

61 - Current Topics in Anti-Aging Medicine, part 1

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: Welcome to the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. And one of the things that Kathy and I have dedicated ourselves to throughout all the process of these podcasts and in the book that we're writing, is to talk to people about making good health decisions and the process that's involved in making good health decisions. And one of the challenges facing people trying to make good health decisions has to do with the news media and the way that things are reported. When you have a 24 hour news cycle and people have time to fill, they go out and fill it. So editors send reporters out and they get background stories that they put on file and they time and save. And they pull clips in when the need it to fill airtime. Such a situation has occurred recently on CNN Health. And there was an article on CNN Health headlined about a woman in California who was 56 years old who died of liver cancer. But what made her news worthy was that she had been receiving for about 6 months a new anti-aging medical treatment that involved injecting herself 6 times a week with human growth hormones, HGH hormones. So her death is certainly very sad for her and her family. But the determination that her death was caused by this is a situation that occurs when people confuse correlation with causation. The reporters and the doctors that they interviewed do not say conclusively that this woman died as a result of this treatment. But they infer and imply that this treatment must have lead to her death. And that's a scare tactic that we want to talk about today. So we're going to walk through that article and we're going to talk about some of the points that the doctors who were quoted made in their argument which is essentially a causation/correlation confusion and a scare tactic to promote their own particular perspective and agenda. And we happen to have a slightly different one and we want to walk through what our differences are. And if you're interested go to CNN Health and check the December 28, 2011 website and find this article and read it for yourself and compare what we have with what they have to say.

KM: I want to be clear; we're not justifying the use of human growth hormones. I don't currently use it in my practice. It's not one of my fortes. And I don't really need it in my practice, because testosterone increases growth hormone to a normal level. So in that way I usually don't need growth hormone as an adjunctive therapy. So we're not talking about trying to justify a particular treatment, especially growth hormone. We're talking about the process of how mainstream medicine tries to attack new things. How it tries to keep us from doing new and very productive things that someday will be

mainstream medicine. We're just at the front end of it. Every new medical treatment started somewhere. And this is starting with us.

BN: And inference, an argument by inference is not an evidentiary based argument. And so they're not citing evidence. They say things like "it is thought that HGH can lead to cancer". Well okay, it's also thought that the moon is made of blue cheese. So do the investigation, do the research. And make your own decisions is the point. So these articles are really, really good because they raise questions that need to be answered, both by medicine and by individuals. So what we are doing today is just talking through what we read in the article, which you can check for yourself, and responding with the distinctions which we would like to make, because they paint with a very broad brush in terms of challenging some of the new treatments some of new methodologies, some of the new diagnostic issues. And they use terminologies like "fad diagnosis" and they lump a lot of terms together.

KM: And "snake oil salesmen". And they name call. Name calling is a bad thing and you should probably investigate what they're name-calling about. Having said that, I didn't even tell you about this, but long ago, (you have to know how people are chosen to be interviewed), long ago I was called to talk to a national news agency to talk about the use of Lupron. Lupron is a drug we use for endometriosis to shut down hormones so that endometriosis will go away. But they talked to me and they wanted me to tell them about all the complications I had with Lupron. Well I didn't have and complications with Lupron partially because I knew how to use it partially because it was necessary. I said "I have nothing to talk about. I haven't had complications with Lupron. People get hot flashes and they're kind of miserable during the treatment but they're better later. So that's it." And they said, "well we don't want to talk to you". So they didn't want to hear the good news.

BN: If you don't have something outrageous to say or something challenging.

KM: Or something negative to say. So they have to be calling lots of doctors to find these people who will have the statements they will have in this articles. It's very distressing that these doctors are saying what they are based on nothing, on no knowledge of the subject.

BN: Well it's based on their passionate belief in what they do. The problem is that if you read the article they site references like to the Women's Health Initiative of 1992, which has been widely discredited and yet continues to be reported in the news media as the standard of the article.

