Case History – Adrenal Fatigue Recovery

Gender, Age, Occupation, Nationality, height and weight.	**Mr. D.W. is a 39 year old man, husband and father of 2 small girls. He lives in the south of England, and works in a demanding job.** **He is 6 foot 1 tall, and weighs 14 stone 7 lbs (185 cm, 90.2 kg).**
Presenting complaint – list and duration	This is a longer and more detailed case history than usual focusing on Adrenal Fatigue. Mr D.W. claimed he had never felt worse in his entire life. He looked grey and had dark rings under his eyes. As he sat in front of me, his posture resembled someone much older than his years. His case represents what may be a typical case of Adrenal Fatigue for a man of his age, his position in life, and with young children. D.W. had not been through anything specifically traumatic, so let me share with you his case history information. He felt tired in different degrees during the day, including exhaustion & to too tired to move, sometimes. The mornings were a complete struggle. Despite his two daughters (aged 6 and 8) being a source of delight, he found himself, unnervingly, much less interested in their lives, daytime and evening time activities than he believed he should. This appalled him and he felt quite depressed about it. He had a good relationship with his wife but felt strangely detached from her too, which had occurred more over the past couple of years than when his daughters were born. They did not have much relaxed time together, like many couples with young children. He experienced a vague sense of being ok and could think clearly at about 7.30 pm and assumed that this was because it was after the girls' bedtimes. Other than that his life was generally very flat. D.W.'s work had been very demanding and although he had a position of some responsibility his immediate boss for the last two years was not easy to get on with, was not at all sympathetic, and made what he felt were unrealistic demands on himself and his team of staff. He spent too long at work and rarely felt any excitement or pleasure for it as he had in the past. Financially, he earned a relatively good wage and this covered the cost of living, bringing up the children and one holiday a year with a little to spare, so there were no particular money worries. D.W. did feel that his efforts and sacrifices were not sufficiently rewarded, however. D.W. used to go the gym regularly and play soccer with a local team, and this all changed when his daughters were born. Now he just about managed to make it to the gym or go for a run once a week. He found all forms of exercise much more challenging now, and had gained about 2 stone in the past 8 years. He also found it more difficult to lose any weight. There was one incident about 2 years previously when he was carrying his sleeping younger daughter from the car after a journey. He tripped over something unsighted on their short driveway before entering the house one Friday night. His immediate reaction was to shield his daughter from the fall and so he twisted instinctively and took the brunt of the fall on his hip, right arm and shoulder. His daughter was completely unhurt, but the fall on the narrow stone border between the pathway and the lawn was very painful, and a shock. After the weekend and a day off work, he visited the Dr. and then had scans but nothing had been broken. He was colourfully bruised, however, and this lasted for weeks. D.W. told me that since that time, he had not felt quite the same, and had never really recovered any sense of well being or fitness. His right shoulder and hip still hurt on occasion like a memory of the fall, long after

the bruising had gone.

During the Winter after his rather ignominious fall, D.W. suffered from two colds which was quite uncharacteristic. He had then suffered a cold every 6 months since, which atypical.

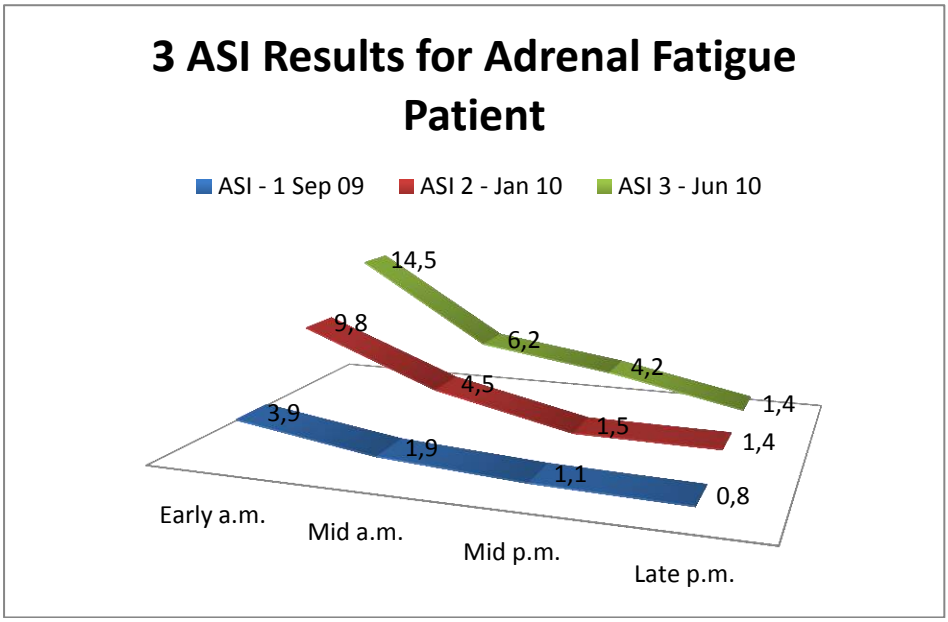
His diet had not improved either over the past few years, and D.W. could quite easily consume 4 coffees a day (with 1 tspn sugar). He ate fruit or snack bars during the day when he felt hungry and tired but otherwise ate standard fare for his meals. Breakfast consisted of fruit 'n' Fibre, lunch was most often a chicken or cheese or beef sandwich (one of the good ones, he told me) and dinner included spaghetti bolognaise once a week, steak and chips, fish with new potatoes and peas, pasta with a fish or tomato sauce or lasagne. He rarely drank alcohol since it made him feel even more tired. He craved crisps or chocolate most days. He drank only two glasses of water a day.

