

# Clinical Approaches to Adrenal Dysfunction

Assessment, Testing and  
Therapeutic Strategies

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**Presenter: Luke Szabo,  
Naturopath, Nutritionist  
& Herbalist**

**Host: Vashti D'Vyne,  
Naturopath & Clinical  
Nutritionist**



# Presenter | Luke Szabo

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## **Integrative Naturopath, Clinical Nutritionist, Alchemical Herbalist**

- Member of the Institute for Functional Medicine (USA).
- Member of The Australian Natural Therapists Association.
- Adjunct Fellow of The National Centre for Naturopathic Medicine.
  
- Little Earth Health Natural Medicine Clinic est 2014.
- The Vagus Nerve Clinic est 2022.
- Combined Care Master Practitioner Clinic launching 2025.



## Our Host | Vashti D'Vyne

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### **Naturopath & Clinical Nutritionist, BHSci, DipNat**

Vashti D'Vyne is a Health Educator for Designs for Health, bringing over 25 years of industry experience. She has developed a unique practice style that combines mindfulness, health coaching, and lifestyle medicine with functional testing and targeted nutritional interventions.

Vashti has a special interest in:

- Simplifying complex information into easy-to-understand, actionable guidance for practitioners
- Mindfulness-based health coaching and lifestyle medicine approaches
- Streamlining practice workflows to save time and money while improving patient outcomes
- Supporting practitioners with personalised one-on-one training to elevate their practice

# What is Adrenal Dysregulation?

- A** The gland is producing too much or too little of its hormones
- B** The gland is producing its hormones at the wrong time

But why...?

# Hormones Produced by the Adrenal Gland

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The term "**hormone**" was introduced to the English language in 1905, derived from the Greek meaning "to arouse or excite".

**Mineralocorticoids i.e Aldosterone** - produced in the adrenal cortex, regulates blood pressure via modulating the sodium/potassium/water balance in the body.

**Glucocorticoids i.e Cortisol** - produced in the adrenal cortex, stress response prepare for fight or flight to increase blood sugar and reduce inflammation.

**Catecholamines i.e Adrenaline, NorAdrenaline** - produced in the adrenal medulla, increase blood pressure, respiration, heart rate & mental awareness in response to fight or flight response.

# Hormones Produced by the Adrenal Gland

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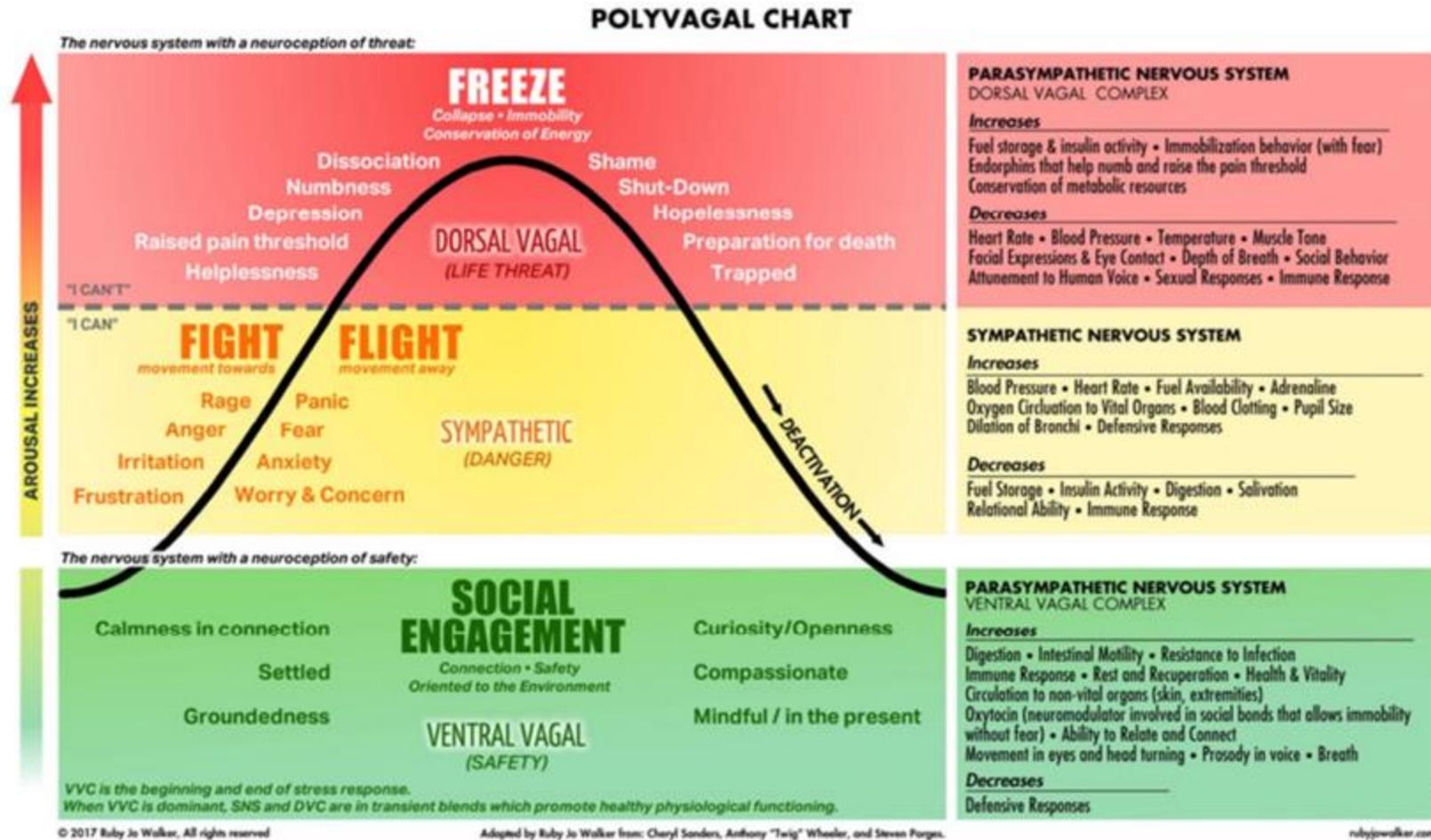
## Sex Hormones

**i.e DHEA** – produced in the adrenal cortex, precursor to sex hormones testosterone and oestrogen.

**i.e Testosterone** – although in men, only 3% of testosterone is produced in the adrenal cortex, in women, that number is roughly 25-50%.

**i.e Pregnenolone** – produced in the adrenal cortex with its direct precursor being cholesterol, acts as a precursor to other steroid hormones such as cortisol, progesterone, DHEA. In stress, Pregnenolone will be converted to Cortisol at the expense of progesterone and DHEA which has been titled pregnenolone steal syndrome.

