublingual tablets are really awesome. They do not taste bad. You do not have to spray it. You can technically travel with it. Ideally, you want to keep it cool. You certainly do not want to put it in the glove box of your car in hundred-degree weather. But at the same time, I do think the tablets are much more absorbable than the oral. In some ways just as absorbable as a nasal spray but much easier to use.

Dr. Maki: Yeah, right. Like the patient I was talking about just a few minutes ago, she travels quite a bit and she uses one for at home, the refrigerated version. She keeps that one in the fridge. I was trying to ask her which one do you like the best and she goes well, it is not really which one I like the best. If she had to pick one, it will be the refrigerated one because that was the one she started with. She noticed an improvement within six days. But the other ones allow her to be able to take it in when she travels because it is heat stable or temperature stable. Even the sublingual like you said, she will take half of the tablet of the sublingual and use that at the moment if she is having a stressful day or whatever. She really finds a lot of benefit from that.

Dr. Davidson: I love that we are doing patient examples when you are talking about this. When you say she found an effect within six days, she noticed an effect, she takes it to get a particular effect. What effect are you talking about?

Dr. Maki: Well, she just said that she just noticed that she felt better.

Dr. Davidson: Mood-wise. Not like her libido is crazy and she is chasing down everybody on the street.

Dr. Maki: Exactly.

Dr. Davidson: She does not do that.

Dr. Maki: Yeah. I think she did say there was some libido improvement. For women, we deal with women in perimenopause and menopause. Libido just disappears. I am probably preaching to the choir here for women that are listening. That is one of the biggest complaints that we hear and it is one of the hardest things, you know, to kind of help resurrect a woman's libido. A lot of times women in their forty's and fifty's are stressed. They got a lot of things going on there. Maybe they are over-exercising, they are not sleeping and the libido just disappears. So some of those things, all of the things have to be aligned properly for that libido to come back. That is originally what the oxytocin was kind of intended for. It is a libido enhancer. But with this particular patient, her benefit was from the mood standpoint. She could tell it completely. She just had a little bit of a greater sense of well-being. Not in an over-stimulated way but just from a very pleasant perspective. That she is able to do her day and she feels good. Maybe even a little bit of energy from that positive mood enhancement that she experiences.

Dr. Davidson: When it first came out, and it may do still talk about oxytocin for the female libido, and I do think it has an effect on that. But like Dr. Maki mentioned is, us gals are a lot different than the boys. Our minds are going. I mean we can think of 10 different things at the same time. So when you are stressed, you have a thousand things to do tomorrow, I am tired, maybe I exercise, I did not eat enough. But at the end of the day, most women are like I am too tired to engage in extracurricular activities. I just want to go to bed. For fellas are, hey, they could have been sleep-deprived and a leg hanging off and be like, they will be ready. They are up for it. I think if we can get a female to feel good, like with the oxytocin, like your patient you are talking about. Hey, my mood is better. I am connecting better with people, I am feeling joy in the activities that I would normally find joy in. I think that itself would help with the libido. Because we are definitely way more cerebral and cognitive when it comes to sexual drive than men.

Dr. Maki: Yeah. No credit on, I am not a woman. But I just hear this feedback all the time. Women are just giving, giving, giving all the time. They are just you know, taking care of everybody whether it is work, whether it is at home, whether it is friends or family, whatever the situation might be. They do not really have the time or the bandwidth to devote any time to themselves. That is a common thing that I see over and over and over and they just kind of end up spreading themselves a little bit too thin. So bringing the joy back, I think that is a very interesting way to describe it. How do you quantify that? I ask patients a lot. On papers, someone's life is really good, right? They got a nice family, they live in a nice house, they got a great neighborhood, kids go to good schools, kids are doing well and I asked him are you happy? Then sometimes they pause and take a second and they are like, I really should be but I am not. That I think is a big deal. Like why do we push ourselves so much to have so many things and stuff but we are miserable at the same time. There is a disconnect there somewhere. Maybe now because we have all these different options and how we live in America these days and then people are trying to discover some of those things or figure some things out. But on paper, people should have these great lives according to the American dream but a lot of them do not. A lot of them are stressed and overwhelmed and they cannot sleep and as I said, libido disappears. Ultimately, they do not have any joy or they are just not happy.

