The adrenal glands and

A brief overview of the endocrine system and

by Hilary Barnett MARH

My interest in homeopathy started 25 years ago with the birth of my children. I qualified from the College of Homeopathy in 1997. Practitioner training at the Lakeland College of Homeopathy followed, and I became a core tutor with them for ten years. I have also done extensive training with Steve Johnson of the Alaskan Essences. More recently, I have discovered yoga. My love of this, combined with my love of sharing my knowledge of the endocrine system, has expanded my teaching, and I am now a guest tutor at a yoga teacher training school.

My interest in the endocrine system began many years ago, long before I trained to be a homeopath. Both my grandmothers had a difficult menopause and both died while they were going through it. As well as the usual hot flushes and night sweats they suffered from depression and mood swings. This was in the late 1950s, long before such things were discussed openly. This knowledge made a lasting impression on me and, as I began my homeopathic studies, it reawakened my interest in the female hormonal system.

I began to study it in detail; how it works, what happens when it goes wrong or when we go through natural changes. As we know, with homeopathy 'like attracts like', so of course my practice began to fill up with patients who either had problems in this area or wanted help with transition – menopause, for example. I found it empowering and rewarding to take a woman's case, prescribe remedies and essences, and observe the life-changing results for someone going through any of these phases or imbalances.

My research and love of the subject continues to this day – in not just the female hormonal system but all the other glands that make up the endocrine system: the thyroid, adrenals, pancreas, pineal, thymus and, of course, the male hormones. The endocrine system is so closely connected to both the nervous and immune systems. These three key systems of the body have become essential in the way I run my practice, take the case and my prescribing.

What has also evolved from this is educating the patient. They are so keen to understand how the body works. When that 'Eureka moment' happens, for example why they shouldn't drink so much coffee, or why they need to look at handling stress in a different way, the more I see their road to recovery speed up. Having said this, I am not an endocrinologist; this article is about my understanding of a subject that is continuously being researched today and can change as scientists, biochemists and endocrinologists find out more. My aim is to make this article user-friendly for your practice. I've included charts and tables that I hope will become a source of reference for you to use as required. In addition, because the internet is such a fantastic source of never-ending knowledge I've also added some links as well as books at the end of this article for you to peruse.

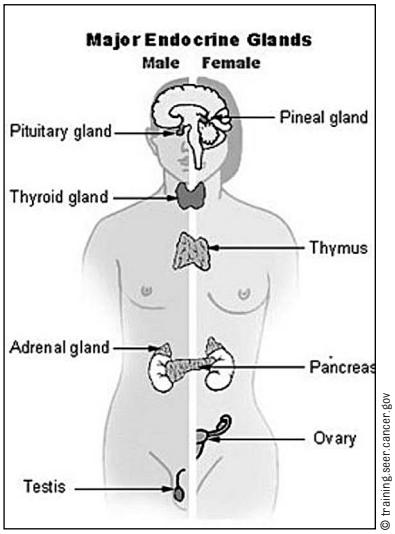


Diagram 1: The endocrine system

> The state of the mind changes the state of the body by working through the central nervous system, the endocrine system, and the immune system. Peace of mind sends the body a live message, while depression, fear, and unresolved conflict give it a 'die' message. Thus, all healing is scientific, even if science can't yet explain exactly how the unexpected miracles occur.
> (Siegal, 1988)

We work with an energy medicine; my practice has evolved as my knowledge and understanding of energy and working with the chakras has deepened. I see the

adrenal fatigue

the function of the adrenal glands

endocrine system as part of our journey into physical form. Mass forming into matter / conception progressing to birth. Both endocrine tissue and neural tissue are formed very early on in the foetus. The crown and brow chakras are where we see ourselves arriving at or leaving the body, and here is where the control centres for both the endocrine and nervous systems reside. I like to visualise it as the physical mechanism that the soul uses to speak to us. This system is the key to how imbalances within the chakras, our incorrect responses, can be transferred to their corresponding organs.

