



Newsletter

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Chronic fatigue and the cortisol connection – a functional approach

The etiology is not well understood, and even the name is not completely agreed upon, but chronic fatigue syndrome or CFS (also called myalgic encephalomyelitis, among other names) is an often-debilitating illness that affects more than one million Americans. Diagnosis is made primarily through symptoms and the exclusion of other illnesses because there is no definitive biological marker or identified laboratory test for CFS. This lack of conclusive evidence often contributes to patients who are misunderstood by their friends, their family and their physicians. Even the name sounds innocuous, but chronic fatigue syndrome is more than just fatigue that 'lasts a while'; if that were the case then every insomniac, shift worker and new mother would be a candidate for the diagnosis. Most patients with CFS report muscle, joint and head pain. Light sensitivity, fever, cognitive difficulty, nausea, sleep difficulties, sore throat and swollen lymph glands are commonly chronic symptoms in these patients.

As is often the case when the mainstream medical model struggles with answers, functional medical tests including salivary hormone analysis provide much needed insight into the cause of dysfunction and deliver novel and much needed treatment options. For example, there is a well-established connection between HPA axis dysfunction and CFS as well as lowered cortisol output overall. CFS patients have been demonstrated to have a blunted cortisol awakening response. ACTH stimulation tests alone (the go-to test for adrenal dysfunction in many medical practices) often lack the sensitivity to detect dysfunction. Salivary testing offers the unique ability to capture the cortisol awakening response (by collecting a sample 30 minutes after waking), and is cost effective since it does not require hospitalization or even venipuncture.

When dysfunction is identified, there are many treatment options, however low dose cortisol replacement has resulted in significant improvement without adrenal suppression. The fact that so many CFS patients respond favorably to cortisol replacement is further evidence that HPA axis dysfunction and hypocortisolism is an integral part of this ill-defined condition.

March is national chronic fatigue syndrome awareness month, and a great time to test the salivary cortisol levels for your patients with unexplained fatigue and pain.

References:

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REGISTRATION IS OPEN!

Labrix CEO and Associate Medical Director Dr. Erin Lommen and Staff Physician Dr. Robyn Kutka present the fundamentals of hormone balancing, broken down into simple core concepts and related in a single day of engaging presentations and discussions. This event is designed for the provider who is new to the field of hormone balancing or is looking to brush up on the basics.

Join us for this 8 hour training and *leave with the tools and knowledge necessary to:*

- Identify patients who would benefit from hormone balancing
- Understand the roles of major sex and adrenal hormones in men and women
- Appreciate the relationships between the various hormones and the entire endocrine system
- Recognize the role that sex and adrenal hormones play in several prominent disease processes
- Treat hormone imbalances with nutritional supplements, botanical medicines and BHRT

This event will be held on **Saturday, April 5, 2014** at:

[Courtyard Chicago Downtown/River North](#)

Labrix has secured a room block at the rate of \$199/night.

If you are serious about adding this powerful tool into your practice, register to attend and secure your seat.



Registration is \$150 and following successful completion of the course, you will receive a \$100 credit on your testing account.

This event is a non-CME event.