



- Dr. Drew Sinatra: Andropause — what does that mean? What causes men to lose their testosterone as they age? And what impact does that have on their health?
- Dr. Steve Sinatra: Today, we’re going to do a deep dive into men’s health. If you need to take testosterone, what does that mean? Will you become more aggressive? Can you lift more? And can men benefit from testosterone replacement therapy, or will it harm them?
- Dr. Drew Sinatra: We’ll help you fully understand what tests to ask your doctor for, if you should be taking testosterone, and what supplements we think can support you. All this and more on today’s **Be HEALTHistic**.
- Narrator: Welcome to **Be HEALTHistic**, the podcast that’s more than just health and wellness information — it’s here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health by providing access to the expertise of Drs. Steve and Drew Sinatra, who together have decades of integrative health experience. **Be HEALTHistic** is powered by our friends at Healthy Directions. Now, let’s join our hosts.
- Dr. Drew Sinatra: Hi, folks...if you like what you hear today, and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHealthisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won’t want to miss. Finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at HealthyDirections.com.
- Dr. Drew Sinatra: Hey, everyone, welcome to **Be HEALTHistic**. Today on the show, as we look ahead to Father’s Day, my dad and I are bringing you an all new episode focusing on men’s health. According to the American Urological Association, about two out of 10 men older than 60 years old have low testosterone. And that increases slightly to three out of 10 men in their 70s and 80s.
- Dr. Drew Sinatra: Like women during menopause, men also go through a natural hormone decline as they age, and though the changes are less rapid and severe than those experienced by women, these changes, called andropause, can produce uncomfortable symptoms for some men that can really decrease their quality of life, which have led some to call andropause — male menopause. So, is male menopause real? And what can you do if you have low-T, or low testosterone? We’re going to talk all about it on today’s show. So, Dad, let’s jump right in.



- Dr. Steve Sinatra: Sure, Drew. This something that's close to my own heart, as well, because I've had my testosterone levels tested several times in the last 10 years.
- Dr. Drew Sinatra: So, I'm curious. What have you seen? What have you seen in terms of levels over that 10 year period?
- Dr. Steve Sinatra: Well, about eight years ago, when I was taking testosterone on and off, I was around 600 — which was satisfactory, I was happy with that. Then I went off testosterone, because I really didn't see much of a difference. And I was doing the injectable. Now, some of my colleagues do wafers in their mouth, and some of them do the pellets, and stuff like that. About 15 years ago, I had the pellets done. And again, I didn't really notice much.
- Dr. Steve Sinatra: But recently, I had my testosterone checked again and I was down to 425. So I am going down with age. Fortunately, I'm not down to that low-T level, which is characteristically between 200 to 300 picograms per ml. So, maybe it's because some of the supplements I take, but in my mid 70s, my testosterone is holding pretty well. I kind of wish I was a little bit stronger, and I think that sarcopenia is an issue, where the older you get, you decrease your muscle mass, so to speak. I mean, I do walk and I still lift weights in the mornings at least four to five days a week. So, taking testosterone is really an individual choice for men. And with the men I've discussed this with, and I've discussed this with a lot of men, as well as doctors who prescribe this testosterone. And I read all the books on testosterone, it's really an individual thing. So, every man...
- Dr. Drew Sinatra: It is.
- Dr. Steve Sinatra: ...is different when it comes to testosterone.
- Dr. Drew Sinatra: It is.
- Dr. Steve Sinatra: I mean, that's really the key. I mean, every male is different.
- Dr. Drew Sinatra: Well, Dad, I think the stat is every year that you age, you lose around 1% to 2% of your testosterone. Correct? Now, when you said that you didn't notice much of a change in terms of the increase in testosterone, when you were actually on testosterone, though, did you feel changes in your body — in terms of increased energy, or focus and concentration, or muscle strength, for that matter? Did you notice anything in terms of changes?
- Dr. Steve Sinatra: The one change that I really knew was due to testosterone, I was more aggressive. In other words, my athleticism came out, it's just amazing. That's one thing I think every male can take to the bank. If you start testosterone, your



maleness comes out. In other words, you are more aggressive. And I got to tell you, men on testosterone, they might be prone to road rage and stuff like that. I mean, there's very subtle things that can set you off. So, those are some of the things you have to worry about when you take testosterone, especially for a male — be aware that the aggressiveness. And I'll tell you the truth, that's why a lot of body lifters, and that's why a lot of athletes, take testosterone or testosterone derivatives, because they want that aggressiveness.