Communication

The endocrine and nervous systems have similar jobs – to send messages that control and coordinate the body. The nervous system communicates via electrical messages; the endocrine system via chemicals (hormones) using the bloodstream as the mode of transport. So hormones can be seen as messengers that are linked to specific target organs of the body. Interestingly, the word hormone comes from the Greek word 'hormao' meaning to excite or stir up. This may help to understand the concept that a hormone is sent to stimulate a particular part of the body known as the target gland. An endocrine gland is ductless, which is why it needs to receive this message before it can make the hormone that is needed for the body at that particular time. An example of this could be the hormone thyroxine made in the thyroid gland. This cannot happen until it is given a message by another part of the endocrine system to stimulate the production, in this case, the pituitary gland.

The endocrine and nervous systems have similar jobs – to send messages that control and coordinate the body

The pituitary gland

The pituitary gland (also called the master gland) resides in our brow chakra. It sits rather beautifully in the centre of our sphenoid bone which is situated at the front middle of the skull (see *Diagram 1*). The sphenoid bone has a spread-winged appearance of a butterfly. When chanting OM it is believed that the pituitary gland vibrates and energetically stimulates all the endocrine glands in the body. It is split into two lobes – the anterior and posterior. In this article I discuss the hormones that come from the anterior pituitary. *Diagram 2* shows the majority of the hormones that this part of the pituitary produces. This diagram explains the feedback loops and organs involved in the process.

We can liken the pituitary to a conductor of an orchestra, continually sending messages to the other endocrine glands in the body (the instruments), so they can produce the hormone that is needed at that particular time. In order for us to get a harmonious sound (homeostasis) all these instruments need to be in tune. This is happening in our body all the time. The messages that the pituitary gland gives out are sent in response to the levels of hormones in our blood. They are all interconnected; if one goes out of balance, it can have a knock-on effect on the others. ➢

> In addition to this, they not only communicate amongst themselves, but they also talk to the nervous system and the immune system.

In summary, the endocrine glands (*Diagram 1*) all produce specific hormones which use the blood as a mode of transport to communicate from one part of the body to another.

Diagram 2: The hormones of the hypothalamus and anterior pituitary and their target organs

Hypothalamus	Anterior pituitary	Main target organ	Effects
Thyrotrophin-releasing hormone (TRH)	Thyroid-stimulating hormone (TSH)	Thyroid gland	Stimulates the secretion of thyroid hormone (T4 & T3) & calcitonin
Corticotrophin-releasing hormone (CRH)	Adrenocorticotropic hormone (ACTH)	Adrenal cortex	Stimulates secretion of corticosteroids (aldosterone, cortisol & DHEA) from the cortex, & epinephrine & norepinephrine from the medulla
Gonadotrophin-releasing hormone (GnRH)	Lutenising hormone (LH) & follicle stimulating hormone (FSH)	Ovary & testes	Control of reproduction function (oestrogen, progesterone & testosterone)
Prolactin-releasing factor (PRF)	Prolactin (PRL)	Mammary gland	Milk production
Growth hormone-releasing hormone (GHRH)	Human growth hormone (HGH)	Liver, adipose tissue	Promotes growth (skeletal muscle, bone soft tissue etc), control of protein, lipid and carbohydrate metabolism

The adrenal glands

It never ceases to amaze me that these glands, which are about the size of a walnut and located on top of each kidney, play such a huge role in how we cope with day-to-day life. When the body is under extreme stress the adrenal glands' job is to rush all our body's resources into the 'fight or flight' mode so it has enough energy to sustain no matter what the stress may be. It does this by increasing production of adrenaline fired by the nervous system (short term), and backing this up with cortisol via the endocrine system (longer term).