Any Investigations

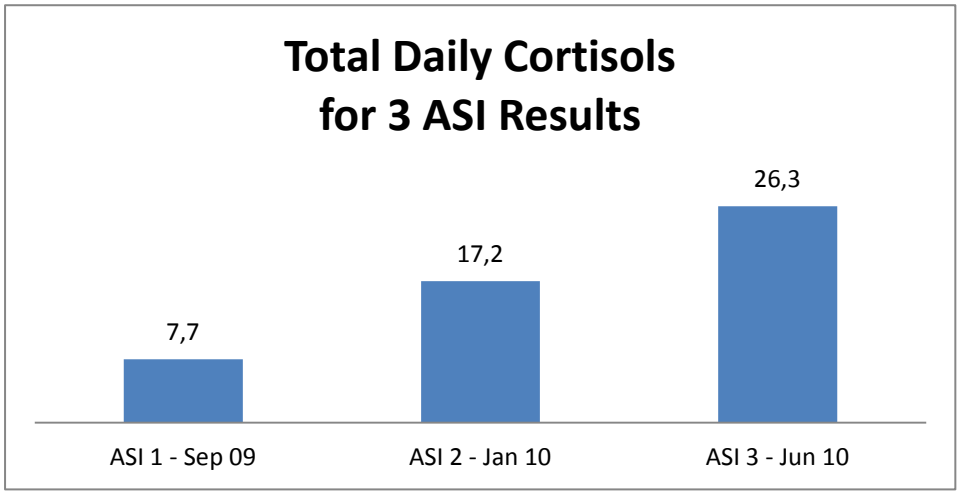
D.W. had visited the Dr and was found to have nothing wrong with him medically, from the blood tests. This included haematology and a complete blood count of which he did not have a copy. This probably ruled out anaemia, at any rate. He had been referred to a psychiatrist for depression who had recommended anti-depressant drugs. D.W. was strongly against taking this type of medication. However, some months on from that appointment D.W. was now considering resorting to the drugs he'd sworn never to take, because he needed to do something to alleviate his poor mood. He wondered whether he was feeling this way because he was, in fact, depressed. This is one of a number of examples in which D.W. lacked the confidence to make decisions and think rationally as he had previously.

The Adrenal Stress Profile test was recommended by me and then repeated twice over the course of 8 months or so. The results are shown below. His DHEA was low normal in the first result, a little higher in the 2nd and normal in the 3rd result, reflecting fatigued rather than exhausted adrenals.

	ASI No 1	**ASI No. 2**	**ASI No 3**
Early a.m.	3.9 (12-21)	9.8	14.5
Mid a.m.	1.9 (5-9)	4.5	6.2
Mid p.m.	1.1 (3-7)	1.5	4.2
Late p.m.	0.8 (1-3)	1.4	1.4
Daily Total	**7.70**	**17.20**	**26.30**



Mr D.W. followed the nutritional recommendations and supplement programme and stuck to them quite well.



Details of the specific recommendations are described below.

Strategy

Firstly, after listening to the case history in detail, I discussed the possibility with D.W. that he could have Adrenal Fatigue, since so many of his symptoms and history appeared to point in that direction. This in itself was a very evident relief to D.W. who had begun to question his own mental well-being. He left the appointment with a notable spring in his step compared to when he arrived.

