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ANABOLIC STEROIDS IN THE TREATMENT OF DIABETES IN MEN

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Diabetes, the scourge of mankind is an epigenetic, progressive, inflammatory disease that affects 10 percent of the population. Although there are genetic factors, they are minor considering the incidence of diabetes has increased 1000 percent since 1950. What is the key, today, are the unknown (epi-) environmental aspects. Linking xenoestrogens in the environment to both Crohn's Disease and Endometriosis, the author hypothesizes the correlation exists also in adult onset diabetes in men. The cascade is xenoestrogens cause hormonal disruption of the Hypothalamic-Pituitary-Gonadal Axis resulting in decrease in total testosterone (TT) production. Xenoestrogens increase Sex-hormone-binding globulin (SHBG) further reducing the bioavailable testosterone, measured as the Free Androgen Index (FAI). There are three unique discoveries: Type I and Type II diabetic men were observed; worsened disease associated with lower FAI. Increased morbidity in the aging population correlates inversely with FAI. All diabetic men are hypogonadal, parenteral testosterone (not topical testosterone) has only moderate effects on improving glycogenated hemoglobin. Adding androlone deconate was superior to testosterone alone: reducing glycogenated hemoglobin and areas under the curve for

glucose and insulin. Addition of a third anabolic steroid further improved all parameters. Hypoglycemia was not a problem even with serum glucose levels under 50mg/dl. In conclusion, diabetic men are hypogonadal: FAI is the best biomarker measurement. Select anabolic steroids increase FAI, testosterone, decrease SHBG, insulin requirements and maximize glucose homeostasis.. Should physicians measure the FAI, it will serve as a starting point for prescribing anabolic treatments, which can reverse previously unrecognized aspects of adult onset diabetes.

Biography

Dr. Edward Mark Lichten, M.D. has graduated from Ohio State College of Medicine as a Medical Doctor, with the specialty of Obstetrics and Gynecology in 1972. Later he was accepted to the Fellowship of the College of Surgeons. He entered private practice in 1976; from there he continues his clinical practice, medical journal publications and his clinical research. He has presented his research at more than 100 groups of physicians, internationally.

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