Ep: 52 The impact of low testosterone, from fertility to andropause

MERYL: Hey everyone. Welcome back. This is your Rebel Nutritionist, and I am thrilled to be interviewing Dr. Mike Zahalsky. He's the founder of Z Urology, which is the largest urology group in Broward county. So Dr. Mike, welcome.

MIKE: Hi, how are you Meryl?

MERYL: Doing well, so glad to have you on. Thank you.

MIKE: Thank you for having me. It's exciting.

MERYL: I can't wait until we dive in. So one thing you and I were just talking off mic a little bit and I had found out that you were a contestant and went pretty far on the show survivor.

So tell us when, when were you on it and, and kind of give us a little bit of a synopsis of what that was like.

MIKE: Sure. You know, usually that's what I do podcasts about is Survivor, but so about five years ago now, I think actually five years ago today, I was probably starving and pooping in the ocean and eating only coconut for about a week at this point.

So we filmed it. And then it aired about three months later or four months later. And that was, it was pretty fun. It was definitely an experience that you don't expect. You'll be having in your forties, you don't wake up and say, I'm going to be on Survivor today. But when it comes across you can't say no.

MERYL: Right. I assume you lead a pretty decent life. What was it like pooping in the ocean and living off of coconuts? Like that had to be pretty I don't think deprivation gets worse than that.

MIKE: That's exactly it, you start appreciating things so much more. You simplify things. I said that I was going out there to really just get rid of my Candy Crush addiction. It's almost like you're thrown back into high school. Because you're surrounded by these people that are facing judgment on you and really have control of your life and your wellbeing that you don't know that you don't trust, and you're not supposed to know them or trust them.

And then you thought then it's, we need to argue about what to eat. You catch coconut, you hunt for fish you know, you're spear fishing, get fish. You have to cook it yourself. And if you're not pooping in the ocean, then you're pooping someplace that you're gonna hang out with a lot of flies. So there gonna be a lot of flies, as hard as pooping in the ocean goes.

I would recommend everybody to try it at some point.

Okay.

Have you ever pooped in the ocean Meryl?

MERYL: I have not.

MIKE: We call it aqua dumping. There are different strategies of aqua dumping, so I'll let you figure it out for yourself, but. It's amazing. It's, it's, it's clean. It's healthy. I don't know if it's healthy or not really, but it's definitely, I mean, you're instantly clean.

You've probably the ocean, right?

MERYL: That, I mean, that does make sense. You know, it is biodegradable, so

MIKE: Right. You don't need toilet paper. We don't have toilet paper right. Better than using like the palm frond.

MERYL: That's a little abrasive, I would imagine.

MIKE: Yeah, it is. Yeah. I don't have to imagine. No, no.

Right.

MERYL: You don't have to imagine. So question, when you came back, like you said, right. Life was simpler. It was, everything was simple. Were there changes that you made to your life based on that experience?

MIKE: I mean, there were a few, when I came back, like I found myself sitting on the floor more, There was simple things that you don't necessarily appreciate, like.

I had no roof. I had no floor. There was no door to like, close. Like there were no buildings. Right? So like, you couldn't just separate self from somebody by closing a door. Right. Or and so when you came back, like **I wanted to spend more time outside**. A hurricane was coming. We all live in south Florida, hurricane was coming.

And so you know, everybody's like, oh, we gotta go get stuff for the hurricane. And I came back with like, four avocados and four coconuts. And it's like, what are you doing? I'm like, we can last for a week. I got a machete in the back. That was my hurricane preparedness.

MERYL: Ah, that's so funny. I love that.

I love that. All right. Well, we know where we can go to when we need to last for a week now without electricity and whatnot, we can come to you with the machete. So

MIKE: Definitely, I can even make it.

MERYL: Great. Good to know. Good to now we all know we're all going to Mike, Dr. Mike's house.

The more the merrier, but just don't tell my wife.

MERYL: Okay, well that'll, that's secret will be between us. So this month we are focusing on, I'm sure we can talk about this Survivor experience for awhile, but, but we do want to focus on what o**ur topic has been this month, which is men's health and men's reproductive and overall health**. Right.

