PITUITARY (POSTERIOR) DYSFUNCTION

In the absence of an anti-diuretic hormone (ADH) assay, an extrapolation to posterior pituitary function can often be determined by an increased or decreased BUN/Creatinine ratio.

1. Pre-Disposing Factors and Clinical Indicators: Hypertension and allergy/sensitivity are the most common problems seen with posterior pituitary dysfunction.

a. Edema.
b. Cyclic personality.
d. Inability to lose weight even while on a restricted calorie or restricted fat diet.
e. Insomnia.
f. Manganese, potassium or vitamin E deficiency.
g. Renal dysfunction.

2. Dietary Suggestions:

a. Drink at least 8 full glasses of pure water daily (no well water or city water).
b. Eliminate all refined carbohydrate, processed foods, dairy products (except butter), gluten, alcohol and caffeine containing foods.
c. Eliminate all hydrogenated fats and oils. Increase raw and fresh oils.
d. Increase raw foods and quality proteins.

3. Primary Supplemental Support:

a. **Cytozyme PT/HPT** – 3-4 bid in the a.m. and 3 at noon.
b. **Bio-Trophic Plus** – 5 tid or **Pro-Multi Plus** – 3 bid.
c. **Mn-Zyme** – 1 daily.

4. Other Considerations:

a. **Whey Protein Concentrate** – 1 serving bid.
b. **B6 Phosphate** – 3-4 tid.
d. If hypertension is present, treat as indicated in the section of this manual covering hypertension/increased blood pressure.

If a benign pituitary adenoma is present use **DopaTropic Powder, B6 Phosphate and Mn-Zyme** to help reduce the production of prolactin.