

If you are a Guy—it may happen to you

Andro pause

by Ronald L. Myers, CNC

Current statistics indicate that as many as 30 million American males between the ages of 35 and 70 are experiencing some degree of Andropause.

HISTORY and CONTROVERSY

Andropause was described as a syndrome by a variety of medical experts as early as the 1940s. The results of a careful study reported in a 1944 issue of the Journal of the American Medical Association described the use of testosterone injections to rapidly and thoroughly relieve the symptoms of andropause. A variety of articles followed the study and made a compelling case for diagnosing and treating these symptoms in aging males. Yet, for the last 60 years, conflicting theories about andropause (and the name *male menopause*), the lack of convenient treatments, and the discomfort men feel about discussing their symptoms have kept doctors from accepting the syndrome as a treatable condition.

The word Andropause is formed by combining two Greek words - *andro* meaning male and *pauses* meaning stop. Using the original meanings, we can define andropause as a condition that comes about when “masculinity” declines. Since it was first described in the medical literature, it has been called “male menopause.” This misleading name has further clouded the scientific evidence pointing to its existence and the use of medical treatment to reduce its symptoms. Does andropause exist or not? Is there a difference between andropause and normal aging? If andropause exists, should men be treated for it? Ah...I think I can speak for most men in answering this last question—YES!! As “humans”, when we experience a symptom that results in decline in or complete loss of function, especially a function as important as sex, we want something done about it. We may not feel comfortable about expressing this desire or know how to relate what we are going through to another person, especially our wives or heaven forbid a...Doctor! But we want to get back to “normal”. So it becomes the job of our health care providers to accurately assess (diagnose) what we are going through and the BEST treatment to restore normal function.

The rest of the controversy surrounding Andropause beyond accepting its existence is *what is the best treatment* to restore normal function and the patient’s sense of well being and ability to fully enjoy life? We will explore treatment options in this issue of eBytes.

SIGNS and SYMPTOMS OF ANDROPAUSE

In recent times a more accurate name than “male menopause” is being used to describe this syndrome, it is *androgen decline in aging males* or ADAM. This name was coined because androgen deficiency in older men is generally moderate and not complete. It differs most markedly from female menopause in the speed with which the symptoms occur. In women, the menopause is a universal and comparatively sudden change. In men, the change is much more gradual and difficult to pinpoint. This difference suggests that referring to the syndrome in men as “male menopause” is not accurate.

- Erectile dysfunction
- Decreased libido
- Mood disturbances, including depression, irritability and feeling tired
- Loss of muscle size and strength
- Osteoporosis
- Increased body fat
- Difficulty with concentration and memory loss
- Sleep difficulties

LABORATORY FINDINGS

As you know, I am a believer in what I call “Evidence Based Therapy”. Lab findings provide reliable, reproducible *evidence*. There is some degree of controversy here as well relating to Andropause—what type lab tests should be used to determine testosterone levels: Serum or Saliva??

To me, the evidence is clear when it comes to steroid hormones, Saliva is the superior test. It is less expensive than testing serum for the free hormone, with saliva that is what we get, the free hormone (which is what is available to the receptor site). And, with Andropause, it is the level of *bioavailable* hormone we need to determine.

Many doctors ask me if I can recommend a good lab for saliva hormone testing. Any State certified and licensed laboratory conducting saliva hormone analysis can do the job for you. Personally, I have been recommending Saliva Testing And Reference (S.T.A.R) laboratory for a number of years now with excellent results. Please understand, I do not get a commission or kick-back from STAR for referring them, I do it because Lindsay Hofman, Ph.D who is the lab Director is accessible when you call, their fees a very competitive and their turn around time may be the best in the industry. Generally, you will have results back in 4 to 5 days after your patient deposits their sample in the AirBorne box. Good service, competitive fees, accurate results and a live person to talk to when you call, no electronic menu—what more could you ask for?? To receive additional information on STAR (tests available, fees, etc), you can call (206) 217-0911 or online at salivalab.com.

Another diagnostic benefit of saliva hormone studies over serum studies is that testosterone has a circadian rhythm. It is higher first thing in the morning than any other time of day and activity tends to reduce the levels dramatically. So when using saliva hormone tests for testosterone,

instruct your patients to collect their morning sample ON ARISING!! Not after their shower or after they brush their teeth or any other ACTIVITY. On arising = as soon as they wake up.

Serum studies will give you one (1) reading for a high dollar; with saliva testing you get four (4) readings through the entire circadian rhythm for a reasonable fee, no stress, non-invasive collection procedure.

POSSIBLE SERUM STUDIES TO CONSIDER

As you know, my other obsession is FIND THE CAUSE, FIX IT AND THEN WE CAN ALL MOVE ON! As with many other conditions we are faced with on a day to day basis, this is materially important in diagnosing and treating Andropause.

The symptoms of Andropause listed above can be problematic because many other conditions or use of various medications could be the cause of many of them. So, is it Andropause or something else?

In Andropause, is hypogonadism involved and if so is it primary or secondary? Primary hypogonadism involves a decrease in the number of Leydig's cells, reduction of testosterone production, and decreased secretion of testosterone in response to the stimulation of human chorionic gonadotropin (hCG). Testosterone production takes place FROM cholesterol! The patient's total serum cholesterol value should be assessed in the treatment of Andropause. Also consider using the Zinc Taste Test to determine functional zinc status as zinc has antiaromatase activity and can prevent conversion of testosterone to estradiol.

