

Andropause

(The appropriate term for what many people call “male menopause”)

Male menopause is a misnomer because men do not menstruate. Instead men go through a gradual decline in their ability to produce an androgen dominant phase. Therefore, the term andropause refers to a physiological state in which the production of androgen dominant hormones such as testosterone decline. The level of androgen production can be the reason why some men will age with complete vitality, vigor, virility and others will not. The identification of andropause is commonly overlooked because there is a slow and gradual drop of testosterone compared to female menopause in which there is an abrupt drop in estrogen, and immediate symptoms of decreased hormones.

Andropause is becoming a serious health problem in industrialized countries. This problem may be due to the increased levels of xenoestrogens, and exotoxins in the environment, the increased levels of stress placed on working individuals and lack of essential fatty acids and nutrients in our diets, and the increased demands of liver detoxification placed upon us. Andropause is a genetic expression of male physiology created by the chemical, physical and environmental factors that industrialization has created in the past century. It is presently a leading cause of divorce.

Functional andropause takes place when the ratios between testosterone and other hormones shift. The most common cause of functional andropause occurs when there is a difference in the ratio between serum levels of testosterone and estrogen. For example, a normal serum testosterone to estrogen ratio may be 50:1. Some men with andropause appear to have an 8:1 ratio. These men may have normal lab ranges of testosterone, but their state of estrogen dominance is expressing a low testosterone state.

Andropause usually manifests in a middle-aged man, but young men their late 20's may also have functional imbalances in their hormone physiology. A common clinical picture is explained well by Dr. Carruthers: “The typical story is of a middle aged man who gradually loses his sex drive, strength, energy and enthusiasm for life and love. Action man has become inaction man. An all-enveloping mental and physical tiredness descends on hi, often for no apparent reason. He changes from being a positive, bullish person who is good to be around to a negative pessimistic, depressed bear with a sore head and is increasingly difficult to work with. At work he is seen to have ‘gone off the boil’ and no amount of encouragement or urging will improve his performance. At home, family relations tend to become increasingly strained and social life and activities swindle and wilt. His sexual life is usually a disaster area, with the loss of libido and intermittent failure to achieve an erection leading to performance anxiety and eventually complete impotence. This creates a downward spiral of failing function both in the bedroom and in the boardroom.”

The identification of andropause was first identified in the scientific literature in 1944 in a study published by Gordon Meyers in the Journal of the American Medical Association. The study subjects complained of fatigue, loss of morning erections, depression,

irritability, reduced libido, aching and stiff joints, and classic hot flashes. The study demonstrated that these symptoms were corrected when testosterone levels were restored. The appropriate treatment of andropause is much more complex than exogenous testosterone administration (although there are those that require testosterone replacement therapy). Many factors and systems are involved in the patterns associated with andropause. These factors include: liver detoxification, estrogen metabolism, gastrointestinal microflora activity, insulin sensitivity, adrenal function, testosterone synthesis, 5-alpha reductase activity, beta-glucuronidase activity, 17, 20 lyase activity, and the feedback loops involved with the pituitary and the hypothalamus.

Symptoms of Andropause

Decrease in libido or desire for sex
Decrease in spontaneous morning erections (most common early sign)
Decrease in fullness of erections
Difficulty in maintaining or starting full erection
Spells of mental fatigue and inability to concentrate
Depression
Decreased initiative
Muscle soreness
Decrease in physical stamina

Signs of Andropause

Increase in total cholesterol or triglycerides
Decrease in HDL cholesterol
Elevation of fasting blood glucose
Elevation in blood pressure
Unexplained mid-section weight gain
Increase in fat distribution in breast area and hips
Development of varicose veins or hemorrhoids
Changes in visual acuity

For further information on being tested (Salivary test) for Andropause or other hormonal dysfunctions please contact:

Dr. Louise Cash, DC, CAC

Cell/Silver City 575-519-2724

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Offices located at Red Hat Healing Center, 309 E. College Ave, Silver City, NM and Red Hat Medicine Ranch, 3960 Hwy 35, Mimbres, NM