Hormone controversy and aging basics

So, you know, seeing how the news shapes our views is part of why we're here tonight talking about hormone controversy. Because, really, there is no controversy about hormones.

We have very clear understanding of what part of hormones are dangerous and what parts of hormone are safe and how to make utilization of the hormones safe for you and without risk, without any increased risk.

Do women get breast cancer? Oh, yes. One in seven, one in eight women will get cancer. Is it because she's on estrogen? No. toxins in the environment, excess body fat, poor diet, no exercise, all of those things.

Those are the reasons that feed into it. And so something like that happens very frequently. The question is, does the hormone cause it? That's the issue, not whether it happens or not.

So we're going to talk tonight about some of the other confusions that people have about hormones and where they come from. So what we're gonna do is I'm gonna tell you some about hormones, and some of you have already found your hormone truth or myth quiz that's in your folder, we'll be doing that later.

And having a little like truth, or, truth? Or myth? Truth or Myth? And this is myth versus reality, but it's really myth vs. truth. So I want to tell you a little bit about what hormones are, because that's fundamental to understanding why we talk about them.

The only way to get information from one part of your body to another is to send a messenger. And this was the messenger that ran the first marathon to, you know, to the tell the troops what was going on.

He was a Messenger. We have Messengers all over our bodies, so how does A gland in our brain tell our thyroid to make more thyroid hormones. How does the gland of our brains tell the adrenal glands to create hormones?

And how does our Thyroid gland tell every cell in the body to speed up metabolism? With messengers. And the messangers are the hormones So there are many different types of hormones.

We're gonna talk particularly about a few hormones tonight, the ones that are controversial. I don't think anybody has a big controversy about thyroid.

You know, we all know we need it and there hasn't been all this stuff in the media about it, but I wanna talk about the one that bring up questions and doubt in your mind.

So hormones also function, am I standing in front of the screen for people? Can you see better now? Hormones also function as our thermostat and metabolism regulator.

So that would be a lot thyroid. Also insulin, the hormone, controls metabolism of sugar. Hormones regulate aging, and this is the most important thing.

And starting with when we're about 25, when were hormonally at our optimal, begins the downward So by the time we're in our mid-40s, one of the most important energy and vitality hormones, DHEA, is about half of what it was when we were 25. By the you're 60, it's a quarter.

So a lot of things that are felt to be changes due to age, you know, what do you expect at your age? Are really hormonal declines. And this is the other thing, you know, people say, well, we don't have like 20 or 30 year studies.

Well, really, it's just been in the last 20 to 25 years that we've really started utilizing hormones for maintenance of health, slowing down the aging process, and aging what I call successfully, having healthy longevity.

This is a new thing. You know, in 1900, the expected lifespan was about 45 to 50 years old. Nobody ever lived in the latter part of their lives. Women didn't live in menopause.

Men didn' t live during a time of life when their testosterone levels went down. And when people say, well, I think we should just let nature take its course, Well, you know before insulin, diabetics used to let Nature take it's course.

It didn t have a very good outcome for them. Diabetes is basically a disease of premature aging. The sugar ages your blood vessels, ages you brain. Diabetics have accelerated heart attacks and strokes at a much younger age than the general population, and they have a higher rate of Alzheimer's disease.

So that's an example of accelerated aging, so if we can slow down the aging process, we will age more healthfully. We've done a whole lot to expand our lifespan, right?

So it went from age 45 or 50 in 1900 to here we are 200 years later. No, 114 years. I'm not good at subtracting. And we've added another 30 years But we haven't improved the quality of the last part of those years at all.

Hormones, inflammation, and menopause changes

And that's come from academic centers that have looked at it. So people are living longer, but not better. The real question is how can we live better?

And really, the baby boom generation is the first generation to have the opportunity to do something about their aging. Because it's only like I said in the 25 years that we have an understanding of why we decline as we get older.

And with that knowledge, you can do something about it. A large part of it is hormones. There are other things. there's oxidation, rusting from the inside out.

