

58 - Chronic Fatigue and Bioidentical Hormone Pellets

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: Welcome to the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. And today we're talking about chronic fatigue. And I'm going to try to take it seriously because every time I hear the phrase chronic fatigue, I think about the Madelyn Kahn song in the movie "Blazing Saddles", and not so much about the words of the song but the depiction of somebody suffering from chronic fatigue. So that's where my mind goes. But it is an important conversation, it's an important topic. Kathy, why?

KM: It's very serious just because so many people think they have chronic fatigue but they have just ordinary fatigue. Chronic fatigue is different, and it's important to me because many of my patients come to me as a last resort to replace their testosterone so they can get their chronic fatigue taken care of. And it does work 70% of the time. 3 out of 10 people don't get a lot better on testosterone pellets.

BN: 3 out of 10 people who have been diagnosed with chronic fatigue. Not who just think they're tired all the time.

KM: Right. No, the actual fatigue generally does get better with replacement of hormones.

BN: And there are 3 or 4 different modalities for delivering testosterone. Do they all work with that efficiency level?

KM: No, most of the patients have already tried testosterone in other forms but when I treat them with pellets which go under the skin and give you a higher level constantly of testosterone than oral creams, gels, vaginals, all of those other forms, then we have a much better success rate. In fact most people don't get better on just those other forms of testosterone. However this is the big deal because there's not a lot of treatment for chronic fatigue. It's like mono, people tell you to go home and sleep and eat and basically check out of life. And most people don't have the luxury of doing that.

BN: Well how do you differentiate them? If I'm tired a lot and I'm going through a period of intense stress and it's really weighing me down. That's not necessarily chronic fatigue. I might think so because it's pretty overwhelming. But someone is suffering from chronic fatigue, what do you look for?

KM: Well there are three very common symptoms. And those are severe fatigue after you have a flu like illness. So you have a fever, and you have a cough and you have upper respiratory symptoms and fatigue with that. But the fatigue never gets better.

BN: So the flu alleviates but the fatigue does not.

KM: Right, and it's not really flu, it's flu like, it's an upper respiratory kind of problem. But that's one of the big symptoms. Not everyone has that. The second one is that a lot of people tell me they don't feel better after exercising anymore. They used to always feel better. They used to be energized. They don't get that runner's high. In fact they're exhausted after exercising. And usually by the time they see me, they've stopped exercising. And then about half of the patients get night sweats. And night sweats that aren't hot flashes.

BN: And how do you know the difference?

KM: Well you know the difference by doing blood tests. And you know the difference by replacing estrogen or testosterone and seeing if the night sweats go away. But usually the treatment for chronic fatigue in terms of pellet therapy or testosterone therapy is a longer time period where you just can't feel better. You have to go three months maybe on these before you even feel somewhat better. So if we're just talking about general fatigue, it'll get better right away.

BN: So doctors use a diagnostic manual to help them make an accurate diagnosis and in my field we have the DSM, the Diagnostic and Statistical Manual. And we look to see if we think it's a particular diagnosis it'll say there are 8 characteristics and they have to have at least three of these and four of those and so on. Do you have that for chronic fatigue?

KM: And chronic fatigue is generally diagnosed by symptoms, unlike other illnesses. It's not always diagnosed by a lab. So you have to have four or more of the following symptoms. You have to have difficulty remembering things. Have difficulty concentrating.

BN: Like a list of symptoms.

KM: Thank you. I don't have chronic fatigue. Thank you. And usually you have a sore throat, usually a long term sore throat. Generally you'll have lymph nodes that come up here at the back of your head and under your arms that we can palpate or feel.

BN: They're swollen.

KM: You usually can't feel a lymph node. So when we check you over and if they're back here or under your arms and up here, above your clavicle then that fulfills one of these criteria. So muscle pain, joint pain, new headaches, and sleep that's not refreshing, and the last one is post-exertional fatigue where every time you exercise

you get tired. So those are the things that we look at and you have to have four of those to have chronic fatigue.

