POSTURAL HYPOTENSION AND FUNCTIONAL HYPOADRENNIA

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The clinical significance of postural changes in blood pressure often escapes the attention of the doctor who feels that the blood pressure is within normal limits no further investigation is needed in this area. A simple screening test for hypoadrenia which measures the body’s ability to compensate for the hydrostatic effects of gravity takes very little time, perhaps a minute or two; yet this simple test affords the clue to many problems we face every day. The patient who is dizzy on change of position, especially on rising, the patient who can’t get going in the morning, the patient who feels best as the day goes on then suddenly seems to collapse around 7:00 or 8:00 P.M. is an example of the hypoadrenia patient and this patient will have perhaps a normal blood pressure sitting or lying but when on assuming the upright position, there is a DROP in the SYSTOLIC pressure of as much as 40 mm. The usual amount of abnormal drop is about 10 to 15 mm but any DROP is ABNORMAL. The Splanchnic veins have no valves and as a result are dependent on the autonomic nervous system for their function and the tone of the splanchnic nerve is under the control of the adrenal system. The tone of the blood vessels of the abdomen therefore is under the control of the splanchnic nerves. These splanchnic nerves are controlled by the adrenal system since the weak adrenals which should provide the actual chemical substance which allows this redistribution or compensation, hampers this mechanism by not providing enough “sympathin” to influence the valveless splanchnic vein’s compensatory mechanism. The same “SYMPATHIN” chemical substance causes the contraction of the iris to light and when it is in short supply, as in hypoadrenia the usual contraction of the pupil to light is not sustained. If the examining light is shone on the eye for 30 to 40 seconds there will occur a paradoxical DILATION of the pupil to light or as is often seen, an alternating contraction and dilation with the pupil getting larger following each alternation, while the examining light is kept on the eye for a 40 second interval. This also is a sign of weak adrenals as well as the postural hypotension and explains why some patients can’t stand bright lights or have accommodation defects which defy the usual optometric or ophthalmological efforts. These two signs, a dropping blood pressure on standing and a paradoxical dilation of the pupil to light are two easy, quick, simple, but valid indicators of weak functioning adrenals.

People who suffer from headache and/or dizziness in the erect position or who complain of weakness which is unrelated to blood count, blood pressure or blood sugar levels many times have this adrenal dysfunction as the basis for their complaints. This condition of hypoadrenia often accompanies a low blood sugar with the associated hyperinsulinism. In this regard it is interesting to note that just as low blood sugar symptoms can occur in a diabetic because sometimes it is not the actual level of the blood sugar but the rate of drop that causes the symptoms; so also can there be falling blood pressure in a person that has high blood pressure as well when he also assumes the erect position, so it is best to be alert for this condition in all varieties of patients.

Following severe illness associated with fever, also following anesthesia, alcoholism, prolonged worry, focal infections, toxic conditions, fractures, to name a few that in my own practice set the stage for a run of the reserves of the adrenal bank account along with the usual patterns of modern life with all its tensions, quickly “overdraw” this adrenal reserve and produce the characteristic pattern of fatigue. Since the adrenals have been closely associated with STRESS it is only natural that stress when excessive can deplete them. Because we cannot avoid stress it is best to prevent the effects of stress on the body or failing that, to recognize the condition and take appropriate treatment measures to balance the system. One primary effect of adrenal stimulation is the release of glycogen from the liver and possibly the musculature. When the blood sugar becomes lowered as was discussed in the article on “Hyperinsulinism” this mechanism of “fight or flee” activity may be continually forced into action to vainly try to keep converting glycogen into usable blood sugar levels when low blood sugar levels occur due to hyperinsulinism or even perhaps the newly discovered reaction to the protein factor Leucine, which also triggers off a low blood sugar pattern. But often these two conditions are found together, namely hyperinsulinism and hypoadrenia so the hyperin-
sulinism diet is needed along with support to the flagging adrenals.

The same "fight or flee" mechanism that enabled primitive man to escape the saber-toothed tiger causes him to react to stress. But the stress now is often illness or toxemia* or severe trauma and instead of permitting safely though exhausted, on a branch of a tree higher than the tiger could leap, breathing hard and pumping much blood, brought on by the sudden effort through the recently activated adrenal system thereby allowing them to return to normal, man now uses this adrenal system just as if he were being chased by the tiger, but he has no feed-back mechanism to revive the overworked adrenal system, so they go down to a depleted state with the previously mentioned diagnostic findings.