It's diet dependent and exercise dependent. You know, there are a whole lot of different processes. Sugar abnormalities, like with diabetes. you don't have to be a diabetic.

to undergo adverse effects from too much sugar. Don't wait till they call you a diabetic to control your sugar, even if your sugars elevated but not diabetic, you have a higher risk of dementia.

So we have this understanding about the aging process and that's allowed us to develop programs and supplements and approaches to slowing down that process, and decreasing our risk serious chronic illness.

We know that all chronic illnesses, and what do I mean by chronic illness? Cancer, heart disease, including strokes, Alzheimer's disease. Parkinson's Disease.

Those are all Chronic Illnesses. And they are caused by inflammation. What modulates inflammation? What you eat, your exercise, Your mental, emotional, spiritual part of you, And your hormones.

So all of those things modulate inflammation and you want to be on an anti-inflammatory path in everything you do. So that's what we're about and tonight we are going to talk about the hormone part of things.

Hormones do regulate aging. Our wrinkling, sagging skin comes from diminished estrogen levels and growth hormone levels. our loss of muscle comes form diminishing testosterone levels Dementia, we have great evidence that estrogen and testosterone in women and in men decreases risk of Alzheimer's disease and dementia.

Depression. is very much hormonal in men as well as women and has other causes aswell. It's a really complex one. And cardiovascular disease can be looked at as a hormonal disease.

Hormones like testosterone and estrogen help to keep the linings of your blood vessels in healthy condition. The linens of you arteries is where cardiovascular diseases start.

That's where plaque starts. And you want that lining kept velvety and soft and supple. You don't want it stiff and hard like a pipe with calcium deposits.

Hormones help to keep it like that. So hormones definitely regulate our aging, not to mention Symptoms, you know, low libido, mood, energy, a whole variety of things that we're aware of.

There's a lot that goes on that were not aware, but there's lot we know about in ways that don't feel well that is hormone related. So when we have somebody on a hormone restoration program here, we use a number of different products, eight of them.

We're going to talk about testosterone, progesterone, and estrogen, because like I said, that's where the controversy is. The other hormones that we use, pregnenolone which is a hormone that converts into a lot of these other hormone, but it also acts as a neurotransmitter in the memory center of your brain.

So some of that diminishing of cognitive ability, of thinking ability as we age, oh well, it's just your age is diminishing pregnenolone level, something that can be restored.

Thyroid is a whole other topic but huge numbers of people have low functioning thyroid that contributes to weight problems, energy problems mood problems thinking problems.

DHEA I talked about is this tremendous energy and vitality hormone. Melatonin levels diminish as we age and so people tend to have more sleep difficulties as they get older and sleep is absolutely foundational to your good health.

And vitamin D, I talked about, which functions more like a hormone. And like thyroid, there is a receptor or a spot on every cell in your body for it to have an action.

So a receptors like, a lock. Vitamin D is the key, or thyroid is key that goes into the lock, turns the locked, and causes something to happen inside the cell.

If vitamin is everywhere in you body, thyroid's everywhere you're body. Some of the other hormones are more targeted. They're not everywhere. They don't have actions everywhere, so we're going to talk about these three because that's where the big controversy is.

Like I mentioned, hormones decline as we age. We're at our best at about age 25 to 30. You know, that when people are too young to know how good they have it, right?

decline in midlife and continue declining and then of course women have this really abrupt change when they go through menopause and lose a bunch of hormones like all of a sudden, which is a very tumultuous thing to have happen for many women.

So, menopause, the average age is age 51, and there is this period that we call perimenopaus, which, when I got started in OBGYN, you know, 30 some years ago, there wasn't even a term.

That didn't exist, perimanopau. And it's traditionally said to last two to five years, but quite honestly, the changes start happening to women in about their mid-30s.

So women, in their 30s, their periods start changing, things start change. It gets more and more apparent in the 40s but it is probably more like a 15 year lead up.

