



HEALTH & WELLNESS / LIFESTYLE

Giving Testosterone Levels a Boost (Part 3)

A THREE-STEP EXERCISE / NUTRITION PROTOCOL TO MAXIMIZE HEALTH.

Kyl Smith, DC

Step 1: Eat a Low-Glycemic, Antioxidant-Rich Diet

Since testosterone and insulin status are inversely correlated,¹⁻¹⁰ it's important to keep insulin low so testosterone will remain high. Understanding the [Glycemic Index](#) (i.e. which foods raise glucose and insulin concentration, and which foods don't) becomes an important key to managing and boosting healthy testosterone.¹¹⁻¹²

Patients often ask, "What is a high Glycemic Index (GI) food?" A good answer is, "Any food that spikes/increases insulin and blood sugar is a high GI food." Table sugar (sucrose), for example, and anything that contains it will rank high on the GI scale. Foods made with refined flour and processed grains (white bread, pasta, white rice) or high GI sweeteners (such as honey, corn syrup) will spike blood sugar as well.¹³⁻¹⁴

Conversely, whole foods, including most fruits and vegetables (with the exception of white potatoes), have a much milder impact on blood sugar and insulin. As examples: low-GI foods (such as chickpeas, lentils and barley; leafy greens like spinach and lettuce; and fibrous vegetables like broccoli, cauliflower and asparagus) produce very small increases in plasma glucose and insulin concentrations.¹³⁻¹⁴



Reducing the glycemic index of an individual's diet for just four days,¹⁶ seven days¹⁷ or 12 weeks,¹⁸ produces an increase in the individual's insulin sensitivity and a decrease in the fasting plasma insulin concentration. This means that in as few as 4-7 days, an individual can improve insulin sensitivity and decrease insulin levels, and thus generate the internal chemistry that encourages healthy increases in testosterone production.

Eat more antioxidant-rich foods: Free-radical production (a deficiency in antioxidant status or an excess of oxidative stress) ties right into healthy testosterone, as emphasized in this quote: "Aging is accompanied by reduced expression of anti-oxidants in **Leydig cells** leading to excessive oxidative stress and enhanced oxidative damage (lipid peroxidation). It is postulated that such excessive oxidative insult may contribute to the observed age-related decline in testosterone secretion by testicular Leydig cells."¹⁹

In other words, testosterone is tied directly to healthy antioxidant status of Leydig cells in the testes.¹⁹ Thus, significantly increasing consumption of dietary antioxidants and nutritional supplements that deliver potent antioxidant protection from free radicals is another key to increasing testosterone. (For this purpose, be sure to see the many benefits of astaxanthin and pomegranate extract in step #3 below).

Step 2: Exercise With Intensity

A single bout of high-intensity exercise (cycling,²⁰⁻²⁵ running²⁵⁻²⁶) to exhaustion or near-exhaustion produces an immediate short-term increase in whole-body insulin sensitivity in healthy, untrained men. For example, when men exercised on a cycle ergometer for 30 minutes at a high-intensity workload, post-exercise insulin sensitivity was significantly greater than pre-exercise insulin sensitivity.²⁰

Conditioning regimens as short as seven days are effective.²⁷⁻²⁸ However, make a note: The exercise-induced increase in insulin sensitivity is negated or abolished in overweight men who continue to consume high-GI diets.^{26,29} So, diet and exercise work hand in hand to decrease insulin and set the stage for increases in healthy testosterone.

Exercise increases testosterone (and cortisol): A number of experiments have examined the simultaneous acute effects of an exercise bout on cortisol and testosterone physiology in men. In these experiments, a single session of moderate- to high-intensity exercise (weightlifting,^{30-31,34-39} jump squats,³⁴ rowing,³⁷ swimming,³⁷ cycling³²⁻³³) to exhaustion or near-exhaustion produced immediate short-term increases in serum cortisol and both total and free testosterone concentrations,^{30,37,39} in healthy untrained^{30-34,38,39} and exercise-trained men.³⁵⁻³⁷

Step 3: Take Specific Nutritional Supplements

Science clearly shows that excess cortisol is the enemy of testosterone. If a man is psychologically stressed (stress at home, work, finances, family, etc.) or physically stressed (as with physical work or exercise), excess cortisol derails his ability to generate healthy increases in testosterone.

As you've seen, diet and exercise are the first two foundational steps to create the environment for healthy, abundant testosterone to be produced. In addition, there's a third factor that can naturally control aromatase and excess cortisol, and increase testosterone: a group of targeted, science-based nutritional supplements.

