Introduction and Dr. Benu2019s Background

The main reason it's not thought of as something we want to use for women is because, like you just said, we always refer to it as a male hormone. But the same way that men do have some level of estrogen and progesterone in their body, same is true of women with testosterone.

And while women are menstruating, it may surprise you to find out that you are actually making more testosterone than either estrogen or pro testosterone, not a very intuitive fact, but it is a fact.

This is Dr. Talks. Hello and welcome back to Mastering the Menopause Transition Summit. I'm your host, Dr. Sharon Stills, and I've got the other Dr Stilles here with me.

Whoops! So we don't get confused because I'm Dr. Stills. I've been Dr Stilles longer. But he's been Doctor Ben now for, for gosh, five years. Five years!

Doctor ben is my son, and he is also a naturopathic medical doctor. He's a second generation natropath. he actually grew up in the halls of Southwest College of Natuopathic Medicine, which is now called Sonoran University.

And then went back there after getting two degrees at UT Austin in accounting and biochemistry. Ended up back at SC&M because it was still SCNM when he went there.

And he got his own NMD degree. He's been practicing for five years and he's working side by side with me now. We're opening our 7,000 square foot clinic in Scottsdale this fall.

And we'll be working, our offices are side by side and it's really exciting. And so obviously I'm a proud mama bear, but he is really an amazing, amazing doctor.

I learned from him, even though I've been practicing 23 years and he's only been practising five. So he just a real gift. He works with women, he works men, everybody.

Everything from, you know, acute illness to chronic disease and obviously menopause, or I wouldn't have him here. And a lot of you always ask me, do you have a doctor you can refer me to?

Is there anyone you've trained? And so this is him. He is trained. I can prefer you to him and hopefully at some point in the near future, we will be training other physicians.

So we're not the only ones. But for right now, it's him and I. And so I brought him on today. We're going to have a conversation about testosterone because it's misunderstood and we want to set the record straight.

And we haven't done that in any of the interviews on the summit yet. So we're going to do a deep dive. and when we were with Dr. Ben, we do deep, do, deep.

We do do. Deep dive, so because, you know, not only is he a physician, but he's biochemist and he super, super wicked smart. so, and funny. Welcome Dr.

Ben to the summit. Thank you, Dr Stills. I'm very glad to be here and excited to dive into the weeds on testosterone because yeah, it's really, really important for both men and women.

It's not just, you know, we think of it as a male hormone, but it is, I would argue, just as important to women as it for men. And so actually, yeah, we are gonna talk.

I mean, where we're talking to you ladies, cause we know you're here, but we aren't gonna to talk a little bit about men because we getting you all better.

And if you are in a relationship with a man, We don't wanna leave him behind, right? If you gonna age gracefully and have longevity, and we wanna bring your male partner if have one with you.

So I think it's important we touch on that. as well. So let's just dive in, as we said, to testosterone and talk a little bit about why testosterone, you know, it's why is it so misunderstood and thought it is only a male hormone and why it important for women.

Well, I think the main reason it's not thought of as something we want to use for women is because, like you just said, we always refer to it as a male hormone.

But the same way that men do have some level of estrogen and progesterone in their body, same is true of women with testosterone. And while women are menstruating, it may surprise you to find out that you are actually making more testosterone than either estrogen or pro testosterone, Not a very intuitive fact, but it is a fact.

And we all kind of know it's very important for just like muscle, mood, energy, libido.

Why Testosterone Matters for Women

But there are aspects of your physiology that depend on testosterone beyond just what you can find on a Google search. So how do you go about evaluating a woman to find out if she is indeed in need of testosterone?

What is your clinical experience? So I'm going to use essentially two approaches to evaluate whether any patient, male or female, needs testosterone, estrogen, progesterone, anything.

First half is going be your clinical presentation. Just what is the patient telling me that they're struggling with? What symptoms are they seeing? And then second, I am going test them.

I like to test as a baseline, just want to see where you're at before I start, any hormone replacement protocols, and then Assuming your clinical presentation and your baseline test matches with what I expect to see to say, okay, we're going to go ahead and start testosterone or any hormone for you.