KM: As the truth. And it's not the truth. They found that they did the study wrong. And we've talked about this before. The study is totally false. Estrogen in oral form or non-oral form if it's alone and if it doesn't have progestin with it doesn't cause breast cancer. And that's what they said, they said it did. So it doesn't. They found that that

was wrong. So they're quoting this as if it does cause breast cancer. They didn't look at the newer studies.

BN: And we don't want to be guilty of what is done in the article by painting with a broad brush. So when we say they are quoting, let's talk about who we're talking about. The primary physician that was quoted in this article is a man named Dr. Stephen R. Goldstien, MD. He's a professor of obstetrics and gynecology at New York's University School of Medicine. So he has outstanding credentials and a very responsible position. And we don't know the substance of his argument but we disagree with his conclusions and we disagree with structure in which he makes his argument. For instance he says things, and this is a quotation from the article, talking about the newer specialty that's becoming known as anti aging medicine, he says "the problem is that many of these anti-aging doctors are making empty promises. They're one step above snake oil salesmen". Then he goes on to talk about what are the credentials of these doctors. They're not endocrinologists, they're not geriatric specialists, they're just doctors. So Kathy, how would you respond to that? As someone who practices anti aging medicine.

KM: Well, I'm an OB/GYN like he is. So I have more knowledge about hormones than he does because I've specialized in taking care of people with hormones for 10 years. And he's doing general OB/GYN. So I would say that my ability to make a judgment about if someone needs hormones or not based on good research is probably better than his. That doesn't mean that he's wrong always. It just means I have more experience. Anti-aging doctors actually have a board that they go to.

BN: And that's another point he makes that they're not board certified.

KM: He says they're not board certified. They are board certified. And there are anti-aging conferences every couple months. And once a year all of us get together and talk about all the newest things that are out there and how to do them safely. Because no one else is. We're the specialty that gathers in OB/GYNS, and Endocrinologists, and Family doctors, internal medicine, ER doctors. We all are concerned about this problem and we all want to take care of people effectively. So we get together and talk about all the newest research. And interestingly enough, most of the research that we pull from that's not in our own journals, there are anti aging journals that we get, is from endocrinology. Now I'm not an endocrinologist but I read that journal every month. And all of the research there that is on women's hormones and men's hormones, which is what I do, is ignored by endocrinologists. They do diabetes and adrenal and pituitary. They don't take care of women and men's hormones. It's a lost science in between specialties. So anti-aging has filled in that gap. So we've taken the information from both OB/GYN and endocrinology and put it together. No we're not just endocrinologist, no we're not just OB or I'd be delivering babies instead of taking care of hormones. And endocrinologists would be seeing diabetics. And there are not enough endocrinologists in the country. It takes 60 to 120 days to even get in to see

one. So it's a big shortage but they don't have time to take care of these hormonal issues. And these hormonal issues, really, I have taken care of my whole life with OB and I dealt with infertility for many years and had infertility for many years so I had an interest in it. So I do get this.

BN: And the article is replete with references consistently to HGH and then they talk about hormone cocktails and drugs that are created by compounding pharmacies that are not totally reliable and that the doctors that create the original compound with the compounding pharmacist don't necessarily know what they're doing.

KM: That may be true of some people in every specialty.

BN: So let's talk about what you do and what you use or don't use in your practice. Because, this is a generic condemnation of anti-aging medicines and hormones.

KM: And compounding pharmacies.

BN: Treatments and compounding pharmacies. So respond a little bit with the specifics of what you do. For example you don't use HGH.

KM: No, I don't use HGH.

BN: Why not?

KM: Because I use bioidentical testosterone in pellet form in both men and women and testosterone in that form is like a time release. It increases growth hormone to a normal level. Normal levels are around 150 to 250. It doesn't take you up to 500 like maybe one of the shots would do. It's not higher than you would normally have when you were younger. It is just back to normal. So when I do this, testosterone's a very safe way of actually, by coincidence and cheaply, giving growth hormones. It just balances you.

