

The Controversy Surrounding Treatment of Mild/Moderate Adrenal Insufficiency – Lisa Nagy

There has been a general disagreement between Endocrinologists and integrative doctors who feel differently about the treatment of deficiencies of adrenal function over the last few decades. This controversy is well illustrated in tapes and the book by Dr. Jeffries called the Safe use of Hydrocortisone (or Cortisol). All agree Addison's Disease is determined by a poor response to ACTH stimulation (injection) testing. In his book he describes many patients who had clinical symptoms of adrenal insufficiency and might not have had a poor ACTH stimulation test. Never the less, these patients had relief of their symptoms with administration of low doses of Cortef throughout the day. Women with arthritis, allergies, stress intolerance, infertility and numerous other ailments improved dramatically and were rescued from misery. He used 5 mg four times a day most often. I use a different schedule with more in the morning though.

The use of saliva testing and 24 hr urine testing has improved the diagnostic accuracy of testing since his time. Mini dose (1 microgram) ACTH stimulation testing is now the accepted standard but not often done by older endocrinologists at major centers who prefer using 250 mcg. The utility of the lower dose testing is that it makes it easier to bring out subtle cases of insufficiency that could benefit from treatment instead of making the patients adrenals look normal when they are functioning sub optimally. It is important to lie the patient down and let them relax for 30 minutes after the IV catheter is placed to facilitate painless blood draws thereafter. This will prevent the Cortisol from jumping up from repeated blood sticks. The Cortisol should double and go above 20 to be a normal response in adults and to at least 16 in children. Some endocrinologists only use the above 20 criteria. So if you start at 19 and go to 21 you are OK – and integrative doctors say no it must go to 38 to be a brisk response! The test can be done at any time of the day. Cortisol is higher in the am and helps us to get up in the morning. The morning serum Cortisol is best if it is over 15, by 4 in the afternoon it declines to 5-8 or so and by midnight much less (1).

The problem is that there is always the risk of suppressing the adrenal gland by treating someone with this steroid hormone. It is said that using hydrocortisone or prednisone for two weeks at more than 25 – 35 mg (HC) or 5 mg (Prednisone) respectively can cause the adrenal to stop making Cortisol on its own, maybe more in a man – after taking 40 mg or so. The passage of the medication through the stomach and then liver chews up a third of the drug and to get the effect of 25 mg in the body you might need to take 40 mg a day. This is called first pass effect and doctors know all about it – so you can quote this to make your other doctor understand that you are actually taking not that much compared to the normal daily output of 25 mg in the non stressed patient.

In the case of occasional suppression the medication needs to be reduced gradually over weeks to allow the adrenal function to start up again. Not having enough adrenal function can lead to shock and even death in the event of a major stress like a car accident or infection like pneumonia and you need to know this for sure. It is also important to know if ones has adrenal insufficiency in the first place so that doctors can be told in the event of elective surgery or other stressors so that 50 to 100 of hydrocortisone can be given IV prior to the stress and then 50 mg every 6 hours for a day or more after until they are returned back to the previously used dose. Many times young thin women who like salt and sugar and might have lost some weight end up ill in the ER and die because no one realized they

had adrenal insufficiency. So usually one gains 5 pounds or more when they start to use the essential steroid to survive life regardless of having to do exercise now to maintain you sleek figure!

You should increase the dose temporarily for short-term stress like cold or flu or travel in airports or having fight with your spouse. Double the dose for a cold (20/15/10/5) and triple for the flu (20 - 25/15/15/15), or so. If you cry or feel tearful you are most often low. Our personality and behavior is largely a function of hormones and neurotransmitters and reactions to foods and chemicals and less so learned behavior from childhood, as Freud would have it.

