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Wellness claims and men's health: Bridging the counseling gap in urology

Complementary and alternative medicine is not alternative anymore. It's mainstream, well-branded, and aggressively marketed to men using the language of "optimization," "recovery," and "vitality." Patients aren't quietly taking supplements on the side. They're coming to clinic convinced that ice baths boost testosterone, saunas improve erections, IV vitamin drips restore libido, red light therapy reverses hair loss, and pricey supplements improve sperm quality.

These messages aren't coming from fringe blogs. They come from wellness clinics, medical spas, podcasts, and social media feeds that look and sound a lot like evidence-based care. Increasingly, urologists are left trying to reconcile confident marketing claims with what we actually know — in the span of a short clinic visit.

The scoping review by Qaoud et al in this issue of CUAJ is useful not because it shows what works, but because it shows how little evidence supports many of the things patients are now asking about.¹ More importantly, it highlights a growing counseling gap.

The most striking finding isn't weak evidence; it's the complete absence of evidence for some of the most heavily promoted therapies. IV nutrient therapy, widely marketed for erectile dysfunction, testosterone "optimization," and fertility, has no supporting literature in any of these areas. The gap between marketing and science here is hard to overstate.

Cold water immersion is another example. It's often presented as part of a hormonal optimization routine, yet multiple randomized trials show no testosterone benefit and even suggest it may blunt anabolic responses after exercise. Despite this, many patients see it as essential for hormonal health.

Sauna use is where this becomes clinically relevant. It's usually framed as good for cardiovascular and sexual health, but there is consistent evidence of transient, meaningful impairment in spermatogenesis. For a young man undergoing fertility evaluation, that's not trivial — and it's almost never mentioned in wellness messaging.

In contrast, light therapy for androgenetic alopecia is one of the few areas where evidence and market-

ing actually line up. Low-level laser therapy shows reproducible improvements in hair density across randomized trials and meta-analyses. That distinction matters. The message to patients isn't that all of this is nonsense — it's that evidence exists in narrow, specific domains, while many broader claims don't.

The supplement landscape illustrates the problem even further. Vitamin D, ashwagandha, fenugreek, L-arginine, various minerals, caffeine, and others are supported by small, heterogeneous studies, often in men with deficiencies or very specific populations. The data rarely justify the sweeping claims patients see online.

The practical value of this review is that it changes how we can approach these conversations. Rather than dismissing these therapies — which risks alienating motivated patients — we can offer a more nuanced response: some interventions have no evidence, some may have limited benefit in specific situations, some carry unintended risks, and many rely on surrogate endpoints that don't translate into meaningful clinical outcomes.

This paper also reflects a broader cultural shift. Men are more proactive and willing to invest in their health before disease shows up. That's a good thing. The problem is that the information guiding that effort is often commercially driven and scientifically thin.

Qaoud et al give urologists something practical for everyday clinic. In a world where wellness marketing moves faster than the medical literature, this review helps anchor these conversations in what evidence actually exists — and, just as importantly, where it doesn't.

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REFERENCE

1. Qaoud Y, Morcos M, Macdonald M, et al. A systematic appraisal of emerging alternative therapies in men's health and wellness. *Can Urol Assoc J* 2026;20:132-7. <http://dx.doi.org/10.5489/kuaj.9368>

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