Factors leading to secondary hypogonadism are other endocrinopathies such as thyroid, adrenal and anterior pituitary dysfunction, diabetes, insulin resistance, obesity, chronic alcoholism and use of various medications such as cimetidine (Tagamet), digoxin (Lanoxin), and antidepressants.

The Gateway Panel (available from LabCorp) can be very useful in evaluating many of the above considerations in your assessment of Andropause relating to *cause*. Additional peptide hormone studies such as Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) are available from LabCorp or the laboratory of your choice. Assessment of adrenal dysfunction is best accomplished with a saliva hormone study.

TREATMENT OPTIONS

The following Treatment Options are based on the cause of symptoms in each individual patient. I do not believe in "Cook Book" or "One size fits all" protocols!! To quote a person I know relatively well "Find The Cause, Fix It, and We can All Move On."

Decreased Serum Cholesterol—Insure patient is NOT following a Low or NO fat or Low or NO Cholesterol diet and is not currently taking a statin drug to artificially reduce their serum cholesterol! Remember, steroid hormone manufacture depends on the amount of cholesterol available.

Treatment

Encourage the patient to include more natural fats in their diet and avoid foods containing hydrogenated (junk) fats and oils.

PREGNENOLONE (10 or 25 mg tab depending on cholesterol value) 1-2 tabs with breakfast and lunch. Be prepared, some patient's may report some of the strongest erections they have had in recent memory after beginning supplementation with Pregnenolone!

Decreased testosterone—This clinical finding would be based on the results of male saliva hormone panel. Now, of course the question is why is the testosterone decreased, lack of production or lack of target gland stimulation? Consider ordering a serum Luteinizing Hormone study from LabCorp (or the lab of your choice). For males, the main action of LH is related to testosterone production through its role in stimulating testicular interstitial cells. LH is found increased when sex hormones cannot be elaborated and decreased due to primary pituitary dysfunction.

Treatment

LH increased—Consider **b-Vital**, 1 – 2 capsules with each meal, **Cytozyme Orchic** 1 tablet with each meal. If patient has had the mumps also consider **Cytozyme Parotid-TS** 1 tablet each meal.

LH decreased—Consider **Cytozyme Pt/Hpt** 2 tablets with each meal.

Thyroid Hypofunction—Evaluate for primary or secondary thyroid dysfunction.

Primary (TSH > 4)—Consider **GTA** (or **GTA Forte 2** if TSH is > 10), 1 -2 capsules with each meal for 21 days then re-evaluate.

Secondary (TSH < 2)—Consider **Thyrostim** 2 tablets with each meal. Evaluate all thyroid patients for iodine need with iodine skin test or by using serum T4 and LDL levels. T4 decreased <6, LDL increased > 100 indicates an iodine need. Patient should avoid using city water. Consider supplementing with **Liquid Iodine Forte** at 30 drops daily.

Adrenal Insufficiency—There are many methods you can use to evaluate adrenal function; Postural blood pressure, light in the eye test, and my favorite, saliva hormone study.

Treatment

Consider **ADB5-Plus** 2 tablets with each meal for 7 days then reduce dose as indicated. If serum cholesterol is decreased consider **Pregnenolone** as recommended above.

Estrogen imbalance—Clinical finding based on male saliva hormone assessment. In all probability, this is indicating impaired phase II detoxification pathway function with possible reduced testosterone receptor site sensitivity.

Treatment

Patient should discontinue eating and drinking out of plastic containers; discontinue consumption of soy products. Consider supplementing the patient with **CA-D Glucarate** 3 to 6 capsules daily with meals.

Diabetes, Insulin resistance—This falls into that Metabolic syndrome pattern (see eBytes Issue 56).

Treatment

The Atkins' diet is probably the best and easiest diet for this patient to follow to help reverse this condition. Consider supplementing the patient with **GlucoBalance** 2 capsules with each meal, **Optimal EFA's** 2 capsules with each meal; if hypercortical add **ADHS** 1 to 2 tablets with breakfast and lunch and **Cytozyme Pt/Hpt** 1 to 2 tablets with each meal.

And let's not forget—always evaluate and treat the G.I. system first; treat the G. I. system from NORTH to south! (See eBytes Issues 44 and 45.)

CONCLUSION

To successfully treat andropause, you may have to have more than one piece of evidence as you can see from above. You may need all of the following “evidence”: saliva male and adrenal hormone assessments, serum thyroid and lipid panel (you get both with a Gateway Panel from LabCorp) and LH. In your patient's best interest, order what is needed to determine the CAUSE of the problem and then successfully treat it!

Other considerations relating to the cause of andropause are such things as our modern unhealthy life-style. Television and computer screens contribute to sedentary habits. No exercise causes a man's body to produce less testosterone. A diet high in refined carbohydrates and “junk” (hydrogenated) fats leads us down the road to circulatory problems; and male erections are based to a great degree on *circulation*. Let's not forget the constant stress our nervous system is under due to our ever present cell phones, fax machines, PDA's, etc., etc.

Beyond dietary changes and supplemental recommendations it is in your patient's best interest that you advise them to have a regular exercise program, get adequate sleep and eat a healthy diet meaning fewer processed foods, more raw and natural foods. Fewer refined carbohydrates, more natural, complex carbohydrates, fewer man made beverages and more pure WATER.

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