

Case Histories

Case History – Adrenal Shock

Gender, Age, Occupation, Nationality, height and weight.	<p>Miss F.P. is 44 yr old, English lady living in South London. She has a full time job as a P.A. She is 5ft 2 ins and weighs 8 stone 2 lbs (157 cm, 51 kg).</p>
Presenting complaint – list and duration	<p>Miss F.P. told me her symptoms had been very noticeable for 2 months. She presented with a definite sense of anxiety brought on by nothing in particular, which occurred every day to some degree, and “washed over her in waves right through her body”. She felt a strong fluttering inside her chest at these times. She also felt the cold more than she had despite gaining 5 lbs in weight relatively suddenly at the same time this all started.</p> <p>She had a typical lifestyle, with her boyfriend of 10 years, was close to her family who lived nearby and had a close circle of friends. She worked 8.30 am to 5.00 pm, Monday to Friday with a 30 minute commute each way, and she enjoyed her work even if it was hectic sometimes.</p> <p>F.P. ate a pretty good diet – the kind of healthy eating that I find very typical of many patients I see. She is an omnivore, choosing more lean white than red meats, has fish once or twice a week, avoids trans fats, minimises sugar and feels guilty when she has some chocolate and coffee which is once or twice a week.</p> <p>F.P. had kept herself fit in her adult life taking some form of exercise about 4 times a week. She has always been slim so the rapid gain of 5 lbs for her was out of the ordinary, and she could not explain it since she had not altered her eating habits.</p>
Any Investigations	<p>Miss F.P. had visited her Dr two weeks after the ‘waves of anxiety’ had begun, and she had been told to come back in a fortnight if nothing had changed, which she did. She was recommended an anti-anxiety drug called Sertraline (Zoloft), which is in fact an SSRI anti-depressant. This is not technically an anti-anxiety drug, which are typically tranquilisers or benzodiazepines. She resisted taking them because she knew she wasn’t depressed, didn’t need medication and wanted to address the underlying cause of what was going on.</p> <p>Her blood pressure was taken by the Dr and was found to be normal, although her pulse was 75 when it was normally 60-65. The Dr did, however, also refer her to a cardiologist for a heart assessment and this meeting 10 days prior to our appointment confirmed the absence of any pathology with the heart muscle, such as atrial fibrillation (AF). Sometimes, AF can potentially lead to such symptoms and increase anxiety.</p> <p>Mindful of triggering more anxiety, I did gently question Miss F.P. about what had happened 2 months ago, to see if there was any event that was a cause for increased stress. She told me that she had asked herself this question and discussed it with her boyfriend at some length, but without being able to shed light on anything. It was during the next conversation about blood sugar balance that Miss F.P. stopped me and told me that she remembered something of importance which was not related to a traumatic event but rather a very busy day at the office during which she ate no food at all, which was very rare. She had felt light-headed and very stressed. A little later, still not having eaten anything, on the way home as she sat on the bus, she read a tragic story about how a young mother and her two children lost their lives in a fire. Of</p>

Strategy

course, this is a distressing thing, but it had particular significance to F.P. because when she was a young child a good friend of hers at school suffered the same fate. It had brought it all back to her, and was very upsetting, and she began to breathe more heavily & tremble. She was then able to tell me exactly what was happening outside the bus when she looked up with vivid detail. Until that moment in the nutrition consultation this had been blocked from her memory.

F.P. needed a few minutes on her own in the consulting room to gather herself and was shaking slightly when I re-entered the room.

On further investigation, it transpired that F.P. did have a relatively fragile blood sugar balance. An Adrenal Stress Profile was recommended to identify her cortisol levels.

The primary focus was to support F.P.'s blood sugar balance and adrenals which appeared to underpin her current anxiety symptoms.

I also recommended that F.P. seek some counselling therapy to help her resolve or address the evident distress surrounding the loss of her school friend to fire all those years ago. Where I can I make a specific recommendation to a psychotherapist whom I know for an initial chat.

Diet & Supplements: name and dose

Miss F.P. was recommended to consume meals / food every 3.5 hours instead of every 5 hours or more in order to support her blood sugar balance. This should also alleviate a burden of stress on her adrenals. Protein at each meal was recommended, whereas she had only been having protein foods at one or two meals a day. Adequate water intake was emphasised. She also agreed to take in some healthy snacks to work such as nuts & seeds, an apple, hummus or cottage cheese & rye crispbreads instead of biscuits which she may or may not have had at work.

I awaited the cortisol results before recommending supplements. To my surprise her cortisol was quite normal, being high in the normal range, which was close to what one might have expected. Her total daily output was 32 in a range of 21-41, with an appropriate rhythm of cortisol over the day. Her DHEA was normal, and her SIgA was too – a level of 215 (130-471). It was just as well that no supplements had been recommended earlier, because now the focus was to be more on her adrenaline output, rather than cortisol.