Secondly, the saliva test was recommended, and dietary recommendations to support his energy and adrenal glands were made.

When the results came back and revealed the very low cortisol levels, this confirmed the dietary approach that had already been implemented by then and the nature of the condition. D.W. was very relieved and pleased that the lab test confirmed that something was wrong with him. The idea that he was a depressed patient was more depressing to D.W. than being a patient with adrenal fatigue. In my experience, I have found this attitude to be universally common. Getting confirmation of what is imbalanced or 'wrong' can be an important step in the process.

The overall strategy was to support D.W.'s adrenals and energy to restore his health to what it had been like a decade prior, specifically using Nutritional Therapy but also offering him insight into what was really going on. In hindsight, it appears he very much needed a supportive programme for many months to both achieve and maintain the benefits, and this is important to emphasise to patients.

Diet & Supplements: name and dose

The dietary recommendations consisted of improving every aspect of his diet. Breakfast became a much healthier porridge or eggs on toast, lunch saw him take in to work some salmon or chicken with brown rice and he would buy a hot veg soup to accompany that, and dinner moved towards less stodgy pasta dishes to lighter meals such as white grilled fish with veggies or chicken casserole and a small number of new potatoes with broccoli, for example. The coffee was gradually reduced to 1 in the morning over the next 4 weeks, and it was emphasised to D.W. that he MUST drink 7 – 8 glasses of water a day. The chocolate and crisps were reserved for emergencies only and it transpired that there were no emergencies in the

first month. The reasons behind each change were explained to D.W. Simple explanations also greatly help with compliance.

He was also instructed to go to bed at 10.30 pm each night, rather than some time after that which sometimes drifted on and on in front of the TV.

No exercise other than walking was recommended in the initial stages.

Supplements were advised on the return of the salivary cortisol and DHEA results, and are shown below.

Supplement Programme One – September 2009 (Phase One)

Dr. Wilson's – **Adrenal Rebuilder** –	2 at breakfast, 2 at lunch, 1 at 5 pm
Allergy Research – **Licorice Solid Extract** -	¾ tspn first thing, & ¾ tspn at 11 am
Biotics Research – **BioGlycozyme Forte** -	2 at mid morning, 2 mid afternoon
Allergy Research – **KappArest** –	2 at each meal
Allergy Research – **L-Tyrosine** 500 mg	– 2 mid a.m.

Adrenal Rebuilder® – is Dr Wilson's glandular formula for those with adrenal fatigue. It contains high quality adrenal (cortex), hypothalamus, pituitary and gonad concentrates in the proportions that provide the greatest support for those experiencing stress and adrenal fatigue.

Licorice Solid Extract – tastes like licorice syrup but is licorice extract in vegetable glycerine with no sugar. Licorice raises cortisol by inhibiting the enzyme that catabolises it – 11B-hydroxy steroid dehydrogenase (11B-HSD). Since it can raise BP, I advised that D.W. needed to measure his BP on a weekly basis at work (where there was a medical room with a sphyg).

BioGlycozyme Forte – is a multi vit & min with active B vitamins and glandulars (adrenal, pituitary, hypothalamus, pancreas, liver, brain, intestine) to support low cortisol and low blood sugar levels. Often, when the cortisol is very low, this may be best recommended mid morning and mid afternoon as opposed to with meals and in this way provides more regular intermittent supplement support for the low adrenal hormone output. It can also reduce hunger and inappropriate snacking more effectively when taken this way.

KappArest – contains 9 herb & plant extracts that have all been shown to reduce / inhibit NF-kB. Any inflammation can be a burden on the adrenals, and since his fall D.W. had intermittent pains. Cortisol is a potent anti-inflammatory hormone and D.W. may well have needed some support in this area which is why this was recommended.

L-Tyrosine is an amino acid supplement that can help to improve noradrenaline and dopamine levels, of which it is the precursor. In my clinical experience, it helps to lift a grey mood and improve get up and go and mental concentration more than anything physical. Best taken earlier in the day.

D.W. revisited me every 4 to 6 weeks over the months, or we spoke on the phone, and he continues to take nutritional supplements that have helped to turn his life around. We changed his programme each time the saliva results returned, although with other patients there often needs to be minor changes more often than this.

Supplement Programme Two – January 2010 (Phase Two)

These were the slightly altered supplements recommended to D.W. after the 2nd ASI results came back.