1. *Phosphatidylserine reduces the "stress response," decreases cortisol and increases testosterone:* [Phosphatidylserine](#) (PS) has been shown to attenuate (reduce) the endocrine responses to exercise-induced or psychological stress. As examples, daily supplementation with PS suppressed the spikes in serum concentrations of ACTH and cortisol that accompanied the initiation of cycling exercise in healthy, young, physically conditioned men⁴⁰⁻⁴⁵ and that followed exposure to acute psychological stress in healthy, young men and women.⁴¹⁻⁴²

In a double-blind, randomized, placebo-controlled trial, healthy young men supplemented their diets with either placebo or PS.⁴⁶ Compared to the lack of effect of placebo, 10 days of dietary supplementation with PS significantly suppressed the cycling-induced elevations in serum cortisol concentrations that were apparent in the men in the placebo group. In addition, pre-exercise serum total testosterone concentrations were on average 37 percent greater, and pre-exercise serum cortisol concentrations were on average 35 percent lower, after just 10 days of PS supplementation.

Together, these findings⁴⁰⁻⁴⁶ indicate that supplemental PS interacts with neuronal cell membranes within the human brain to blunt the pituitary ACTH secretory response to hypothalamic stimuli, attenuating (reducing) the secretion of cortisol at rest and during and after exercise,⁴⁷ and releasing the testicular Leydig cells from cortisolemic inhibition of testosterone synthesis and secretion. Based on these benefits, the recommended dosage is 300 mg PS with lunch and dinner (600 mg/day of PS).

2. *Astaxanthin: a premier antioxidant powerhouse:* [Astaxanthin](#) is a red carotenoid pigment belonging to the xanthophyll class of carotenoids found in salmon, crabs and shrimp.³⁴ Astaxanthin exhibits free-radical-quenching potency that is about 100-fold greater than the antioxidant potency of vitamin E⁴⁸⁻⁵⁰ and approximately 6,000 times the potency of vitamin C.⁴⁹

Just 5 mg of oral astaxanthin produces significant increases in the plasma astaxanthin concentration within one hour in men and women.⁵¹ After supplementing their diets for three weeks⁵¹ or 12 weeks⁵² with 20 mg of astaxanthin daily, two groups of overweight men and women exhibited significant reductions in plasma concentrations of whole-body cellular lipid peroxidation and significant increases in measured total circulating antioxidant capacity.

To date, science shows that astaxanthin is a powerful biological antioxidant within the human body.⁴⁸⁻⁵⁷ The recommended dose is 4-6 mg of astaxanthin twice a day (8-12 mg/day).

3. *The amazing pomegranate: potent antioxidant and anti-aromatase activity:* Pomegranate juice, fruit and their extracts contain a large number of phytonutrient compounds, especially punicalagins and ellagitannins.⁵⁸⁻⁶² Punicalagins and ellagitannin metabolites enter the digestive system, where microbial enzymes convert them into a number of smaller, ultra-active "urolithin" metabolites that pack a potent antioxidant and anti-aromatase punch.^{58,64-68}

The publicly available scientific evidence shows that pomegranate juice and extracts are "strong" inhibitors of aromatase,^{65,71} and by inhibiting aromatase, pomegranate juice and extracts can contribute to the maintenance of healthy circulating testosterone and estradiol concentrations.^{69,70} Based on these benefits, take 400-500 mg pomegranate extract twice a day (800-1,000 mg/day).

