



HOLTORF MEDICAL GROUP, INC.

CENTER FOR HORMONE IMBALANCE, HYPOTHYROIDISM AND FATIGUE

Diagnosis and Treatment of Hypothalamic-Pituitary-Adrenal (HPA) Axis Dysfunction in Patients with Chronic Fatigue Syndrome (CFS) and Fibromyalgia (FM). *Journal of Chronic Fatigue Syndrome*. 2008, 14(3):1-14.

Kent Holtorf, MD

KEY POINTS

- 500 patient study demonstrated that a multi-system treatment protocol that addresses the known physiologic abnormalities in CFS and fibromyalgia resulted in:
 - 94 percent of patients had overall improvement by the 4th visit.
 - 75 percent noted significant overall improvement.
 - 62 percent reported substantial overall improvement.
 - The average energy level and sense of well-being for patients doubled by the fourth visit.
- The effectiveness of this multi-system treatment was further confirmed through the analysis of the cumulative findings of over 40 independent physicians and over 5,000 patients.
- Prior to treatment at the Holtorf Medical Group, Inc, the patients had seen an average of 7.2 different physicians for the treatment of CFS and/or FM without significant improvement.
- There is controversy regarding the incidence and significance of adrenal dysfunction in chronic fatigue syndrome (CFS) and fibromyalgia (FM) as well as the effectiveness and appropriateness of such treatment.
- Analysis of the data in over 50 studies that assessed adrenal function in CFS and FM patients demonstrates that the majority of CFS and FM patients have abnormal adrenal function due to hypothalamic-pituitary dysfunction.
- It was also shown that the majority of patients should be treated for this adrenal dysfunction since many of the standard tests do not pick up this particular type of adrenal dysfunction. The data shows that such treatment is safer and more effective than commonly used treatments such as antidepressants.
- While these conditions are similar, the abnormality in CFS is in the pituitary while the FM patients have abnormalities of the hypothalamus.
- This review provides a new understanding that treating the known causes of illness in CFS and FM can improve the symptoms and quality-of-life of patients who suffer from these conditions.

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