In men, testosterone declines little bit by little every year. The young men growing up now particularly have a problem. Sperm counts are going down worldwide.

Toxins in the environment have hormonal actions in our body, but not in a good way. And we think one of the reasons why young men have lowered sperm counts is because of these what are called endocrine disruptors.

They disrupt proper endocrine function. All the things that are in plastic. The adhesive that's used to lay the carpet.

Symptoms of hormone decline in men and women

The organic solvents that are in paint, all of that, are doing horrible damage to us. So, best thing is eliminate plastics from your life. And then as far as men go, looking at who's affected, because a lot of times people think it's only very old men who have low testosterone levels, this chart shows about 2% to 3% of men in their 20s even have lower testosterone.

20%-30% men between 30% and 40%, and more than 50% in men their 60s and 70s have very low testosterone. So it is very prevalent. So in men, there's this new term that was developed called andropause, because andro is the Greek name for the male hormones.

Testosterone and some of the other male hormone are called Androgens. So this was called endropaus in man and menopause in women. And sometimes we call it manopaus.

But we're going to talk about menopaths and manopath. It probably should be womanopas and manual pause, but anyhow. So these are a list of things, a partial list, and it's in your handout of symptoms.

Remember I talked about symptoms? There are things that go on that you're not aware of in you body, but then there are symptoms you are aware. And, you know, I know I see a skewed part of the population because people that come to see me come because they have a problem by and large.

Occasionally people come cause they want to maintain good health and they're feeling pretty good, But most people comes because their feeling terrible.

and have any number of these problems with energy, sex drive, moods, they're not sleeping well, not as strong, thinking not clear, higher body fat, you know what happens is you get older is even if you don't gain weight you Shapeshifting, where you get more fat around the middle and your muscles start going away.

So your body fat increases and then your muscle mass decreases. And it is really, it's part of healthy longevity. You must exercise and maintain your Muscle mass.

Low muscle Mass, there's a medical name for it. It's called Sarcopenia. And people who are sarcopenic, who don't have enough muscle mass, have much higher mortality.

So you will die earlier if you don"t maintain your muscle math. Elderly people that are kind of bird-like looking, they're very tiny. For the most part, the have skin and they have bones.

They may not have that much fat, but they don' have muscle, and you need the muscle. And exercise performance, people notice, men a lot notice this, they can't do what they've been accustomed to doing as far as exercise on the racquetball court or playing tennis, you know, really active sports.

They're not able to perform as well. And some women too, women that are more vigorous exercises will start seeing that they cant lift weights as heavy, it takes them longer to recover when they do exercise.

A lot of this is hormonal, some of it is nutrient deficiencies aswell. So this is the reality of manopause, and it's pretty much the same thing for women in menopausal.

The risk of being in manapause with low testosterone is premature aging, Higher incidence of heart attacks and strokes. I think you guys will be able to answer this quiz really well by the time we get there.

Increased dementia if you have low testosterone. Higher body fat. Like I mentioned, testosterone helps you maintain your muscle. Your muscle is the tissue in your body that metabolizes the nutrients that you take in, the calories that Fat is not metabolically active.

So if you lose muscle and gain fat, what you eat is going to get converted to fat rather than getting used sufficiently by your muscle. Is that clear?

I think I didn't say it clearly. I'll say it again. Your muscle is your metabolically active tissue. So if you have lost muscle because you're not physically active, you can eat the same thing.

You know, people say I'm eating the thing thing I've been, I always eat same amount, same kind of foods for the last three years and I keep gaining, gaining gaining because your losing muscle that would be metabolizing those calories.

if you're not physically active. And more of those calories are going to go on your body and get stored as fat rather than getting used by your muscles for energy.

What you eat either goes, you know, some of it goes to your brain because your brains needs a lot of calories to function. But other than that, it either go to you muscles to provide energy or it gets stored here.

And men also have risks of bone thinning. So men with low testosterone get into problems with osteoporosis just like women do with their low estrogen.

