Introduction and Summit Overview

Hello. Welcome back to Mastering The Meno(Pause) Transition 3.0. I'm your host, Dr. Sharon Stills, a little difference set up this time, because I've got the other Dr. Stills in the house with me.

Literally in the house. So we're we're doing this off the same laptop, trying to get our situated on the screen. and welcome. If it's your first time checking us out, you've got two Dr. Stills in the house, and if it's not your first time, then you've probably heard about Dr. Stills.

He's my oldest son. He is also a natural Catholic physician specializing in all things hormones and all things regenerative medicine and all things, all things.

And so we are here today to educate you all on testosterone, because testosterone, when it comes to women in perimenopause and menopause, is very misunderstood.

The FDA doesn't think women need testosterone. People tend to think that testosterone is just a male hormone, and they're often surprised to hear that often we have higher levels of testosterone in our reproductive years than we do estrogen and progesterone.

And so it's all about ratios. And so I'm obviously proud, Mama Bear, excited to have my son here with me. He, literally grew up in the halls of my naturopathic think, medical school, Southwest College Naturopathic medicine, and then ended up going back there to get his own medical degree.

He's brilliant. He also has two degrees from UT Austin and biochemistry and accounting. And okay, I'll stop doing the the momma brag and welcome, welcome to the to this Summit.

And why don't you just tell everyone hello and why you decided to become a naturopathic doctor and what it's like to be second generation. Hi, everyone.

I'm Dr. Ben Stills. and. Yeah, I'm generally a, general practitioner. My main specialties are, regenerative medicine and, hormone replacement therapy for both men and women.

like my mom said, I've been around natural medicine my entire life, and very long story short, just decided to do naturopathic medicine because I really like helping people.

And, you know, the the, my left brain side really likes the puzzle aspect of, fixing people's health. And, yes, it's very, stimulating and drawing and fulfilling for me.

So very, very happy with my career choice. excellent, excellent. We're happy to. And so, we're just going to dive in because we have a lot to cover. We have we wrote down a lot of notes, because we don't want to forget anything.

And we are also, because Dr. Ben. And we're just going to call him Dr. Ben. He's going to be working side by side, like we're sitting side by side at the new Stills Health Center clinic, which is opening up in 2025 here in Scottsdale.

so we've already decided, because I've been Dr. Stills for 23 years and he's only been practicing for four years, which is hard to believe. It's already four years, but, so he's going to be Dr. Ben, and I'm Dr. Stills, so we're going to try and get that going now.

And so he is we are going to take a little bit of time. We want to educate you about what testosterone means for you. but we are going to also have him take like five minutes out of our 30 minute interview and just talk about testosterone for men, because as we get you feeling healthy and amazing, we want to make sure for those of you

that have male partners in your life, that we can bring them along with, it's no fun getting healthy and feeling vibrant and having a raging libido if you're a male partner is dealing with Andrew pause and his testosterone levels haven't been addressed.

So stay tuned. We're going to talk about that as well. So if you want to grab your heavy, you can grab them. If not, you can take notes and you can let him know.

So okay so let's just get started. We have a whole thing we want to talk about.

Signs of Low Testosterone in Women

And so the first thing I want you to explain to everyone is just signs of low testosterone. You know, what can women be experienced saying. And and you know what?

What should they be thinking about if they're experiencing? How would they know that there's a low testosterone involved? So the most common symptoms, or just clinical signs in practice that I see for women with low testosterone, be that menstruating females, perimenopausal or obviously postmenopausal females would be things like, you know, muscle weakness, fatigue, difficulty putting on muscle, low libido is a huge one.

you know, more the mental health side of things. Not necessarily depression, but more just kind of like the slight affect. Just, you know, what I usually just call blue healing for my patients, you know, it's just you don't feel that drive, that motivation, that kind of type A get up and go type attitude.

you know, thinning dry hair can sometimes be a thing. not super common. And then, you know, hypothyroidism obviously can cause that as well. So that one's a little bit more multifaceted.

just low energy physical energy in general. you know, we sometimes see alterations in, cholesterol levels, although that one's a bit more individual. Sometimes we see a decrease, sometimes we see an increased, anxiety is a big one.

kind of getting more back to the mental health side of things, weight gain, although obviously that's very, very multifaceted, especially for postmenopausal women.

But testosterone levels being optimized, definitely something, that helps with that, both from a physiological standpoint and from a I have more motivation to eat better or exercise more, get, you know, kind of take care of those, pillars of general health.

Perfect. Yeah. I always say, like, if you are like one more Netflix binge and not really wanting to participate in your life, there's probably a deficiency of testosterone because it's really, connected to what neurotransmitter?

dopamine. Dopamine. So, the main way that this works is testosterone. Well, up your upregulate a, enzyme called tyrosine hydroxylase. I had to remind myself the name of something.

