

Tyna Moore, ND, DC

Women Need
Testosterone
too!

hello!

I am Dr. Tyna Moore

I am here because I have a passion for
empowering women to be strong and live their
most optimal life.

Pain Free & Strong.

You can find me at @drtyna



About me:

Naturopathic Doctor & Chiropractor

- Specializing in Regenerative Injection Therapies for over a decade.
- Prolotherapy is my main passion.
- BHRT is an additional specialty.
- Trained by Dr. Rick Marinelli, ND.
- Well versed in natural pain management

What we normally think of with low T

Men

Generally considered ONLY a male issue.

Erectile Dysfxn

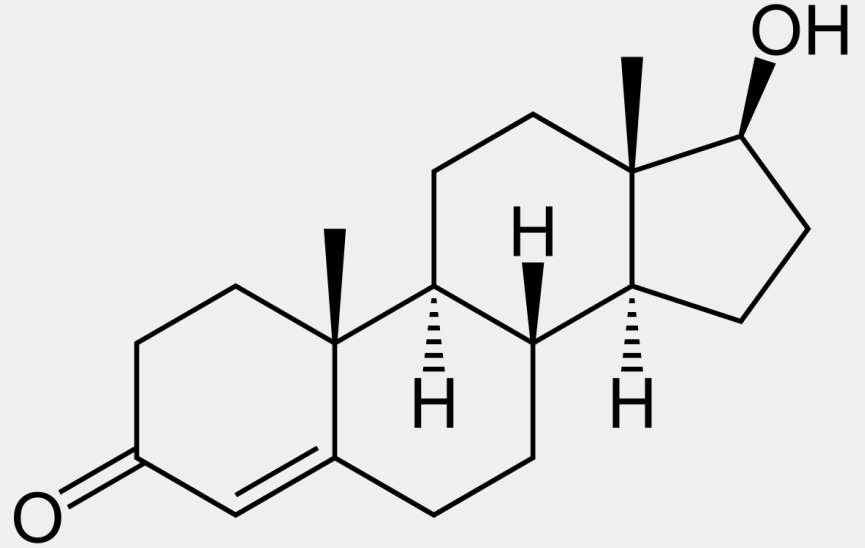
Problems “down there”

Muscle Loss

Or lack of gains in the gym, loss of stamina, pot belly, difficulty healing.

Lesser Considered

DM2, HT DZ, Osteoporosis, Depression, Apathy, Memory issues, “not themselves”, Mood swings, **Joint Pain, Sarcopenia**



Women & Testosterone

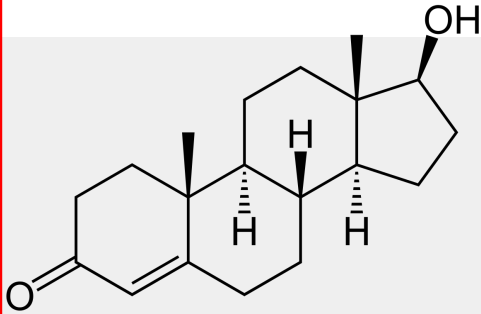
Often ONLY considered a “Male Hormone”



*Abandoning **myths, misconceptions and unfounded concerns** about T and T therapy in women will enable physicians to provide evidenced based recommendations and appropriate therapy.”*