It may help to see them as a control centre for many of the other hormones in the body. Cortisol, aldosterone and DHEA (a precursor hormone to oestrogen, progesterone, and testosterone) are just some of the hormones produced from the adrenals. They are continually sending messages to the heart, liver and kidneys and in times of emergency can immediately raise our heart rate, blood pressure, increase our energy, sharpen our senses, slow down digestion, and (temporarily) switch off both our immune system and the release of the sex hormones, so the body can deal with the emergency at hand. The body knows when to 'switch on' the systems that are needed and 'switch off' the systems that aren't. For example, we can cope without food for some time, so digestion will slow down or even switch off. This is the reason why, in an acute emergency, we may lose control over our bowel movements; the body is eliminating what isn't needed. It doesn't want to spend time trying to digest food when it needs all its resources to pump blood and oxygen around the body. Our immune system can also cope with being turned down for a while (and we certainly don't need to be thinking about sex). In a perfect world, once the emergency is over it knows it can switch all these systems back on again.

What is really important about the incredible role these glands play in our body, is that once they've sent their instruction, played their part so to speak, and the situation they were needed for has passed, they need to rest. How many of our patients do we see living with continuous stress, never switching off? In today's world many work long hours. Indeed there are companies that provide gyms, shower facilities, restaurants and even beds to encourage their staff to be there for longer hours. How about ourselves? I am very familiar with this topic, as I have a habit of continually challenging my boundaries, especially within my homeopathic work. Burnout is a word that many of us resonate with. Tired adrenal glands that lose the capacity to produce the hormones the body needs can lead to heart disease, high blood pressure, immune and digestive system disorders, insomnia, sexual dysfunction to name a few.

Burnout is a word that many of us resonate with

The fight or flight response is seen as a survival instinct. Whenever the body senses imminent danger, something that is perceived as a threat, immediate action is needed. We may have heard stories of people lifting cars off someone trapped beneath, running into burning buildings to save someone, or outrunning attackers who would do them harm. Back in the caveman days this all worked beautifully, but our lives have evolved and now our stresses really are how we live our day-to-day lives, and that's on physical / emotional levels and looking at acute / chronic situations. Many of us constantly overwork, continuously juggling and multi-tasking. We worry about others, our finances, never having enough time – which then gravitates to grabbing a quick bite to eat, maybe even skipping meals, or

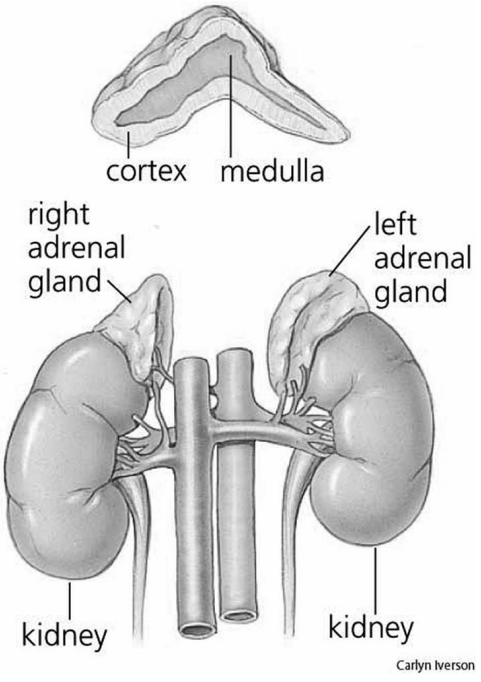
opting for the instant sugar / carbs / caffeine / alcohol pick-me-ups. There is little time for relaxation these days and this is putting a continuous strain on our adrenal glands. We also need to look at unresolved issues, whether mental, physical or emotional. A grief or other such trauma, relationship problems, work pressures, family difficulties, feeling constantly disempowered, prolonged or repeated infections and illness, NBWS an operation, drug and alcohol abuse, difficulty sleeping. The list is endless; just writing this sends me into overwhelm! How do we find the time to rest those adrenal glands, with all that is going on in our lives? We may lose the ability to know how to, especially with the mind having those continuous thoughts racing round and round, often with anticipatory anxieties, real or imagined, which can have a double whammy on the adrenals as the event may never happen. The body forgets how to relax which can then bring sleep problems, lethargy, we stop exercising, and everything goes out of synch. It's a vicious circle and an area that many resonate with.

