

BY THOMAS O'CONNOR, M.D.



TRIBUTE TO NICK: ANABOLIC BLOOD CLOTS



PHOTO COURTESY OF THOMAS O'CONNOR, M.D.

OK, let's roll! This month's Anabolic Doc preaching will be dedicated to the spirit of a very special man, **Nick Winters**. For those of you "out of touch" with the happenings deep inside the "lifter world," Nick was a very strong, sweet dear man who died at the ripe age of 29 on November 2, 2010. I did not know Nick personally, and my deepest sympathy goes to his family. Of course, everybody wants to know how he died and what happened. I have no idea what really happened to Nick, and this write-up in no way has any relation to what Nick did in his life— it is simply a very good opportunity to discuss a very important medical topic.

The cause of Nick's death is none of our business, but the "talk on the street" was that he died from a "blood clot." In the days after his death, I received so many e-mails and calls about this that I decided to write a comprehensive document about the relationship between **anabolic steroids (AS) and blood clots**. This topic is not esoteric to me, but to the average bear, including well-trained physicians, it is. It is a sad truth that millions of people are using AS— and the medical community continues to ignore this fact! We know a hell of a lot more about the retina of the common fruit fly than even the basic mechanisms of how AS work— not to mention how they cause disease!

Maybe if I can show that there is a lot of \$\$\$ to be made treating AS users, we can get some \$%#\$#@ attention!

This is why you all have me, and it is very clear that God has placed me in this position to end this ignorance. He said to me last week, "I will let you bench big, as long as you stay humble and take care of the 'lifters' of the world." He reminded me of how "jacked up" all of Michelangelo characters were, and that he wanted Michel to be the **Anabolic Doc**, but thought the world was not ready yet!! Then he sighed and said he let the Nazis invent anabolic steroids, so he could blame all this shit on them and then he closed with, "You are the Anabolic Doc, go forth and get huge and stay healthy!!" I swear, he said this to me and then he let me **bench 510 pounds for a new PR at 46 years old!!! NO JOKE!!** So, I will ask you to strap in, crank up the IQ and if you've got attention deficit disorder (ADD), ask your doc for a tad more Ritalin! Here we go!!! Pay attention!!

You all know that I hammer on staying as healthy as you can during your quest for "**hugeness**," and I have made a medical career out of caring for "lifters only." It's been a few years now, and the more I practice this special type of medicine, the more I realize how limited we are as physicians and just how fascinating it is to be a healer in this day and age! I want to disseminate as much "healing" as I can, and this document should be copied and spread all over the world— so please tell everybody you know about this data, especially your Doctor!!

The term "**blood Clot**" refers to when our blood clumps together and then causes a blockage somewhere in our body's blood vessels. The medical term is called "hypercoagulability," and this can happen in the arteries or the veins. When clots form in the veins, the term is known as Deep Venous Thrombosis (DVT)— you may have heard of this after someone flies on a plane and has a swollen lower leg and sees a Doc and is diagnosed with DVT. The risk is that the "clot" will progress up to the lungs and cause a "pulmonary embolism" (PE). This is a deadly medical condition, and we also see a lot of PE in our hospitalized patients. This may have been what happened to Nick, but again, I have no idea. But when I heard "blood clot," the first thing that came to mind was a **massive PE!!** I have not seen this in the "lifters" I care for, but when it comes to "hypercoagulability" and AS, we have to think of the more common, "arterial clot" AKA, "Thrombosis"— heart attack or stroke! Now this is my "bread-and-butter," and I will attempt to elucidate the common mechanism-of-action relating the various factors that unite both venous and arterial clots.