So how do you or how do we **encourage men to take a more proactive approach** to their health and how do we help them? Let's say, get out of their own way, because I find with a lot of the men that I work with and the, and the men that I know in my life, they just, yeah. Don't take or, or aren't, don't take the initiative to take great care of themselves.

MIKE: No, it's true. It's a great question because I don't know if you saw the news article that came out recently that says that **developing a male contraceptive pill**. Did you see that one?

Yeah. Where it's a pill that you would take once a day and you'll be infertile. And so it's basically, you don't have to have a vasectomy.

And then I saw a survey floating around. **Would you trust your significant other with pregnancy to take a pill once a day**, like 75% of the people are like, there's no way I would trust the guy with my fertility. Like with preventing me from getting pregnant, by taking a pill every day that they have to take on a daily basis.

And I think. it. Just reiterate what you were saying, which is that **men are not as careful as women** men sort of have this invince, a lot of them at least have this invincibility aspect of them where they think I'm invincible. It's not gonna happen to me. Whether that means I'm going to drive faster, not wear a seatbelt, smoke cigarettes.

Do whatever it is. People, **men, I find feel more invincible than women do**. And maybe it's a product of having more testosterone. I don't know if that's ever been looked at or not, but it is important for men to recognize that they have to stay healthy and they have to take care of themselves. And **when they reach a certain age, they should be able to be seeing a medical doctor and checking their cholesterol and their blood pressure, their heart disease**.

Obviously I'm Male health specialist, meaning I do mainly I fellowship-trained in erectile dysfunction and male infertility. A lot of times the penis can be symbolic of other things going on in your body. **You have been having difficulty getting erections. That means you have a problem with blood flow.**

And so if you're **having a problem with blood flow, that could be because you have a heart issue** or because you have diabetes or meaning there's a microvascular disease where you're not able to pump enough blood to your penis. And that's, that's a big deal, but in general, people should be going to the doctor.

Before they're having a penis problem. Cause the penis is like the last to go.

MERYL: Right. And so well there's a couple of points that I, that you mentioned that I want to address, but let's go back for a second. So when you say to them, all right, well, you should be doing this. You should be doing that.

What is, I mean, I don't know how much follow up there is on your end, because I guess you see these people once every so often, but How do you stress to them? Or what does that conversation? Is it just, okay, well, you need to take better care of yourself. Is there more of a conversation on your end with that?

MIKE: So I think most of these guys are coming in to me **with feeling of sluggishness, feeling of lethargy, feeling of tiredness, low libido** and I get it, work sucks. You go home, you're tired and it, but by the time you're going to the doctor for those things, it's more than just your regular, I'm tired from going to work and you know, too much.

And it's very easy to say, eat better, sleep more and exercise more. But you know what I'm sure has a functional medical doctor that. That's basically where it ends from my standpoint that I checked some labs and we go over the labs, giving them maybe some Cialys or Viagra, but that's where I think I'm sure you could add a bunch where it's, what are we supposed to do in that category of sleeping more eating, right?

Like, how are these.

MERYL: Right. And the thing is, is when you said, well by the time they get to you, it's already a bigger issue than just a penis issue and that's what we talk about. We talk about prevention, but you know, prevention doesn't go very far in, in this culture people.

I always say **it's much easier to prevent an illness from happening than to treat it once it's happened**. And part of what we need to look at, it's never enough. You know, we really take a deep dive. I call it under the hood. Very comprehensive lab work in, in such that we're looking at vitamins and minerals and antioxidants, because those are the very things that cause endothelial dysfunction.

For those of you that don't know an endothelial dysfunction is it's the arteries that pump the blood, right? If you have too much stress, and cortisol is pumping through your system, it's going to affect the arteries ability to pump blood. Right? If you have too much sugar in your system, It's going to impact the arteries ability to pump blood.

And, and it's not just to your heart, into your brain, it's to your penis as well. So when we talk about, and any of those other extremities, when we talk about, **how do we support men's health, it really is about taking a deeper dive under the hood**.

MIKE: Is this considered an extremity? Cause. I think a lot of guys are going to be psyched.

MERYL: Well, I don't mean an extremity, like I'm saying your other extremities, like your arms and your legs.

