

68 - Anabolic Steroids

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

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

Brett Newcomb: And I'm Brett Newcomb. And today we're going to talk about anabolic steroids. Anabolic steroids are in the news a lot. You see movies about them, you see news concerns, you see athletes who have taken them and are suffering from cancer and say "oh my God, you never should have done it." And "please don't do it to young children". And yet technically testosterone replacement hormone is an anabolic steroid. So it's important to talk about the difference. What's safe, what's not safe? Because we're talking about tools and the safe and appropriate and skilled use of tools. We have a thing at home that is like a welder's torch but it's used for cooking and you brown sugar and make brulees and stuff, and my son discovered it when he was about 7 and he thought it was a torch to set everything on fire with. So the tool wasn't dangerous but my son was dangerous because he didn't know what he had. He didn't know what he had a hold of. That's sort of the analogy that I want us to look at as we talk about anabolic steroids, because there is a huge underground market in the United States that's out there that young males predominantly use as a way to bulk up and get bigger and increase their chances of getting a football scholarship or make a team.

KM: There are 3 million males in America using steroids that we know of but I think it's probably higher than that. But this is kind of a request from my nurses because my nurses are always answering the question that testosterone that we give to older women, older men or women who don't have any ovaries or men who have had their testicles removed. They think this is anabolic steroids. When in fact it is replacement of a pure hormone to just replace the hormones that they are missing. So it's how you use it. Anabolic steroids are not pure testosterone. They are replicas of testosterone and other androgens the body makes. Those androgens are made in the adrenal and in the testicles. So when you take these fake testosterone items, especially when you're young and healthy and have your own testosterone, it shuts down your system. You don't make any testosterone and your adrenal is also impaired. Because it makes some androgens that are not like testosterone, but you need them, they're not exactly like testosterone.

BN: So if you were a young male and you started taking these things and your natural production has shut down, if you stop taking them can you get the natural system back?

KM: In most cases, but if you do this over and over again. . .

BN: Point of abuse beyond which you can recover.

KM: Right you do it for a certain amount of time. And then, they have a name for it and I know it's using a shot of HCG, (which is what we use for fertility to make women ovulate), but they use a shot of HCG to recover. It stimulates their own testicles to start working. If you do this over and over, and in some men they can do it a long time and it will continue to work and in some young men they do it a few times and their testicles give out. They're never going to respond again, they become resistant. I still remember a young couple [that] came to me, when I was practicing general OBGYN, for infertility and I had evaluated both. And this young man had no testosterone and no sperm. And he then confessed that he had used steroids. And it was a terribly difficult confession for him because I don't think he had ever told his wife before that. And she was so upset because she's not going to have his children and they were, it was very emotional, I should have just sent them to you. It was very emotional for them to realize that he had done that to himself. And she was unaware of that risk. I don't know that it would have changed their marriage, it probably changed it afterwards.

BN: And part of the problem is that because of the underground nature of this, kids who are being exposed to it, being offered it, who are taking it, are getting their information about it from people who are maliciously evil or who don't have good information.

KM: They're pushers.

BN: They say 'oh well this will help you bulk up or this will increase your speed of reflex and it'll work out and it'll be okay', and they don't know or talk about what the secondary costs are. It's very similar, I always reason by analogies it helps me to conceptualize this way. But when we're talking about steroids and the body and testosterone and anabolic steroids – the chemicals that go into your body look for and attach themselves to receptor sites. So they're like on-off switches that turn the system on and make it work or turn them off. I think about them like locks, keyholes and the right exact form key has to go in the right exact receptor site. And the anabolic steroids are artificial keys that trick the body. They're not the natural keys of the body but they resemble it so closely out to 7, 8, or 9 decimal points that the body is fooled. And if I'm understanding what you're saying correctly there's a potential for the body then to prefer the artificial key over the natural key and then just stop ever accepting the natural key again. It's like they lock you out of your motel room because you didn't pay the bill. They change the key.

KM: That's true, it also feeds back. When you have a high level of hormone the feedback system goes and shuts off the normal stimulation of the production of that hormone. So the feedback goes to your own.

BN: So they don't have to reject it, it just stops.

KM: No but after they use these anabolic steroids over time they develop an immunity to their own testosterone and even this, this doesn't even work anymore. So, because it's synthetic, it is not their own testosterone, and over time it is different than testosterone. If they had high levels of testosterone, of course they wouldn't need this and they would never become immune to their own testosterone or the pure form. But these are medicines that were made for a whole different reason. And they're being abused in Eastern Europe you can get them over the internet, I understand from different sources that I've interviewed, you can get this, I would never quote the websites, but you can get them from websites, you can get them from a very small percentage of unethical physicians in this country. You can even get them from trainers or people who are weight lifters, they have their own source.

BN: You remember the podcast we did about the guy that bought the medicine from China? And it had this horrible set of worms that were growing in his stool.

KM: Yeah, she bought it for weight loss and she came out with worms. Well she lost weight. She had no idea.

BN: But she ingested stuff from a country where it's not regulated, it's not controlled. You don't know what it is, the dosage isn't consistent.

KM: It's in Chinese, the instructions are in Russian, or German.

BN: Which most high school students of my knowledge can't read that.

KM: But the types of names that I am talking about are: anadrol is usually used for anemia in very sick patients to stimulate the production of red cells; oxydron (they probably have their own street names, I don't know those) is meant to promote weight gain in frail old people to get them out of bed; dianabol has no indications in medicine, it exists, it hasn't been banned yet; winstrol is a treatment for hereditary anemia (a lot of these, testosterone and other androgens do stimulate the blood marrow to make red cells); dequederbilum is treatment for anemia from renal insufficiency; and equobose, (anything with Equa don't use that. That's for horses but they take it out of the veterinary medicine pharmacy and use it on people); and THG tetrahydro gestronone has been banned so it is no longer available anywhere in the United States but I'm sure it's available somewhere else.

