

THE ANABOLIC DOC RAW AND UNCENSORED

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ANABOLIC BALLS

WAKE UP, FOLKS— it's time for the Anabolic Doc's shock and awe!!

I think I will open up with something new— **ANA-BOLIC E-MAIL!!** Here at MD, we receive some really cool e-mails and I will dedicate this edition to answering one of them via the pages of the Anabolic Doc. I figured the first edition would be about something that we all care about... **OUR BALLS!!!!**

The e-mail opens with a man describing that he has been on long-term HRT, and now realizes that his testes are atrophied and he wants to do something about it! He goes to his Doc who either wants to do nothing about this, or knows nothing about what to do— so he is referred to a urologist who also knows little relating to **"ball health"** while on a basic HRT regimen. The Doc's male nurse reads up on this on the Net, and comes up with some random HCG and Clomid regimen... so the guy, with nowhere to turn, dials-up his local **Anabolic Doc** for help... so here it is, buddy— hope it helps!!!!

This guy goes on to describe his pain regarding the feebleness of the doctors, and even pharmacists' bitter ignorance regarding this "esoteric" medical topic. And this man is only on common

HRT... not AS!!! Now, I am not Bill Llewellyn (God, that guy knows a lot!!) when it comes to the academic details of anabolic steroids/PCT, but Bill is not a medical physician and does not know the real clinical world that I live in, day-by-day!!— and how to really manage "medical-grade" PCT from U.S. pharmacies and review clinical laboratory data for real men on AS— or balance long-term HRT with PCT-related medications!! Actually, there is no one on earth who really does!!! I do this regularly, and when I can get a man off AS, I make sure I do!! And what is at the root of PCT, you ask?? Drum roll, please... **THE BALLS!!**

So let's discuss the physiologic and clinical nature relating to this **"testy"** subject and see if I can help this man!! First, a little back-to-basics Physiology 101. Testosterone production occurs predominately in the testes, and with a small contribution from the adrenal glands. The production of testosterone begins via the release of gonadotropin-releasing hormone (GnRH) from the hypothalamus (in the head), which circulates through the hypophyseal-portal system to the anterior pituitary. Once in the anterior pituitary, GnRH stimulates the release of

luteinizing hormone (LH) and follicular-stimulating hormone (FSH). LH released into the circulation reaches the testes and stimulates the Leydig cells to produce testosterone. Of course, all of the good students of the Anabolic Doc knew this pedestrian data. What you may not know is, how do you manipulate this fragile model to maintain "normal" function after throwing an **anabolic monkey wrench** into the works?!!

What I mean is, when a man does a cycle of AS and/or even HRT, his brain sees the "introduced androgen" as foreign and/or excessive (we know this now, because even restoring low levels of T, we see a disproportional decline in central gonadotropins)— very interesting!! The problem is that without the regular influence of LH and FSH, the Leydig cells (and other cells of the testes) go to sleep and reach a point of no return— called apoptosis-programmed cell death! Clinically, I see the result of this manifest as either infertility and/or testicular atrophy— **Small Ball Syndrome!** Any man who has used AS routinely or has been on HRT for a while knows exactly what this is and aside from the infertility, usually just deals with it. For those out there who want to do something about this, I will explain the limited therapies that are available.

Human chorionic gonadotropin (HCG) is a LH analog and binds and stimulates the Leydig cells to initially grow and produce testosterone. Seems great, but I can tell you that apart from the positive effects of fertility, which are outstanding, the sustained clinical effects on keeping the testes "normal size" while on/off AS and on prolonged HRT won't last!!!! And if you start HCG too late, when the testes are already "long gone," the effects are minimal at best. So, the take-home message: run HCG tight with AS— either concomitantly or with PCT— and when starting HRT, consider running HCG concomitantly and with trial periods off during the year.



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Clomid is weak in my opinion, and not to be run long-term with HCG. As for our e-mail fan, you are probably beyond the point of return for your testes— sorry. I have heard of guys going for testicular transplants and even Botox!!! Crazy stuff, but shit, these are the boys...oh, I mean the balls!!!!

Time for a little accounting, grounding and thanks! Let's see, I have been your "Anabolic Doc" now for almost 18 months now!! Wow, time does fly when you're having fun— and I can never get tired of writing these **"wild and medically spiritual" articles!!!!** I heard that some writers have a tough time coming up with material to discuss; for me, pontificating about anabolic issues gets easier and easier! **That's because I have the coolest patient group known to man!!!** Yeah, I see a lot of serious shit, but most of it is preventable and the men (few special ladies!!) I care for really, NO, I MEAN, REALLY!! APPRECIATE what I do for them. This is what a transplant surgeon feels like, without the sick hours in the O.R. or the Med Mal (medical malpractice) insurance bill!!! LOL!! Honestly, I want to thank you all so much from the bottom of my heart for all of your support!!! I wrote something that I would like to share with you all— the title says it all!!!

METABOLIC DOC—THE LUCKIEST DOC ON EARTH!!

I dedicate this to those who "don't understand or know what I do." Maybe this will help you.

I am so busy now caring for **"lifters"** in my unique medical practice; no physician has ever launched anything like this, ever! At least not in over 100 years!! I have created a **monster!!** It was not long ago that I submitted my first article as the **Anabolic Doc**, and I would like to underscore that I am not here to show off, prove any points, or **"get in anyone's face"** about what I do— and today was one of those days that I considered, deeply, what I do. It was a day of poignant memory and gratitude, as I was presented with two gifts. The first gift was another "lifter patient" from the Midwest who made the trek to see me and the other gift, from an old friend, was a picture of me, back in the day— circa

1984, when I was about 230+ pounds, 20 years old and ripe with the **Adonis Complex**. Boy, I looked like shit! My face was so fat that I almost could not believe it was me— and what the hell was I thinking?!!

But I remember exactly what I was thinking... **all I was thinking about was being big!!! And lifting BIG!!**— back then, at the **old-school "townie" gyms** I trained at outside Syracuse University. It was there I remember, I was an impostor student on "The Hill," because all I really wanted to do was to go to the gym and squat more or at least weigh more that day!! Forget the nights waking up to eat half sticks of butter, not to lose weight!!! Boy, was I ill. I wanted to be a "lifter" and I would do almost anything to be accepted and respected by the ones I trained with. Back then, getting an "A" from the biggest guys in the gym meant a hell of a lot more to me than some pencil-necked, ascot-wearing flake/professor who was ripping apart my writing... life in the gym was tough! These were the days, when I spent a hell of a lot more of my day in the gym than the library. Over the years, that behavior has changed. At least on most days!!

And today, as I examined my new patient, (just like me, back in the day— although much larger, stronger and better-looking than I was then... Ha, ha), I had the sober sensation of **"heal thyself!"** WOW!!!! Hence, the gifts!!!

As I was wheeling out my ECG machine to check his heart, I had to stop in the hall for a moment and take a deep breath and shake my head!!!

Get it?!

Now I have balanced my days in doing what I love and what I have been trained to do, with the same passion and with the same people!! And I spend it with mostly men (more women coming!!... thanks), the likes of whom I used to train with back in the day— and we talk about lifting, share stories, and I get to heal!!! The brothers and sisters of iron!! Finally, I get to give back to my people!! **Because it's not about steroids (jackass) or what any one thinks is right or wrong... it's about healing those you truly love and respect.**

Stay Strong and Healthy,
Dr. O ■

1/3 VERTICAL
NON-BLEED