

Iron helps fatigue – even with normal iron levels and no anemia



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In people with chronic fatigue, this double-blind placebo-controlled study shows a marked increase in energy by addressing with iron supplementation – even when the iron blood tests are normal and where there is no anemia.

This means that it is important to address low iron – even if your blood tests are normal but modestly low. The best blood test is called a “ferritin” level. Your doctor will say it is normal if it is over 12, but research has shown that in people with chronic fatigue, iron supplementation increased energy dramatically in people with a ferritin under 50 who were not anemic. If the ferritin blood test is under 50, or the iron percent saturation blood test is under 25%, take 1-2 tablets of iron (29 mg with vitamin C) each afternoon or evening on an empty stomach for 4-6 months.

Let’s look at what the study showed.

144 women aged 18-55 without anemia were given either iron (80 mg/day of elemental iron daily) or placebo for four weeks. Fifty-one percent had a serum ferritin concentration under 20 g/l. The level of fatigue after one month decreased by 29% in the iron group compared to 13% in the placebo group (P=0.004). Subgroups analysis showed it was the women with ferritin concentrations under 50 g/l that improved with iron supplements.

They concluded that “non-anaemic women with unexplained fatigue may benefit from iron supplementation.”

As we’ve discussed earlier, ignore the normal ranges for blood tests and use the optimal ranges we supply instead. This research supports earlier studies showing that ferritin levels should be at least 40-50, and that lower levels can contribute to restless leg syndrome, infertility, hair loss, fatigue, and immune dysfunction – even in the absence of anemia.

References

Iron supplementation for unexplained fatigue in non-anaemic women: double blind randomised placebo controlled trial. F Verdon, B Burnand, C-L Fallab Stubi, C Bonard, M Graff, A Michaud, T Bischoff, M de Vevey, J-P Studer, L Herzig, C Chapuis, J Tissot, A Pécoud, B Favrat. *BMJ* Volume 326 24 May 2003. 1124-8. See Primary Care at BMJ online.

Also see Iron More Effective than Requip for Restless Leg Syndrome.