And Menopause risks are essentially the same. You'll age more quickly. We know that women before menopause have a relatively low amount of cardiovascular disease, and shortly after menoppause, we catch up with men.

Estrogen is important in terms of people. For a long time, it's not so much anymore, but people used to say, I'm worried about being on estrogen because I am afraid it is going to make me fat, because they think about the chickens that are, you know, goosed up with hormones to makes them fat.

And in fact, estrogen helps you keep from laying on this mid-abdomen fat and estrogen also very importantly helps make you more resilient to stress. So all the changes that go on when you become stressed that make you store more fat are mitigated by estrogen, which keeps you from suffering those physiologic effects of stress severely.

Estrogen is anti-inflammatory, like I said, in your arteries. So what are the options? Like I said, you can either let nature take its course. And we see that a lot, where people are not maintaining and advocating and working on their own behalf.

We were just having a little conversation up here earlier about the conventional medical system and how they will just kind of let you go down the tubes.

I'm sure we've all had experiences.

Patient stories: libido, mood, and fatigue

And I was sharing with Gretchen, I had an experience like that this year about my knee, which I happen to be a woman who tends to get torn ligaments in her knee.

So I have my second torn legament last year and got it repaired. And first of all, the doctor said, you know, we hardly ever do these in people over 40. Well, there I, was 67. He said we, hardly, ever, do, these and people, over, 40 and I'm like, really?

Why? And he's like they're just not that active. And I'm like, well, I, you know. I need to get this fixed because I am not sitting around. And so he did a fabulous job.

I had an incredible recovery. I went to physical therapy. Everything was just totally like smooth and as beautiful as it could be. i was happy. everything healed well.

started working out with my workout class again and I did it slowly. didn't do anything crazy. walked and then I

walked faster and we did lunges and squats and things like that to build the muscles up.

and then I tried a little bit of jogging on the grass. You know, very soft surface, just a few jogs. And the next day, my knee was in excruciating pain.

I was like, wow, I don't know what I did. So I waited a couple of weeks. It was just something weird. so I tried it again. Tried stairs, and the day I had excuciated pain, so i went back to the orthopedist and I said, something's really wrong.

All I can do is walk slowly. Like, i can't exercise at all, can you figure out what's happening? He said, well, you know, at your age, osteoarthritis.

And I said well I didn't have oste arthritis eight months ago when you did my surgery. I don't any pain then. He's like well you I don't know. We'll send you to physical therapy." And so I got to Physical Therapy.

All due respect to Gretchen as a physical therapist. And the physical therapists started telling me her story of her bad knees and her osteoarthritis.

Then I said, you know what? I need to see somebody else. I want to somebody who's not going to write me off because of my age, who is going do an evaluation.

So I've lived it myself. who I knew from the first knee surgery I had worked with. He didn't write me off because of my age. And so I said, I want to see Russ.

Set me up with him. And he like looked at my knee and he really evaluated me. He's like, oh, your IT band is really tight and this is real tight. And your kneecap is not riding properly on the joint.

It's pulled over to the side. That's what's giving you all the pain. So we need to really work on stretching. You did all this manual stretching and I did stretches.

I'm running again. If I had listened to an orthopedist and the first physical therapist, I would have been mostly sitting around and taking a few walks and not exercising as vigorously as I like to.

So I see firsthand what happened to me in the conventional medical system. And so we were just talking about, I mentioned that I'm writing a book called the patient revolution, why doctors are blind to the solutions that will get you well.

Because I started thinking about, you know, Why was I so resistant for so long to learning about alternative forms of medicine? What is it about doctors?

what is that about our training? What is about the whole medical system?what is It about pharmaceutical companies and hospitals and insurance companies that feed into this rigidity of thought that takes us to pharmaceuticals or surgery.

And that's it. That's all we know how to do. And it takes a lot of times a personal experience to get doctors to look at alternative medicine, or somebody in their family where they go searching, looking for another solution and finding it.

