



Adrenal Fatigue

An excerpt from Chapter 14
*The Often Overlooked and Undertreated
Thyroid and Adrenals*
From the book,
*My Action Plan for Stopping
the Symptoms of Mitral Valve Prolapse*

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Adrenal Fatigue

The adrenal glands sit on top of the kidneys and produce cortisol when the body is under stress. When these glands become fatigued, people can feel depressed. This should be a short-term reaction, but my MVPS adrenal problems cause my adrenals to overwork almost daily.

To try to counteract fatigue, some people exercise excessively, seeking a “runner’s high,” or find other ways to increase their cortisol levels. This will also cause exhaustion after the fact.

I was always overreacting, trying to stay excited about anything and everything. This was my typical path to increased cortisol levels, which also helped me feel energized. The effort was exhausting.

The result was a feeling familiar to some MVPS patients—“wired but tired.” Any method to increase cortisol will eventually cause further depletion of adrenal function. Treating that depletion with a replacement dose or physiological dose of cortisol has given me energy without pushing my adrenals.

Mainstream medicine does not recognize adrenal fatigue. Take for instance the material provided on the Mayo Clinic website about the condition:

“Adrenal fatigue isn’t an accepted medical diagnosis. It is a lay term applied to a collection of nonspecific symptoms, such as body aches, fatigue, nervousness, sleep disturbances and digestive problems.” (Ann Kearns, M.D., Ph.D., “Adrenal Fatigue: What Causes It?” *Mayo Clinic*, mayoclinic.org.)

A problem I have is discounted with no offer of help for my symptoms. When I did seek help for low energy and fatigue, I am yet again confronted with a diagnosis of depression.

In my opinion, such an unfounded diagnosis discounts the patient and represents another win for the antidepressant industry. Fortunately my doctors do recognize adrenal fatigue and have treated it.

About the Treatment

My adrenal fatigue is treated with a low, “physiological dose” of hydrocortisone—just enough to replace what my body no longer makes.

High therapeutic levels of cortisone are used to treat inflammation and other symptoms on a short-term basis. Used in the long term, such doses carry serious side effects such as:

- osteoporosis
- ulcers
- cataracts
- glaucoma
- menstrual irregularities
- diabetes

Cortisone can suppress growth in children, decrease carbohydrate tolerance, impair wound healing, and suppress the immune system. These effects can continue even after the drug is stopped.

The low replacement dose I take is comparable to insulin replacement for diabetes, hormone replacement therapy (HRT) for menopausal women, and, of course, thyroid replacement. Cortisone has been found to be safe when given in the correct physiological dose to those individuals with malfunctioning adrenal glands.

For more information, see: William Jeffries, *Safe Uses of Cortisone*, Charles C Thomas Pub Ltd; 2nd edition, 1 July 1996. At the time of this publication, this book could be found at used bookstores online.#