Report: Amazing 30+ TESTOSTERONE Benefits for Women

Brought to you by Dan Purser MD

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Modern testosterone is now very easy for women to get in a compounded lipoderm cream to supplement – just give it in compounded micronized form as a vanishing cream on labia and vaginal mucosa, or under arms (women), which they rub on once or twice a day and is preferable. (Sublingual and oral is rapidly and extensively metabolized by the liver¹ [causing liver inflammation] and injected peaks too fast and causes too much aggression and other problems so DO NOT USE.)

Remember, this is a controlled substance (DEA) and should be handled with caution and applied defensively when around small children.

**Diagnosis**

Hypogonadism is diagnosed easily when the usual signs and symptoms of androgen deficiency are present, or when the patient has a history of a predisposing condition such as traumatic brain injury (TBI), which could damage the pituitary, pelvic trauma, traumatic deliveries, or irradiation to the pelvis or head. Conversely, the diagnosis can be more difficult in patients at an older age with less specific symptoms or an unremarkable clinical history² -- so document symptoms and history (see History below).

Lab (serum) levels of Total Testosterone in women should be well above 20 ng/dL – ideally >50 ng/dL – and if a libido problem is present (HSDD) then maybe even 85-125 ng/dL. The cream should be applied vaginally for “vaginal dryness” (especially the cracked bleeding painful kind of vaginitis) on a twice daily basis.

There is actually almost no risk (minimal) for excess facial hair (or any hair) or acne or “backne” as you see in men – though a small number of women might develop these problems, most love the increased energy and libido/sexuality with slightly higher levels.

**Testosterone History**

**Ask a Few Female Menopause History Questions**

1. Have you suffered from vaginal dryness?
2. Have you suffered from dry uncomfortable sexual intercourse?
3. Have you suffered from red dry or inflamed vaginal tissues?
4. Have you been told you had vaginal atrophy?
5. Have you been told you had urinary incontinence such as stress incontinence or sneeze incontinence?
6. Are you tired and get worn out by 3 or 4 pm every day?
7. Have your muscles started to deteriorate? Or shrink?

**What optimized testosterone levels can give you as a female:**

1. Decreases endothelial resistance acting as a potent vasodilator³.
2. Higher total testosterone and SHBG (sex hormone binding globulin) levels are inversely related to carotid atherosclerosis, suggesting their potential importance in reducing atherosclerotic risk in postmenopausal women not using HRT.

3. Higher free testosterone levels in men are associated with higher ejection fractions (higher cardiac output) so decreased Congestive Heart Failure (CHF) – remember – the heart is made of muscle which requires testosterone.

4. Age, HDL, and testosterone levels may be stronger predictors of degree of coronary artery disease than are blood pressure, cholesterol, diabetes, smoking, and body mass index (BMI).

5. Despite the literature replete with supporting studies, cardiologists continue to ignore the favorable benefits of natural testosterone replacement. Don’t do the same.

6. There is evidence to suggest that low concentrations of testosterone are associated with an increased risk of CVD in women and men.

7. Testosterone concentration is inversely correlated with procoagulable factors, plasminogen activator inhibitor, and fibrinogen. Give enough testosterone to obtain a good physiologic level and these coagulation factors decline.

8. Testosterone, at physiologic concentrations, induces coronary artery dilation and increases coronary blood flow in men with established coronary artery disease.

9. Normal physiological levels improve insulin resistance by bolstering the functionality of insulin receptors. There is an association in men (and the same should work for women) between low concentrations of free and total testosterone and hyperinsulinemia.

10. Normal physiological levels increases muscle mass and tone.

11. Lower levels predispose to increased BMI and diabetes.

12. Normal physiological levels prevent Alzheimer’s disease. Low levels of testosterone are an independent risk factor!

13. Normal physiological levels prevent osteoporosis in men and women by increasing bone mineral density (BMD).

14. Normal physiological levels improves erectile dysfunction in men, while SUPRAPHYSIOLOGICAL levels have been shown to help postmenopausal women with clitoral erection problems and libido issues (this and many other studies is why we push levels a little higher – and as this referenced article shows there are no known long term effects of doing this).

15. Returning testosterone to physiological levels (50 ng/dL) clearly have been shown to help Hypoactive Sexual Desire Disorder (HSDD).

