

The Testosterone Syndrome:

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If I told you that one key substance in the body is more powerful than any other health factor, is more closely linked to risk of illness if and when deficiency occurs, is more misunderstood, more improperly used, and more tragically underused than any other, what would it be? Testosterone! I have studied it, prescribed it, and watched the responses of my patients-hundreds of them. I challenge anyone to find a more diversely positive factor in men's health. When normally abundant, it is at the core of energy, stamina, and sexuality. When deficient, it is at the core of disease and early demise.

Testosterone deficiency has been an unrecognized syndrome that impacts every sinew and cell in the body. It is powerfully linked to nearly every major degenerative disease. Use of this remarkably healthy hormone could reverse suffering and prevent early death. My research uncovered a mountain of medical literature that has been basically ignored supporting its benefits.

I was taught that there was no male menopause and for years accepted that as fact. A series of events in my own health and the discovery that several pioneering physicians held entirely different points of view changed my mind and transformed my conception of age-related illness and preventive medicine. Until that point, I had seen aging as an unrelenting natural process that it was best to accept gracefully. Preventive medicine was an attempt to treat or modify specific risk factors that, like a sleeping lion, would jump up and bite you later in life.

My perspective changed dramatically. Clearly, preventive medicine would widen in scope if it turned out aging was reversible. And, to a significant extent, it is. The male menopause, a grim milestone in the middle passage of a man's life, can be rolled back.

Testosterone decline is at the core of that male menopause (and a key element to female menopause as well). Naturally, the two sexes have a different experience of midlife menopausal change. In women, there is an explosion of in-your-face symptoms, while men's very similar symptoms sneak in the back door unexpectedly like a thief in the night. Too often, loss of energy, ambition, sexual drive, and a host of minor symptoms are written off as "burnout" or depression.

Women, meanwhile, have already learned that hormone replacement results in reversal of the physical changes of menopause. Men, confronted by an information vacuum, still need to make the same discovery.

Do You Know What A Hormone Is?

A hormone is a chemical substance produced in one part or organ of the body that starts or runs the activity of an organ or a group of cells in another part of the body. Testosterone, estrogen, insulin, adrenalin, cortisone-these are a few of the hormones found in most people's vocabularies and at least vaguely understood. Hormones can also be converted from one hormonal substance into another out in the tissues of the body. This is a newer concept, which later in the book will prove vital, and is referred to as intracrinology.

In the last few years, the popular anti-aging literature has given many people a familiarity with such hormones as DHEA, growth hormone, and melatonin. They are generally important substances, and perhaps some of you are already familiar with the idea that the levels of hormones can affect our actual (as opposed to chronological) rate of aging. Every cell in the human body is programmed by hormonal messengers. Hormones tune our systems-or detune them. We are hormonal creatures to at least as great an extent as we are oxygen-breathing creatures or blood-circulating creatures. We could not live a day or hardly even an hour without properly balanced hormonal input. Balance is the crucial word. Too much of the more important hormones would burn us out metabolically at a fantastic rate. Too little and our systems begin to slowly shut down.

Think back when you were young. If you were like most people, you reached your physical peak in your late teens or early twenties. It was a time of rambunctious energy that resisted every effort to squander it away. Late nights, too much work and too much play, and, for many of us, far too much eating and drinking-all this produced very little in the way of untoward effects. For many twenty-year-olds, burning the candle at both ends is not a danger; it's an art form. Pushing past every reasonable limit, we recharged our cellular batteries as fast

as we drained them. How were our organ systems and indeed, every cell in our bodies able to keep up with the brutal pace? Hormones! We were in hormone heaven.

The optimal function of every cell requires optimal hormonal input-and we had it. Logically, therefore, any decline in hormonal activity from youthful norms will result in suboptimal cellular activity. Does that seem reasonable? We know that it is. There are many reasons hormones change, including illness, stress, the autoimmune destruction of our glands, and of course, the natural decline of aging. Any doctor who has carefully charted the hormonal changes of his patients knows the significant, long term hormonal decline leads irresistibly toward illness, fatigue, malaise, and further aging. And any doctor who looks for hormonal decline will find hormonal decline. Most of the major hormone system drops significantly and steadily from year to year and decade to decade. It is one of the most important parts of the steady downward spiral into old age and debility.

It would be impossible to overemphasize the devastating effects that the menopause has on millions of men and women. Doctors know because people come and sit in our offices and tell us secrets that they wouldn't even whisper to their spouses. And once you've listened for a while to people telling you that their sex lives are crumbling, their energy is shattered, their health is growing shakier by the year-and one soon finds out that they're right on that point-one feels a very real compulsion to do something about it.

