



Progress Your Health Podcast - Episode 070

How Do Adrenals Get Exhausted? - Zombie

Dr. Maki: Hello everyone, thank you for joining us for another episode of the Progress Your Health Podcast. I'm doctor Maki.

Dr. Davidson: And I'm Doctor Davidson.

Dr. Maki: As we said on the last one, today we're going to talk about the third type of adrenal fatigue, which is what we refer to as the zombie. Hence the name you might be able to understand what the zombie is like. On the last two episodes, the first one we did was a vampire, the second one was the ghost, which is broken up into the ghoul and the poltergeist. If you didn't fit into any of those two categories, then you're more than likely the last one left, is the zombie.

Dr. Davidson: Like we have said, these are the three main types of adrenal fatigue or adrenal dysfunction that we've seen in our years of practice. There are different hybrids and whatnot, but definitely, I would say these are the three main ones I've seen in all patients when we're working with adrenal fatigue. The vampire, just to recap a bit, has the high cortisol at night, so they're wide awake and they feel alive, and they feel like themselves. Then, by the time the cortisol goes down, they'll be able to fall asleep, but is 2:00 AM. Needless to say, come morning time, that cortisol is super low, so vampires are so tired in the morning. Part the afternoon they start to wake up a little bit, but the morning time, they're the people that every appointment, every place they need to be in the morning, they're the ones that are late.

Dr. Maki: Yes, absolutely. On the vampire episode, two episodes ago, I talked about when I was in college, I had a really hard time making the eight o'clock class. There is a couple that I had to take at eight o'clock, but if I could pick a class that didn't start at eight o'clock, I will take class that didn't start at eight o'clock, because I'll have an amazingly hard time trying to make it there. The zombie, they would never make it an eight o'clock class. They might not even schedule a class into before noon. They would

have a really, really hard time making anything at eight o'clock, maybe even 10 o'clock, for that matter. If not, they'd probably would make it at maybe noon, one, two o'clock, but anything in the morning, they're not going to make it there.

Dr. Davidson: Then, the ghost, we broke up into the ghoul and the poltergeist, because the ghoul, instead of roaming the halls, they're roaming their cell phone in the middle of the night because they wake up for a couple hours in the middle the night, while the poltergeist is little mischievous. These people are waking up multiple times in the night. Both types of ghost, fall asleep super easy, but the poltergeist, they would wake up six times at night. That's a terrible night's sleep. The difference between the ghost and the vampire, is the vampire is super tired in the morning, they're late, they don't go to their eight o'clock classes, they usually late for work. But the ghost are on time. They're pretty good in the morning, but the afternoons are when the ghost, they're just like that, I don't know if you ever saw that Seinfeld show, with George Costanza, build a desk that he could sleep in the afternoon, those are the ghost. In the afternoon, they want to either take a nap, or drink lots of coffee, or maybe even both.

Dr. Maki: Right. Where the zombie, as you maybe would gather from the other two, the zombie, they're just tired all the time. They're just always tired, they never really feel very good, they're always dragging themselves around. Like I said, they are going to be late for everything, they're going to be always not very punctual, just because they're so exhausted on a perpetual basis

Dr. Davidson: Like you said, the zombies are pretty popular -as you said on the last episode- in TV and movies right now, but it's like that. The zombies, their cortisol is low all the time, they don't have a spike in cortisol pretty much the entire 24-hour period, so they are tired. They'll even say, "I could sleep all day, I could sleep all night" they are just tired.

Dr. Maki: Yes. They do actually, sleep pretty well, but they never feel refreshed after sleeping. They could sleep for 10 hours and they wake up and felt like they've never slept. They don't have the sleep trouble that the vampire has, and the ghosts have, they literally can sleep all the time. They wake up at 8 o'clock in the morning, by 10 o'clock they can take a nap, they're just always tired. One thing that I didn't mention about the ghosts in the last episode, is that the ghosts it'll be tired in the afternoon, whatever, but they're still able to go exercise.

