

Identifying Adrenal Dysfunction

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Whenever you go to a webinar or hear a podcast about health, one of the first things instructors mention is to support the adrenals. Knowing this, my friend and mentor Dr. Harry Eidenier and his team put together a comprehensive booklet that summarizes the symptoms and treatments for adrenal hypo- and hyperfunction. You can download this "easy to read" 16 page booklet. In it you will learn: Basic physiology of the adrenal gland; questions to ask your patients; dietary suggestions; blood chemistry patterns to support hypo- or hyperfunction; how to use the Ragland and paradoxical pupillary response to support your diagnosis; and finally, what supplements support both hyper- and hypofunction.

Based on the report, I have prepared a questionnaire that you can give your patients in the waiting room. This will help you to identify patterns of dysfunction.



As you know, as stress increases, patients go into a hyper state where excess cortisol is secreted to handle the emergency. Cortisol is a catabolic hormone generally occurring in a sympathetic state.

So you can expect symptoms like hypertension, headaches, obesity and metabolic syndrome.

Women tend to have hair growth on their face and body due to dysfunctional hormone utilization.

Since it's not healthy for the body to be in a chronic sym-

pathetic, catabolic mode, the pituitary will attempt to apply physiological brakes which can be seen in a lowered TSH. So if patients are not on thyroid replacement medication and you see a TSH under 2.5 with all the symptoms of hypothyroidism, adrenal cortical hyperfunction can be the driving factor behind pituitary/thyroid dysfunction.

Elevated cortisol can also impair the conversion of T4 to T3. Not only will excess cortisol impair conversion of some hormones and neurotransmitters, it also can create tissue resistance to

one's own hormones: T3, estrogen, androgens, insulin, and even cortisol itself. As time goes on and adrenal reserves are depleted, even cortisol becomes reduced and exhaustion sets in.

Here's where the walking wounded come into your office. Symptoms range from dizziness to salt cravings, low blood pressure to allergies or hives, inability to concentrate to the inability to hold adjustments.

The chemistry patterns between hypo- and hypercortical are very different. For example, potassium is essential for intracellular function and it takes a great amount of energy to keep it concentrated inside the cell. However, when a patient is in an adrenal hypofunction state, potassium can't be maintained and it leaks out of the cell. The result will be elevated serum potassium.

Another common sign is a decreased CO₂ below 26. Levels of CO₂ below 26 are one indication of an acidic chemistry. One of the functions of the adrenals is to alkalize an acidic chemistry. When CO₂ is low it reflects the fatigue of the organ.

Of course if plasma or salivary cortisol is decreased, we can add that to the clinical picture.

By the way Dr. Eidenier has created a software program that summarizes these data points and more. You can see a link for his speaking schedule to become trained to understand physiologic patterns in blood chemistry.

For fine tuning, I always like to use some form of neurolingual taste testing to identify which supplements support biochemical individuality.

Speaking of neurolingual taste testing, utilizing the modified Coca Pulse Test is another way to check your selection of nutrients. After obtaining a full 60 second pulse to establish a baseline, have patients taste an adrenal supplement for 30 seconds, allowing the body to react, then retest for 60 seconds with the supplement still in their mouth. The patients' pulse will move in a healthy direction with the best supplement. Having said that, I know a lot of doctors who once they identify whether the adrenals are in a hyper- or hypofunction mode, just use the protocols attached and have good results.

In terms of supplements, with the help of clinicians from around the world Biotics Research has the most comprehensive line of adrenal support available. One of the products for chronic adrenal cortical hypofunction is ADB5-Plus and has been a "go to product" for me for years. Recovery and repair occur when we are in an anabolic state which requires activation via the parasympathetic nervous system. So even though supplements and diet are essential, encouraging people to devote time in parasympathetic activities to reset their nervous system is important. Alternate nostril breathing, yoga, Tai Chi, meditation, dancing, prayerful walking, and creative play are all examples of ways to support parasympathetic reset.

I encourage you to have patients fill out the attached form; if they score high, reschedule a longer visit to perform the Ragland and pupillary test. And if necessary consider ordering blood tests to get a clearer picture.

Thanks for reading this week's Tuesday Minute edition. I'll see you next Tuesday