Names, tyrosine hydroxylase, which is a rate limiting, enzyme in the production of dopamine, which most of us are generally where it's kind of our reward chemical.

You know, some people like to gamble, some people like other three. So thrill seeking activity, some of us really like working out. Some of us are alcoholic.

Some of the you know, this all has in common is we're trying to get that dopamine hit, you know, like the the midnight snacking, you know, if we're really stressed or giving ourselves a dopamine hit.

And that allows us to just go like, you know, better, you know, we decompress a little bit. And so rather than kind of, you know, doing those less healthy ways of giving yourself dopamine, balancing testosterone levels, is a much better, much more effective way to help kind of regulate mood, mental health.

Yeah. I'd like to think I think one of the most unhealthy ways we, we try to get our dopamine hits now or through likes and the pinging and the binging on social media.

And I'd like to think, as you get your testosterone balanced, you will stop some of that doomscrolling and be more involved in your life. And, you know, I'm not saying social media is a bad thing, and it can be beneficial, but when you're constantly scrolling or you're constantly looking for that next like to your post probably means your testosterone, your dopamine are a little off.

So great. So we've got a variety from anxiety to muscle issues to libido to fatigue to changes in our hair and skin and, you know, things we, we don't necessarily see on the outside, but we need to be concerned with, we're going to talk about later because we have it has effects on your cardiovascular system, your breast health, your bone health.

And so I think it's a it's a misnomer when we just think testosterone, libido, we know that in women libido can also be modulated through many other areas.

Could you speak a little to why it's not just about testosterone and libido for women? yeah, absolutely. So, you know, as most of us, you know, certainly, your husbands will generally be aware of, you know, with men, libido is kind of easy. Are we awake?

And as a woman within arm's reach, those two things are generally true. Libido for men is going to tend to be better than not for women. It is a much longer checklist.

You know, our my. Is my testosterone optimized? Yes. Okay. Good check. But you know what about estrogen and progesterone okay. Those are optimized. But do I like what I see when I look in the mirror?

Okay. Yeah, I like it. But am I stressed? You know, my husband pissing me off for his work, stressing me out. You know, there's just there's a lot of boxes that need to be checked for women.

It's not, you know, unfortunately, as simple as we just give you testosterone and we're off to the races, so to speak. So definitely. But to, you know, suffice it to say, testosterone is definitely a big, big part.

And those of you who have, you know, either personal experience using testosterone or friends, who have done testosterone in its many forms, you've probably heard that it has a very significant effect on libido, energy, mood, all those things that we're we're all after.

Yeah. My experience can be I have a lot of patients. I've had a lot of patients, husbands. I don't know if you've had this happen, but their husbands have sent me flowers because we got the libido dialed in or patients just, you know, being like, I feel like I'm 30 again.

but it is. And, you know, just to be it can be the magic switch. And as Doctor Benz said, it could also be other things that need to be optimized. So certainly worth optimizing.

And if your libido.

How Testosterone Affects Dopamine and Libido

I guess what I'm want to really drive home is that if you get your testosterone optimized but your libido still hasn't come back, don't give up. There. You know, you have to look at your thyroid and your other hormones.

Could be oxytocin, could be emotional so that your adrenal so, so many other things. So there's, you know, when there's a will there's a way we can reignite that libido.

Obviously I remember one of my mentors saying in med school, when you hear hoofbeats look for horses, don't look for zebras. Although it may be a zebra.

As a physician, look for a horse first. Look for what makes most sense, and then you can start looking for the outliers and testosterone optimization definitely makes sense when it comes to all of these things 100%.

So let's talk about testing, because there's so much misinformation about testing, in the hormone world. And we just want to reemphasize, you've heard me talk about and will continue to hear me talk about 24 hour urine testing.

but let's just talk about testing and what you have to say about it. Yeah. So, the most I would say probably the most common way, testosterone is measured through the blood.

Now, normally when it comes to hormones, it's real blood tests are kind of a shorthand. SparkNotes way to kind of look at hormones, like, yeah, you can get some general information, but the accuracy and more importantly, the, metabolites, kind of the intermediaries of, testosterone or any hormone metabolism are going to be missed in blood work.

And as some of those metabolites either, go towards excess or maybe a little bit on the deficient side, you know, that's going to give us much better, more, actionable information as far as how to best optimize hormones and their metabolism for a patient.

If I do blood, all I can see is patient has X amount of testosterone, which in the case of testosterone for women and men, a little bit more reliable, actionable than, you know, estrogen and progesterone, thyroid hormone, you know, cortisol, all the other hormones that are in your body.

but urine hormone testing is definitely the best, most accurate way to look at any and all hormones. definitely recommend doing that at least once a year for any patient on hormones and more.

