

# THE ANABOLIC DOC RAW AND UNCENSORED

BY THOMAS O'CONNOR, M.D., M.S.



# DESPERATELY SEEKING ADONIS

This month, I have decided to dive deep into the seas of the limbic brain (animal brain) of the lifter! I feel it is necessary to discuss the basic origins of our drive to be "muscle-heads." After all, that's what we are. The cart before the horse— in my medical world in trying to figure out why are my "muscle mania" patients so hell-bent on being "BIG," despite, at times, failing health. WOW!! And hey folks, I'm right here in the trenches with you, as I soul-search for the deep motivations of why I do what I do. I mean, I'm the Anabolic Doc. OMG!! So, sit back and enjoy our journey deep beneath the cerebral gray and say hello to the amygdaloid nucleus!!

This is the region in our deep, dark low-brain that is responsible for our primitive drives: food, anger, sex and root components of our personalities. Here is where the lifter lives, drawing on many of these primitive drives as he lifts and lifts BIG!! For as he grows, he has a sense of well-being, although short-lived, only to repeat and repeat. It seems like this type of "lifting system" becomes futile, as the lifter becomes dissatisfied with his progress and develops an insatiable appetite for muscle mass and to be "freaky."

Is this not true?? Look what is happening— I'm not saying I don't love to be "bigger," but is it "normal"?? I ask the basic question of "Why?" and come up empty every time. So, let's try to characterize this practice of being "BIGGER" in terms of some well-known psychiatric literature, presented as "The Adonis Complex."

## ADONIS

Greek mythology tells a tale of Adonis. Conceived as a result of an incestuous relationship, this handsome young man lived much of his short life in the underworld, manipulated by others and ultimately, his own narcissism. To some, this is a similar plight, currently burdening the shoulders of many men who lift weights to live!

I am not that pencil-necked geek, ridiculing my brothers-in-iron for what they do, but I do care for their hearts and feel responsible for understanding their deepest drives!! After all, my cure will be more potent if I own the whole "man." The Adonis Complex, or muscle dysmorphia or bigorexia, is a disorder in which a person becomes obsessed with the idea that he is not muscular enough. Those who suffer from muscle dysmorphia tend to hold delusions that they are "skinny" or "too small," but are often above-average in musculature. Sometimes referred to as bigorexia, reverse anorexia nervosa, or the Adonis Complex, muscle dysmorphia is a very specific type of body dysmorphic disorder.

In this disorder, a person is preoccupied with thoughts concerning appearance, especially musculature. Muscle dysmorphia is strictly connected with selective attention: individuals selectively focus their attention on perceived defect (too skinny body, underweight etc.). They

are hypervigilant to even small deviations from perceived ideal and they ignore information that their body image is not consistent with reality.

There is also a hypothesis that individuals repeat negative and distorted self-statements concerning their appearance to such extent that they become automatic. Muscle dysmorphia influences a

person's mood, often causing depression or feelings of disgust. This is often connected with constant comparing of a person's body to an unattainable ideal— and most notably, for us here in "muscleland," the use of anabolic steroids!! To an extent that one's health is undermined!

Regardless, if you agree that the "Adonis Complex" is real or not,

and to what extent you may have this condition, I can tell you that so many men (and a few good ladies) are using AS and training so intensely that their whole life revolves around training sessions. This is despite failing relationships, economies and at times, health!!

The ultimate question is happiness and health. And I can tell you to my amazement, that I see so many men so happy to continue to lift "BIG" that I have accepted that the "disease" of "lifting" really does exist, but so DOES THE HAPPINESS AND SATISFACTION it brings.