References

1. Tsai EC, Matsumoto AM, Fujimoto WY, Boyko EJ. Association of bioavailable, free, and total testosterone with insulin resistance: Influence of sex hormone-binding globulin and body fat. *Diabetes Care*, 2004;27:861-868.
2. Pitteloud N, Hardin M, Dwyer AA, Valassi E, Yialamas M, Elahi D, Hayes FJ. Increasing insulin resistance is associated with a decrease in Leydig cell testosterone secretion in men. *J Clin Endocrinol Metab*, 2005;90:2636-2641.
3. Vikan T, Schirmer H, Njølstad I, Svartberg J. Low testosterone and sex hormone-binding globulin levels and high estradiol levels are independent predictors of type 2 diabetes in men. *Eur J Endocrinol*, 2010;162:747-754.
4. Barrett-Connor E, Khaw KT. Endogenous sex hormones and cardiovascular disease in men. A prospective population-based study. *Circulation*, 1988;78:539-545.
5. Simon D, Charles MA, Nahoul K, Orssaud G, Kremiski J, Hully V, Joubert E, Papoz L, Eschwege E. Association between plasma total testosterone and cardiovascular risk factors in healthy adult men: The Telecom Study. *J Clin Endocrinol Metab*, 1997;82:682-685.
6. Wickman S, Saukkonen T, Dunkel L. The role of sex steroids in the regulation of insulin sensitivity and serum lipid concentrations during male puberty: A prospective study with a P450-aromatase inhibitor. *Eur J Endocrinol*, 2002;146:339-346.
7. Kapoor D, Goodwin E, Channer KS, Jones TH. Testosterone replacement therapy improves insulin resistance, glycaemic control, visceral adiposity and hypercholesterolaemia in hypogonadal men with type 2 diabetes. *Eur J Endocrinol*, 2006;154:899-906.
8. Rubinow KB, Snyder CN, Amory JK, Hoofnagle AN, Page ST. Acute testosterone deprivation reduces insulin sensitivity in men. *Clin Endocrinol*, 2012;76:281-288.
9. Kupelian V, Hayes FJ, Link CL, Rosen R, McKinlay JB. Inverse association of testosterone and the metabolic syndrome in men is consistent across race and ethnic groups. *J Clin Endocrinol Metab*, 2008;93:3403-3410.
10. Salehzadeh F, Rune A, Osler M, Al-Khalili L. Testosterone or 17 β -estradiol exposure reveals sex-specific effects on glucose and lipid metabolism in human myotubes. *J Endocrinol*, 2011;210:219-229.
11. Galgani J, Aguirre C, D'Áaz E. Acute effect of meal glycemic index and glycemic load on blood glucose and insulin responses in humans. *Nutr J*, 2006;5:22 (doi: 10.1186/1475-2891-5-22).
12. Brand-Miller JC, Stockmann K, Atkinson F, Petocz P, Denyer G. Glycemic index, postprandial glycemia, and the shape of the curve in healthy subjects: Analysis of a database of more than 1,000 foods. *Am J Clin Nutr*, 2009;89:97-105.
13. Esfahani A, Wong JM, Mirrahimi A, Srichaikul K, Jenkins DJ, Kendall CW. The glycemic index: Physiological significance. *J Am Coll Nutr*, 2009;28(Suppl.):439S-445S.
14. Jamurtas AZ, Tofas T, Fatouros I, Nikolaidis MG, Paschalis V, Yfanti C, Raptis S, Koutedakis Y. The effects of low and high glycemic index foods on exercise performance and beta-endorphin responses. *J Int Soc Sports Nutr*, 2011;8:15 (doi: 10.1186/1550-2783-8-15).
15. Livesey G, Taylor R, Hulshof T, Howlett J. Glycemic response and health—a systematic review and meta-analysis: Relations between dietary glycemic properties and health outcomes. *Am J Clin Nutr*, 2008;87:258S-268S.
16. Krishnan S, Newman JW, Hembrooke TA, Keim NL. Variation in metabolic responses to meal challenges differing in glycemic index in healthy women: Is it meaningful? *Nutr Metab*, 2012;9:26 (doi: 10.1186/1743-7075-9-26).
17. Haus JM, Solomon TP, Lu L, Jesberger JA, Barkoukis H, Flask CA, Kirwan JP. Intramyocellular lipid content and insulin sensitivity are increased following a short-term low-glycemic index diet and exercise intervention. *Am J Physiol Endocrinol Metab*, 2011;301:E511-E516.
18. Solomon TP, Haus JM, Kelly KR, Cook MD, Filion J, Rocco M, Kashyap SR, Watanabe RM, Barkoukis H, Kirwan JP. A low-glycemic index diet combined with exercise reduces insulin resistance, postprandial hyperinsulinemia, and glucose-dependent insulinotropic polypeptide responses in obese, prediabetic humans. *Am J Clin Nutr*, 2010;92:1359-1368.

