Signature Wellness
DR. ARNOLD'S OFFICE

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THE SIGNATURE WELLNESS WEEKLY

Science. Experience. *Compassion.*

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Your care should be as individual as you are.

> *"At Signature Wellness, our goal has never been simply to treat a laboratory result or prescribe a medication. We believe the best health care begins by listening to your symptoms, your goals, your concerns, and your experience and then using the best available science to understand what may have changed and what we can do about it."*

There is no single definition of optimal health that applies to everyone.

FROM THE PRACTICE

Testosterone in Women: Sometimes It's Not the Dose — It's the Delivery

When we talk about hormones in women, estrogen and progesterone tend to receive most of the attention. But women make testosterone too.

And as testosterone levels decline with age, some women notice changes in sexual desire, arousal and response, energy, motivation, strength, exercise performance, body composition, and their overall sense of well-being.

The frustrating part is that treating low testosterone in women is not nearly as straightforward as you might expect.

Where are the testosterone medications designed for women?

Despite growing interest in testosterone therapy for women, there remains a striking lack of commercially available testosterone products specifically designed and dosed for women. That means clinicians often have to adapt preparations originally developed for men or use compounded preparations.

Creams and gels are commonly used because they allow us to start with very small doses. For many women, they work very well. But not for everyone.

Some women absorb very little through their skin. And a minority develop androgen-related side effects such as acne or increased facial or body hair. Scalp hair thinning can occur, but appears to be much less common.

That distinction is important. Most women using appropriately dosed testosterone do not develop significant androgenic side effects.

In clinical trials using testosterone doses intended to keep women within physiologic female exposure, there has been a small increase in acne and unwanted hair growth compared with placebo. More concerning effects sometimes associated with excessive androgen exposure such as voice deepening or clitoral enlargement have not been demonstrated in randomized trials at physiologic doses.

In my own practice, significant side effects requiring women to stop treatment have been relatively uncommon.

But occasionally a woman does develop unwanted hair growth, acne or hair thinning or simply doesn't obtain enough benefit from a transdermal preparation. And that raises an important question:

> ***If one form of testosterone doesn't work for you, does that mean every form of testosterone will do the same thing?***

Not necessarily. The route matters.

A medication isn't defined only by what is in it. How it gets into your body matters too. Absorption, peak concentrations and overall exposure can differ depending on how testosterone is administered. And emerging evidence suggests that the likelihood of particular side effects may differ as well.

That's important because it's easy to hear that "testosterone can cause hair loss" or "testosterone causes facial hair" and assume that these effects happen to everyone. They don't. For most appropriately selected and monitored women, testosterone therapy is well tolerated.

The goal is not to avoid testosterone because a side effect can occur. It is to choose the dose and route thoughtfully, monitor the response, and adjust treatment if an unwanted effect actually develops.

And what about the blood test?

This is another area where I think we need to be careful. Patients sometimes become concerned when their laboratory report flags a testosterone result as "high." But a laboratory reference interval and an individualized therapeutic target are not necessarily the same thing.

A reference range tells us where results tend to fall in a particular reference population. It does not automatically tell us the level at which you will experience benefit, nor the level at which you will develop side effects.

That's why I don't believe hormone treatment should be managed by chasing a laboratory number alone. We look at the number. But we also look at symptoms, response, side effects, route, dose, timing of the blood test, other hormones, and the person sitting in front of us.

> ***"The goal isn't to make your laboratory report look perfect. The goal is to help you feel and function better while using treatment thoughtfully and safely."***

That principle applies to testosterone just as much as it does to estrogen, progesterone, thyroid treatment, or weight optimization.

WHAT YOU CAN DO

- **If you're already using testosterone:** don't change your dose simply because a laboratory result is flagged "high." Bring the result to your next appointment so we can interpret it together with your symptoms, response, dose and route.
- **If testosterone hasn't worked well for you:** tell us why. No benefit, acne, unwanted hair growth and hair thinning are different problems and may call for different solutions. A different dose or route may be worth discussing rather than assuming testosterone itself has failed.
- **If you've never used testosterone but recognize some of these symptoms:** ask whether testosterone could be one piece of the picture. These symptoms can have many causes, so the first step is understanding why you're experiencing them.