Still with me??? Now, the mechanism of DVT/PE and arterial thrombosis is very well studied, but the relation to AS is not— so I will discuss what I have seen and studied in my practice and try to make the recommendations very straightforward. Remember, **THERE IS NO SINGLE COMPREHENSIVE DOCUMENT ON EARTH THAT I COULD FIND DISCUSSING THE REALATION OF AS AND HYPERCOAGULABILITY, SO THIS WILL BE THE FIRST!!!!**

The hypercoagulable state is reached through different means when it comes to the arteries and veins, but we know for sure that on the arterial side, the basic components of The Metabolic Syndrome— hypertension, diabetes and lipid abnormalities— play the main role.

Have I mentioned these issues to you before?? LOL. We see additional and synergistic medical issues for AS users such as... here we go!!!!... polycythemia (see heavy duty blood Anabolic Doc column in past)... low HDL... high LDL... labile hypertension (causing adverse sheering forces on the endothelial lining)... an increase in "pro-inflammatory" cytokines (blood products produced in the liver and the endothelial lining of the blood vessels) including an increase in hypercoagulable factors and a reduction of natural anti-coagulants... increased oxidative stress to the endothelial lining... adverse renal function... nephrotic syndrome and loss of protective blood proteins (see Anabolic Cardio-Renal Syndrome Anabolic Doc column in past)... elevated estrogen (when on AS, one's estrogen levels are proportionally elevated in a dose-dependant fashion— which has been shown to be a well known cause of blood clots— this we know from studies on women and HRT!!... in men, AS abolishes FSH and LH and there is literature that clots can be created... direct adverse affects on the endothelial lining and myocardial tissue by AS and what I call "mass affect" on the body— which means that when you are "big," the hemo-dynamic physics all get worse and all the above variables are more heavily weighted!!! For example, left ventricular hypertrophy is a classic known risk for MI and CVA (heart attack and stroke)... and let's not forget to mention Obstructive Sleep Apnea (OSA)— did you realize that AS can cause and worsen OSA?!!! WOW, there it is.

Now, what can be done about all of this?? First of all, **DON'T USE AS IF YOU DON'T WANT TO TAKE THIS RISK!!!!** And if you do decide to use AS, beware!!! What should you do? **SEE A DOCTOR AND BE HONEST, HAVE A GOOD HISTORY AND PHYSICAL EXAM!!** Including a detailed family history regarding "hypercoagulability" as it relates to your mother, father, sister, brother and children. There are well-known, common genes and "family conditions" that cause clotting, for example; Factor V Leiden is the most common, prothrombin gene mutation, deficiencies in Protein S, Protein C, antithrombin and rare cases of dysfibrinogenemias. If you are not sure your Doc is on the ball with all of this, see a Hematologist.

As far as what you can do to reduce the natural risks discussed above— keep doses down, treat hypertension, poor lipid profiles (any of you who know what I do, realize that I am the GURU in regard to treating lifters for hypertension and adverse lipid panels!! And I can get almost anyone to goal!!! **Stop bragging, Dr. O...OK—sorry**). Next, check your labs for polycythemia!!, liver and renal function, lipids, and low vitamin D. And I am not your Doc, but consider low-dose aspirin (very controversial now, and not simple!!! Needs to be done on a case-by-case basis!!), treat low vitamin D, try CoQ10 and fish oil... increase your cardio!! Stop whining and just do it and as for wine... consider having a class or two daily!!! HA, HA.

Well, that's it!! And **God bless Nick— RIP**, my sweet Brother of Iron. Hope this helps save lives!! Next month, I will respond to one of the many great e-mails we receive here at MD, to the attention of the "Anabolic Doc." I think after all this "**heavy medicine**," we will discuss something equally important— **The BALLS**— and I will try to make sense of the HPTA and all those men out there with the "**shrunken ball syndrome**." And most importantly, I will give you my medical secrets on this topic and spill the medical beans on what you can do about **your BALLS**... get ready for another interesting "real" dialogue with the **Wild, one-and-only ANABOLIC DOC**. Until then, my dear Muscle-Heads...

Stay Strong and healthy,
Dr. O ■

1/3 VERTICAL
NON-BLEED