Dr. Drew Sinatra: Yeah. I did hear of a study, though, where they looked at the epidemiology of violent crimes, and those who had committed them, and they actually measured their testosterone levels — and they didn't find a connection with those who had higher testosterone and violent crime. So, that's a good thing.

Dr. Steve Sinatra: That's a good thing, yeah.

Dr. Drew Sinatra: That is a good thing.

Dr. Steve Sinatra: Were any of those men taking exogenous testosterone? I mean, that's the key that I would like to know.

Dr. Drew Sinatra: You know what, that's a great question. I don't know that that detail or not. So, Dad, when men experience low testosterone, here's what I've found in terms of men that are coming into the practice. They have more belly fat, they notice a little bit more around the mid region here. They notice that they're more fatigued, they don't have the muscle strength that they used to. So, they say that, "Hey, I'm going to the gym, and I just can't lift the same amount of weight as I used to." So, there might be a reduced muscle mass. There might be, obviously, bone mass might decrease, too.

Dr. Drew Sinatra: And then also mood changes. So, a lot of men experience depression, or a little dysthymia — they just don't feel as happy as they used to. And really, what I've noticed, Dad, what I've seen is that libido and erectile dysfunction, those are the things that actually go last. Meaning like men don't typically have those symptoms first, but sort of end stage, that's where they start to have issues with erections and libido.

Dr. Steve Sinatra: Right, right. And one of the most important things I saw as a heart specialist, when I was seeing men on a day-to-day basis, was a syndrome of insulin resistance.

Dr. Drew Sinatra: Yes.



Dr. Steve Sinatra: It's amazing. These men came in, they weren't diabetic...but I would see a lot of my men once a year, twice a year. And over time, I would notice they were getting more weight gain around the middle. And when a man approaches that 39-inch waistline, so to speak, they got to be privy to the fact that, "Uh oh, I could be getting insulin resistance."

Dr. Steve Sinatra: And what happens in a lot of these men is that they gain weight, they get that abdominal girth, their HDLs go down, their triglycerides go up, their hemoglobin A1c start to climb very, very slowly. And now they have a second syndrome; not only is it low-T that's crashing in on them, but now they have the syndrome of insulin resistance. So, a good internist or a good cardiologist can recognize those really subtle findings, do the appropriate lab work, and they can make the diagnosis.

Dr. Drew Sinatra: And Dad, where's the chicken and the egg there in terms of testosterone? Are we talking that testosterone is leading to these changes that you just mentioned? Or these changes are thus, and something else in the environment, per se, which we're going to talk about, is decreasing the testosterone level?

Dr. Steve Sinatra: It could be all of the above. I mean, one of the things that I'm really privy to, because I've been into this EMF movement for, oh gosh, 15 years now. And when I was lecturing across the country, and even in Western Europe 10 years ago, when I was lecturing on basically the environment, and what the environment was doing to mitochondrial function, and what it was doing to the neuroendocrine system, as well as the lymphatic system — it was just incredible. But what I was seeing, and I put together a lot of slides on this, was that electromagnetics was a big factor in the reduction of testosterone in men. Let's face it, low-T is a big problem in testosterone. Now look, the elephant in the living room is this, it's basically male sterility. This is a big problem.

Dr. Steve Sinatra: I remember, Drew, when I was practicing at your age, actually less than your age, in my 30s. When I would see a male who could not impregnate his wife, it was rare. It was usually the other way around, it was the woman that had the issue, it wasn't the male. Then, a study came out in Finland and Scandinavia showing that a lot of these males, who were exposed to electromagnetic forces, cellular phone, cordless phone — and especially if a male puts a cell phone in their pocket. In other words, if I stand up, I have a cell phone right here. It's about just a few inches away from your testicles.