Many ailments can be traced back to overworked, unrested adrenal glands which are essential for good health, but how do we resolve this? I know that many of my patients would not come back for their second appointment if I suggested they let go of the situations that were causing these stresses. 'How can I walk away from my job, I have a mortgage and family to support', I hear one say. It's not about walking away from something, but it's the way we handle stressful situations that can be life-changing. As well as prescribing our remedies, we can educate the patient, help them to tweak life patterns, adapt their diet and the times they eat – these are examples of what we can do to help change how the body responds to stress. Experience has shown me that the more I can explain what is happening with their adrenal glands and how it's affecting their health, the easier it is for them to adapt the way they live their lives. There's also less room for thinking 'I've not done what she recommended, I've failed' (a common symptom in many) and then, of course, they don't come back for their next appointment. This works for me on a personal basis; to have an understanding of the 'whys' and 'hows' makes the decision-making process so much simpler and more empowering.

The anatomy and physiology

Each adrenal gland is divided into two parts: the adrenal cortex (the outer layer) and the adrenal medulla (inner central part).

Diagram 3: Anatomy and physiology of the adrenal gland



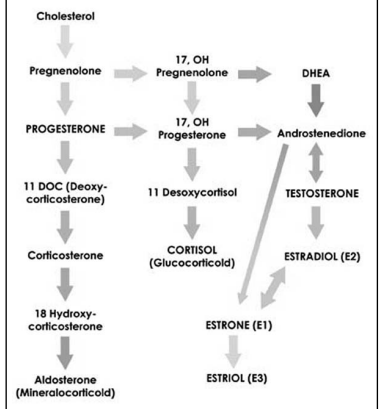
The adrenal medulla secretes epinephrine and norepinephrine, also called adrenaline and noradrenaline. These hormones are released in immediate response to any form of stress. They are our survival hormones, the fight or flight response, and vital in times of emergency. When the body needs instant energy to resolve a situation adrenaline is released. Because of the urgency, this hormone is triggered via the sympathetic nervous system using a nerve impulse, so it's instant. The hypothalamus in the brain activates this part of the nervous system sending the signals direct to the adrenal medulla to release adrenaline into the bloodstream triggering the changes needed in the body to cope with the stress. This all happens quickly and explains why we can jump out of the path of an oncoming car before we are even aware of doing it. The EpiPen, used for anaphylactic shock, contains epinephrine (adrenaline) and works on the same basis as our fight or flight response.

If a stressful situation continues, this process needs back-up; we can't keep firing from the nervous system. This back-up comes from the slower releasing hormone cortisol, secreted from the adrenal cortex via the endocrine system (more about this later on). This allows the body to stay on alert and revved up until the situation has passed. Cortisol levels then fall and the parasympathetic nervous system calms the body down.

The adrenal cortex is divided into three sections, each of which produces a different group of hormones (see *Diagram 4*). All hormones that come from the adrenal cortex are made from steroids which are synthesised from cholesterol. Each helps with different areas of the body; some overlap but it is important to remember that cortisol, because of the role it plays in our stress response, is the most important one. It takes priority over all the others including hormones produced by other endocrine glands.

Many ailments can be traced back to overworked, unrested adrenal glands

Diagram 4:
The adrenal hormones



To understand adrenal fatigue, it's important to get the concept of these three layers.

Mineralocorticoid – the outer layer producing aldosterone
The principle hormone this layer secretes is aldosterone, see first column of *Diagram 4*, which regulates the balance of water and electrolytes such as sodium and potassium in the body. They are called electrolytes because they carry minute electrical charges. The body needs sodium and potassium to help nerve and muscle cells work properly. Aldosterone works with other hormones, anti-diuretic hormone being one, and is continuously keeping the fluid balance and salt concentration intact. The level of potassium in the blood regulates the amount of aldosterone produced by this layer of the adrenal cortex. When this level rises more aldosterone is secreted. When it falls it has the opposite effect.
So this outer layer of the adrenal glands – the mineralocorticoid layer – is working with fluid balance within the bloodstream, cells and interstitial (tissue) fluids.

