



Super "T": The Complete Guide to Creating an Effective, Safe and Natural Testosterone Enhancement Program for Men and Women

By Karlis Ullis, Joshua Shackman



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A must-read guide to the latest nonprescription supplements for peak sexual and athletic performance and optimal health.

Testosterone is “the super hormone”; no other natural substance comes close to its power to energize, rejuvenate, and sexually arouse both men and women. Under new federal regulations, consumers have access to a whole new group of supplements that boost the body's natural testosterone levels. Available without a prescription, these “T boosters,” including androstenedione, promise to revolutionize health, fitness, and weight management regimens for men and women. In many instances, they offer an economical and viable alternative to Viagra.

In *Super “T,”* Dr. Karlis Ullis shows you how to create a personalized program of over-the-counter T boosters based on your age, gender, and specific needs, with essential information on the different supplements that can be found in vitamin and health food stores. He explains how to use these potent substances safely, effectively, and responsibly, with appropriate doses and schedules, with careful attention to the questions and concerns you may have. With detailed information on supplement combinations and nutritional support, and a list of supplement suppliers, *Super “T”* is an indispensable reference for those who want to perform at the top of their form.



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Super "T": The Complete Guide to Creating an Effective, Safe and Natural Testosterone Enhancement Program for Men and Women

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Editorial Review

From the Back Cover

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About the Author

Karlis Ullis, MD, is a physician at UCLA and the medical director of the Sports Medicine & Anti-Aging Medical Group. He is the author of *Age Right: Turn Back the Clock with a Proven, Personalized Anti-Aging Program*.

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Chapter 1

The Dawn of the T-Booster Era

While I have been using natural testosterone therapies in my private practice for years, only recently has testosterone become part of mainstream medicine. Medical researchers have known for decades of the benefits of the hormone, but its powerful effects have scared many physicians. The fact that bodybuilders and athletes took matters into their own hands in the seventies and began using synthetic anabolic steroid drugs to boost testosterone levels further alienated the medical establishment from considering the benefits of testosterone therapies.

Then in 1994, despite much teeth gnashing from the American Medical Association and intense lobbying from the pharmaceutical industry, Congress enacted the Dietary, Supplement and Health Education Act. This groundbreaking legislation permitted the sale directly to the consumer of "natural" substances. If it was found in nature or the human body, the U.S. Government said it was legal to sell "over the counter," or without a prescription.

Although this landmark legislation may be news to you, you are probably familiar with its consequences. Melatonin and DHEA were among the first phase of products that were released under the new act. Now we

are witnessing phase two: the release of testosterone prohormones, also known as T-boosters.

What is the power of T-boosters? Because they are almost identical in chemical structure to testosterone itself, they can alter the sexual hormone mix of the body. When used intelligently, T-boosters and their related biochemical kin can rekindle sexual drive. In fact, if you think that Viagra is the answer to all your sexual problems, by the time you've finished this book, you may conclude that T-boosters (which are available at a fraction of the cost of Viagra) are actually more effective.

If enhancing sexuality is not enough, T-boosters have the capacity to reverse the bane of almost all baby boomers -- middle-aged spread. Taken properly, they can safely and effectively reduce fat and increase muscle mass in a way that no diet by itself can. Finally, T-boosters can energize like coffee but without the jittery effects of caffeine. They can also increase physical endurance, which, when combined with a pro-testosterone diet and exercise, can be an effective tool in an overall antiaging health and fitness regimen.

Make no mistake: T-boosters are powerful supplements and must be used carefully. Our first rule is easy to remember: Start Low and Go Slow. That means always start with the *lowest* possible dosage of T-boosters and use them as infrequently as possible until an effective level is reached. You will receive guidelines in the upcoming pages concerning the beginning of this process, but it's incumbent on you as a good student of sex hormone physiology to read and understand the information presented here -- *especially* the precautions -- before taking any T-boosters or other hormonal supplement.

The Search for the Miracle Hormone

Testosterone enhances sexual desire while burning fat and increasing muscle. Is there any wonder that it has been considered "the miracle hormone"? Surprisingly, not until 1935 when it was first isolated were scientists even sure that the hormone existed, although it had been the subject of speculation for centuries. History records that in 1400 B.C. in India, testicular extracts from animals were recommended for improving sexual performance in men. In 1792 an English scientist named John Hunter tried removing the testicles from cocks and transplanting them to hens, but this crude experiment was not successful. The German proto-endocrinologist Arnold Adolph Berthold began similar research in 1848 by transplanting rooster testicles into castrated roosters and observing their behavior. Berthold claimed the testicles made the castrated roosters more active and aggressive.

