

HIDDEN CAUSES OF FATIGUE
THREE POSSIBLE FACTORS

FITNESS WITHOUT EXERCISE
HOW TO GET PEOPLE MOVING

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Is It Fibromyalgia?
Keys to Diagnosis



OCTOBER 2012
ISSUE #351

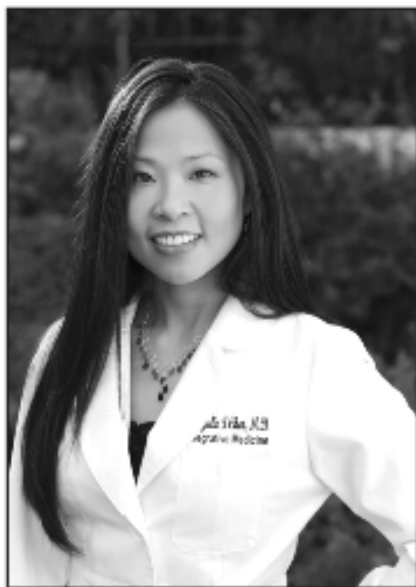


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Sleep and Weight Gain
Making the Connection

Solving Your 'Energy Crisis'
A Proven Nutrient

Multiple Chemical Sensitivity
Who Is Susceptible?



Dr. Julie: An Integrative Medicine Perspective

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Feeling Fatigued and Irritable Lately? You Are Not Alone

Most of us these days are nothing if not a bit more fatigued compared with years before. Often, we attribute this to high stress, long work days, family life, or ill family members causing us to worry. But what if it's more than that?

Adrenal fatigue is not terminology that many physicians may have used in the past, but increasingly they are starting to pay attention to the idea that you don't have to get to the severe disease state of Addison's disease of complete adrenal insufficiency to feel the effects of a less than optimal adrenal functioning status.

Adrenal glands are situated above the kidneys, and I like to describe them as the battery pack of the body, where when we are stressed over the long term, the adrenals are more depleted or "fatigued" compared with when the body has been relatively healthy and unstressed most of one's life. This is, of course, a rough description of adrenal functioning, because it is much more complicated than that, but just imagine your adrenal glands like a source of energy in your body that secretes hormones when you are stressed; and the more you are stressed, the more overworked and tired it becomes.

Because the endocrine system is so intricately linked and work in such a close buddy-system way, when the adrenal system is fatigued, it can affect the efficiency and functioning of the thyroid and sex hormones as well, to name but a few implications of adrenal fatigue. Some of the common symptoms of adrenal fatigue include increased irritability or mood lability, fatigue, feeling tired but wired at night, insomnia, fuzzy or foggy memory, worsened pain, dull skin or breakouts, and difficulty with weight loss.

Various situations can worsen already existing adrenal fatigue as well, including oral or injectable steroids such as prednisone, chronic pain narcotic medication, and extreme prolonged stress or lack of sleep. These are just a few examples of what could worsen adrenal fatigue, but the easiest way to think about it is that anything or any

situation that stresses out the body has the potential to worsen adrenal fatigue.

So in the midst of all this concerning information, you want to know whether there's anything that we can do about adrenal fatigue, right? Well, there is, and I'll share an example of a patient with the autoimmune disease polymyalgia rheumatica and how we helped her levels of adrenal functioning recover as she tried to come down on her longstanding dosage of oral steroid prednisone.

My patient is a 62-year-old pleasant woman who has been on prednisone at high dosages for years for her polymyalgia rheumatica. Due to chronic exposure of this exogenous steroid dosage and her body's long-term stress from battling this disease, her own adrenal functioning started to shut down. On lab check, her 9 a.m. cortisol level was almost undetectable, and she was found to have minimal endogenous activity upon further adrenal functioning testing. This was not a surprise, considering that exogenous steroid therapy such as prednisone over the long term suppresses endogenous adrenal functioning.

Among her adrenal fatigue symptoms was extreme fatigue, but the chronic steroid therapy had also caused significant weight gain, diabetes mellitus, and high blood pressure. Because she already had high blood pressure, her cardiologist was initially unwilling to try any adrenal-supportive supplements to help her endogenous adrenal functioning kick back into gear.

However, since the patient had been on the steroid medication for many years and her rheumatologist wanted to taper her down on the dosage of prednisone due to the negative health impacts that it was causing such as hypertension and diabetes, all of her physicians wanted her to be off prednisone. So with further discussion with the cardiologist and the growing concern that the patient's own adrenal functioning would not be able to support the tapering off of the prednisone on its own, the cardiologist agreed to a trial of deglycyrrhized licorice (DGL) to provide