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Boost Heart Function With Testosterone

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There are hundreds of studies correlating the development of heart disease with low testosterone levels. One, conducted by researchers from Columbia University's College of Physicians and Surgeons, found that people with low concentrations of testosterone in the blood were more likely to have atherosclerosis documented by angiography.

Another study found that men with coronary artery disease had significantly lowered testosterone levels when compared to men without cardiovascular disease.

I have treated many patients with advanced coronary artery disease. The vast majority of these patients have very low, sometimes nondetectable, testosterone levels. I have yet to see a patient with advanced heart disease who had elevated testosterone levels.

Congestive heart failure occurs when the heart muscle is too weak to pump blood to all the tissues throughout the body.

Between 1980 and 2006, the number of Americans aged 65 and older hospitalized for heart failure jumped more than 230 percent. A diagnosis of heart failure is very serious because there's a 50 percent chance the individual will die within five years.

I have no doubt that statin use is behind the dramatic increase in heart failure rates because statins cause deficiencies of a nutrient called coenzyme Q10 (CoQ10).

A study of 14 patients treated with a statin drug found that after three to six months, 71 percent developed a heart arrhythmia (diastolic dysfunction), which is a major cause of congestive heart failure.

Ninety percent of these patients who were treated with CoQ10 (300 mg/day) saw their arrhythmia improve, and four patients completely reversed their diastolic dysfunction.

Based on that, you might think that it is okay to take a statin drug as long as you also take CoQ10.

Well, it is not so easy.

CoQ10 can help, but it does not reverse the muscle damage caused by statins. That muscle damage includes the heart muscle.

What does testosterone have to do with congestive heart failure? A lot.

Testosterone has anabolic properties. In other words, it stimulates muscle growth. Studies have shown low-dose testosterone therapy boosts heart function in men with moderate heart failure.

Another study looked at levels of the three major androgen hormones — testosterone, DHEA, and growth hormone — in men with congestive heart failure. The men with the highest levels of all three hormones had the best three-year survival rate (83 percent) compared to those subjects with one deficiency (74 percent survival rate) and those with two deficiencies (55 percent survival rate).

Those with all three hormones deficient had just a 27 percent survival rate.

The authors of this study summarized their results by stating, “A deficiency of each anabolic hormone is an independent marker of poor prognosis.”

I have tested the testosterone levels of many patients suffering from congestive heart failure. All had varying degrees of deficiency, and most were severely deficient.

I have also treated many congestive heart failure patients with bioidentical, natural testosterone. Nearly every patient who has used testosterone has noticed a significant improvement in their health.

Is there a risk to using testosterone in a congestive heart failure patient? Yes. Testosterone therapy can cause fluid retention. For that reason, it is wise to start with the lowest dose possible to achieve the desired clinical response.

Topical testosterone in doses of 30 to 200 mg per day, or injections of 40 mg once or twice per week, seems well-tolerated by most heart failure patients.

I rarely use one hormonal therapy at a time; most patients are treated with combinations of bioidentical, natural hormones such as DHEA, pregnenolone, and progesterone.

More about these hormones can be found in my book, “Drugs That Don’t Work and Natural Therapies That Do!”

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