If that test happens to show something that warrants, quicker follow up. Yeah. So one of the things I agree I trained on. So of course I agree. But, he he, has been practicing quite a while now and has his own clinical experience, but it definitely correlates.

And often if patients do do, because you have to remember, like you said, it's a snapshot. So you're just taking a snapshot rather than 24 hour urine.

And I just want to emphasize when he says 24 hour urine, when I say 24 hour urine, we are not talking about dried urine sampling. We're not talking about four dried urine samples within a 24 hour period.

We're talking about big jug collecting your urine for 24 hours. If you miss, if you miss a, if you miss a pee, you got to start all over again. And so very, very important.

That is the gold standard. That's how we get the information. Saliva is not accurate. although we can look in the blood for certain metabolites. So maybe you could just speak a little bit because I think it's important.

One of the things that I see is women often are put on testosterone. Not only are they not 24 hour urine tested. And one of the things I see a lot is blood will over.

So like if you just took testosterone and you get a blood test, it looks elevated, then it misleads your physician. They say, oh my God, you're overdosed. We have to decrease your dose.

And you're like, but wait, I was feeling good and now I feel like crushed again. And so we can see in 24 hour urine that often the blood overestimates things.

But, in the blood. Can you talk about what's important to monitor when someone is on testosterone? so for women, the main thing you want to monitor is DHT levels, which nowadays is a bit trickier for those of you going through insurance, I believe medic care Medicaid is no longer, covering that test, which is unfortunate.

Eyeroll fairly typical. No one's shocked by that. but it's very important because, we have an enzyme in our body

called five alpha reductase, which is going to take a testosterone and turn it into DHT, or dihydrotestosterone, which for women, a little bit is fine.

It's a more potent bioactive version of testosterone. But when this gets too high, this is where we start to get into the I have to pluck a little bit more, maybe a little bit more hair growth on the upper lip.

hair loss from the vertex of the head. aggression, you know, mood dysregulation, you know, stuff that we, we don't want to see. So very important to get that one tested.

If you are on testosterone. Yeah, I, I see that not tested so often. So it's like write that one down. If your doctor has you on testosterone I always say at least in the blood because we can use the blood for certain things.

I mean, for those of you that are patients of ours, you know, you're going to get about 20 tubes of blood done. So it's not that we don't like blood. We just like the right testing for the right things.

So sometimes saliva, sometimes poops, sometimes blood, sometimes urine. It's just got to be the right thing for the right test to get the most accurate results.

And so you want to check DHT. You want to check, FBG so if you could speak to FBG and also just, like a CBC and why that's important for blood. certainly. Yeah.

So, FBG stands for sex hormone binding globulin. It's a protein that does exactly what it's telling you it does. It binds your sex hormones and carries them around with your body.

The issue we can run into with, FBG is the fashion in which it binds those hormones. It binds them very, very tightly, almost to the point of being irreversible.

Testing Hormones and Monitoring DHT

And so you can kind of imagine if I'm taking testosterone or any hormone, really, and I have a high or even just a high normal level of FBG, then what we're going to see is that it sequesters, some of your hormones.

They're not free. They're bound. They're not free in the blood to hit a receptor and exert a physiological effect. So, you know, one of the most common things I see that, causes FBG to rise or just kind of stay a little bit above where we want it is lack of exercise.

So, you know, if you're I see this a lot with, men honestly, more often than women where they think like, oh, I can just, you know, keep living my sedentary lifestyle, all I need to do is inject testosterone once a week, and the fact is going to melt off and the muscle is going to come back.

And unsurprisingly, that's not what we see. You know, it's not you know, naturopathic medicine is not allopathic medicine. We don't have magic pills. We ask more of the patient.

But medicine is very much a you get at what you put in type of thing. yeah. Com and CBC. O and CBC. so CBC, you're generally going to want to monitor with testosterone because there is a blood thickening effect.

Testosterone will, stimulate your bone marrow where you produce your new blood cells. what? Red blood cells, white blood cells, platelets. it's going to stimulate that activity and increase your, new blood cell generation.

And so this leads to, can lead to the blood being a little bit too thick. I tend, in practice, to see this effect be more pronounced in men than women.

So it's not it's not usually. You know, I'm certainly not putting this above, watching DHT on, you know, the testosterone totem pole. but definitely something you want to look at.

You know, if you have, if you or your friends have done testosterone and start, noticing things like, got a lot of redness, flushing of the face, I'm getting, tension headaches more.

I'm seeing acne breakouts, specifically, like the jawline, upper chest, shoulder, upper back are really common places for it to show up. those are, you know, those are things you're going to want to watch out for.