The pituitary gland
The pituitary gland controls all this. Low levels of aldosterone (measured in the blood) trigger the pituitary to secrete adrenocorticotropic hormone (ACTH). See *Diagram 2*. ACTH then travels in the bloodstream to the adrenal cortex. *Diagram 4* shows that there are three columns, and each produces an end product. In this example if we look at the first column, to get to our end product Aldosterone, a chain reaction occurs starting with pregnenolone, the first hormone in the adrenal cascade. Whichever hormone the body needs from the adrenals, pregnenolone is always the first one to be formed.

The hypothalamus
So how does the pituitary know to send the ACTH to the adrenal glands? For this, we need to bring in another part of the feedback loop, the hypothalamus. The hypothalamus, which sits close to the pituitary gland, has many roles, its main one being homeostasis – continually keeping the body in balance. It produces hormones that govern body temperature, thirst, hunger, sleep, moods, sex drive, circadian rhythm, and so on. The hypothalamus monitors the levels of hormones in the blood. When the levels are low (in this example, potassium), it sends its hormone, corticotrophin-releasing hormone (CRH), to the pituitary gland so that the pituitary in turn can send ACTH to the adrenal glands, allowing them to make aldosterone (see *Diagram 2*).

As the levels of aldosterone rise, the messaging service is turned off, so the hypothalamus, again reading these levels in the blood, stops sending CRH to the pituitary and in turn the pituitary stops sending ACTH to the adrenals. Homeostasis is achieved.

This happens in the body all the time. The hypothalamus constantly measures levels of all hormones in the blood (alongside its many other jobs). Here I have given the example of the feedback system between the hypothalamus, pituitary and adrenals. *Diagram 2* shows the links between each of the hormones used from the hypothalamus, pituitary and its target organs. It's a good reference tool to have in your practice.

Incorrect balance of the mineralocorticoid layer can produce symptoms such as water retention (oedema), high blood pressure, salt cravings, increased thirst and lightheadedness. We also need sodium for the nervous system to send the signals between the brain and the muscles; an incorrect balance can bring muscle weakness, palpitations and tiredness.

The body needs sodium and potassium to help nerve and muscle cells work properly

Glucocorticoid – the middle layer producing cortisol
The primary role of this layer is to help the body respond to stress – of any kind – making sure there is enough energy for the body to run on, so to speak. It is the largest layer of the adrenal cortex and its main secretion is cortisol. As mentioned before, in order of importance, this hormone comes right at the top of the list.

Cortisol plays a large part in the metabolism of fats, proteins and carbohydrates. It helps maintain blood sugar levels at all times, including when the body is under stress. It has the ability to raise the levels of blood glucose (hence the name glucocorticoid) by converting these proteins, fats and carbohydrates into energy. So it's working on virtually every organ and tissue in the body.

Another way of understanding this layer is seeing it as the back-up to the adrenaline release (coming from the adrenal medulla) which, as we know, is fired by the sympathetic nervous system. Cortisol is released via the endocrine messaging network so it's more sustaining; a longer-term way to promote the release of energy. Adrenaline (nervous system) is used for the immediate reserves, and cortisol as the support to sustain the energy needed for ongoing situations. No matter what the stress, as long as the body *experiences* it as stress, the adrenal glands will

get the message from the pituitary using its adrenal hormone ACTH (see *Diagram 2*) to trigger the release of cortisol. So, any drop in blood sugar triggers this layer of the adrenals to produce cortisol.

To continue the journey of cortisol and its role in breaking down the proteins, fats and carbohydrates we need for energy, it's important for us to get an understanding of another part of the endocrine system – the pancreas and its hormones, insulin and glucagon. As cortisol is released into the bloodstream it makes its way to the liver where it is used to convert fats and proteins into glycogens (stored glucose). So in a perfect world this stored glucose is always on hold ready to be released when the cells require energy.

