



Healthy Notes

Spring 2011

Wow-my gratitude overflows...

by Wendy Harrell

warmer weather, watching people get better, being a part of the kind of health care offered at AIM and being cared for by my co-workers and Dr. Biddle and Anne.

We are always looking for things we can do to make your visits here the best they can be and have made some changes to help us take extraordinary care of you. You are probably aware of the new annual visit policy. We have added a form to help you organize for that appointment and a new section on our website where you can download forms. You will also find a "Records Request" form there to help you get records from other doctors to share with us. Please notice the attached article, "Tips to get the most from your visit."

Ladies and Gentlemen: Dr. Biddle's Andropause article is included in this article. Please share with all of your "guy" friends. This issue is not talked about much and should be. We hear all of the time about women and menopause and what can be done to help us, but men just don't want to go there, so I encourage you to share about this subject and get help to reverse the effects of Andropause.

Jan Ross, RN, Dr. Biddle's nurse for the last 13 years, writes about new and exciting tools to help those of us with insomnia. It seems that today, our stressors and lifestyles contribute to bedtime difficulties. We find that often some non-pharmaceutical aids help our patients get good rest!

I also wanted to share a link to an amazing young lady's blog, <http://small-measure.blogspot.com/>. Many of you remember Ashley Adams English, who worked here at AIM for a few years. She is now a happy mom to Huxley and a blogger/writer. She has been working on a book series for Lark Books about homesteading. Last year's

books were "Canning and Preserving" and "Keeping Chickens" and her next two books, "Home Dairy" and "Keeping Bees" are due in stores soon!



Andropause Alternatives

(How to Avoid and Reverse Male Menopause)

Revised 3-2011 by Dr. James Biddle, M.D.

Disclaimer - The following is for educational purposes only. Patients are advised to initiate treatment only under the guidance of a qualified physician. Treatment choices should be tailored to each unique individual.

As men age, we experience declining levels of the male sex hormone, testosterone. Just as women go through menopause, men also go through male menopause, or andropause, but usually later and more gradually. Andropause is also called primary hypogonadism (or testicular failure), and is present in about 5% of males by age fifty, but in up to 70% of males over seventy. Therefore, most men will eventually experience symptoms of testosterone deficiency, including erectile dysfunction and loss of libido.

Physicians are becoming more aware of testosterone deficiency as a very real and common problem. However, their beliefs on the topic are often overly simplistic and even erroneous, especially regarding three very important concepts: the first error is the belief that testosterone is important only for libido, erections and fertility; the second error is the belief that testosterone is the only important male gender hormone; and the third error is the belief that the best first response to testosterone deficiency is to prescribe testosterone replacement therapy.

Regarding the first error: symptoms of andropause certainly do include erectile dysfunction, loss of libido and even infertility, but andropause is far more serious than just compromised sexuality. Additional symptoms include loss of muscle mass (anasarca), increasing fat mass, fatigue, osteoporosis, increased risk of falls and fractures, penile shrinkage, gynecomastia (breast growth) and prostate problems. Even more seriously, declining testosterone levels are one of the strongest risk factors yet identified for vascular disease. Worse, declining testosterone levels predict physical frailty and declining cognitive

function. In other words, testosterone levels basically predict a man's ability to stay out of either the grave or the nursing home.

So what causes premature andropause? For a clue about that, just think about the man who was America's most famous exercise advocate for many decades—Jack LaLane. He's a great example of how to avoid premature andropause: eat right, exercise often and stay fit and lean.

On the flip side, the quickest way to lose your hormonal edge is to become ill, medicated, over-weight and out of shape, living a sedentary lifestyle filled with excessive carbohydrates and alcohol. Excess carbs create insulin resistance, cortisol excess and, eventually, diabetes. All that excess insulin and cortisol not only create resistance to the signal of insulin throughout the body, they also cause the gonads to become resistant to the signal of the pituitary. Therefore, chronic illness, prescription medications, obesity and excessive alcohol are all associated with a reduction in testosterone.

