Relationships with Others

Mother-Daughter Relationship. Most Adrenal Syndrome patients show a strong hereditary influence which usually can be directly related to one parent or the other. The most common relationship that I have found is the mother-daughter inheritance. A woman
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who has an Adrenal Syndrome problem may have sons who exhibit the problem, but almost inevitably her daughters have Adrenal Syndrome. Conversely, when I see a young woman with Adrenal Syndrome, inevitably, on checking, I find that her mother has or had a similar problem.
The inheritance may come through the father and may, as mentioned, affect male offspring. But the invariableness of the mother-daughter inheritance is worth mentioning here. When we encounter an Adrenal Syndrome patient, we also make an effort to influence other members of the family to be checked for the condition. This is of great importance should a young mother exhibit the syndrome. While her children may be too young to show symptoms, we know from experience that unless their neuroglandular mechanisms are strengthened, they will undoubtedly have trouble as they approach puberty. In these instances, we try to institute minimal basic treatment at an early age to forestall the nearly assured development of Adrenal Syndrome in these young children. This is particularly important in the case of daughters.
Relationships that Strengthen or Weaken. Certain types of individuals help to strengthen adrenal patients, and certain types tend to weaken them. This susceptibility to individuals may vary greatly, depending on the state of health of the adrenal patient. Much of this has to do with the personality of the friend. Full of animal magnetism, some people have a surplus of energy and goodwill. The Chronic Adrenal Syndrome patient absorbs from these persons and benefits thereby.

But the relative or friend must be careful not to let the adrenal patient absorb so much energy that he—the relative or friend—is left depleted.
Some people are "emotional vampires," so devoid of energy and love within themselves that they attempt to sap others whenever possible. If an Adrenal Syndrome patient gets into the clutches of one of these individuals, he can be drained of his remaining vitality in short order. In general, if a patient feels stronger after being with a person, well and good. But if the patient always feels worse, beware, for that person might be an enervating entity, an emotional vampire.
Those with a predilection to Chronic Adrenal Syndrome seemingly by a natural selective process, usually marry an individual who is at the opposite pole of neuroglandular integrity—which is a scientific way of saying that a woman, who is delicate and weak in the neuroglandular system by nature, invariably marries a man who is strong and solid in his neuroglandular makeup. It is almost as if when she was young she knew that it would take a man of such qualities to
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watch over and protect her through the difficulties possible in the ensuing years. Often these individuals have little in common, but in the long run they need one another to fulfill specific purposes in their lives and so the marriages are generally successful, at least as far as permanence is concerned. I have known a few Adrenal Syndrome patients who married one another. The results were usually disastrous because of the instability of the chronic adrenal individual. Somewhere in their lives there has to be a rock-stable person to offer support and sustenance or their whole existence is placed on shifting
sands.

An individual with Adrenal Syndrome can often help another patient, especially in the early stages, by letting him know that he is not alone with his unfortunate problem. One of the most common symptoms of the Chronic Adrenal Syndrome patient is a feeling that he has something which no one can understand and which no one has had before. Friends and relatives assure him that they have never heard of anything like it. This is, of course, because so few doctors acknowledge the condition and so little publicity has been given to it.
Mixed Vibrations. Many individuals who are drained of energy by those around them feel that they are victims of agoraphobia, that is, fear of crowds, mainly because when they are in a crowd, they find that they grow weak and anxious. Generally, this is not true agoraphobia, but merely the draining effect or what I call the "leeching effect" that crowds have on Adrenal Syndrome patients. This is one of the earliest symptom patterns I usually notice in Adrenal Syndrome cases.
Years ago when I first started to practice in Seattle, Washington, a patient who had been a life-long music lover stated that within the last year she had enjoyed concerts less and less. It seemed that each time she went to a concert, she became exhausted and quite agitated. Upon examination, she was found to have a relatively mild adrenal weakness and, with proper therapy, was able to regain her health soon and fully enjoy her love of music once
again.

Many Adrenal Syndrome patients are sensitive to the mixed vibrations of any large group of people. Each human being is a radio transmitter sending out a vast number of different frequencies which create a so-called "aura" or eminence about him. With most of us, our own vibrations are so strong that those of other people around us have only a minimal effect. To the truly sensitive hypoadrenal victim, however, this effect can be powerful, even to the point of leeching his very energy.

His own vibrations can be so weak that he readily absorbs the vibrations and emanations which come from other
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people. Because of this effect. Adrenal Syndrome patients must be careful with whom they associate. On one hand, they find that association with certain persons tends to strengthen them as long as the liaison is not too long. On the other hand, they discover others who enervate them after a longer or shorter period. It is essential to their progress that they shun individuals who sap their energies. But it is to their benefit to associate with persons with whom they feel an increase in energy.

As the number of persons the Adrenal Syndrome patient encounters in a group increases, the chance of benefiting from the association decreases. As the vibrations of more and more persons are present in the atmosphere around the Adrenal Syndrome patient, the chances become increasingly great that the mixture of these electromagnetic vibrations will adversely affect the patient. Due to this fact, we usually recommend that these patients stay away from crowds as much as possible.

If there is a function the Adrenal Syndrome patient wishes to or must attend, however, we suggest that he remain for as short a time as possible, and, even then, try to choose such associations as carefully as possible to ensure many beneficial vibrations present. For instance, a patient may wish to go to a concert of classical music, and, if it is not too long, the patient may gain from the exposure.
Even Happiness Hurts. One characteristic of the neuroglandular exhaustion produced by Adrenal Syndrome that is different from the type of exhaustion produced by any other condition is that even events and circumstances which the patient enjoys or which might be a happy surprise fatigue and weaken him. For the patient who loved the chamber music concerts they were a great joy, and yet they created sufficient stress, because of the people involved, to be detrimental to her neuroglandular system. Almost all other forms of depression, anxiety, tension, and so on are improved by happiness and pleasant events. A surprise birthday party, a visit from a long-forgotten friend, or a telephone call from a sweetheart—all of these things strengthen the body and spirit of almost everyone except the Adrenal Syndrome patient. This is perhaps the saddest component of the entire condition, but it is nevertheless pathognomonic of the disease.
When an individual becomes exhausted or physically weakened by events which most people consider pleasure-producing and uplifting, you can usually be sure that this individual is suffering from Adrenal Syndrome.
Summary
No two Adrenal Syndrome patients have like conditions or react similarly to treatment because of differences in their heredity and stress. The disorder, it has been noted, most often passes from mother to daughter. A more severe appearance of the condition, called Chronic Adrenal Syndrome, may be recognized by a vacuity or glassiness of a patient's eyes and by extremely low blood pressure readings when the patient stands. Patients with Chronic Adrenal Syndrome, as a rule, become agitated if they have to wait, may go to great lengths emotionally in order to "awaken" adrenal function, and are unable to forget negative incidents. For Adrenal Syndrome patients relationships with others are often debilitating. Crowds have a negative effect. Persons with Chronic Adrenal Syndrome don't react positively to surprises; they find that some friends weaken them, others strengthen them.
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CHAPTER III

Clinical Treatment

In the treatment of Adrenal Syndrome, one of the first and most important factors is to assure the patient that he has a specific condition, that its cause is known, and that its correction is readily available to those who desire such help.
With many patients, it is obvious from the first interview that their condition is serious and that they are going to require the most complete treatment, including stress-reduction procedures. I usually make it a policy to be frank with these patients and let them know early what they and I must do.
In Adrenal Syndrome, as in most other diseases to which the body is subject, the patient's success in regaining health depends as much on his attitude and cooperation as on the skill and treatment of his physician. As I will point out throughout the text, however, the nature of Adrenal Syndrome makes it difficult for many patients to cooperate with their physician. For this reason, I sometimes impose conditions for treatment. I remember one severe patient whom I had refused to treat

unless she stayed with us for six months of therapy. Her family fussed and fumed, but finally agreed. She returned home at the end of six months an entirely new person and remains so to this day. Had I equivocated on this case and tried less extensive treatment, I would have failed, and she would have given up long before improvement ensued.

The secret of all successful Adrenal Syndrome therapy can be illustrated by the Classic Double-Pan Scale in which the total stresses of the patient are in one pan and the total treatment in the other. If the stress pan is heavier than the treatment pan, the patient will worsen. If less, the patient will improve, and, if equal, the patient will remain as he is, neither getting worse nor getting better.

Figure I illustrates that the amount of treatment must outweigh the force of the stresses which encumber the patient if treatment is to succeed. Successful therapy can be accomplished in three ways:

Increase therapy until it is stronger than stresses.

Decrease stress to a point at which the therapy is greater.

Use methods which both increase therapy and lower stress. An understanding of this balance mechanism allows great freedom

and leeway in the type of therapy which is applied to an individual case. For instance, the low-income patient who cannot readily afford most of the forms of clinical therapy necessary for this condition can still be helped by counselling which will reduce the various stresses under which he lives. If the patient can reduce the amount of stress sufficiently, so it drops below the level of even minimal therapy, he will improve.

