Insomnia Caused by Low Testosterone
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Dr. Kathy Maupin: This is episode 30 of the BioBalance Health podcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb and this morning we are talking about insomnia. But we're not talking about all kinds of insomnia, we're just talking about a specific issue with insomnia and an approach to insomnia. If you go back and look at podcast 29, one of the things we talked about in that podcast is that you have to be careful about globalizations. And so today we want to really focus on not being global with a global word. Because everybody has an impression of what insomnia means. Kathy, can you talk specifically about the angle of approach you want to use when you talk about insomnia and why it's relevant to what you do at BioBalance Health.

KM: First, there are some people who have insomnia their whole lives. We're not talking about that. We're talking about insomnia that occurs after age 35-38. In that area, it's part of what everyone states is part of aging. But it's really based on the loss of a hormone. And that hormone is testosterone. It happens earlier in women than in men. Usually men it's in their 50's and for us it's in our 40's. But this type of insomnia is the type that creeps up on you. You don't notice until you have had it days in and days out that you don't have any energy during the day. And the other thing is you wake up un-refreshed. That's my key symptom. Not do you have insomnia do you wake up with hot flashes? But do you wake up un-refreshed? Because it's not the hot flashes that do that, that's a lack of estrogen. It's not getting into a certain stage of sleep that actually heals you. And insomnia over a long term can be very bad for your health but also for your life. It decreases so many things like balance, and being able to drive, and being sleepy while you're trying to drive home at night and that kind of thing. So it's very important.

BN: And then that fatigue from that also causes irritability and crankiness. And that feeds into the reputation about going through menopause, that all of these changes make you be somebody that you haven't been, and make you be somebody that's difficult to be with.

KM: But they don't address the issue that this happens 10 years before menopause. This happens early on. So we don't know it's coming, no one talks about. Women's communication is one woman to another. That's our communication method, generally, or groups of women talking about something. Well women go to coffee and say "I've got this insomnia" "Oh I've got that too." "And I can't sleep. I wake up I don't

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feel well." And then the fatigue issue. So they don't remember that insomnia is causing the fatigue and they go to the doctor and go "I'm tired".

BN: Or they don't know.

KM: That's why we're talking about it.

BN: The common wisdom is that is stress and they say "oh it's your children" or "it's your job". Or it's trying to be superwoman and run a house and run a business and raise children and run a husband". So of course you're tired.

KM: Take care of a husband.

BN: Same difference, you know that.

KM: Women are very stressed in their 40's. I understand that, I've been there. And the stress is from their children, and from their parents that they are taking care of. They're squeezed in and even if they have a job it's their job to be the caretaker. So that's very stressful.

BN: I have to think about important things like should we let Red China into the United Nations, or what to do about the debt load. You have to figure out about making dinner and was the laundry done and the kitchen floor mopped.

KM: Not if you manage it right and then your husband can make dinner.

BN: Yeah.

KM: In any case we're tired. We're tired. That reminds me of Saturday Night Live, Madelyn Kahn. Young Frankenstein. And in any case we're tired and that's coming from lack of sleep and many other areas. It's hard to sort it out but if we check testosterone levels those go down at exactly the same time as insomnia starts. So not feeling refreshed and being fatigued is a sign of that. We need to get past that to go back to why it happened and replace the hormone that's missing. Now in general doctors approach it differently. They aren't looking back three steps. They're looking for 'oh you don't sleep. Well, here's a sleeping pil'l.

BN: Here' s a medicine for sleeping or an antidepressant or an anti anxiety and that will all calm it down and you'll be able to sleep better.

KM: Well it doesn't make this kind of insomnia go away. Because you may sleep, but when you wake up you're still not rested. So that's how you know even if you've tried Ambien or tried any of the other mainstream sleep aids.

BN: You're drugged.

BN: I've had clients come in all the time and tell me those medicines don't work. And I've never before today heard that part of what we may need to consider is a medical

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evaluation to see if their hormone balance is out of whack. Because you know I spend time talking to them about depression and anxiety and stress in their lives and so on and we try to make behavioral changes. Sometimes they try to use medicine as an ancillary treatment for the behavioral changes and they still come in and say "I may be sleeping but I'm still not rested I'm still cranky and irritable. I still have these issues" and I don't really know what to do with that.

KM: Sometimes we need psychological care just to get back to normal even after we start sleeping. But you have to get the physiologic, our hormonal basis has to come back to square one where we used to always go through the four stages of REM sleep and then non-REM sleep, which is where you're dreaming. Non REM is going to sleep and starting to get deeper. And then the last two stages of non-REM sleep is dependent on testosterone. If you look at a nursing home and at 2:00 in the morning everybody is walking around whose not drugged because they have no testosterone by then.

BN: Old people wake up early.

KM: Really early! Like 4:00. But they don't have to go do something. Now I plan on being productive until I'm 95. So I don't want to have that. I want to be who I am and not in a daze all day and certainly I don't want to start that at 40. That cuts our lives in half. We can't be productive. Women come in and say "I don't know what's wrong with me. No one will tell me, they tell me I'm crazy."