19. Cao L, Leers-Sucheta S, Azhar S. Aging alters the functional expression of enzymatic and non-enzymatic anti-oxidant defense systems in testicular rat Leydig cells. *J Steroid Biochem Molec Biol*, January 2004, Pages 61-67
20. Hayashi Y, Nagasaka S, Takahashi N, Kusaka I, Ishibashi S, Numao S, Lee DJ, Taki Y, Ogata H, Tokuyama K, Tanaka K. A single bout of exercise at higher intensity enhances glucose effectiveness in sedentary men. *J Clin Endocrinol Metab*, 2005;90:4035-4040.
21. Solomon TP, Haus JM, Kelly KR, Cook MD, Riccardi M, Rocco M, Kashyap SR, Barkoukis H, Kirwan JP. Randomized trial on the effects of a 7-d low-glycemic diet and exercise intervention on insulin resistance in older obese humans. *Am J Clin Nutr*, 2009;90:1222-1229.
22. Magkos F, Mohammed BS, Mittendorfer B. Enhanced insulin sensitivity after acute exercise is not associated with changes in high-molecular weight adiponectin concentration in plasma. *Eur J Endocrinol*, 2010b;162:61-66.
23. Magkos F, Tsekouras Y, Kavouras SA, Mittendorfer B, Sidossis LS. Improved insulin sensitivity after a single bout of exercise is curvilinearly related to exercise energy expenditure. *Clin Sci*, 2008;114:59-64.
24. Perreault L, Lavelly JM, Bergman BC, Horton TJ. Gender differences in insulin action after a single bout of exercise. *J Appl Physiol*, 2004;97:1013-1021.
25. Rabøl R, Petersen KF, Dufour S, Flannery C, Shulman GI. Reversal of muscle insulin resistance with exercise reduces postprandial hepatic de novo lipogenesis in insulin resistant individuals. *Proc Natl Acad Sci (USA)*, 2011;108:13705-13709.
26. Hagobian TA, Sharoff CG, Stephens BR, Wade GN, Silva JE, Chipkin SR, Braun Effects of exercise on energy-regulating hormones and appetite in men and women. *Am J Physiol Regul Integr Comp Physiol*, 2009;296:R233-R242.
27. Richards JC, Johnson TK, Kuzma JN, Lonac MC, Schweder MM, Voyles WF, Bell C. Short-term sprint interval training increases insulin sensitivity in healthy adults but does not affect the thermogenic response to *B*-adrenergic stimulation. *J Physiol*, 2010;588:2961-2972.
28. Winnick JJ, Sherman WM, Habash DL, Stout MB, Failla ML, Belury MA, Schuster DP. Short-term aerobic exercise training in obese humans with type 2 diabetes mellitus improves whole-body insulin sensitivity through gains in peripheral, not hepatic insulin sensitivity. *J Clin Endocrinol Metab*, 2008;93:771-778.
29. Harrison M, O'Gorman DJ, McCaffrey N, Hamilton MT, Zderic TW, Carson BP, Moyna NM. Influence of acute exercise with and without carbohydrate replacement on postprandial lipid metabolism. *J Appl Physiol*, 2009;106:943-949.
30. Tremblay MS, Copeland JL, Van Helder W. Effect of training status and exercise mode on endogenous steroid hormones in men. *J Appl Physiol*, 2004;96:531-539.
31. Fry AC, Kraemer WJ, Ramsey LT. Pituitary-adrenal-gonadal responses to high-intensity resistance exercise overtraining. *J Appl Physiol*, 1998;85:2352-2359.
32. Hackney AC, Viru M, VanBruggen M, Janson T, Karelson K, Viru A. Comparison of the hormonal responses to exhaustive incremental exercise in adolescent and young adult males. *Arq Bras Endocrinol Metabol*, 2011;55:213-218.
33. Gawel MJ, Park DM, Alaghand-Zadeh J, Rose FC. Exercise and hormonal secretion. *Postgrad Med J*, 1979;55:373-376.
34. Kraemer WJ, Häkkinen K, Newton RU, Nindl BC, Volek JS, McCormick M, Gotshalk LA, Gordon SE, Fleck SJ, Campbell WW, Putukian M, Evans WJ. Effects of heavy-resistance training on hormonal response patterns in younger vs. older men. *J Appl Physiol*, 1999;87:982-992.
35. Simao R, Leite RD, Speretta GFF, Maior AS, de Salles BF, de Souza Junior TP, Vingren JL, Willardson JM. Influence of upper-body exercise order on hormonal responses in trained men. *Appl Physiol Nutr Metab*, 2013;38:177-181.
36. Parker AG, Gordon J, Thornton A, Byars A, Lubker J, Bartlett M, Byrd M, Oliver J, Simbo S, Rasmussen C, Greenwood M, Kreider RB. The effects of IQPLUS Focus on cognitive function, mood and endocrine response before and following acute exercise. *J Int Soc Sports Nutr*,

2011;8:16 (doi: 10.1186/1550-2783-8-16).

