

Patient Guide: Dysautonomia

What Is Dysautonomia?

Dysautonomia is a disorder caused by an imbalance between the two branches of the autonomic nervous system — the sympathetic ("fight-or-flight") system and the parasympathetic ("rest-and-digest") system. Think of it as a blown fuse in the limbic system, the part of the brain that controls your stress response. As a result, patients with dysautonomia are stuck in a fight-or-flight dominant state, leaving the body in a constant state of alert even when there is no real threat.

Common Causes

Dysautonomia can result from a wide range of underlying conditions, including:

Genetic & Primary Autonomic Disorders

- Familial dysautonomia, pure autonomic failure, multiple system atrophy, primary orthostatic hypotension and syncope

Autoimmune Diseases

- Lupus, Sjögren's disease, autoimmune autonomic ganglionopathy, multiple sclerosis, and other autoimmune neurologic or systemic diseases

Neurodegenerative & Neurologic Disorders

- Parkinson's disease, Lewy body dementia, multiple system atrophy, stroke, spinal cord injury, traumatic brain injury, Charcot-Marie-Tooth disease, ALS

Metabolic & Systemic Diseases

- Diabetes (diabetic autonomic neuropathy), chronic alcoholism, amyloidosis, chronic kidney disease, cardiovascular disease, celiac disease, inflammatory bowel disease, sarcoidosis, rheumatoid arthritis

Infections & Post-Infectious Causes

- COVID-19 and long COVID, Guillain-Barré syndrome, Lyme disease, HIV/AIDS, other post-infectious neuropathies

Nutritional Deficiencies

- Vitamin B12, thiamine (B1), other B-vitamins, vitamin E, and copper deficiencies

Medications & Medical Interventions

- Certain antihypertensives, antidepressants, antipsychotics, and chemotherapy agents; surgery or radiation affecting autonomic pathways

Toxins & Environmental Exposures

- Heavy metals (mercury, arsenic), organophosphate pesticides, alcohol, and other neurotoxins

Structural & Mechanical Causes

- Brain tumors, Chiari malformation, craniocervical instability, spinal cord compression or injury

Hormonal & Endocrine Factors

- Thyroid disorders, adrenal insufficiency, testosterone deficiency, and other hormonal imbalances

Idiopathic

- In a significant number of patients, no clear underlying cause is identified

Symptoms

Symptoms vary widely from person to person. The most common clusters include:

Heart & Blood Pressure

- Palpitations, rapid or slow heart rate, irregular rhythm
- Dizziness or lightheadedness on standing (orthostatic intolerance)
- Fainting or near-fainting (presyncope/syncope)
- Labile or abnormal blood pressure — too low or episodically too high

Energy & Exercise

- Persistent fatigue and easy exhaustion
- Exercise intolerance

Brain & Nervous System

- Brain fog, slowed thinking, difficulty concentrating, memory lapses
- Chronic headaches or migraines
- Visual disturbances, blurred vision, sensitivity to light

Digestive & Urinary

- Nausea, bloating, early satiety, reflux, abdominal pain
- Constipation, diarrhea, or gastroparesis
- Urinary urgency, frequency, incontinence, or incomplete emptying

Temperature & Sweating

- Heat intolerance, feeling excessively hot or cold
- Abnormal sweating — too much (hyperhidrosis) or too little (hypohidrosis)
- Dry eyes or dry mouth

Other

- Sleep disturbances
- Anxiety and mood lability
- Sexual dysfunction (reduced arousal, anorgasmia, erectile dysfunction)
- Abnormal pupil response or light sensitivity

Therapeutic Options

Treatment focuses on calming the overactive sympathetic nervous system and rebuilding parasympathetic tone. A personalized, layered approach works best.

Mind-Body & Nervous System Retraining

- Meditation, biofeedback, breathing exercises, yoga, prayer, tai chi
- Limbic retraining programs such as the Dynamic Neural Retraining System (DNRS) or the Gupta Program
- Thriving Spoonies Pathway — a 12-week virtual program with community, one-on-one coaching, and a self-paced option (Emily Fraser, emilyfraser.ca)
- Meditation apps: Headspace, Calm, or Insight Timer

- HeartMath monitor for heart rate variability training
- Hypnosis, visualization, and positive thinking practices
- Neurofeedback / biofeedback; Alpha-Stim device
- See McMinn Stress Plan and Stress Toolbox

Lifestyle & Daily Habits

- Restorative sleep — this is foundational
- Spend time in nature
- Eat frequent smaller meals; hunger can trigger symptoms
- Abundant hydration with filtered water
- Salt supplementation
- Compression/support stockings (for orthostatic symptoms)
- Avoid sugar, processed foods, caffeine, and alcohol
- Embrace positive thinking and stress reduction

Diet

- The GAPS diet is one of the better dietary approaches for this condition
- Some patients do well with a carnivore-based diet
- A gluten-free diet has shown ~34% improvement in POTS in some studies
- Optimize gut health — see McMinn Gut Health Protocol
- Treat SIBO (small intestinal bacterial overgrowth) if present may be very helpful.
- The gut-brain connection is especially important in dysautonomia

Exercise

- Start mild and non-competitive — walking, yoga, gentle stretching
- If upright exercise causes dizziness, try horizontal options such as rowing or recumbent cycling
- Do not overdo it; gradual progression is key

Supplements & Integrative Therapies

- Herbal adaptogens: ashwagandha, Rhodiola
- DHA — 2 to 5 capsules per day
- Fish oil
- Olive oil — 1 tablespoon twice daily
- CBD oil
- Acupuncture
- IV Myers cocktail / glutathione

Hormonal & Toxin Considerations

- Hormone replacement therapy may be helpful
- Optimize thyroid function
- Consider testing for toxins: heavy metals, organic toxins, and mold; pursue a customized detox if positive

Condition-Specific Treatments

- Treat Mast Cell Activation Syndrome (MCAS) if present: Gastrocrom, H1 and H2 blockers, low-histamine or low-sulfur diet, bioflavonoids
- IVIg (intravenous immunoglobulin) may be helpful for some patients
- LDN (low-dose naltrexone) — start low, work up: do not use if taking narcotics
- Welchol if diarrhea is a primary symptom

Medications That May Help

- Cortef — for low energy and adrenal insufficiency
- Beta-blockers — for tachycardia
- Benzodiazepines — for anxiety (use with caution; short-term)
- Florinef (fludrocortisone) — for orthostatic hypotension, lightheadedness, and fainting
- Dexedrine — for neurally mediated hypotension and energy

Resources & Further Reading

- dysautonomiainternational.org
- The Dysautonomia Project by Freeman, Goldstein, and Thompson
- McMinn Gut Health Protocol (available at McMinnMD.com)
- McMinn Stress Plan and Stress Toolbox (available at McMinnMD.com)

Important: This handout provides educational information to support your wellness journey. It is not personalized medical advice. It is not intended to diagnose or treat any disease. Treatment should always be individualized. Please consult your healthcare provider before starting or stopping supplements, medications, or other therapies. Your doctor can help you determine what's right for your unique situation.

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