BN: And that has to be consistent and enduring over a period of time.

KM: Sadly it's usually enduring over a long period of time and there's no really good treatment for it, under most circumstances. The real issue with chronic fatigue is that your immune system is low when you get this. In other words, people with an intact immune system, they get sick, we all get sick and we all get viruses and we get over it them by our immune system kicking in, our blood cells, our T cells killing the virus or killing the bacteria and then we're better. It's usually a short term thing. The problem with chronic fatigue is usually the immune system has been made very inactive, it's been suppressed by long term stress or dieting or loss of hormones, because, loss of testosterone decreases the activity of your white cells. So you're a set up for getting something if your immune system is low. And then when you get a virus and it is ongoing and if it is a particular virus or a particular bacteria then this can be ongoing and it can be very difficult to treat. It's not treated by usual antibiotics for 10 days; you have to take antibiotics for six months.

BN: Oh wow.

KM: It's very difficult to treat. But by adding testosterone we improve the immune system response. And so for me that makes me look great because all I'm doing is giving them their hormones back and they start getting their immune system back and they start fighting this. That's one of those things that I really feel that it's awesome when you can treat somebody for this kind of an illness that has debilitated them and they are now whole again.

BN: So in some respects you might think of it as a secondary gain. Because providing testosterone or estrogen is normally done for other reasons and if this also exists as a problem then it is a secondary win, it's win-win. You win on multiple levels.

KM: Right, that's true and usually people who get this win on other levels in terms of their body's coming back, their muscles coming back. They look younger, their skin's better. All of those other things come back as well.

BN: And we want to remind people again that one of the functional reasons that this works is the methodology of delivery system. Because the under the skin pellets, the bioidentical pellets that you use have a consistent absorption rate. They don't spike in a metabolic curve the way other delivery systems do.

KM: Which means when you take a medication, if you're taking oral usually it goes way up and way down over 24 hours, if you take it once a day. If it's twice a day up and down 12 hours up and down another 12 hours. It's the same with any other type of delivery system; including sublingual, vaginal tabs, creams, gels. Creams and gels are the hardest to get a steady state on. They go up and down all day. You have to apply

them all day long. So to treat this illness you need to have a steady state of testosterone and estradiol if necessary. A lot of people get this before menopause. They get this after 40 when their testosterone drops so we replace that and their immune system kicks back in but it doesn't have to keep catching up for all the peaks and valleys that you get with other forms of testosterone.

BN: So why do doctors not diagnose this more quickly than they do?

KM: Well fatigue is the biggest issue for a doctor. Everybody comes in and says "I'm tired". And this is not just I'm tired, I'm overbooked.

BN: It's a really emphasized term. It's not measurable the way other.

KM: Right. It could be 40 diseases or more. So a doctor listens to fatigue and he goes "psh". He can't possibly check you for all 40 diseases. So he or she is looking at you and saying, "oh tired, she has a job and she takes care of her kids and it's the holidays so she's tired." So they sometimes overlook it and don't go through that whole list of symptoms.

BN: Or they do a slow burn triage. Let's try to treat this because you could be that you're coming down with that, or let's try this, it could be stress, let's wait till the holidays are over. And so time passes and we're back to the idea that chronic fatigue is enduring.

KM: Is chronic.

BN: It's chronic, not acute. An acute infection an acute problem or stress or what have you. So, the relationship between the doctor and the patient has to be good enough that the doctor can rely on the patients reporting, or that they know them well enough to have their own sense of the rhythms in the patient's life.

KM: And these days everybody changes doctors all the time because their insurance plans make them change doctors.

BN: Or the doctor is seeing patients every 3 minutes and so.

KM: And that doesn't really lend itself to talking about fatigue. Fatigue you'd have to talk to about to really get a good sense about it, for about half an hour. And that's the only thing you can talk about.