We will go head and initiate that protocol allow you to anywhere between four to eight weeks, you know, just patient schedules vary. And then we want to retest and reassess and make sure that the hormones that I've given you are, one, doing what they're supposed to do, reaching the levels we wanted them to reach and then metabolizing correctly.

That's why we harp so much on the urine hormone test, a blood test. Testosterone is one we can kind of get away with, but at least from a serum level perspective.

But as far as how it metabolizes, You'll miss that for any hormone, including testosterone. If you were just looking at the blood, the urine is the only place you're going to see, get an accurate readout on that.

So what are some of the clinical presentations that you see with women? For the women who are watching, what can they be thinking about that's going on?

That could be from a testosterone issue. So the, the waters can be a little bit muddied here. So, you know, a classic one is just, my mood is off. I don't have that drive for that motivation.

You know? I know I should exercise. And no, I shouldn't diet. You know, I don't wanna get up off the couch and I want to go do these things even though I know I should.

And I just can't seem to make myself do it. That can be a testosterone thing, that can an estrogen thing that could

be an adrenal hormone thing. So like I said, the waters can a little bit muddied.

You always wanna think of hormones as a symphony. They all need to be addressed, they all to need be in balance. If you're a woman and you feel like, God, just don' have that gusto for life that I used to.

Yes, so I would expect testosterone to help. But if that's the only thing I do for you, your results will probably be a little bit suboptimal. Other symptoms, you know, low libido, obviously a very classic one, again, related to estrogen, testosterone, and I always make a joke with my patients to say, libidio with men is, are we awake as a female within arm's reach?

Libido is probably pretty good. With women, it's a bit more multifaceted. You might be like, all right, my hormones bounce, yes, but my husband's pissing me off.

Oh, no, he actually well behaved today. Oh, the work is driving me crazy. I didn't get enough sleep last night. You know, there's a lot of boxes that need to be checked, generally speaking, for women's libido to where we want, but testosterone is 100% a very crucial component of that.

Your exercise, your workouts, if you feel like, oh, man, I just don't tolerate or recover from my exercise as well as I used to. I get winded a little too easy.

i'm not able to build that muscle mass the way I want to maybe the, way i could in my even you know early mid-20s it's just not the same for me anymore.

Testosterone is going to be a very important component of that. It's important for cardiovascular health. Can actually be really important as a breast cancer preventative which is again not something you're likely to find on Google.

Just to list a few, I could go on and on about the symptoms we see with low T in women. So I want to go a ways there. But you mentioned men. For those of you that have a man you love in your life, let's just talk about that briefly.

How to Evaluate Testosterone Needs

What do the women need to be looking for in their men? Because we know that women like to go to the doctor, right? We're more proactive. And then, you know, whenever a husband comes in to see me, I'm always like, okay, so let's just get it out of the way.

Like, did she drag you? She has a rope around you. She did. You know? Do you want to be here on your own? How do you feel about being here? Because, You want someone to get engaged and be part of this process in this kind of medicine.

So what do the women need to look for or telling their husbands to kind of coax them in to you know if they think that symptoms and so forth are warranting that they are in need of testosterone.

Yeah, so your general picture with men. There's definitely some crossover here with the symptoms we see in women. You know, that same kind of lack of drive, motivation, bleh, feeling, I like to call it.

Similar difficulties as far as tolerating recovering from exercise. Well, decreased ability to put on muscle, cut fat, decrease libido, brain fog. It's not beyond the usual, like, where'd I leave my keys again?

Why aren't we talking about? More like I'm at work and I can't complete tasks as effectively or, you know I not just, not crisp mentally, low libidio, even erectile dysfunction.

is something we'll see. So, you know, if he's not 100% successful there and, even earlier than over 45, 50, that's kind of like the old school of thought as far as that when we need to start looking at testosterone for men.

But I have patients who are in their late 20s who need to do testosterone replacement to feel the way they want to. Do you have any thoughts as to what that is, why we're seeing?