MIKE: But yeah, no, not that it's an extremity. No. I mean, to to implicate that or apply that. Yeah,

no, that's good. I mean, I'm getting, I'm going to use that if I want a patient to like me, I mean, I'm sure if I was like, wow, you got like five extremities. These guys. I mean, everybody wants a penis compliment.

MERYL: There you go. No, so, so let's talk for then in terms of all right, so now we have to just make these guys more aware that we really need to be looking at, right? When we talk about stress to address that point. We really, it's not just, I feel like what you go, so for example, someone goes to you and you say, well, right, look at stress and look at what you're eating and look at sleep.

And those are very check the box, generic kinds of things. That's where we go a little bit deeper and say, well, really sleep is important because it creates melatonin and so forth. And you know, recovery hormone in the immune system. That's where we really get in the woods with them.

But let's talk for a second about andropause. **Because men go through andropause, just like women go through menopause**. And I feel like most men are like, oh no, I don't, I don't go through that. I haven't gone through that. That's not me. So can you speak to that?

MIKE: I mean, I think you can probably speak to the term andropause more than I can, but the reality is, is that the way I describe it is, is that nobody wants to be their dad.

Right. And when we all think of our dad, we think of the Al Bundys of the world, the guy sitting on the couch with his hand in his pants, like with his Potbelly, right? Like guys, these days don't want potbellies. But what happens is, is that every waist size we go up, see testosterone makes like convert, well, fat cells convert testosterone to extra dial, which is basically an estrogen.

And so every weight size we go up. Our testosterone gets converted. We lose 10% of our testosterone and they say so because it's getting converted to estradiol. So it doesn't even matter how much testosterone you're making. It's just getting converted into estrogen. And I personally don't think it's as the, how much testosterone you have in your system is as important.

Testosterone to estrogen ratio. So these guys come in and they're like, well, how's my testosterone level. And **normal testosterone is between like 250 and 850**. Let's say, but if you're 280 or 320, but you used to be at 750, you're still at, less than half of your testosterone. Plus your estrogen levels are high because it's being converted by your fat cells.

And so it's, you're going to feel sluggish. You're going to feel emotional. And that's where I think you sort of get this andropause and there are ways we can fix that medically. But the problem is **you really got to control the estrogen, not just the testosterone**, because otherwise you give them the testosterone and it gets converted to estrogen and you haven't really accomplished anything.

MERYL: And so what are you doing? What is your treatment?

MIKE: It's the, after we check their labs, we are, we typically, if they're low and they're symptomatic, w**e'll put them on a testosterone and an estrogen blocker**, which is either a pillar of cream that you take the cream once a day, but the pillow once a week. Okay. That will that Brewster levels that will give them more energy, allow them to exercise more, allow them to lose weight, which then stops this vicious cycle, this vicious cycle of, of them just not wanting to do anything and gaining more weight, which then leads them to not want to do anything.

Right. What do you do for that?

MERYL: So we we actually look at, so we can actually see, we do estrogen metabolite tests. We can see how estrogen and testosterone and **all the other hormones are actually being detoxified through the body**. And so if we're looking at it, For instance from a man's from a male perspective.

And they are making too much estrogen. You know, I also do a lot of genomic testing, **the nutritional genomics, so we actually can see how the detoxification system works**. So for example, if they're not breaking down estrogen properly, then we can support that, that natural detoxification process through giving them.

Nutritional supplements, things like calcium, D blue-gray, Diane doll, methane supporting detox through things like eating more broccoli or cruciferous vegetables. Right. So we try to do it naturally where they're actually breaking down and eliminating. The estrogen, which then allows the body to do what it needs to do.

And then also help with the conversion. Right? You can, yeah. You add in natural soy products, things like edameme and those kinds of things that had the genistein and Diana deed, which don't convert as readily to the let's call it the detrimental version of estrogen, It acts as an estrogen modulator,

MIKE: oh, I was going to take, so which foods do you guys use? The excess estrogen modulators. Soy beans, edamame

MERYL: They're selective. Yeah. Selective estrogen receptor modulators. They're SERMs so **they actually inactivate the detrimental estrogen**. That's running around your Xeno, estrogens and their.