# Stress Hormones Before Sex Hormones

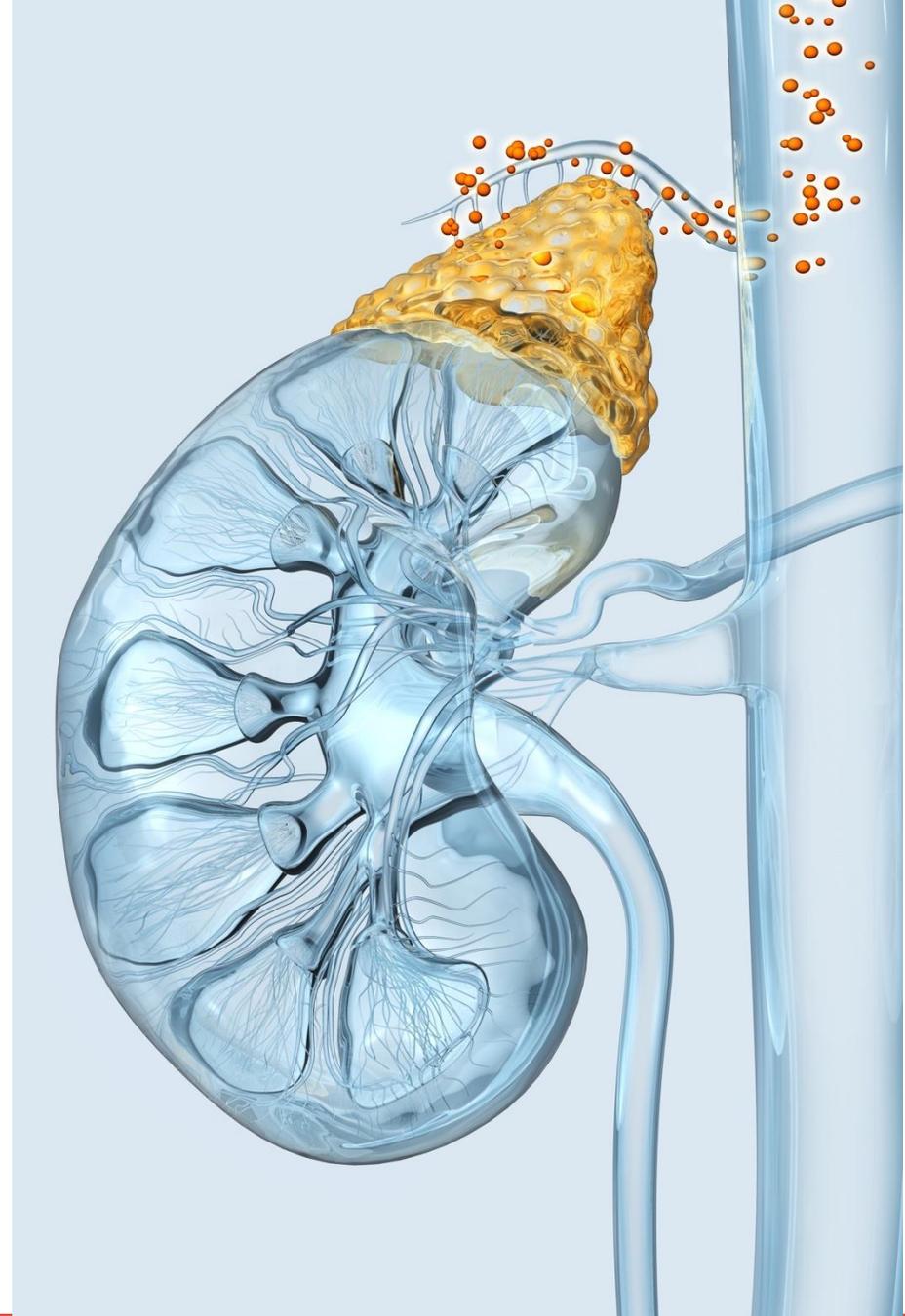


The body will prioritise adapting to stress over reproduction.

# Adrenal Disease vs Dysregulation

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- Congenital Adrenal Hyperplasia (disease)
- Addison's Disease (disease)
- Cushing's Syndrome (disease)
- HPA axis dysfunction (dysregulation)





## Congenital Hyperplasia

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- 1/20,000 births in the Western World.
- 21-Hydroxylase deficiency (do not produce enough cortisol or aldosterone).
- Newborn blood spot screening = high levels of 17-hydroxyprogesterone.

# Addison's Disease (Autoimmune Adrenalitis)

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**Typical age onset** – 30-50yrs old

**Common Symptoms** – fatigue, dehydration, dizziness, hyperpigmentation (in particular the folds of the skin & buccal mucosa), hypotension, joint pain, hypoglycemia, salt cravings.

**Primary Causes** – Autoimmune, Infections (tuberculosis, HIV, Fungal), Cancer, Adrenal Hemorrhage.

## **Pathology Workup**

- Low sodium / High potassium
- Low AM serum cortisol <80 nmol/L + High AM plasma ACTH >11 pmol/L
- Adrenal abs positive
- Low 24 hr urinary cortisol / low aldosterone

# Cushing's Syndrome

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**Typical age onset** – 20-50yrs old.

**Common Symptoms** – atypical weight gain around face, neck, abdomen, arms, legs, easily bruised, fatigue, weakness, hypertension, high blood sugars, mood changes (anxiety, depression), osteoporosis.

**Primary Causes** – prolonged use of glucocorticoids, pituitary tumor, adrenal tumor.

## Pathology workup

- High serum cortisol / high 24 hr urinary cortisol / high midnight salivary cortisol
- Low ACTH (adrenal issue), High ACTH (pituitary issue)
- Imaging i.e MRI / CT scan

# Adrenal Dysregulation

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**Typical age of onset** – may present at any age but usually will clinically see this mainly 15-50yrs old.

**Common Symptoms** – fatigue, sleep disturbance, mood changes (anxiety, depression, anger), brain fog, poor resilience to stress, joint pain, muscle aches, frequent infections or poor immune response, low libido, weight gain, blood sugar irregularities, menstrual dysregulation.

**Primary Causes** – HPA Axis dysfunction.

## HPA Axis Dysfunction Pathology Workup – Cortisol/DHEA

**STAGE 1** – elevated cortisol & elevated dhea = normal acute response to stress, i.e stressed worker or athletes.

**STAGE 2** – elevated cortisol, low end dhea = pregnenolone is being shunted to help make cortisol.

**STAGE 3** – high cortisol, low dhea = indicates pregnenolone steal and will see imbalances in the sex hormones & possibly insulin resistance.

**STAGE 4** – low cortisol, low dhea = indicated inability to have any adaptability over stress.

# Brain Signalling – HPA axis

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**Hypothalamus** – Neuronal inputs i.e limbic system / amygdala, emotional processing, brainstem / spinal cord, autonomic nervous system / sympathetic and parasympathetic.

Non-Neuronal inputs i.e i.e sensory / touch, taste, smell, circulating hormones, microbial products, emotional stress.