Because I see that too, like in a lot of my patients who bring their sons. And younger and younger, we are seeing lower testosterone. Is it stress? Is toxicity?

is it EMFs from keeping your cell phone in your pocket? Yes, it's a lot of things. There's 1 million different ways to mess up your hormones. I think plastic exposure and all those, I'll just say toxins, for lack of a better term, that we get from drinking out of plastic water bottles.

You store your food in plastic Tupperware. Maybe you get takeout from a place and the hot food's coming in the styrofoam container. A plastic cutting board that you're using.

Do you see the little knife grooves in your plastic-cutting board? That means plastic is missing. Where did it go? it went into you. And those are known endocrine disruptors.

That is something that you can just do a quick Google search and figure out. I'm not breaking any news there, I don't think. Lack of sleep, you know, especially, maybe this is more so in a country like America, where we're very like, go, work as hard as you, can we glorify, getting four to five hours of asleep a night and burning the candle at both ends.

But that that has a cost and usually the cost is hormones, you know, energy levels, things that are just going to kind of go hand in hand with decreased testosterone.

And do you ever use like with younger, do use Kiss Peptin to like just stimulate from a peptide perspective rather than giving testosterone? You can use kiss peptin, you know, in my experience, I'm going to kind of put that under the umbrella of like, if you want to get more sleep, there are herbs, other kind more, we'll say less invasive, not that I consider bioidentical hormone replacement invasive.

generally if it's that, or I wanna take just an herbal supplement, people are gonna consider that less intense of a therapy.

Symptoms of Low Testosterone in Women

And while those can move your testosterone numbers in the right direction, I generally see them fail to get the results that I'm gonna get by just giving the patient the hormone they're deficient in.

As a general rule, at least in my opinion, and I believe my mom shares this, the doctor still shares his opinion as well, if a patient is deficiant in a hormone, best treatment is giving them the hormones.

Yeah, I agree. I mean, i try like in the younger to get them to, right? Because if someone's older, if it's a woman in menopause, not, you know, older and better, or a man in andropause.

You know it, it is normal, that they're not producing. If it a 20 year old, like I do my best to kind of stimulate and see what can we remove to allow for production rather than giving them the external, but sometimes I do find that too, that if you don't go to the actual hormone, I mean, it might sound good in theory, oh, we're going to do this, or we can do that, and we are going give you this to stimulate that.

But in the area in clinical practice, which we were both in, the trenches working with patients, if we don t see you getting better, then philosophy only goes so far and you need to give the actually hormone.

So, okay, anything else about men? you want the ladies to know if they can see those symptoms, are there any other symptoms? And if the do go see a doctor, because there's a lot of like, like doc in the box, low T, you know, kind of drive through.

So is there anything that they, can be looking for to make sure that their husband is getting proper care? and then we'll talk about the same thing for them.

Sorry, you're asking if there's other symptoms they're looking for or more how they are being managed if they already on T? Both, yeah. If there are any other symptom you didn't mention and then how to know like the doctor they see is doing the right thing for them dosage wise.

Another big one I would say would be degenerative joint conditions. You know, testosterone is an anabolic steroid, meaning it's going to promote building proliferation of tissue.

So if you are deficient in that, rather than anabolism, your going be more on the side of Catabolism, where you might get disc height loss, low back pain, starting to degenerate with, you know, the knees, other joints that are just kind of subject to high impact, your husband or significant other.

It runs outside on pavement, for example. We like running. Good for a million different other aspects of your health, but does tend to be a little bit hard on the ankles, knees and hips.

And so if you're seeing, you know, not only just that decreased ability to tolerate, recover from exercise, put on muscle, but joint pains that maybe wander, from day to day, like I was my back one day and now it's the knee and it just kind of, more kind mild, moderate intensity, But not getting better, Not going away, and then they're leaning on something like, hopefully not ibuprofen or OTC pain relievers, Generally speaking, that's the route most men are going to go.