At the other extreme, patients often are in such an emotional state because of their condition that it is almost impossible for them to control their external and internal stresses. These patients come into the Clinic for complete inpatient care, so that they may receive careful personal management and an accelerated course of therapy to help support and regenerate the general adaptive mechanism.

It is also possible to treat two patients who are almost identical in their exposures to stress and their inherent glandular weaknesses successfully by what at first may appear to be entirely different therapy techniques. As we do this, we treat from different sides of the balance scale. In one case, because of certain extenuating circumstances, we might concentrate on stress reduction; in the other, clinical treatment might be the most expeditious approach. In fact, it is in knowing at which point to place the emphasis of treatment that the true skill of the physician is shown. The basic mechanisms of treating Adrenal Syndrome are simple and are fully outlined in this text. The difference between success and failure often depends on the experience and wisdom of the physician, on his

knowledge of how to achieve that balance of clinical treatment and stress reduction that is best for the individual patient. Luckily, it is not absolutely essential for most patients to have exactly the correct proportions of these two factors to improve. The proper proportions do, however, give the most rapid and thorough improvement.

Specific Treatment Techniques

Specific clinical therapy can be divided into three components: internal, external, and counselling.

Internal includes specific nutritional and supportive agents which are supplied to the body to aid in its regeneration of the general adaptive mechanism.

External refers to treatment procedures and methods which are utilized to regenerate the general adaptive mechanism by means that do not require any substance to enter the body. Such treatments as Magnatherm, Myoflex, diathermy, hydrotherapy, remedial exercises, massage, and tissue sludge come under this classification.

The third division of clinical therapy is self-explanatory: counselling. Almost all clinical therapy would be worthless if the patients were not, first of all, properly counselled to have an understanding and appreciation of their condition, and then trained in the methods and techniques necessary to help them overcome the stresses which aggravate and prolong this problem.

Internal Therapies. Diet. The diet used for this condition is of great importance. I generally recommend a low-stress diet which provides, in as readily assimilable form as possible, all of the nutrient elements needed for satisfactory bodily function with special emphasis on those compounds which help to regenerate the general adaptive mechanism. The diet should be so arranged to include only the foods that are most easily digested, absorbed, and metabolized. It should exclude all foods that contain toxic substances which place added stress on the system and foods which require more energy to digest and assimilate than they return to the body in nutritive value. For the patient who does not have frank hypoglycemia, I usually use a combination of our Clinic's Basic Maintenance Diet and the Hypoglycemic Diet. (See Appendix 1 for diets.) The frequent meals, moderate protein, and increased intake of fruits and vegetables of the Hypoglycemic Diet seem to fit the needs of most Adrenal Syndrome patients. In general, Adrenal Syndrome patients may have reasonable amounts of honey, dried fruits, rice, bananas, potatoes, and other similar foods which are usually excluded from the diet of true hypoglycemic patients.

The foods chosen should be as free of pesticides and additives as possible. Although organically grown foods are not an absolute prerequisite, we find that patients who are able to obtain and use organically grown foods or their home-grown counterparts recover more rapidly. Attempts should also be made to obtain chicken, fish, lean meat, and other proteins from as reliable a source as possible. Try to get them fresh and as free from chemical additives as possible since these substances are still being used in many of these products.

When the general adaptive mechanism begins to fail, one of the first body functions to be impeded is the digestive system. Therefore, most of these patients have digestive problems of a lesser or greater degree and it is all the more important that every mouthful of food these patients take be as nutritious and non-stress-producing as possible.

While the digestive mechanism is usually affected in most Adrenal Syndrome patients, it may be affected in different and sometimes diametrically opposite ways in individual patients. In some, the condition called anorexia, or poor appetite, is present. These patients must be supplied with small but frequent amounts of highly nutritious foods. In others, the appetite becomes voracious, as if the body were attempting to make up in quantity what it lacks in quality. The new gastric analysis instrument, known as the "Heidelberg" pH monitoring instrument,3 can be of great help in determining imbalances present in the individual patient's digestive system and in providing specific information as to what form of supplementation is needed to overcome his digestive dysfunctioning. Having this information is important, because in the healthy individual there is a balance of hydrochloric acid and the acidic-working enzymes of the stomach, the alkaline-working enzymes of the duodenum and small intestine, the fat-emulsifying elements from the gall bladder, and the bacterial breakdown of foods in the large intestine.

Normal digestion requires a proper synchronization of all of these factors. With the failure of the general adaptive mechanism, this synchronization frequently becomes disturbed. These patients are best helped by a rebalancing of this synchronization so that foods

and supplements may be utilized to their best advantage. Many Adrenal Syndrome patients have great difficulty digesting and absorbing the specific supplements that are essential to improvement of their condition. For these patients, it is necessary to work on the digestive system before the internal portion of the clinical treatment can be instituted in a proper manner.

The pH monitoring instrument is extremely helpful in determining digestive system synchronization. With this diagnostic instrument, a special miniaturized radio transmitter and pH meter, no larger than a vitamin pill, is ingested and monitored by a special receiver-recorder as it passes through the digestive system. This little capsule sends out harmless radio signals to an instrument which graphs the changes in pH as it passes through the stages of digestion. The synchronous nature of the digestive system can be evaluated quite accurately by knowing the time intervals and the pH, that is, the degree of acid or alkaline, at any specific time. From this knowledge, the degree and nature of the imbalance can be calculated and necessary measures can be taken to correct it. This correction is accomplished by the use of various digestants, special food combinations, and therapy directed to the nerve centers in control of digestion.

Many patients with Adrenal Syndrome also have various food sensitivities. In these patients, even the best of regular diets can be injurious. Special testing must be done to ascertain the patient's needs. This is fully described in a later chapter.

Nutritional Supplements. Once the patient's dietary and digestive requirements are met, we are ready to look into his specific nutritional therapy. Proper supplemental therapy is probably the single most important clinical treatment component in the mild to moderate case. Without this therapy, it is rare for true and permanent improvement in the Adrenal Syndrome patient. It alone is sufficient to make dramatic improvement in many of the milder cases. In our Clinic, we usually use a supplement containing vitamin C, calcium pantothenate, vitamin B-6, and raw adrenal substance. ***This last compound, which is absolutely essential to proper adrenal regeneration, is made by dessicating a bovine adrenal gland at below body temperature so as not to destroy any of the delicate RNA and DNA factors necessary to help promote a rapid recovery from this condition.*** The product we most frequently use is called " Adrenucleo," a compound which contains all of the substances just mentioned plus

other compounds from natural sources used in its preparation. Occasionally, we use a product called "Drenamin," for patients who are sensitive to the fairly high doses of vitamin C contained in Adrenucleo. Drenamin mainly contains the dessicated adrenal gland substance without added amounts of specific vitamins. Recently we have been using a new, concentrated substance named "Mil-Adregen"6 that seems to produce the same benefits of Adrenucleo and Drenamin, but at a lower dosage per day. The product itself is more expensive per tablet than both Adrenucleo and Drenamin, so there is no particular price saving, but for patients

who find the high dosages of Drenamin and Adrenucleo necessary for proper recovery a chore to take the lower dosage item, Mil-Adregen, may be the remedy of choice.

Possibly due to some of the pioneering work performed on this condition at the Clymer Health Clinic, more nutritional supplement producers are introducing to the market compounds designed to regenerate the general adaptive mechanism. The only products for whose integrity I can personally vouch are the three mentioned above. This is not to say that other products may not be of help. I have not had sufficient experience with them to make a recommendation. It is not sufficient to merely capsule adrenal gland substance and purport to have a product to aid in the regeneration of the Adrenal Syndrome patient. Many vital factors in these substances are easily destroyed by improper extraction or manufacturing methods. At this time we have no way of analyzing whether these newer products contain the elements which will help these patients. Only through clinical experience can this information be gained. Because of this fact, please do not judge the effectiveness of the treatment recommended in this text unless you are using the specific compounds which I recommend. They are the only ones that I know will work.

Next to the adrenal gland substance supplement, I find the elements of the vitamin B-complex family most vital. The compound which has proven the most effective for me is "B-Plus," which is derived from a combination of natural sources: yeast, liver, and rice-bran concentrates. This product contains many of the coenzymes not present in purified formulations, which, in my experience, are

essential to proper adrenal regeneration. B-Plus also contains other glandular extracts which help provide a multiple glandular support of the general adaptive mechanism. Thus, we are providing the plural-glandular technique so much favored by Dr. Henry Harrower in his work, Practical Organic Therapy, The Internal Secretions in General Practice. I have not found an effective substitute for B-Plus and, therefore, cannot recommend any other product as having the same beneficial effect for the Adrenal Syndrome patient.

