

63 - Testosterone in Men

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

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Kathy Maupin: Welcome to the BioBalance podcast, I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. And today we're going to talk about testosterone and men because we've been talking a lot about women. And you're writing a book about testosterone and women.

KM: Yea, I think they need some equal time.

BN: Yea so we're going to talk about testosterone in men. And one of the things we're going to talk about later on in the show is erectile dysfunction. But I promise we're not going to throw any footballs through swinging tires.

KM: No bathtubs.

BN: No bathtubs on the side of a hill, unparallel. We're going to talk about the science that's involved in it. So when we talk about the testosterone in men, both men and women make testosterone. Men are believed to have these benefits, or the science shows they have these benefits from having an adequate amount of testosterone: bone density, so the whole osteoporosis issue comes into play if you don't have good.

KM: Men have great bones because they have 10 times as much testosterone as we do in their youth, so their bones start out stronger.

BN: So the older guys that you see that are bent over like this. Is that a?

KM: That's osteoporosis. They've lost their testosterone years before that. That takes a long time to develop. But they lost their testosterone and they bone mass.

BN: And if you replace their testosterone, will that help them to straighten up?

KM: Once they've reached the point of having destroyed their bones enough and they have kaifosis, you can't really fix that. But once you start to see them lean, you can stop it there, by replacing the testosterone. So if you feel like you're losing a little bit of your balance and you're leaning over a little bit and you can't stand up it's because all of the vertebrae are kind of crushing. They're all piling up on each other at different angles. And they're getting too close to one another. So you lose that nice little S in your back and you get this big C. You lose that lower curve and then the upper curve gets real big and you get a hump on your back, not an unequal hump. That's usually scoliosis.

BN: A hump, what hump?

KM: Yea, I love young Frankenstein too. So you get this big C and once that has occurred, you can stop the progress but you can't really recover the normal spinal alignment.

BN: So another element that they say has to do with testosterone in men is fat distribution. And my son is an emergency room nurse and he talks about being able to look at people and say type 2 diabetes because of where their fat is located. Are those two connected at all?

KM: They are, when both men and women lose their testosterone, they start making more estrogen which makes more fat. And then once you start making belly fat, which is where it goes, belly fat makes more estrone.

BN: So guys who have skinny hips and legs and skinny shoulders, but basketball belly's.

KM: Then you just make more and more estrone, more and more fat and then your body fat outstrips your ability to make insulin, you become insulin resistant. So you're also resistant, the cells don't let the insulin in, so you become diabetic.

BN: So as a physician, you walk around the grocery store or Target or someplace and you just go check, check, check.

KM: Oh, are you kidding? You're going to make people paranoid when I'm in the grocery store. I sit at dinner and I look across and I go ok there's a goiter, should I have to go tell her. Somebody who has a big thyroid that needs to be treated, I can see it.

BN: You go drop little cards on their table and say "I can help you with your testosterone issue."

KM: No, I'm not rude enough to do that. But it makes a good story. But when I'm at the gym working out I can look around and I can tell the men who are going to have a heart attack. Because they have no blood flow to their face at all, they have lots of body fat, they have very little muscle, they've lost their testosterone years ago, and they are set up for a heart attack. And that's what the studies that we looked at say. I mean it documents it. There have been many studies on men and I only brought a few to the table today, but in the last 5-6 years testosterone has been a huge subject for studying males and the benefits of testosterone hormone replacement in aging men. Now women we have to look for the research a little harder, but it's there. But men's research is abundant in the endocrine world.

BN: So you're referencing something called the SRM journal of May of 2009, what is the SRM?

KM: It is sexual medicine. So actually it looks at hormones and mostly sexual hormone. It looks at that study.

BN: This study says the risk for cardio vascular disease in men 1.6 times normal in men with slight erectile dysfunction and 2.6 with severe erectile dysfunction. So if you have erectile dysfunction in addition to all the concerns and frustrations about your sex life and performance anxiety and those things that come up you also ought to have warning signs come up that say you are at risk for cardio vascular stroke.

KM: And nobody really talks about that. They just hand you Viagra and say "see ya." I mean they really should say well one of the reasons; there are several different reasons that that's true. Testosterone usually helps both erectile dysfunction and helps people prevent cardio vascular disease.

BN: Well they say "see ya" unless you have a four hour erection. If you have that call us.

KM: That's not what we're talking about.

