The Hidden Hormone Destroying Your Kidneys (Doctors Never Test This) Transcript

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Introduction to Testosterone and Kidney Health

But here is what often gets missed. Low testosterone is associated with easier resistance, meaning some patients need higher and higher doses of these expensive medications, with all their associated risks.

I'm Dr. Vesmair Phan, a physician on a mission to help you break free from symptom management and step into a life of thriving health. Together, we will uncover simple, powerful ways to prevent disease, restore energy, and take control of your health naturally.

If you're ready to stop managing illness and start building vitality, you're in the right place. Your prescription for vitality starts now. What if I told you there is a 14-year study showing a 37-point difference in kidney function, and it all comes down to one hormone your kidney doctor probably isn't checking?

I'm talking about testosterone. And before you click away thinking, this is about gym culture or anti-aging clinics, stay with me. Because what the research reveals about testosterone and your kidneys has completely changed how I approach kidney disease.

66% of men with diabetes and chronic kidney disease have low testosterone, 2 out of 3. Yet, how many are ever tested? This isn't about becoming superhuman.

This is about a fundamental piece of your kidney health puzzle that most doctors never even look at.

The 14-Year Study and the Kidney-Testosterone Link

and the science showing what happens when we finally do. Here's what sent me down this path. I kept seeing male patients who were doing everything right, following their kidney diet, managing blood pressure, taking their medications.

but their kidney function kept declining anyway. Something wasn't adding up, so I started looking at research most kidney doctors never read. And what I found was striking.

A long-term study followed hypogonadal men, men with low testosterone, for 14 years. Those who received testosterone therapy saw their kidney filtration rate actually increase by about 10 points.

Meanwhile, untreated men with the same condition saw their kidney function decline by 27 points. That's a 37 point swing. Over the same starting period, same starting condition, the only difference was whether their testosterone was addressed.

Let that sink in for a moment. We are not talking about slowly decline. We are talking about the difference between improvement and significant loss. But here's where it gets even more interesting and more troubling.

This relationship works in both directions. Low testosterone appears to harm kidney function and declining kidney function drives testosterone even lower.

It creates a vicious cycle that most people don't even know they are trapped in. Research from Taiwan confirmed this.

How Testosterone Affects Kidney Function

Men with reduced kidney function had significantly lower testosterone and those with both low testosterone and high triglycerides experienced faster kidney decline and worse disease progression.

The hormones and the kidneys are talking to each other constantly. When one suffers, so does the other. So what's actually happening inside your body?

Why would a hormone most people associate with muscles and mood have anything to do with kidney function? The proposed mechanisms are fascinating. Distosterone appears to promote renal vasodilation through nitric oxide, essentially helping blood flow more freely through the kidneys.

It reduces fibrosis and matrix deposition, the scarring that progressively destroys kidney tissue. It also improves insulin sensitivity, which matters because insulin resistance is one of the biggest drivers of kidney damage.

and it supports higher hematocrit, your red blood cell concentration, which connects directly to the anemia that plagues so many kidney patients. On the flip side, when kidney disease progresses, it creates a perfect storm for testosterone destruction.

Uremia, that is the buildup of waste products your kidneys can't clear, suppresses this hormone production. Chronic inflammation that I keep on talking about it disrupts the signals between your brain and your testes.

Even elevated prolactin which is common in kidney disease further suppresses testosterone. Your kidneys and your hormones are in a relationship and when it goes wrong, it goes wrong in multiple directions at once.

Now let me share something that really hit home for me clinically. Low testosterone in kidney disease isn't just about lab numbers, it manifests in ways that profoundly affects quality of life and outcomes.

Symptoms and Clinical Impact in CKD

First, there is anemia. Many kidney patients need medications called ESA to stimulate red blood cell production. But here is what often gets missed. Low testosterone is associated with ECA resistance, meaning some patients need higher and higher doses of these expensive medications, with all their associated risks.

partly because no one checked their testosterone. Addressing the hormone deficiency can actually improve how well these anemia treatments work. Then there is sarcopenia, the progressive loss of muscle mass and strength.

Kidney disease accelerates this and sarcopenia in CKD patients is associated with higher mortality and faster progression to end-stage disease. Low testosterone is one of the key drivers.

When patients tell me they're losing strength, losing muscle, feeling weaker despite trying to stay active, this is often part of why. Research in men with non-dialysis CKT found that higher testosterone was independently associated with better endothelial function.

That's the health of your blood vessel walls and 22% lower cardiovascular risk for each unit increase in testosterone. Given that heart disease is the leading cause of death in kidney patients, this connection matters enormously.

