



Anti-Aging, Energy, Wellbeing, and Quality of Life

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ABSTRACT

A balance between anabolic and catabolic therapy is critical if treatment is to be successful. We believe that adding cortisol to balance the use of natural anabolic hormones such as DHEA, testosterone, growth hormone, or thyroid hormone, will help avoid any muscle breakdown or side effects that have ever been described regarding cortisone therapy, and will enable patients to benefit from the energy releasing properties of natural cortisol.

INTRODUCTION

When patients start anti-aging therapy they are usually first attracted to using anabolic therapy such as testosterone, thyroid, or growth hormone because initially they feel good restoring these key hormones, and they are of the belief that building up the body is as simple as just adding a few important hormones.

Steroids (as correctly defined: molecules produced by the body to build and restore) have an anabolic effect, thus meaning that they build muscle, especially if intense weight training is included to stimulate muscular growth. The word steroid has taken on a "street" meaning of something that is synthetic, chemically different from molecules present in the body, and typically at excessive doses beyond what is safe or physiologically correct for the patient. Synthetic steroids are chemically designed to build muscle tissue, because they are less likely to be turned into estrogens by natural aromatization, however there is still a risk of abnormal metabolites forming in the body that may exert dangerous side effects.

The ability of bio-identical hormones to prevent the breakdown of body tissue associated with aging is not as dramatic as synthetic steroid's ability to build muscle. However, the bio-identical route can be more permanent and long-lasting without the dangerous side effects associated with synthetic steroids.

The key to enhancing muscular growth and anti-aging is to modulate hormone needs, get sufficient sleep, eat frequent meals containing plenty of vegetables, fruit, rice, and legumes, and to have heavy and intense training sessions at least 3 to 5 times a week. Furthermore, if the patient is deficient in cortisol they should be given natural cortisol provided by glandular support.

THE MISUNDERSTOOD AND OVERLOOKED HORMONE, CORTISOL

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Cortisol rapidly breaks down fatty tissue, enhances muscular size and strength, and is naturally released into the bloodstream after weight training. Excessive cortisol levels, which can be caused by stress and improper eating, are undesirable, however it is a problem that can be corrected. A very low cortisol level suggests that the adrenal glands are no longer able to produce enough cortisol to handle the stresses of aging. This decline might start because the patient is not getting enough sleep and/or rest during the day, or the exercise plan is beyond the patient's ability. Therefore, it is important to measure cortisol levels.

Licorice root extract can stimulate ACTH (adrenocorticotrophic hormone) to release more cortisol, whilst prescription hydrocortisone can bring cortisol levels back into balance. We suggest the use of a time-release hydrocortisone with 60% methyl Cellulose at 20 mg taken BID. For severe cases of adrenal deficiency and chronic fatigue we also might add Isocort along with Defense factor to support adrenal function.

Over the counter Isocort is a good addition for two reasons. Firstly, dosing is simple as Isocort comes in pellets, with each pellet being equivalent to 2.5 mg of cortisol. The second important factor is that hydrocortisone from the Pharmacy creates unnecessary fear in the patients because the prescription comes with all kinds of false warnings based solely on the addition of other synthetic scripts, for example prednisone. It is true that even at low-doses the synthetic versions of cortisone may cause serious problems when used for long periods, this is because the half-life is too long with synthetic molecules and the action is too aggressive. However, the good news is that the hydrocortisone tablets can be broken (they come in 20 mg tabs) in half or fourths, or you can simply advise your patients to take two pellets of Isocort. It is best to start with 5 mg to 10 mg taken in the morning, noon, and early afternoon.

Teach your patient that it is ok to change the dose under conditions of undue stress or at times of increased hunger, weakness or fatigue. Another sign of cortisol deficiency is the development of cold or flu symptoms. It is perfectly fine to increase the dose of cortisol. In winter we advise our patients to take more Isocort or hydrocortisone (we also increase their dose of thyroid) so that they are better equipped to handle the increased stress of a cold or flu. Conversely, in summer we reduce the dosage of both cortisol and thyroid. The body needs about 40 mg of cortisol to function daily. We can support the body with the addition of up to 30 mg more a day, if needed, to deal with those times of maximum stress. Under those conditions, one might need 20 mg in the morning, 20 mg at noon, and 10 mg in the afternoon. Some people suggest another dosage of 5 mg prior to bedtime. This bedtime dose also can help the patient to waken with sufficient cortisol, and reduce fatigue often experienced by adrenal deficient patients associated with low cortisol levels.

The product Defense Factors supplies the patient with a variety of purified glandular extracts such as adrenal, spleen, liver, thymus, lymph, bone marrow, vitamins A, C, and E, minerals, such as zinc, and herbs, for example Echinacea. There is a need to rebuild the adrenal glands with nutritional support. Other suggestions include drinking green tea instead of black tea, and avoiding coffee as much as possible, since the caffeine over-stimulates the adrenal glands.

The human body needs daylight, much like all other living organisms. We must get sufficient daylight to be able to produce enough cortisol for good health. The sun allows our bodies to produce cortisol. The ideal is to step out in the daylight, so our skin gets at least 15 to 30 minutes of daily enrichment.

Offentimes when patients start taking thyroid hormone, testosterone, DHEA, or growth hormone, they feel hungrier than normal. They might even overeat and gain weight. This is partly because the surge of anabolic hormones will suppress catabolic hormones such as cortisol. This increases the need for cortisol, and if the patient doesn't get enough from their own body's production, they may suffer increased incidence of joint pain, autoimmune suppression, colds, flu, or fatigue.

Remember, cortisol therapy; will support and allow for release of blood sugar, amino acids and fatty acids as the body's metabolism increases. This will allow for better energy, less hunger and greater strength.

Research has shown that frequent snacks eaten every hour – up to 17 a day – compared to the same food and calories eaten only three times in a day dramatically reduced the urine output of cortisol by nearly 20%. This reduction in cortisol output is of great significance to those interested in slowing the aging process, bodybuilders and athletes. This is further proof that cortisol is an important hormone that regulates energy output and defends the body during times of stress. People who are deficient in cortisol, or unable to manufacture enough, will often feel hungry even after they eat large quantities of food. Surprisingly the addition of small amounts of cortisol, especially in time-release format, taken two times a day, will often help such people control their hunger better.

Emotional outbursts, the need for drama, or addictions, can often be traced to cortisol and or thyroid deficiencies, according to Dr Suzie Shudder, a psychiatrist practicing in Newport Beach, California. She believes that testing for cortisol deficiency and the additions of the correct hormone modulation may help literally tens of thousands of individuals who are struggling to live normal lives.

Cortisol Lab Testing

We suggest that you obtain lab tests for saliva testing for cortisol, at morning, noon, and afternoon. It is also important to get 24-hour urine tests for cortisol and its metabolites, and to take a history for questions associated with cortisol deficiencies and excess. These questions can be obtained by visiting www.ultimatemedicalresearch.com and taking the wellness survey for the cortisol section (both deficiency and excess sections).

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ABOUT THE AUTHOR

Nick Delgado, Ph.D., CHT is a media personality, international speaker, lecturer and researcher in biochemistry and endocrinology with a focus on balancing the physiology of aging as related to the new field of stem cell research. Dr. Delgado graduated from the University of Southern California continued his studies at Loma Linda University, and California State Long Beach and at Rancho Los Amigo Hospital, USC.

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