And unfortunately, the good news here is that, you can just donate some blood and it fixes it pretty quickly. Yes. And I totally agree. Like, I in all the years of practice, I have seen testosterone thickening effects with women.

Maybe 1 or 2 hands I can count. It's definitely more common in men, but we are big believers and you know, being as preventative and as cautious as possible.

We want you to have all the benefits, but we want it to be safe and effective. So certainly doesn't hurt to run a CBC. It's a very easy task. And cheap. And cheap. Yes.

All right. So let's talk about DHEA because a lot of people think you can just take DHEA and poof, it's going to be testosterone. And you don't need to take testosterone.

And so from the, you know, from the biochemistry of it and from just, you know, I know just my experience, a lot of women who are taking DHEA, it does not convert.

It's not showing up as testosterone. And so can you just talk a little bit about that and why we can't just assume, even though it sounds good in theory, why we can't just assume that.

So the reason why it sounds good in theory, if you do just a quick Google search and Google, you know, if you're a nerd like me and you Google biochemical pathway of testosterone production or just how hormones are generated from cholesterol, which is the precursor of all our steroid hormones, obviously including testosterone, you will see that DHEA is, becomes interesting.

Five interesting down believe it's five androstenedione and that becomes testosterone. So, you know, a layman will look at that and be like, oh, I need to do is take the precursor.

It'll become testosterone. That's not a controlled substance. I can buy DHEA off the shelf way easier. I have to pay, you know, expensive doctor fees, lab tests, yada yada.

I can just do that. the problem with that is we just, in practice, do not see that have the effect on testosterone levels that you might expect. generally, you know, what I usually tell my patients is, in general, if a patient is deficient in the hormone, the absolute best treatment is to give them the hormone.

You know, I wouldn't have I wouldn't have a postmenopausal woman and say, oh, let me just give you a cholesterol pill, because cholesterol is the precursor of all these hormones.

And so if I just load you up on cholesterol, you'll start making more estrogen and progesterone. That is not what we see. We're also dependent on the, you know, the activity of the organs in which these hormones are produced.

So for postmenopausal women or women in general, sorry, it is the ovaries and the adrenal glands. There is also some production in fat tissue. but yeah, if you're, you know, if you're postmenopausal and ovarian function has largely ceased, I can give you all the DHEA.

I can even give you all the five interesting dione, which does not exist as a supplement. But even if I did that, the ovaries are going to set, you know.

All right. We have all this precursor, but we, you know, we're we're clocked out. So we're not we're not going to turn this into the testosterone you want it to.

And we won't see it show up in the blood. And we won't get the patient coming back telling us that's exactly what I was looking for. Yeah. I mean, if you look at the biochemical pathways, DHEA can go to testosterone, but there's other options.

Also, namely, cortisol, which we all know as the stress hormone, which does give a kind of a negative connotation. You definitely want some cortisol in your body if you don't have it.

Mornings and afternoons are really, really hard for you, among other things. but yeah, for, you know, if we're really stressed or, you know, we're workaholics and burning the candle at both ends, even if I give you DHEA or you just have a really good level on your own, it's going to get shunted a little bit more towards the cortisol generation pathway.

And you're again, not going to see those, testosterone boosting effects that you might be hoping for. Yeah. The the body has to decide survival or reproduction.

At least choose the survival. Even if survival is not a saber tiger. But it's just like one more interview or one more inhale or one more whatever. One more dish in the sink.

Okay. So so we've, you know, so don't let someone tell you that DHEA is going to do the job because it's a very slight chance it's actually going to do it.

It might I see it every once in a while. A woman's on DHEA and she has adequate testosterone. But for the most part I see it doesn't do the job. And speaking of DHEA, so let's just talk about forms because like we were talking about the testing is so important.

It's like, you know, in real estate, it's location, location, location and in hormones. I think it's like location because we're gonna talk about application.

It's the testing and then it's the form, right? You want to take it in the right form, you want to monitor it the correct way and you want to apply it the right way.

So for testers, I mean, for DHEA, how do you like to, to give it. I usually give it as an oral capsule. It's the definitely the easiest, most convenient way for patients, you know, with hormones.

Compliance is a really big thing. You know, whether it's testosterone, estrogen and progesterone, thyroid hormone, you take cortisol for your adrenal health.

Consistency is key. So, yeah. the oral capsule is what I see getting the best compliance rate. And it definitely produces the results. You know, as far as what we see in both the blood and urine hormone panels, even just, you know, the lowest dose we usually give women is like a five milligram capsule.

Some will do ten. You can go as high as like I believe 25 and 50mg doses are available. But in my experience, I usually don't need to go quite that far, you know?