A lot of them will exercise multiple times a week, and they say they're tired -a lot of those people they just need to stop exercising to get some of their energy back-. The zombies, they are way too tired to exercise at all. Even the vampires, just way too tired to exercise, they just can't do it, they just can't, physically, or mentally, bring themselves to do any activity whatsoever. Getting out of bed for the zombie is sometimes hard enough.

Dr. Davidson: And then with the exercise, especially for the zombie, they're the one that says- Let me back up. The ghost, they'll go exercise, like you said, Doctor Maki, they probably should back off on some of that exercise and probably help with their cortisol cycle, but they can exercise and they're the one that says, "After I exercise, I actually feel pretty good" I feel pretty good for about an hour after that. Now, the zombies, if you made them exercise, if they were forced to exercise, they feel horrible after the exercise. It's like they used up whatever limited reserves of energy they had, and it's gone.

Dr. Maki: Yes, right. It wipes out the recovery after that because literally, they have no adrenal reserves whatsoever. The recovery from that, it takes them a couple of days, to bounce back. They don't just wake up the next day feeling fine, they're even more tired than they were, to begin with, which they are already very tired in the first place and now it just completely wipes them out. Or, if another stressor comes along, they have no more resilience, no more capacity for any other stressor, so an acute stressor that does come along, it really wipes them out, they don't really have any buffer there, or threshold for extra stress in their lives.

Dr. Davidson: And it's not Addison. Like I've mentioned, yes, their cortisol, it's being secreted from the adrenal glands, is low. If you did a saliva test, it'd be low in the morning, it'd be low in the afternoon, it'd be low at night, it's just low all the time. But it doesn't mean that they have Addison's disease because that's completely different.

Dr. Maki: Yes, which is unfortunate because the zombies are really struggling just to function on a normal level. If you do a blood test cortisol, which we don't ever really do, maybe occasionally, it might be necessary, more so on the Cushing's side. If you suspect someone's got Cushing's disease, you might get a little hint of having an elevated cortisol here or there, they go see an endocrinologist, they're going to do an ACTH challenge test, but for the zombies, their cortisol might be below normal. It's still going to fall within that normal because the reference range is so big, it's not really an optimized range at all, so you're always going to fall into.

If you think about it, like I said before on, I think it was three episodes ago, we talked about adrenal testing. The cutoff to do a morning cortisol is 9 o'clock, at least for a quest I think it's 9 o'clock in the morning. That means you got to get up, you got to get dressed, you got to take a shower, get dressed, get in your car drive to the lab, and then you get tested before 9 o'clock, of course, your cortisol is going to be in the normal range because you're awake and you've done all those things. Doing a blood test like that really doesn't tell you much of anything. When it comes to a diagnosis from an endocrinologist or a medical doctor of some sort, they're like, "No, you're fine. Your cortisol is normal" but the way that they feel on a day in day out basis is certainly not normal. That's not a way to function and to be productive on a daily basis

Dr. Davidson: No, and it's sad. I have patients that come in and they obviously, something is going on, but they're saying, "All my doctors tell me I'm fine, that I should go see a therapist, or I should be put on some antidepressants" and obviously they're not fine. But then, when you do the saliva test and they can see, especially with the zombies, like, "Wow, my cortisol is low, no wonder I feel this way". Don't beat yourself up, it's true adrenal fatigue, true adrenal dysfunction. I would say, as I mentioned on the last podcast, the zombies aren't as common as the vampire, ghosts are second common. A vampire doesn't turn into a ghost, doesn't turn into a zombie, you don't see this kind of progression here, I think it's just maybe what we've been exposed to, how our bodies react, what our predispositions are, but zombies, they're really tough, some of them can't even work, which is understandable. They're the ones that maybe their spouse is picking up a lot of the slack, which you can understand because they're just so tired.