Dr. Davidson: With what you are saying there, I think it is a little bit of that chicken and egg scenario. So you think oxytocin comes up when you hug your best friend. When a female has an orgasm, their oxytocin goes up so that they bond with their mate. Your oxytocin goes up when you see your kids doing something super cute. We look at Bob, our little dog and he is laying on his back with his little paws like flailing, your oxytocin goes up. That is oxytocin. But when you are living in a stressful world, even if it is just trying to make it to work on time or you have a hundred emails to deal with today and family stuff. As I said, family stuff or getting the kids to school, that in some ways is stressful. The body does not understand that that is not a fight or flight reaction. It just that our body, adrenals respond to either a bear is going to come and eat me or I am fine and I can eat berries from this tree. So when you are constantly in that stress reaction, the body thinks well, why am I constantly being chased by a bear? The last thing it wants to do is raise up your oxytocin. When someone is at war, fighting another tribe or battle, the last thing you want is your oxytocin to come up so that you bond with people you are depending on or you are attacking. So that is where I think that we do, as a society in the society that we live in, in which we live in a really wonderful world. As you said, we are safe, we have water, we have food, we have a nice home, electricity,

we have heat, that we live in a really wonderful world. But at the same time that stressfulness drops is almost like a recipe for oxytocin to be low.

Dr. Maki: Yeah, right. So just to give people a little bit of background, granted you and I are certainly not a neurobiologist or anything like that. But when you talk about the sympathetic side of your nervous system, this is the involuntary part of our nervous systems that do things for our body without us having to be consciously aware of it. We can sort of control our sympathetic, our autonomic nervous system. So you have the two sides. You have the sympathetic which is the fight-or-flight. That is the Monday morning, busy workweek, go, go go. America excels at that part. We do a really good job of pushing ourselves physically and mentally to strive for something. The American dream. The other side of that, the balance to that is parasympathetic which is the rest and digest. How many people when it comes to eating breakfast or having lunch, they are just frantically trying to shove something down their mouth or they do not need anything at all, or they are eating in their car or they are doing this because they are so busy and have so many different things. You cannot properly digest food in that sense. Even from a joy, happiness, libido perspective, if you are stuck in that sympathetic all the time, the fight-or-flight, the rest and digest mode is never going to happen. Nobody gets really good at doing something that is required to do over and over and over. From talking to our patients, we have to actually kind of work at allowing that parasympathetic to actually take over at the end of the day or on a perpetual basis. So there is a balance between the sympathetic and the parasympathetic.

Dr. Davidson: Exactly. Like I said, kind of that chicken and the egg. So I am stressed with daily life, then my oxytocin drops which make me not super happy, that I am more stressed which makes oxytocin drop more. It is almost like this vicious cycle in some ways. A patient I was talking to, she went to Disneyland with her family. They love Disneyland. Some people love Disneyland. Me, I am not really into crowds. But some people love Disneyland and I said, did you have a good time? And she said yes. Oh, I am like, that is awesome. But then we talked about it a little bit but it was not that she did not have a good time but she said she could not understand why which is why I bring up the joy part that she did not enjoy it even though she should have been. It is that part where hey, I am doing an activity that I normally find joy in. Why am I not feeling joy? Why am I just going through the motions? Why am I just putting on a happy face and I am not really feeling it on the inside? I think that does have to do with the oxytocin. It probably has to do with a thousand, million, trillion other things that go on in our bodies and in our environment, but I always say with, hey if we can stop that like just add in the oxytocin, it is safe, it is innocuous. It raises up that level of joy, you feel more connected with people, with your spouse and then it moves from there. So kind of

like that chicken and the egg. The oxytocin is up, my life is pretty good. I see some of the joy and the color in it. Then your oxytocin goes up some more and then eventually I have lots of patients and you know, myself included that do not take the oxytocin every day. I mean, I have got oxytocin in the fridge. It is probably been there for a little too long, you know for months. But I say, hey just take it. Eventually, they evolve it to, hey, I woke up on the wrong side of the bed this morning for whatever reason. Or in the afternoon, I got a really nasty email and put me in a bummed mood. Or it is Friday night and it is just us at home. So you can evolve it to where you just use it sometimes.