And hormones are a symphony, you know, like the same way I'm saying you never give DHEA just to say like, oh, that's going to fix testosterone. And all these other things will give DHEA and testosterone and progesterone and estrogen.

And if you have adrenal fatigue or insufficiency or, you know, your energy pattern suggests that you have those things will it will give you hydrocortisone.

And I would say so as far as the forms capsule, yes, I personally I use capsules, but I really have moved to using oral liposomal. I just I like that a lot.

And capsules will work for a lot of women, but I feel like oral, like listening just like knocks it out of the park. But

either or. I think the take home message here is not to do it in cream.

I learned this years ago. It's a very expensive way to administer something that doesn't need to be expensive, and it doesn't get absorbed.

DHEA, Hormone Pathways, and Why It Is Not a Substitute

And I don't know exactly why, but I used to give it in cream and I'd be like, why are my patients levels rising? So we're going to move on from DHEA. I want to talk about pellets.

because a lot of women are doing having pellets inserted. To me, it's one of the most dangerous ways to do hormone. I'm pretty much never found. No one's ever going to get a pellet from me.

So can you talk about why we don't like pellet insertion? The main reason we don't like pellet insertion is because, you know, we're surgically implanting this palate.

And obviously it's a minor surgery, but surgery should always be avoided when possible. It's a last resort. the main problem, though, is we can't really control the dose as well as we can with the, you know, with a cream or even, you know, we wouldn't do an oral version of testosterone or most hormones other than DHEA.

But even if we were doing that and we were finding that the effect was either too much or too little, we could change the dose like that. With a pellet, we can't do that.

Pellets are going to generally remain in your body for about 3 to 4 months before they need to be re implanted. and so what if I give you too much testosterone?

What if that makes your DHT go too high and you start plucking and hair coming out of the top of the head, you are either kind of stuck with it or you have to go get it surgically removed and our new one implanted, you know?

And so it's always easier, especially when, starting a patient on hormones to maintain that kind of ability to modulate and change things on the fly as needed.

You know, if patient tells me I'm doing testosterone and, you know, I'm plucking a little bit more if if they have a pellet, I can't. There's really not much I can do about that other than to say, go get it removed if they're doing, cream or, you know, even an injection with some of my patients do we can change the dose on the fly as needed and retested.

And we can just kind of stay on top of things much easier than we just have to say, nothing we can do for a few months. Sorry. You got to live with it.

Not a good, not a good thing to do. And before we went live, obviously we talk a lot. but Doctor Ben was saying how, like, you know, pellets. A lot of women like them. Because you can.

What do you say? Said it. And it's it's a set it and forget that. It and forget it. It's it's the it's like the one you know, we were going to make an argument for.

And it's the only one I could really make is that it is probably the most convenient because like I said, it's in there for 3 to 4 months. You don't have to worry about taking a capsule every day.

But the cons by far outweigh the pros and pellets in virtually every scenario. And I just like to say that yes, it would be nice to. What do you say? Set it and forget it.

Can you be nice to set it and forget it? But you know, we we need to give ourself more love than that, right? Like we are worth taking 30s in the morning to apply our testosterone cream to the external labia, which is mucosal tissue.

We don't want applied to skin. We want to do the external labia. We want to get the mucosal. We get better absorption, we can use less. And I I'll just tell a quick story, because I want to have time to finish up and still talk about the men.

We haven't forgotten about you, but I was working briefly in, like, a med spa here in Scottsdale a few years ago, and I was seeing women who were just coming in for bioidentical hormone replacement.

A lot of them were already on replacement, and they were all on pellets, and they were all overdosed on testosterone, under dosed on progesterone, under dosed on estrogen, not paid to attention with their adrenals, their melatonin, their vitamin D, their thyroid, etc., etc.

their oxytocin. And it was a disaster. Their livers were all overloaded and I had to do a major detox. Plus they would get like the testosterone high for a week after their pellet insertion or two weeks, and then they would crash and then they would have to wait.

Like any doctor. Van was saying three four months to get. So in my experience, and when I do test post consults on people, women, when I look at their hormones and you'll have an opportunity to learn about that after the summit, it's a great opportunity to find out what your hormones are doing and what you need to change.

And I will see women who on pellets and you know, I'm all about like in the bio and about individuality, right? We're we're naturopaths. And so we have these views that we have.

But you know, there's always so it's rule breakers right? There's always an exception to the rule. And I think in, you know, I mean, I've seen thousands of women at this point.

I've been doing this a long time. Thousands and thousands. you know, maybe I saw two women who actually were on pellets and their hormones were metabolizing properly.

They were feeling good. And I said, all right, you know, big fan of if it's not broken, don't fix it. Right. So but important to monitor important to do that 24 hour urine test to see if it is working for you.