MIKE: That's great. I mean, do you guys some of the hardest patients that I have to treat are the ones with elevated sex, hormone, binding globulins and you know, **which is a product of liver dysfunction**. And we there's obviously there's testosterone, but your bioavailable testosterone is just free testosterone.

And **when you have a low, free testosterone, typically we just treat that by giving more testosterone**, right. Because there aren't any medications on the market. Lower sex, hormone, binding globulin. I, but how do you guys, do you treat that dietarily? Well, I mean, I think

MERYL: yeah, we, we try to write that is again, I mean, it's really more about understanding what are the cellular processes?

Meaning **is your body detoxifying the way it's supposed to**. And so when I go back and look at someone's genetics, if there's a methylation issue, if there's what we call a COMT, where your body is not com. Which is a gene that, that doesn't allow the hormones to detoxify, right? So then it's a liver issue.

It's a detox that you, and then it becomes a buildup and that's where we get partially. We get a lot of that sex hormone, binding globulin, and. You can, that's why I say, if you really kind of go back and look at the biochemistry and then you go back and look at someone's genetics, you can kind of **help mitigate some of these things in a more natural way than let's say pharmaceutical**.

MIKE: Yeah. That's I mean, I'm glad you're out there because I don't, I don't do that. **I'm glad that I have a resource for my patients that I can send you to, that can really help them do that stuff it's super necessary**.

MERYL: Yes. It's necessary. And the other thing is, is **it balances out everything else, you know?** So, so my feeling is you take a pill and you're, you're basically just, band-aiding a symptom.

But what about what else is going on in the body and the rest of the biochemistry? Right.

MIKE: Right. Well, I think one of the other reasons that we didn't really talk about that people can have very low testosterone as they hit their forties. Their fifties is **15% of all men have these things called varicose seals** and very good fields for basically, if you imagine.

Varicose veins that form around you, the testicles in your scrotum. I equate them to hemorrhoids from pushing or varicose veins in your legs. Basically they're veins that have valular defects. And when they have veins in your scrotum, there's blood that pools in these veins and testicles, if you imagine hanging out in this and because I like it a little colder than the rest of the body.

So if you have blood, which is body temperature heats up the testicles and makes them not work as well. And so what statistically, we know. 15% of all men develop these veins at puberty, but we also know that 40% of men and this, the most common thing we treat for male infertility, well, have a problem with sperm production, but what do testicles do besides causing pain to get kicked in them?

They makes, for me, they make testosterone, right? I, but this is a progressive gradual thing. So what, nobody, you develop them over time that the first thing to go with the sperm production. And then as you get older, now it's fast forward 10, 20 years, and you're hitting andropause, so to speak, but it's really that these veins.

, they're just not working anymore. And so **we don't typically fix varicose seals for low testosterone, but it's definitely a major cause of low testosterone in the older male population**.

MERYL: Oh, that's fascinating. So that would go along with kind of like the whole endothelial dysfunction thing.

MIKE: Correct. So it's, it's not, **it's not a blood flow issue. Blood flowing away**. Issue B fades ended up valve issues. I, because of the way the veins inserted to the left renal vein or their IVC on the right side. And so you just have blood that stagnated around the testicles.

MERYL: Got it. Got it. But is that, but it is an inflammatory issue, correct?

I mean, there's inflammation there. So if you're basically helping someone with inflammation, would that somewhat alleviate it or not really?

MIKE: Yeah, probably not probably it's more just, I mean, I think if you were a cold ice packs around your testicles every day, like if you put ice in your underwear, that would probably help it, but it's.

It's how do we stimulate testicles to work better? And for instance, from my standpoint, you can put people on Clomid, which is like a hormone, but or modulates your own hormones. But obviously there are other ways that I**'m sure to sort of jumpstart people's bodies in the absence of wanting to have surgery to fix the veins**.

Right. So, So right now, what we do is we offer surgery. Most people don't take it because there are so many other ways to give you hormone supplementation. And instead we going on a gel, a cream and ejection a pellet, now there's oral medications for testosterone, but if there's another way to sort of help your body stimulate your body is to stimulate your testicles to work.

I'm sure that's helpful.