And so this whole view of aging is, well, what do you expect at your age? And there's not much of anything you can do about it, how many people are deteriorating more and more, and Gretchen was saying she does physical therapy at home with the geriatric population.

They are just one thing after the other adds on to help them go down, down down. Not the good food that they need, not the activities that the need not, the supplements they I mean, there was a study that showed very minimal doses of vitamin D in a nursing home population cut the risk of falls by 50%. Like, why would you not give

that to everybody?

Why don't all doctors know that? why isn't everybody on vitamin d if they're in nursing homes or if their elderly? You know, so that kind of thing just, you know Drives me crazy.

It's a low-cost intervention. Well, it's not going to make money for the insurance companies. And it is not gonna make for pharmaceutical companies, It'll make a nutraceutical company some money.

That's gonna drive the whole system. Yeah, why are vitamin D levels so low? A few reasons. One is people try not to get too much sun exposure because of melanoma concerns and really about the only way you can get vitamin d is through conversion of sunlight in your skin and as we get older our conversions not as good.

So there are very few foods. There's, you know, vitamin D fortified milk, which I don't think is great. Some mushrooms have vitamin B, but not the kind of amounts that you really need to get.

And it's amazing to me when I got into anti-aging medicine, being in Southern California, and seeing how virtually everybody's vitamin-D level is, I mean, just like 30 or 20-something.

I see people who had less than seven. 15, 12, such an increased risk for chronic disease. I'm like, I am so happy when I see them and I know we're going to do something about it because I now that we are preventing some serious illnesses down the line.

So the whole issue of how is aging viewed? So your regular doctor, when you talk about hormones, first of all is going to think that hormones only mean those three hormones that I mentioned, estrogen, testosterone, and progesterone.

So that's what they think of with hormones. And if anything, they're going think about relief of immediate symptoms, like hot flashes in women. They have no knowledge of the overall health benefits, nor do they really believe that you can slow down the aging process.

So without that belief, you are not even going to look for things that help people maintain good health, right? You have to believe it can happen. And I see it over and over again.

Don't we all know people who didn't smoke, stayed physically active, eat well, Many of them live a really long, healthy time. They don't get sick. But if you're a doctor and you dont really believe that you can slow down or change the aging process, youre not interested in hormones.

with all the media hype that I talk to you about and you succumb to the same doubts about hormones and hormone safety and promote that to your patient.

So that's one of the things I deal with like the doctor today with the vitamin D. I'm dealing with that all of time with estrogen, progesterone, testosterone.

Like I said, there are many components to good health. Your health is like a three-legged stool. Lifestyle. what you're eating, what your activity level is like, your sleep, you mental, emotional, and spiritual.

And with that, I would also say community, because we know social interactions are very important to healthy longevity, are two of the legs. Then the third leg is the physiologic and hormonal one.

That's a lot the area that I really delve into. I want to tell you, A few stories. I want to give you some examples of some of the things that we end up dealing with here in patients who come here.

So you have an idea of what we do and how it goes. So low libido is a very common problem I see. And I have special expertise and training in women's sexual function, and of course, by virtue of getting involved in that men's sex function.

I was active for quite a while in the International Society for the Study of Women's Sexual Health, which is wonderful organization that brings together psychologists, psychiatrists, gynecologists, endocrinologists researchers who research on rats so we had like these people talking about their rat studies and then we have other people taking about women sniffing t-shirts with men's sweat on it and you know haha it was really eclectic it's great So I know that, especially for women, their sexual function and libido is very complex.

It really depends on a lot of factors, self-esteem, mood, the relationship, but also hormonal. And early on in my practice, I met a really lovely woman named Maureen.

She actually had come to be in a clinical trial that I was running, and she didn't qualify for the clinical trail. And I said, well, you know, the bad news is you don't qualified for clinical trials, but the good news, since you do, if you'd like to become a patient here and start working on some of these issues, we can do that.

She was in her 50s, she had recently gotten remarried. She said, my libido's horrible, I feel dead down there. If I never had sex again it would be okay with me, but it's not okay my husband, and besides I just got married.