Even if you are feeling good symptomatically, you want to make sure that your levels are correct. So you're getting all the protective benefits. So very very important okay.

So let's talk about so we talked about application. We've talked about forms talked about monitor hearing. We've talked about signs. Let's talk about the dosing.

Testosterone Forms, Pellets, and Dosing for Women

How are you dose for women. So the dosing range that I generally see working best for women is anywhere from about 1 to 5mg applied. Again like doctor mom was saying to the external labia between labia min or, labia majority, you know, you really want to be on the mucosal tissue.

The absorption is, inconsistent at best, going through the skin. And over time, we see a decrease. It's something I'll bring up when I talk about men and testosterone.

but, yeah, 1 to 5mg a day is generally what we see. So, you know, for my practice, the vast majority of my female patients who are on test often do so via a transdermal cream.

like, is very common with, estrogen and progesterone formulations. And so you know, you have to getting a little into the weeds with the math, but essentially a, testosterone for milligram, per gram topical dispenser, which you may or may not be familiar with, one click of that would be one milligram a day.

And so that's going to be the lower end of the dosing range we have where we start, where I start my patients at. I, I just it's important. Sorry I don't interrupt.

But I didn't want to say because if you run up topic clicks and you know, we do use topic clicks or syringes to it's really important to make sure your doctor does.

You're biased in one type of syringe or topic clinic your testosterone your progesterone and progesterone we do in capsule and cream and that's another conversation.

But a lot of times doctors will throw it all together. And what I see and I know what you see too, because we've talked about this, is that women aren't absorbing all the hormones.

It's like a fight. And so I even have women optimally apply their estrogen and then wait 30 to 60 minutes, make sure you rub it in really well and then apply the testosterone.

So you're really getting absorption. So none of this, you know, grouping it all together in one topic. Click container or dispenser. You want them all separate also because like Doctor Ben was saying about like with the pellets, you have no control over changing the dose.

And so the same thing with the topic, like if all the hormones are mashed in together, then you have no control to say, oh, it sounds like or it looks like because we've done a 24 hour urine test on you, you need more of this.

And then it's hard to do so I just wanted to I think that's really important. Agreed. So sorry to interrupt. so I think you we kind of mentioned the side effects of too much testosterone.

Maybe just bullet point them really quick here in case, because they were kind of spattered throughout our. So, the main one is, abnormal hair growth or loss.

So hair growth is going to be, you know, reporting from the chin a little bit more, seeing a little bit more than peach fuzz or, you know, abnormal hair growth on the upper lip and then as far as the hair loss that generally will manifest towards, the top of the head or we say the vertex of the head, you'll generally see that that's kind of like the more extreme end of overdose.

You're certainly going to see the plucking, the abnormal upper lip growth before you see the hair fall out. In most cases, if you if you are noticing that you've likely been overdosed or you've gone too long without a checkup.

and then of course, you could get angry, aggressive. Angry, aggressive, the, the blood thickening, aspect, which again, is a little bit more attenuated for women, but certainly possible and something you want to watch out for, especially if you're a postmenopausal woman, you know, so thick blood you know, that can cause heat intolerance.

Or you might just feel really hot if you're a postmenopausal woman and you're on, you know, maybe you're, you know, you might mistake that for a hot flash and then go, I need to increase my estrogen when the answer is actually no.

You just need to check your testosterone, maybe go donate some blood and everything's good. Acne. just like you said, acting before, but that's just. Okay. So those are some of the side effects, benefits, like specific, like, we kind of alluded to before.

I just want to make sure it's highlighted. It's not just about libido. What are the other benefits of testosterone. So we were saying, libido, mood, muscle mass generation.

So testosterone, you know, again and again, a little bit in the weeds. testosterone is going to increase the activity of something we call satellite cells and satellite cells you can kind of think of as the stem cells of your muscle tissue.

They're going to stimulate things like, contractile protein synthesis, myo nuclear accretion within the muscle cells to help them deal with, increased demand.

if we're looking for weight loss, increasing muscle mass and activity increases your basal metabolic rate, which,

simply put, is, if I wake up and sit in a chair for 16 hours and then sleep for eight, and that's my 24 hour day, and that's all I do.

How many calories am I going to burn to do that? That's your basal metabolic rate. Obviously, we don't sit in a chair for 16 hours. We exercise, or if we don't, we walk around, you know, we do stuff in the house and that adds to the caloric demand of our bodies.

So when we have more muscle mass, that basal metabolic rate goes up. So that's more calories you're burning for on a day to day basis, making it easier for you to lose weight, which we know is a very hot button issue for us.

So I'm looking at the clock where who or a little over, but this is such important stuff. also just want to highlight testosterone for bones, for cardiovascular, for breast cancer prevention, etc..

