

Subclinical Iron Deficiency, Part 2: Vicious Cycles Develop and Exacerbate the Problem

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In [part one](#) [Nov. 18, 2010 issue], we saw what often happens when low iron is initially missed in a woman with low energy. When a CBC doesn't show anything out of the normal ranges (especially hemoglobin and hematocrit), a possible iron problem is often not pursued. When serious disease is ruled out, the relieved patient is instructed to watch her stress, exercise more and sleep longer.

Unfortunately, when iron is low and not replaced, patients crave carbohydrates ([especially sugars](#)) and use them along with caffeine to combat fatigue caused by a lack of oxygen. The result is the development of vicious cycles that, while enabling a person to make it through the day, lead to a cascade of continued misunderstanding, misdiagnosis and mismanagement of conditions that appear to be primary when, in reality, they are secondary reactions to low iron.

Vicious Cycle 1

The consumption of extra calories over normal requirements to combat fatigue leads to weight gain. Additional body weight increases fatigue in the same way one would tire carrying a backpack all day. Greater fatigue leads to energy conservation, meaning fewer calories are burned during activities of daily living. Less activity makes weight gain even easier.

Vicious Cycle 2

The addition of [caffeine or additional caffeine](#) (especially later in the day) to get through the day often subtly reduces sleep quality. (There are caffeine-sensitive people who easily make this connection, but average responders often don't realize their tossing and turning at night is due to an extra serving or two of caffeine 6-10 hours earlier.) Reduced sleep quality increases fatigue and reduces activity, which leads to weight gain.

Vicious Cycle 3

When a woman is constantly tired and gaining weight, she feels unattractive and unhappy. Add in sleeping problems and it's a recipe for depression. In fact, if a person feels fat, ugly and tired, it's hard not to be depressed. The best natural treatment for depression - [vigorous exercise](#) - can't be employed with deficiencies in both sleep and iron.

A sound sleep is another great treatment for depression. Even if caffeine is not a problem, low iron can disrupt sleep by causing itching and twitching at night. Pruritus and restless legs syndrome are both symptoms of insufficient iron. Treatment is often a combination of medications for depression and sleep. Neither addresses the actual problem, and both may lead to side effects.

Food for Thought

None of this means the "fatigue and female" combination should automatically receive an iron recommendation. Nor does it mean that other deficiencies or conditions can't cause fatigue, because they can. And using caution when recommending iron is absolutely prudent. Too much iron can promote heart disease, cirrhosis, liver cancer, diabetes and arthritis. However, I believe the emphasis in school involving the pro-oxidant potential of iron coupled with a bombardment by supplement companies of a plethora of products to raise energy causes DCs (and other nutritional

practitioners) to overlook borderline iron deficiency.

In fact, I have read articles in this publication about supplements to treat low energy that didn't mention iron, even though low iron is the number-one (by a wide margin) nutritional cause of fatigue that can be treated with a supplement. So, the next time a female patient complains of low energy or fatigue, simply ask them the following:

- Do you have periods?
- How much red meat do you eat?

If she has regular periods and generally avoids red meat, does she have a deficiency of [co-enzyme Q₁₀](#), L-carnitine, B complex or [magnesium](#)? Maybe. What about a problem with her thyroid, adrenals, food intolerance or hormonal imbalance? It's possible. But, if this woman enters my office and I rule out serious disease, medication side effects, and/or sleep deficiency, I don't look for evidence that her iron is low; I look for evidence that it is *not* low.

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