These two compounds are the minimum internal supplemental therapy that I recommend for the Adrenal Syndrome patient. This is often sufficient for mild cases, but patients who have more severe symptoms require additional supplementation. The substance usually given next is vitamin B-15. The chemical name of this compound is calcium pangamate or pangamic acid. Here, again, we have found that many of the so-called B-15 or calcium pangamate products on the market do not bring the proper benefit to the patient. At the time of publication of this book, the product I have found most successful is "Gluconic 15." Vitamin B-15 acts as a catalyst in the system; that is, it is a compound which assists in carrying out a chemical reaction while it is not a part of the reaction. Although there is no way of knowing all the specific reactions it promotes, experience has proven that in patients on B-15 regeneration takes place faster than in those without it.

Adrenal Syndrome often occurs in those of low income. Unless the condition is quite severe, we try to restrict low-income patients to the above internal therapy. If we subject a patient to costs he is not readily able to pay, we create in him a stress that tends to worsen his condition. Thus, it is easy to aggravate the very condition we are trying to correct. This factor is not always taken into account by many clinics who attempt to treat this condition, and yet it has an undeniable effect on the patient's state of improvement.

If a patient is able to afford it, we recommend a specific analysis of his supplemental needs by the use of a screening test, which we developed at the Clymer Health Clinic, called the "General Nutritional Profile" (also termed "General Metabolic Profile"). In this procedure, special examinations of the blood, urine, hair, and diet are made, which provide us with a detailed report of the patient's individual body's deficiencies and imbalances. Following the completion of this testing procedure, it is a simple matter to suggest the specific diet and/or nutritional substances need to aid in

rebalancing the body's chemistries. In moderate to severe Adrenal Syndrome cases such procedures are absolutely essential.'

To understand the need for such balancing of the body, we must, once again, return to the analogy shown in Figure 1. Any reduction of stress helps the Adrenal Syndrome patient recover more rapidly. By analyzing his body's chemistry and creating optimal nutritional balance within his system, one form of stress is reduced —which can be extremely important in certain instances and useful in all.

Adrenal Cortical Extract. Once the dietary and supplemental requirements of the patient are met, one rather controversial form of internal therapy remains. That is, the use of adrenal cortical extract (ACE) injections. Other injectable agents have proven useful in the treatment of Adrenal Syndrome, and they will be discussed here also. To understand the value as well as the possible misuse of adrenal cortical extract, we must review the functioning of the adrenal glands in these patients.

In normal functioning, the adrenal glands work similarly to that of a thermostatically controlled furnace. When the heat in the home drops below a certain level, the furnace starts and continues until the temperature rises to a certain predetermined level, at which point the furnace shuts itself off and remains off until the temperature again reaches the thermostatically controlled lower-level setting at which the furnace again turns on. In the properly functioning furnace, this procedure is carried on ad infinitum as weather and outside temperature require. The adrenal glands, as well as most other endocrine glands of the body, are controlled by a similar mechanism. The body requires for its general functioning a certain level of cortical hormones. Normal adrenal glands release these hormonal substances into the bloodstream when the level in the blood reaches a point below which the body can function optimally. The adrenal glands continue to secrete these substances until a certain preset level is reached at which point, like the furnace, it shuts off, not to resume secretion until the hormones in the bloodstream reach the previously mentioned low point again. Then, as the furnace, they begin to secrete anew and continue to repeat this process as need arises.

There are two basic ways in which the ACE may be used for Adrenal Syndrome patients. The first is as a massive replacement therapy to augment regular adrenal functioning. The second

technique is to use it to allow rest periods for the adrenal glands so that they may regenerate. In the first instance, large amounts of ACE—from l0cc to 20cc—are injected into the venous system once or twice a week. Many doctors have in the past used this procedure for treating hypoglycemia with some success. (My own feeling is that they were actually treating the low adrenal functioning which many feel is the cause of hypoglycemia.)

Large Dosages of ACE. The injection of large amounts of adrenal cortical extract into the venous system can be therapeutically dramatic and may be essential in certain severe, acute states of Adrenal Syndrome. But for the average chronic patient under long-term care it has certain drawbacks, which I feel negate its usefulness. I do not feel that it is physiologically sound therapy for chronic cases. As mentioned earlier, all endocrine glands are stimulated by a demand mechanism. That is, they are stimulated to secrete when the blood levels of their hormones reach a certain low point and to shut off when these levels reach another somewhat higher point. If massive amounts of a gland's secretions are given to the body on a regular basis, the gland will be inhibited to such an extent that it will stop producing adequate amounts of its own secretions. This is basic human physiology. If large amounts of ACE are continually pumped into a patient's bloodstream, he will feel better, it is true, and the adrenal glands will be shut off and allowed to rest. This in itself is beneficial, but, if injection of these amounts is continued, the gland no longer has a need to produce its own secretions. The demand mechanism will not trigger, because of the high levels of ACE in the bloodstream. If this high dosage of ACE is continued for an extended period of time, the adrenal gland possibly could reach a state at which it could not regenerate. While this may not occur in every case, and may not occur as often as we fear, we are meddling with a delicate balance.

Another problem with the intravenous injection of ACE is that it makes the patient too dependent on the doctor. In our work, we attempt to make patients as independent as possible. Only by building up their confidence in themselves and their own abilities as individuals can we truly reduce and keep minimal the various stresses which they must confront as functioning human beings. The more they depend on other individuals, even their doctor, the more difficult it is to reach this state.

Another important factor is the high cost of adrenal cortical extract; it is not an inexpensive remedy and, used in such large amounts, can be an inordinate financial drain on the patient.

I personally recommend this procedure only for a patient who is overwhelmed by unremitting stress from which he cannot extricate himself due to factors not under his own personal control and for whom all other methods of therapy have not been adequate to tip the scales in his favour. In twenty-five years of treating these cases, I luckily have found few patients who fell into this extreme category. Even in these few severe instances, the patients were kept on the massive dosage for only a short time. As soon as possible the patient was placed on the lower dosage ACE and/ or oral therapy.

Patients with severe symptoms might be treated with cortisone by an orthodox practitioner; while I am not enamoured with the use of large dosages of ACE, it is far less toxic than the cortisone compounds.

There is one other time at which large doses of ACE have been found helpful—in the differential diagnosis of Adrenal Syndrome from those conditions which may mimic it. If the true Adrenal Syndrome patient is given an injection of l0cc to 20cc of 2-X ACE, he should notice considerable improvement in his entire being within a few minutes to hours. This improvement should last a day or two, at least, and then gradually subside. Should the patient notice no improvement from this amount of ACE, the adrenal component of his problem is probably not the major cause of his symptoms, and the health professional should look to food allergies, defects in brain nutrition, hypoglycemia, hypothyroidism, or other related difficulties.

Low Dose Usage of ACE. In our Clinic, we have perfected a low-dosage use of adrenal cortical extract which seems to overcome the difficulties encountered with the large-dosage intravenous method and which is capable of providing practically all of the therapeutic value of the large dose, especially for the chronic case. As used in our Clinic, the purpose of the adrenal cortical extract is not to supplant the secretions of the person's own glands. It is used mainly as a method of

permitting the adrenal glands to rest. I stress this point because many patients expect to feel better as soon as they start to receive the injections, only to discover that they are sometimes more exhausted and less capable of pushing themselves than they were before this treatment started. This is the desired result and is easily explained if we examine the physiology of the matter. By these injections, we attempt to raise the level of the adrenal cortical hormones in the blood to the point at which the adrenal glands shut off for a period of rest. This is essential for adrenal recovery because only during periods when the adrenal glands are at rest are they capable of regeneration. There is no chance of improvement for the
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patient who cannot obtain these important periods of adrenal rest.

At times, the exhaustion following the first ACE shots persists and is explainable by the fact that once a gland that has been running without rest shuts off, it is often difficult for it to start up again. It is like an individual who has gone several days without sleep; once he goes to sleep, he may sleep for an inordinately long time and be difficult to arouse. The adrenal glands so need this rest that often the levels of the hormone in the blood drop below the normal turn-on point before this resting gland reactivates itself. During this period in which the blood levels of the cortical hormones are low, the patient feels much more tired and exhausted than usual. It can be a good exhaustion, however. By that I mean, an exhaustion without the anxiety which is produced by the constantly running weakened adrenal glands. Unfortunately, all too many Adrenal Syndrome patients expect a rapid and uneventful recovery and consider good only that which produces in them what they call a normal feeling; that is, the feeling which is present with full functioning adrenal hormones in the blood. This feeling can and will come to every adrenal patient who is treated properly, but it does not usually come by proper therapeutic use of adrenal cortical extract alone.

Not all patients with this state of increased exhaustion respond to ACE. In fact, the degree of depth of Adrenal Syndrome is indicated by the patient's reaction to small amounts of ACE. If the patient feels a lift from an injection, I consider the case mild and easy to cure because the level of hormone is near normal, and the addition of a small amount of ACE raised his hormonal level to a degree sufficient to create a symptomatic improvement.

Patients who notice no real effect from ACE injections—and these are the great majority—I consider to be moderately severe. In these patients, the adrenal hormone is low enough so that the addition of a small amount of ACE in the body does not make sufficient change to produce an immediate alleviation of the symptoms. On the other hand, the adrenal gland is not so weakened that it cannot respond once the level of body hormones reaches the turn-on point.