So I think we're going to have memory. We're gonna have to do another. We're going to have to do another doctor still part two. But I do we promise because we didn't even really get to talk about lifestyle and diet and exercise, but I think we promised that we would have you do like five minutes.

Just the basics for the women to know for their men because. Andra, pause is real and it's the male counterpart to menopause and it's not spoken about enough.

And so could you just kind of let the ladies know or if the men are watching with them? Absolutely. You know what? You see what they need to know, ask their doctor for blood testing, etc..

So I would say the most common misnomer that I probably see with my male patients when it comes to testosterone is everyone seems to think that anthropos is really only a thing for men 4550 and over.

Like we'd say, you know, with women menopause is 4550 ish, generally speaking. But with all the plastics and endocrine disruptors and here's a buzzword toxins that were exposed to, I'm seeing this early and earlier.

I have patients in their late 20s who have low testosterone levels that they should not have, and of replacing for and and it fixes a lot of stuff for them.

So if you're a guy or you know, a wife and you're looking at your husband like, something seems off with this guy, I don't know. The general picture for men is, again, a lot of similarities to what we see with women and, you know, decrease in drive motivation, you know, kind of like ho hum type feeling, very, very hard to cut fat, very hard to build muscle.

You might see, erectile dysfunction, certain way. Decreased libido is a big one. brain fog, difficulty kind of concentrating, focusing. Not like, you know, we all do. The.

But I leave my keys when I walk in this room when we're talking about a guy. And we all do that when we say brain fog from a standpoint of like, this is something we want to address medically.

Benefits and Side Effects of Testosterone Therapy

This is where like, I'm at work and I can't complete tasks, like I'm used to when I have good energy or just I can't focus. Things don't stick in my head as easily as they once did.

so that's generally the kind of picture that we're going to see with men. And so, with men, we usually do testosterone by injection, because we have the dosing of testosterone for men is anywhere from 40 to 80 times what we will do for women.

And it's really hard to kind of get that done with a cream. also, men, we don't have as much. I'll just say mucosal tissue available to but a to put a cream down on.

So injection into a muscle and therefore direct absorption into the bloodstream is the best route for us. I do get a lot of men asking me, you know, what about Andrew gel or topical testosterone?

In my experience, those can work. But what we usually see is after a year or two of use, the absorption falls off a cliff. You know, those are going to be absorbed through the skin.

The skin generally will adapt to that. And it's, you know, your skin is intended as a barrier against anything in the outside world. A transdermal cream included.

So after a year or two, we usually see that dropping off and we have to switch to an injection. Anyway, so I usually just start patients there and then, you know, the injections once a week or as a cream you have to put on every day.

So a little bit more convenient for, for the men. But, the effects are very, very significant, that, you know, we see almost I'm not going to say instantaneous, but, you know, if I start a patient on testosterone, I'll try to have them come back within about two months.

and way more often than not, they're coming back saying, my energy's up, I feel stronger, beat us back. If they were dealing with erectile dysfunction.

that definitely moves in the right direction. Their, mental acuity gets better. You know, it's just it's main male hormone. We need it. Man. Boobs go away.

Yes. With exercise again, you cannot. I cannot sit on the couch, inject testosterone and expect to turn into Arnold. Yes. That's not. It will not happen.

Yeah. You you know, you can you can just supplement your way out. And, you know, hormones are amazing, but you've got to do the diet, the sleep, the exercise of the mind, the whole thing.

Yeah. So. And what type of testosterone for those. What do they want to ask their doctor for? You want there are a lot of different forms. The most common one that I use is testosterone, said Nate.

testosterone and Nance is another one we will use if a patient, you know, for whatever reason, has a poor reaction. fairly distant third, I would say would be depo testosterone.

It is testosterone. And eight. The biggest difference between that and, you know, a compounded testosterone CYP unit that's not pharmaceutical Depo is the carrier oil.

the oil that it is that we use from our compounding pharmacy is sesame oil. which as long as you don't have an allergic reaction to sesame, which did happen with one of my patients, he did not let me know about his food sensitivity panel.

So he got a rash. all fixed. but, Depo uses cottonseed oil, which is very toxic for the liver. when we're talking about chronic use.

Testosterone for Men and Andropause Basics

So if you do have to go that route, I do have a handful of patients who just they do better on testosterone and just wants a little bit more, checking up on the liver, we go a bit more aggressive with, liver support, herbs or supplements just to kind of oppose that effect of the depo, but, testosterone, CYP unit via injection.