Dr. Maki: Yes, right. I do think that the vampires can turn into zombies eventually, if it persists for long enough or if another major stressor comes along. I think Hans Selye, back in the '30s, or '40s, or '50s, the doctor that started talking about adrenal issues, there's the three phases of adrenal fatigue, there's the alarm phase, an acute stressor. There's the adaption phase or adaptation phase, and then there's the exhaustion phase. The zombies are clearly in the exhaustion phase. Most of the other two, the vampires and the ghosts, are in the adaptation phase, that's where most people are, we've seen people in varying degrees of the adaptation phase and the exhaustion phase. Usually in the alarm phase when you're in the middle of some kind of a stressor, usually people feel fine, it's usually after what we see most often with adrenal issues, there's some type of trauma of some sort, mental physical, major stressful event, a death of a family, a divorce some kind of major life upheaval or maybe an assault of some sort or something very traumatic. Then, six months to two years after that, is when people really fall apart. When that stressor has resolved itself and now you finally relax, is when everybody

feels the worst. They don't really put the two and two together why they feel worse so long after the fact, but in the moment of that stressor, your body does a pretty good job of keeping you in survival mode, you're just able to get things done and that's what cortisol does in the short term, but then that regresses and literally that's where all the symptoms really start to come out of the woodwork and people can't understand why. They go to their doctor, their doctor doesn't understand it from to this level and they feel a little bit helpless because they feel so bad, even though whatever happened, they don't put the two and two together that how they feel now is a result of what happened six months to two years before that.

Dr. Davidson: Yes. Definitely, you think, "I'm fighting the good fight. I'm fighting the war", the big stressor, you think when it's over, that you're supposed to be happy and, "Yes, it's done, it's resolved. I'm okay" but you're not, that's when you crash. Whether it's the vampire, the ghost, or the zombie, I think the zombie is definitely more where they have had that really high chronic, chronic stress, or something happened, and then along with chronic stress on top of that, and then they really have this crash. Our goal with the zombie is completely different than it would be with the ghosts. Like Doctor Maki has mentioned on the previous episode, the ghosts, we wouldn't want to give them a prescription of hydrocortisone, or maybe they might even be too sensitive for the glandular, but for the zombie, we want to raise that cortisol in the morning, raise that cortisol in the afternoon, and then allow it to -of course- stay low in the evening time. So our treatment ideas on working with a zombie is completely different than the other two.

Dr. Maki: Yes. Everybody, they do not. If you have quote unquote "adrenal fatigue", maybe you've been online and you answered a couple of questions to a quiz or something, our point of doing these three episodes is to make you realize that not everyone falls into the same category, therefore, how you address it is going to be completely different. One thing that -I think from a medicine standpoint- can create a zombie, is if you've been on long term prednisone use. You got some major inflammatory problem, they use prednisone for all different types of things, from lung issues to GI problems, to potentially life-threatening problems, they'll put you on prednisone. Prednisone can be a life-saving thing, but, at the same time, they have to taper you down, you can't just stop it. There's mid-roll packs, take a week, but then there's long term prednisone use, where you might be on it for three to six months, and then they taper you down, you go from 60 down, to like one or two milligrams. Then, once you stop the prednisone, nobody bounces back very well from that, the longer you've been on it, usually the worse you're going to feel once you're off of it. And there's no alternative necessarily conventionally, they just say, "Okay, you're" because they can't start a prednisone at a really high dose and then stop it right away, if you do that,

you'd be really ill, potentially it could be very dangerous to do that. That's why it has to be tapered over time, so your own production starts to come back because that's what exactly what prednisone does, it basically shuts off your own production. Your body isn't either was doing it, but it wasn't doing it to the level of the prednisone, so now they have to taper that dose down to allow your adrenals to start functioning normally. Like I said, that process can take months, but once you're done with the prednisone, there's no transition to anything else, that's where we kind of step in there, and that's where hydrocortisone, glandulars, a [unintelligible] all those things would be appropriate to help someone bridge the gap. Instead of going from prednisone to nothing, they're going for prednisone to something, and you're just stepping them down and rebuilding their adrenal function, which can also take several months to do that. But that's a way that a zombie can be created, based on whatever medical issue they have going on.

