

MEN'S HEALTH · FATHER'S DAY 2026 EDITION

The Men's Hormone Health Guide

How a physician actually reads a man's hormones: the whole network, what optimal really means, what we can change naturally, and why the testing has to be done right.

Daniel Tagge, MD

Family Medicine · Health Optimization Medicine
Tagge Precision Health · Charlotte, NC

PRECISION · OPTIMAL RANGES · ROOT CAUSE

General education and information only. Not medical advice, and not a physician-patient relationship until you engage in care. Telehealth care is currently available in North Carolina.

A read of the system, not a single number

Most men come to me with one testosterone number and a verdict. It was “normal,” so nothing was done, and they still do not feel right.

I work differently, and this guide is meant to show you how, not just tell you. Three ideas shape everything that follows.

I read the whole system, not one hormone alone.

Testosterone does much of its work by becoming other hormones, so the balance among them is the thing that matters, not any single value.

I read against optimal, as a method, not a slogan.

Optimal means where a healthy young-adult system runs, read against you rather than a population average. It is marker by marker, not one number: for some markers that means mid-range, and for a few it means low, not high. Higher is not the goal. Finding your own targets across the whole network is the work, and it is what the panel is for.

I look for root cause, and start with what we can change naturally.

The inputs you already control move these numbers more than most men realize. That is where a responsible plan begins, before anything is prescribed.

What follows is the same path I walk with a patient: the network and what each piece does, how I read a workup in order, the levers worth pulling first, why the testing has to be done a certain way, and only then what to do if a real gap turns up.

Testosterone, and the two hormones it becomes

Testosterone is the central male hormone, but it rarely acts alone. Much of what it does, it does by converting into two other active hormones, and reading testosterone without reading those two leaves part of the picture blank.

It becomes DHT

An enzyme called 5-alpha-reductase converts testosterone into dihydrotestosterone, a more potent androgen that carries out much of testosterone's work in the skin, hair follicles, and prostate.

It becomes estradiol

An enzyme called aromatase converts a portion of testosterone into estradiol. Estradiol is often thought of as a female hormone, but men need it: it supports bone strength, libido, mood, and the health of the brain and blood vessels. Too little is as much a problem as too much, which is why driving it to the floor, something some clinics do reflexively, tends to backfire.

Once formed, neither DHT nor estradiol converts back into testosterone. So the balance among the three is set by how much you make and how much converts in each direction. That balance, not the level of any one alone, is what holds the system steady.

How much actually reaches you, and where the signal comes from

Free versus total

Not all of your testosterone is available to work. A large share travels bound to a carrier protein called SHBG, which holds it inactive. What reaches your cells is the free, or bioavailable, fraction. Two men with the same total can have very different amounts actually working, which is why a single total number can mislead, and why I read free and bioavailable alongside it.

The raw material

Some of your testosterone is built from precursors like DHEA. Reading that rounds out where your production stands and whether the adrenal contribution is part of the story.

The signal from above

Your production is driven by signals from the pituitary, called LH and FSH. When a level runs low, those signals tell me whether the shortfall starts in the testicles or in the signal above them. A man whose testicles are fine but whose pituitary signal is low is a different problem than a man whose testicles have stopped responding, and that changes the plan entirely.

A note on form

The synthetic anabolic steroids used outside medical care do not behave like the testosterone your body makes. Many cannot convert and balance the way natural testosterone does, and they carry a heavier set of risks. The molecule and the source matter, not just the label.

I start at the foundation and work up

When your results come back, I do not jump to testosterone. I read in an order, because a number only means something in context, and the context usually sits underneath the hormone everyone fixates on.

1

Metabolic first

How you handle sugar, fasting insulin and A1c, shapes energy, weight around the middle, and how your hormones behave. Insulin resistance lowers SHBG and free testosterone and pushes more conversion to estradiol. Address this and the hormone picture often improves on its own, which is why I look here first.

2

Thyroid next

TSH with the full T3 and T4 picture, including reverse T3, the stress brake standard panels skip. A tired, foggy, cold pattern often lives here rather than in testosterone, and the two are confused constantly.

3

Adrenal context

Morning cortisol and DHEA-S give a basic read of how your stress axis is running, which sits upstream of much of what feels like low testosterone.

4

Then testosterone, in context

Now the hormone everyone came for, read as total, free, and bioavailable, with its conversions to DHT and estradiol, the SHBG that governs availability, and the LH and FSH that locate the cause. Read this way, a single number becomes an actual picture.

The levers you already control

Before anyone reaches for a prescription, these are the inputs that move hormones the most. They are where a responsible plan starts, and they are worth getting right whatever your numbers turn out to be.

Sleep

Much of your testosterone is made while you sleep, so short or broken nights lower it night after night. For most men this is the highest-yield lever and the most neglected, and it is usually the first thing I ask about.

Stress and nervous-system load

Sustained stress quiets the pituitary signals that tell the body to make testosterone, and it raises cortisol, which works against you in several directions at once. Managing it is a direct hormonal input, not a soft one.