Usually it's, 200mg per mil. We'll do half a mil. So 100mg, that's usually the dose I'll start a patient at. And I'd say about 80% of the time that nails it from the get go.

patients will sometimes instead of doing once a week, I have a handful of patients who will split their dose in half

and do it twice a week. If you're getting that kind of drop off effect where it's like I do the injection, I feel great for 4 or 5 days, but they six day seven before I do my next injection.

kind of feel like how I did before I started the testosterone. Splitting the dose kind of evens things out a little bit for those patients, and they get more consistent results.

And then because you taught me about this, like talk about the testing, like, if you're a man doing an injection, when should you do your blood work? And estradiol also.

gotcha. Yeah. So, as far as the if you're going to do it by injection and you're doing it, we'll go operate on the, you know, you're doing it once a week assumption.

you want to run your blood within 24 hours of doing your next shot. So if I'm doing my injection on a Wednesday, I want to test my blood on either Tuesday or Wednesday before I do the shot.

The reason for this is I want to see how low your testosterone is getting before you kind of re-up on the next shot. That's what's going to let me know.

You know, obviously in conjunction with your clinical presentation, does this patient's dose need to be adjusted? do they need more? That's usually the route it goes.

Very rarely will I do half a CC to start and the patient comes back. Ask too much to take down. So that almost never happens. It's usually I nail it with half a CC or we're going higher.

as far as testing, kind of the pitfalls, things we want to watch out for with men. like I was mentioning earlier in the video, the, the blood thickening effect of testosterone is much more pronounced in men.

And again, that picture is heat intolerance, acne in those same kind of areas chest, shoulder, jawline, upper back, redness, flushing of the face, tension, headaches.

Men will usually describe it as, I feel like I have a headband wrapped around my head a little too tight if you get dehydrated. Very similar kind of headache to that.

and again, if that happens, you know, you just have periodic CBC, you know, every few months or so, especially when you're getting started, I'll usually be able to catch that in your blood before my patients actually start noticing the symptoms.

And again, the fix is generally really easy. You just go and donate some blood to help somebody you need and I go to the Red cross three, which has always been my price.

We just sent a patient that he just let me know he's going to mark. And then estradiol testing. So estrogen or doll rather we've been talking about that is a female hormone.

But the same way that women need testosterone a male hormone, men need extra vial. it's anti-inflammatory. It's protective for the heart and the blood vessels.

cardiovascular disease is very, very common among men. So definitely something you want to watch out for. there's an enzyme called aromatase that men have that will take a testosterone and turn it into estrogen.

So if I give you testosterone, I, I'm going to increase flow through the aromatase pathway and you're going to get more estrogen. So what happens is that goes to high, the two most common symptoms I'll see will be nipple tenderness.

So, you know, your shirt kind of brushes a little bit. You're gonna you feel like you notice it more than you should, and you can get a little, I'll say, moody, if you think that's a little too high.

so those are the things we're watching out for. And then another big one would be, prostate health. So you always, always want to check total PSA, three PSA and percent three PSA.

for men, when it comes to the prostate, there's three main conditions. We're watching out for prostatitis, which is just inflammation of the prostate.

Be a traumatic or bacterial infection. BPH or benign prostatic hypertrophy a condition that sounds like prostate cancer but is not. And then actual prostate cancer.

correcting some misinformation that's out there. Testosterone does not actually cause any of the three conditions. Now, if you have any of the three conditions already and you start testosterone, there is a chance that it can aggravate those conditions.

There's also a chance that it can actually positively affect those conditions. Not the rarest thing in the world. To see a guy in his 50s with maybe not flagged as high PSA, but, you know, maybe he's hanging around three and a half.

He's kind of starting to bump up against that ceiling a little bit, and we give him testosterone. His PSA actually comes down not as uncommon as you might think.

Or as, you know, conventional medicine doctors might have you believe. All right. Awesome. I gotta cut you off because we're over. You can see he's my son. He likes to talk.

And isn't he brilliant? Oh, my God, proud mama. Thank. Oh. Well, I think we I think I think we need to see more of Dr. Ben. We will be seeing more of Dr. Ben if you come visit us in Scottsdale.

And I think we're going to have to do another webinar because I was thinking, he's a brilliant herbalist and I'd love to get into liver, herbs and other things. So, stay tuned.

I think we're going to have a post some webinar with Dr. Bean. We could do a Q and A, so, I will be here. Thank you for being here. Plus, he also has to leave, babysitting and he's got a movie to get.

I think he's going to see Westerns. and I think we're having like, real life twisters. We have a monsoon rolling in on top of it. So thank you for being here and contributing really important information to the audience.

you know, chock full like listen to this one again. There's so many good clinical pearls in here and just information to really give you like your testosterone roadmap which will change your whole hormonal journey.

Cells, I love you all. I love you and thank you for being here. And we'll be back with another talk and we'll see you then. Bye.