Okay. And dosing? So I usually, you know, we'll have a baseline, but generally speaking I find myself starting at about 100 milligrams injected into the muscle weekly.

I guess injection is, in my opinion, the best route of administration. For men, for women we like to do transmucosal creams if we're going do an estrogen or a progesterone.

That's not necessarily possible with men just because of the anatomy. understand what I'm talking about there. So we might try a transdermal cream, but with men, At best I see that working for a year, maybe two if they're lucky, but at some point the skin just kind of adapts and the absorption goes in the tank.

And we usually end up having to move them to the injection to regain those same results that they may have been seeing on the cream. So I usually just, I don't wanna waste the patient's time or money.

I just go straight to injection. Cause I know it's gonna work. The absorption is never gonna be an issue and patient is gonna happy. Okay, so let's go back to the ladies, because it's actually Dr.

Ben, who I forever was prescribing testosterone cream for women, transmucosalates, the external labia, which if you've been hanging around me enough, you know that all creams go to external Labia and nowhere else because of what he just talked about because that dermal fatigue.

If you take nothing else from this, at least take that because most doctors out there don't understand that and they're giving you hormones here and here, and you're just not getting the absorption and then you have to use more and more, but it was Dr.

Low Testosterone Signs in Men

Ben who told me about injections for women and I was like, no, that's not how I do it. And he was, like well, you should. So I listened And now I have testosterone Tuesday every week in my house where I remember to give myself my shot.

And, you know, for some women who've been with me a long time and are on the cream and it's working for them, I keep them on it. Not everyone's so excited to go to a shot, but for women, who weren't like, difference in giving a

shot.

So can you talk a little bit about the shot for women and why it's more preferable over the cream? So, yeah, I mean, you essentially kind of laid it out, it is going to be absorbed better, we inject into the muscle, absorbed right into bloodstream and Done.

Testosterone's in. It's going to start binding the receptors, activating physiological responses for you. You should see the effects of that fairly quickly.

If a patient's not seeing results within like couple weeks, you know, really kind of at the extreme end of things, like you might have a problem with dosing or maybe they're doing something incorrectly.

As far as, mistakes that can be made here, not realizing that there is a huge, huge difference in dosage of testosterone for men versus women. The difference is, a factor of 40. So I might start a man on a hundred milligrams a week.

I might start a woman on two and a half milligrams a week. So there's a really big difference there and it can absorb through the skin. I've seen it where I have a husband and wife as patients, I prescribe testosterone for the men and the wife is doing the injections and if she doesn't wear gloves and happens to get a drop of testosterone on her finger, hands, it could absorb to the scan and its 40 times the dose that you should be taking.

And the next time I check your labs and be like, Whoa, what's going on here? So there is cross-contamination to worry about there because the dosing concentrations are so different from men to women, but the logic as far as why do the injection is the exact same for men as it is for women.

And the mucosal absorption is better than the dermal adsorption. I'll say women have that advantage, you know, easily accessible mucosal tissue where you can apply the cream.

And like Dr. Stills was saying, it's not a guarantee that the creme will fail for a female patient. I do have female patients who just, they're needle phobic.

They don't want to do an injection even just once a week, no matter what I tell them or the arguments I make. Something generally speaking is better than nothing.

So we try to dose the Creme and for some it works, but I very rarely see the injection fail. That's why if, If it's up to me or if the patient doesn't care one way or the other, I'm always going to recommend the injection over the transdermal transmucosal cream.

Yeah. Thanks, Dr. Ben. My patients know, I sent out a big email saying, you know what I'm personally doing and I've been switching women over and so let's talk about dosing for women, like the range and also I want you to talk why we don't like pellets because I think that's another one that is pretty common out there for woman.

Yeah, so I'll start with pellets. So yeah, pellet, for anyone who's unaware is a pellette that is surgically implanted into minor surgical procedure. And then it essentially is going to leach hormones into your bloodstream over time.

They generally last anywhere from, you know, I think three to four months is usually what's average. Then it dissolves fully and you need to go get another pellete.