When blood sugar levels are low, the pancreas increases production of glucagon. Glucagon breaks down the stored sugar (glycogen) in the liver into glucose. Glucose is a simple sugar that is used by every single cell as a form of energy. The liver can then release this sugar into the blood stream causing blood sugar levels to rise.

We can see it as our fuel to keep us going; when the tank runs low (or empty) we need to fill it up. Let's look at an example of how we do this. When we exercise, our muscles use glucose for fuel. As more energy (glucose) is needed, blood sugar levels fall. Glucagon from the pancreas is produced for the liver to break down the glycogen into glucose. The liver then releases the glucose into the bloodstream. The rise in blood sugar levels triggers the release of insulin so that it can take the glucose from the blood stream into the cells. Insulin is like the key to the door of each cell; without it the glucose can't get in. High levels of sugar in the blood tells us the energy we require is ready and waiting but without the insulin we won't actually get it into our cells for them to do their work. Once insulin has done its job, the cells (mainly muscle cells in this example) have enough energy to complete the workout. The levels of sugar in the blood can now return to normal and production of both glucagon and insulin stops. In turn, the parasympathetic nervous system then promotes the 'rest and digest' response that calms the body down so we stop producing adrenaline and the pituitary stops sending messages to the adrenals to produce cortisol so they can rest. Their work for the moment is done.

When blood sugar levels are low, the pancreas increases production of glucagon

Educating the patient includes not drinking so much coffee

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We can see how important this fuel is and begin to understand the importance of storing it (and remember it's cortisol that does this). Insulin only gives the cells the amount of glucose they require and the liver can only store so much glycogen. We have this wonderful set of tools which, if used correctly by responding to what the body needs, such as only eating when we get the signs and signals, all is well. Cortisol increases appetite, encouraging us to replenish the stores used. Continuous stress leads to high cortisol levels in the body, which creates hunger and cravings. This can lead to over-eating, or eating the wrong type of foods, for example simple sugars, alcohol or refined carbohydrates (many of which we crave when stressed because they give us instant energy). If glycogen stores are full, the leftovers are deposited into fat cells to be broken down and used only if we run low of our glycogen stores.

The release of cortisol into the blood stream wasn't designed to last very long; like everything else in life it needs rest too. If we continuously send the message to produce cortisol, how long can our adrenal glands continue to answer it? If there is no switch-off, ≫

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tiredness sets in. 'I can't keep production going', I hear them say. 'I'm tired, I need a rest'! Continuously high levels of cortisol gradually begin to have a destructive effect on the body.

In summary, cortisol helps raise blood sugar and insulin works with lowering it. The two work in tandem beautifully. Cortisol also plays a part in controlling inflammation, white blood cells and the cardiovascular system.

Incorrect balance of the glucocorticoid layer can start to produce symptoms such as: blood sugar problems, susceptibility to infections, impaired immune function, wounds slow to heal, digestion disorders, insomnia, skin conditions including thinning, eczema and psoriasis, thyroid problems, weak hair and nails, muscle loss and bone problems such as fractures and osteoporosis.

Gonadocorticoids – the inner layer producing our sex hormones

The final layer, the gonadocorticoids or our sex hormones. *Diagram 4* shows that dehydroepiandrosterone (DHEA) is at the top of the third column, column one being the mineralocorticoids, and column two, the glucocorticoids. DHEA is becoming well known (supplements are now available), and is often seen as the mother hormone but, interestingly, the diagram shows us that it's not the first in the chain which, as we now know, is pregnenolone.

To help us understand these hormones, let's study the manufacture of them in more detail. If you refer back to *Diagram 4*, you see that DHEA starts in a similar way to the first two columns. The ACTH (the hormone pertaining to the adrenals coming from the pituitary gland) triggers cholesterol to convert to pregnenolone and then on to the different sex hormones. Unlike the other layers it can follow different routes:

- Pregnenolone – converted to progesterone – converted to androstanedione
- Pregnenolone – converted to DHEA – converted to androstanedione
- Androstanedione in turn can be converted to estrone or testosterone, either of which can be converted to estradiol (E2), the most active form of oestrogen, made not only by the adrenals

but also the ovaries and fat cells. Estrone (E1) is the oestrogen we produce during and after menopause when there is no longer big production of E2 from the ovaries. As a point of interest here, woman also produce estriol (E3), the weakest and least active form of oestrogens. This happens during pregnancy in much greater quantities than either of the other two.