Dr. Drew Sinatra: Or even in your back pocket, which a lot of men do.

Dr. Steve Sinatra: Yeah, exactly. And what the research has showed was that when men were carrying a cellular phone in their trousers, their testosterone production



plummeted like 200% over a couple of hours. I mean, think about that! Because it makes sense...what are the most specialized cells in the body? Well, your heart, your brain, and your reproductive cells. So, they're great that they're highly specialized, but the Achilles heel is they're the most susceptible to not only environmental toxins and insecticides and pesticides, but electromagnetic forces at the same time. So, they're very, very susceptible.

Dr. Steve Sinatra: So, I think we have an epidemic in our society, where people got to be privy that these electromagnetic forces can be deadly. And by the way, by the way, today, today, whatever today's date is, there's an article in *The New York Times* on earthing and grounding, a big article...

Dr. Drew Sinatra: I saw that email come in this morning.

Dr. Steve Sinatra: Oh, you saw it too?

Dr. Drew Sinatra: I haven't read the article yet, I haven't had time, but I can't wait to read it.

Dr. Steve Sinatra: Yeah, I read the article. *The Times* didn't do us justice by giving doctors names, who did the research — but a lot of it was our research, it's amazing. But I'm glad that people are getting privy to this situation. Could you imagine that one of the antidotes to raising T is going to be grounding? Because, look, if men are putting a cell phone in their trousers, and their T goes down — and if you could do a maneuver by tossing that cell phone away, or by grounding more, in other words, you can do certain maneuvers to support your neuroendocrine system, and your HPA axis, that's the key. The hypothalamic axis of the brain.

Dr. Steve Sinatra: So, I don't know if I told you this, but years ago I wanted to write the book, *God's Simple Cures* — and grounding is, without a doubt, one of the simple cures that's free and that everybody can do. So, I was really delighted to see *The New York Times* article, that was really cool.

Dr. Drew Sinatra: Oh, that's fantastic, that really is. Well, Dad, I think a key takeaway of just all that you've said is that if men are listening to this right now, they're watching it — listen, reduce your EMF, your radio frequency, RF exposure. So, that means that don't carry your cell phone in your front pocket, in your back pocket.

Dr. Steve Sinatra: Absolutely.

Dr. Drew Sinatra: If you're using the computer, like you and I are right now, we're hardwired. We have an ethernet cord that's connected to the router. You and I are not getting that wi-fi exposure. Because a lot of men...it's crazy, Dad, a lot of men, I even know, I have friends that do this — they have their laptops on their lap. So



you've got two factors there. You've got the heat from the laptop, which is not good for the testicles in terms of sperm production, then you have the EMF layer added onto that, as well, which is not good.

Dr. Drew Sinatra: So, for men that use their laptops on their lap, please don't do that. At least put it on your desk. You can even buy these little protective cloths, one of them that my wife used a lot when she was pregnant was called Belly Armor. That's one of these little blankets that you can put over your belly. I think men should be putting it over their laps...

Dr. Steve Sinatra: Absolutely.

Dr. Drew Sinatra: ...to reduce that exposure that you're getting from your laptop. And then you also got to think about things that you always talk about, Dad, which is cordless phones in the home.

Dr. Steve Sinatra: Throw them out, Drew, just throw them out.

Dr. Drew Sinatra: Just throw them out, exactly. Get a corded phone. Look at this, do people recognize this anymore? This is a corded phone, people.

Dr. Steve Sinatra: I got one too, right here. Right there, a corded phone.

Dr. Drew Sinatra: We got to go back to the old ways, because really, I think they were a lot safer.