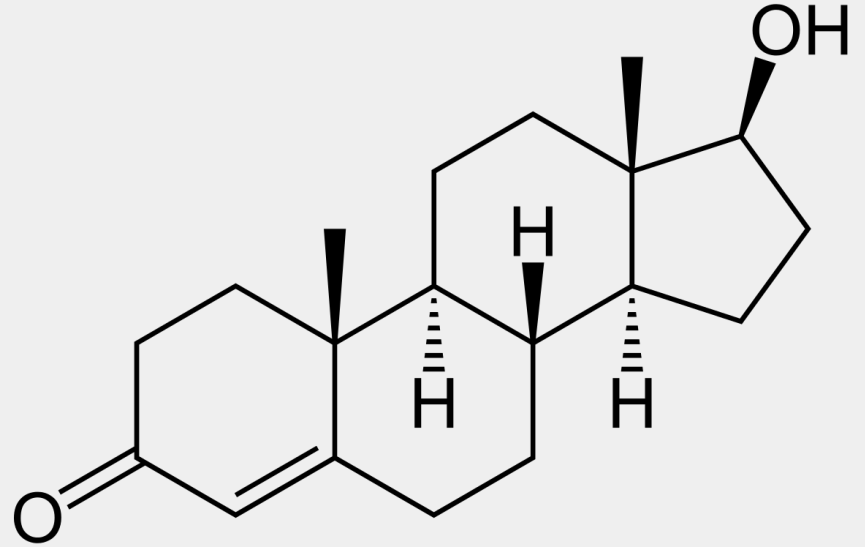
Reality of T therapy for women

- Testosterone deficiency in women is not even a recognized diagnosis
- Hypoactive sexual desire disorder is defined in men, not women
- **1 in 10** premenopausal women in the US suffer from HSDD
- Not to mention ALL the other symptoms/impacts of low T!



Not just libido!

While women are barely recognized as having libido issues, doctors certainly aren't looking at other symptoms of low T on the regular. I wasn't.



Testosterone for women?

T therapy for women remains controversial for women, considered “lifestyle therapy”

Common Low T Symptoms in Women

Sexual

Disinterest in sex.
Negative body image.
Avoiding intimacy.
Inability to orgasm.
Low self esteem.
Loss of identity.
Ultimately depression.

Systemic

Fatigue.
Insomnia.
Migraines.
Belly fat/weight gain.
Decreased stamina.
Loss of memory.
Cont.....

More SSXS of Low T

Skin

Loss of tone.
Loss of integrity.
Droopy/Saggy.
“Looking old”
Sagging breasts.
Cellulite.

Mood

Loss of zest for life.
Feeling like something
is wrong, but can't put
finger on it.
Anxiety/Depression.
Inability to organize.
Loss of motivation.
Loss of joy for living.
Loss of sense of well
being

Body/Immune

Autoimmune Dz.
Dry Eyes.
Pain.
Arthritis.
**Joint
degeneration.**
Osteoporosis
Lack of strength.
Loss of balance.

Sound a lot like
“getting old”,
doesn't it?

Sarcopenia osteoporosis, memory issues and depression? There are dxs and drugs for nearly all of these! Consider Low T.

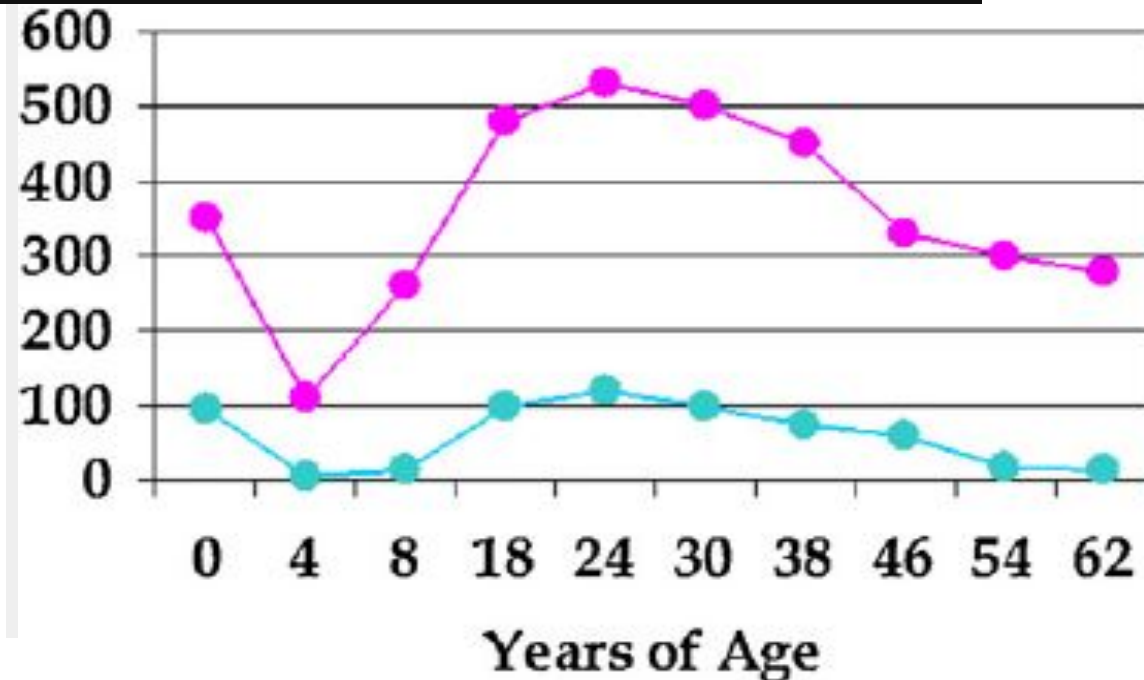
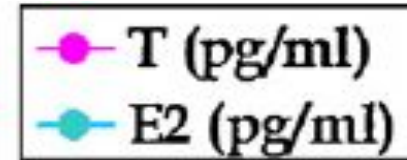