So it is important to understand that although you might find an endocrinologist who agrees with treating you with small doses of hydrocortisone – it could be hard to find one who concurs. It is important that you explain to the doctor that – you feel so much better on this medication – if this is the case. So you are entering the realm of medicine that is ill defined. If you determine after a week that you feel better on this medication then we can use it. It might be for months until the supplements, rest and detoxification help to heal your adrenal or it could be a lifetime. Addison's disease or moderate adrenal insufficiency is a treatable condition with a normal life expectancy if Cortef is always available if needed. It needs to be in your purse in the tiny am/pm box in the car, in the kitchen and near the bedside in the purse box that I suggest. You must weigh the risk of being suppressed all the way with the alternative of being fatigued, depressed, allergic, dizzy, tearful, motion sick, and a weakened immune system that lacks enough cortisol for a lifetime or many years until adrenal supplements boost adrenal function.

There is data published by the Center for Disease Control that shows women with Chronic Fatigue Syndrome (CFS) have low cortisol oftentimes and do better on Cortef. Most of the patients who see me meet the criteria for CFS and more. Many of my patients have had mold exposure and have adrenal insufficiency because of the damage done by the moldy home or work place to the gland. This damage has been shown in a study done in 1988 by the Army on rats. Female rats breathing in mold toxins (called the Trichotheceenes) developed Adrenal Necrosis (death) and the rats died – but only the females! In the next study the females were first given testosterone and they then survived! This is perhaps why it is helpful to use testosterone supplementation in women with low 'T' to help the production of its cousin Cortisol. This also helps to explain why women more often develop adrenal insufficiency in the face of environmental exposure – at least indoor toxin producing mold.

So, now that you are more educated about the use of Cortef (25 to 40 mg daily total) in Addison's as well less (5 to 20 mg daily total) mild adrenal insufficiency you can determine after a short course on and then off if it seems to be helpful to your symptoms and whether you would like to use it if I have found it clinically indicated. It is a good idea to make an appointment to see a traditional endocrinologist and then you can put together all opinions and make up your mind what is best for you! I recommend you review Jeffries work as well. I have the tape in the office and his book (The Safe use of Hydrocortisone), which I request seriously that you review. Remember traditional doctors are scared to use it and will steer you away because in the 50's it was widely used as a cure all for rheumatoid arthritis but at 200 mg a day. Unfortunately patients were suppressed and eventually some did poorly because they crashed or died when they had a major stress and used no Hydrocortisone (or Soluortef). This inadvertent use of too much medication 63 years ago has caused untoward fear of suppression by

the doctors of today. You must reassure you other doctors that you understand the small risk and are willing to take in order to improve now and help the adrenal to relax, work less hard and recover to hopefully improve over time. We will recheck your morning Cortisol and see if you are suppressed, as the level will be one when suppressed. We will follow saliva testing and urine 24 hormones as well to see if you start healing your adrenals and if gaining too much weight due to increased appetite we will lower the dose to create the perfect balance.

If you are too sensitive to the medication then we need to take tiny does (1 mg), move to Cortef brand, or compound the medication of just use the antigen (allergy shot) to help tolerate the medication. So you can start with a quarter of a 5 mg tablet if need be and you are nervous and then move u if tolerated fine. Your yeast might grow if you take too much or you can get depressed or get headaches or have a coated tongue when the medication or progesterone, which also leads to yeast overgrowth, so keep me posted of these symptoms. We can test stool or blood for Candida and use Nystatin or Candia allergy shot to help with this problem and temporarily halt the Cortef if safe.

Please get the vitamin boxes that I suggest for \$2 to \$7, and maybe the key fob to have the Cortef in your keychain so you are never too far from a supply, as it is definitely risky to be without it if you are out and it is home. When you think you are low – you are, and it is best to take 5 or even 10 mg to prevent feeling too low and pathetically weak, reactive to chemicals and foods, or dysautonomic in response to going into a store etc. Best not to shop in stores and this will drag you down. Thank you for reading this and I hope it was helpful! Lisa Nagy

Now please read Jeffries and listen to the tape.