



# THE SOLINGER METHOD

by Root Health L.L.C.

## DHEA Deficiency

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### FUNCTIONAL WELLNESS SUPPORT PLAN

Adult DHEA Deficiency

Root Health L.L.C, The Solinger Method

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## What Is DHEA Deficiency

DHEA (dehydroepiandrosterone) is a foundational adrenal hormone that serves as a precursor to testosterone and estrogen and plays a critical role in energy production, immune modulation, stress resilience, mood, and metabolic health. DHEA naturally declines with age, however deficiency becomes clinically relevant when levels fall below what the body requires for repair and resilience.

In adults, DHEA deficiency commonly reflects:

- Chronic stress and HPA axis strain
- Adrenal exhaustion patterns

- Inflammatory burden
  - Poor sleep and circadian disruption
  - Aging related decline accelerated by illness
  - Under-fueling or excessive endurance activity
- Low DHEA is not “just aging”, it is a marker of depleted reserve.

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## Conventional Medicine Perspective

Conventional medicine typically views DHEA deficiency as:

- A normal part of aging
- Clinically insignificant in many cases
- Rarely addressed unless severe

Standard approaches often include:

- No treatment
- Occasional hormone replacement without addressing drivers

This model often overlooks:

- The role of DHEA in immune balance and mood
- The relationship between stress and adrenal depletion
- The downstream impact on testosterone, estrogen, and cortisol balance

Ignoring DHEA can stall recovery across multiple systems.

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## Naturopathic Medicine Perspective

Naturopathic medicine views DHEA deficiency as a stress resilience and repair deficit, reflecting chronic demand exceeding adrenal reserve.

Key systems involved include:

- HPA axis signaling
- Cortisol to DHEA balance
- Immune modulation
- Mitochondrial energy production
- Sex hormone precursor availability
- Brain and mood regulation

The goal is to **restore reserve and resilience**, not simply replace a number.



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# Key Drivers and Patterns in Adult DHEA Deficiency

## Chronic Stress Pattern

- Long term psychological or physical stress
- Burnout or fatigue
- Poor stress tolerance

## Inflammatory Pattern

- Autoimmune or chronic inflammatory conditions
- Elevated inflammatory markers
- Poor recovery

## Hormonal Cascade Pattern

- Low testosterone or estrogen
- Reduced libido
- Mood flattening

## Metabolic Depletion Pattern

- Under-eating or restrictive diets
- Excessive exercise without recovery
- Poor sleep

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## Nutritional Strategy

Nutrition for DHEA deficiency focuses on fueling adrenal repair, reducing inflammatory demand, and supporting hormone synthesis, not restriction.

## Core Nutritional Priorities

- Adequate caloric intake
- Sufficient protein for hormone synthesis
- Stable blood sugar
- Anti inflammatory nutrient density
- Micronutrients for adrenal support

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## Therapeutic Foods to Emphasize



## **Protein at Each Meal**

Provides amino acids for hormone and neurotransmitter production.

Suggested intake:

25 to 35 grams per meal

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## **Healthy Fats**

- Olive oil
- Avocado
- Fatty fish

Support steroid hormone synthesis.

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## **Mineral Rich Foods**

- Leafy greens for magnesium
  - Shellfish for zinc and selenium
  - Root vegetables for potassium
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## **Micronutrient Dense Foods**

- Eggs for cholesterol and choline
  - Beef liver for vitamin A and B vitamins
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## **Reduce or Avoid**

- Chronic calorie restriction
- Excess caffeine
- Excessive endurance exercise
- Skipped meals

Adrenals do not recover under deficit.

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## **Targeted Supplement Support**

Therapeutic Adult Dosing



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## **DHEA (Micronized, USP Grade)**

Supports restoration of adrenal and sex hormone precursor levels.

### **Dose:**

5 to 25mg daily

Lowerdoses forwomen, individualized to labs

### **Clinical Notes:**

- Always guidedby baseline and follow-up labs •
- Monitor for acne, hair changes, or mood shifts
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## **Vitamin C**

Supports adrenal hormone synthesis and stress resilience.

**Dose:** 1,000 to 2,000 mg daily

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## **Pantothenic Acid (Vitamin B5)**

Supports adrenal hormone production.

**Dose:** 250 to 500 mg daily

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## **Magnesium Glycinate**

Supports stress regulation and sleep.

**Dose:** 400 to 600 mg daily

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## **Targeted Herbal Support**

### **Ashwagandha**

Supports cortisol balance and adrenal resilience.

**Dose:** 300 to 600 mg daily

### **Rhodiola rosea**



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Supports energy and stress adaptation without overstimulation.

**Dose:** 200 to 400 mg daily

### **Licorice Root (When Cortisol Is Low)**

Supports adrenal signaling and cortisol availability.

**Dose:**

500 to 1,000 mg daily

**Clinical Notes:**

- Avoid in uncontrolled hypertension
  - Monitor blood pressure
  - DGL is not appropriate for cortisol support
- Herbs support reserve, not forced stimulation.

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## **Celery Juice Support for DHEA Deficiency**

Celery juice may support DHEA deficiency by improving hydration, mineral balance, and adrenal signaling, particularly in low blood pressure or fatigue dominant patterns.

**Dose:**

8 oz fresh celery juice daily

**Timing:**

Morning or between meals

Response should guide continued use.

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## **Supplement Access**

A complete supplement protocol for **Adult DHEA Deficiency** is available in Fullscript under **Protocols**, listed by the matching condition name. Individuals can create a free account to access the full recommended list of professional grade supplements and therapeutic adult dosing.

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## **Lifestyle Support That Matters**



- Prioritize sleep and circadian rhythm
  - Reduce excessive exercise
  - Build recovery days into training
  - Practice stress reduction consistently
- DHEA improves when demand decreases and repair is allowed.
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## When to Dig Deeper

Further evaluation is warranted when deficiency persists:

- DHEA-S levels
- Cortisol rhythm testing
- Sex hormone panel
- Inflammatory markers
- Thyroid function

DHEA deficiency resolves when stress load is reduced and adrenal reserve is rebuilt, not when numbers are chased alone.

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