Dr. Maki: Yeah, right. That is my patient. She takes it. I have a few other ones that are like that as well that they use it episodically but they also use it consistently at the same time. Hers was a bit partially because it was just the most recent. I just talked to her recently and I did not realize exactly that she had three different dose forms. But when we talked about it, I was asking her a lot of questions just to get the feedback. What do you notice? What about this? Which one do you like the best and dosage wise? She said one pharmacy, they reduce the dosage but she like that as much you wanted of a higher dose. So she had a lot of really positive feedback because she had a really good response from it. Again, oxytocin has only been around for the last probably five years. It really works clinically. Maybe ten, but really in the last five years or so when it has gains momentum. I think we are still learning about potential uses for that. We are still at the tip of that iceberg of how we could use it, even getting the dosing right. Right now, I know fifty units is a very common dose. Like I said, one pharmacy reduced it down to thirty. My patient like the fifty. But we might find later that a hundred or a hundred and fifty might be even better, especially for short-term uses. If you are trying to use it on a Friday night, you got a date night or something, a higher dose in a more absorbable form, like I said the nasal spray or a sublingual or something.

Dr. Davidson: Or the in-laws are coming to visit for the weekend or the holidays.

Dr. Maki: Yeah. Holidays in general can be very stressful times.

Dr. Davidson: Monday morning at work.

Dr. Maki: Yeah, totally. So there is a lot of potential applications where it could be used on a perpetual basis or an ongoing basis but also very episodically or very situational basis. I think it gives a lot of flexibility for people. We talked about this a little bit with LDN, but another that we have not really explored too much and I think this is one thing that I would like to and I probably should be doing this and I have not with patients is using it for weight loss. There is actually quite a bit of research surrounding that on how it affects the brain. Basically, in that same context, we are talking with the autonomic

nervous system and some other hypothalamic-pituitary signaling. I was just doing a quick, little bit of research and just found that there is actually some food... What do you call it? Some decrease in appetite that is happening. Obesity is kind of a double-edged sword right? It is a brain problem and an insulin problem kind of at the same time. Some people say that it is strictly just to bring an issue and then some people say that it is strictly an insulin issue. I think it is actually both of those. I think it is very complicated in that respect. But oxytocin, again from that cost-benefit ratio, we are not trying to suppress appetite. But if we can modulate appetite for the right reasons, now that becomes a very safe and effective treatment potentially long-term.

Dr. Davidson: Yeah. If you are feeling better if you are connecting with people, you are feeling happy, then you do not always run to the pint ice cream like you would be if you are feeling a little unhappy. So they do not call it mood food for anything. So I could definitely see the aspect for that and you are right. I have not really talked to my patients about, you know, we are always working on weight loss. I mean we are girls. Girls do not want to gain weight. But I have no I have not really talked about the connection with that with some of the patients. So I think I am going to do that in the future. Definitely we use it for female libido and then also for the mood in general. Pretty much most of my patients, eighty-five percent of my patients are female, probably eighty to eighty-five percent. I tried to use oxytocin a little bit with men in terms for mood, I have not really had a lot of success just to be honest about that. Granted my patient population for men, using it is very, very small. So that is not to say it would not work with men. But definitely with the females, when it works, it works well.

Dr. Maki: Yeah, right. I think a lot of times too, even with LDN, because these are both kinds of you know...

Dr. Davidson: The low-dose Naltrexone that we talked about in a previous podcast.