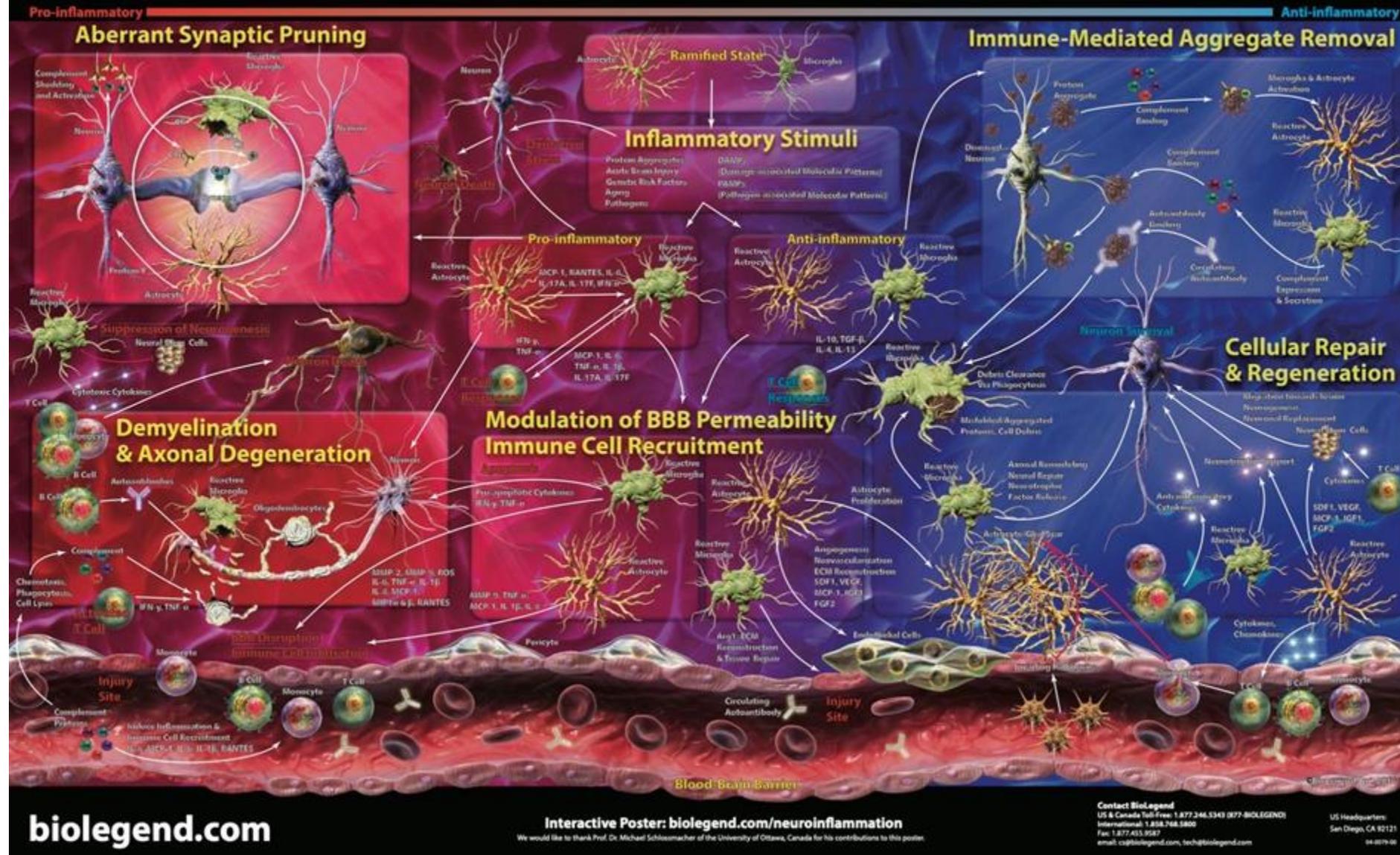
**Paraventricular Nucleus (PVN)** – critical brain region regulating the HPA axis, releases Corticotropin Releasing Hormone (CRH) stimulating the pituitary gland.

**Suprachiasmatic Nucleus (SCN)** – central circadian pacemaker which receives light information from the retina and regulates the daily rhythm of cortisol secretion.

**“An altered Hormone Panel tells us that the brain cannot signal its environment well”**

Dr Jack Kruse (Neurosurgeon & Optimal Health Educator)

# Neuroinflammation



Neuroinflammation in the PVN is a key consideration in the underlying pathogenesis of adrenal dysregulation.

# Primary Considerations in Adrenal Dysregulation

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**Blue light** – toxicity i.e nighttime blue light exposure via screens.

**Circadian rhythm disruption** – i.e shift work, international travel.

**Neuroinflammation** – i.e toxins, infections, trauma.

**Blood sugar imbalances** – i.e diet, nutrient deficiencies, anti-nutrients.

**Food sensitivities** – diet, eating habits, season, toxic load.

**Infections** – i.e LPS from gram negative bacteria i.e Klebsiella, Pseudomonas, Citrobacter, Escherichia.

**Gut inflammation** – infections, diet, poor gut barrier, toxic load.

**Nutritional deficiencies** – low B6, vit C, vit D, Mg vs toxic overload - heavy metals, biotoxins, chemicals.

**Mental & emotional stress** – major impact on sympathetic nervous system and downregulation of vagal tone.

**Trauma** – high ACE score, trauma in infancy has been related to delayed cortisol recovery from peak responses to acute stress in youths aged 9-16yrs old.

