Can a dab of testosterone make life sexier? We give the theory a test-drive.

By Emily Yoffe

I squeeze a pea-size ball of testosterone cream from the tube, rub it on my wrists, and wait to be overtaken with lust. I'm engaged in a little experiment: I want to see if testosterone replacement will turn me into a sex-crazed married woman. What my husband and I have is great, but I'm not the instigator of much of it. So I want to recapture the feelings of my wild, young, and single days, when I was desperate to rip off my man's clothes. Today, I'm happily married but mostly just desperate to have him pick his clothes up off the floor.

He's eager for this experiment to work, too. Long before we were married, I was one of those women who was either blessed or cursed with free-floating sexual desire. Now, when I describe my younger self to my husband, he looks wistful that he missed those couldn't-get-enough years.

My original plan was to use the testosterone patch, but a U.S. Food and Drug Administration panel recently rejected a bid by Procter & Gamble to win approval for Intrinsa. My gynecologist said a cream containing 5 percent
testosterone might be a good substitute. One of his patients said her response was so powerful that she wanted to have sex with a doorknob. Her husband, not one to be jealous of hardware, was delighted.

Before beginning the treatment, I had to have some blood work done. No wonder my sex drive was in neutral: my testosterone level was 8 nanograms per deciliter (ng/dL); in premenopausal women, a normal range is 15 to 70. Most of the testosterone produced by both men and women is bound to proteins in the body; a second test revealed how much of my testosterone was "free"—or available to stoke my desire. A normal range for premenopausal women is 1 to 8.5 picograms per milliliter (pg/mL). I did a little better in this test, but my level was still a paltry 1.2.

Testosterone therapy usually works best for women who, like me, are experiencing a decline

Is testosterone for you?

Women produce testosterone in their ovaries, adrenal glands, and other tissues, and it helps make them frisky. But by her 40s, a woman's testosterone level can be half of what it was in her 20s. For women in this age range bothered by flagging desire, studies indicate testosterone loss may be the culprit.

About 20 percent of testosterone prescriptions are written for women, even though the Food and Drug Administration (FDA) hasn't approved a pure testosterone product for women's libido problems. But before you use testosterone, you need a medical evaluation to find out if relationship issues, medications, or medical conditions could be causing your low libido.

The biggest concern is what we don't know. The FDA wants to see more long-term data before approving a testosterone patch. Some evidence suggests taking testosterone by mouth can lower HDL, the good cholesterol, so it's possible that long-term use could cause heart disease or stroke. And every woman who takes a hormone wants to know how it affects her breast-cancer risk. Scientists will have to get back to you on that.—EF
in desire as they age, rather than those who have always had a low sex drive. And studies indicate that for the treatment to be effective, it will need to raise my levels to the higher end of normal. That's a long way to go. But I'm hoping that in about 3 weeks—the time it takes for this cream to kick in—my husband will start seeing doorknobs as a rival for my lovin'.

**Day 1**
I'm revved and ready. But I can't stop thinking about what else might happen as I turn into a sex machine. Will I get hairy, pimply, and hostile? Those are possible side effects—and I can't see how any of them would boost my sexual desirability (or my desire for more sex).

**Day 9**
Nothing's been happening. I'm a little frustrated, but hardly hostile. And then today, a sign. I am ravenous—but, unfortunately, not for my husband. Increased appetite can be a side effect of testosterone treatment, but this is the wrong kind of appetite. I want to be bursting with desire—not bursting my seams.

**Day 14**
Two weeks in, I finally think my testosterone levels are rising. Earlier today, my husband was talking to me about how I need to stock up on frozen waffles and his other favorite foods, and as he finished, he nudged, “Did you hear me?” I hear him, all right, but I decide he's babbling and it hardly seems worth the effort to respond.

Then it hits me: This must be what it's like to have a male brain! This is why women send their husbands to get their hearing checked. When I run this theory by my beloved, he says, “That's it! Now you understand how I feel.” That's great, I think. Now we both can ignore each other, which will be another reason why we aren't having constant sex.

**Day 25**
I've been keeping the testosterone tube on the bathroom counter to help me remember to apply it. But we're having people over tonight, so I decide to bury it behind the rash ointments. Don't want anyone to conclude that I'm headed for a sex change.
Day 35
To prep myself for what's coming (soon, I hope!), I contact someone who's tried testosterone therapy, MaryAnne Steinberger, a 58-year-old musician in California. She married at 47, but about 5 years into the marriage, she tells me, she became aware that her physical desire had slowly evaporated. She still adored her husband. But she found herself making love—once a month or so—just to please him, and she hated feeling that way. "I never did sex for somebody else before. I always did it for me," she says. Within a month of starting testosterone therapy, she was a convert. "Whoa, boy! My body and brain were connecting when I looked at my husband," she remembers. "There was the feeling I'm still a sexual creature." I'm happy for her—but I'm jealous. I want one of those "Whoa, boy!" moments myself. After this experiment, I think deserve one, anyway.

Day 41
I finally have to admit the cream isn't working. After almost 6 weeks of testosterone replacement, my level has increased—my new reading is 14 ng/dL, which is significantly higher than when I started. But it's still way too low for me to be burning with desire for either animate or inanimate objects.

Of course, maybe I shouldn't be upset. Lust is not just about measuring testosterone levels. Female sexual desire is more complicated and not as well understood as that of males. (The penis is an excellent sexual-response tracking device.) Our sex drive is so complex that it's a small miracle any woman ever gets turned on; iron deficiency, stress, and depression can easily derail a woman's libido. So can treating common medical conditions—taking antidepressants or antihistamines, for instance. And that's not even counting the real-life issues: a repressive childhood, a rotten marriage, a lousy lover.

Luckily, none of these problems apply to me. So maybe I just need to rejigger my expectations. A new theory of female sexuality developed by an international group of sex researchers and published last year in the Journal of Sexual Medicine says a woman can be in a sexually healthy long-term relationship yet lack the desire to initiate sex. This is common, in fact. According to the theory, true sexual troubles are signaled only when that woman, responding to her partner's overtures, fails to get aroused once they start making love. This makes me feel better. Sort of. But I still wish the cream would drive me wild. My husband thinks so, too. He's not totally disappointed, though. At least I didn't grow a beard.

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The smoothie solution
Yogurt gets more points in the good-for-you column: A recent study found that people with irritable bowel syndrome (IBS) who consumed supplements with the beneficial bacteria in yogurt saw their pain drop 52 percent and the severity of other symptoms (such as diarrhea and constipation) fall by 45 percent. Another recent trial showed that a milk product with the good bacteria, known as probiotics, may boost immunity.

"Some people with IBS have inflammation in the bowel," explains Douglas Drossman, MD, co-director of the University of North Carolina Center for Functional Gastrointestinal and Motility Disorders in Chapel Hill. "One theory is that probiotics work by changing bacteria in the gut from bad to good and by altering immune function so that it reduces inflammation."

Experts say it's time for consumers with IBS to try good bugs. "Probiotics are extremely safe," says gastroenterologist Cynthia Yoshida, MD, author of No More Digestive Problems (Bantam), the American Gastroenterological Association's first consumer book for women on GI health. She recommends Stonyfield Farm yogurts, which have a type of bacteria (Lactobacillus reuteri) shown to improve immunity, or a freeze-dried, high-concentration bacteria called VSL#3 (www.vslpharma.com). —Stacey Colino
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