Dr. Maki: Yeah. Both of these are kind of I would say in some ways, kind of fringy prescriptions. Not fringy but they are just not going to find these kinds of uses in a conventional standpoint. So you cannot go to your general practitioner and expect them to understand how to dose it or what it is or what you would even use it for. But we are still trying to figure out those applications ourselves. Because again, that cost-benefit ratio for both of them, it got a very good benefit side, very low downside. The potential uses are unlimited in some respects. I think nowadays, everyone is just looking for a little more joy in their day or just life in general. There is no reason why they should not be. They should be. We could have it if we allowed ourselves. You know here in America, we could really have an amazing quality of life. I think some people figure that out. But I think some people are still trying to... you know, there is something missing in

their lives. I think this is very individualized, right? Thinking everybody has to do the nine to five American Dream, that does not work for some people. It might have been the only option there was twenty, thirty years ago, forty, fifty years ago, maybe seventy years ago, whatever. But nowadays, you do not have to necessarily do that. I think some people just do not respond that way. They need to have a different lifestyle. I think in America, we have the autonomy to be able to choose that for ourselves. Oxytocin might just be a way to help people get there. Now, if your life is chaotic and you got stress all over the place, prescriptions like that can only do so much. You can only have so much of a reach. Maybe you have to clean up some of the chaos first before or at the same time, in order to have kind of a little bit of synergy there. But as an option, it certainly is a viable one for sure.

Dr. Davidson: Absolutely. You know with health, and joy and all that, and also working on hormones and hormone imbalance, it is all a big puzzle. Oxytocin could be one piece of the puzzle. It is not going to be the panacea or the huge knock be, the one thing fits all or knocks it out of the park, but it could definitely be a piece of the puzzle as we are kind of moving along. I think you are right. People innately or probably consciously realize they have a great life. They live in a great world here. If they feel like, hey, I have got a really good life, why am I not feeling well about it? Then we say, hey, let us look at the oxytocin. It would be worth a try.

Dr. Maki: Yeah, and granted that is a little bit of a Band-Aid right? You are trying to pharmaceutically have an impact but in the short term, I think that is a very viable treatment option.

Dr. Davidson: As I said, the chicken and the egg. if you can feel better, then things around you change, and then you change and it is just a way to get the ball rolling.

Dr. Maki: Yeah, right. Now, that is interesting that you say that. One thing that we try to do with our patients is, our job is to get them to feel better first. That is why when I was talking about my nutrition students, you do not necessarily want to make things harder for people because their lives are hard already. Anyways, our job is to improve how they feel and then they take care of some of the other things on their own once they feel better first. We take that responsibility when someone comes to us to be a patient. That is what they come to us for. We want to make it easier for them. They notice a change and then they start taking care of life. We have had plenty of people that have literally, once they feel better, everything changes in their life. They exercise, improves their diet, improves their relationships. Maybe their relationships change, maybe their jobs

change, maybe their locations change. All of that can happen once a person actually feels better and like you say, the oxytocin can play a nice role in that in the early stages.

Dr. Davidson: Exactly. So I would say it is not a Band-Aid but maybe more of a stepping stone.

Dr. Maki: Yeah. That is a good way to say. Yeah. They are not a Band-Aid. I think that some of the pharma...

Dr. Davidson: ...Pharmaceutical medications with side effects become habitual. You are stuck on them forever. That is a terrible Band-Aid.

Dr. Maki: Yeah. That is a good distinction. I would agree with that. I do not think that

Dr. Davidson: Or the stepping stone to see what direction you can go. We are just guiding. We are not like giving them the magic keys. We are just giving them some stepping stones so they can go in the direction they want to.

Dr. Maki: Yeah. We got some good tricks in our bag but we do not necessarily have

Dr. Davidson: A wand.

Dr. Maki: We do not have a magic wand. We cannot do it all. Honestly, stress, we all have stress to some extent. Some of us have more than others. Stress is an obstacle here to cure for everybody. Stress is the big one and we all know that stress is not good for us. A multitude of ways in how we feel, in how we look, in our health and immune function wade and all those kinds of things. But how do we approach that or how do we affect that is really the million-dollar question. I think oxytocin plays a very good role in that potential there. So again, do you have anything else to add or should we call this one a wrap?

Dr. Davidson: I think it was really good.

Dr. Maki: Yeah. Until next time, I am Dr. Maki.

Dr. Davidson: And I am Dr. Davidson.

Dr. Maki: Take care. Bye-bye.