BN: So fatigue is really an imprecise medical term. It's used in the vernacular much too broad stroke. And not narrow.

KM: And has too many causes to really trigger a physician going into the chronic fatigue work up. However if they know the patient then the work up would be doing all the laboratory for cortisol, 8 a.m. cortisol. If your cortisol is really high from stress

then your immune system is suppressed. So if we look at stress, your stress in life can actually be so bad that it stimulates your brain to make cortisol.

BN: Because your body is in fight or flight mode. It's prepared for the crisis.

KM: Right and it wasn't meant for that. It was meant to be fight for flight the tiger is running after you, or a boulder is rolling down the hill, you have to get out of the way. So you have extra energy and you have extra cortisol to protect you. However when we look at this in daily life, in daily life stress never ends. You wake up stressed you go to bed stressed.

BN: Was it HM Men that said the average man leads a life of quiet desperation and in all of our lives every day.

KM: And the average woman leads a life of chronic fatigue but not in this fashion, because she's doing Christmas, Thanksgiving all of those fun things that are our holidays to create. I mean it's that and everything else. But this is more than that. This is that kind of fatigue, when someone walks in, I can see it now they like fall down on the table. And they go "oh I'm so tired, I'm so tired. I am never better. I wake up so tired." So what I do then is if they haven't been diagnosed by a lab I make sure I look through all their hormones because of course thyroid can cause that. And of course high cortisol can cause that. But we also have to do viral studies, and viral studies.

BN: Like mono?

KM: Like mono virus. You can have mono virus and it can either be, it can come back after you've had it once, you think you're never getting it again, if your immune system is low enough. Or you can get a new mono virus and then it never goes away. And there's a test for mono viruses to see if you have a recent infection or a long term infection. We look at something called IGG for long term, IGM for in the last three months. But there's a specific test called the EBNA test. And EBNA test is the test I do on patients and that means that nuclear antibodies or antigens have become abnormal because of the mono virus. So this is the test.

BN: And that is a blood test?

KM: This is a blood test. That is the test that I look for because most of the time, mono is involved. Now the other things that can be involved, you could have lupus. And treatment for lupus or not treatment for lupus and that's an ANA titer and that can set you up for chronic fatigue. And you can also have a problem with your pituitary. You're pituitary is gone.

BN: Okay we're going to have to continue this conversation in another podcast.

KM: Yes we are.

BN: And we'll be happy to do so. Just to pull one point together. When Kathy says tests can be run, labs can be run, typically she's talking about blood tests. When you go to the doctor they draw 2 or 3 vials of blood they send that to the lab and they have a check list of probably about 200 different tests that can be run and the ability to know which ones can to mark, to say what I am I looking for. Again comes from the relationship issue and the information content that you get from the patient. What are the kinds of tests you would run if you were doing an assessment for chronic fatigue?

KM: I would run several tests to rule out other diseases. I would run a thyroid panel and a thyroid antibody panel, a blood count, and an ANA titer, which is a lupus panel and also maybe a rheumatoid arthritis panel.

BN: Titer?

KM: Titer is the level of immune cells that you have fighting your own tissue. It's an auto immune test. That's a specific auto immune test that I was describing. Then you have several tests that we do to actually look at causes that are within the realm of chronic fatigue like viral and bacterial. We look at the Epstein Bar and the EBNA, specifically, we look at the cortisol levels, 8 a.m. cortisol. You should ask for that. Also, testosterone levels.

BN: Meaning that you check what, your cortisol levels at 8 a.m.?

KM: At 8 a.m. because it's different throughout the day. So an 8 a.m. blood cortisol, a testosterone test, as well as a growth hormone test. Because those two, if they are very low, can cause people to very susceptible to viruses and bacteria and so to chronic fatigue. So those are the tests you would ask if you're getting blood work from your doctor.

BN: Now, we talked about viruses. Are there medicines that protect you against that so that will help you fight chronic fatigue?