# Functional Pathology Endocrine Workup

**Bloods** – serum sex hormones, thyroid hormones, leptin, homocysteine, TSH, MSH.

**Saliva** – adrenal & sex hormones, melatonin, CAR & Urine - adrenal & sex hormones.

**Stool testing** – microbiome, IgA, Zonulin, b-Glucuronidase.

**Nutritional status** – vitamins and minerals i.e manganese, vitamin D, chromium, vitamin C, Vit B6, Vit B12, MMA.

**Food allergies / sensitivities** – i.e IgE/IgG.

**Immune system / Cytokine panel** – (IL-1, IL-6, TNFa, IL-10).

**Toxin testing** – heavy metals (hair, blood, faecal, urinary), pesticides, plastics (urinary).

**Genetics** – SOD2, VDR, GPX/GSTP1, TH, COMT.

**Organic Acids** – Vanillylmandelic Acid, Pyroglutamic Acid, Quinolinic Acid.

**Other** – Urinary glyphosate, visual contrast screen, complex UTI screen, oral microbiome.

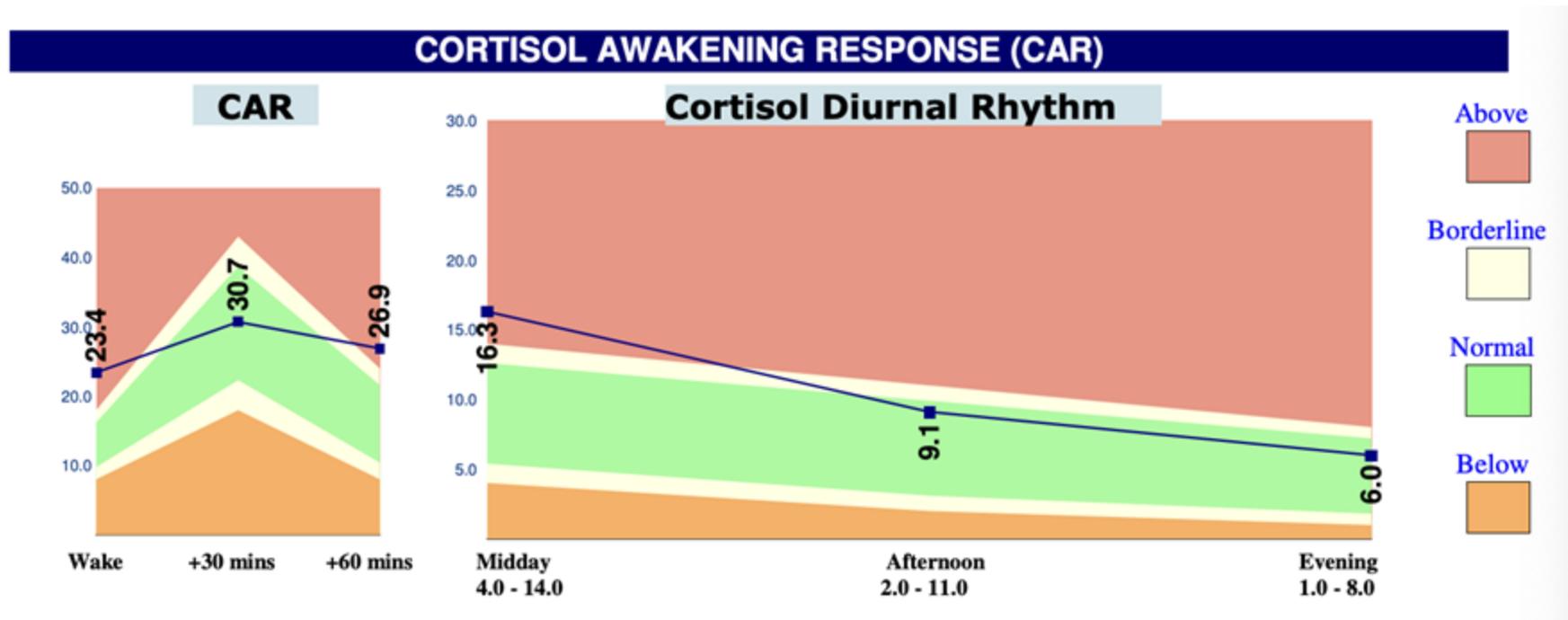
2 - Amino Acid & Protein Metabolism			
Phenylalanine Metabolism	Result		Reference
<b>Phenylalanine</b> Phenylalanine hydroxylase + BH4	14.5		11.7 - 73.7 nmol/mg Creatinine
<b>Phenylacetic Acid</b> Aldehyde dehydrogenase	0.4 L		0.5 - 19.1 nmol/mg Creatinine
<b>Tyrosine</b> Tyrosine hydroxylase + BH4	16.8		11.4 - 126.7 nmol/mg Creatinine
<b>Homovanillic Acid</b> COMT + Magnesium & Monoamine oxidase + B2	1.3		< 10.3 nmol/mg Creatinine
<b>Vanillylmandelic Acid</b> Monoamine oxidase + B2	8.1		4.8 - 21.4 nmol/mg Creatinine

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# Functional Pathology cont...

## Cortisol Awakening Response

Helpful to confirm adrenal dysregulation but not identify the underlying cause.



# Functional Pathology cont...

## Midnight Salivary Cortisol

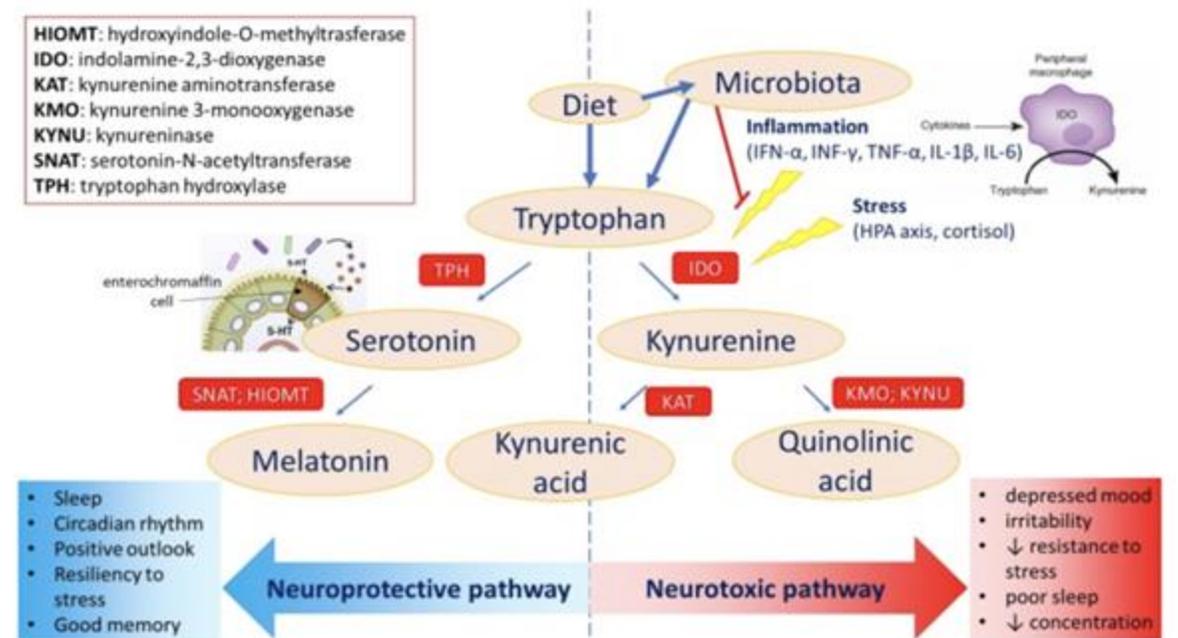
If Cortisol high, you have a brain signalling issue, look for underlying neuroinflammatory causes. Good option for those on budget.

ENDOCRINOLOGY SALIVA				
SALIVA	Result	Range	Units	
Cortisol Midnight	7.3 *H	0.0 - 5.0	nmol/L	
Melatonin (Saliva)-Midnight	6 *L	10 - 40	pg/mL	

# Functional Pathology cont...

Organic Acids testing is helpful to identify metabolic blocks & neuroinflammatory markers such as quinolinic acid.