Is all this unpleasant change menopause? A whole lot of it is. Heart disease, high blood pressure, diabetes, arthritis, osteoporosis- indeed, most of the major risk factors for dying –are all intimately related to hormonal changes. To a surprising degree many of these dreadful conditions reverse themselves when a proper balancing of the hormones in the body is combined with sensible diet. To say that the menopause is natural seems like a trivial distinction in the face of these calamities. Death is natural and inevitable; too, many of us would like to postpone it. Moreover, I think I speak for most people when I say we would like to keep our youthful vigor throughout our lives, right up to the end.

We all age. Most of us observe this process unenthusiastically and would slow it if we could. In this book I want to make it possible for you to determine how far along you are in aging. Once you have that information, you'll be better prepared to decide what you want to do about it. You might even decide to reverse the process.

Most likely you think this sounds bizarre. Reverse aging? Surely it's just as easy to tell the sun to stand still. Not really. It's certainly true that in the past nothing could be done about aging. You knew that whatever way you felt at the present time, you were certainly going to feel a little older in a year or two. The process was irreversible, steady, and downhill.

This simply isn't true any longer. A carefully planned program of diet, exercise, and hormonal replacement can make you feel much younger and healthier in a year or two from now than you do today. I've seen it happen faster than that. And the lucky people who experienced these changes weren't younger in their own minds. Their outward appearance, their metabolic functioning as measured by lab tests, their everyday standard of behavior, energy, attitude, and drive - were all testimony to the fact that, for a while at least, they would enjoy the very special pleasure of spitting in the face of the calendar.

Before we consider whether you, too, can objectively speaking make yourself feel younger, it makes good sense to establish a personal baseline. There are clusters of significant symptoms in such areas as brain function, sex function, general metabolic condition, and musculoskeletal wellness that go a long way toward determining how far you've traveled from the blithe days of your youth.

I want you to look at the symptoms outlined below and, to the best of your knowledge, decide whether you've seen noticeable or significant declines in any of these areas of function in the years since you turned thirty. It is, of course, perfectly normal to see a certain amount of decline in some aspects of physical function. Nobody's perfect; we all age, and certainly, not many people are as athletic at fifty-five as they were at thirty-five. In fact, at the high end of functionality, nobody is.

Nonetheless, if you find yourself racking up too many moderate or major decreases in function, that probably indicates that you're aging faster than you need to, and it may well reflect hormonal decline. So please make an effort, examine your physiological conscience, and let's see how many times you answered yes.

Questions for Treatment:

Do you currently have or ever had any of the following symptoms?

Sex Function		
Decrease in spontaneous early morning erections.	YES	NO
Decrease libido or desire for sex.	YES	NO
Decrease in fullness of erections.	YES	NO
Decrease in volume of ejaculate or semen.	YES	NO
Decrease in strength of climax or force of muscular pulsations.	YES	NO
Difficulty in maintaining full erection.	YES	NO
Difficulty in starting erection-or no erection.	YES	NO
Mental Functions		
Spells of mental fatigue or inability to concentrate; feeling burned out.	YES	NO
Tiredness or sleepiness in the afternoon or early evening.	YES	NO
Decrease in mental sharpness, attention, wit.	YES	NO
Change in creativity or spontaneous new ideas.	YES	NO
Decrease in initiative or desire to start new projects.	YES	NO
Decreased interest in past hobbies or new work-related activities.	YES	NO
Decrease in competitiveness.	YES	NO
Change in memory function; increased forgetfulness.	YES	NO
Feelings of depression.	YES	NO
Musculoskeletal Condition		
"Sore-body syndrome"-aches, joint and muscle pain.	YES	NO
Decline in flexibility and mobility; increased stiffness.	YES	NO
Decrease in muscle size, tone, strength.	YES	NO
Decrease in physical stamina.	YES	NO
Decrease in athletic performance.	YES	NO
Back pain; neck pain.	YES	NO
Tendency to pull muscles or get leg cramps.	YES	NO
Development of osteoporosis or inflammatory arthritis.	YES	NO
Metabolic or Physical/Disease Problems		
Increase in total cholesterol or triglycerides.	YES	NO
Decrease in HDL cholesterol.	YES	NO
Rise in blood sugar level diabetes onset.	YES	NO
Rise in blood pressure/ diagnosis of hypertension.	YES	NO
Unexplained weight gain, particularly in the midsection; "beer belly".	YES	NO
Increased fat distribution in breast area or hips.	YES	NO
Development of chest pain, or diagnosis of heart disease or blockage of arteries.	YES	NO
Shortness of breath with activities; worsening of asthma or emphysema.	YES	NO
Lightheadedness, dizzy spells, ringing of the ears; new onset of headaches.	YES	NO
Poor circulation in legs, swelling of ankles, varicose veins or hemorrhoids.	YES	NO
Changes in visual acuity focus reading fine print.	YES	NO

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