About fifty years later a French scientist named Charles-Edouard Brown-Séquard injected himself with a crude blend of guinea pig and dog testes. He swore that it gave him an amazing boost of energy, increased his sex drive, and, in medical science's first pissing contest, even increased the arc of his urinary stream. Brown-Séquard was actually a very well respected doctor and medical researcher responsible for several notable medical discoveries, but nonetheless he soon became the laughingstock of the scientific world.

In the 1920s, the first organized and sustained research to find this sex hormone began under the auspices of Squibb Pharmaceuticals at the University of Chicago. Led by Fred C. Koch, this team risked the same ridicule that Brown-Séquard endured for his efforts. A mixture made from bull testicles was injected into castrated roosters daily for two weeks. Lo and behold, this mixture proved effective at restoring some of the castrated roosters' manhood. The study was repeated with the same result, and thus it became the first scientifically verifiable study documenting the effects of a male sex hormone.

Testosterone Discovered

Now the race was on to actually isolate the substance. A group of German scientists led by Adolf Butenandt

was determined to find the male hormone. This involved a number of comical approaches, including the distillation of twenty-five thousand liters of policemen's urine and mashing up two thousand pounds of bull testicles. But these extraordinary methods finally paid off in 1935 when a group of Dutch scientists isolated testosterone from mice testes. Later that year the German research team successfully synthesized testosterone, winning Adolf Butenandt a Nobel Prize for his work.

Since 1935, testosterone's notoriety has increased tremendously. The Nazis during World War II were thought to have experimented with testosterone on soldiers of the Third Reich to make them more aggressive. Testosterone was tested in the 1940s for a wide variety of uses: to treat impotence, anemia, and low libido, and even to prevent muscle loss during dieting.

The first book on testosterone, entitled *The Male Hormone*, was published in 1945. This groundbreaking work was written by Paul de Kruif, a reporter with previous medical training. He described the prevailing unease that the medical community had with testosterone as "medical dynamite" and "sexual TNT." He argued that the strong sexual effects of testosterone on both men and women made many doctors nervous and prevented the medical community from taking the science of testosterone seriously. De Kruif himself was an avid testosterone user when he wrote:

Now I'm fifty-four years old, and there's much left to do. I've grown old much too quickly....Meanwhile I'll keep taking the methyl testosterone that now gives me the total vitality to go on working.

De Kruif was also one of the first to suggest testosterone as a performance enhancer for athletes:

We know how both the St. Louis Cardinals and St. Louis Browns have won championships, super-charged by vitamins. It would be interesting to watch the productive power of an industry or a professional group that would try a systematic supercharge with testosterone.

Advent of Anabolic Steroids

In 1956 a doctor named John Ziegler attended the World Games in Moscow and discovered that Russian athletes were using testosterone. Impressed by their success, he was determined to give American athletes the same advantage. His concerns over the many side effects of testosterone were alleviated when CIBA pharmaceuticals developed Dianabol, a synthetic drug closely related in its molecular structure to testosterone. Taken in pill form, Dianabol did produce rapid muscle gain in athletes and had fewer side effects than testosterone. Another advantage over testosterone was that it did not have to be injected. Word spread quickly among the athletic community, and soon Dianabol was nicknamed the "Breakfast of Champions."

Shortly after the development of Dianabol, pharmaceutical companies began to develop even more sophisticated derivatives of testosterone. A flood of new synthetic anabolic hormone steroids such as Deca Durabolin, Anavar, and Primabolan hit the medical market. These new drugs were studied for many medical uses, including treatment for underweight patients, for osteoporosis, for growth-deficient children, and for anemia. And as with Dianabol, the use of these new drugs spread rapidly among athletes.

Synthetic anabolic hormone steroids -- or "steroids," as they would become known (somewhat inaccurately) -- were used not only by Russian weight lifters but by every country's athletes and in every sport. The biggest users were weight lifters, track and field athletes, and football players. By one estimate, one-third of the U.S. track and field team used steroids in preparation for the 1968 Olympic Games in Mexico City.