BN: Well you know, people don't know. I have done therapy for 30 years and this is new insight for me. The standard response is maybe there is something physical going on. Let's send you to a physician and have a medical exam cause we've tried this, this, and this. And if they're taking anti-depressents or anti-anxiety drugs or sleeping medicines they're already having a physician involved. But I don't know how widespread this information is. So for me and for my clients this is a new piece of information and can be very helpful.

KM: It is so very important that people know that there is an answer to this and that it doesn't require a bunch of drugs to make you sleep that don't really make you rested. So in this realm, this information has to get out, especially women over 40 and men over 50. Because it's effecting their daily life, their performance at work and their homes. Now in general I find a lot of other things at this point. When I'm investigating . .

BN: I was going to say because you do a cocktail - you do more than just. . .

KM: Not exactly, it's not that fun.

BN: But you do other hormone replacements in addition to just testosterone and what you're saying if I'm hearing you accurately is that the initial issue arises out of a decline in testosterone. And of course you say that consistently about age related

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debility that occurs. So you go back and check testosterone levels with blood tests but you also check at least two other hormones. What else do you check?

KM: I check estrodial, estrone. I check FSH with are the two pituitary hormones that go up as your testosterone and estrogen drop and they cause sleep disturbances. When they go up that's a wake up hot flash, anxiety attack, something like that. So when estrogen and testosterone are low those go up. When I replace it those come down. They all work together. It's like cogs in a wheel. They all work together. So I check thyroid, I check cortisol. If your cortisol is very high you're not going to sleep well, if it's very low, you're not going to sleep well. The good news about testosterone is that it makes your cortisol come back to normal in general unless you've been stressed forever. Then I treat with a natural combination of adrenal hormones, animal adrenal hormones. That is a short term answer in addition to testosterone, but I treat all the hormones to make them basically normal and young.

BN: Ok so off the wall, not a question we've prepared for. But In looking at the book that you are writing, there is information in that book that talks about something called Tinnitus.

KM: Tinnitus.

BN: Tinnitus, thank you. And what I remember seeing in that was a reference to testosterone loss. So if people wake up in their 40's with ringing in their ears in the middle of the night and they're very frustrated by that and they don't' know what to do about that and it disrupts their sleep. Is it possible that there's a connection?

KM: Yes.

BN: I know that's not the only cause of that issue.

KM: No. I usually have my patients see an ENT or a neurologist and have all the other things ruled out.

BN: I really think it's important to emphasize that because that is a consistent thing that you do. You are not ever in a position in saying the only thing you need in life is hormone replacement therapy and if you do that it's a one size fits all.

KM: No, I don't do that, it's very specific.

BN: You're very careful about other kinds of referrals for other kinds of testing and intervention by specialists in other areas.

KM: I refer a lot to specialists because this is the last thing you do if you have a specific symptom that could be something bad. Tinnitus could be a brain tumor. Tinnitus could be a neurological illness. So you have to go get a CAT scan, you have to be worked up

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by an ENT. Then if it doesn't go away, if I replace your testosterone it generally will stop. And that's because testosterone stimulates fluid, normal fluid, good fluid in your joints, that's why arthritis goes away,and it also stimulates the fluid that's in your inner ear. So it helps your balance. And it also helps the Tinnitus to go away. Tinnitus is usually a deal where you're hearing your own blood flow and that's kind of like an echo. With an empty inner ear with not enough fluid in your inner ear that causes it to be. . .

BN: So if you sleep on your side and you have your head on a pillow does that increase the likelihood of that?

KM: No because the fluid would go down with gravity.

BN: So it's not a position issue.

KM: It's not too much fluid it's normal fluid. It's just that we dry out as we get old. And testosterone and estrogen are the two hormones that give us back all of the fluids that we need. That's part of the fluid. So many people say 'I don't' have balance anymore'.

BN: Yes.

KM: And you now balance has to do with the inner ear fluid and how the bones of your inner ear are working. Often, that's why people break their hips when they get old. Their balance is off, not their bones are fragile.

BN: So when we're talking about a specific type of insomnia that is derived from a decrease in testosterone we are not talking about a panacea that is going to make you sleep. It's not a sleep medicine that will put you to sleep. And it's not going to magically cure stress in your life. It's not going to cure relational issues. But not having it can lead to having relational issues and stress in your life. Because when you are fatigued, you're not thinking clearly, you're not remembering clearly, you're not responding as much in a cordial way, you're not as upbeat and functional during the day as you are when you have rested. And in order to be able to rest you have to go through the two REM sleep cycles which you also have to go through the deeper types of sleep.

KM: The non-REM.

BN: For those issues one of things a patient ought to check with their doctor is their hormone balance particularly in terms of testosterone.

KM: That's right.

BN: so if you have questions about this, or any of the other podcasts that you have access to please feel free to contact us. You can email us directly at podcast@biobalancehealth.com. Also, if you get a chance you can look on my website brettnewcomb.com for my blog and you can find these podcasts on there as well.

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KM: And if you'd like to know more about BioBalance Health or bio-identical hormones visit our website biobalancehealth.com or call us 314-993-0963.

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