So we did testing.

Women's Health Initiative and hormone misinformation

We did restoration with estrogen and testosterone because estrogen's important for sexual driving women and testosterone and the other hormones. And her interest in sex returned.

She developed a nice sexual relationship with her current husband and she said to me really wistfully, she says, you know, if I had known about this years ago, my first marriage would have never ended.

So I was like, whoa, the power of hormones And then mood disorders are a major problem that we see here, depression and anxiety. And a patient came to see me a couple years ago.

She was 48 years old. she was brought in by her very concerned husband. He was so depressed, she made no eye contact with me. and she kind of sat huddled in a corner, barely said anything to me, and had previously been this high-level executive in human resources done volunteering, loved to cook at home, you know, had a vibrant life, very active, and now she hadn't worked for two years.

She didn't cook anymore at homes. Her kids were kind of like fending for themselves. Their husband was trying to like keep it all together. And her goal for her treatment was to be able to at least get back to work part time and maybe start doing some charity work again.

And again, we did testing and started her on bioidentical hormones. And shortly after I started treating her, she became so depressed, the husband had to take her in to get admitted to the hospital.

I kept saying, you need a psychiatrist, I'm not a psychologist. She was absolutely resistant to seeing a psychiatrists and ended up getting admitted. Well, then she got a psychiatric.

They diagnosed her as being bipolar and put her on just a touch of medication because with the bioidentical hormones and the things that we were doing to balance her neurotransmitters, she became balanced and functional very quickly in a matter of a few months, which anybody, any of you that know about bipolar disorder, it's usually months or even years until people's meds get balanced, and they become functional.

She really got functional in a matter of a few months. And the first thing she did was cook dinner for the family. That was a big landmark. By the end of eight months, she had a part-time job.

She was back to volunteering. And she really, she felt like a new person. She looked like totally different person, She look me in the eye, engaged. So that was a somewhat unusual problem.

Most of the people I see have depression, not bipolar disorder with manic depression. But she made a really quick turnaround in talking to her psychiatrist.

We both discussed the fact that getting her hormones and all these other brain chemicals balanced really facilitated her recovery. Anyhow, the last story I want to tell you about has to do with fatigue.

Harold, who's a 51 year old gentleman, came to see me and he was really overweight diabetic, was really concerned about his cardiovascular health. He had stopped exercising, stopped riding his motorcycle because he was so fatigued, stop playing tennis.

And the most, the thing that really propelled him to come here was that he had a girlfriend who was 30 years old, 20 years younger than he, who is pregnant and going to have a baby in two months, and he said, how am I going have the energy and the wherewithal to be a daddy to this new baby the way I feel.

You know, I've got to do something. And so we did testing. His testosterone level was really low and I was anxious to work on his cardiovascular health and other things, but that's not what he wanted.

He wanted his energy and his libido and erectile function back. And so his thyroid was very under-functioning, his DHEA level was low. It was a quarter of what it should be.

He was 50, he was on the really downward slope. And he took my advice, got started on a program to get his hormones replenished, and actually within a month he said, wow, I'm feeling so much better.

So he really was relieved because he could see The baby was on the way and he was doing better. So that's our fatigue story. We talked about sources of medical information.

When the Women's Health Initiative came out in 2002, when the results of it broke, We doctors were not informed. That was the study that showed that women had, you know, a greatly increased risk of breast cancer on premarin and that synthetic progesterone provera.

And here's how it came down. This was in July of 2002, July 9, 2002. It was a Sunday night. They called a press conference and gave out the results The preliminary results was supposed to be an eight-year study.

They stopped it after three years because they had a much higher rate of breast cancer in the women using Premarin with Provera. And they held a press conference.

So it got blasted out across the airwaves and in newspapers. I came to work on Monday morning and didn't know what hit. It wasn't put out in a medical journal.

We weren't given advanced information. What study, like, you know, what were the results? What were statistics? And so that was a really incredible example.

