

THE HEALTH NUGGET



MARCH 2009

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To Be Taken Seriously, Pt. 1

“Male hormone replacement? You’ve got to be joking!” I could be mistaken, but that is what I imagine would be a collective sentiment from the male population at large. After doing some investigation into this subject though, I can assure you that the loss and replacement of male hormones is no joking matter. Most men would probably have a difficult time being convinced of a potential need for more testosterone. Everyone knows that to be a manly man, a man’s man, a guy needs testosterone and plenty of it. While it may not be freely admitted or looked into, it is a subject that men, middle-aged and beyond, would do well to take seriously.

Testosterone is essential to both male and female. It is the proportion of it before and after birth that largely makes the distinction between the sexes. The decline of essential sex hormones in women is very familiar as it is a more dramatic experience and we women, as a rule, have no problem discussing hot flashes and waning energies. But men do not cluck like we do. It just wouldn’t be . . . well, manly!

Andropause is the male equivalent of menopause. While characterized by declining levels of free testosterone, the decline is more gradual than menopause and, therefore, symptoms appear over a longer period of time. But andropause is no less significant in the physiological effects that result.

Testosterone is critically involved in building and maintaining muscle and bone, burning fat, supporting endothelial (blood vessel lining) function, various brain functions, maintaining energy level, mood, the immune system, influencing lipid levels such

as cholesterol, triglycerides, HDL, and LDL. Because testosterone is involved in so many bodily functions, symptoms of deficiency are varied. Loss of stamina and muscle mass, reduced libido, anxiety, depression, diminished energy, abdominal obesity, and cognitive decline are considered more obvious, common symptoms.

Typically, testosterone levels begin to decline in men in their mid 30s to mid 40s. An 80-year old man may have only 25 percent of the testosterone level he had in his youth. Often this is dismissed as normal aging. But there are others who believe that like any deficiency, optimum levels should be restored to promote optimal health and well-being.

It is reported that millions of men in the United States suffer from the effects of low testosterone levels while a very small percentage of these men seek hormone replacement. In general, low testosterone is associated with a higher disease and death rate. Men with lower testosterone levels have been observed to be more likely to die from cardiovascular disease and all causes compared with men who had higher levels.¹ In fact, “low testosterone may be a predictive marker for those at high risk of cardiovascular disease. Another review from the Baylor College of Medicine reported that there is a higher prevalence of depression, coronary heart disease, osteoporosis, fracture rates, frailty, and even dementia with low testosterone states.”²

The vascular system and the heart muscle itself need adequate testosterone. “Contrary to popular belief, testosterone may actually help protect men from heart disease rather than increase the risk. . . . Our

study and others suggest a strong potential benefit for testosterone replacement therapy,' Michiaki Fukui, MD. . . . Fukui and colleagues looked at 154 men with type-2 diabetes. After controlling for other factors that increase the risk of heart disease, such as smoking and cholesterol levels, the researchers found that the lower the testosterone levels, the higher the risk of clogged arteries."³

According to Dr. Gerald Phillips of Columbia University Medical School, "men who have had heart attacks tend to have low testosterone levels. . . . Phillips studied fifty-five men undergoing X-ray exams of their arteries and found that those with low testosterone levels had higher degrees of heart disease. He also found that men with higher testosterone levels also had higher protective HDL cholesterol levels."⁴

Jens Moller, a Danish physician and pioneer of testosterone therapy, "found that 85 percent of patients experienced a significant decline in their cholesterol levels while supplementing with physiologic doses of testosterone. As a benefit these patients felt much better than they would have on conventional medication (statins), which have debilitating side effects such as nausea, gallbladder disease, diminished libido, liver problems, abdominal pain, muscle wasting, kidney failure and total transient amnesia."⁵

Another risk factor linking low testosterone to cardiovascular disease is its association with stimulating inflammation. Testosterone replacement has been found to reduce the activity of proteins that promote inflammation. Studies suggest that, "testosterone replacement shifts the cytokine [proteins that regulate inflammation] balance to a state of reduced inflammation and lowers total cholesterol."⁶

This reduction of inflammation has profound effects not limited to the heart. With both rheumatoid arthritis and systemic lupus, "major improvements of clinical status and inflammatory markers have been recorded."⁷

While testosterone replacement may not be the answer, one thing is for certain. When God created man with these amazing chemicals that would not only define our sexuality, but be intricately involved in the various operations of mind and body, He did an amazing thing.

There are certain things that mankind naturally take seriously. Then there are issues that we readily scoff. These are typically things that are not understood. The spiritual leaders of Jesus' day scoffed at Him and His teachings. Jesus' response was, "You are those who justify yourselves in the sight of men, but God knows your hearts; for that which is highly esteemed among men is detestable in the sight of God" (Luke 16:15, NASB). And on the flip side, God's wisdom we esteem as foolishness. This is a sign of the last days. "In the last days there will be people who don't take these things seriously anymore. They'll treat them like a joke, and make a religion of their own whims and lusts" (Jude 16-18, Msg.). Let's make sure that we are among those who seriously consider.

¹Navar, Paul D. "Optimizing testosterone levels in aging men." *Life Extension*. July, 2008. http://findarticles.com/p/articles/mi_6839/is_/_ai_n30936837http://www.medscape.com/viewarticle/566731.

² Ibid.

³ Boyles, Salynn. Low Testosterone Linked to Heart Disease. *WebMD Health News*. May 27, 2003. <http://men.webmd.com/news/20030527/low-testosterone-linked-to-heart-disease>.

⁴ Klatz MD, Ronald & Goldman MD, Robert. *Stopping the Clock*. Bantam Books, 1996. http://www.worldhealth.net/pages/the_male_sex_hormone_testosterone_chapte.

⁵ Somers, Suzanne. *Breakthrough*. Crown Publishing Group, 2008. p.157.

⁶ CJ Malkin, PJ Pugh, RD Jones, D Kapoor, KS Channer & TH Jones. "The effect of testosterone replacement on endogenous inflammatory cytokines and lipid profiles in hypogonadal men." *British Endocrine Societies Joint Meeting*. March 22, 2004–March 24, 2004. <http://www.endocrine-abstracts.org/ea/0007/ea0007p22.htm>.

⁷ Chris J. Malkin, Peter J. Pugh, Richard D. Jones, Dheeraj Kapoor, Kevin S. Channer and T. Hugh Jones "The Effect of Testosterone Replacement on Endogenous Inflammatory Cytokines and Lipid Profiles in Hypogonadal Men." *The Journal of Clinical Endocrinology & Metabolism*, Vol. 89, No. 7 3313-3318. <http://jcem.endojournals.org/cgi/content/full/89/7/3313>.

