

The Perennial Plague on Modern Man

Fatigue is probably in the top three for the complaints that a person brings to his or her physician. We all have experienced it, some more than others. What is it and what are the causes of it?

First, the definition of fatigue: *weariness from bodily or mental exertion*. Sounds easy enough to understand since it is also a *gestalt* feeling that we have but the cause or *etiology* can be a nightmare to pin down.

Causes of fatigue? There are a myriad of causes for fatigue that range from simple lack of sleep all the way to suffering with metastatic cancer and every cause in between. It is the *role* of the physician to tease out the cause of your fatigue by asking questions, listening to your answers and doing laboratory testing, if appropriate.

The most important question a physician can ask is...what type of fatigue is this? Do you wake up tired or do you get tired later in the day? Are you tired in the morning but feel better in the afternoon? Do you crash after a meal or do you just crash in late afternoon regardless what you eat? How tired are you? Are you “bone” tired? Are you “dog” tired? Are you just “a bit” fatigued? I know that these sound all similar but these are the questions that your physician must ask you to try and quantify the fatigue that you suffer from.

Are there other symptoms that you may (or may not) associate with your fatigue? No medical condition occurs “in a vacuum” so there can be other symptoms of your medical condition that you are having that are beyond

fatigue that need to be considered for a proper diagnosis. Such symptoms could include: sugar and/or salt cravings, easily emotional, excessive sensitivity to human suffering, excessive compassion for the pain of others, feeling of being a victim, excessively thirsty, need to empty your bladder shortly after you drink water, get dizzy easily when standing up, have low blood pressure, feel better “in the head” when lying down, pigment spots appearing on the hands and face, pigment appearing in the creases of your hands, becoming very anxious in stressful situations, overreacting to stressful situations, etc. You can see that there are many things to consider with fatigue.

Now, what if you answer “yes” to a lot of the above symptoms? What could be wrong with you? This is the *crux* of this brochure since this cause of fatigue is the most often overlooked, misunderstood and misrepresented form of fatigue in Western medicine. This is known as adrenal fatigue, adrenal insufficiency and, the worst type, Addison’s disease (adrenal failure).

The adrenal glands are small glands that sit atop your two kidneys. These glands produce some very important steroid hormones, i.e., cortisol and aldosterone. As WebMD’s website states so well, “Cortisol’s most important function is to help the body **respond to stress**. It also helps regulate your body’s use of protein, carbohydrates and fat; helps maintain blood pressure and cardiovascular function; and control inflammation. Aldosterone helps your kidneys regulate the amount of salt and water in your body -- the main way you keep your blood pressure under control.

When aldosterone levels drop too low, your kidneys cannot keep your salt and water levels in balance. This makes your blood pressure **drop**. [emphasis mine]¹ The symptoms that you may have from the lack of one or both of these important steroid hormones is dependent upon the degree of insufficiency that you might have. The lower your native levels are, the worse your condition is and the more severe your symptoms are.

How is it diagnosed? The easiest way to diagnose it with laboratory testing is with a 24 hour urine test. While this may sound inconvenient, it will give the *knowledgeable* physician the proper overall production for the normal 24 hour period. Some providers like to use the salivary hormone testing and have you spit in tubes throughout the day to check your levels of cortisol as it rises and falls in its (hopefully) normal cycle. However, my mentors, specifically Drs. Thierry Hertoghe and Ron Rothenberg, both recognized anti-aging specialists, discount the validity of the saliva testing and my clinical experience with it backs that up. Blood tests are available but must be drawn at 8:00 AM and if you are rushing to get the blood drawn by that time and get stuck in traffic or are upset when the blood is drawn, it can give you an incorrect cortisol level. So just pee in a bucket and we will “know all”.

So now that the test is done, you are found to have an adrenal insufficiency. If the condition is mild, then you could try various supplements to help augment your adrenal glands. The best would perhaps be 7-keto DHEA (not

regular DHEA). This form of DHEA will only convert to adrenal steroids and not convert to any of the sex hormones. Normal dose is 100 mg once or twice a day with food.

If the cortisol is low (*optimal* is 70 µg/24 hours), then prescription hormones are probably warranted. Here in this practice, we use either Cortef® (hydrocortisone) or Medrol® (methylprednisolone). Cortef can retain sodium and water so it is only used in the skinny people. If you are overweight, then Medrol is used. Do not be concerned about the use of these meds if you are aware that they are “steroids” and can “make you fat.” Remember that if they are prescribed for you in this office, you are deficient in cortisol and need to replace it back to optimal levels. In addition, your diet needs to change to a more high protein, low carbohydrate (specifically low refined carbohydrate but unrefined carbohydrates are excellent) diet (not Atkins and in ketosis...just generally more protein and less carbs). As your cortisol levels begin to rise, you will find new energy, less cravings and more control over your emotions. We would keep you on the dose that is giving you relief and recheck your 24 hour urine after two months. We would adjust it if it is too high or remains too low.

If it is severely low, we would order an “adrenal challenge test” done at St. Agnes Medical Center laboratory before we start you on replacement therapy. If you fail the challenge test, additional testing is done and, if you would like, a referral to an endocrinologist would be made. Otherwise, replacement therapy would be started as above.

If your aldosterone is low depending upon the amount of sodium in the urine,

¹ <http://www.webmd.com/sexual-conditions/understanding-addisons-disease-basics>

Florinef® (fludrocortisones acetate) is given once a day in the morning. Blood pressure will rise and the salt and water cravings tend to disappear and the person feels “better in the head” when they are upright. Again the levels can be checked with 24 hour urine two months after therapy is stabilized.

So you can see that fatigue can be a complex problem especially when all of the more obvious reasons for fatigue have been explored and either not found to be a factor or found to play only a minor role in your condition. If you are a patient of Dr. Work’s and he has not addressed this issue with you, take this brochure and pin it on his forehead to bluntly remind him that he missed your terrible symptoms. If you are not a patient of Dr. Work’s and do not wish to join the concierge practice, share this brochure with your own personal physician but stand back as he or she reads it. I sincerely doubt that they will do any of the testing or give you any of the hormones, if needed per the guidelines I shared with you. Medicine is an art that is practiced differently by different physicians and some are more willing to shift paradigms of medical therapy than others.

But whatever you do, ***do not let a physician tell you that you are “fine” when you know that you are not fine.*** Dr. Work has found too many people with correctable problems who were told that there was nothing wrong with them and that it was “all in the head.” Funny how correcting hormones makes everything “right in the head.”

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