Dr. Davidson: Like we had talked about in that first episode, with the vampire, that they tend to have weight gain, tend to have sugar and carb cravings later in the evening time, when they're finally feeling awake. I do notice that the zombie does have some sugar and carb cravings as well, I think maybe because it gives them a little source of some energy or a little spark of energy as short-lived as it probably is five to 15 minutes. But would you notice that zombies tend to have a little bit of a sugar tooth or a carb?

Dr. Maki: Sure, yes. Again, if their cortisol output is low, maybe their aldosterone it's low, they might be having some salt cravings. I think it's to the person, but whatever they're craving, whether it's sugary carbs or salty carbs, don't think it really matters that much the fact that they have either one of those almost to an exaggerated degree, tells us what we want to know, is that there's something driving that. You're right, the brain does a lot of things, it wants caffeine, it wants sugar, it wants sugary carbs, it wants different things as a way to satisfy something in the short term, not realizing, the brain doesn't realize that those things, over time become fairly detrimental. The body is just trying to survive in the moment and all those things eventually they just become overblown and exaggerated, and it maybe turns into other problems, whatever that might be, whether it's diabetes or some other chronic problem. Initially, it shows up as being these subtle things that, like I said, can be magnified as the longer that continues.

Dr. Davidson: Well, we came up with these little cutesy names, but adrenal fatigue is not cutesy, it's serious, it can affect somebody's quality of life. Just like with the ghosts, and just like with the vampire, we also have some options that can help if you're a zombie.

Dr. Maki: Yes, right. And give you some ideas and how to approach it, and certainly you're not going to get that information from your primary care physician, or even an endocrinologist. We understand that we realize that because these are issues that we deal with quite often, and it really, like you said, it really comes down to energy and sleep. How well are you able to do those things, which honestly, if we don't have enough energy, we're not sleeping well, it is significantly going to affect our quality of life, and our happiness, and our productivity, and just how good we feel on a day-in-day-out basis. That's a big deal.

If you go to progressyourhealth.com/zombie you'll see the show notes there, there'll be some other information that we really don't have time to talk about fully on the podcast, but it will give you a synopsis of what we talked about and some ideas that you can consider.

Dr. Davidson: Yes, because there isn't one pill fits all, or one pill is going to make me better. With the zombie, the ghost, the vampire, it's all about having a multifactorial. We're looking at lifestyle, we're looking at nutrition, we're looking at exercise, we're looking at supplementation and possibly prescription medication. If you go into that progressyourhealth.com/zombie, they'll have the show notes summarizing a little bit about what we talked about here, and then some options that might fit for you, possibly.

Dr. Maki: Yes. We really do understand from a patient perspective, you go to your doctor because you're tired. If you do fall into the zombie category, there's really no medications that are commonly prescribed for the zombie, that actually benefit them in any way. You cannot give a zombie a stimulant, like Adderall or something like that, that is just going to make them even more exhausted and cause more problems. A doctor has a really limited options to be able to help someone like this because this level that we're talking about, they just don't really understand it on that level. It's not their fault, just the way the system works, right? You're tired, you have some symptoms, fatigue is one of those, and all three these have their own levels of fatigue throughout the day, and maybe the night, there's no medications that really fit for any of them. The things that we use, we've used them through based on experience in over the years, and we're trying to do something fairly specific with them. Like you said, there's a lot of options outside of medications that people can do on their own to help get you going in the right direction. You have anything else to add for the zombie?

Dr. Davidson: No, this was great.

Dr. Maki: Okay. Until next time. I'm Doctor Maki-

Dr. Davidson: And I'm Doctor Davidson.

Dr. Maki: Take care, bye, bye.