The big problem that we've run into with that, is one, it's by miles the most expensive invasive way to do any type of hormone. but we can't control the dose.

We can control. The dose it's, we don't know how your body is going to absorb the hormones at what rate and chances are better or not, they're going get it wrong, especially if it is your first time doing hormones.

And what if they do get wrong? Well, then either you're stuck with this pellet for three to four months and maybe

experiencing some pretty bad side effects.

Causes of Declining Testosterone

get into that, you know, what we want to watch out for with women when we do testosterone, or they have to go in and surgically remove it and put it in another one.

And that's just, why do that? It doesn't make any sense. It's the worst way to do hormones. So yeah, that's essentially short spiel on no pellets. Don't do it.

Yeah. You know, they tend to overdose you, especially with testosterone. So you tend like get on a testosterone high initially and then you crash and you're waiting for your next.

And it's just, you know around here we do our best to copy nature, and so to pulse the hormones, the way we deliver them, they way you get them. And so implanting them and overdosing you, it stresses your liver.

In 23 years of practice, I think I've seen one, maybe two women, or maybe you're watching, who actually were on a pellet and I was like, all right, you are like a total unicorn.

It doesn't seem to be affecting you in a negative way. It's metabolizing okay. But for the most part, it's borderline nightmare. it really not a good scene.

So dosing, you said two and a half milligrams you may start if someone's more sensitive, but what should the women know as far as dosage for testosterone injections for themselves?

What's the range you've seen? Is it just once a week? It doesn't have to be once a week, although if, you know, so the the vial we prescribe is a 25 milligram per mil.

So, pulling less than, like, even when you want to use an insulin syringe, the needle is incorrect. You have use a 23 gauge one inch needle. Generally speaking, 23, not 25 because testosterone is carried in oil.

Very, very hard to push through a twenty five gauge DC. It will jack the hell out of your thumb. Please don't do that. Twenty three gauge. It will not feel that much different pain-wise from a 25. You probably won't even notice the difference and your thumb will thank you.

And then, so yeah, 0.1, which, you know, 25 milligrams per mil,.1 mils, that's two and a half milligrams. We might go as high as.2 or.3. So I'd say anywhere from like two-and-a-half milligrams to seven- and- a- half-milligrams a week is generally the range we're going in.

you can go higher if needed, depending on what the patient's goals are. But you're going to want to make sure that you are watching out for some of the, I'll say, the adverse events that can occur if we overdo it with testosterone.

I can't imagine any women watching want this situation. All right. Before we go there, though, we have a couple of questions. So is it always just once a week for women or is there ever a time where you could do it twice?

You can, you know, with a 0.1, that's probably a little bit more difficult to split just because of the logistics of pulling half, 0,05 cc's into a syringe accurately, repeatedly.

But if you're doing 0.,2 or 0,.3, now it becomes a lot easier if want to, split the dose. And this goes for men as well. You know I have men who do better splitting their dose in half and doing it twice a week.

Generally the sign that that might be the way you want go would be, You know, I do my injection, and for three, four, maybe even five days, it comes as advertised.

I feel, you know I get that energy, get the libido, my workouts are great, all the things I want to see. But day five,

six, seven, before I did my next injection I'm noticing a drop off.

increase the dose, which you can do to a point, but some women and men are going to benefit from, you know, a kind of more metered dosing, more of a baseline kind, of administration of testosterone.

So yeah, that's certainly something you could do. And would it be too much asking for a friend? Like if you're doing like between five and seven milligrams, is it too for women to do that twice a week?

Treatment Options and Why Injections Work Best

Again, it depends how low they were in the first place. What your starting point is, where you're trying to get to, what the goals of the patient are.

There are female bodybuilders out there and if they're competing in competitions, yeah, they probably wanna go significantly higher than that, which can be done safely.

Like with all hormones, are we monitoring, tracking you consistently and effectively to make sure that not only do you feel the way you wanna feel, but you do so in a safe manner.

Okay. And so before we get to like over overdosing or if you're sensitive, because we talk all the time about 24 hour wet urine testing because that is the gold standard way to monitor your hormones.