When a patient experiences increased exhaustion after receiving ACE, we consider his case to be more serious because his adrenals are not capable of resuming activity when the hormone levels are low.

The ACE most often is given in dosages ranging from ice to 4cc, using the 2-X variety. Dosage is repeated from as often as daily to as infrequently as once a month, depending on the severity and state of recovery of the patient.

Not all Adrenal Syndrome patients require ACE and our general clinical policy is to treat the patient by the most natural, least
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harmful, and most inexpensive approach possible. Over the years, we, at the Clinic, have become known for our treatment of this condition, and we do attract more of the serious, chronic-type patients and, in these instances, ACE is frequently a vital factor in their recovery.

Certain other substances have been found to be beneficial when given in conjunction with ACE. These include such nutritional compounds as "Calphosan," which is a calcium compound,10 vitamin B-12, vitamin B-6, vitamin B-I, and raw crude liver.

External Clinical Treatment. The most misunderstood and unappreciated part of the treatment of Adrenal Syndrome is the external clinical treatment. It is not difficult to explain to a patient suffering from this complaint how various stress-reducing procedures are going to help him. Most of us are accustomed to taking pills and injections, and we have little difficulty in understanding how this type of therapy is going to help. But many find it difficult to understand how a machine can help regenerate their adrenal glands. Nevertheless, the external treatment is usually a must for speedy recovery.

Machines. The two most useful machines (I like to call them "regenerative therapy instruments," but my patients insist on calling them "machines") which we use are the Magnatherm and the Myoflex. They have a similar purpose, although they work on entirely different principles. The Magnatherm produces a pulsating electromagnetic energy, while the Myoflex effects a complex multiple sine-wave current which is designed to mimic the energy produced by the human nerve cell.

Before I go into detail about these two instruments, I wish to mention other methods of external treatment. If muscle tension and spasm have been produced from long-encountered bodily stress, the standard diathermy and/ or sine-wave machines are often helpful in reducing this problem. When muscle tension is accompanied by nervous irritation, such external therapies as the whirlpool bath, sauna, wet-sheet pack, and various forms of massage are extremely helpful. All these are effective, predicated on an understanding of the basic premise stated at the beginning of this chapter. Any form of treatment which produces a reduction of stress in the body, mind, or soul relieves the general adaptive system, and, therefore, helps Adrenal Syndrome.
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While the Magnatherm and the Myoflex may seem at first to be similar to the other therapies I have just discussed, the basic mechanism of their functioning is different. The purpose of the Magnatherm and Myoflex treatments is not to reduce stress on the body; it is actually to encourage the regeneration of the bodily organs. These instruments, in my experience, have the capability of helping to regenerate organs and tissues that are not, under the present state of the body, able to regenerate themselves. In the case of Adrenal Syndrome, we treat the liver, spleen, adrenals, and both kidneys. This method encompasses a great deal of the reticuloendothelial system and helps to mobilize the general adaptive system. Can I prove that they work? I only know that for the past twenty-five years I have been constantly experimenting and refining the treatment of this condition. Many therapies have been tried; many therapies have been discarded. The ones that I use now have, at least, stood the test of time.

Some patients with severe allergic sensitivities produced by Adrenal Syndrome are able to take almost no internal medication without severe reaction. The only clinical therapy possible is the "machines." These trustworthy servants have never yet let me down. Usually after a short time the patient improves sufficiently to be able to begin internal treatment and go on to ultimate recovery. From time to time a patient does not make the progress that I expect, and I am concerned because, with the therapy and counseling he receives, he should be better. Almost invariably, upon querying him about the machine treatment, I have found that due to lack of time on his part, or more generally due to a misunderstanding of the value of these treatments, he has not been taking the recommended Myoflex and Magnatherm treatments. Once these treatments again become a regular part of his therapy, his progress returns to a normal rate. The Magnatherm and Myoflex both work by directing the healing forces of the body to specific areas of need. They also have an effect on the electronic nature of the cell and, through this influence, stimulate cellular regeneration. Such cell-level regeneration is difficult to prove, however, so we let the results speak for themselves.

Manual Therapies. In It's Only NaturaII wrote about the use of certain physical therapy methods in Adrenal Syndrome (2). I find the comments perfectly valid today, and, therefore, repeat them without change. It's been my observation that most hypoadrenal cases also have nerve-muscle-bone displacements and tensions in the area of the shoulder blade and along the upper thoracic and lower neck areas. These we treat with mild ultrasound therapy and with finger pressure, working the sensitive areas to gradually eliminate the nerve-muscle spasms and in turn any bony displacements. In some of the more sensitive patients, this work must be handled with great delicacy; but as improvement occurs the pressure may be increased. In fact, we find that as the adrenal condition of our patient improves, he becomes less and less sensitive to this treatment and he finds it increasingly more pleasant.

The explanation for the relief from soreness in the upper back and neck that patients receive from this simple maneuver is simple. When the glandular system is low, lactic acid and other acid metabolites tend to accumulate in the muscle areas of the shoulder and upper back. The ultrasound therapy and finger pressure break up the acid deposits so they are free to return to the circulating blood to be eliminated from the body by the usual routes of elimination. While this is an apparently simple component of our therapy, many patients find it a necessary one. I particularly recall two patients, a mother and her daughter, whom I had been treating for some time. The treatment had been long and slow due to a constant, unremitting stress factor at home which simply was not capable of change or improvement. At one time in their treatment, however, I noticed—by the look in their eyes—that they both seemed to be going down hill. At that time, I sat down with them and went over every component of their treatment. They were taking all of the forms of internal therapies; they were taking the machine therapies; and they were coming twice a week which was even more than I had asked. The only thing that they were not doing was getting the massage and manipulative therapy because they thought it would prolong their visits. I persuaded them to start this part of the therapy once again to see if it would aid in their improvement. With the first treatment they felt better. By the end of two weeks they were nearly back to their old selves. Since the stress at home had not changed, I continued to see them as patients. But they remained in a much improved condition and were sure each time to get their full manipulative and massage therapies.

Spinal manipulation, while different from the tissue sludge technique described above, has always proven to be a useful and important part of the clinical treatment of this syndrome. It has several factors going for it. It can be a great reducer of both physical and emotional stress. Both emotional and mental stress produces tension in the body's physical structures. This tension manifests itself most commonly around the neck, shoulders, and back areas. All of these areas are intimately associated with the spine and its adjacent structures. By freeing the physical manifestation of the tension, there
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is a reduction in the tendency for the nervous stress to reproduce itself continuously. If we become upset or tense through some nervous stress or tension, our physical structure may go into spasm, which produces tension on the nerves and other allied soft tissues. Such physical tension can reduce a patient's basic feeling of well-being. By lowering his feeling of well-being, he becomes more susceptible to nervous and emotional stress, which, in turn, produces more physical stress,

which, in turn, further reduces his well-being— producing a vicious circle which must be broken somewhere along its course to enable him to feel well again.
One of the simplest and most productive methods of restoring the patient's feeling of well-being is to break up the physical tensions that occur in the body. This is one of the most important values of all forms of manipulative therapies—massage, deep-muscle treatments, and even various exercise programs. The now-popular jogging and running procedures also have a somewhat similar effect, although they are not as specific as the use of spinal manipulation and deep massage.
Medical authorities to the contrary, there are such things as vertebral subluxations, that is, a spinal segment out of alignment. This misalignment can be a primary cause of physical stresses and the only way that these can be reduced is by spinal manipulation. Many patients with Adrenal Syndrome cannot obtain full recovery until certain spinal misalignments are corrected by a series of spinal manipulations.

Various forms of massage, hydrotherapy, and other therapies in use at the Clinic fall into the category of stress-reducing external techniques. They all have their place. Their effectiveness in each case varies with the nature of the individual. Sometimes half an hour with our massage therapist does more good than almost any other form of treatment. Other patients do not want to be touched by anyone, and the same massage therapy which was so efficacious for one would create severe tension in another. There is no specific therapy for the Adrenal Syndrome patient. There are basic guidelines, however, which must be followed: Reduce stress as much as possible, then support and regenerate the general adaptive mechanism. The methods by which these two goals are accomplished in any individual case must always be left to the discernment and discrimination of the doctor handling that patient. To paraphrase the Bible: "One patient's cure is another patient's stress."

Perhaps it is this inability to prescribe a specific useful treatment for each patient with this condition that has made the disease so difficult to recognize and accept by most practitioners. It may be why

they prefer not to accept such cases. Not long ago a patient from Pittsburgh, Pennsylvania, who had a severe case of adrenal exhaustion, asked me to find a doctor nearer his home. I gave him names of several doctors whom I knew should be able to treat his disease, but in each instance, as soon as the physician discovered the patient had adrenal symptoms, he refused to accept him as a patient.