Dr. Steve Sinatra: Well, Drew, one of the most important aspects of clinicians like you and myself is that people don't want to be preached to, but people want to do what we do. In other words, it's almost like having young children...young children will follow what a parent does, not what a parent says. You know what I mean? So, the same thing is true as a doctor. And remember this, for the women, and I think some women are going to be watching this program. I remember I had a slide of a woman that put a cell phone in her bathing suit-type bra, where she worked out at a gym, and she put her cell phone in there. Well, after a six months' time, she developed a cancer right around the whole rim of the cell phone. Just amazing. So, these electromagnetic devices are dangerous. And again, the topic of conversation today is that they can lower hormonal levels in the body, drastically so. So, that's the takeaway, that's really the message.

Dr. Drew Sinatra: No, thanks for bringing that up, Dad, that's a key point there. Now, what else do we have here? I'm going to mention one thing, but I want you to list some other things that can help, or sorry, that actually lead to low testosterone in males. One of which, I don't know if you know this, Dad...there was a *JAMA* study, the *Journal of American Medical Association*, came out in 2011. And what they did



was they looked at men that were sleeping around eight, eight and a half hours a night. And they restricted their sleep to around five hours per night. And you know what they found?

Dr. Steve Sinatra: No, what?

Dr. Drew Sinatra: After one week of sleep restriction, their testosterone went down from 10% to 15%. Okay?

Dr. Steve Sinatra: Wow.

Dr. Drew Sinatra: Yeah, this is a *JAMA* study. So what that tells me...

Dr. Steve Sinatra: Well, that makes sense, yeah.

Dr. Drew Sinatra: ...10% to 15%. Now, you think about how many men out there are sleeping not enough hours per night. I mean, I always recommend people...at least seven, seven is like the absolute minimum. And if you can get eight, maybe nine's good for you. But if you're getting five hours a night, that's not going to be helping with your testosterone production, because that's happening at night. And that's partly why when you wake up in the morning, some men wake up with erections, that's when your testosterone level is really the highest. And that's also when, by the way, you should get your lab work done for measuring testosterone, is early morning. Because that's going to give you more accurate indication as to what that level is. So, I'm all about sleep, Dad, in terms of men getting better sleep. What else do you see in terms of things that might interfere with testosterone production?

Dr. Steve Sinatra: Well, I mean, certainly any phytoestrogens in the environment, where if men are taking a lot of estrogens, that can be a factor. I remember when I was treating a lot of my patients with heart failure, that was a big factor in men, because when men were in heart failure, their sexual drive, it just disappeared. And I'll never forget this, Drew, when I was putting men on metabolic cardiology, D-Ribose, Q10, magnesium, and carnitine. It was amazing, a lot of my men came back and said, "Doc, not only is my heart getting better, but I'm waking up with erections." And this got me thinking, this got me thinking, "Jeez, that's interesting."

Dr. Steve Sinatra: Because anything, whether it's breathing or coughing in the middle of the night, because you're laying down and you're in heart failure, or having an erection in the morning — it's all energy, it's all ATP based. It's all energy. But then I did a little search in the literature and I was really surprised, because years ago, at Healthy Directions, I used to have a broad spectrum carnitine supplement. It



had 333 milligrams of L-carnitine, propionyl-L-carnitine, and acetyl-L-carnitine. And when I was researching the literature about the carnitines — and, again, these men were talking to me, because I was using a lot of L-carnitine, but when Healthy Directions had this supplement, I used to put a lot of my own men on double a dose. In other words, they were getting two grams of this broad spectrum carnitine. And then there was an article that came out of Italy and Western Europe, this is amazing. It was talking about acetyl-L-carnitine driving up testosterone levels.

Dr. Steve Sinatra: Now, how do you figure that? And it made sense, because acetyl-L-carnitine crosses the blood brain barrier. So, now acetyl-L-carnitine is talking to the HPA axis, so to speak. So, a lot of these situations are chemically driven, so to speak, in the body. But for any men who are listening to this program, if they wanted to take a gram or two of acetyl-L-carnitine a day — and by the way, I take it, and I get it from Thorne, that's one of your suppliers that you use. Like I said, Healthy Directions makes fantastic products, and I love the quality assurance program, but they can't make every one of our products. But I take acetyl-L-carnitine every day, as well, because of this reason.