37. Sutton JR, Coleman MJ, Casey J, Lazarus L. Androgen responses during physical exercise. *Br Med J*, 1973;1(5852):520-522.
38. Arazi H, Damirchi A, Asadi A. Age-related hormonal adaptations, muscle circumference and strength development with 8 weeks moderate intensity resistance training. *Ann Endocrinol*, 2013;74:30-35.
39. Hickson RC, Hidaka K, Foster C, Falduto MT, Chatterton RT Jr. Successive time courses of strength development and steroid hormone responses to heavy-resistance training. *J Appl Physiol*, 1994;76:663-670.
40. Monteleone P, Beinat L, Tanzillo C, Maj M, Kemali D. Effects of phosphatidylserine on the neuroendocrine response to physical stress in humans. *Neuroendocrinology*, 1990;52:243-248.
41. Benton D, Donohoe RT, Sillance B, Nabb S. The influence of phosphatidylserine supplementation on mood and heart rate when faced with an acute stressor. *Nutr Neurosci*, 2001;4:169-178.
42. Hellhammer J, Fries E, Buss C, Engert V, Tuch A, Rutenberg D, Hellhammer D. Effects of soy lecithin phosphatidic acid and phosphatidylserine complex (PAS) on the endocrine and psychological responses to mental stress. *Stress*, 2004;7:119-126.
43. Monteleone P, Maj M, Beinat L, Natale M, Kemali D. Blunting by chronic phosphatidylserine administration of the stress-induced activation of the hypothalamo-pituitary-adrenal axis in healthy men. *Eur J Clin Pharmacol*, 1992;41:385-388.
44. Fahey TD, Pearl MS. The hormonal and perceptive effects of phosphatidylserine administration during two weeks of resistive exercise-induced overtraining. *Biol Sport*, 1998;15:135-144.
45. Jäger R, Purpura M, Geiss KR, Weiß M, Baumeister J, Amatulli F, Schröder L, Herwegen H. The effect of phosphatidylserine on golf performance. *J Int Soc Sports Nutr*, 2007;4:23.
46. Starks MA, Starks SL, Kingsley M, Purpura M, Jäger R. The effects of phosphatidylserine on endocrine response to moderate intensity exercise. *J Int Soc Sports Nutr*, 2008;5:11 (doi: 10.1186/1550-2783-5-11).
47. Singh A, Petrides JS, Gold PW, Chrousos GP, Deuster PA. Differential hypothalamic-pituitary-adrenal axis reactivity to psychological and physical stress. *J Clin Endocrinol Metab*, 1999;84:1944-1948.
48. Shimidzu N, Goto M, Miki W. Carotenoids as singlet oxygen quenchers in marine organisms. *Fish Sci*, 1996;62:134-137.
49. Nishida Y, Yamashita E, Miki W. Quenching activities of common hydrophilic and lipophilic antioxidants against singlet oxygen using chemiluminescence detection system. *Carotenoid Sci*, 2007;11:16-20.
50. Di Mascio P, Devasagayam TP, Kaiser S, Sies H. Carotenoids, tocopherols and thiols as biological singlet molecular oxygen quenchers. *Biochem Soc Trans*, 1990;18:1054-1056.
51. Choi HD, Kim JH, Chang MJ, Kyu-Youn Y, Shin WG. Effects of astaxanthin on oxidative stress in overweight and obese adults. *Phytother Res*, 2011a;25:1813-1818.
52. Choi HD, Youn YK, Shin WG. Positive effects of astaxanthin on lipid profiles and oxidative stress in overweight subjects. *Plant Foods Hum Nutr*, 2011b;66:363-369.
53. Jacobs AT, Marnett LJ. Systems analysis of protein modification and cellular responses induced by electrophile stress. *Acc Chem Res*, 2010;43:673-683.
54. Romero FJ, Bosch-Morell F, Romero MJ, Jareño EJ, Romero B, Marañón N, Román J. Lipid peroxidation products and antioxidants in human disease. *Environ Health Perspect*, 1998;106 (Suppl. 5):1229-1234.
55. Kim YK, Chyun J-H. The effects of astaxanthin supplements on lipid peroxidation and antioxidant status in postmenopausal women. *Nutr Sci*, 2004;7:41-46.
56. Iwabayashi M, Fujioka N, Nomoto K, Miyazaki R, Takahashi H, Hibino S, Takahashi Y, Nishikawa K, Nishida M, Yonei Y. Efficacy and safety of eight-week treatment with astaxanthin in individuals screened for increased oxidative stress burden. *J Anti-Aging Med*,

2009;6:15-21.