Andropause might also be accelerated after vasectomy. At one year after vasectomy, 60%–70% of men have anti-sperm antibodies present in their serum. Although urologists debate the significance of this, it is possible that a sensitized immune system could turn upon the testes.

In addition to testosterone, what other gender hormones are important for graceful aging in men? As men age poorly by becoming obese, they accumulate excess estrogens, or female hormones. Testosterone is converted into estrogen by an enzyme in fat cells. Therefore, excess body fat creates excess female hormones. Estrogens are suspect in causing prostate tissue to grow, thereby contributing to BPH (benign prostatic hypertrophy) and even prostate cancer, although evidence is not conclusive. However, I find great value clinically in measuring men's estrogen levels, generally estrone (E1) and estradiol (E2), and decreasing them to the low-normal range during therapy. In addition, DHEA-S and dihydrotestosterone (DHT) should also be tracked and adjusted to optimal ranges.

If testosterone deficiency is so dangerous, and a man has low testosterone, shouldn't we just give him a shot, patch or cream of testosterone to bring his levels up? My belief is: often not. The reason is because once we start to give exogenous replacement therapy, his own production will be suppressed and he'll be dependent

upon external testosterone replacement lifelong. That might be fine if he is truly sick and/or old, but not if he is younger than seventy and in fairly good health. Instead, I offer men a chance at what I call "Testicular Rehabilitation." In other words, I want to give him a chance to recover.

The first step is to assure adequate precursor hormones, especially DHEA. I like to boost his DHEA-S blood level to at least mid-range for his age group, and perhaps even mid-range for a fifty-year-old, regardless of his age.

The second step is to block excess conversion into DHT or estrogens; if DHT is high, lowering it with Saw Palmetto—if needed, medications is also appropriate. Lowering DHT too far can cause worsening of testosterone-deficiency symptoms, so I aim for a low mid-range value. While lowering DHT is widely practiced, lowering estrogens in men may seem more novel. However, small doses of a medication that inhibits the conversion of testosterone to estrogens can be quite effective at bringing estrogens down, again shooting for a low-normal value on the lab recheck.

The third step is to boost testosterone production itself. Often, the herb Tribulus will suffice, as 1500 mg daily can boost testosterone production by up to 41%. If Tribulus doesn't raise testosterone enough, then I'll replace it with alternating cycles of two medications that help to bring testicles back to a younger and more functional state. Eugene Shippen MD, author of *The Testosterone Syndrome*, reports in his workshop for physicians that alternating these two medications in three-month cycles can recover testicular function in two-thirds of men under age seventy. In utilizing this strategy for the last four years in my own clinic, I think it can be even better than two-thirds successful in these men when attention is also given to improving their overall health and lifestyle issues.

If all else fails, or if the gentleman is elderly and/or in poor health, then direct testosterone-replacement therapy is indeed indicated. Injection techniques are well established, and now conventional prescriptions are also available for patches and gels. However, if a patient is paying out of pocket, a transdermal cream from a compounding pharmacy can be much more affordable.

To help men age more gracefully and to delay andropause, it can be quite supportive to utilize strategies that boost a man's own production of testosterone, that prevent the conversion of testosterone to estrogens and/or DHT, that lower the percentage of body fat and increase muscle mass, and that support the levels of other important hormones. Proper nutrition and exercise are fundamental to this process of "Testicular Rehabilitation." With the proper monitoring of hormone levels and the addition of specific nutritional supplements and herbs, as well as the judicious application of prescription medication when needed, male patients can be supported in graceful hormonal aging at any age.

Insomnia?

By Jan Ross, RN, BSN

We have several strategies to help. To begin, let's take a look at the essential factors in diurnal rhythms, or sleep/wake cycles.

Our bodies are naturally attuned to the earth's rhythms of daylight and darkness. When exposed to darkness, our bodies are able to produce the hormone melatonin, which helps us sleep. This cycle is strengthened if your eyes are exposed to strong sunlight during the daytime, which turns off your production of melatonin in the pineal gland. Unfortunately, most of us don't live in a very natural world anymore, so our experience of day and night are not so easily defined. Mimicking this natural process is the first step toward good sleep.

