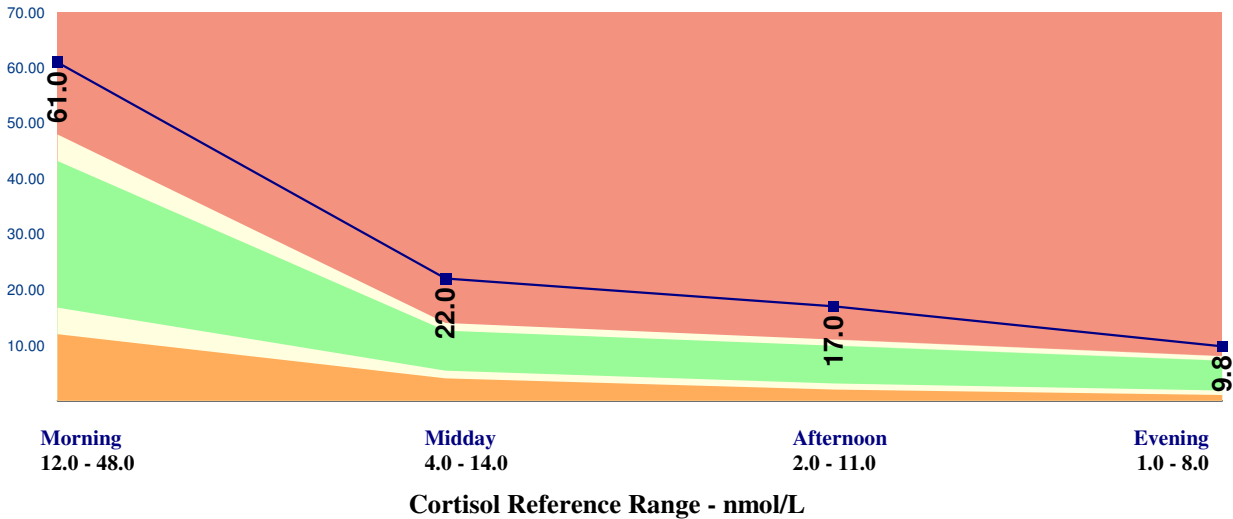
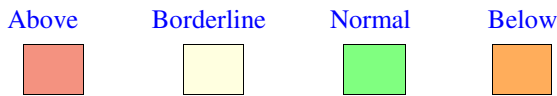




### ADRENOCORTEX STRESS PROFILE



Colour Key Ranges :



Cortisol Values	Result	Reference Range	Unit
Cortisol Profile, Morning	61.0*H	12.0 - 48.0	nmol/L
Cortisol Profile, Midday	22.0*H	4.0 - 14.0	nmol/L
Cortisol Profile, Afternoon	17.0*H	2.0 - 11.0	nmol/L
Cortisol Profile, Evening	9.8*H	1.0 - 8.0	nmol/L
Cortisol Daily, Total	109.8*H	11.0 - 76.0	nmol/L

DHEAS Values	Result	Reference Range	Unit
DHEAS Profile Morning	5.1	2.5 - 27.0	nmol/L
DHEAS/CORTISOL AM	0.08*L	0.20 - 0.60	RATIO

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LAB ID :                    3814049  
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3814049

## Adrenocortex Stress Comments

### ELEVATED MORNING SALIVA CORTISOL LEVEL:

Saliva morning cortisol level is elevated. Is this due to supplementation, adrenal stress, inflammation, medication or fasting?

Morning Cortisol is a good indicator of peak adrenal gland function, since it represents peak cyclic activity. High Cortisol reflects HPAA imbalance and morning hypoglycaemia or stress.

### ELEVATED MIDDAY CORTISOL LEVEL:

Is this due to supplementation, adrenal stress, inflammation, medication or fasting?

Suggestive of blood sugar imbalance.

### ELEVATED LATE AFTERNOON CORTISOL LEVEL

Is this due to supplementation, adrenal stress, inflammation, medication or fasting?

Suggestive of blood sugar imbalance.

### ELEVATED EVENING CORTISOL LEVEL:

Saliva evening cortisol level is high, suggestive of Hypoglycaemia and imbalance HPAA suggesting maladaptation.

### LOW/LOW NORMAL DHEAS LEVEL:

Saliva DHEAs level is below the mean range and suggestive of the need for supplementation with 25mg of DHEA. If however, testosterone/androgens are elevated, consider 7 Keto form of DHEA.

Maladaptation if consistently elevated cortisol. Adrenal fatigue if morning and evening cortisol only elevated, or if all markers low.

### SALIVA DHEAS Ranges:

Premenopausal, no oral contraceptives:	2.5 - 27.0 nmol/L
Premenopausal, with oral contraceptives:	2.0 - 8.0 nmol/L
Postmenopausal:	1.8 - 18.5 nmol/L

### SALIVA DHEAs/CORTISOL RATIO - LOW

As a maladaptation to stress, a reduction in DHEA and an increase in cortisol synthesis can occur in the adrenal cortex due to mild or severe pathophysiological conditions. This maladaptation of adrenocortex function is characterized by a shift in pregnenolone metabolism away from both the mineralocorticoid and androgen pathways toward the glucocorticoid pathway. These changes result in a decrease in the DHEA/cortisol ratio.

Low ratio has also been reported in patient suffering from Depression, Post Surgical Stress, and anorexia nervosa.

Consider the following options:

#### Lifestyle changes:

Stress reduction, rest & relaxation, prayer, meditation, regular exercise, blood sugar stabilization, sufficient sleep, elimination of food allergies and restoration of normal bowel function.

#### Nutritional supplements:



# SAMPLE REPORT

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High-grade multi-vitamin/mineral. Additional Vitamin C, Vitamin B5, Vitamin B6 and zinc, as indicated. Phosphatidyl serine may resensitize the hypothalamus and pituitary to cortisol negative feed back.

#### Herbal Support:

Nervine and "calmative" herbs: St. John's Wort (Hypericum), Passionflower (Passiflora), Valerian (Valeriana), Skullcap (Scutellaria), and Hops (Humulus lupulus).

Low dose adaptogens: Siberian ginseng (Eleuthrococcus senticosus) Withania (Withania somnifera) .

In cases of high cortisol or low DHEA or low DHEAs/cortisol ratio consider using nervine and adaptogenic herbs with divided dosing throughout the day.

DHEA or pregnenolone supplementation may be warranted.

Consider measuring testosterone and/or estradiol levels and intervene if necessary. Support immune function, if indicated.

(\*) Result outside normal reference range

(H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range



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# **SAMPLE REPORT**

## **09-May-1990      Female**

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Tests ordered:      SADREN

FINAL REPORT on 11 May 2022

(\*) Result outside normal reference range

(H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range