Therapeutic Counselling. "He that can't be counselled, can't be helped."—Benjamin Franklin.
The most vital treatment for the chronic adrenal case is patient counselling. Before we can fully appreciate the importance and value of counselling for Adrenal Syndrome patients, we should visualize what has usually happened to these patients before they come under this therapy. Strange and enigmatic symptoms began and gradually intensified in these persons. They sought help from this doctor and that doctor, from this psychologist and that psychologist, trying to find an answer to problems. Usually, each professional gave them a different answer. In each instance, a different therapy was tried, with little or no improvement. Many sufferers were assured during these periods that they had a mental difficulty. Most tried so many different therapies without real success that by the time they come to us they are ready to accept a diagnosis of mental illness and are afraid to expect improvement for fear of once again having their hopes dashed. Their friends and relatives are eager to give them advice, none of which seems to help—in fact, all of which seems to depress them further. They are in truth the emotional dregs of society. Their self-confidence and emotional stability, on a scale of one to ten, usually are at a minus six. If ever patients were in need of counselling and some kind words, these are the ones.

Once the diagnosis is finalized, counselling should begin. Several specific objectives are to be obtained by counselling, the first and foremost of which is to explain his condition to the patient. Before he can be helped, the patient must accept the diagnosis and understand the character of Adrenal Syndrome. It is imperative that he realize that it is a physical condition which, even though it may have been with him for many years, is treatable and correctable. Strange to say, as good as this news is, it is difficult for most people to accept. They usually are locked into one of two diametrically opposite patterns of thought. In one group are persons who are not willing to accept that they have this type of condition, which requires a lengthy and extensive treatment, but vainly hope that it is merely a vitamin or mineral deficiency which, once detected and corrected, will let them become their old selves in a few days. At the other end are those who

are positive that the condition is really a mental disease or of such a nature that it is untreatable, so there is no real hope for them. The truth, of course, lies somewhere between. It is the obligation and duty of the doctor to constantly reiterate this fact until the patient truly understands and accepts the nature of the condition.

In the first instance, the patients constantly say to themselves, "There's nothing really that much wrong with me. I've just got some little problem that is making me tired. If I just get enough rest, I'll come out of it; if I can just find that right vitamin or that missing mineral; or if some doctor would give me the right adjustment, then I'll be better." They expect a cure without any real effort on their parts. Patients of the first group are not willing to accept the condition mainly because such acceptance requires them to acknowledge a degree of problem they wish to deny. Such acceptance requires a change in their life habits and a certain amount of dedication to overcome the difficulty. It is hard for many to accept that they have certain hereditary weaknesses in their glandular systems, but, until they do, there can be no real help for them—here or elsewhere. Many times patients, whom I had diagnosed as having Adrenal Syndrome, left, unconvinced, to seek other opinions only to return months or years later in far worse condition. They were at last willing to accept my diagnosis, having failed to find help elsewhere. Unfortunately, they then were much more difficult to treat because the condition had progressed considerably.

Patients in the second category usually readily accept the fact that they have the condition. But their attitude often is, "Oh, I probably have it all right, but I know I'll never get over it." The situation is right back where it started because the whole purpose of getting patient acceptance is to obtain patient cooperation for treatment, and they have given up before they started. Without patient cooperation, any treatment is long and protracted because, for adequate patient response, the patient must realize what he has, accept what he has, acknowledge that the treatment can overcome the condition, and work with the doctor toward this end. It is the counsellor's job to convince these patients that they can be helped.

Once patient acceptance has been achieved, special counselling is begun to reduce emotional and psychological stresses that are present in the patient. This procedure can be one of the most time-consuming, gruelling, and yet rewarding procedures involved in the treatment of Adrenal Syndrome.
Types of Stress. There are three basic types of stress which the patient can manifest. The first is physical stress; the second, mental

stress; and the third, emotional stress. The least damaging is physical stress; next comes mental stress, and the most harmful and far-reaching is emotional stress. In our counselling sessions we deal with emotional stress.

Many patients ask how to differentiate between mental stress and emotional stress. Mental stress is stress produced from reading, doing income taxes, or balancing a bank book—stress caused by using the mind as a functioning element. Emotional stress includes, of course, those things which affect the emotions, such as fear, jealousy, anger, revenge, resentment, or worry. Something which triggers the emotions is different from that which is merely the use of the brain for mental work. Physical stress is, of course, obviously simply the functioning of the muscular system of the body.

While on the subject of these three types of stresses, I might mention that in therapy, if a patient has a choice of exchanging one stress for the other, he should attempt to exchange them in the reverse order from which they have been listed here. In other words, if it is possible to exchange a mental stress for an emotional stress, he should go ahead and do it; he will gain from it. If he can exchange a physical stress for an emotional stress, it is a good exchange. An example of such an exchange would be a patient who loves to go dancing but who overextends herself and exhausts her adrenal glands. However, she may be looking forward to a special dance so much that if she did not go, an emotional stress would be created that would probably outweigh the physical stress that she might experience by going. In this instance, it is wiser for her to go to the dance and exchange a physical stress for an emotional one.

This same circumstance is often true regarding patients and their employment. The nature of physical and mental stresses involved in their work tends to slow their recovery from Adrenal Syndrome. However, their sense of family responsibilities and the nature of their individual character may be such that, were they prevented from working, the emotional stresses of not being productive and being financially depressed may be far greater than the physical and the mental damage done by working. In these and similar instances, it is better to substitute one of the less damaging stresses for those more damaging.
Likewise with exercise. In fact, one of the most common questions I am asked by Adrenal Syndrome patients is: "How much exercise should I take?" For the Adrenal Syndrome patient, exercise must be considered as a physical stress and treated accordingly. This does not mean it should not be attempted—after all, physical stress is the least of the stresses—only that the patient must take certain precautions in

its use. The master rule is: As long as you feel no weakness or exhaustion the day after exercise, you are all right and have not overdone. One the other hand, if you do feel exhaustion after exercise, you have done too much. The patient who has overdone must learn to reduce future exercise programs until he no longer experiences the exhaustion. I n this manner, each Adrenal Syndrome patient can find the optimal amount of exercise which is best for him. As the patient improves, neuroglandular tone is gained, and the amount of exercise performed can be gradually increased. The amount of increase may once again be ascertained by the procedure outlined above.
The Power of the Truth. In counselling for stress reduction, each patient is an individual problem, although some basic rules apply. It is important to build true rapport between the clinician and the patient. To this end, nothing is so powerful as the truth. I make it an unbreakable rule never to lie even in the slightest detail to

an Adrenal Syndrome patient. This penchant for truth must be carried to the point where the clinician must want to help this patient; the clinician has to like this patient. If he cannot, it is probably wisest to refer the patient to another doctor. To become a patient's healer, a clinician must become his friend. Almost no one else understands these patients. They are in a small lonely boat floating in a sea of disbelief. The healer must constantly let them know that he understands their situation and that not only is he willing to help them, but that he has the skill, knowledge, and ability to do so. They require constant reassurance of the fact that they are going to get well and, to give them this reassurance, the clinician must have the knowledge to get them well. Unless he can say it from the heart, it will not be effective. People who are ill, and particularly individuals with Adrenal Syndrome, are quick to pick up any sign of indifference on the part of their practitioners.
Once a professional has earned their confidence, he can begin to dissect and treat their various stresses one by one. Sometimes, due to certain circumstances, major stresses cannot be approached at the beginning. The stresses may be too fearful for the patient to face or be of such a nature that the patient cannot yet accept their true character. Do not become discouraged if response is slow. Start with small treatable stresses. As the little stresses are worked out, and the patient gains more confidence in the healer, and as the rest of the therapeutic regime strengthens the patient's adaptive mechanisms, the time will come when together the clinician and the patient can confront larger stresses.
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I always think of my patients as beautiful jewels covered with a pile of garbage. Each stress I help to remove is more garbage pulled off the pile. Eventually, I know, I will get to the jewel. Some pieces of garbage are small and some are large, but they all have to come off. Each one, no matter how small, moves me closer to the beauty of the jewel which I know is there.

Another general rule 1 use in this type of counselling is to always go forward, never back. I do not know how many times in my professional life I have quoted the biblical statement, "Let the dead bury the dead." That which has happened is done and gone; you cannot change it. The only thing that you can do is to go forward by obeying further another biblical command, "Follow thou me." Many Chronic Adrenal Syndrome patients have never really known a normal existence. They must build a new life, but to do this work, they must always proceed forward.

Group Therapy. In many instances, Adrenal Syndrome patients seem to benefit from association with other similar patients. In many of our programs, we utilize a form of group therapy to help them in their recovery. Unfortunately, much care must be taken with this therapy. One must understand the various mechanisms involved, and each patient must evaluate the effect upon his own being before he enters into any situation from which he cannot rapidly extricate himself.
One of the most common problems of the Adrenal Syndrome patient is the loneliness he feels. It seems to him that all of his friends are normal and that he alone has this problem which no one whom he knows seems to understand or appreciate. Also, not having anyone with whom to compare notes, the patient cannot gauge the extent of his recovery or see evidence of anyone's recovering. The Adrenal Syndrome patient is like a person at the bottom of a deep well. All he sees above him is a small, round shaft of light. His physician can tell him that there is a whole world of flowers, sunshine, and beauty out there once he climbs to the top of the well, but it is hard for him to believe while he is still at the bottom of the well. To be introduced to someone who has successfully climbed out of the well and emerged into the sunshine would be a great boost to this struggling patient.