BN: Well I don't know because I see the ads and they say ok go take this and you say here's the Viagra go away, but they say if you have the four hour erection, come back. Is that relevant to the same conversation? Or is that a different issue?

KM: No that's a whole different issue. That's somebody who's not tolerating the Viagra or it's too much for them or they didn't really need it in the beginning, because it's causing blood flow to stay in their pelvis too long. That's not really good for you.

BN: Ok because this studies talking about the metabolization of nitric acid and that's not the same thing.

KM: Well Viagra increases nitric acid. And so that causes vasodilatation, dilation in the pelvis that brings blood flow to the pelvis and causes an erection. So testosterone improves nitric acid. Viagra improves it for a period of time. So both answers to this problem are nitric acid is the basic chemical that you need to have an erection. But testosterone gives you more nitric acid all the time it also decreases cholesterol and triglycerides decreases inflammation so it decreases heart disease. So that's why taking Viagra just helps you with ED. Testosterone.

BN: Yea, you don't just want to treat the erection. I remember working with a couple. The man was in his 80's the woman was in her 70's and he was really obsessed with still being able to function sexually. And he couldn't get an erection. And they had tried pumps, they had tried shots. And then they discovered these pills Viagra or some other derivative. And there was improvement there but they weren't talking about the risk of heart attack and stroke. And someone his age with the other issues he had. I mean he just had tunnel vision focus on an erection.

KM: Yea he had a different focus on what the doctor should have. He had an interest in function and the doctor should say “that’s a symptom of increased risk for cardiac disease. I should work you up for that, or I should send you to the doctor to work you up for that. So first and foremost you need to look at it as a sign of a problem and a doctor should use that sign to say “I want you to be checked for heart disease”. So there’s another component of this, when it’s not just the nitric acid, it’s also compromised of the vasculature of the pelvis. When all of your vessels will have artherosclerosis, in the same way. In other words if your vessels are narrowing on your heart because you have fat layers of cholesterol on the inside of your vessels and it makes a vessel get very small and makes you have high blood pressure. And it makes it harder to pump blood through the vessels.

BN: I saw a surgery once where Michael DeBakey pulled out a whole 6 inch sheath of goo from some bodies heart vessels and it started squirting all across the room and before that it was like trickle trickle.

KM: Yea, it couldn’t get through.

BN: You’re saying it’s not just you heart that has those issues.

KM: No it’s your whole body. If you heart has it, your corrugated has it so you’re at risk for stroke. Your pelvis has it so you’re going to have e.d. if you’re male. So it’s one of those things that we should go from e.d. back the other way.

BN: And is that a cholesterol issue?

KM: It’s cholesterol and inflammation. So one of the reasons we don’t get this when we’re younger is that it’s not just wear and tear, it’s that men have great testosterone levels. So they aren’t inflamed. They don’t have inflammation in their body because testosterone decreases that. So inflammation is necessary, let’s go back to like why we have heart disease. You have to have inflammation you have to have cholesterol and lipids like triglycerides. If you have those two things then the cholesterol sticks to the vessel. If you don’t have inflammation then the cholesterol is going to bypass the vessel and not stick.

BN: I love that you know this stuff. You know this is what we’re talking about. When you go to see a good doctor and you say I have this thing that won’t heal. And they look at that thing that won’t heal but then they also factor all the other stuff in that they know.

KM: You have to.

BN: I don’t know if it’s ADD or breadth of knowledge, but you start talking about apples and all of sudden we have a fruit basket here on the table. You go to testosterone, to cardio vascular disorder, to erectile dysfunction, to artherosclerosis.

KM: Which is just a buildup of cholesterol on your vessels causing heart disease.

BN: Yea, but a good conversation with your doctor that explores all of these situations and all of these issues that you may have gets a much better global look at your overall quality of health. You don't just treat the symptoms, you treat the patient.

KM: That's absolutely correct and that's what we've been trying to get to, in all of these podcasts and YouTube videos is that we're trying to educate you so you maybe don't have to ask your doctor so many things. But you can ask them the most important thing to you like "I have e.d. do I have heart disease, should I be checked for that?" And that's a big deal, it's even worse in young men. Men under 50, listen to the numbers, you aren't going to believe this. In men under 50 have e.d. they have a 50 fold increase in the risk that they're going to have a heart attack in the next 10 years.

BN: 50? 5,0?

KM: Yes, 50 times the risk of another person the same age that doesn't have e.d. So that's huge, so when e.d. happens before age 50 then you can actually count on having some kind of heart disease early.

