



HPA Axis Support Protocol

Successfully supporting adrenal repair requires following an individualized program that combines oral supplements, nutritive protocols and stress-reducing lifestyle modifications. While full recovery is usually attainable, HPA axis dysfunction typically evolves over months to years and, as such, treatment time frequently lasts several months with some individuals requiring life-long support.

When developing a treatment plan, use salivary cortisol testing to phase HPA axis dysfunction and direct treatment, choosing from the following options:

Support for Early, Evolving and Established HPA Axis Dysfunction		
Treatment Options	Adrenal Glandular	Dosed in the morning and mid-day
	Herbal Adaptogens	Dosed in the morning and mid-day
Support for Established HPA Axis Dysfunction		
Treatment Options	Cortisol	5 – 10 mg immediately upon waking, 5 – 10 mg at noon
	Note: Cortisol supplementation should be limited to 20 mg/day or less to avoid suppression of endogenous cortisol production.	
Support for Elevated Cortisol Levels		
Treatment Options	Phosphorylated Serine	100 mg up to 4 times daily corresponding with elevated cortisol
		Use for 2 – 3 months

Vitamins			
B5	500 mg 3 x daily	C	1000 – 3000 mg 3 x daily
B6	100 mg 2 x daily	E	800 i.u. daily

DHEA Support <i>When Indicated</i>	Women	Men
Oral DHEA	2.5 – 15 mg daily	5 – 25 mg daily
Topical DHEA	2.5 – 15 mg daily	5 – 25 mg daily
Sublingual DHEA	2.5 – 15 mg daily	5 – 25 mg daily

Exercise: At least 20 minutes at a time 3-4 times per week. Exercise is most healing to the adrenals in a non-competitive environment.

Breathing: Yoga, meditation, progressive relaxation etc. Daily mindfulness of belly breathing and re-teaching the diaphragm to relax is essential for HPA axis recovery as shallow breathing signals the adrenals to be alert and vigilant.

Laughter: They say that laughter is the best medicine, and it does increase parasympathetic activity. In addition to laughing, any activity that brings you joy or peace is beneficial.

Sleep: A regular sleep schedule with an early bedtime allows the HPA axis the best opportunity for rest and repair. Sleeping in when-ever possible may be of benefit as well.

Diet: An HPA axis support diet should avoid caffeine, chocolate, simple carbohydrates and partially hydrogenated vegetable oil and be rich in whole grains, protein, fruits, vegetables and good fats. Small meals that include protein should be eaten frequently starting at breakfast, and time should be taken to chew thoroughly and digest, rather than eating on the run.

Retesting:

At 3 – 6 months	Any patient on cortisol therapy*
At 6 months	Any patient on adrenal support supplementation
At 12 months	All patients

*Cortisol supplementation needs to be discontinued approximately 5 days prior to sample collection for an accurate assessment of endogenous production to monitor adrenal recovery.

Resources

1. Safe Uses of Cortisol – William McK. Jefferies, MD
2. Adrenal Fatigue: The 21st Century Stress Syndrome – James L. Wilson, ND

Health Disclaimer: All information given about health conditions, treatments, products and dosages are not intended to be a substitute for professional medical advice, diagnosis or treatment. This is provided only as a suggested guideline.