By the late 1960s sports governing bodies succeeded in banning anabolic steroid use from most international sports competition. The one exception was the growing and unconventional sport of bodybuilding. Despite the official ban, a huge percentage of these Olympic and professional athletes were believed to use them regularly. Indeed, it is thought that many world records set in the early seventies that have yet to be broken were achieved with the influence of anabolic steroids.

In the 1970s many in the medical community sought to prove the toxicity and ineffectiveness of anabolic steroids. At the 1976 American College of Sports Medicine meeting, studies were presented that showed a lack of effect of anabolic steroids. Many of these studies were poorly designed and would later be discredited, but the prevailing mood in the medical community at this time was strongly "antisteroid."

Crude techniques for testing athletes for steroid use were first used in 1976, and some -- but not all -- steroid-using athletes were disqualified from international competition as a result. By 1983 extremely sensitive equipment for drug testing was developed, and when it was used for the first time in the Pan American Games in Caracas, Venezuela, many American athletes excused themselves from participating because of "family emergencies." By the Los Angeles 1984 Olympic Games, state-of-the-art gas chromatographic and mass spectroscopy equipment made steroid use much more difficult.

The most famous steroid case came in 1988 when Canadian runner Ben Johnson was stripped of his gold medal after testing positive for steroids. Ironically, many experts have argued that Johnson was more deserving of this medal than his competitors because the steroid he was using was actually very weak. It is likely that his competitors were using much stronger and more sophisticated steroids that would not show up in tests. One anonymous Soviet coach was quoted as saying, "I feel sorry for Ben Johnson. Ninety percent of all sportsmen, including our own, use steroid drugs."

The worldwide publicity over the Johnson incident fanned the flames of antisteroid hysteria. By this time a conservative estimate was that one million people used anabolic steroids in the United States. Several published medical studies recommended classification of anabolic steroids as controlled substances. Hearings held in the U.S. Senate in 1989 included compelling testimony from several professional and Olympic athletes describing the intense pressure to improve their performance by using anabolic steroids.

In 1990 the federal Steroid Trafficking Act was passed, which made it illegal to possess or sell steroids and imposed stricter regulations on its medical use. The prison terms for illegal possession and sale were close to those for cocaine possession and sale. Many pharmaceutical companies removed their brands from the market to avoid trouble with federal authorities. Several doctors were actually sent to prison for overprescribing anabolic steroids.

In spite of the stricter laws and bad publicity, research on testosterone continued. The HIV/AIDS crisis resulted in expanded use of anabolic steroids to prevent muscle wasting in sufferers, but it was not until 1996 that the most definitive and conclusive research study on testosterone was published.

Breakthrough Study

New research not only verified the extraordinary effectiveness of testosterone but also shows that it is far safer and has far fewer side effects than previously believed. In groundbreaking research in 1995, a group of scientists, led by Shalender Bhasin, M.D., professor and chairman of endocrinology at the UCLA Charles Drew School of Medicine, conducted an extremely bold medical study in which the effectiveness of testosterone was tested by giving large doses to normal healthy men between the ages of nineteen and forty. Over ten weeks, twenty-two men received weekly intramuscular injections of 600 milligrams of testosterone

enanthate, a dose that causes testosterone levels to rise up to five times above normal (also known as "supraphysiological" levels). Another group of twenty-one men were given a placebo. Keep in mind that even for a male with very low testosterone levels, the average intramuscular replacement dose is 50 to 100 milligrams per week.

Most medical researchers predicted that the men receiving such high doses would experience numerous adverse psychological and medical side effects, including extreme aggression. Instead, the test subjects receiving testosterone did not experience any adverse mood disturbance and scored in the normal range on psychological tests rating mood and aggression. In fact, no abnormal behavior was observed whatsoever.

Two other preconceptions about testosterone were challenged by the Bhasin study. It was thought that high levels of testosterone would significantly lower good HDL-cholesterol levels and increase the risk of prostate cancer, in fact, the study revealed no statistically significant drop in these levels. It must be noted, though, that these men were on a very controlled low-fat diet. Also, there were no elevated PSA levels among the men to indicate prostate problems. On the other hand, the men taking testosterone did experience a 7 to 9 percent increase in lean fat-free mass. Even the men who did not exercise experienced more increase in muscle mass than men who exercised without testosterone.