BN: In the subculture you can still find it. It's illegal and illicit.

KM: Right, it's illegal to bring these into the country, it's illegal to distribute, it's just like if you were doing any other illegal drug.

BN: So these are drugs that have a use that are legitimate drugs that are prescription and there are valid medical reasons for using them but you have to use them under a physician's prescription and a physician's guidance.

KM: And it's never to make you a better athlete. That's never the guidance.

BM: Well no that's not what a real doctor would do.

KM: Right and a real doctor would know the side effects. And usually you have to know the side effects. These are not side effects of testosterone. These are side effects of these anabolic steroids. They include early heart attack even in young men, high blood pressure, liver cancer, some of these are oral, growth of tumors, infertility, breast development in men, severe acne, that's kind of minimal compared to everything else. Rage, they call it roid rage, mania, delusions and an adrenal impairment. You can shut down your adrenals. That's like three different main hormones that run your water, your electrolytes, your water, your testosterone, some of it, some of your androgens, and it also runs your cortisol, your epinephrines. You can actually impair the production of all those very vital hormones by taking these. I mean it's a huge deal and it is not what we do. When we're giving pure testosterone it has none of those effects.

BN: And again you do what you do as a physician for a medically indicated reason under supervision, your supervision.

KM: My supervision.

BN: So this isn't subculture back room underground – hey let's try this and see if we can get high, let's try this and see if we can get strong.

KM: No it is not that.

BN: But there is confusion about that because of the overlap of the terminology.

KM: Right, it's like a misnomer. They're talking about anabolic steroids as testosterone. Well they do the same things as testosterone in some cases but they're false keys. So you can't really call them that.

BN: Well testosterone in men when you have to replace it, there are three reasons that you do that. And one is for muscle maintenance, maintenance of the structure.

KM: In older people.

BN: In older people. One is for mood stability, and one if for libido.

KM: E.D.

BN: Erectile Dysfunction, absolutely, four. So there are medically indicated reasons that men, grown men, not young kids, might need and benefit from having testosterone replaced.

KM: Yes and there are few and very few reasons that young men might need them.

BN: You've treated a couple of really young men who had some unusual circumstances.

KM: Young men that have genetic defects, Kynfelters syndrome is the most common, where they have the wrong xxy chromosomes. They can't make testosterone, they make plenty of estrone but not testosterone. So their testosterone is less than a female's. So those poor kids feel terrible and old and they have accelerated aging and they are sick. They don't look like healthy young men either. So I've replaced those men. But they were never going to make testosterone ever.

BN: Well that's not actually a replacement, that's a supplement that gives them what they should have had that their body wasn't producing.

KM: Yea I'm just bringing them back up to normal 18 or 19 years old. But I'm using pure testosterone. I'm not using an anabolic steroid. So it's not going to have those other side effects. And there are some men who have burned their testicles out. And their adrenals are impaired and I do replace them but I don't replace them up to, (that's the other thing, dose is big), I don't replace them up to huge.

BN: So I've got to ask you, what do men do to burn their testicles out?

KM: They take anabolic steroids.

BN: So it's not from overuse or anything.

KM: No it's not.

BN: I don't know. So what you're saying is they abuse their body and the consequence of that is that this part of their system no longer works.

KM: Right, I replace the testosterone, but I can never make them fertile again. That's gone.

BN: So they can have libido and they can have sex lives but they'll never have fertility. So this couple that came to see you the best you could do for them was to help them have a functioning sex life that satisfied them but you couldn't give them children that would be his children.

KM: Right, that's true and so those are the things that young people don't think about. There's something missing in teenagers' brains. One of my psychiatry friends told me that and they don't really mature until at least 21. I think they may have moved it up to 25. And all of the synapses aren't meeting and so they take big risks. And this is one of those big risks that you don't want your kid to take.

BN: Yes, it has to do with the development of the pre-frontal cortex where all of that calculation takes place.

KM: Oh you told me that.

BN: Probably.

KM: So it's not really complete, which is one of the reasons they take so many chances.

BN: So if you're a parent and you have a teenager that you are worried about especially ones that are heavily involved in sports, working out at the gym, those sorts of things. What kind of things would you look for to make you consider hey is my kid abusing anabolic steroids?

KM: The most obvious thing is that their testicles get really small. But most parents don't see that.

BN: Aren't going to know that. What about the rage?

KM: And they have unusual rage and unusual irritability and anger. But you know teenagers can have that periodically.

BN: But again the question becomes is that normal 15 year old behavior?

KM: That's the problem. It's hard to sort that out. But they also usually have really greasy faces, lots of acne. They may be getting breast development, because they won't be getting that from just normal growth.

BN: And if there's an abnormal jump in their size. If in two months time they put three inches on their chest, that isn't normal.

KM: And if they're working out a lot because they're told to take this and work out like crazy. I mean if they're working out an inordinate amount of time and they're getting really big, you'll see that.

BN: So the end of the day the point is there are cluster symptoms, it could be a lot of things. What you do when you see your child behaving in ways you don't understand is you take them to a doctor, take them to a counselor.

KM: Search their room. (I'm kidding.)

BN: You say I don't understand this and I want to check it out. If you have questions about this, or comments you would like to make. You can reach us directly with those questions and comments.

KM: At www.biobalancehealth.com or you can send us an email at podcast@biobalancehealth.com. Or you can call my office at 314.993.0963.

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