MERYL: Got it. Very interesting to not know that. And I didn't know there was oral testosterone now. Oh, well there is an a P well, right. Is there no

MIKE: Yeah, there is, there's a brand new company that literally, I think it got approved like last year at the end of last year.

And so it, the problem with a lot of this stuff is that they come out, t**hey come to market and. They're very expensive**. And so it's you tell a patient that they can take an injection that

good buy at Walgreens or a warrant, but you can take a peds $900 a month. You have to take every day. Most people are going to figure out how to do the injection.

So I said that if you, if you offer somebody to testosterone injections, which are $50 for three months, where it's at Publix or at Walmart versus the seven to $900 pill that you have to take once a day, most people are going to decide they want to do an injection once a week.

MERYL: That's yeah. That's, that's insane. That's an insane amount of money. Yeah, I guess so, as, as painful as that might be might be a better, might be economically, but more sound so so that, that is fascinating, but yeah, I do think there's ways around even giving people. And, and, and, and I don't think there's anything so bad about taking the testosterone if they're managed.

I mean, let's talk for a second. I do want to talk about **testosterone and cardiovascular disease**, right. Because we know there that we have to be careful with that with the men who are predisposed to cardiovascular

MIKE: disease. Sure. Well, what it is is that in my. And I think that the jury's still out on this, but yes, to stop **taking testosterone causes an increase in a hypercoagulable state**, so to speak.

So in other words, they say can cause people to have blood clots, **any hormone modification can puts you at risk for blood clots**, whether it's in the legs, the brain, the heart, the lungs.

And so how I take care of that in my patient, One, we followed the labs closely 2, our happy, happy medium is with the testosterone between four and 600.

We're not trying to get you to go from 250 to 1200 or 2000. Nobody wants you to be Hulk Hogan. Nobody wants you to be any kind of professional wrestler. **We're trying to make you feel better in your own skin. Be happy with your life**. And that's, those are the two different things we also recommend because that you get a therapeutic phlebotomy, so to speak.

So you donate blood once every quarter, once every two. So once every three months you can donate some blood, the blood banks need the blood. And so that can be very helpful. I, there was actually, I don't believe any literature to support that. Donated blood, reduce your risk of blood clots. But I think that that is primarily because.

The reality is not a lot of people get blood clots from being on testosterone therapy when it's managed correctly as well. There's nasal testosterone, for instance, which I believe decreases like has in my opinion, less of a risk of blood clots from testosterone than other forms of therapy. Now, I know I've talked to you a lot about this, but the people that I had seen at the biggest risk are,

There's one slept select degree in my practice that I've seen clots in, which is **the unvaccinated men that are on testosterone that then have a procedure.** And so those guys, for some reason or another, I've seen a couple of them possibly have some blood clots. Right. And so, you know that basically a procedure puts you at risk,.

Having COVID puts you at risk for blood clots and yeah. And they were met with COVID not unvaccinated and had COVID. I meant to say that. So, so having, COVID put your basic blood clots, having to start to put your risk of blood clots and having procedure for treatment for blood clots. And so all of that stuff together, and you can have a problem.

So I think it's just **assessing your risk factors** and

MERYL: Got it.

Okay. So moving on to the polar opposite subject of, of andropause, right? We're like, I mean, well, maybe not pull her up opposite, but on the other side of the spectrum, in terms of **infertility in younger men who are trying to have. And I always say, when I'm talking to I'll oftentimes get the get a call f**rom a woman who is thinking about starting a family, wants to become pregnant.

And she's like I want to come in for nutrition advice and I need some help and, and planning healthier meals and whatnot. And can I make an appointment? And I said, well, is your husband significant other partner coming in as well? And they kind of give me this look like, well, why I'm like, well, because **it takes two of you to make a baby his health and his sperm is, and**

health of his sperm is just as important as the health of your eggs and you know, his thing because there was just an article.

I don't know if you saw the research or there was a new, newer art, recent research article. I think it was really released sometime at the end of March about the men on Metformin and the the, the that they're confirming the increased risk of birth. In men who had children who have been on Metformin at conception

MIKE: I did. I did not see that. I would love for you to send that. That'd be, yeah, I

MERYL: will. I will send it. It was actually just recently that it was published. I mean, that's been in the literature for some time, but I think there was a now you always say, oh, it needs more studies need more study. And there was just a study that came out that was like, yeah, we're confirming this.