Dr. Drew Sinatra: But, Dad, I got a question for you. Do you think there's any component there with acetyl-L-carnitine improving mitochondrial function, thus helping with testosterone production? I wonder if...

Dr. Steve Sinatra: Absolutely, yeah. I mean, it's all amazing. I mean, ACL is good stuff. And the major reason, it gets into the blood brain barrier. I mean, I think it's going to be shown that neurodegenerative situations are going to be improved, Alzheimer's will probably get improved, memory will improve. I mean, all those things will improve, because, I mean, I really like these targeted nutritional supplements that are so specialized in providing certain functions. And by the way, we're talking about sexual health today — but the brain and the pelvis are connected. And when the sexual function goes away, the brain is going away at the same time. So, the magic here is basically, can we use certain supplements or substances that can support the brain as well as the pelvis at the same time? And sure, acetyl-L-carnitine, I think Omega 3s are going to be involved with that. Certainly CoQ10. I mean, magnesium...look at magnesium. I mean, magnesium will certainly be advantageous, because of what it does to ATP.

Dr. Steve Sinatra: So, for the men listening, sure, do you want to take hormonal replacement? Again, like I said before, every male is different. It can help a lot of men, it may not help men. But there's certainly, in our tool chest anyway, lots of targeted nutritional supplements men can use that can really support the brain, the heart, and the pelvis at the same time.



- Dr. Drew Sinatra: Yeah. It's a good point, Dad, because I've seen that there's a lot of marketing out there for low testosterone and in certain supplements and such that might raise it. And I've tried so many things with my patients over the years, and I haven't really seen a big uptake in terms of testosterone production by using these things. Especially like tribulus, or like the ginseng family, because those have always historically been suggested to help raise T levels. But I'm so happy that you brought that L-carnitine piece, because I actually didn't know that...
- Dr. Steve Sinatra: Acetyl-L-carnitine.
- Dr. Drew Sinatra: Acetyl-L-carnitine, yeah.
- Dr. Steve Sinatra: That's the only one, that's the only carnitine derivative that crosses the blood brain barrier.
- Dr. Drew Sinatra: That's fantastic. That's great.
- Dr. Steve Sinatra: It is. So, it just makes sense, it makes sense. So, I mean, our pitch today to the aging male is really, there's lots of things they can consider going forward.
- Dr. Drew Sinatra: Yeah. Now, what about exercise? Because you look at a lot of Americans these days and they're very sedentary. They're doing lots of work at home, even now with COVID, being at their computer all day, working via Zoom and such. What's the role, Dad, that exercise plays with testosterone production — and decline for that matter?
- Dr. Steve Sinatra: There's no doubt about it, the more you exercise, the higher your T levels. I mean, there's good correlations, good clinical studies...no, it just makes sense. And I'll tell you, again, you don't have to pump a lot of iron, or strain yourself, or kill yourself. Sarcopenia, like I mentioned before, is a real problem with the aging male, as well as the aging female. I mean, females get Achilles rupture, there's so many things that can happen. But if we exercise...and again, I like vitamin K2 here, as well, for both men and women. And I'll tell you why, because the menaquinone-7 is not only going to take calcium out of blood vessels, where it doesn't belong, but it's going to put it back in bones. Because the aging male...you know, a lot of aging males don't realize this, but we get osteoporosis, we get hip fractures.
- Dr. Steve Sinatra: So again, you want to take this menaquinone-7, because I think the whole secret to what you and I do is really delaying the ravages of aging. Whether we give mitochondrial support, or neurohormonal support, or vitamin and mineral support, or support from healthy fruits and vegetables — it doesn't matter. We



just want to delay the ravages of aging. And again, I've said this many times, but I think 70 is the new 50, I really do.

Dr. Drew Sinatra: I love that, that's great. Now is there anything else, Dad, that we should let our listeners know in terms of things, perhaps in the environment...like, there's xenoestrogens, or sort of, estrogen-mimicking compounds that might interfere with hormone production. So, obviously, our audience should be aware of not microwaving your food in plastics, and not consuming lots of water from plastic water bottles, etc. Anything else out there that you want to mention that could be potentially linked to low-T in men?