So what happens when testosterone is actually addressed? This is where the research becomes genuinely hopeful. A large study of over 26,000 men with diabetes and low testosterone found that those who received testosterone therapy had a 19% lower risk of acute kidney injury.

Those sudden drops in kidney function that can be so damaging, they had a hazard risk of 0.81 for kidney failure requiring dialysis or transplant, roughly a 17-19% reduction.

And importantly, the benefits extended beyond kidneys.

Benefits of Testosterone Therapy

reduced heart attacks, reduced strokes and a 15% reduction in all-cause mortality. Even in kidney transplant patients, testosterone matters. Research shows that low testosterone at the time of transplant doubled the risk of death and graft loss.

doubled. Yet how often is this checked before or after transplant? Never. Studies in CKD patients from stage 2 through dialysis have shown that testosterone therapy improved symptoms without causing fluid overload or concerning changes in PSA.

Kidney function remained stable, which in CKD is often the goal, while quality of life improved. This brings to mind a man I worked with recently, early 60s, stage 3 CKD with diabetes.

He came to me exhausted, frustrated, losing muscle despite trying to stay active and dealing with anemia that wasn't responding well to treatment. His kidney function had been declining steadily, about 4 points a year, and he'd been told this was just the natural course of his disease.

When we did comprehensive hormone testing, his total testosterone was 195, severely low. His free testosterone was barely detectable. No one had ever checked.

For years he had been told his fatigue was from kidney disease, his muscle loss was from kidney disease, his anemia resistance was just how it goes sometimes.

All true in a sense, but missing a critical treatable piece. After addressing his testosterone as part of a comprehensive protocol, along with his other root causes, his energy transformed within months.

His anemia became much more responsive to treatment, his muscle mass started recovering, and his kidney function stabilized for the first time in years.

Now results vary significantly from person to person. Some improve dramatically, while others more modestly. But this was a piece of his puzzle no one had looked at.

So why isn't this being checked routinely?

Case Study and Why Testing Is Missed

I think it comes down to a few things. Testosterone is compartmentalized as a men's health or urology issue, separate from kidney medicine. There is a legitimate caution about hormone therapy.

It does require careful monitoring. And frankly, most kidney doctors won't train to think about this connection. But here's what I want you to know. If you're a man with kidney disease or if you're watching your kidney function decline, And you are experiencing fatigue, muscle loss, brain fog, mood changes, low libido or anemia that's hard to treat.

These aren't just things to accept as part of kidney disease. These are signals worth investigating. Ask your doctor to check not just total testosterone but also free testosterone and SHBG which is sex hormone binding globulin.

The total number alone can be misleading. Many men have normal total testosterone, but very low free testosterone, which is what your body actually uses.

Without all three tests, you're only seeing part of the picture. Now I need to share something important for balance. The relationship between testosterone and kidneys appears to be different for men and women.

Some research suggests that higher testosterone may actually be associated with worse kidney function in women, essentially the opposite pattern. This underscores why personalization matters.

This isn't about blindly raising testosterone for everyone. It's about understanding your individual picture. For men, optimizing testosterone doesn't mean pushing it as high as possible.

It means finding your optimal range where you feel good, where your body functions well, where the benefits clearly outweigh any risks. This requires proper testing, careful monitoring and a physician who understands both hormone optimization and kidney disease.

So let me bring this together with what I hope you will take from this episode. First, if you are a man with kidney concerns, testosterone deserves investigation.

Who Should Be Tested and Personalized Care

Ask specifically for total testosterone, free testosterone levels and SHBG. Don't accept that's just aging or that's just kidney disease, without looking at this piece.

Second, remember the vicious cycle, low testosterone worsens kidney function, and worsening kidneys drive testosterone lower. Breaking the cycle may require addressing both simultaneously.

Third, optimization is the goal, not maximization. We are restoring what your body needs to function well, not chasing numbers. Careful, monitored therapy in the right candidates can be kidney protective.

Reckless supplementation can cause harm. And finally, this is one root cause amongst many. For some men, testosterone will be the major missing piece.

For others, it may matter less than gut health, inflammation, toxin exposure or other factors. The key is investigating thoroughly, looking at the whole picture rather than assuming we already know the answer.

If you're dealing with kidney concerns and want a personalized approach that actually investigates hormones, gut health, inflammation and all the root causes conventional approaches often miss, we do exactly this kind of comprehensive evaluation at the Holistic Kidney Institute.

You can learn more at DrBismar.com. Your body has a remarkable capacity to restore itself when we identify what's actually going wrong.

Key Takeaways and Closing Remarks

Sometimes the answer has been hidden in plain sight, in a hormone no one thought to check. Thanks for tuning into the Wellness Focus with Dr. Bisma, where we are rewriting the rules of health and giving you the tools to thrive.

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See you next time.