It was the National Institutes of Health, and I had the opportunity at a women's medical conference to ask the director of the Women's Health Initiative from the NIH whether she would do that again.

I said, You have no idea what it created, it create a pandemonium. Women went off their hormones, wholesale, I never had the opportunity to talk to people.

They just got scared and went off. And it's actually estimated that in the first 10 years after that result came out and women went of their hormones, there was anywhere from an excess 20,000 to 90,00 excess deaths in women aged 50 to 59 due to cardiovascular disease because they were not on their hormone.

Nobody thought about that. it was horrible you know and I had like I said all patients didn't contact me so I saw some people like for their annual exam a year later and they'd be like oh I haven't slept in a here these hot flashes are horrible I went off my hormones let me tell you sleep deprivation It's not good for healthy longevity.

It will shorten your life and cause premature aging. So things that everybody makes fun of, you know, the hot flash, oh, there she goes again, get the fan, really has serious health implications.

If not just an inconvenience. So I had a particular bone to pick about how the Women's Health Initiative results came out. It did not come out in a professional way.

And it put the country in pandemonium and women couldn't find out fast enough from a limited number of people who could give them information what to do and they went off their hormones.

Big Pharma, the pills in here are little dollar signs. They are really trying to close down compounding pharmacies. The makers of Premarin have been on a work path for the last 15 years to close down compounding pharmacies, trying to get legislation in place, not wanting people to have the ability to choose what they want to do.

So big pharma plays a very big role in this whole issue of hormones. You asked about low T centers and low-T. Everybody wants to cash in, right? So the pharmaceutical companies, Rob and I just looked at something.

You found a very nice website online talking about the effects of low T. And I said, Robin, this is like really slick. Let's look up who these ABV people are.

Sure enough, it was the manufacturers of androgel, which is one of the commercial androgen testosterone preparations. So you've got like the pharmaceutical companies fomenting the low T.

You've this low-T clinic, which as far as I could tell, maybe there are physicians involved, but mainly it's physician assistants and nurse practitioners that staff those clinics.

And they have a formula. You get it done, you know, really fast, and you're back out. And they said, oh, here it is. At low T center, your testosterone replacement therapy is performed in a comfortable, casual atmosphere, not a stuffy doctor's office.

We can usually get you in and out quickly. Anyhow, I think being in the stuff doctor office, if it's a doctor that looks at your overall health, is a good thing.

Okay, oh then who else do we have in the mix? We have the lawyers. So I told you there were a couple of studies on testosterone that came out earlier this year.

And one of them was from the VA Medical Center. It was published in The Journal of the American Medical Association, called JAMA, J-A-M-E. it had men who were on testosterone they did not measure their levels they didn't follow them up with levels or really any blood test they just gave testosterone I used to work at the veterans hospital I can tell you that is a very ill population and so they gave these really ill guys testosterone and some you know the older age group had higher incidence of heart attacks it turns out that And there was another study that showed older men had a higher incidence of heart attacks.

One of the studies was published in JAMA, and a group of knowledgeable doctors, some of them anti-aging doctors got together and really delved into the statistics and found that the statistic were so poorly done, it actually showed the opposite, that it cut down on heart attack.

forced JAMA's editors to retract the article. That never happens. I can tell you that never happened that medical journals retract articles. that article got retracted.

Well, who knew that? Was that splashed all over the front pages? No. So who gets in the mix? The lawyers. Low T complication? Give us a call. Testosterone therapy heart attacks?

give us the call contact us today So you've got the lawyers, they're all over the internet. So of course you get scared. Oh my God, my testosterone is going to give me a heart attack.

You know, is it any wonder that people are confused? Female hormones are only for reproduction. Myth or truth? Myth. Very good. We talked a lot about this.

You don't have any questions about that, do you? Okay. Low testosterone is only a problem for old men. Hormones should only be used in menopause for relief of hot flashes.