Dr. Wilson's – **Adrenal Rebuilder -**	2 at breakfast, 1 at lunch, 1 at 5 pm
Allergy Research – **Licorice Solid Extract** –	½ tspn first thing, & ½ tspn at 11 am
Biotics Research – **BioGlycozyme Forte** –	2 at mid morning, 2 mid afternoon
Biotics Research – **Stamina Caps** –	2 at breakfast & lunch
Allergy Research – **L-Tyrosine** 500 mg –	2 mid a.m.

Stamina Caps™ - is a specifically formulated B-complex to support physical stamina and mitochondrial energy conversion. The combination of nutrients contained in the formula includes Thiamin, Pantothenic Acid, L-Carnitine, Octacasanol, Coenzyme Q10 and OOrganik-15™ (a natural methyl-donor).

Supplement Programme Three – June 2010 (Phase Three)

This list is the 3rd programme for D.W. after the 3rd ASI results came back.

Dr. Wilson's – **Adrenal Rebuilder** –	1 at breakfast, 1 at lunch for 1 month then reduce to 1 at breakfast only
Allergy Research – **Licorice Solid Extract** –	½ tspn first thing on alternate days for 1 month, then reduce to once every 3 days for 1 month, then stop.
Biotics Research – **BioGlycozyme Forte** –	1 at mid morning, 1 mid afternoon
Biotics Research – **Stamina Caps** –	1 at breakfast & lunch, but 1 taken 30 mins before exercise
Allergy Research – **Zen** –	1 as needed (ideally on an empty stomach)

200 mg of Zen - contains a significant quantity of both gamma-aminobutyric acid (GABA) and theanine (glutamic acid gamma-ethylamide), an amino acid derivative found naturally in green tea (Camellia sinensis). These dietary ingredients that may provide stabilisation of mood and a feeling of alert relaxation.

Duration

D.W. followed the programme for 8 months and continues to do so. The supplement programme was changed only 3 times in the 8 months, and he is now able to take some responsibility for knowing what to take and when.

Outcome

For the purposes of this case history, the changes to D.W.'s health are described in the 3 phases, to match his test results and revised supplement programmes.

Phase One

As is so often the case, it is so helpful if there are positive changes within the first few weeks

for the patient. This is exactly what happened to D.W. Remember that he had complaints about these aspects of his health: energy, weight, mood, attitude to work, a strange disconnection from his family, hip and shoulder pains (intermittent), and I noted the grey palour of his skin. D.W. began to change his diet the day the met with me in early September 2009. Two weeks later, he started the supplement programme, and he told me he had felt "lighter" in many ways, from the diet alone, which made him feel more positive. However, within the first week of the supplements he found that his mental and physical energy were noticeably better. This meant that he was better able to cope at work, he was more motivated to make steps in engaging with his daughters at home and he was more motivated to go out for a power walk.

His weight did not change, nor did his palour, nor did his feeling lousy first thing, but his physical pains did not flare up at all in the first month.

In November and December and the early part of January, D.W. continued with the programme quite religiously which reflected his desire to be free of the poor state he had been in. His energy took a crash from time to time for no particular reason, but he stuck with the programme with a few exceptions. Over the first few months, his energy was the most significant thing to change along with his mood; 8 weeks into the supplements, D.W. recorded that he was about 60% improved and stable at that level, which was so heartening for him. His energy was about 35-50% better than it had been, and the troughs he experienced were less deep. The colour in his face did change and it was this that elicited positive comments from those around him. The pains did not reappear and have not since.

His weight was slow to change, and the burden of stress was pretty much the same.

He told me that he was able to be in the present time with his daughters more than before and felt more connected and bonded with his wife, but this has been a gradual process.

Phase Two

The second ASI results showed a rise of cortisol from 7.7 to 17.2 which may well have been supported by the licorice, adrenal glandular and other supplements, and reflects a very good increase. Whilst the intention would be for D.W. not to need the supplements, it is so important to maintain this support to help ensure better long term outcomes. It is a false economy to have patients with such low cortisol come off the supplements as soon as they are feeling better. I have made this mistake before and it can be very demoralising for the patient, and then more challenging to develop the same rapport with the patient afterwards.

These changes were made to the programme. Finish the anti-inflammatory KappArest , reduce the dose of licorice (his BP had been normal whilst taking it), vary the dose of the adrenal glandular and introduce Stamina Caps (Biotics) which contains useful doses of Vit B1 & B5, with L-Carnitine, Octacosanol, CoQ10, Oorganik-15 (which provide methyl donors and are involved in use of cellular oxygen and energy production). Keep on with the Tyrosine and BioGlycozyme Forte as before.

