

MyVita Monthly

August 2011

**National Resurrect Romance
Week**

Testosterone and Your Romantic Life

Chivalry might be dead but the romance in your life doesn't have to be. If your libido is low, it isn't the end of the world. In fact, it is probably the beginning of a new era in your life, an era of understanding how your body works and making your romantic life the best ever. With age, comes physiological change. If your age isn't a factor then you might experience physiological changes early in life you didn't expect. You may try to deny, fight, neglect or even outrun the changes but once you realize and accept your body is changed you will begin the road to remedying a dull romantic life.

It is a universal understanding that after the age of forty the hormones in everyone's body begin to alter, thus altering different traits—including testosterone. Testosterone is the one hormone linked to human sexual urges. Clearly, as the testosterone levels fluctuate so does the sex drive. People commonly

think only women undergo the "life change" known as menopause but, men experience their own "life change" known as andropause.

Equally, the "pauses" affect the sex drive by the slowly depleting testosterone levels. The three areas of sexual traits that weaken are: loss of sexual desire, lack of sexual responsiveness and weaker orgasms. For men, after the age of 40 the testosterone levels drop an average of 1% to 2% every year. For women, the change is so subtle that the change usually goes unnoticed. Therein lies the problem. When your sex drives begins diminishing a rate that is slow it goes undetected.

Romance and sex drive are two very important factions in any intimate relationship. (Note: Lack of sexual intimacy is one of the top reasons for divorce in married couples) In order to begin resurrecting your romantic life you must first obtain your hormone status. A simple blood test is all

you need. Then you are on your way to great romance!

If the test results exhibit low testosterone in any way, you may qualify for the most consistent and effective form of bio identical hormone replacement therapy. How do you qualify? After the test results come back and an assessment of your medical history are acquired the doctor in our office determines whether or not you qualify. Once you qualify, you are one your way to results!

Hormone pellet therapy is the most consistent and effective delivery method of testosterone. Pellet therapy is an easy, in office, procedure that delivers hormones to your body 24/7. To learn more about the process or to find out if your hormones are in order, please call us for a free consultation.

www.hormonetreatmentcenter.com

FAQ'S

Q: What might be symptoms of low testosterone:

A: Symptoms in women may include hot flashes, irritability, loss of sexual desire (decreased libido), and sleep disturbances. Symptoms in men may include decreased sexual function and desire, infertility, erectile dysfunction, loss of hair and decreased muscle mass.

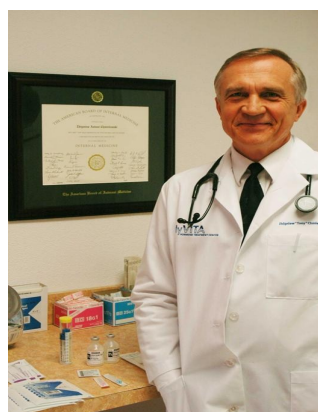
Q: Why is it important to check hormone levels during the hormone replacement therapy process?

A: The hormone levels help to find an optimal dose for a specific patient by matching them with patient's response to the treatment: also to avoid too low or too high levels.

The Doctor's Corner

For a long time medicine knew about the relationship between Testosterone and sexual function. Inability to make enough Testosterone in the body is a quite common condition and is called hypogonadism. In 2007 Conaglen JV and Conaglen HM from University of Auckland, New Zealand studied sexual desire and sexual function in hypogonadal men and their women partners before and after treatment with Testosterone therapy. Pre- and post-treatment Sexual Desire Inventory (SDI) and sexual function questionnaires were

compared once Testosterone normalization was achieved. Results showed that pretreatment hypogonadal men recorded lower levels of sexual desire and function than controls, but significantly improved once hypogonadism was corrected. Eugonadal controls recorded no significant changes in either sexual desire or function during the study. Partners of hypogonadal men reported no changes on SDI, but significant improvement in sexual function as their partners recovered. They reported more satisfaction and less pain during intercourse. It looks like both partners



benefited from the treatment of hypogonadal men. Very interesting finding.

For longer Life,
Zbigniew "Tony" Chmielewski, M.D.

Upcoming Issues:

- September—Healthy Aging Month
- October—Breast Cancer Awareness Month
- November—National Impotency Month
- December— Special Issue