With this paradox, I feel whole in my actions, as the physician to these special people. And I will continue in my "protec-

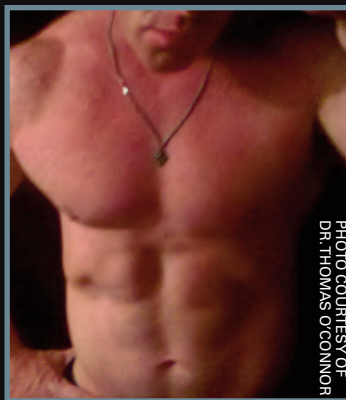


PHOTO COURTESY OF  
DR. THOMAS O'CONNOR

# THE ANABOLIC DOC RAW AND UNCENSORED

## 1/3 VERTICAL NON-BLEED

tive" role as caregiver to the "BIGGEST AND STRONGEST ON THE PLANET," because in the end, we are all just slaves of our limbic wiring and to my brothers-in-iron, I get it!! And with this capitulation, I say, please address your medical issues and stay as healthy as possible, so we can grow "BIGGER" for as long as possible!!

### STAYING STRONG AND HEALTHY

Now it's time for some medicine. In light of the above resolution that we really "lift to live and live to lift," let's get down to some of the basic tenets of my medical world, so we can do just that!! In the June issue, I discussed what I called "Lifters Endothelial-Cardiomyopathy (LEC)," a classic syndrome that I have characterized over the years related to heart disease of the lifter, not to mention stroke. If I can prevent this from happening to you, I have done my job!

In review, this condition is secondary to AS use and related hypertension, abnormalities in lipids and direct effects on the inner arterial wall of our blood vessels. I know I hammer on these features over and over, but for good reason. These component parts will 100 percent lead to your demise and it is relatively easy to treat these medical issues.

Let's start with hypertension or your "BP" I would say this is the most important of the sub-parts of LEC. Optimal BP is less than 120/80. Not 120/80!! How many of you knew that? So, if your BP is not "optimal," please work on this. Now, if your BP is, say, 128/84, just monitor it closely— but if your BP is over 140/90, you're in the danger zone and need to address this.

The most obvious and first thing you can do to bring your BP down is to discontinue AS or cut the dose down. I do this all the time for my patients. And it is true that certain types of AS will be worse than others in regard to BP, so be careful.

Now, I'll give you some of my secrets of what medications I use on my lifter/patients for BP control. PLEASE FEEL FREE TO BRING THIS INFO TO YOUR DOCTOR. I love being a doctor and never want to disparage other physicians, but the fact is that I have made a sub-specialty out of caring for lifters and know what meds will be tolerated and which ones my lifters

will not take because of side effects; for example, feeling tired, dizzy, weak and of course, sexual side affects.

So, when I am prescribing medications for BP, I usually start with what are called ACE inhibitors; for example, Lisinopril is a great drug and I like to use it BID (every 12 hours) vs. once a day. This will provide smother control and less dizziness. Another great drug is Amlodipine, a calcium channel blocker. The combination of these drugs has been shown to be superior to other anti-hypertensive drugs in outcomes in heart attacks and death!!

Another class of BP meds I use are the ARBs (Benicar). Similar to the ACE class, these meds will control BP, protect the heart and kidneys (a whole other write-up!!) and not take your Johnson into the tank!! SEX IS IMPORTANT AND THAT IS ONETHING I CAN PRESERVE IN MY LIFTER PATIENTS!!!

One medication you should not be on if you DO NOT HAVE FRANK HEART DISEASE is a beta-blocker!! Many of my brother docs do not know this!! So do ask your doc about this. Diuretics are a very important class of clinical meds that we have used for many years with hypertensive patients. I still use these meds in my special lifter patients, but we have learned that certain types of diuretics, called thiazide-type, can cause "metabolic" derangements that we do not like in regard to the lipid panel and glucose; they even "dry" out the kidney to such an extent that I have moved away from these drugs.

Let's not forget the simple, "behavior" things you can do to control your BP. Try to keep your salt intake to less than 2 grams per day. And, I know many of you are "cardio-phobic," but if you can do just 25 minutes of cardio on four or more days per week, your BP will come down and your heart will be happy!!! In the next edition, I will discuss the lipid issues related to the "lifter" patient.

Thank you, to my many fans who read this column and e-mail me every day and to those of you who have joined my special medical practice. Business is good and I have never been happier as a doctor. Once I am at my capacity (getting there!!!) I will expand the clinical office out of CT. Stay strong and healthy. ■