Image from [everydayhealth.com](https://www.everydayhealth.com)

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Maybe it's low T!

Women have 3x more T than E2!



It's not always
clear cut!

Adequate
levels

Physiologic
Dosing

Frank
deficiency

1 in 10

Premenopausal women present with low libido!

This is rarely considered worth treating. In men libido & ED is often a late symptom.

Still no FDA approved androgen therapies for women!

*Why prolong the misery? **Especially if there is pain!***

Cold & Achy

Women > Men will report being cold and achy.

Can't get warm and everything hurts.

Winter is especially hard to endure.

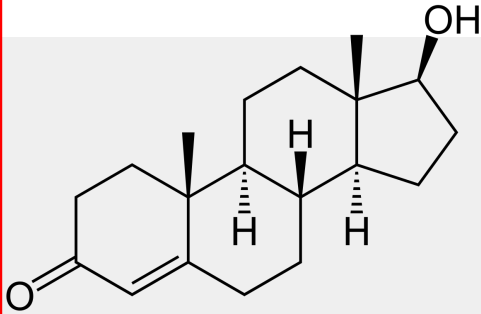
DDX: Fibro, OA, Hypothyroid, Myalgia.....



“

Consider *in ANY woman over 40*
following a massive bout of
stress or trauma”

~Dr. Tyna Moore



Low T & PAIN

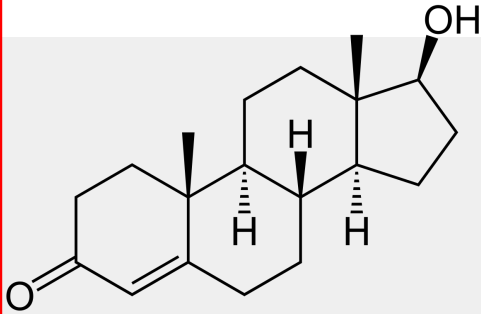
Chronic pain patients often have low serum testosterone levels. Opioids also decrease T. Pain depletes hormones such as cortisol and testosterone via hyperarousal of the HPA axis.



“

*Pain is a **lightening rod**”*

~Dr. Heidi Peterson



Joint Health

T makes healthier synovial fluid

T impacts regeneration

T is ANABOLIC

T is secreted by chondrocytes (paracrine)

T improves osteoporosis

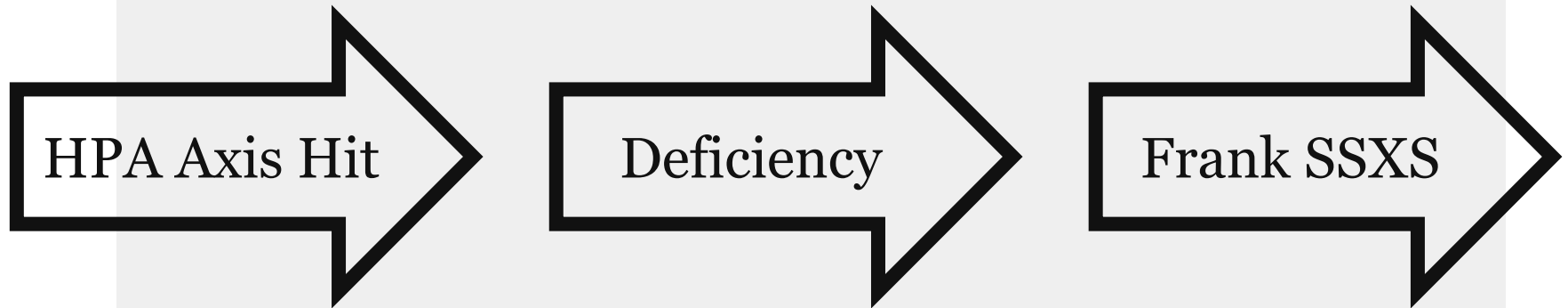
CPCs Chondrogenic Progenitor Cells

- Androgen receptors in chondrocytes
- T influenced the expression of 3 receptor genes as well as the chondrogenic potential of CPCs by regulating gene expression of Sox9, Runx2, types 1 & 2 collagen