Strength training

Resistance work supports testosterone, insulin sensitivity, and the lean mass that keeps your metabolism steady. The dose matters in both directions, since chronic overtraining without recovery can suppress the axis rather than help it. The right amount is individual.

Body composition

Excess body fat is rich in aromatase, the enzyme that converts testosterone to estradiol, so carrying more of it tips the balance. It is one of the most movable inputs, and often the first one worth addressing.

Light, food, and the raw materials

Sun and morning light

Morning daylight anchors the sleep and stress rhythms that drive hormone production, and sensible sun supports vitamin D, which behaves like a hormone in its own right.

Nutrition and alcohol

Enough protein supports muscle and recovery, and how you handle carbohydrate and alcohol shapes both your metabolic numbers and how fast you clear hormones. Heavy alcohol works against you on both sides, lowering testosterone and raising its conversion to estradiol.

The raw materials your hormones are built from

Hormone production leans on a handful of micronutrients. Shortfalls are common and easy to miss, which is why I measure them rather than guess.

Vitamin D behaves like a hormone and supports healthy testosterone production.

Zinc is required for testosterone synthesis, the single most hormone-direct micronutrient on the panel.

Magnesium affects free testosterone, sleep architecture, and how you handle glucose.

Iron, read with ferritin, drives energy, oxygen delivery, and recovery.

If the test is wrong, everything after it is wrong

A plan is only as good as the numbers under it. Most testosterone testing men get is fine for catching disease and poor for reading a system at this level. Here is what I insist on, and why.

The right assay: mass spectrometry

I measure testosterone, free and bioavailable, and estradiol by LC/MS/MS, with an ultrasensitive estradiol method. The cheaper immunoassays many labs default to are unreliable at the low concentrations that matter in men, especially for estradiol and free testosterone. The number has to be accurate before it is worth interpreting.

Free and bioavailable, not just total

Because SHBG governs how much testosterone reaches your cells, I read the free and bioavailable fractions, not total alone. When SHBG is off, total can look fine while the working amount is not.

Timing

Testosterone runs highest in the early morning, so I draw early. A number pulled at the wrong time, once, can read low when it is not.

Read against optimal, and watched for safety

I interpret results against functional ranges, where a healthy system runs, not just the wide disease-based cutoffs a lab calls normal. And from the start I read the markers treatment itself can move: red blood cell count, a prostate marker, and blood pressure. None of this is exotic. It is just done properly.

How I think about testosterone therapy

If testing shows a confirmed, symptomatic deficiency, and the natural levers have been addressed, therapy can be the right tool. A few principles shape how I use it.

Anchored to a confirmed deficiency

Therapy is a medical treatment for a measured shortfall, drawn more than once, not a lifestyle add-on or a response to a single number.

Restored, not exceeded, and balanced

The aim is to bring a low level back to where a healthy system runs and hold it there. Higher is not better. And because testosterone becomes DHT and estradiol, I watch the balance, not the testosterone number alone. Estradiol in particular is something men need, not something to drive to the floor.

Fertility is part of the conversation, before starting

Testosterone taken from outside the body lowers your own production and can reduce fertility, sometimes for a while after stopping. For a man who may want children, that changes the plan, and there are ways to work around it.

Monitored, including the heart question

A large 2023 trial in men with diagnosed low testosterone found no increase in major cardiac events, and regulators have since revised the older warning. That is reassurance for properly selected men, not a free pass, which is why a careful plan measures blood count and blood pressure from the start.

THE FATHER'S DAY PANEL

The read this guide is built around

Everything above is how I read a man's biology. The Men's Advanced Panel is how we get the data to do it.

- ✓ **84 biomarkers across six clinical axes**, the full sex-hormone network by mass spectrometry, the thyroid axis with reverse T3, the adrenal and metabolic context, the hormone-axis micronutrients, and the safety markers, all in one draw.
- ✓ A **written interpretation** read against optimal ranges, and your **Precision Health Plan**.
- ✓ **New for Father's Day**, a **live video consult** with me to walk through it.
- ✓ Get drawn at a local Quest. HSA and FSA eligible.

The panel, the plan, and a one-on-one with me, this Father's Day.

MY GUARANTEE

You will leave our consult knowing exactly what to focus on and why. If you do not, we book another at no charge. What I am offering is clarity, not one more set of numbers to decode on your own.

ENDS JUNE 30

The consult is real time with me, so I am holding only 15 this Father's Day. When they are gone, the panel returns to standard pricing without the consult.



Book the Father's Day panel • \$497

taggehealth.com/fathers-day-guide

This guide is general education and information only. It is not medical advice and does not create a physician-patient relationship. That relationship begins only when you formally engage our services and complete an intake, and any clinical recommendations come from that care, individualized to you, not from this guide. Telehealth care is currently available in North Carolina.

About Dr. Tagge



I am a board-certified family physician practicing health optimization medicine in Charlotte. My focus is reading your biology against what optimal looks like, not just what is average, and giving you the time and the data to decide for yourself. The thoroughness in this guide is the thoroughness you get. Care is virtual and currently available to patients in North Carolina.

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