Tryptophan Metabolism	Result	20% 40% 60% 80%	Reference
<b>Tryptophan</b> <i>Tryptophan hydroxylase + B<sub>6</sub></i>	13.2		10.5 - 68.7 nmol/mg Creatinine
<b>5-Hydroxyindoleacetic Acid</b> <i>Aldehyde dehydrogenase + B<sub>3</sub></i>	10.3		6.3 - 28.7 nmol/mg Creatinine
<b>Kynurenine</b> <i>Kynurenine mono-oxygenase (KMO) + B<sub>2</sub></i>	1.2		< 13.7 nmol/mg Creatinine
<b>KT Ratio</b> <i>Kynurenine / Tryptophan</i>	0.094		0.064 - 0.638
<b>Hydroxykynurenine</b> <i>Kynureninase + B<sub>6</sub></i>	<DL		< 12.1 nmol/mg Creatinine
<b>Xanthurenic Acid</b> <i>Kynurenine transaminase + B<sub>6</sub></i>	0.5		< 9.5 nmol/mg Creatinine
<b>Anthranilic Acid</b> <i>Kynureninase + B<sub>6</sub></i>	<DL		< 11.8 nmol/mg Creatinine
<b>Picolinic Acid</b> <i>Non-enzymatic conversion</i>	<DL		< 4.0 nmol/mg Creatinine
<b>Kynurenic Acid</b> <i>Kynurenine transaminase + B<sub>6</sub></i>	4.9		2.1 - 18.5 nmol/mg Creatinine
<b>Quinolinic Acid</b> <i>Non-enzymatic conversion</i>	66.0		9.0 - 105.7 nmol/mg Creatinine



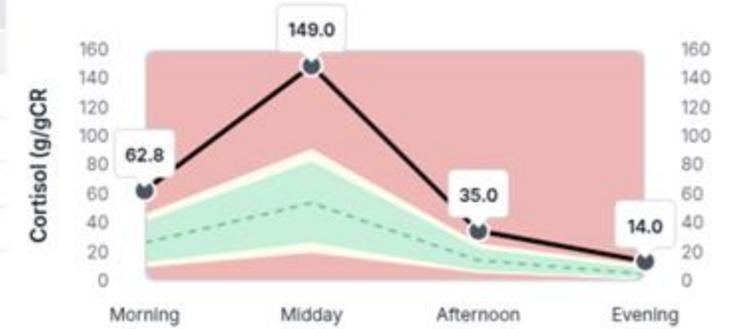
# Functional Pathology cont...

New 4 x urinary hormone panel recently made available in Australia.

Cortisol diurnal rhythm, Melatonin, Adrenal function, Sex hormones, Endocrine disruptors, Heavy metals & Key organic acids including:

- Vanillylmandelic Acid
- Quinolinic Acid
- 8-OH-deoxyguanosine
- Pyroglutamic Acid

Adrenal Function - Free Cortisol				
SERVICE	RESULT	H/L	REFERENCE	UNITS
Cortisol, Morning	62.80	H	(10.00-45.00)	ug/gCR
Cortisol, Midday	149.00	H	(20.00-90.00)	ug/gCR
Cortisol, Afternoon	35.00	H	(6.00-25.00)	ug/gCR
Cortisol, Evening	14.00	H	(2.00-10.00)	ug/gCR



Adrenal Function - Key Markers				
SERVICE	RESULT	H/L	REFERENCE	UNITS
Total Cortisol	36.32	H	(10.00-35.00)	ug/gCR
Tetrahydrocortisol (THF)	294		(160-560)	ug/gCR
DHEA Prod'n (DHEA+Androst+Etioch)	1789.37		(500.00-3000.00)	ug/gCR
Metabolised Cortisol (THF + THE)	1025		(700-1700)	ug/gCR

# Nutrigenomic Considerations

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**Neurological snps** – TH, COMT, MAO.

**Inflammatory modulating snps** – SOD2, GPX, VDR.

**Methylation snps** – MTHFR, MTR, COMT, CBS.

**A fast TH and slow COMT** – predisposes to slow adrenaline clearance - support with additional Magnesium, meditation & stress reduction.

**A slow SOD2, GPX or VDR** – predisposes to lower oxidative stress control - support with Manganese, Glutathione, Vitamin D & sulfurous foods.

**A slow MTR & CBS** – predisposes to slow homocysteine clearance - support with methyl b-complex vitamins, vitamin C, zinc, meditation & stress reduction.

# In Clinic Testing

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## **Pupillary Constriction Test**

Reduce the light in the room to dimly lit, shine a torch in the pupil on a 45 degree angle, the pupil will naturally constrict.

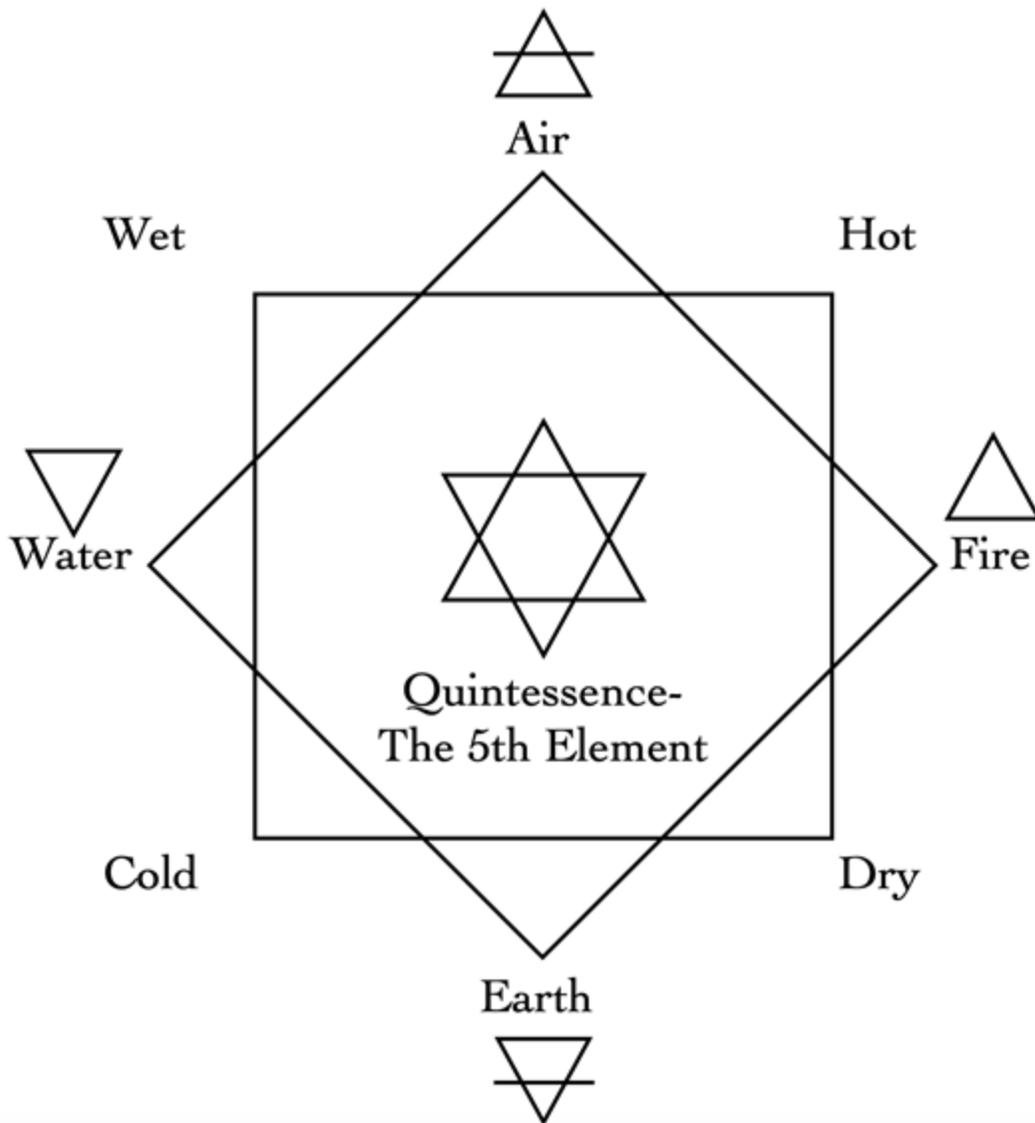
- pupil constricts and holds for 20+ seconds = normal HPA function.
- pupil constricts and holds for 10 seconds then pulses = mild HPA dysregulation.
- pupil constricts, pulses then dilates after 5-10 seconds onwards = moderate HPA dysregulation.
- pupil constricts, pulses & dilates almost immediately = significant HPA dysregulation.