So DHEA is the precursor hormone to all the major sex hormones – oestrogen, progesterone and testosterone. They keep the dominant sex hormones in balance but their effect is often masked because of the hormones we produce from the testes and ovaries. So we often see it as a secondary source but for women after menopause it becomes a major source. It's vital to have the adrenal glands in good working order when this happens.

It's important, particularly for women, to remember that, if we have undue stress in our life, cortisol will be working hard (probably too hard), which can cause the other hormones to automatically slow down production. Initially women may not notice anything untoward, especially during the menstruating years, because production of the sex hormones also come from the ovaries. But the adrenals may begin to lose the capacity to produce DHEA in sufficient amounts. This can cause problems for women as they come into the menopause when oestrogen levels from the ovaries drop drastically. We come to rely heavily on the adrenal glands where we produce Estrone (E1). If we can't get enough from here then the body can also produce oestrogen from the fat cells. To do this, it needs to lay down some fat, and the best place to store this is around our middle!

As homeopaths we can help in many ways to get these glands back in balance before this happens. When patients come to our practice with symptoms that look to be coming from the ovaries or testes, it's always worth checking to see how the adrenals are functioning. It may be that this is where the centre of the case is.

Incorrect balance of the gonadocorticoid layer (namely DHEA) can contribute to premenstrual syndrome (PMS), irregular periods, polycystic ovary syndrome (PCOS), endometriosis, decreased sex drive, erectile dysfunction (ED), fatigue, bone loss, loss of muscle mass, depression and aching joints to name just a few.

I hope this gives an insight into the workings of just one part of this amazing system. I invite you to take a look in your repertory and see what you find under 'Adrenals'. I work with Murphy's and cannot find any reference to these glands. The more I understand the subject, the more this makes sense. Fatigued adrenals can involve virtually every system of the body, and the information we need to prescribe for the adrenals is in fact there in our repertories and materia medicas.

It's important, particularly for women, to remember that, if we have undue stress in our life, cortisol will be working hard, which can cause other hormones to automatically slow down production

To give an example, there may be NBWS a shock which can lead to feelings of being unsafe and ungrounded with no support network. Fear and anxiety can then start to emerge. These emotions can cause the body to expend a lot of energy, energy that could be used in a better way. As a consequence symptoms of burnout, feeling constantly tired and slug gish may become apparent. Repertorising these symptoms, alongside what else is going on in the case, might bring up remedies like *Nux vomica*, *Arg nit*, *Lycopodium*, *Arsenicum*, *Sepia*, *Phos ac* and *Gelsemium* to name just a few.

I could choose to start my prescription with shock remedies and then follow through with the indicated remedy. *Lycopodium* would be a good choice where there are blood sugar problems, sluggishness of the liver, digestive issues as well as a lack of confidence and anticipatory anxiety. *Nux vomica* may be given if I can see burnout, cravings for stimulants, digestive and bowel problems, anger, frustration, impatience and intolerance. I could look at *Sepia* if there were other endocrine glands out of balance and the remedy picture fits. (*Sepia* is a great remedy for the thyroid and female hormonal system.)

Support remedies could also be used; some that come to mind are the adrenal sarcodes or remedies such as *Avena sativa* and *Kali phos* which can have a calming effect on the nervous system. In addition, I may look at giving a group of essences to help strengthen the base chakra so they feel safe and supported, reducing the symptoms of fear and anxiety.

Homeopathy works on the whole person; we look at signs and symptoms and what is going on behind; the internal versus the external reality; the susceptibility; NBWS and so on, making our remedies a valuable tool to help put the adrenals, and subsequently the body, back in balance.

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https://www.youtube.com/watch?v=wBaL2S_O2Tg (James Wilson – a tube clip very simply put)

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