If at the same time the patient can find a companion who has recovered or is on the way to recovery from Adrenal Syndrome, so much the better. In this way the patient has someone who can understand his feelings and who can reassure him by example. An important part of the cure is often accomplished by the camaraderie which can be established among Adrenal Syndrome patients. The
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main caution in this therapy is to prevent a weak patient from attaching himself to a stronger patient, almost like a leech, then expecting the stronger patient to help him through every little difficulty in his own life. Such practice can place an unfair stress on the stronger patient and lead to retrogression in his condition. The wise clinician constantly watches that one patient does not grow stronger by leeching strength from another.
The physician also watches for conflicting personalities among the patients. Sometimes two patients have the same condition and, therefore, have a certain empathy for one another. Yet by nature their personalities may be so different that one actually preys upon the other. In this situation it would be unwise to suggest that they attempt to help one another. When one directs an inpatient care facility, as I do at the Clymer Health Clinic, one must keep an eternal vigil for destructive interworkings between patients.

The nature of many Adrenal Syndrome patients makes them sacrificing, helpful individuals. It is usually this sacrificing nature which produces many of the stresses which brought about the condition in the first place. Such a patient must be taught to respect his own needs and health care first, for if he will not do this, he will not have the strength and energy necessary to help other people. In these circumstances, little is gained by sacrificing one's own strength in an attempt to aid another person. It is the responsibility of every Adrenal Syndrome patient to build his own individual strength, not to sap that of others. Unless the patient can do this, he will not have a permanent recovery or cure.

Clinical Integration. The steps outlined above constitute the general clinical therapeutic program for Adrenal Syndrome patients. One aspect of the program however, has not been discussed. All parts must be integrated into a whole and, particularly in severe cases, given to the patient under a situation of complete clinical control. We do that by bringing these patients into our Clinic for shorter or longer periods of composite treatment. Most patients with severe cases stay at our inpatient facility for a week or two to set up the necessary procedures and to begin preliminary counselling. If the case is not too severe, patients may then continue the proper therapy on an outpatient basis. The more severe cases may need to stay with us for extended periods, often one to three months. During this time, we are able to provide total commitment care, in which we control the entertainment they see, the food they eat, the air they breathe, and the water they drink. In severe Chronic Adrenal Syndrome patients, only this total patient care is adequate to give improvement. Such patient care must not only be
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total, but individual. For example, Adrenal Syndrome patients who produce stress just waiting for their treatments are allowed to remain in their rooms until their treatments are ready so that they may rest as much as possible. Such measures, I am sure, seem extreme. They are necessary, however, for some severe adrenal cases. With diligence and persistence even these patients once again may return to normal functioning. (See Appendix II for a word about the Clymer Health Clinic.)

One Step at a Time. As mentioned in his Autobiography, there was a time when Benjamin Franklin decided to overcome all his bad habits (3). However, try as he would, he found it almost impossible to be good all of the time. He discovered that he could not concentrate on more than one bad habit at a time. Using these principles, he evolved a technique in which he wrote down all his bad habits and each week concentrated his whole being on one habit and attempted to eliminate it. His presumption was that, having worked hard on the habit for seven days, a certain amount of habitual remembrance would be produced in his system so that as he tackled a new habit, some of the good gained in fighting the old habit would remain. Franklin continued this procedure for the rest of his life and, as he stated, he was able to control all of his habits except that of pride. He assumed that even if he was finally able to overcome pride, he would be too proud of his accomplishment to qualify for a real elimination.
In working with the stresses of the Adrenal Syndrome patient, a similar technique is most effective. By taking one stress at a time, a patient can frequently conquer where only failure met him previously.

I am reminded of a recent patient who had a bad smoking habit, drank ten cups of coffee a day, and had been on Valium® for many years. Any one of these habits would have been sufficient to prevent the progress of her condition, but all three made improvement difficult indeed. All attempts by former physicians had failed. By following Franklin's method, we were able to work her off coffee first, then cigarettes, and at last Valium®. Handling her in this manner, we were able to eliminate these noxious habits and finally treat and cure the Adrenal Syndrome itself.
Many patients who come to us have suffered from Adrenal Syndrome for many years. When they discover the length of time necessary for recovery, they often become discouraged. If they are willing to take their stresses one by one and work to correct them, they will see improvement in the entire being within a relatively short time. As they start to see these changes, they will develop enthusiasm for becoming an individual whose potential they had only previously
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imagined. According to a Chinese proverb, "A journey of a thousand miles starts with a single step." So it is with all of our stresses. We must take them one by one; work on one and improve it before we go on to the next. No one can stop all of the stresses in his life at once. We are, after all, only human beings, but, by being human, we have free will and indomitable courage that will hold us in good stead as we work toward overcoming the various conditions which assault our bodies, minds, and souls.

Summary

The first step in the clinical treatment of Adrenal Syndrome is to assure the patient that he has a specific condition which can be treated. In dealing with Adrenal Syndrome, another important factor is to reduce stress—emotional, mental, and physical—through integrated use of internal and external therapies and therapeutic counselling. In internal treatment, attention is given to diet and to nutritional supplements, both devised specifically for each individual patient. External treatment includes manual therapy and use of instruments. Therapeutic counselling, like the other treatment techniques, is individually oriented and is one of the most important aspects of the treatment regime. Throughout the patient's entire program of regaining health and stability he must be accepting of his condition and make an effort to progress one step at a time.
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CHAPTER IV

Nutritional Imbalances and Deficiencies

The concept of nutritional imbalances and deficiencies often is disputed in the treatment of Adrenal Syndrome, as it is in the treatment and prevention of all conditions in the whole kaleidoscope of modern medicine. On one hand, there are physicians who contend that nutritional imbalances and deficiencies are the cause of nearly every disease known to mankind. On the other hand, there is that phalanx of medical orthodoxy which holds that, except for a few rare diseases, usually present only in other countries, such nutritional imbalances or deficiencies play little part in modern medicine. This disparity is somewhat similar to the controversy on hypoglycemia in that the truth lies undoubtedly somewhere between the two extremes. One wonders who in the long run does the greatest disservice to the honest promulgation of nutritional information, those who oversell this component of medicine or those who blatantly disregard it.

Importance of Therapeutic Balance

The correction of deficiencies and the establishment of a proper nutritional balance in the blood and tissues of Adrenal Syndrome patients is absolutely essential to their recovery. Unless this is accomplished, all other treatment work can be much prolonged and, in certain instances, thwarted entirely. However, proper ingestion and absorption of the nutritional elements necessary to build the general adaptive mechanism are not in themselves sufficient to correct this syndrome.

The analogy I use to illustrate this conclusion is that of building a house. Proper nutritional needs of a patient are analogous to the materials necessary for proper house construction. Lumber, cement blocks, mortar, electrical wiring, plumbing supplies, and roofing material are equivalent to the food we eat.

In the body, as in the house, several considerations enter into the selection of the building material. We must know what kind of a house we are building. Is it a Spanish ranch house, a stone Victorian mansion, or perhaps a Colonial saltbox? Obviously, the type of materials we select depends on the nature of the house. Each person's

body is as different as these houses. Just as we would not order great amounts of brick and stone to build a Colonial saltbox, so we must be careful which specific nutrients we recommend for the Adrenal Syndrome patient.

A builder, in choosing the materials for his house, orders the finest he can afford, those which are going to build a solid, enduring structure. To do less would be false economy indeed, for his house would no sooner be built than it would start to fall apart. This same situation applies to adrenal patients. Even though we may supply the proper foods, if we supplement their diets with inferior compounds, we will produce inferior results.

When building materials are to be ordered for the house, the builder must determine the intended size of the structure and decide how much of each type of material must be procured so that all the materials needed will be on hand with little or no waste incurred. The wise contractor spends a great deal of time considering the size and building specifications for any house he is about to build. In the same manner, a good clinician must give careful consideration to the treatment and management of his patient. Theoretically, the clinician should be even more thoughtful because a house is only a house, but a person is a human being—a temple of the living God.

Making Correct Choices. How does the clinician make the correct choices? On what does he base his opinion? Using the analogy of the house, one may ask, how do we know what kind of house we are building? How do we know which are the best materials? How do we know how much of each particular material to supply? The answer must start with the developer. He must conceive an idea of the type of house he wants, then he must consult with various architects until he finds one who will produce plans which properly depict his conception. Next a contractor must be commissioned who will carry out the plans in the manner conceived by the developer and depicted by the architect. At this time the proper materials may be selected and the construction of the structure begun. So it is with the treatment of the Adrenal Syndrome patient who, in the analogy, is the developer.