■ Table 1. Criticism of Study on Possible Relationship Between Testosterone and CV Events

- All subjects already had heart disease and entered the study at the time of coronary angiography
- This was a retrospective study of 8,709 patients who were followed for only a short time (1-3 years)
- CV events actually were lower in the testosterone group. (10.1%; 123 events in 1,223 men) compared to the group not receiving testosterone (21.2%; 1,587 events in 7,486 men)
- Contrary to the raw event numbers, a complex statistical system of variable exclusions allowed the authors to adjust the raw data and draw opposite conclusions
- The definition of testosterone treatment was a single prescription, in a 1 to 3 year period
- The mean testosterone serum level achieved was low (332.2 ng/dL rather than over 400 ng/dL)

Slippery Slope



I would assume to consider at any woman over 40 who presents with PAIN, particularly of the lumbo-pelvic, hip or knee regions.

Especially if non-traumatic onset.

DO NOT WAIT until their joints are severe!

Peri to Postmenopause

T Dips

P Dips

E Dips

These dips may happen at various times for various reasons.
However, improving T levels may improve sx's of low P and E.

NO Conclusive Guidelines

There are no conclusive guidelines for healthy levels of T for women!

From the book “The Secret Female Hormone” by Kathy Maupin, MD

- ❑ **Total Testosterone >30 ng/dl**
- ❑ **Free T > 7-10 pg/ml, depending on the lab**

Jonathan Wright, MD

~”Do you know how my staff can tell when a woman is estrogen dominant? She calls the clinic all the time worried and difficult.

Do you know how we can tell if her testosterone is adequate? She rarely calls and she’s easy to get along with.”

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Supplements to help with Testosterone:

DHEA

- ❑ **Dehydroepiandrosterone**
- ❑ **Converts to T in women**
- ❑ **Start with 5mg and titrate up**
- ❑ **Sublingual is ~3 x stronger than oral**
- ❑ **You don't know which pathway it's going to take!**
- ❑ **Davinci Labs Liposomal DHEA Spray**

Omega 3s

- **I prefer food sources**
- **Improves overall fatty acid profile and decreases inflammation**
- **1000-3000 mg/day with food**
- **EPA vs DHA? Treat the patient in front of you**
- **Douglas Labs Quell Fish Oil EPA/DHA + Vit D**

Zinc

- ❑ **I assume all anxious women are zinc deficient**
- ❑ **Especially if they heal poorly or**
- ❑ **Have a hx of an eating disorder (cause vs effect?)**
- ❑ **I dose 60 mg qhs with food**
- ❑ **Consider copper deficiency, of course**
- ❑ **Designs for Health Zinc Supreme**

Vitamin D (w/K)

- **I prefer sunlight exposure**
- **Vitamin D is a hormone from cholesterol, so if others are low....**
- **Optimal: 30-50 ng/ml**
 - **The American Association of Clinical Endocrinologists**
- **I like 50-80 ng/ml and dose 1000 iu/day with food**
- **DFH Hi-Po Emulsi-D3 or Emulsi-D3 Synergy Liquid**

Vitamin C

- ❑ **Perhaps acting as an antioxidant**
- ❑ **Especially if they heal poorly**
- ❑ **Especially if they are active**
- ❑ **Especially if collagen synthesis is desired**
- ❑ **I dose 1000mg qd**
- ❑ **DFH Stellar C**

Magnesium

- **Again, treat the person in front of you re: form**
- **600 mg qhs or depends on form**
- **Topical can also be helpful, if tolerated (caustic)**
- **Nutrient interactions:**
 - **Zinc, Fiber, Protein, Vitamin D**
- **DFH NeuroMag**