## **Pulse**

- fast, superficial, bounding = adrenal hyperfunction
- slow, weak, scattered = adrenal hypofunction

## **Uvula**

- palate lifts and holds = good vagal tone
- palate does not lift, hold or swings = possible vagal tone issues



# Energetics of the Adrenal System

**Allopathic** = symptoms.

**Naturopathic** = etiology i.e what is the cause of symptoms.

**Energetic** = constitutional i.e what is the energetic force behind the etiology.

You cannot supplement your way out of spiritual misdirection.

Allopathic Naturopaths, Integrative Doctors and Functional Medicine Practitioners focused purely on pathology testing and nutraceutical prescribing will miss out on the potential to offer true healing opportunities for their clients/patients.

**First Consideration – The person (Prakruti/Vikruti)**

**Second Consideration – the presenting symptoms**

**Third Consideration – pathology test results**

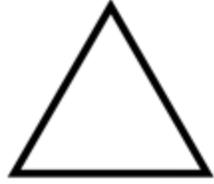
# 5 Pillars of Herbalism

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- 1 The light of nature** – follow the vital force i.e chi, prana, vital force.
- 2 Energetic architecture** – nature isn't random, there are patterns i.e 3 fold (3 principles), 5 fold (5 elements), 7 fold patterns (7 planets).
- 3 Universal herbalism** – 360 degree perspective of plants, bridging science and spiritual medicine.
- 4 Transformational medicine** – use plant medicine to connect deeply to heal and purify the body, mind, spirit - all levels of being.
- 5 Know thyself** – the level of herbal medicine only goes as deep as we have gone ourselves, heal thyself, know on a practical level, not just an intellectual level.

# Fire Element

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Remember – The term "**hormone**" was introduced to the English language in 1905, derived from the Greek meaning "to arouse or excite".

Greek Medicine, Ayurveda and Chinese Medicine are elemental models of medicine.

In Adrenal Hypofunction, the Fire may be diminished in other areas such as digestive fire (agni), metabolic fire (mitochondrial), immunity (aries/mars).

In Shamanic Medicine, Fire is associated with the direction of the South, noon time, Summer, the serpent, Intuition & Initiation.

In Physiomedicalism the Tissue State associated with Fire is Heat excitation.

In Energetic Herbalism the flower of the plant is considered the Fire element making flower essence therapy a very potent initiator and transformational medicine.

# Aries

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**Planetary Correspondence –**  
Mars

Spark of life, consciousness, creation, how we express externally

**Greek Archetype –** Ares "the warrior"

**Organ Rulership –** Adrenal glands & immune system

**Element –** Fire, pitta, yang, mesomorph, cardinal



Mars



Sulfur



Fire

**Symbol –** Ram (headstrong)

**Key word –** "I am" = establishment of the self

**Affinities –** Head, blood, adrenal glands, febrile mechanism (temperature mechanism via the hypothalamus) which ties into the immune system

**Disease potential –** inflammation, stress, fever, burnout, nervous burnout, metabolic issues (agni burnout), fast GI transit times, headaches/migraines

**Tissue State –** Heat excitation, dry atrophy

**Sulfur –** what do you stand for, what gets you up in the morning, where do you want to channel your energy.

## Aries cont...

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### **Excess (i.e adrenal hyperfunction)**

- Rapid pulse, red tongue, yellow coated tongue.
- Restlessness, insomnia.
- Anger, rage, violence, abusive, insensitive, competitive, arrogant.

### **Deficiency (i.e adrenal hypofunction)**

- Slow, weak pulse, wet pale tongue.
- Cold hands and feet, fatigue, low vitality, inflammation.
- Timid, afraid, fearful, passive, lacking direction, poor focus.



## Pitta Dosha – Ayurveda

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Pitta (water & fire), cardinal, initiates, activates, hot, light, fluidity, sharp, penetrating.

Pitta age – 16-50yrs old

Interesting the Pitta age is the same timing as peak hormone production & the age of onset for Addison's disease & Cushing's syndrome. It is also the age where we are the most dynamic, leaving the family home, working, starting a business, travelling abroad, starting our own families = lot's of dynamic action.

Pitta time – 10am - 2pm + 10pm - 2am

Interesting you see those with adrenal dysregulation often will have 2pm energy crashes and often will wake at 2am with adrenaline surges.

# Root Chakra

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**Color** = red

**Duality** = yang

**Element** = earth

**Function** = survival, grounding, support

**Location** = base of the spine

**Endocrine gland** = adrenals

**Development** = birth to 6 months - connection to mother, survival, the state of the home and the dynamic between the mother and father imprint on the root chakra at this time. Some texts say first 7 years of life also.

**Disturbance** = Trauma ii.e c-section, abandonment, neglect, physical abuse

**Numerological** = the number 1 (chakra 1) represents the individual, the first step on the journey of life (literally during this time you learn to stand up and walk), during infancy the parent can set the pace for development of the child.

# Herbal Medicine – Nettle

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- Aries ruled plant, treats excess Mars (warrior planet, red, iron ruled planet).
- Water element correspondence (likes to grow in moist disturbed soil near water, influences water in the body i.e diuretic).
- Sharp serrated leaves, formic acid crystals (when touched inflames the skin).
- Increases will power / stepping into one's personal power.
- Overcome anger patterns / face our demons.
- Protective plant, energetic boundaries.
- Cooling & anti-inflammatory blood tonic reduces heat excitation tissue state.
- Hay fever, sinusitis, allergies (head/aries) – starting to see this herb in histamine modulating formulas.
- Seeds = adrenal trophorestorative.