57. Park JS, Chyun JH, Kim YK, Line LL, Chew BP. Astaxanthin decreased oxidative stress and inflammation and enhanced immune response in humans. *Nutr Metab*, 2010;7:18 (www.nutritionandmetabolism.com/content/7/1/18).
58. Mertens-Talcott SU, Jilma-Stohlawetz P, Rios J, Hingorani L, Derendorf H. Absorption, metabolism, and antioxidant effects of pomegranate (*Punica granatum* L.) polyphenols after ingestion of a standardized extract in healthy human volunteers. *J Agric Food Chem*, 2006;54:8956-8961.
59. Tzulker R, Glazer I, Bar-Ilan I, Holland D, Aviram M, Amir R. Antioxidant activity, polyphenol content, and related compounds in different fruit juices and homogenates prepared from 29 different pomegranate accessions. *J Agric Food Chem*, 2007;55:9559-9570.
60. Gil MI, Tomáris-Barberáin FA, Hess-Pierce B, Holcroft DM, Kader AA. Antioxidant activity of pomegranate juice and its relationship with phenolic composition and processing. *J Agric Food Chem*, 2000;48:4581-4589.
61. Colombo E, Sangiovanni E, Dell'agli M. A review on the anti-inflammatory activity of pomegranate in the gastrointestinal tract. *Evid Based Complement Alternat Med*, 2013;2013:247145 (doi: 10.1155/2013/247145).
62. Elfalleh W, Hannachi H, Tlili N, Yahia Y, Nasri N, Ferchichi A. Total phenolic contents and antioxidant activities of pomegranate peel, seed, leaf and flower. *J Med Plants Res*, 2012;6:4724-4730.
63. Seeram NP, Aronson WJ, Zhang Y, Henning SM, Moro A, Lee RP, Sartippour M, Harris DM, Rettig M, Suchard MA, Pantuck AJ, Belldegrun A, Heber D. Pomegranate ellagitannin-derived metabolites inhibit prostate cancer growth and localize to the mouse prostate gland. *J Agric Food Chem*, 2007 19;55:7732-7737.
64. Seeram NP, Henning SM, Zhang Y, Suchard M, Li Z, Heber D. Pomegranate juice ellagitannin metabolites are present in human plasma and some persist in urine for up to 48 hours. *J Nutr*, 2006;136:2481-2485.
65. Adams LS, Zhang Y, Seeram NP, Heber D, Chen S. Pomegranate ellagitannin-derived compounds exhibit antiproliferative and antiaromatase activity in breast cancer cells in vitro. *Cancer Prev Res*, 2010;3:108-113.
66. Yoshida T, Amakura Y, Yoshimura M. Structural features and biological properties of ellagitannins in some plant families of the order myrtales. *Int J Mol Sci*, 2010;11:79-106.
67. Del Rio D, Rodriguez-Mateos A, Spencer JP, Tognolini M, Borges G, Crozier A. Dietary (poly)phenolics in human health: structures, bioavailability, and evidence of protective effects against chronic diseases. *Antioxid Redox Signal*, 2013;18:1818- 1892.
68. Seeram NP, Zhang Y, McKeever R, Henning SM, Lee RP, Suchard MA, Li Z, Chen S, Thames G, Zerlin A, Nguyen M, Wang D, Dreher M, Heber D. Pomegranate juice and extracts provide similar levels of plasma and urinary ellagitannin metabolites in human subjects. *J Med Food*, 2008;11:390-394.
69. Mauras N, O'Brien KO, Klein KO, Hayes V. Estrogen suppression in males: Metabolic effects. *J Clin Endocrinol Metab*, 2000;85:2370-2377.
70. Burnett-Bowie SA, McKay EA, Lee H, Leder BZ. Effects of aromatase inhibition on bone mineral density and bone turnover in older men with low testosterone levels. *J Clin Endocrinol Metab*, 2009;94:4785-4792.
71. Balunas MJ, Kinghorn AD. Natural compounds with aromatase inhibitory activity: an update. *Planta Med*, 2010;76:1087-1093.

MARCH 2014