KM: There are medicines that we use only after we've tried everything else, we've replaced everything else. We've tried nutrition and rest and then there are some medications, one for viruses called Valcyte, and it is very good at treating CMV and treating the Epstein Bar Virus. So we try that but it's very expensive rarely paid for by insurance, sadly, and it's generally used on AIDS patients who have CMV. So you have to make sure, if you know your pharmacist that they know that you're treating chronic fatigue and not AIDS.

BN: They'll be handing you the packages gently.

KM: Yeah and if you don't have it you don't want everyone to think that you do. So the other type of chronic fatigue is a bacterium. And all the bacteria are actually responsive to a tetracycline like drug. So Vibramycin would be one of them. And we use a lot of

other medication, just straight tetracycline. But you've got to take it for a year to get rid of this.

BN: And can the tests distinguish between the viral and the bacterial? Or do you need to take both forms of the drug?

KM: No the test will tell you what caused this. And I forgot a Lyme titer too. You should have a Lyme disease titer. That's one of the bacteria that can actually cause this. That's a tick borne disease and it's also sensitive to tetracycline like drugs. So those are the ways we treat.

BN: And that's one of the 40 diseases that doctors have to eliminate that you don't have Lyme's disease before they can diagnose you for chronic fatigue.

KM: Well you may have chronic fatigue from Lyme's disease. And so Lyme's can cause that, mycoplasma can cause that and Chlamydia can cause that. Those are the bacteria that can cause chronic fatigue that you need to be treated for and it has to be a lengthy treatment, not a 10 day treatment, like you would normally have if your immune system was intact. The big problem with chronic fatigue is you have a sub par immune system when you get the virus and then it's a never ending cycle because the chronic fatigue then makes your immune system worse. Your immune system can't fight it and then your chronic fatigue gets worse and it's a spiral down so you have to stop it some way. And by treating the element that actually caused it, viral or bacterial, is about the only way you can get on top of it besides stimulating the immune system.

BN: So in terms of fighting it, once it's been determined that you have it which is a difficult determination, there are lifestyle strategies, medical strategies that you need to follow.

KM: You'll feel like you have mono so you have to treat it that way. You have to rest and supportive treatment meaning lots of fluids, lots of vitamins, good food, healthy food. Some people take out additives and things like that, I'm not sure, there's no study that shows that helps but that might be a good idea. So, improving your lifestyle; rest, exercise if you can, unless it's so exhausting that you can't, we try not to push anybody that way, would be the best way to do things yourself. Don't smoke don't drink, all those things that impair your immune system, just a really healthy life. And then get it diagnosed. Then see if there's a treatment for what you've had diagnosed. And in my world replace your testosterone and estrogen first before you go to Valcyte which may be \$500 a pill.

BN: And have side effects that are pretty disturbing.

KM: Right, and have liver and kidney problems you have to monitor that the whole time you're on Valcyte.

BN: So to summarize, what we're saying today is that chronic fatigue is a real, legitimate, diagnosable problem that physicians recognize and have a protocol for diagnosing. It can come from multiple sources and it can be treated in multiple ways. And what Kathy is saying is that the replacing of testosterone and estrogen with bioidentical hormone pellets results in at least 70% of her patients that have chronic fatigue, not just 70% of her patients overall but those that have been diagnosed with chronic fatigue, reporting that they are improved and that they feel better and that the chronic fatigue is not an intense concern anymore. They get better. They have to be responsible for themselves in terms of diet and nutrition exercise, following the medical protocols, but these pellets will help you get better. If you have questions about that or if you're dealing with chronic fatigue and would like to consider that as a treatment protocol, you can contact Kathy directly.

KM: At BioBalanceHealth.com at our website, you can fill out the questionnaire and send it in and get your blood work and we can see if you can help you with testosterone. If you have other questions you can write podcast@biobalancehealth.com.

BN: Or you can contact me for the other questions at brettnewcomb.com.