Some resistance exercise was introduced to help D.W. increase his lean muscle mass, without exhausting his adrenals with cardio exercise such as running or cross-training. His abdominal fat started to shift at the end of January 2010. He felt that the Stamina Caps really helped his ability to lift the weights. His ability to tolerate exercise with no undue fatigue or muscle soreness afterwards helps to confirm that there was almost certainly not an issue with chronic fatigue syndrome. There are links with CFS and adrenal fatigue, as well as hypothyroidism.

D.W.'s energy had continued to improve but he still had dips mid to late afternoon, and he still was not as refreshed as he felt he could be upon waking. He said that it was 60%+ better,

and his mood was much, much better with an 80%+ improvement. He was beginning to forget what it had been like to feel so low, but from time to time during a dip he felt blue again and this motivated him to stick with the programme, of what was essentially very healthy eating and specific supplements, and a dedicated bedtime. He still felt pretty tired in the morning even though the cortisol has improved nicely. His role as an involved Daddy was also so much better and he was relieved to know that he was not a cold, detached father that he had believed a few months before.

In March, D.W. observed that he had only had a few days of feeling like he had a cold in the Winter time, compared to the more recent full blown colds for a week at a time. This was another sign that he was able to mount a stronger response to all kinds of stresses including immune defence.

It is true that there were no real obstacles to D.W. in putting the new nutrition into practice and this was a real advantage. For other patients, there can be life events that can get in the way of making the best changes. Except, of course, that work remained pretty much the same as before, and this was something D.W. was going to need to work on. At least now he was making a plan about what to do whereas before he had felt helpless.

D.W.'s revised his goals to focus more on his body fat and this did gradually come off so that by May 2010 he had lost 12 lbs from his start weight, and he had regained some strength too.

One weekend when D.W. went out two nights in a row, and got to bed late he felt tired for the whole of the next week, and craved more coffee and chocolate. He needed to discuss this on the telephone because he felt that he was not "cured" and that he would need to be on this programme forever, and why could he not go out and handle it!? This sort of event also often happens and can lead to despondency. It reflects that when someone has Adrenal Fatigue that has taken years to manifest, it can also take some time to more completely recover. It is recommended to remind patients of this in as positive a way as is possible. This confirmed to me that he still needed supplemental support, which he continued. He took his 3rd ASI test in June 2010.

Phase Three

The 3rd ASI also showed good improvements with his cortisol levels, rising to a total of 26.3 and was a good reflection for all of the improvements experienced by D.W. Mostly, the improvements in D.W.'s health have been significant. His energy, mood, outlook, family life, weight and body shape, palour and the pains he had are all much improved. However, when he steps off the healthy recommendations for more than a day then he does feel worse for wear. For this reason, he continues with the supplement programme, which is scheduled for gradual reduction, and we will be reviewing how he fares on the lower doses.

Overall, we had email contact every 2-3 weeks, and had 5 telephone follow up calls and met face to face 5 times in total.

Comments

This is a very good typical example of how Nutritional Therapy works in someone with Adrenal Fatigue. Although the majority of patients seen in clinical practice are female, which brings another dimension in terms of hormonal considerations, this case serves as an example of how it is very possible to make significant changes with NT to someone with adrenal fatigue who has low energy, poor overall health and outlook.

It is not possible to claim a "cure" for D.W.'s condition because he is a work in progress, but it is hoped that he will be able to feel very well without the continued support of the supplements. However, these supplements have made all the difference to D.W. This is an example of how specific NT with the use of concentrated sources of nutrients and animal

	tissues can play a major role in helping someone make profound functional improvements to their lives. Of course, medically, there was nothing wrong in the first place and nothing wrong now, so there has been no change. However, as D.W. can confirm, it has "saved my life" and been "absolutely startling". From knowing nothing about the adrenals, D.W. is a complete convert to appreciating their role in his health, and has a much clearer idea about the different roles of NT and medicine in his and his family's lives, and society as a whole. Dr James Wilson's decades of work studying and treating Adrenal Fatigue were invaluable in my ability and knowledge to make what turned out to be very effective recommendations in this patient. Simply understanding the nature of the condition and being aware of Adrenal Fatigue resulted in D.W. following my advice in the first instance. Dr Wilson's seminar at the RSM in October 2007 was one of the most useful and interesting I have ever attended, and Nutri-Link will be welcoming Dr Wilson back to the UK on 16th & 17th October 2010 again at the RSM. Click here for more info. This updated presentation really is a must-come for anyone involved in helping patients with adrenal fatigue.
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