Since the adrenals are concerned with body chemistry, water metabolism, and electrolyte levels, it is reasonable to expect a correlation between blood pressure and body chemistry. The clinical basis for a low sodium diet has been pretty well established in a high blood pressure condition but the mineral management of the hypotensive especially the postural hypotensive has been pretty well neglected as has the other measures designed to help this condition of postural hypotension and low adrenals.

Body Chem. _Factor_ Body Chem. Hypotension Concerned Hypertension increased POTASSIUM decreased decreased SODIUM (chloride) increased decreased CHOLESTEROL increased decreased GLUCOSE increased

As you can see by the chart, the patient should avoid excessive potassium foods, in general the high sodium foods should be increased using the urinary chlorides as a guide. High intake of natural vitamin "C" complex as well as the natural "G" complex and cytotrophic extracts of adrenal are valuable as is calcium. Coffee should be avoided and the hyperinsulinism diet should be followed with restriction of the high potassium foods such as bananas, cocoa, dried fruits, molasses, olives, potatoes, veal, asparagus. The failure of the liver kidney adrenal system to detoxify excess foods causes also an adrenal type of halitosis that is most pronounced with stress and fatigue so when the capacity of the digestive tract is exceeded we have an internal stress which only conformity to its limitations will help. An elimination of meats for a day or two will help in this aspect of adrenal dysfunction.

Many clinical states have their origin in hypoadrenia, asthma is a classic example, the overactivity or facilitation of the second to the fourth dorsal segments due to subluxations there "sets up" the patient, then he comes in contact with a so-called allergic substance, or excessive carbohydrate, or even constipation, the nervous system is thrown out of balance, the "fight or flee" mechanism is activated and in order for this to operate, glucose must be mobilized. In order to cover this added glucose, the insulin production is increased. Now normally the adrenal glands inhibit any excess insulin, but since they are already under stress the added stimulation results in a suppression of their function, so there is little stimulation of the adrenal cortex by the nonessential adrenalines. The sodium retention factor is lost by way of the urine. Since the available adrenalin and sympathin is reduced the parasympathetics become dominant, escaping the sympathetic balance, bronchial arteries dilate and congestion of the bronchial vascular bed results in edema. This narrows the bronchiolar openings and wheezing with labored breathing begins. This causes accessory muscles of respiration to be brought into play with an additional glucose need for their contraction, increasing the production of insulin. Doesn't this start to sound a bit familiar? As a result of the loss of the gas exchange in the lungs and the increased sodium loss in the urine an acidosis develops with an increase in serum potassium. This then alters the activity of A.T.P. at the muscle fibers so all the muscles of respiration go into spasm. This vicious cycle then perpetuates itself, the key is a subclinical hypoadrenalism.

Careful analysis and vigorous adjusting of segments 9 through 11 yield good results. A good general approach is to use a hard index and adjacent finger pressure, adjacent to the lamina of all the spinal vertebrae starting at cervical I and continuing down to the sacral area taking care that this pressure remains even and constant. This should create a red mark along the spine which should begin to fade after a minute or two. In postural hypotension, using a sharp snappy thrust over the segment which stayed red the longest exerts a very favorable effect on the problem. This technic was originally used by Erdman in 1921 and is still good today.

Caffeine, the bromine in tea, and chocolate all cause an excretion of sodium and since this element is in short supply it is wise to reduce these elements in the diet. *In chronic cases, a quart of water and two teaspoons of plain salt taken as an enema immediately following a bowel movement is very useful every other day the first week. A Tupelo honey and water fast for a few days in severe cases helps cleanse the system. Use a tablespoon in four ounces of warm water as often as needed throughout the day. Tupelo honey is high in laevulose which does not require insulin for its metabolic use, therefore the patient feels well during this initial period. This routine is only necessary in severe or resistant cases.

This key will unlock many doors that often only open by accident. These patients sometimes have a mild sleep insomia, awakening after about four hours of sleep and having difficulty getting back to sleep again. There is a type of adrenal type that is stimulated by activity and finds it almost impossible to leave a party, or as is seen in some infants seem to get their days and nights mixed up. This also is hypoadrenia. All these conditions respond to intelligent management and frequent chiropractic treatment. Correction of this condition by first; detection, second; treatment, is just one more way the chiropractic physician can be of service to his patient and to chiropractic.

Copies of hyperinsulinism diet mentioned in this article are available from author without charge. Please enclose a stamped self-addressed envelope.

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