

Experience in the use of inverse testosterone for
the correction of androgen deficiency states

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Testosterone plays a key role in a man's social life. The modern stressful lifestyle is detrimental to men's health. Chronic overwork, physical inactivity, various intoxications, irrational and unbalanced nutrition, forced suppression of emotional experiences and the systematic intake of certain medications often lead a young and seemingly quite successful man to a state of decreased male hormones - androgen deficiency.

Functional androgen deficiency (secondary hypogonadism) is a clinical and biochemical syndrome characterized by typical clinical symptoms in combination with low levels of testosterone in the blood, which can lead to a significant deterioration in the quality of life and adversely affect the functioning of many organs and systems of the body.

Clinical manifestations of androgen deficiency are a weakening of libido, a decrease in the brightness of orgasm and erectile function, increased irritability, decreased concentration, short-term memory disorders; sleep disturbance, asthenia, increased fatigue, anxiety, depressive disorders, a decrease in physical parameters and muscle mass, a violation of the lipid spectrum and carbohydrate metabolism, the formation of insulin resistance of receptors (including type 2 diabetes mellitus), the development of abdominal obesity, the progression of cardiovascular diseases.

In this regard, it is now generally accepted that the minimum physiological concentration of testosterone should be at least 12 nmol / l (3.46 ng / ml), however, depending on the sexual constitution of a man, this value is very variable. Physiological is considered to be a decrease in testosterone levels by 1% per year from the individual norm of a 25-year-old man. Since testosterone levels change significantly during the day, all measurements must be taken in the morning, under approximately the same conditions.

We observed 12 people aged 25 to 50 years old, who initially complained of increased fatigue, irritability, decreased libido.

Research methods included:

- examination of smears from the urethra by PCR methods for the most common STIs (HSV, CMV, chlamydia, ureaplasmosis, mycoplasmosis, gonorrhea);
 - microscopic examination of the secretion of the prostate gland (prostate gland);
 - laboratory examination: hormonal examination (LH, FSH, Prolactin, Testosterone, SHGS, Estradiol, cortisol, TSH, T4 free);
 - biochemical examination of ALT, AST, GGT, determination of lipid
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spectrum;

- determination of PSA general and free;
- a subjective assessment of the patient's satisfaction with his sex life on a scale from 1 to 10.

Patients with diagnosed STIs and elevated PSA were not included in the observation group.

All patients received inverse homeopathic medicine Testosterone D6 and a putative constitutional homeopathic medicine in low potency as treatment.

Testosterone levels were monitored 4 and 8 weeks after the start of treatment. The lipid spectrum was also redefined and the patient's satisfaction with their sex life was subjectively assessed on a scale from 1 to 10. Testosterone levels in all patients increased by an average of 15–20% from the individual baseline. 10 patients out of 12 noted an increase in satisfaction with their sex life by 3-5 conventional units from the initial level.

Conclusions: the use of Testosterone D inversion6 can be a real alternative to the use of synthetic testosterone and chorionic gonadotropin in the treatment of androgen deficiency conditions.

Literature

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