16. Normal physiological levels improves libido and well-being in men and women (in women who have undergone oophorectomy and hysterectomy, transdermal testosterone improves sexual function and psychological well-being [As reported in the New England Journal of Medicine using optimized levels from younger women who were menstruating, confirming once again our repeated observation that the peer reviewed studies use the higher optimized levels and so should the practitioners]).
17. In adult females, testosterone maintains muscle mass and strength, fat distribution, bone mass, erythropoiesis, sexual functionality, libido, and quality of life.\(^{22}\)

18. Testosterone increases HGH production in the elderly -- it is critical to create that rich hormonal milieu or stew that allows all eight cylinders of your patient’s hormone engines to fire properly. In light of a Mayo Clinic study having shown that giving hypogonadal men, especially elderly men, testosterone causes them to also increase production of endogenous HGH.\(^{23}\) This is awesome and a heck of a lot cheaper then giving rHGH!

19. 35% of heart patients treated with testosterone improved by at least one NYHA (New York Heart Association) class.\(^{24}\)

20. Testosterone replacement therapy improves functional capacity and symptoms in men (and women) with moderately severe heart failure.\(^{25}\) [Why don’t cardiologists put all of their patients on this?]

21. Testosterone can dramatically improve endurance especially in the frail elderly (but really since it will build muscle and bone mass this can occur at almost any level from age 40 years on).\(^{26}\)

22. Sex hormones play a key role in numerous physiologic processes and functions and clearly impact wound healing in the all ages of patients but especially the elderly.\(^{29}\)

23. Maintaining appropriate levels until death allows improved cognition, better affect, more rapid thinking/processing skills and decision making and better muscle mass.\(^{31}\)

24. With your sexual dysfunction female patients don’t ever give Viagra® (bizarrely I’ve seen this several times) until you have worked them up for hypogonadotrophic (pituitary) hypogonadism or testosterone deficiency. Experience shows you will often need to give both testosterone and progesterone (along with estradiol) to more adequately treat some HSDD/sexual dysfunction cases.

25. Testosterone in patients can not only improve insulin resistance but increase the number and health of insulin receptors.\(^{34}\) First, the lack of testosterone in men has been strongly associated with metabolic syndrome.\(^{35}\) Second, giving testosterone to these men can help clear up the insulin resistance and absolve the pre-diabetic stage.\(^{36}\)

26. Testosterone improves vascular resistance, reduces systolic blood pressure, improves dyslipidemias (lowers triglycerides, raises HDL), and improves cardiac output.

27. Normal physiological levels cause improvement in osteoporosis as is clear in a number of studies.\(^{40}\)

28. Testosterone in hypogonadal women improves Alzheimer’s disease, Multiple Sclerosis (MS), Huntington’s disease, Parkinson’s disease, and others. As a matter of fact, testosterone loss may be a risk factor for cognitive decline and possibly for dementia and is clearly neuroprotective and exogenous supplementation proved beneficial for cognitive and brain function in the elderly.

29. Testosterone supplementation can increase red blood cells, an extremely beneficial factor for most older men and women, causing a relative erythrocytosis. Do not be mistaken -- this is not a polycythemia or a polycythemia vera (see below) -- this is just a beneficial erythrocytosis that deserves no treatment, and even minimal observation. Most men and women who are hypogonadal are also anemic and supplementing them with testosterone can often resolve this.
30. In women, testosterone is the main hormone that prevents urogenital and vaginal atrophy\(^7\) – save your female patients from decades of dry vaginas, poor sex lives and embarrassing stress incontinence by giving them a little testosterone just like their ovaries did!

31. Testosterone decline with aging in women is associated with osteoarthritis development\(^{48}\) and worsening rheumatoid arthritis\(^{50}\).

32. Contrary to what your local cardiologist says (and some papers erroneously claim as a side effect) physiological testosterone replacement did not adversely affect blood coagulation status (plasminogen activator inhibitor-1 (PAI-1), fibrinogen, tissue plasminogen activator (tPA) and full blood count)\(^{51}\).

33. Low levels of testosterone in elderly men (and women) increase fall risk by 40%\(^{52}\) (probably secondary to weaker antigravity and balance muscles). Fall risk was higher in men with lower bioavailable testosterone levels. The effect of testosterone level was independent of poorer physical performance, suggesting that the effect of testosterone on fall risk may be mediated by other androgen actions.

34. Normalizing testosterone levels can dramatically improve quality of life (QOL) and depression and elevate mood and positively effect many other physiological issues in post-menopausal women\(^{53}\).

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