

THE HISTORY OF TESTOSTERONE THERAPY

EIGHTY YEARS OF FEAR, EVIDENCE, AND REVERSAL.

1940 HAD IT RIGHT ALL ALONG.

For anyone who wants to understand how testosterone therapy became one of medicine's most controversial topics, and why the newest evidence keeps confirming the oldest observations.



TESTOSTERONE INTELLIGENCE · THE PAPERS
VOLUME 13 · THE HISTORY OF TESTOSTERONE THERAPY

THE PAPERS · BY REBELLION HEALTH

WHAT A PAPER IS

IN MEDICINE

A paper is the evidence: peer-reviewed, rigorous, the record of what is actually known.

IN A REVOLUTION

The papers are how the truth travels, passed hand to hand, faster than the gatekeepers can stop it.

AT REBELLION HEALTH

A Paper is both. Clinical evidence, put plainly in your hands, so you are impossible to mislead.

Because medicine moves, a Paper is never finished. When the science changes, we change the Paper, revised, re-dated, reissued, and we tell you what changed. Keeping these current is our responsibility, not yours. It is how the movement stays true.

THE LIVING PAPERS · REBELLION HEALTH

TESTOSTERONE INTELLIGENCE · THE PAPERS

THE HISTORY OF TESTOSTERONE THERAPY

Eighty Years of Fear, Evidence, and Reversal

Testosterone was first synthesized in the 1930s. Within a few years, physicians were already using it therapeutically, including, notably, for heart and vascular disease. This Paper traces the full arc, from those first years to today, drawing on Abraham Morgentaler and Abdulmageed Traish's 2018 historical review.

If the past has any lessons for the future, it is likely that research will continue to demonstrate health benefits of testosterone therapy, while it remains one of the most controversial topics in medicine.

MORGENTALER & TRAISH, THE HISTORY OF TESTOSTERONE

PART ONE

THE EARLY YEARS: TESTOSTERONE AS HEART MEDICINE

Multiple case series through the 1940s reported that testosterone propionate improved angina pectoris and peripheral vascular disease. This is a striking historical irony worth sitting with: the hormone later feared as a cardiovascular threat began its therapeutic life as a treatment believed to help the heart.

PART TWO

1941: THE SINGLE PAPER THAT CAST A SEVENTY-YEAR SHADOW

The most consequential event in this history is a 1941 paper by Charles Huggins and Clarence Hodges, which found that castration or estrogen caused prostate cancer to regress, a genuinely important discovery that won Huggins the Nobel Prize. The same paper also reported that testosterone caused prostate cancer to grow, a claim resting on remarkably thin evidence. For the next 70 years, any history of prostate cancer was treated as an absolute contraindication to testosterone therapy, and clinicians were taught it was like pouring gasoline on a fire.

A second shift came in the 1970s with the radioimmunoassay, allowing testosterone to be measured directly in blood for the first time. Diagnosis shifted from symptoms and signs toward an undue emphasis on lab values, a tension that still shapes the field today.

PART THREE

THE SATURATION MODEL BREAKS THE SEVENTY-YEAR FEAR

The turn away from the Huggins-era fear began with the recognition that androgen stimulation of prostate cancer reaches a ceiling at relatively low testosterone concentrations, a saturation model developed principally by Morgentaler and Traish. As the framework gained acceptance, case series began documenting reassuring outcomes in men with a history of prostate cancer, publications that would have been unthinkable decades earlier.

Cardiovascular fear arrived much later in this story, and by comparison is a recent phenomenon. As new evidence accumulated, including the 2016 Testosterone Trials and eventually TRAVERSE, that fear diminished too, with newer evidence pointing toward testosterone therapy being neutral to potentially cardioprotective.

PART FOUR

THE FULL-CIRCLE MOMENT

Here is the authors' central, almost startling point: the 2016 Testosterone Trials, a rigorous, modern, placebo-controlled research program, provided high-quality evidence for a whole range of benefits, sexual function, physical function, mood, bone density, nearly all of which had already been described anecdotally by clinicians in 1940.

Eight decades of research, controversy, fear, and reversal largely ended up validating what the earliest clinicians had already observed.

PART FIVE

WHAT THIS HISTORY TEACHES

- A single flawed or misinterpreted finding, in this case the 1941 Huggins prostate cancer claim, can distort clinical practice for generations, far outliving the quality of evidence that originally produced it.
- The same pattern shows up twice more in this literature: the 2013-2014 cardiovascular studies that triggered the FDA's warning label, and the media amplification documented in Rebellion Health's Testosterone and the Heart Papers.
- The authors expect continued research to keep demonstrating health benefits, even as testosterone therapy remains one of medicine's most contested topics.

This resource is an educational overview of the history of testosterone therapy, drawing on Morgentaler and Traish, 2018, with balancing caveats. It does not replace an individualized evaluation. Always consult your provider before starting, adjusting, or stopping any hormone therapy.