So, but, but we don't even have to speak to that. I'm just saying **infertility, in general, what, how do you treat that?** What's the conversation that you have.

MIKE: Sure. I obviously probably 75% I do what I do at this point. I, 50% of what I do is treating male infertility and the most common causes of male infertility. Like I mentioned before, is **these varicoceles** these veins that form around the testicles heat up the testicles bind, like you just kind of can cause them to have andropause where they have low testosterone and they have low sperm counts.

The interesting thing though, is. You know, there's only **a lot of guys come in on testosterone therapy and they don't realize it's causing them to be infertile** testosterone or testicles need. What's called intra testicular testosterone. So **testosterone in the testicles in order to make sperm**. And when you, when you're giving yourself testosterone from the outside, your body stops making its own testosterone.

So you stop having that, which means you stop making sperm. The only testosterone that you can take these days, that's on the market that should not affect. Your body's own ability to make testosterone is a nasal testosterone spray that you can take a couple of times a day. And so **most of my low testosterone patients that are infertile and try and get families will go on nasal testosterone.**

And there's a couple of theories behind why nasal testosterone does not affect your own body's ability to make this faster, and I'm not going to bore you with it, but rest assured that. In my career, I've only seen one person stop making sperm on nasal testosterone. So with very, it's a **very good way to treat low testosterone of these people besides giving Clomid, which unfortunately will, will typically raise your testosterone**.

But, and we don't know why, but **typically does not improve low testosterone symptoms.** And I can't explain why nobody can really, but we know through just all of us giving lots of

people a little bit, that they raised it to start. So it doesn't improve symptoms. It is what it is. Right. I, as far as other things that I see with these male patients are infertile.

A lot of people. And Meryl you probably see this as well. A lot of people smoke a lot of marijuana these days, so it used be with all the studies around marijuana and fertility we're back for when I was in training like 20 years ago. And he said, markjuana, it doesn't really necessarily affect your fertility.

But that was with the 20 year earlier marijuana where guys were smoking marijuana. Like once a week. Now you get these guys different marijuana cards that are smoking marijuana multiple times a day. And that definitely can affect, in my opinion, there, I haven't seen studies around it, but it can, I believe it probably can affect your fertility, you know?

And so I try to get them, **make sure that they're limiting their marijuana use**. And then, like you say, like diet what what's interesting about fertility is that over the last 20 years, normals have decreased. So. **Typically normal used to be 25 million sperm per million or more now normal is 15 million or more.**

And I think that's because of like basically what when understand, which is that **because of our diets, because of our nutrition, our sperm counts are constantly going down**. And I, and so. The government has adjusted what normal levels are based upon that, but it doesn't it is, I believe it's probably a lot easier to have given somebody pregnant with 25 millions per milliliter versus 15 millions per milliliter, you know?

And so you it's, but that's what normal is.

MERYL: Wow. That's that's crazy. Although it was interesting. I was listening to, I'm not surprised I was listening to on, I can't remember her first name. I'll have to send you that this link also, but there was a woman who was being interviewed. An MIT professor.

Who's done a lot of work in the area of glyphosate, right. And that glyphosate, which is that weed killer, the Roundup stuff that everybody sprays. And that not only have the levels of obesity risen in, in the same rate as glyphosate, as glyphosate use has gone up, obesity levels have gone up.

I wouldn't be surprised. And, and there's many, many other links to glyphosate use, including cancer. And they know that there's actually a direct correlation to non-Hodgkin's lymphoma and glyphosate use. And so I wouldn't be surprised if infertility was in the mix there, because we know that other amphibians that are exposed to things like glyphosate end up.

With these wacky, genetic offspring and they, they produce, they can't reproduce. So I I, I think the environment also, not only our food, but the environment as a huge impact

on fertility,

MIKE: I think it does too. And I think unfortunately in this in this world, **Our environment has changed and our sperm counts are dwindling**.

