

WHAT MIGHT CASEY ANTHONY AND OJ HAVE IN COMMON?

READERS SUMMARY:

1. What are the symptoms of adrenal fatigue?
2. Is there differences in presentation between the sexes?
3. What to look for in you?
4. What are some of the things you can do to combat this?
5. What is the prognosis and how long can it last?

Do you have dark circles under eyes? Are your eyes sunken to some degree? Do you sleep poorly? Have you lost your energy? Sex drive gone? Do you bloat and start getting unusual bowel movements? Do you live in a plateau phase constantly? Has your weight remained the same too long? Tired for no reason? Need to drink a ton of coffee and salty carb snacks to get by? Do you still crave sweets? Do you feel generally rundown? Do you exercise a lot but still have belly fat that is resistant to loss? Are you forgetful often? Hair loss or brittle? Diagnosed with GERD (dysbiosis) and feel nervous often? Often depressed? If this sounds like you welcome to the diagnosis of adrenal fatigue. Many conventional docs don't buy this diagnosis but that is because they can't see what they are not looking for.

This syndrome is most often seen in middle age women and can present with multiple endocrine changes that are often confused with thyroid issues or perimenopausal changes. Men do get this syndrome and most often it is seen with dietary issues and fatigue from working out or from chronic stress.

What to look for in you: People with adrenal fatigue tend to wake up tired (low cortisol) and not wanting to eat breakfast. Most people don't have enough fuel in their livers/muscle for gluconeogenesis to sustain the day's needs. In this scenario if you don't eat you are basically stressing your adrenal gland further to sustain sympathetic tone to make that energy

your liver does not have. You are demonstrating poor post workout recovery. You get sick more often and your recovery from illness is slower. Usually you have bloating and signs of a leaky gut and poor immune function. Your nails will be brittle and your temps might fluctuate. Your vitamin D level falls for no reason. You will also have a lower BP and tend to feel cold most of the time. Heart palpitations and chest pain are possible as well. Women will have more premenstrual symptoms and will notice more food intolerance over time. Sometimes a contributor is emotional stress in the history. Divorce, cheating, spousal death/disability are huge drivers of this syndrome. Hypoglycemia is very common especially with activity. In women, I look for (OAT) ovarian, adrenal and thyroid syndrome that have symptoms such as PMS, low body temperature, endometriosis, PCOS, cystic breast, menstrual irregularities, fibroids suggestive of ovarian dysfunction and Estrogen Dominance; dry skin, weight gain, fatigue, low energy, blunted response to thyroid medications suggestive of secondary hypothyroidism; salt craving, frequent infection, hypoglycemia, insomnia, anxiety and adrenaline rushes suggestive of sympathetic overtone common in late stage Adrenal Exhaustion.

Stressors that can lead to Adrenal Fatigue include:

- Emotional stress
- Chronic fatigue
- Chronic illness
- Chronic infection or autoimmune disease.
- Chronic pain and opiate abuse
- Depression
- Excessive exercise
- Fear and guilt
- Gluten intolerance
- Low blood sugar
- Malabsorption due to lectins and phytic acid
- Dysbiosis

- Toxic exposure to environmental stressors (Hg)
- Severe or chronic stress
- Surgery of any type
- Late hours for any reason
- Sleep deprivation or night time shift work
- Excessive refined sugars in diet
- Excessive caffeine intake from coffee and tea
- Chronic dental infections of periodontal or endodontic etiologies.
- Microcytic anemia due to copper deficiency complicated by low zinc levels.

Diagnosis: A good History and Physical is invaluable to make the diagnosis. Look for salivary cortisol levels in the AM to be very low and a reverse of the normal diurnal cortisol cycle. Patients tend to have low sex steroid hormones and flat to lower vitamin D levels and especially low DHEA levels. This is in fact my favorite lab to diagnose this condition. Total lack of sympathetic response due to low epinephrine and norepinephrine. I check this with bio-impedance (BIA) and heart rate variability loss. BIA shows a reduced phase angle on exam. HRV is diminished with testing. Patients also have low aldosterone levels and this is why they always have low BPs with increased thirst. The person who “quantifies” themselves with lab values will be able to diagnose themselves rather easily with a few key labs. A very positive history of dysbiosis. The dysbiosis is due to reduced secretory IgA (the main cellular defense factor), natural killer (NK) cell and T-lymphocyte activity which lead to increased chances of getting infections such as Herpes, yeast overgrowth, and viral infections.

Treatments: Adaptogens Maca, Rhodiola, Holy Basil, Black cohosh root, licorice, Fo-ti root

Supplements: CoEnQ10 (ubiquinol) 400mgs to 1200 mgs, phosphatidylserine and choline, DHEA and pregnenolone replacement (all based upon lab values)

Treat with high dose B complex and vitamin C replacement to help liver detoxification phase 1 and phase 2 pathways

- Introduction of Mind body meditation techniques in my view is critical to getting better.
- Big thirst is a big symptom. Treat with hydration and salt tabs.
- Astragalus (Qi-tonic or TA-65)
- Melatonin
- Progesterone
- Complete darkness for sleep
- Bioidentical cortisol (hydrocortisone)
- Oxytocin (natural secretion is better than exogenous forms)
- Colostrum
- Replace vitamin D to minimum 50 ng/dl
- GABA replacement
- L-theanine (copiously found in green tea)
- Avoid caffeine, chocolate, ephedra, guarana, kola nut, and prescription stimulants. (Ritalin)
- For severe cases check Zinc and Copper levels as well. Fe levels and Hg levels in long standing cases
- Expose yourself to low light situations as soon as the sun sets before bed

Pearls for a Adrenal optimization:

- Sleep by 10 PM
- Sleep in until 8:00 AM
- Avoid over training
- Do the things you enjoy
- Avoid coffee or other caffeinated beverages; steep your tea!
- Eat early within thirty minutes of rising
- Have a glass of water in the morning with 1/2 to 1 teaspoon of salt
- Avoid grains such as bread
- Avoid starchy foods such as potato
- Mind body mastery/ Laugh several times a day
- Take vitamin C, pantothenic acid, magnesium, and vitamin E (Mixed tocophrenols)
- Take pregnenolone and DHEA, as needed
- Avoid becoming fatigued
- Avoid high glyceimic fruits
- Never skip breakfast ever

PROGNOSIS: is usually excellent

Treatment with recovery time takes anywhere from 3-18 months depending upon severity of the condition at presentation. The most serious cases usually have dietary causes intertwined with several mineral deficiency and an uncorrected hormone imbalance.