BN: It's another issue with men. Don't hide from it. Don't ignore it; don't be afraid to talk about; talk to your spouse about it; talk to your doctor about it. If you're having issues with this, it's not just a performance anxiety, it's not just tiredness, and it's not just stress. It's a major warning factor that something is potentially wrong or actually wrong with your body and you need to talk to your doctor about it. And men are chronic about not doing that.

KM: And we always tell people to look for signs of things. Signs of osteoporosis. The fact that if you break a bone when you're just doing something minimal, that's a sign of osteoporosis, even if you're young. Or if you're starting to have this even when you're young then you should have yourself checked for osteoporosis as well. This is another thing, if you start having e.d. you should have all the vascular things checked and this study showed all of these results and this should be on the front page of the paper, but this kind of stuff never is. Nobody's pushing it. It should be out there with testosterone prevents women from going through 25 symptoms of aging between 40-50. That should be on the front page, so should this.

BN: You had quoted here from Endocrine Today in 2008: "Testosterone insufficiency linked to increase mortality in older men. Men with low testosterone had 1.5 times the risk of normal testosterone males at the same age of dying of heart disease. 1.34 times the risk of dying of cancer, and 2.39 times the risk of dying with respiratory disease. So you've got heart disease, cancer and respiratory failure that increase dramatically.

KM: The death rate and all it takes is having a normal testosterone to prevent it.

BN: To prevent it. That's amazing.

KM: And you can stop the process. I've had men come in who have had all of these things and the process stops. I look at the cardiac CRP which is a lab test to look for inflammation in the body. And most men who have e.d. have a high CRP and the CRP means lots of inflammation which means heart disease and a lot of other things. So when we give them testosterone in pure form, in the pellet for, then over time I watch their CRP come down to normal. Because it's an anti inflammatory.

BN: So good medical care is about quality decisions but it's also about quality of life. You can do all the right interventions, but if I don't eat right, if I smoke and drink too much, don't exercise, don't take care of myself, if I'm gambling with fate by my own choices you're not going to be able to help me.

KM: No, those are the first things you should fix.

BN: So those are factors and you have to be aware of that, you have to make better choices, but just some simple things, and in particular, the replacement of testosterone, or the maintenance of testosterone in younger men, can help avoid all of these life ending disorders in men.

KM: And quality of life ending disorders. You can avoid getting e.d.

BN: Yea if you can't breathe it's pretty scary.

KM: Yea if you have heart failure because you had a heart attack and it damaged your muscle. That's life impairing, you've become a cardiac cripple. So you don't want to have a heart attack, it's not just a given you're going to have one. When I was trained in medicine, the only thing we looked at was that a patient with a disease comes in, you take care of that disease and send them back out. I think, I hope they are starting to look globally more at how do we tie this disease with this disease and this disease and find out what caused it. Because if we can find what caused it we can do very efficient medicine. One answer to five different diseases. And that's what I'm trying to do by replacing hormones early on and not letting people get sick.

BN: To avoid the dominos fall.

KM: Right because testosterone also in men keeps them from losing their balance as they get older. Walkers, all that junk that we don't want keeps them independent, keeps their eyes good, keeps their hearing good, keeps them driving, I mean it is kind of the fountain of youth, but I hate to bill it that way but if you look at all these articles. One article says it's going to prevent you from heart disease, another diabetes, another stroke, another osteoporosis, all of the things that impair our lives as we get older. So why not take care of all those before they all happen.

BN: And a point you make in one of the chapters of the book is that we have all these medical specialties who are like the 6 blind men trying to describe the elephant. And each one of them is focused on their subset of special skills and very few people are standing back and looking globally at the whole operation at the individual in the system. And if they do, your argument is one of the things they'll see is hormone replacement therapy for women after they begin 40 and start their menopause, and men around 50. Hormone replacement therapy operates.

KM: Hormones include, we're talking about it includes testosterone. The world talks about it as estrogen. So we're talking about hormone replacement therapy as, it could be estrogen or testosterone, or progesterone. So that's what we're talking about when we're talking about hormone replacement therapy.

BN: But hugely preventative, greatly increasing quality of life and quality of experience. It's not just about sex it's not just about muscle mass. It's about living longer, living better, still with the responsibility to make good life style choices for yourself. So if you are curious about any this and want further information you can get in touch with us directly at.

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BN: And you can always reach me at Brettnewcomb.com.