First, the patient must want to improve his situation, he must have the desire to make the effort necessary to regain his health. The effort should start with the search for the proper physician. This doctor will represent both architect and contractor for the patient. Working with the physician, the patient will rebuild his neuroglandular system.

As a first step, the body must be thoroughly analyzed so that the proper nutritional needs can be determined. This chapter is devoted to explaining new and exciting methods for determining nutritional needs. Before we delve into this subject, however, I wish to return to the house analogy for clarification of an important point. Supplying only the proper foods and nutritional supplements without the various regenerative treatments is the same as merely placing the materials on the building lot. These acts alone will not build the house nor cure the Adrenal Syndrome patient. Merely to supply the materials to build the house without actually hiring carpenters, plumbers, masons, electricians, and so on is the same as supplying the nutritional elements to overcome Adrenal Syndrome without utilizing the Magnatherm, Myoflex, tissue-sludge therapy, chiropractic adjustment, counselling facilities, and other components that are the construction work which rebuild strength and vitality in the patient's neuroglandular system, as described in the foregoing Chapters II and III. Many patients expect to overcome Adrenal Syndrome by the use of nutritional substances alone. This concept is a fallacy. It is as unsupportable as expecting to build a house by the mere acquisition of necessary materials.

So just as the construction of a house requires materials, workmen, and the contractor, and/ or architect to oversee the work, so must the Adrenal Syndrome patient have a doctor who carefully balances each part of the patient's therapy so that recovery not only becomes possible but inevitable.

Modern Nutritional Analysis

As a whole, it is much easier for the contractor to supply the proper construction materials than it is for the clinician to determine and prescribe foods and supplements for the Adrenal Syndrome patient. The doctor must ascertain the nutritional and chemical deficiencies and imbalances of the patient, know which substances will provide the optimal milieu for correction, and how much of each of the remedies the patient will require. These answers are not easily found. Fortunately, with the advance of computer technology and other improvements in laboratory equipment, we are now capable of analyzing the patient's tissues to discover levels of the elements in the body and, with this information, determine what substances are needed to correct the deficiencies and imbalances.

Before I describe these new methods and techniques in detail, I wish to comment on past and present methods used by many nutritionists. In the beginning of medicine, little was understood about nutritional deficiencies and imbalances, As civilization and

medical science advanced, knowledge of this subject began to evolve. Almost invariably, nutritional needs were discovered by the empirical correction of a symptom pattern or disease that had been unresponsive to treatment, such as the use of limes by the English sailors to overcome scurvy, rice polishings to counter beriberi, or niacin-rich foods to cure pellagra. Soon nutritional elements were considered to be on a par with drugs and other medicinal compounds; they were used as a specific medicine to overcome a symptom or disease. We now know that many nutritional elements are needed by the body and that, if the body is to function properly, these must be available and balanced. To take vitamins and minerals indiscriminately without knowledge of the exact balance in a given case is to court trouble. To recommend one vitamin for one thing and another for something else is to ignore the need for a balance of vitamins and minerals in the body, for, if any one vitamin is taken in greater than normal amounts for any length of time, it can create relative deficiencies of other nutrients.

The great, early health advocates, such as Adelle Davis, Victor Lindlahr, and J. I. Rodale, recommended one substance for one condition, a second for another ailment, and so on. While all of these recommendations were made in good faith and undoubtedly achieved positive results, this method of prescribing nutritional supplements presents problems. It is difficult for a patient to assess a symptom pattern and reach a diagnosis. For instance, a patient may read that a certain element has given good results in the treatment of arthritis. What has proven helpful for one type of arthritis is not necessarily good for another, and such experimental treatment may actually exacerbate or aggravate his condition. He does know that he experiences aches and pains and that the remedy recommended by the health specialist sounds as if it might help. Perhaps the recommendation will help, perhaps not. It might push the system out of balance even more. Following this practice is akin to walking into a drug store and asking the pharmacist for a prescription to alleviate a painful symptom. The pharmacist should recommend that the customer consult a physician to diagnose and treat the condition properly. Were the pharmacist to say, "Sure, try this. This helped Sally Jones who had a pain in the same area a few weeks ago," he would definitely be out of line. This analogy is no more ridiculous than taking nutritional substances which purportedly aided someone else with similar complaints.

Indications and contraindications for use of nutritional substances in the treatment of disorders are just as specific as the indications for the use of drugs or other medications. Admittedly, most nutritional

preparations are not harmful when used in small amounts. But when nutritional substances are used in large amounts, such as are usually prescribed for therapeutic purposes, results can be disastrous if not used wisely.

While the pioneering work of the early nutritionists is laudable, attempting to apply their recommendations to health problems without first having the body mechanism thoroughly analyzed to ascertain actual needs or deficiencies does their memory and one's self a distinct disservice. Most lay people are not only prone to take the wrong element for the treatment of a condition, but they have no real idea of their own body's requirements. For example, if ten patients from our Clinic, who had been diagnosed as having osteoarthritis, were examined thoroughly for nutritional imbalances and deficiencies, almost invariably each would have needs different from the other nine. Therefore, a different nutritional program would be required for the proper correction of each disease state. Not only has a patient a

disease, but a disease exists within a patient. The heredity and environment of each patient is different, and these differences produce a distinct set of nutritional imbalances and deficiencies. Unless these individual imbalances and deficiencies are ascertained and remedied, there is no real chance of long-term correction of the difficulty. The validity of this last statement would not be disputed by any reputable nutritionist or clinician, nor would it be opposed by any of the nutrition pioneers I have mentioned. The reason for the apparent conflict is that at the time these nutritionists reported their observations such methods of chemical analysis were not available and, therefore, it was necessary for them to make general recommendations. I am sure they wholeheartedly believed it was better to give such a recommendation than to omit the subject. I firmly believe that such decisions on their parts were correct at the time.

In any science or art, alert practitioners use the most advanced methods and techniques available to them. That is not to say that they do not wish they had superior methods available, but to wait until such methods are obtainable before imparting to humanity the work and understanding they have would be a great disservice. I shall presently outline advanced techniques for analyzing the nutritional needs of the human body. I am sure that ten years from now these state-of-the-art methods will be considered archaic. Undoubtedly, I will look back on this chapter and smile to myself, but at this moment they are the finest and the most advanced methods known for nutritional analysis of the human body. What's more, they are effective; they give us information that has not been heretofore
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available and they help physicians cure their patients—which is, as they say in the oft-used cliche, "the bottom line."

Body/Nutritional Analysis. For many years the General Nutritional Profile (GNP) has been the bulwark of our patient analysis procedure at the Clymer Health Clinic. This nutritional analysis, developed at the Clinic, consists of an extensive blood-testing program (we were the first clinic to use as a routine part of our blood-screening tests lipoprotein electrophoresis, to measure fat levels; T-4 (Total Thyroxin), for thyroid function; ASO (Antistreptolysin O) titer, to monitor or check for an infective condition; and RA (Rheumatoid factor) latex, to test susceptibility to rheumatoid arthritis), a tissue test for twenty-one minerals (toxic and nontoxic), a blood test for the twelve most common vitamins, a comprehensive diet analysis, hair analysis, and a complete urinalysis. The GNP is an exceptionally good diagnostic tool, which has allowed us to recommend thousands of nutritional programs designed for the needs of the individual patient. From the results of these test procedures, we are able to ascertain what substances an individual patient requires and the amount needed of each to balance the system. The experience of analyzing thousands of GNP results over many years has enabled us to ascertain which compounds are better absorbed and utilized, and which are of lower quality and, therefore, are not recommended by our Clinic. The science of producing nutritional compounds is still in its infancy. For example, according to representations listed on the labels, several supplement products may seem similar, but in practice some are much more effective than others. In addition, benefits derived from nutritional products vary from patient to patient. For instance, one adrenal substance may help twenty-four out of twenty-five patients, but cause one patient stomach discomfort or fail to bring about the desired improvement. For this patient, changing to another brand often corrects the problem. For these reasons we advise our patients to supplement only with the products we know are of value and can, therefore, recommend. The commodity the patient purchases from the physician is counsel and advice; not to consider and/ or act upon the advice is akin to throwing money away.

To make full use of the program, it is essential that patients be retested every six months, until such time that their bodies' chemistries are balanced; then retest is recommended once a year for maintenance purposes. In this manner, we are able to analyze the best approach for handling individual problems, and, also, the most useful methods of correcting recurring problems.
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Because the analysis program has revealed certain repeating groups of nutritional deficiencies, we can often diagnose a patient's difficulties from the pattern of the GNP. For instance, there is a GNP pattern for hypoglycemia, one for the various types of diabetes, one for many of the enigmatic mental disorders, as well as one for Adrenal Syndrome.

In the early days of my work I diagnosed Adrenal Syndrome mainly from changes in the postural blood pressure and from patient symptomatology in general. However, now we have discovered a specific pattern of nutritional imbalances in Adrenal Syndrome patients, and, whenever this imbalance manifests, we can, in my opinion, make a definitive diagnosis of Adrenal Syndrome.