SOMETHING YOU SHOULD KNOW

EVIDENCE AND SAFETY

Retatrutide: What Are You *Actually Injecting?*

A case from Australia that everyone using unregulated peptides should read

I wrote recently about retatrutide because I was increasingly hearing about people obtaining it online. My concern then was straightforward: retatrutide isn't yet an approved weight-loss medication. It is an investigational drug being studied in clinical trials. And yet products labelled "retatrutide" are already being sold online.

This week we received a disturbing illustration of why that matters.

Australia's medicines regulator investigated a serious adverse event in someone who had purchased a product believed to be retatrutide. The person developed severe, uncontrollable vomiting, suffered a tear in the esophagus, and required hospitalization.

But here is the remarkable part: when regulators tested the product, there was no retatrutide in it.

Instead, they found semaglutide at an extraordinarily high concentration. The person thought they were injecting one medication. They were actually injecting another.

> ***"The headline might make it sound as though retatrutide caused a torn esophagus. But that isn't what happened. The product apparently wasn't retatrutide at all. And that distinction matters."***

But what about the "Certificate of Analysis"?

This is something I increasingly hear when I ask patients about peptides they have purchased online: "Don't worry, Dr. Arnold. It came with a Certificate of Analysis."

That sounds reassuring. But here's the problem: if you cannot independently verify the certificate, how do you know it actually applies to the vial in your hand?

A professional-looking document on a website does not establish that your particular vial came from the tested batch. It does not necessarily establish that the sample submitted for testing was representative of what was subsequently sold. And it does not replace the manufacturing, quality-control, regulatory and pharmacy safeguards required for an approved medication.

THINK ABOUT WHAT HAPPENED IN THIS CASE

- The bottle said retatrutide. There was no retatrutide in it.
- Regulators found a very high concentration of an entirely different medication.
- If the name on the bottle cannot be trusted, an accompanying piece of paper shouldn't automatically be trusted either.
- A Certificate of Analysis is only as reliable as the chain of manufacturing, sampling, testing and verification behind it.

Without that independently verifiable chain, the certificate may provide the appearance of quality assurance without actually providing it. And when we're talking about something you're going to inject into your body, that distinction matters.

An important distinction

I am a strong supporter of evidence-based weight-loss medications when they are appropriate. Medications such as semaglutide and tirzepatide have changed what is possible for many people struggling with weight and metabolic health.

So this isn't an argument against weight-loss medication. It's an argument for knowing what you're taking.

At Signature Wellness, our Weight Optimization Program uses medications with established manufacturing, prescribing and pharmacy safeguards, while monitoring the individual using them. Innovation is exciting. Being first isn't always better when what you're putting into your body hasn't even been verified.

WHAT YOU CAN DO

- **If you're considering buying retatrutide or another peptide online:** don't assume a professionally looking website, label or Certificate of Analysis proves what's in the vial.
- **If you're already using an unapproved peptide:** tell your health-care provider what you're taking and where it came from. Don't let embarrassment or fear of judgment prevent you from discussing it.
- **If you're interested in medical weight loss:** ask us about regulated, evidence-based options that are available now. You don't need to gamble on an unapproved online product to get effective treatment.

CLINIC SPOTLIGHT

You Don't Need Another Diet. You Need a Plan You Can Actually Live With.

One of the reasons we've expanded our Fitness & Nutrition Program with Chris Yap is that medication can solve only part of the weight-optimization equation.

GLP-1 and related medications can be remarkably effective at changing appetite, satiety and the biological signals that influence weight. But a medication cannot lift a weight for you. It cannot choose your protein intake. It cannot build your muscle. It cannot improve your balance, mobility or cardiovascular fitness unless you use the opportunity it creates to work on those things.

And this becomes particularly important during weight loss. We don't just want you to become lighter. We want you to become healthier. That means protecting muscle while losing fat. It means eating enough protein and nutrients even when your appetite is reduced. It means building strength rather than simply watching the number on the scale fall. And it means creating habits that make sense for your life, not somebody else's.

That's where Chris comes in.