BN: Let me interrupt, I want to quote again from the article in case people are interested. "The biggest weapon in the anti-aging doctor's arsenal is the willy-nilly prescribing of hormones. The concept is that if you take a 60-year-old woman and duplicate the hormone environment from when she was 20, she'll feel like she's 20," says Nanette Santoro, M.D., director of the Division of Reproductive Endocrinology & Infertility at the Albert Einstein College of Medicine. It is essentially the idea of drinking the blood of young children."

KM: I am horrified, I am horrified.

BN: Again, the reference to vampires who are feasting off of these poor women.

KM: Here's what infertility doctors do. They don't do menopause. They don't do aging. They do infertility, they do young woman who can't get pregnant. Yes they have knowledge of how our hormones work when we're young. But no that doesn't mean

they have a knowledge of how our hormones work when we're old. And I suspect she's not very old. And I suspect she's never been in this position. And I didn't realize how important this was until I was in this position. I replace hormones, estrogen back to physiologic levels, just like when we were younger, when we were in our youth. I replace them back to that. Now testosterone, because we lose our receptor sites. I replace at a higher level than is physiologic. But in women and in most men, it has no deleterious effects except maybe facial hair. So that's pretty minor, compared.

BN: Which can be, but if you have it.

KM: But you can get rid of it easily. But then you get to sleep and you don't feel like you're 20 but I feel like I'm 35. I'm not drinking the blood of young women.

BN: Well I understand that the argument of anti aging approach is not to say we can make you young again. It's to say that as you get older you don't have to lose the quality of life, you don't have to lose the energy, you don't have to lose the freedom of movement. You don't have to just sit in a rocking chair Velcro'd back to the wall while you drool your way to death.

KM: Right, I'm not doing that, and none of my patients are going to do that. And these people are suggesting that we do nothing, nothing, for women after they're 45.

BN: No their quotation is "do what your mother advised you. Exercise, have a good diet and grow old graciously."

KM: Well you know that doesn't really work. When you're not sleeping and you have to go to work. And we have extended adolescence. We're not even done with our training until we're in our 30's. At least I wasn't.

BN: It's hard to be gracious when you don't sleep and you're over weight.

KM: Right. And you can't think. I mean testosterone loss makes you not be able to think. You can't heal from things; you get sick all the time. All of those things are treated by replacing estrodial and testosterone in women.

BN: I thought testosterone loss made it difficult for men to think.

KM: Oh well, yea. That's a whole different kind of thinking. No it helps men to think but it helps them to think cerebrally not below.

BN: I see. Think with the big head.

KM: It is your primary hormone. And it's actually our primary hormone. Here's a piece of information you'll love. We have three times as much testosterone in our body when we're young then the estrodial level. So our estrodial level is 1/3 the level of our testosterone. Yet medicine and all its knowledge, has told us that estrodial is our primary hormone. If you have three times as much testosterone, why is testosterone

not our primary hormone? And why do the men get it and we don't? Because the FDA approves for giving it to men but not to us. That's the other inequity in this article. And I think we're going to have to go on to another podcast because we've got so much stuff. But the other inequity is they don't even address the fact that the FDA approves and medicine approves the use of testosterone for men not to get old, for them to keep their sexual prowess, for them to keep their muscles, for them to keep their mind. It's all in the endocrine journals. You just have to read it, the journal of endocrine and metabolism. And they approved that for men. Now if it's our primary hormone in terms of dose or levels, then why do they not approve it for us? Are they keeping the secret for them? And they may be because by golly, we're always competing.

BN: Well, the conclusion is, it's a complex and complicated process. And you want to be careful when you look at this issue to look at the evidence and not just the claims. You want to make the distinction between the arguments by causation and the arguments by correlation and you want to find the data. So this is a really good article to have out there because it stimulates, or hopefully will stimulate, investigation and curiosity and the pursuit of evidence in search of making good medical decisions for you and for your family. And it's a conversation that we're very passionate about and we will continue in the next podcast. If you have questions or responses, feedback, whatever you can get in touch with us directly.

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