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# Herbal Medicine – Withania

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**Latin Name:** Withania somnifera (sleepy nightshade).

**Common Names:** Ashwagandha, Winter Cherry, Indian Ginseng, Poison gooseberry.

**Family:** Solanaceae.

**Part used:** Traditionally the root, also the berries & leaves

**History:** 3000-4000 years of use in Ayurveda in India, also use in Egypt, Africa, Mediterranean.

**Taste:** Earthy, bitter, pungent, sweet with sweet post digestive quality (nutritive).

**Actions:** Adaptogenic, Aphrodisiac, Immunomodulator, Inflammation-modulator, Nervine Trophorestorative.

**Use as an Adaptogen:** builds up deficient constitutions that are weak, cold, tired, fatigued, lethargic.

# Herbal Medicine – Withania cont...

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**Energetics** – warming, yang tonic that repletes vata and calms pitta constitutions.

**Key psychological trait** – Wired and Tired.

**Clinical patterns and uses** – Insomnia, this plant works over time, reduces night time cortisol spikes, regulates HPA Axis. Burn out, works as a nutritive tonic, the volatile oils nourish the nervous system, dual action to strengthen those who are weak and calm those who are stressed and anxious. Reduces high cortisol in clinical studies.

**Primary constituents** – iron, antioxidants, tannins, potassium, steroidal alkaloids (sominine, somniferine, withanolides, anferine).

**Mechanism of action** – Withanolides which are the steroidal alkaloids & lactones serve as hormonal precursors and also occupy receptor sites to balance excess hormones.





## Herbal Medicine – Saffron

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**Saffron** – it's use originated out of Persia (Iran) and spread to Greece & India where it was incorporated into their pharmacopeia. Derived from the *Crocus sativus* flower, it has traditionally been used as a food additive for its potent aroma and vibrant red color for over 3,500 years.

**Part used** = flower (fire) + Color = red (base chakra)

A 2023 randomised, double blind, placebo controlled study showed the acute effects of this herb by delaying typical peak salivary cortisol levels in young men in response to physical and psychosocial stressors.

# Herbal Medicine – Kava

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**Kava** – A South Pacific herb traditionally used primarily in ceremony or recreationally as it is often taken after work to relax. It has also been traditionally used as a gift in the resolution of social conflict.

It is a psychotropic herb with at least 4 known mechanisms of action.

1. Facilitate GABA transmission & binding of the GABA<sub>A</sub> receptor.
2. Inhibits voltage gated ion channels, in particular sodium & calcium channels down regulating glutamate & depressing the CNS.
3. Kavalactones block the reuptake of norepinephrine.
4. Inhibition of cyclooxygenase, suppressing synthesis of thromboxane A<sub>2</sub>, a prostaglandin synthesized from Arachidonic Acid.





# Herbal Medicine – Passionflower

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**Passionflower** – Doctrine of signatures you see the purple petals signifying the crown chakra and within the flower the 3 and 5 fold pattern of 5 stamens (representing the 5 elements) and 3 sepals (representing the 3 modes of cardinal, fixed, mutable). The Corona of the flower is said to represent the crown of thorns associating it with suffering and potential healing of the emotions.

Contains potent flavonoids & alkaloids, in particular the flavonoid chrysin which has an affinity to bind to the benzodiazepine receptors giving to its anxiolytic & sedative effects.



# Flower Essences

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Macrocarpa "Eucalyptus macrocarpa"

**Flower color** = Red.

The seed cap is flung off by the strength of the red stamens.

**Remedy for** – burnout, stress, lethargy.

**Promotes** – energy, vitality, physical endurance.

**Affinity for** – adrenal glands, immune system.

**Pairs well with:**

**Black eyed Susan** – those prone to burnout.

**Crowea** – those with nervous tendencies.

**Old Man Banksia** – those already burnt out.

# Amino Acids, Nutraceuticals & HRT

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**L-Theanine** – reduces excitatory neurochemicals like Glutamic acid and influences GABA.

**5-HTP** – precursor to serotonin, reduces neuroinflammation.

**L-Tyrosine** – precursor to noradrenaline and adrenalin.e

**Vitamin C** – needed for the production of Cortisol.

**Vitamin B5** – needed for the production of Cortisol.

**Vitamin B6** – needed to balance sodium & potassium, to make adrenalin.

**Magnesium** – needed for COMT to reduce adrenalin load.

**Adrenal Glandulars** (often bovine or porcine).

**Progesterone** – blocking action on adrenaline.

**DHEA** – restore levels in cases of significant depletion.



## Food as Medicine

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**Ghee** – contains cholesterol, omega 3 fatty acids, butyrate.

**Pumpkin seeds** – high in zinc & magnesium which support glucose signalling.

**Avoid caffeine & sugar**

**Identify and eliminate food sensitivities**

**Celtic sea salt & Irish sea moss** to balance trace minerals & electrolytes.

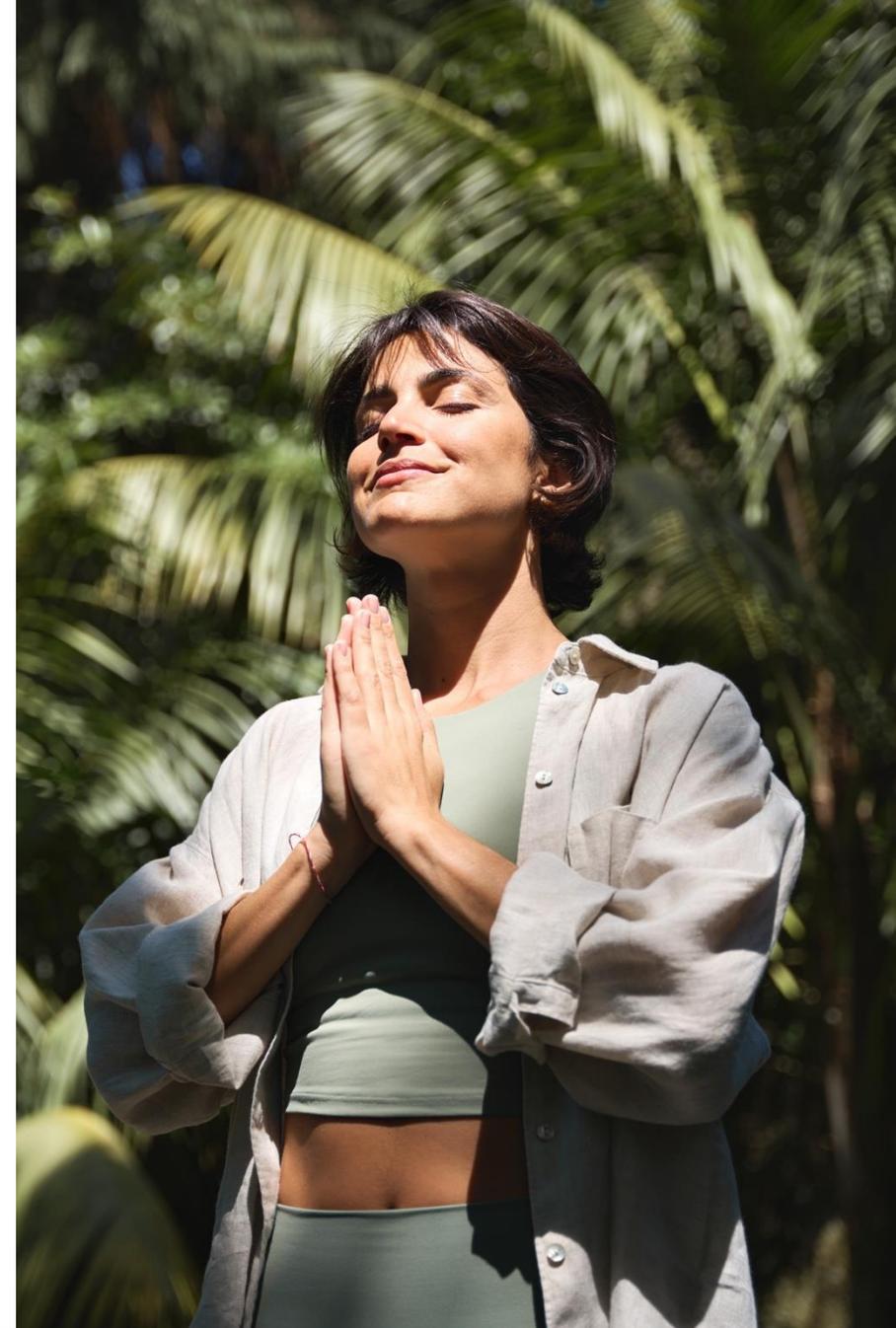
**Dosha diet** (cooling foods in summer, grounding foods in Winter).