They should be at the lowest dose for the shortest time. Myth? Truth. Yeah, estrogen has over 400 functions in the body.

Myths vs. truth about hormone safety

It does help with hot flash and night sweats, but it does a lot more than that, and we talked about that. Helps to maintain muscle, enhance sleep, improve mood.

Only men need testosterone. Testosterone, you know, muscle building is important for women, libido. Women have an overall sense of well-being when their testosterone levels are adequate.

This rather nondescript well being. What does that mean? I don't know. They just, they feel good. Let's see. Myth versus truth. Estrogen is dangerous.

It causes breast cancer. Okay. The wrong estrogen is dangerous, especially if it's paired with the wrong progesterone. And that was the Premarin and the Provera that were in the Women's Health Initiative.

Definitely increased risk of breast cancer. Okay, so that is the first thing that came out, you know, got blasted all over the place July 9, 2002. What then came, I don't know how many years later, four years Oh, we reworked the data and looked at it, and the women who were only on Premarin, they didn't have any increased risk of breast cancer.

That didn' get blasted all over the place. So it turns out it really wasn't the Premrin. It wasn' the estrogen. it was that progesterone. A product that causes like double to triple the rate of cancer, why is it still on the market?

Ask yourself that, the Provera. Why is that not off the mark? It's a known carcinogen. Big Pharma. Okay. Estrogen causes heart attacks and strokes myth or truth?

Okay, the wrong estrogen causes heart attacks and stroke. Premarin was given as a pill. You had asked about oral testosterone. Well, oral estrogen for women ends up causing increased blood clotting.

It thickens your blood. And so what the Women's Health Initiative did, um, The average age of the women that were enrolled was age 67. So remember I said the usual age in menopause is 51. 16 years into menopause.

Remember what I said about once you hit menoppause for women, your protection against cardiovascular disease really drops. So there were 16 year into manopaus, they probably had a bunch of plaque.

Now we're giving them a pill that thickens their blood and yes, the had an increased risk of clot, venous thrombosis in their legs, heart attacks, and dementia, not Alzheimer's, dementia caused by mini-strokes.

So why is that estrogen still on the market? That's the question. Okay, testosterone is only involved in sexual function in men. Myth or truth? Myth. OK, Testosterone is dangerous.

It causes prostate cancer. Okay, this is where it gets a little muddy. Okay. What we do think is like what your oncologist said about breast cancer is that if you have a prostate cancer, testosterone may help it grow.

It does not actually cause it. But then there are all of these contradictions. Men with low T have more prostate cancer. Giving testosterone after prostate treatment when things are stabilized does not increase recurrence.

So it's a little hard to figure out and there are some theories about either very high levels of testosterone or very low maybe the problem and in the middle is okay.

It hasn't all been worked out. So I agree with if someone's been, we just had a gentleman who got started on hormones who had high PSA at his first visit and I said you really, you need to get this checked and he has an early prostate cancer.

His doctor said come off testosterone. I agreed with that. But after a period of time, if his PSA goes down and stays down, I would feel comfortable reinstituting it.

Okay, now the last myth. Bioidentical is just a marketing term. Biodentical hormones are the same as synthetic ones. Yeah, that's a myth. And I used to think that before I got into this field, I was like, oh, and I tell my patients that, Oh, bioidentical hormones, it's just a marketing term.

It's no different than, than the commercial product. There are some commercial products that are bio identical. Prometrium is a progesterone that is bioidentical natural progesterone.

And there are some of the skin gels in women that are bio identical estradiol, but they don't have a balance with the protective estrogen in them. The androgel in men, that's a bio-idental testosterone.

So I don' necessarily knock that, But to say that they're the same as the synthetic ones, like the oral testosterone, That is not true. Their risk breakdown is totally different.

So, let's see, any other things that I wanna, oh yeah, the Premarin only users in the Women's Health Initiative actually had 20% reduced breast cancer risk.

So they had less breast on estrogen. 50% reduce Alzheimer's risk in estrogen users.