Dr. Steve Sinatra: Well, basically, anything in the environment, like you mentioned. And that's important. There's one thing I do want to mention about low-T and my specialty, heart disease. Since the BioGenome Project came into vogue, the Lp(a) mutation has skyrocketed over the years. And this is really cool, because today we're talking about testosterone, right? Well, testosterone in a male can offset the negative aspects of high Lp(a) in causing coronary atherosclerosis. The same thing is true of women — women who take natural endogenous estrogen, who have high Lp(a), that offsets high Lp(a). So, that's kind of interesting. Again, I want to talk to my specialty as a heart specialist. So, that's important.

Dr. Steve Sinatra: So, any of our males out there over the age of 40 or 50 who have high Lp(a), and if they can't neutralize it with lumbrokinase, or nattokinase, or niacin, or any of those derivatives — if they can't lower it, or at least try to neutralize the harmful effects, certainly taking testosterone is another advantage of supporting your heart. And you know as well as I do, a lot of the literature on testosterone was good for heart disease, but some tainted literature came out saying that it was bad for heart disease. But I'll tell you this, from my experience over decades, I can remember men who were waiting for heart transplantation, who went on growth hormone, or were taking testosterone and growth hormone, even men in my practice...they improved on these hormones. So, again, and the literature attest to that. So, there's certainly a place for the aging male and the aging female to go on hormonal replacement therapy.

Dr. Drew Sinatra: Let's bookend this podcast here, Dad, because in the beginning we spoke about the TRT, now we're at this point now. Now, in terms of labs. So, there's different lab ranges, depending on if you go to LabCorp, or Quest, or West Pacific, or what have you. And it can range anywhere from a normal testosterone of 300 to 1,000 nanograms per deciliter. Some labs are more around high 200s all the way up to 890. So, again, reference ranges can change. I want to make two points here. One, I've had lots of men with very low-T, like in the 200s, that are asymptomatic. They don't have the belly fat, they don't have the fatigue, they don't have the muscle loss, they don't have any cognitive issues, they have no



libido issues. So, I just want to make that point there, because it's not all about treating numbers, okay? And you and I are all about...

Dr. Steve Sinatra: Treat the patient, absolutely.

Dr. Drew Sinatra: ...we're treating the patient. This is personalized medicine, individualized medicine, this is what we're doing, this is the message that we're spreading across this podcast. Now, the other point I want to make is following up on what you just said. Some men benefit tremendously from going on hormone replacement, which is testosterone. And this speaks to the whole andropause thing that we're talking about...in women, it's lowered estrogen, and progesterone to some extent. So, give those hormones along with some other hormones. And for men, it's usually low-T with andropause, and so we give them testosterone. And not every male responds to it...I've put plenty of men on a cream or injections, and they haven't noticed a thing.

Dr. Drew Sinatra: I've had other men that it's been an absolute game changer, where they get their brain function back, their libido comes roaring back, they can pump more iron at the gym and feel like they've just got more vitality and oomph and gas in the tank. And they feel like their quality of life is so much greater because, again, mood changes — they notice this elevation in their mood, which can be a tremendous. So, sometimes with testosterone therapy, it's trial and error. It's just seeing if someone responds to it, maybe within a month, if there's no change at all from doing injections or compounded cream for that example, then maybe testosterone therapy isn't for you. And ideally, going back to the range, again, we talked about that anywhere from 300 to 1,000 — I like to see men anywhere around 600 to 700.

Dr. Steve Sinatra: Yeah, I agree.

Dr. Drew Sinatra: It's kind of a good range. If you go too high, you got to be mindful of erythrocytosis or a polycythaemia, where there's too much hematocrit, hemoglobin and RBCs in terms of the amounts. So, that...

