

## Subclinical Iron Deficiency, Part 1: Misunderstood, Mismanaged and Misdiagnosed

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It starts with low energy and is usually blamed on stress or a busy schedule. Then she begins to crave sweets to stay focused and awake, especially in the afternoon. She turns to energy supplements to get through her workout. She doesn't sleep as well as she used to.

[The fatigue](#) leads to less exercise and more snacking. Her body weight creeps up. The extra weight causes an additional burden on her energy, leading her to use more caffeine. Her sleep difficulty becomes a sleep problem.

She goes to the doctor. The examination is unremarkable. A blood test is normal. Her low energy is written off as a sleeping problem.

She gets a prescription for sleeping pills. They help her sleep, but leave her groggy in the morning, causing her to order a larger coffee. She still finds it impossible to get through the afternoon without sugar. Her weight continues to climb and she stops exercise altogether.

She does not like the way she looks and dreads buying clothing. She goes on a diet, loses a few pounds, but has even less energy. She is irritable, emotional and little things really bug her. She is always hungry, often tired and not the positive person she once was. Her friend suggests that she's depressed. She rejects it, but a few weeks later returns to the doctor and raises the subject. He puts her on antidepressants.

For a while she feels better, but her energy is still low and her weight continues to yo-yo up. Since diets remove sweets, she needs workout pills just to get through work. She now hates her body and really feels old.

She decides to go a nutritionist. She leaves with six bottles of expensive supplements to improve her digestion, fat burning, cellular energy and to [support her adrenal gland](#). It is hard to take so many pills so many times a day, but she does it.

After four weeks, she does not seem much better. At her follow-up appointment, the nutritionist sells her two more products to go with the first six. After four more weeks, she begins to skip doses.

She returns to her family doctor. He changes her sleeping medication and prescribes a diet pill. That makes her feel "tired and wired" at the same time.

She goes to an alternative practitioner. She is given different supplements and gets body treatments on areas that never hurt - until she was treated.

She tries multi-level products and then [a detox shake program](#). She is both too fatigued and too embarrassed to go to the gym. There is tension at home and pressure at work. She is fat, out of shape, in pain and tired. She has brain fog, her skin is dry and itchy, her lips are cracked, her hair

is falling out and small cuts take forever to heal. She has cold hands and cold feet. Her legs twitch at night. Her abdomen hurts and her head aches. She is frustrated, depressed, sad and upset. She has the number-one cause of low energy in women, and it has not yet been identified or treated.

In part 2 (Jan. 15, 2011 issue), we'll discuss why low iron is misunderstood, mismanaged, misdiagnosed and often just plain missed until full-blown anemia is finally noticed.

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