

THE ANABOLIC DOC RAW AND UNCENSORED

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HEAVY-DUTY BLOOD IS NOT COOL, MAN

HARDCORE MEDICINE, CLINICAL VIGNETTE SERIES

The last time I ran this in MD, I had a great response and even received a few calls from some well-respected cardiologists in the USA!! I am very humble about receiving their warm support, and I sincerely thank these docs for their input and respect. This should send a very loud message to all of you who are living in fear of "what you are doing with anabolic steroids (AS) to your body," that there is real hope. At least you can have a dialogue with decent doctors one day. As I say, time and time again, it's not that our "docs" are downright "prejudiced to the lifter patient." It's more accurate to say that they are "unenlightened" to our "lifter culture" and therefore, act in a defensive manner. In the end, the enhanced and unenhanced lifter has suffered immensely. The end with this act, I say!! And with this, let's look at another very interesting, esoteric, yet commonly-occurring medical problem I see every day in men who use AS. I will call this vignette "The Case of Heavy-Duty Blood."

Disclaimer: none of my "clinical vignettes" represent any one man or woman in particular! I construct a "classic case" from the many, many patient experiences I have had over the years and "meld" together a case that represents a "medical theme." I do this to illustrate a bold point for all of you who use or will use AS— and for those who will never have the services of the "Metabolic Doc" physicians to protect them. In the end, if you learn something that may save your life, I have done my job well.

Chief Complaint: 37-year-old man (JC) has used AS for seven years and was found to have an abnormal CBC (complete blood count) after seeing his doctor.

History of Present Illness: Over the last four months, JC



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OK, Anabolic Doc fans, enough with my trash-talk and antics!! It's time to take off the super-duper phenom, put the bottle of Nose Tork down, take a shower and open up the clinic!! No worries— for those of you who enjoy the "street side" of me, many more bombastic rants will occur as I continue to take over the Connecticut State Bench Press records in the A.P.A. at the 198 and 220 weight classes, Masters division. At the time of this writing, I smashed 500 pounds easily at a weight of 197 pounds. Now that I'm getting older, I can take advantage of unbroken records!! Hey, I'm even planning a "FIRST ANNUAL METABOLIC DOC'S BENCH PRESS FOR "CASH AND ANTICS" this fall/winter. Stay posted!!

Medications, Including AS, Supplements and Past Medications:

At the time of my history, JC was on testosterone cypionate 400 mgs IM q week and Deca-Durabolin 300 mgs Im q 5 days. He has been on this dose for about two months. In the past two years, he has been on as high as 1,800 mgs of testosterone per week and has used multiple and different types of AS including Dianabol, Anadrol-50, Finaplix, Masteron, Equipoise, insulin and HGH. He ran PCT

has presented with frequent headaches, blurred vision and general malaise. He has been using AS for many years, and just completed a very long cycle consisting of several IM and oral AS. He won his regional bodybuilding show and wanted to see his doctor for his present ailments. His doctor completed some general lab work and found some tests to be abnormal. The most significant was a hematocrit of 57.2 percent. With this, his doctor referred him to a local hematologist. At this point, JC called my office and made an appointment to see me.

Review of Systems: In addition to the headaches that have been waking him up at night, JC complained of night sweats, progressive malaise and general weakness in the gym. He denied chest pain, palpitations or nausea, but did mention he has lost weight, about 20 pounds over the past two months. He also complains of a very poor libido and erection issues.

Past Medical/Surgical History:

Significant for untreated hypertension, abnormal cholesterol panel— with a very elevated LDL and very low HDL, GERD, Gilbert's syndrome, exercise-induced asthma, appendicitis status post-appendectomy at 9 years old, right shoulder scope for rotator cuff injury and chronic low back pain. Status post right quad rupture.

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1/3 VERTICAL
NON-BLEED

with Arimidex, HCG and Clomid. All of these drugs were obtained from "underground" sources. He was on no medications from his doctor.

Allergies to Medications:

Sulfa meds.

Psycho-Social History: JC is single with no children. He is self-employed as a fitness instructor and bartender. He does not smoke and reports occasional alcohol use. He does not use recreational drugs and has no environmental exposures.

Family Medical History: JC's mother and father are relatively in good health, with some hypertension and hypercholesterolemia. He states that he thinks that his paternal uncle has "heavy blood," and remembers that he has to go to the cancer center to have his blood removed from time to time!!!

Laboratory Studies, Tests and Clinical Procedures: CBC indicates clear polycythemia with a hematocrit (HCT) of 57.2 percent and a hemoglobin of 19.4 g/dl. Normal MCV.

- Creatinine of 1.5 and a reduced eGFR of 50 ml/min/1.73m².
- LFTs elevated with a AST of 150 u/l.
- Total testosterone of >3000 ng/dl and total estrogen >300pg/ml
- Urinalysis shows 1+protein
- Heterozygous for the H63D mutation in the HFE gene
- ECG shows sinus rhythm with evidence of LVH (enlarged heart)
- ECHO shows enlarged left ventricle and diastolic dysfunction

Vital Signs: 241 pounds, 6'8" tall. Blood pressure 150/110, heart rate 76 bpm. Waist 43"

Physical Exam: Within normal limits.

Analysis of Case: This case is very common with men who use AS. It allows me to present the real science and clinical medicine related to modern-day use of AS. Over the years, I noted that many Caucasian men presented with much higher red blood cell tests than African-American men using AS. As it turns out, JC and many other men like him are "sensitive" to androgens in regard to their potential for causing "erythrocytosis," the process for overproducing red blood cells. This condition can be deadly!! And it's "related" to hemochromatosis.

Hemochromatosis is a disorder that causes the body to absorb too much iron

from the diet. Hemochromatosis is one of the most common genetic disorders in the United States, affecting about 1 million people. It most often affects people of Northern European descent. The excess iron is stored in the body's tissues and organs, particularly the skin, heart, liver, pancreas, and joints. Because humans cannot increase the excretion of iron, excess iron can overload and eventually damage tissues and organs. For this reason, hemochromatosis is also called an iron overload disorder. In addition to causing heart disease, liver disease and testicular failure, men with elevated HCTs are at risk for strokes!!

JC is doing well now! We had a lot to do and that is beyond the scope of this case presentation. Maybe in the future, I can describe what I did... it was not easy!! Let me know if this is of interest to you.

If you are on AS, please run a CBC!! Like JC, you may have the genetic potential to be "sensitive" to AS and if you are, certain AS can really hurt you!! I would recommend checking your CBC during the "max point" of your cycle. If you feel intimidated by going to your doctor's office, go to my website, www.metabolicdoc.com/, and use my private lab service!! "Know Your Labs" — a CBC is only \$40.30, for crying out loud!! And you will know if you are in danger of an elevated HCT — and you can do some thing about it!!!

Oh, please be careful with the GURUs who may try to help you understand your labs!! I never want to sound like and arrogant S.O.B., but if that person is not a doctor, beware. That would be like asking Mr. Obama to give you advice on leg day!! Ever see his legs??? LOL.

We all know that AS are being used. That part is over!!! I would like to open the dialogue of responsible use to understand the real dangers related to AS. I hope this case has captured your attention and you have enjoyed my real-life clinical presentation. This case represents just one of the many important medical issues related to AS use that I will present to you. In the future, between my rants, I will try to provide salient cases like this — to try to keep you strong and healthy!!

Until next month, DR. O ■