Creatine

- **May work by converting T to DHT (more active form)**
- **Proceed with caution in re: to hair loss**
- **May cause weight gain.**
- **Can help with strength, fatigue.**
- **DFH NOx Synergy or KreAlkalyn (1-2 caps qd)**

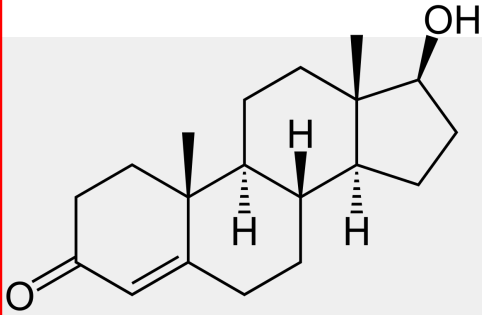
Herbs

- **There are a variety with varying data:**
 - **Tribulus**
 - **Horny Goat Weed**
 - **Damiana**
 - **Chinese Ginseng**
 - **DFH LibidoStim-F**
 - **Ginkgo**
 - **Ashwaganda**
 - **Yohimbe**
 - **Pine Bark Extract**
 - **Maca**

Thyroid & Progesterone

Don't forget about these! Hormones work in concert!

- **I prefer THYROID hormone Rx supplementation**
 - **DFH Thyroid Synergy in addition**
- **Progesterone (3 weeks on, 1 week off)**
 - **Delivery depends on the patient (oral vs topical)**



Adrenals

Support the HPA Axis!

Lifestyle: Non-Negotiables

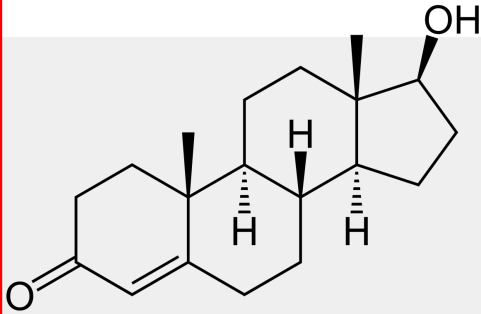
- ***Strength Training***
- **Sleep**
- **Blood sugar regulation**
- **Adequate healthy protein and fats**
- **Decrease cardio**
- **Decrease adipose (especially the dreaded “gut”)**
- **Decrease alcohol (esp IPA) & drugs**
- **Decrease Stress**

Foods That Raise T

- *Protein*
- **Eggs (eat the yolk!)**
- **Pomegranate**
- **Ginger**
- **Fatty Fish**
- **Oysters**
- **Leafy Greens**
- **Onions**

Dr. Sam Madiera's Top 5

- 1. Grass Fed Red Meat**
- 2. Eggs**
- 3. Healthy Fats- fatty fish and sardines**
- 4. Brussel Sprouts and/or broccoli sprouts**
- 5. Red Radishes**

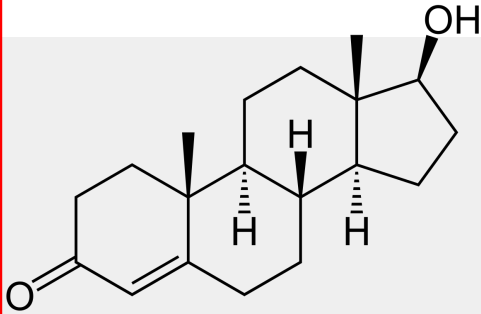


When in doubt:

Eat

Lift

Sleep

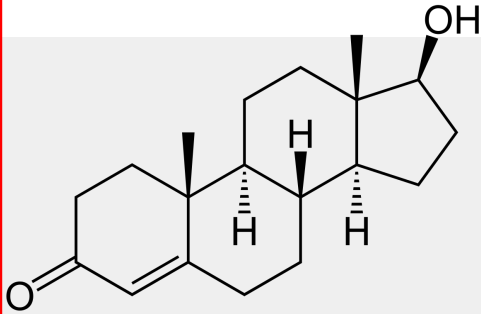


Review Rxs:

What are they taking?

- Statins, opioids, steroids, OCPs

What are their male sexual partners taking?



Above All....

Reduce:

- Inflammation
- Stress
- Consider hormonal replacement! Esp if PAIN.***

thanks!

Any questions?

You can find me on Instagram at

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