Dr. Steve Sinatra: And by the way, that's a major risk factor in men. I mean, there's so many weightlifters who push testosterone to levels of 1,300, 1,400 picograms per ml, and they get thromboembolism, they get blood clots in their deep veins. And I'll tell you, there's horror stories in young men with thromboembolism to the chest, because of a DVT. So, you're absolutely right.

Dr. Drew Sinatra: Yeah. So, when you're on TRT, you want to make sure you're getting a CBC done regularly, just to check on that. And then also, there's two other things that I'm really mindful of when it comes to TRT, and that's prostate health. So, if the



man has current prostate cancer, or has had prostate cancer, or if there's even some BPH involved, too — I don't give testosterone replacement therapy. I'm very conservative there, very cautious. Because there's some speculation that giving testosterone may feed the growth of prostate cancer, or increase the size of prostate cells, therefore leading to a worsening of BPH symptoms. And then another condition, too, is liver disease. So, if there's anything happening with the liver, I tend not to want to prescribe testosterone. But overall, it's a safer hormone to use. But of course, always talk to your doctor first about going on TRT.

Dr. Steve Sinatra: No, I absolutely agree, 100%. And Drew, you've had experience with HCG, right? I mean, you were giving HCG.

Dr. Drew Sinatra: Oh, thank you for bringing that up.

Dr. Steve Sinatra: HCG has been beneficial to men, as well.

Dr. Drew Sinatra: Okay, I'm happy you brought that up, because HCG, without getting into too much detail here, it's an LH or luteinizing hormone agonist. So, and what LH does is it actually helps stimulate the Leydig cells of the testes to produce testosterone. So, in any men that I put on TRT in terms of injections, I have them do, well, one injection per week, which is usually around 100 milligrams. And then we do 1,000 IUs of HCG later in the week — and that's also once a week, as well. And that's going to really preserve the testicular function. It might prevent a little testicular atrophy, which can happen with higher doses of testosterone. And really, it helps sustain that testosterone level throughout the week so you don't have that big dip, which can lead to fatigue and worsening of symptoms.

Dr. Drew Sinatra: And another point here, too, Dad, is that there are some young men, I've got a 25-year-old that came to me already on testosterone, because of severe depression. And it was an absolute game changer for him. I actually ended up switching him from testosterone to HCG, because any male that wants to conceive later in life, you need to be careful about just using testosterone. So HCG is a great alternative to use. You can also use Clomid, too, actually, to help boost testosterone levels. But HCG has been really helpful, as well, so I'm happy you brought that up.

Dr. Steve Sinatra: All right, great, great. And then, what do you like to give guys my age for prostate health? I mean, what's in your tool chest for that?

Dr. Drew Sinatra: Yeah, I think in terms of mild BPH, or at least some...if you want to just talk about prevention. Oops, lost the earphone there. If you want to talk about prevention, and really just supporting prostate health in general, I like



something like zinc, I like something like selenium, saw palmetto has generally been used a lot to help. And even with mild BPH, you can have some benefit there. But if you've got severe BPH, we're not going to really move the dial all that much with saw palmetto. What do you like, Dad, in terms of prostate support?

Dr. Steve Sinatra: I like DIM.

Dr. Drew Sinatra: Yes, thank you.

Dr. Steve Sinatra: Diindolylmethane. I like that. I like flower pollen, I like pumpkin seed. And I take saw palmetto, I mean, I've been taking that for 20 years. So, I think prostate health in a male is an important issue. I mean, the good news, there's lots of pharmaceutical drugs now where, if men can't urinate...jeez, I remember, too, years ago, when I was a resident and a cardiology fellow, I would always hear of guys in the emergency room that had acute urinary retention. And in a male, that's a medical emergency. I mean, that is really frightful. And I have to tell you. But now with a lot of the pharmaceutical agents on the market, we don't see this anymore. So, that's some good news. So, a little pharmaceutical support is good, and nutraceutical support for an aging male is really, really helpful.

Dr. Drew Sinatra: Got it. Now, Dad, you just reminded me, you mentioned DIM. DIM, for those that don't know, it's got many functions, but one it's an aromatase inhibitor. So, it's going to prevent the conversion of testosterone to estrogen.