# Lifestyle Medicine

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- AM sunlight / low PM bluelight.
- Exercise (channel energy and get it out).
- Reduce scrolling on phone.
- Meditation, Prayer, Breathwork, Yoga.
- Singing, gargling, chanting, humming – vagus nerve support.

**May 2025 Study published in British Journal of Healthcare & Medical Research showed Isha Kriya Meditation 15 mins daily for 6 weeks showed significant statistical improvements by reducing perceived stress, improved perceived wellbeing & physiological parameters.**



# References

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Isha Kriya study – <file:///Users/lukezsabo/Downloads/18812-Article%20Text-27068-2-10-20250606.pdf>

Vagus Nerve study – <https://www.nature.com/articles/35013070>

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Adverse Childhood Experiences & Daytime Salivary Cortisol - <https://www.nature.com/articles/s41398-021-01538-w>

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# Special Offer for Attendees

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Register your interest for my upcoming practitioner course & get **25% OFF the enrollment fees**.

**The Energetics of Functional Medicine – People, Plants, Planets, Pathology**

[info@littlearthhealth.com.au](mailto:info@littlearthhealth.com.au)

September 2025 beta intake & March 2026 full intake.



# Free Resource for Live Attendees

We very much value your live interaction, questions and comments and would like to thank you for attending!

We have an exclusive resource for live attendees only:

## The Energetics of Herbs in Adrenal Dysregulation

This resource will be emailed to you post-webinar.

**designs for health Australia** PAGE 1

### The Energetics of Herbs in Adrenal Dysregulation

Adrenal dysregulation is not merely a matter of hormone imbalances measured on a lab test. While allopathic and functional models may focus on symptom suppression or pathology testing, an energetic approach asks a deeper question: what constitutional forces underlie these imbalances? Energetics moves beyond treating the symptom or even the root cause in a physical sense—it seeks to understand the whole person, including their constitution, their history, and the forces shaping their health. In this view, the practitioner's role is not only to prescribe but to guide patients back to balance, recognising that "you cannot supplement your way out of spiritual misdirection."

**THE FIRE ELEMENT AND ADRENAL PHYSIOLOGY**

The very term 'hormone' comes from the Greek to arouse or excite, hinting at its elemental quality of Fire. Elemental models—Greek, Ayurvedic, Chinese—associate the adrenal glands with Fire. Fire governs transformation, metabolism, digestion (Agni), immunity, and vitality. In adrenal hypofunction, this Fire can be seen as dampened, leading to fatigue, poor digestive fire, and reduced immunity. In hyperfunction, it manifests as heat, inflammation, and overdrive of the stress response. Energetically, this is a Heat excitation tissue state. In energetic herbalism, flowers are considered the Fire element of the plant. They act as potent initiators and transformational medicines, making flower essence therapy especially relevant in addressing the spiritual and emotional aspects of adrenal dysregulation.

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#### The Foundations of Energetic Herbalism

ENERGETIC HERBALISM RESTS ON FIVE KEY PILLARS:

- 1 The Light of Nature**  
This pillar recognises the vital force (Chi, Prana) that animates life. Herbalists attune to this force to guide healing.
- 2 Energetic Architecture**  
Nature is not random but patterned. Traditions recognise structures such as the three doshas, five elements, or seven planetary influences that can inform herbal choice.
- 3 Universal Herbalism**  
A 360-degree perspective that bridges modern science with spiritual traditions, seeing plants not just as pharmacology but as allies in healing.
- 4 Transformational Medicine**  
Using plant medicine to deeply connect, heal, and purify body, mind, and spirit.
- 5 Know Thyself**  
Practitioners can only guide healing to the depth they themselves have explored. This is a reminder of the ethical and spiritual responsibility in practice.

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**PROFILES OF KEY HERBS**

*Asafoetida* (resin of *Ferula asafoetida*) embodies the Mars/Aries archetype. It thrives in moist soils, and its sharp, serrated sulfuric acid crystals inflame the skin—another embodiment of Mars' fiery nature. Nettle cools heat excitation and boundaries. It is protective, anti-inflammatory, and a blood tonic, making it valuable for anger, over-activation, and allergies (head/Aries affinity). The seeds have a natural trophorestorative action, offering support to depleted adrenal systems.

*Withania somnifera*

Ashwagandha, is a renowned adaptogen with over 3000 years of use. It is warming and yang, yet has a calming influence. It repletes Vata and balances constitutions—ideal for the "wired and tired" common in adrenal dysregulation. Withania is used to regulate the HPA axis, reduce night-time cortisol spikes, and combat burnout and fatigue. Its withanolides act as precursors and receptor modulators, supporting adrenal function while replenishing deficiency.

Herbs like chrysin, it binds to serotonin receptors to exert anxiolytic and antidepressant effects, making it valuable for calming nervous systems and addressing the root of stress.

*Macroparopsis* (*Macroparopsis macrocarpa*) has a striking red cap explosively flung off by the wind. It is specifically indicated for stress, lethargy, promoting energy, and endurance with an affinity for the adrenal gland system.

It is particularly useful for burnout-prone individuals, nervous tendencies, and adrenal exhaustion— for those already deeply

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adrenal health is not purely physiological but deeply embedded in personal history.

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and adrenal status.

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