But there are things we do in blood and one of them is DHT. Can you talk a little bit about DHTs and can you can talk about if are going to draw blood to monitor your injections and your DHT.

And you can try and look at a free testosterone as well. When do you draw that blood? Because I think there's confusion. As long as the patient lets me know where they are within the week, I can always adjust my interpretation as needed.

But generally speaking, if you're going to do blood work, i want you to run that 24 hours or less prior to your next shot. So for example, If I inject on a Friday, I want to you run the labs either on Thursday or Friday before you do the shot The logic here is I want to see how low your levels are getting at their lowest before you re up for the next week.

And that's really going to help me in combination with your clinical presentation. Are you seeing that drop off determined? Does this patient need to go up in dose?

Did we overshoot it and we need come down in those or did we nail it from the jump and We can keep them right where they're at where everyone's happy.

So that's essentially how I want to time blood work. And a note on DHT or dihydrotestosterone, I believe that it's no longer covered by insurance. That's likely going to be a cash pay lab, the office I'm working in currently, before we team up.

We don't take insurance, but some patients will try to get their labs covered through insurance and DHTs I think years ago at this point was one we could get covered, but that doesn't seem to be the case anymore.

So that's one you may have to request specifically from your doctor and come out of pocket for that one. But especially for women, That's a really important one to look at because you want to just jump into it.

Yeah. Okay. So, so abnormal hair growth, abnormal, hair loss, you know, the more cosmetic concerns, that's going to be the big thing we're watching out for, but, pretty much all of those, everyone makes dihydrotestosterone from testosterone via an enzyme called 5-alpha reductase.

So if you give a woman either too much testosterone or she's just a hyperconverter, that enzyme is really really

active, A lot of that testosterone is going to become DHT, and women will start to say things like, you know, I'm having to pluck hairs from the chin a little bit more.

I am a bit a more than the usual peach fuzz on the upper lip. And at the extreme end of the hair loss from top of head, if the dermatologist has ever told you have androgenic alopecia, that's usually DHP mediated.

You might not even have to take testosterone to run into something like that. If your 5-alpha reductase enzyme is just overactive, overstimulated, that might be something you see, even with or without testosterone.

So that's a big one to watch out for. And then just, yeah, you know, if you start feeling really like on edge, short fuse, irritable, kind of similar to where if, for a man, Some of that testosterone will go through the aromatase pathway and become estrogen, and if estrogen gets too high in men, they start to get a little irritable, you know?

They start snapping at people, bite their heads off, the wife walks into the room, hasn't done anything, there's ugh. Why are you breathing like that?

That kind of thing. Everybody gets hurt from time to time.

Dosing, Monitoring, and Side Effects

But yeah, so, you know, irritability, testosterone is a stimulator of bone marrow where you're going to produce your, your blood cells. If we want that up to a point, if that goes a little bit too far, and we do see this a bit more in men than women, but not impossible to see it in women.

Uh, If the blood gets a lot. A little too thick. you start feeling really hot all the time. You know, it's summer right now, so you might not, that might be obvious in the middle of the day.

So, you know I tell people to watch out for this at night. We all like to, we all know we want to sleep in a cold room, maybe we've got the AC cranking, the fan is on, and we drink some ice water.

Maybe we're not wearing much in way of pajamas or sleeping with thin blankets or maybe even no blanket on and no matter what I just, I still can't cool down.

I just feel hot no matter what I do. Maybe you're seeing acne breakouts with hormones. Generally, that's going to be jawline, upper chest, shoulder, up or back.

Tension headaches. You might feel like you have a headband wrapped around your head a little too tight. If you've ever been dehydrated and had a headache from that, very, similar.

Those are all going be signs of thick blood. Fortunately, the solution for that is really easy. Just go donate some blood, hit up a Red Cross and help out someone in need and Yeah, so just summarize that, because we talk a lot about 24-hour wet urine testing, but we also love blood work.

