



FOR IMMEDIATE RELEASE

## **Dr. Randolph Challenges Women's Pharmaceutical Sex Pill Flibanserin**

*Proposes [Bioidentical Hormones](#) as a Natural Alternative for Boosting Female Libido and Pleasure*

**JACKSONVILLE BEACH, Fla. (May 28, 2010)** – Next month the Food and Drug Administration is scheduled to review and possibly endorse the first pill designed to do for women what Viagra did for men: boost their sex lives. The drug, trade-named “flibanserin,” previously marketed as an anti-depressant, is touted to increase female libido by decreasing levels of one brain chemical, serotonin, while boosting levels of others: dopamine and norepinephrin.

C.W. Randolph, Jr., M.D., R.Ph, board certified gynecologist and internationally-respected medical expert in the field of hormone-related sexual dysfunction contends: “Low sex drive is a real issue; current clinical data indicates that 43 percent of women suffer some kind of sexual inadequacy such as low desire, performance anxiety, vaginal dryness and/or pain during intercourse. While taking a drug that fiddles with a woman’s brain chemicals may have some impact on her sexual ‘mood,’ it will not effectively treat the most common culprit sabotaging her sexual desire at a cellular level: a deficiency in one or more sex hormone.”

According to Randolph, the human body produces three sex hormones: estrogen, progesterone and testosterone. While a balance of all three is important for long-term sexual vitality, testosterone is the hormone most associated with feelings of sexual desire and pleasure. “In women, the production of the sex hormones begins to shift and decline in the early to mid-30s. Issues with libido and pleasure typically accelerate in the 40s and 50s as testosterone production dips lower and lower. The optimal and medically-proven treatment of choice for restoring a woman’s sexual vitality is to safely and naturally boost lagging hormone levels biochemically and physiologically via natural bioidentical hormone replacement therapies (BHRT). Says Randolph, “Bioidentical hormones are synthesized in a laboratory to have exactly the same molecular structure as the hormones your body used to produce but now are lacking.”

Dr. Randolph’s Ageless and Wellness Medical Center in Jacksonville Beach, Florida treats close to ten thousand women and men each year with individualized prescription formulations of compounded BHRT. In *In the Mood Again*, the book recently co-authored with his wife and media-dubbed “sexpert” Genie James, M.M.Sc., Randolph states: “After only three months on an individualized formulation of BHRT, 92 percent of my patients report complete restoration of sexual desire, 97 percent of women say they no longer have vaginal dryness and pain with intercourse, 99 percent say that they have more energy and 87 percent say they have lost 10 pounds or more.”

James concludes: “When it comes to options for long-term sexual vitality, women and men deserve an equitable number of choices. Clinical studies irrefutably establish bioidentical hormone replacement – and specifically bioidentical testosterone replacement – as a safe, medically-proven treatment of choice for low libido and sexual dysfunction. Why take a pill that manipulates your brain chemistry when BHRT turns back your inner sexual clock at a cellular level?”



### **About the Natural Hormone Institute (NHI)**

NHI serves as a vehicle to educate the consumer, and his or her physician, on using naturally safe and effective bioidentical hormone replacement therapies (BHRT) to restore the body's optimum hormone balance and retard aging. For more information on the Natural Hormone Institute, visit [www.hormonewell.com](http://www.hormonewell.com).

### **Resources**

Davis SR. **Testosterone for low libido in postmenopausal women not using systemic oestrogen therapy.** *Med J Aust.* 2009 Aug3;191(3):134-5.

This editorial, written by the principal investigator for the "Aphrodite" study, concludes that the use of transdermal testosterone for hypoactive sexual desire disorder (HSDD) shows promising results but long-term safety requires further study. The article describes the Aphrodite study, in which 814 women with HSDD were randomized to receive a patch delivering 150 or 300 mcg/day testosterone, or placebo patches, for 52 weeks. The testosterone groups reported significantly more satisfying sexual events and reduction of distress, although the frequency of sexual activity did not increase. Benefits were seen after 8 weeks of therapy. No significant adverse effects were seen.

Krapf JM, Simon JA. **The role of testosterone in the management of hypoactive sexual desire disorder in postmenopausal women.** *Maturitas.* 2009 Jul 20;63(3):213-9.

This article reviews testosterone's role in sexual function in women. Research is going on to study the safety and effectiveness of transdermal testosterone therapy in women with low sexual desire, sometimes called HSDD (hypoactive sexual desire disorder) if it leads to distress. The prevalence of this disorder is highest in women who are surgically menopausal, i.e., they have had both ovaries removed, which results in a sudden decline in testosterone levels that leads to a reduced desire for sex and less satisfying sex. The authors review clinical studies of transdermal testosterone therapy, both with and without estrogen, concluding that it is safe and effective in women struggling with HSDD.

James, Genie and C.W. Randolph, Jr, M.D. R.Ph. *[In the Mood Again: Use the Power of Healthy Hormones to Reboot Your Sex Life - at Any Age.](#)* New York: Simon & Schuster, 2010.

Morgentaler, Abraham. *[Testosterone for Life: Recharge Your Vitality, Sex Drive, Muscle Mass, and Overall Health.](#)* New York: McGraw-Hill, 2009.

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