Dr. Steve Sinatra: Estrogen.

Dr. Drew Sinatra: Now, I'm so happy you brought that up, because when you're on TRT, you always need to look at estrogen levels, as a male, in the body. So, have your estradiol checks, because estradiol can start to go up, because if you're on testosterone, it can aromatize, which means, aromatase is an enzyme that converts testosterone to estrogen. Your estrogen levels can go sky high, and that's not good — you're going to have some implications from that.

Dr. Drew Sinatra: So, there's chrysin. Chrysin is sort of a natural supplement that men can take to support that...you can take that orally, you can actually compound it into some creams, which if I'm going to do a testosterone cream, I'll typically put it in Chrysin, maybe some zinc in there, as well. And there's also a medication called Anastrozole, which you can take in low dose once or twice a week if men have really high estrogen levels. But that's just a key point there to remember, always have your estrogen level checked.



- Dr. Steve Sinatra: And Drew, I'll tell you, I really stay up on testosterone replacement therapy. I mean, I even saw a recent physician, actually, he was the author of this book on steroids, Dr. O'Connor. And I went to see him, because he lives in my...I just wanted to take his pulse. And what I learned, and maybe we should, because this cutting edge stuff, is that he gives 0.5 milligrams every five days. In other words, remember the standard...
- Dr. Drew Sinatra: Of Anastrozole?
- Dr. Steve Sinatra: I'm sorry, 0.35. He gives a third of a cc every five days. The standard testosterone, years ago, when I was seeing some docs, we would get a shot every two weeks. But you're right, it was the aromatization that was a problem in a male, because then when you get this big dose of testosterone, you're aggressive for a couple of days and all of a sudden it aromatizes to estrogen. But now the state of the art is, you give a third of the dose every five days, because it prevents that high spike, and then the awful dip that a lot of the men would go through.
- Dr. Drew Sinatra: Now, is that a sub cu or is that an IM injection?
- Dr. Steve Sinatra: IM.
- Dr. Drew Sinatra: IM.
- Dr. Steve Sinatra: IM, a third of a cc instead of a whole cc, every five days. I mean, I think that's brilliant in a way. It's simple, but it's the simple things that make a difference.
- Dr. Drew Sinatra: Well, for women, you can also give sub cu injections. So, there are so many different delivery methods, right?
- Dr. Steve Sinatra: Yeah.
- Dr. Drew Sinatra: Well, Dad, as we wrap up, as always, we're going to share some **Wellness Wisdom** with our listeners. So, what's one key takeaway that you can give for men to combat low-T...and then I'll go next.
- Dr. Steve Sinatra: Well, I think I've already given the main bullet points. Again, I would say if any male wants their brain back, and their pelvis back, try acetyl-L-carnitine. I mean, I think that's...look, it's harmless, there's no side effects, it's inexpensive, and it works.
- Dr. Drew Sinatra: That's a great start. Mine's going to be sleep, and I talked about that *JAMA* study. Because really, I mean, so many men, they take for granted sleep, but it's



just such a basic function that we must be doing on a nightly basis, where you get enough sleep and the quality of your sleep is good enough. So, if you're not sleeping well, you're not sleeping long enough, make sure you are.

Dr. Steve Sinatra: All right, Drew, that was great. And I hope we'd given some ammunition to men and put a lot of men at ease with this conversation. I think men need to hear a conversation like this from other doctors like us, because all men and all women go through the aging process, and it's really good to talk about these aspects. So, well done, son.

Dr. Drew Sinatra: Thanks, Dad, you too.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you liked what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at **BeHealthisticPodcast.com**, or on Apple Podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at HealthyDirections.com.

Dr. Drew Sinatra: I'm Dr. Drew Sinatra.

Dr. Steve Sinatra: And I'm Dr. Steve Sinatra.

Dr. Drew Sinatra: And this is **Be HEALTHistic**.

Narrator: Thanks for listening to **Be HEALTHistic**, powered by our friends at Healthy Directions, with Drs. Drew and Steve Sinatra. See you next time.