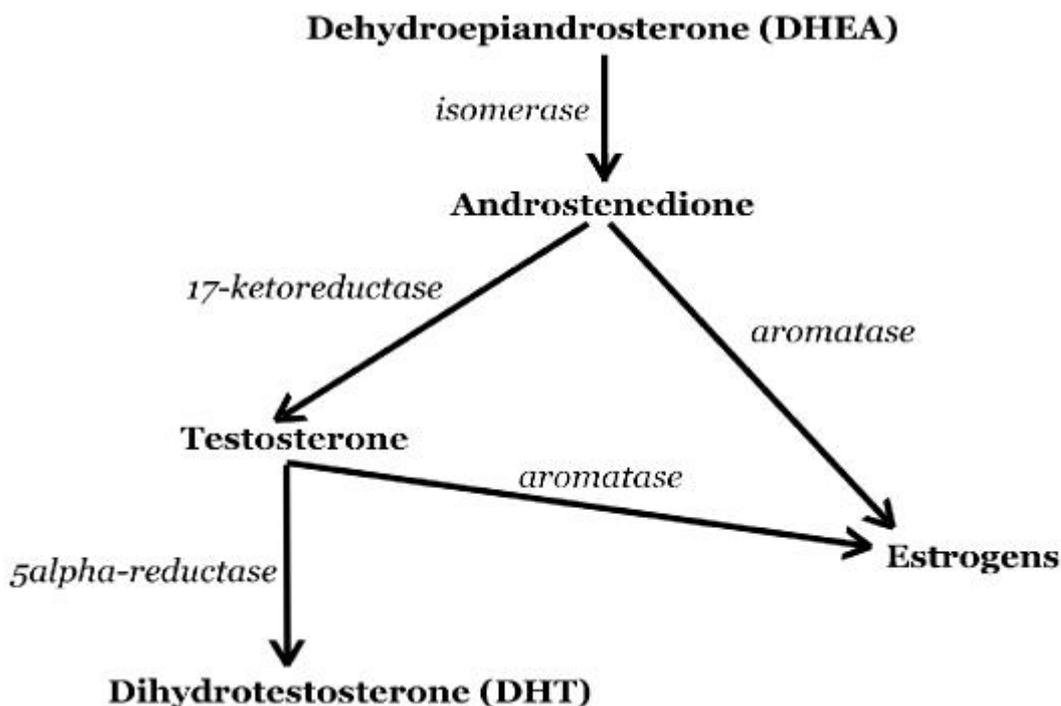


How to Raise Testosterone with Arimidex

Awhile back, I discussed [how I decided to raise my testosterone level and how I did it](#). Basically, my doctor prescribed me anastrozole (trade name Arimidex), an aromatase inhibitor which lowers estradiol, a form of estrogen. Estrogen feeds back negatively on luteinizing hormone (LH), the main stimulant of testosterone production. By lowering estradiol, feedback inhibition is decreased, LH goes up, and more testosterone is produced.

The synthesis of androgens, the class of male sex steroids that includes testosterone, goes like this:



By inhibiting aromatase, less testosterone is converted to estrogens, including estradiol.

It's important to get your hormone levels checked relatively regularly, since driving estradiol down too far with an aromatase inhibitor is undesirable, even in men. So I got it rechecked as part of my annual doctor visit.

Following are my test results:

Tests	Result	Flag	Units	Reference Interval	Lab
<u>Testosterone, Free and Total</u>					
Testosterone, Serum	985		ng/dL	348-1197	SO
Comment:	Comment				SO
	Adult male reference interval is based on a population of lean males up to 40 years old.				
Free Testosterone(Direct)	10.1		pg/mL	6.6-18.1	BN
<u>DHEA-Sulfate</u>					
DHEA-Sulfate	176.8		ug/dL	48.9-344.2	SO
<u>Estradiol</u>					
Estradiol	19.6		pg/mL	7.6-42.6	SO
	Roche ECLIA methodology Information released to FDA by different reagent manufactures has identified cross reactivity between Fulvestrant, a drug used in the treatment of metastatic breast cancer, and immunoassays; leading to falsely elevated estradiol results. Any patient known to be on a Fulvestrant regimen can be tested for Estradiol using LabCorp assay "Estradiol, Sensitive (LC/MS) test number 140244" which does not exhibit Fulvestrant interference.				

Results were good, right about where they should be.

According to [this study](#), men with an average age of 55 had an average testosterone level of 520, and at age 63, T was 420, quite a drop. My level of 985 is probably in the upper range of normal even for a young man.

Of interest, doctors are supposed to see a patient at least annually when they're prescribing just about any drug at all. But my doctor told me that anastrozole falls under the radar of regulators – they don't care much. He told me that if he had prescribed me testosterone itself, for testosterone replacement therapy (TRT), then regulators would definitely be watching.

Ironic, because women regularly get all the female hormones they need whenever necessary.

A defense of putting testosterone supplementation on a list of scheduled (highly regulated) drugs is that it can change behavior, and allegedly has a possibility of being abused. Yet female hormones change behavior too – and they are not scheduled. The lesson I draw from that is that society has a low opinion of male behavior, but no problem with female behavior. As further evidence of that idea, boys in school regularly get drugged with other scheduled drugs like Ritalin or amphetamines.

I don't know how many doctors would prescribe anastrozole, possibly not many, but getting a doc to prescribe it may be easier and cheaper than getting one to prescribe TRT. That's especially if your T level is not obviously low.

Mine was 575 before I started, which is well within the normal range.

Age may make a difference to getting a scrip too. A man with a T level of 575 who was a lot younger than me would likely have a worse chance of getting a doctor to prescribe a testosterone-boosting drug.

Furthermore, older men tend to have higher estradiol levels; if your estradiol level is already within the normal range, then there's no possibility of lowering it further in order to boost testosterone.

Obese men often have higher estradiol, as fat tissue seems to lead to more aromatase activity and more testosterone is converted to female hormones. So, an overweight or obese man interested in this line of testosterone-boosting could have his estradiol checked and, if high, could see a doctor about getting anastrozole or another aromatase inhibitor.

To get TRT, one often has to visit an expensive male hormone clinic or anti-aging clinic, and then you have to pay for the medications. Anastrozole costs me \$4.00 a month. However, I do pay out-of-pocket for my doctor visits and tests, since he doesn't take insurance. Insurance companies are not only an administrative pain-in-the-neck for doctors, they limit what the doctor can do for his patients by limiting what they will pay for.

I've had some good body composition changes lately. I had been eating more than enough in an attempt to increase muscle mass, but it looked as if the only thing that was doing was increasing my fat mass. Over about two months, I dropped 10 pounds, from 170 to 160, all of it fat, using [intermittent fasting](#). (I know it was all fat because I continued lifting throughout my weight loss, and the weights of my lifts actually increased. I continue to fast regularly.) But, how much of that may be due to higher testosterone, I don't know. Hopefully the good changes will continue.

PS: If you need to lose weight and you want to save yourself years of poor results with bad information, I've put everything in a simple guide for you.

[The World's Simplest Fat-Loss Plan.](#)