So there's a time and a medium for everything, and we just like testing things the proper way. We do saliva, we do stool, all the things. But when you're on testosterone, you want to get a CBC with a differential so you can look and see, do you have hybrid blood cells, hemoglobin, or hematocrit?

Do you need to be doing what Dr. Ben is saying in donating blood. You want to be checking your DHT. I've seen way too many women who've been on testosterone for years.

Hair's falling out and no one ever bothered to check a DHC or do anything about it. So at a very minimum, like those are things, you know, sex hormone by neglected can be good to monitor as well, but really important, the DHG and the CBC.

And so, We are running out of time, but before we finish, can you talk a little bit about like if you have a high

converting 5-alpha reductase or you high DHT, like it doesn't mean you're totally sunk.

Like what do you do? So the thing that tends to work the best is using prostate support formulas. So like saw palmetto, you know, again, pretty commonly known at this point, if a man has prostatitis, BPH, prostate cancer, anything going on with the prostate, and it's just right in large, but no diagnosable conditions, got to give them saw Palmetta.

Pygium African Bark, Beta-Cetosterol, Pumpkin Seed, you know, those very common ingredients in prostate support formulas, but you can use these for women over-converting to DHT because what those herbs supplements are going to do is slow down that 5-alpha reductase enzyme.

We don't necessarily want to turn it off. Again, hormones are a symphony. There's a balancing act. send something to 100 or zero, we want to be in an optimal range.

And so that is usually what I will do. I don't run into this problem too much with women, but when I do, this usually fixes it, or at least significantly attenuates the issue.

Yeah, and I always write in my notes, I'm not making a mistake. You don' have prostate, right? Because it can be confusing, like, oh wait, did she have like a moment?

Did she get me confused? So, okay, think we did a good job. I agree. Anything else you want to share? Any other tidbits we didn't talk about testosterone or anything that we missed or did we get it all?

I think we got most of it. If you have a sesame allergy, most testosterone are usually carried in sesame oil. I had one patient neglect to mention that to me.

A week later, after starting testosterone, blemishes all over the entire body. And then the wife at the end shows me the food sensitivity panel showing that sesame is three out of three in terms of sensitivity.

So what's the alternative? It's a little bit tough. You know, I don't like using depot testosterone because the main reason I didn't use it is technically a bioidentical version, but it's carried in cottonseed oil, which is not great.

It is much more hepatotoxic, liver toxic.

Managing High DHT and Special Considerations

But you know if a person needs testosterone and they carry that sesame seed allergy, we can usually support the liver via other means and kind of, you know, get them the best of both worlds, give you testosterone, not trigger an allergic reaction and just take extra steps to protect and detox the lever and make sure that that doesn't become more of an issue for you.

Again, very, if you don't have the sesame seed allergy, We're not even talking about this. This is for that very, very small percentage of people who just can't do sesame oil-carried testosterone.

That's good to know. I told you I learned something from him every time. So shout out for Dr. Ben. If you want to learn more about Dr Ben, He is, you know, working with us now, he's available, so you just reach out to Dylan at my office or our new hire.

So we're building our team as we are building a clinic and you can reach the office at 602-363-3143. or support at drstills.com and say you're interested in learning more about Dr.

Ben and you'll be seeing him a lot. We do a lots of webinars and he'll joining me and, you know, he's really phenomenal as you see. And, I'm, obviously proud, but I am honored to have such an amazing doctor because we really do.

At the clinic, we'll do the meeting of the minds where we talk and he may see something I don't see or I see. Something he doesn't and that's really the best of both when you have like more than one doctor collaborating on your, your case.

And so it's it really awesome. So lasting wellness center is coming soon. Uh, but Dr. Ben is available for test plus consults and all the things. Shout out some love for Dr Ben.

I'd love to hear it. Now you have like, go through this again, because if you like took notes, you pretty much have a very good overview on what you do and don't need to be doing for your testosterone.

So, sending you all love. Thank you for being here. We'll be back with another talk and thank you, Dr. Ben. You can call me Dr Mom. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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