We have run into patients who, from all apparent symptomatology, appeared to be Adrenal Syndrome cases, but whose nutritional analysis did not follow the usual pattern. Almost invariably, in these cases, further examination showed that some other condition caused the chronic debilitation. This analysis has been of inestimable value to us, for it has saved our time and the patient from disappointment by allowing us to rapidly find, in most instances, the causes of their condition.

Since our pioneering work with the General Nutritional Profile, other doctors and clinics are utilizing this method of patient analysis. As a humanitarian, I must applaud this development, but as a clinician, I must add a word of caution. The true value of the GNP comes not so much from the test procedure itself as from the experience and skill of the clinicians who use the program. The technical methods involved in this type of program are delicate and complex; it is easy to make mistakes unless the technicians involved are careful and highly motivated.

A Word of Caution. Frequently, companies which offer laboratory services attempt to persuade us to change to their company, assuring us that they offer advantages over services offered by the firms we now patronize. We carefully test the quality of services of each prospective laboratory by submitting various forms of double-blind studies. With hair testing, for instance, we take the hair of one individual, usually a member of our staff, divide it into two or three equal parts, and, after it has been well mixed, send it on different days to one of the new companies, using assumed names. Ideally, all of the tests should report out similarly, because they are parts of the same sample. In the companies we use regularly, the tests do show nearly identical reports. From many of the companies we have tested, even those of high renown and repute, however, the sample readings have
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come back so entirely different that we have judged their technology valueless, possibly even harmful to patients who may use their facilities. It would be possible to increase certain deficiencies and imbalances if a clinician used the hair or tissue analysis tests of these companies as a basis for his judgments. We often inform the companies of the results of our double-blind studies after we receive their analyses, in the hope that they might improve in the future. In one particularly flagrant case, a hair test laboratory rebutted, telling of all the other doctors who were satisfied with their work, but giving not a word of explanation as to why their reports on the same hair varied so greatly. We follow the same procedures with the laboratories who do blood testing and other analyses.

Admittedly, we are the bane of many nutritional testing companies. However, our patients' happiness and at times their very lives depend on the accuracy of our procedures, and we feel we must do all within our power to insure that these procedures are accurate.

Technology is now available for proper nutritional testing; however, as this method becomes more popular more "fly-by-night" outfits will be entering the field—firms which do not have the experience, skill, or motivation to test accurately and whose procedures can possibly do more harm than good. A patient's best assurance is to seek a reputable clinic which will stand behind the tests. Be especially careful of mail order hair tests and those offered by health food stores. They may have neither the knowledge nor the experience necessary to interpret or test the validity of the report.

Results of nutritional testing which are obtained from these procedures must be looked upon in light of the patient's entire problem, and in light of hundreds and thousands of patients with similar difficulties and imbalances. This knowledge must then be combined to suggest the proper routine for each patient individually. It is not possible for a doctor who does a nutritional test now and then to understand the interplay and correlation of these results with the patient's other needs and requirements. One cannot simply take a tissue analysis test and, finding this mineral high and that mineral low, correct the problem by withdrawing the mineral that is high or supplying the mineral that is low. A mineral may be high or low in a test for many reasons. The mineral may be high, not because the body has too much of it, but because the body is not able to utilize it properly and, therefore, it is being stored in the hair tissues. Although the mineral appears high on a test, it may be one that is desperately needed by the body, but which must be supplied in a readily metabolized form other than that which the body is now receiving.
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Merely because a mineral is low in the hair analysis does not mean that the body may not have sufficient amounts of this mineral; usually this is true, but not always. Due to some other imbalance, the hair follicle may not be able to pick up the mineral, so that its amount in the hair could be low but body levels normal. This is common in the case of sodium if potassium is deficient. Sodium and potassium always tend to balance one another, and if the tissues are short in potassium, this usually shows in the hair; but to keep the proper balance, the hair follicle will not pick up more than enough sodium to balance the potassium, and so the sodium level will look low when it really is not. For these reasons a hair test is only as good as the laboratory which runs it and the clinician who interprets it. The value of the GNP, as given at our Clinic, is not necessarily in the numbers that are stated in the returned tests, but in these numbers as judged by our previous knowledge and in comparison with thousands of tests which have been taken previously. The information supplied by the GNP is not the "Word of God." It is simply important information which the doctor must utilize in his nutritional, supplemental, and dietary recommendations. This knowledge more than anything else is the most vital part of the nutritional analysis.

Complete Mineral-Testing Procedure. As advanced and useful as the currently used GNP has been, I have long realized that for the best possible analysis of the nutritional states of our patients something further is required. As previously mentioned, a nutritional component may be high or low in the hair without showing the same fluctuation in the rest of the body. Heretofore, the analysis of the other bodily substances was not technically feasible because of the small amounts of

minerals present and therefore the large amount of sample required to make an accurate testing. However, as a result of our constant requests, some of the more responsible tissue analysis firms have finally been able to develop a procedure by which the entire progress of nutritional elements in the body can be followed. As nutritional substances are utilized, they are first taken from the digestive tract into the blood; from the blood they go to the various tissue repositories where they may be needed for body maintenance and repair; and, finally, those in excess or no longer of value are excreted in the urine. To have a truly accurate and complete analysis of nutritional elements in the body, we should know the state of these elements in the transporting mechanism (the blood), the accumulation of these minerals in the target or tissue elements (hair or fingernails), and which and in what quantities are being excreted in

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the urine. Such a complex analysis is now available. While the cost of the complete mineral-testing procedure is somewhat higher than the General Nutritional Profile, it has been kept reasonable so that all persons who are truly interested in the needs of their body's nutritional health can avail themselves of this latest in advanced technology.

With the initiation of this complete mineral-testing procedure, many of the honest objections which were raised regarding the hair test analysis have been overcome. Since we now analyze three different parameters of nutritional functioning in the body, our knowledge of this functioning has increased manyfold.

For example, if a certain mineral is normal in the blood, low in the hair, and high in the urine, we can readily assume that a sufficient amount is being taken into the body (because of the normal blood levels), but it is not being absorbed and metabolized by the body correctly (due to the low tissue levels and the high excretion levels). Enough of the element is coming in, but the body is not holding on to it; it is being lost through the urine. We know then that we have to do one of two things: Find a form of this element that the body can more readily use or work to normalize the digestive system of the body so that it can break down properly the type of nutritional source that is now being ingested by the patient. Usually in practice we try to work on both of these factors.

In another example, if a mineral is in normal quantity in the blood, high in the hair, and extremely low in urinary excretions, we now know that sufficient amounts of this element are being taken into the system but that through some defect in metabolism it is being retained in the system and not being properly eliminated. This is common, for instance, with copper. In patients with a certain metabolic defect—often seen in those with Adrenal Syndrome— copper cannot be excreted and accumulates in the system. Dramatic changes in personality can occur in this type of individual because such an elevated copper level can cause mental and emotional symptoms which may border on those of schizophrenia. This condition is treatable through a proper combination of zinc, manganese, and rutin, although it takes some time for recovery from the mental symptoms.

Or, if an element is slightly high in the blood, quite high in the tissues, and is being excreted in fairly large amounts in the urine, the answer is obvious—the patient is taking in far too much of this element and the intake level should be reduced.

On the other hand, if an element is slightly low in the blood, quite low in the hair, and being excreted also at a lower than normal level, we know that there is a definite deficiency in intake of this mineral. In

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this instance we must supply this mineral to a patient in the best absorbable form available.

This method of analysis is of great value. Undoubtedly in years to come, new and more comprehensive techniques will be developed to give greater knowledge of a patient's nutritional needs. However, this new testing procedure along with those we have performed for many years enables us to provide comprehensive and exacting help to Adrenal Syndrome patients in finding their nutritional imbalances and deficiencies. In the past, this lack has been a weak spot in the treatment of this condition; it should be no longer.

Of all the so-called scientific advances of modern medicine, nutritional analysis is one I believe can truly qualify as an honest and useful aid to humanity. The ancients had emblazoned over their temples, "Man, Know Thyself." This is what we are attempting to do with our teaching. Everyday and in every way we are trying to get to know ourselves better, and with these new methods of nutritional analysis we are closer than ever before.

Summary

The correction of nutritional imbalances and deficiencies is an essential part of the treatment of Adrenal Syndrome. To this end, all elements and substances the patient needs should be correctly balanced and deficiencies corrected. Exact amounts of the different substances needed to accomplish this end must be ascertained and the patient should be supplied with the best possible products to accomplish this purpose. To fulfill these aims, the General Nutritional Profile, a complete analysis of the body's nutritional mechanism, developed at the Clymer Health Clinic, is essential. In addition to the profile, a three-way analysis—blood, hair, and urine—of the nutritional state of the body is now available. By the use of this triple nutritional analysis, the clinician can easily pinpoint and differentiate imbalances, deficiencies, and over- and under-ingestion—not only to indicate what the patient needs, but to know in what form it must be properly utilized and not misused. Even the finest of all of these tests, however, are of no lasting value unless they are backed up by extensive clinical experience and knowledge in their use and application.

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