The medical community could no longer claim that testosterone was a dangerous and ineffective hormone. If taking unnaturally high doses of synthetic testosterone proved to be safe, naturally raising testosterone levels within the normal range should pose no extraordinary health risks. This is not to say that a person should inject himself with massive doses of testosterone if he could gain access to it (it must be prescribed by a licensed physician). It is important to keep in mind that all the subjects in the study were prescreened for medical conditions and the testosterone was given under close medical supervision.

The Science of Testosterone

Bhasin's study made it acceptable for medical science to study testosterone again. Subsequent research has destroyed two other myths about the hormone: that it only affects sexuality and that it only affects men.

Testosterone affects men *and* women, and acts on various tissues, from the brain to bones and muscles. It varies in amount and pattern of secretion between the genders, but just as men must have some estrogen to function normally, women need testosterone throughout their lives for good health. Scientists have divided the actions of testosterone into two main categories: *androgenic* and *anabolic*. The androgenic effects of testosterone are known as masculinizing or virilizing. These include the growth of body and facial hair, male sex organ development (or the enlargement of the female clitoris), deepening of the voice, and male pattern baldness.

Testosterone by itself actually has relatively few androgenic effects, but it converts to another hormone known as dihydrotestosterone (DHT), which is much more androgenic than testosterone. DHT causes many of the side effects that testosterone is blamed for, including acne, enlarged prostate, and male pattern baldness. Actually, only a small percentage of testosterone converts to DHT, but taken in excess, it can lead to high DHT levels and, thus, more side effects.

Testosterone is well known for its energizing effect and for increasing sexual interest in both men and women. It also can increase a person's confidence level and may express itself as aggressiveness in persons who are not mentally balanced. I have seen huge changes in the personalities of men and women with depressed testosterone levels; they become happy, confident, and energized people when their testosterone levels are returned to a normal range.

One of the reasons for testosterone's popularity among athletes is the immediacy of its effects. Taken before exercising, it can result in dramatic improvements in performance, partly through its direct brain-stimulating properties, which occurs within minutes.

The other significant aspect of testosterone's activity is its anabolic effects. Anabolic refers to testosterone's powerful capacity to stimulate the growth of muscle, bone, and red blood cells. The growth of muscle is useful not only for athletes but for anyone seeking a better body. The anabolic effect on bones and red blood cells has also led to the use of testosterone for osteoporosis (excess loss of bone) and anemia (low red blood cell levels).

Testosterone's effects on sex drive, fat loss, and muscle mass gain are the areas where it can make the biggest difference in people's lives.

New Era of T-Boosters

In 1996 a brilliant young chemist named Patrick Arnold came up with the idea of making and selling natural, over-the-counter testosterone boosters. Arnold had experience working as an industrial chemist but found the work dull and soon decided to use his talent and expertise for his true passion -- bodybuilding. After a brief stint at a major sports nutrition company, Arnold decided he could be more successful as an independent supplement developer and teamed up with a chemical manufacturer to develop the first over-the-counter formula containing the previously obscure testosterone pro-hormone androstenedione, a naturally occurring substance that your body uses to make testosterone. Androstenedione, or just adione, had previously been used as part of the East German Olympic team's steroid program, but American athletes and sports nutrition companies had not paid much attention to it. Shortly after the introduction of androstenedione, Arnold began, to sell and manufacture an even more obscure, natural hormone called 4-androstenediol, also known as 4-adiol. New research confirmed previous studies that 4-androstenediol can boost testosterone even more than androstenedione.

Androstenedione and 4-androstenediol work in similar ways: Both are hormones extremely close in structure to testosterone. Once they are ingested, the body naturally converts these hormones into testosterone through the action of different enzymes. The advantage to taking these new supplements rather than testosterone is that the body has a limited capacity to convert 4-androstenediol and androstenedione to testosterone, so these products will boost testosterone but only to normal and natural levels permitted by the body.

Today, T-boosters compete in a dynamic consumer marketplace of sexual supplements. The shelves of a typical health food store are overflowing with products that claim to increase sexual drive and enhance performance. For the consumer this new era is exciting in terms of its immediate accessibility and comparative affordability, but for a physician it is worrisome in its potential for abuse. In the next two chapters we will separate the safe and effective products from the bad and bogus.

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The book Super "T": The Complete Guide to Creating an Effective, Safe and Natural Testosterone Enhancement Program for Men and Women has a lot of information on it. So when you read this book you

can get a lot of advantage. The book was written by the very famous author. This article's author makes some research previous to write this book. This kind of book very easy to read you can obtain the point easily after looking over this book.

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