Nutrition Assessment and individualized eating plan	**Fitness** Personalized exercise program
Accountability Follow-up and progress reviews	**Personal Training** Hands-on support

There is no requirement to do all of these. Start with what you need. Just as we don't believe every woman needs the same hormone dose, we don't believe every person needs the same fitness or nutrition program. The best program isn't the most complicated one. It's the one designed around you that you can actually continue doing.

WHAT YOU CAN DO

- **If it's nutrition:** Chris can assess what you're currently eating and help develop an individualized plan.
- **If it's exercise:** start with a fitness assessment and a program built around your current abilities and goals.
- **If you know what to do but struggle to stay consistent:** consider follow-up and accountability visits.
- **If you want more hands-on help:** ask about personal training. You don't have to sign up for everything. Start with what you need.

SAVE THE DATE

KEYNOTE ADDRESS

Mental Health Through Every Age and Every Stage

Friday, October 23, 2026 · 8:00 a.m. to 1:00 p.m.

I'm very pleased to be delivering the keynote address at the 18th Annual Mental Health Education and Connection Day, presented by the Markham Stouffville Hospital Mental Health Program and collaborating partners.

I'll be speaking about an idea that has increasingly shaped how I think about health: Why now? Why can someone who has been well for years suddenly develop anxiety, depression, sleep problems, difficulty concentrating, or changes in how they cope? Why can a psychiatric medication that worked well for years suddenly seem less effective?

Mental health doesn't occur separately from the body. It occurs in a person, in a body, at a particular stage of life. My keynote will explore what happens when we start asking not only "What is the diagnosis?" but also "Why is this happening now?"

The event is open to clients, families, health-care professionals, and members of the community. Admission is free. I would love to see some familiar Signature Wellness faces there.

REGISTER NOW — DEADLINE OCTOBER 16, 2026

Cornell Community Centre · Rehearsal Hall · 3201 Bur Oak Ave, Markham, ON

COMING THIS OCTOBER

COMING OCTOBER 2026 · BREAST CANCER AWARENESS MONTH

Don't Let the Label Make the Decision.

October is Breast Cancer Awareness Month. And this October, I'll be releasing a new book I've been writing for women facing breast cancer and breast-cancer-related decisions.

The more I've worked on it, the more convinced I've become that women need something different. There is already enormous awareness of breast cancer. What is often missing is perspective.

Two women can both be told they have breast cancer and face very different probabilities of recurrence, very different treatment choices, and very different futures. And treatments intended to reduce one risk can create consequences elsewhere: for bone, cardiovascular health, sexual function, sleep, mood, cognition, menopausal symptoms, and quality of life.

The book isn't being written to tell women what decision to make. It's being written to help them understand:

- *What does my particular diagnosis actually mean?*
- *What is my actual risk, in numbers I can understand?*
- *How much might a treatment reduce that risk?*
- *What are the potential costs of that treatment?*
- *What do we know? What are we less certain about? And what matters to me?*

Because informed decision-making requires more than being told that something increases or decreases risk. It requires understanding how much.

> "*Breast cancer deserves your attention. It does not deserve more fear than your particular cancer justifies. Don't let the label make the decision.*"

Watch your Signature Wellness Weekly throughout October. I'll be sharing the launch details here first. And if there is a woman in your life facing a breast cancer diagnosis or difficult decisions after treatment, consider forwarding these upcoming newsletters to her.

COMING OCTOBER 2026

ONE THOUGHT FOR THE WEEK

THE DETAILS MATTER

A vial can say "retatrutide" on the label and contain something completely different. A testosterone cream and a testosterone injection can contain the same hormone but deliver it to the body differently. Two people can follow the same exercise program and need completely different support to succeed. And two women can hear the words "breast cancer" while facing very different risks and choices.

Medicine loves categories. They're useful. But categories are the beginning of understanding, not the end.

What is it? is an important question. But so are: Which one? How much? How was it given? What does the evidence actually show? And most importantly: what does this mean for you?

If something you read today made you think, "That's me," don't just file the information away. Ask the question. Book the assessment. Discuss the medication. Register for the event. Share the information with someone who needs it. Good information becomes valuable when it helps you make a better decision.

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