You get it. I mean, it's unfortunately not a thing of just science fiction movies where sperm counts are dwindling. Right? It's not a thing of the Handmaid's tale or sperm counts are literally dwindling, but it's very different. I think that maybe people don't know why. That they've decreased the normal level, but it makes no sense to me that 20 years ago, normal sperm count was 25 million and below and above and now normal sperm count is 15 million

MERYL: Yeah, I think, yeah, I think there's no coincidence there, but you know, we don't have time to get into the whole big pharma, big food, big government debate.

So yeah, I agree.

MIKE: I just, I just work here. I just do what I'm told. They want to tell me that normal is 15 million. It's above my pay grade. To argue with them.

MERYL: Right, right. Yeah. But it is a shame. I mean that and we see that across the board with a lot of, a lot of values I have people coming in here thyroid is a perfect example.

The range is so broad right now. because insurance companies don't want to cover people that are in the, that are really in the therapeutic range is one to 2.5, which is normal thyroid rate. And, and yet you go look on any lab and it's 0.4 to like 5.0. Like there's nothing normal about either, either sides of that, you know?

So so yeah, it, that I do have a, an issue with and But again there are things that we can control and things that we can, if you can't control it, at least how do we, how do we circumvent the system so that we can help, help people and support people who do want to have families, right.

Who, who struggling. And, and I was, my next question was going to be, has that number gone up and clearly, as you said, right, you're seeing more and more people coming in with infertility.

MIKE: Yeah. I mean, I don't know if it's because as you know, just in general, like I'm the only guy I believe that really does what I do in my area. Right. Like I'm fellowship again. There are **very few people fellowship trained in male infertility out there**. And so maybe people are just hearing about me more, but I'm happy to take care of them, I'm happy to help.

And yeah. You know, it's, **doctors going into medicine for different reasons. And I feel like the ability to help people have kids is in my opinion, one of the best reasons.**

MERYL: Absolutely. I mean, yeah, that's for sure. Right. What's more rewarding, rewarding than that. Has anybody named their kid after yet?

MIKE: It's funny because it's one of the things that I said in my Survivor interviews? You know, full circle was one of the guys, one of the guys on survivor was this guy, Ethan. And now have you ever heard of Ethan? Zohn he wants survivor, like the third survivor, like 20 years ago or something.

And my son is now named Ethan But their joke was that the guy from season two named Colby and now all the dogs, are named Colby. So some people get kids named after them. Some people get dogs named after that. You just I don't know. Right.

MIKE: Oh, that's I, yeah, I don't know. I think the kid I'd vote for the kid then the dog, but you know, maybe, maybe it's an honor either way.

So so I really appreciate this conversation. Any, any last parting thoughts that you'd like to share with our audience? No,

MIKE: thank you for having me here. This was, this was great. I'm happy to come back whenever you want. And we're just here to help. You know, and I think that's a you're not alone when you're dealing with these issues, whether you're to stop low testosterone can also cause depression and sadness and anger and mood swings, so it can make it so that you feel like you can't get along with anybody.

And s**ometimes just by fixing hormones, it can totally change your life around.** And when you, when you help some guys like that,

MERYL: you know, that's so true. I, I say to women all the time and I don't think men get this enough. I think we talk a lot of we menopause gets a lot of conversation and I just think again, men just don't bring it up. Whether they're embarrassed or for whatever reason, right? They they don't, and I feel like it is a conversation that needs to be had, because **I think there are a lot of men, young and older who are really suffering in silence because they don't know what to do, and they don't know who they can turn to**.

And they don't know that there's options. Right. And so thank you for doing the work that you do because it really, yeah. I think men do need to know that they, they they can, they're not alone and they can, I can get help. So thank you so much for that. And the work that you do do and you

are, and,

and you're all over Broward county.

Like people can just Z urology look you up

MMIKE: kind of thing. Yep. Pretty much. We have, we have four offices. There are six doctors, I think four, PA's say we have 10 providers all happy to help.

MERYL: Great, great, awesome. Well, Dr. Mike, it was a pleasure. Thank you so much. And I we'll look forward to connecting with you soon.

MIKE: Okay. Thank You.
MERYL: All right, everybody. This is your Rebel Nutritionist signing off. Make it a great, great day until next time.
Dr Mi