When awaking in the morning, getting light to the eyes first thing will shut off our nightly melatonin and provide us with the ability to produce more melatonin for the future. Of course, sunlight is often either absent (e.g., on cloudy days) or just not sufficient, as in winter.

Studies have shown that the blue light spectrum is the most important in sleep/wake cycles and in shutting off melatonin. While incandescent bulbs and the spiral fluorescents provide very little in the blue spectrum, compact (tubular) fluorescents and, even better, full spectrum bulbs emit more blue light. Another option is focused LED light therapy that only uses the blue spectrum (the Go-Lite is a good choice). This light can be used in the morning for 30 minutes, shining at an angle towards the eyes. Besides helping to reset diurnal rhythms, blue light therapy can help people who experience SAD (Seasonal Affective Disorder) in the winter, and also the elderly in nursing homes with "Sundowners" syndrome.



The next step is mimicking the nighttime, which is quite a challenge with our artificial schedules and lights. The bedroom should be completely dark. Avoid having TV, computers, or unnecessary lights on in the bedroom. Any

light that is considered necessary, like an alarm clock or a nightlight, should be in the red spectrum (and definitely not blue or green).

To assist the process of melatonin release, one can use blue-blocker glasses in the evening. These are like a special pair of sunglasses that block the blue light spectrum. Put them on an hour before bedtime, then you can still read, work on the computer, or watch TV before bed, while beginning to boost your melatonin for a more easy transition into sleep.

Ideally bedtime and waking time will also be consistent and not vary widely. With regular use of light in the morning and blocking of the blue light at night, you can reset your sleep/wake cycle and return to a more natural diurnal rhythm.

There are additional options if needed. One is to take melatonin at bedtime. If you have trouble falling asleep try a quick release melatonin; if your problem is waking in the night and having trouble falling back asleep, consider a prolonged-release melatonin. If melatonin gives you overly vivid dreams or a "hangover" in the morning, you can cut back on the dose with the option of increasing it again once your body has adjusted. The hangover effect can also be addressed with the blue light in the morning.

Melatonin has other health benefits because it is a brain anti-inflammatory that reduces the risk of macular degeneration and dementia, as well as having anti-cancer properties. Melatonin does not have a feedback loop, so taking it as a supplement will not suppress your own production.

Of course, there are other factors that contribute to insomnia, such as blood sugar fluctuations, caffeine use, stress, and hormonal balance. And there are other supplements that can help with sleep, such as L-Tryptophan, magnesium, vitamin B6, chamomile tea, walnut milk, and herbs like GABA and Kava, each with differing qualities which can be discussed with your practitioner. However, starting with the foundation of regular sleep patterns, melatonin production, and the resetting of your natural diurnal rhythms are the best first steps.

This recipe is taken from one of my favorite blogs, Elana's Pantry, www.elanaspantry.com. I enjoy Elana's stories and writing as well as her delicious recipes. Her book, "The Gluten Free Almond Flour Cookbook" has many exciting, gluten-free recipes. They always taste very yummy!

You can feed this to people who would never touch kale and they will eat the whole batch!

Lemon Kale Chips

1 bunch [kale \(prepared and washed\)](#)

2 tablespoons [olive oil](#)

2 tablespoons lemon juice

¼ teaspoon [celtic sea salt](#)

Preheat oven to 350°

Chop kale into ½ inch pieces

Place kale in a large bowl

With hands massage oil, lemon juice and salt into kale

Place kale on parchment lined baking sheet

Bake at 350° for 10-15 minutes until kale is dark green and crispy. (The 12 minute mark is usually the perfect done time)

Cool and serve



hours ...Monday – Friday 9 a.m. to 5:30 p.m.

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Dr. Biddle is available to speak to your group or organization on a multitude of topics. For information or to schedule a talk, please contact Jayne at 828-252-5545.

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