The results came back 10 days after we first met, and when I spoke with F.P. on the phone she told me that she felt the same as she had when we met – the anxiety was still the same. It was wearing her down and she felt exhausted, and the changes in her diet had not made any difference to the anxiety, at any rate.

The supplements recommended to F.P. are designed to temper the stress response and have been used with post traumatic stress disorder (PTSD) patients in my clinical practice. They were selected not to address the saliva cortisol results but to re-set F.P.'s fight & flight stress response, which appeared to be in the "on" mode.

Allergy Research – **Phos Serine Complex** – 1 caps at night

Biotics Research – **A.D.H.S.** – 2 tabs first thing, 2 at noon

Allergy Research – **Sugar Balance Formula** – 1 caps with each meal (3 p.d.)

Allergy Research – **Zen** – 1 caps mid morning & mid afternoon

- **PhosSerine® Complex (AR)** contains phosphatidylserine, a structural component of the inner layers of cell membranes. It is also involved in signal transduction activity. Research indicates that phosphatidylserine may enhance cognitive activity, and in clinical practice it has been found to improve the sensitivity of the HPA, thereby reducing excessive stimuli of the adrenals. <http://tinyurl.com/3ykavmq>
- **A.D.H.S. (BR)** is a comprehensive and effective adaptogenic formula, providing selective botanical extracts, with pertinent vitamins and minerals. ADHS serves to replenish nutrients depleted by the stress response, thereby positively supporting healthy adrenal function. <http://tinyurl.com/38j2gej>
- **Sugar Balance Formula (AR)** contains a blend of Ayurvedic herbs together with key nutrients involved in the uptake, transport and metabolism of glucose in the body.
- **200mg of Zen (AR)** contains two naturally occurring amino acids, L-theanine and GABA which support natural relaxation. Non-addictive, non-sedative, natural remedy to help maintain a healthy response to anxiety inducing events.

Duration

The supplements were recommended for one month before a review. The programme was reduced after the review. Now some months later, she continues with the Sugar Balance Formula and has Zen to hand in case it is needed.

Outcome

Miss F.P. took the supplements religiously. After 12 days she noticed the first change in her anxiety; the 'flutters and waves' were appreciably less. They then returned for a few days and then reduced and were gone for 5 days. Under stress of almost any kind, the flutter returned but it was only very short-lived and the waves she described stopped and did not return.

After about 3 weeks, the flutters also disappeared. She remained in fear of the whole thing returning.

Whilst F.P. told me she was delighted to have overcome these sensations and the anxiety and the uncertainty as to what was wrong with her, she did tell me that she felt more exhausted than usual. I advised that this was a likely natural consequence of having been in "alert" mode for some time, and rest was what she needed.

I recommended F.P. to finish the Phos Serine Complex (AR) which was a 90 day course, therefore, and to reduce the ADHS (BR) to 2 first thing only, and to reduce the Zen (AR) to 1 or 2 per day as needed and to maintain the Sugar Balance Formula (AR).

We met again four weeks later and she was still free of anxiety and all of the associated symptoms, and her energy was improving. I told her to finish and stop the ADHS and continue with the Sugar Balance Formula (AR) and keep the Zen in her bag for occasions of need.

F.P. continues to be well as this case history is written, some 5 months after her symptoms manifested. Whilst I did re-iterate the need for her to seek some counselling help, F.P. pointed out she had a fear that focusing on the subject would only bring it all up again and re-ignite the body's response, so she was going to bear this in mind for the future.

Comments

This case of what I have called “adrenal shock” as opposed to adrenal stress is quite rare. The fact that the saliva test was undertaken was a very useful thing since it revealed that there was little awry with the cortisol output, and it was not a very high or a very low level that was eliciting F.P.’s anxiety symptoms.

It appears that it was F.P.’s adrenaline that was being produced in excess. However, there are no straightforward tests for adrenaline and no lab in London measures it in the blood. It is such a short-lived molecule that it is a challenge to identify in the blood. Vanilmandelate (VMA) is the main urinary metabolite of the catecholamines (adrenaline and noradrenaline). Low urinary levels of VMA have been associated with low levels of these neurotransmitters in the CNS. For more on lab testing see key book: Laboratory Evaluations and Functional Medicine by Richard Lord and J Alexander Bralley. <http://tinyurl.com/39wxob2>.

The focus on improving the HPA axis with **phosphatidylserine** and supporting F.P.’s GABA levels, with additional blood sugar support, and the use of **A.D.H.S.** helped to achieve the benefits in the swiftest manner, and helped to correct the underlying biochemistry. I do not believe the more usual supplements to support cortisol would have been so effective.

These specific supplements are worthy of consideration for the patient who presents with symptoms of the fight and flight syndrome, but it is still recommended to have the patient visit their Doctor and do an ASI test

Learn more about Adrenal Fatigue at Dr. Wilson’s Seminar on 16th October 2010 at the RSM. <http://tinyurl.com/2wbfq26>

Practitioner

Antony Haynes, BA(Hons), Dip ION, BANT, NTCC, is a Nutritional Therapist with a clinic in London W1.