

P: 1300 688 522  
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16 HARKER STREET  
BURWOOD VIC 3125

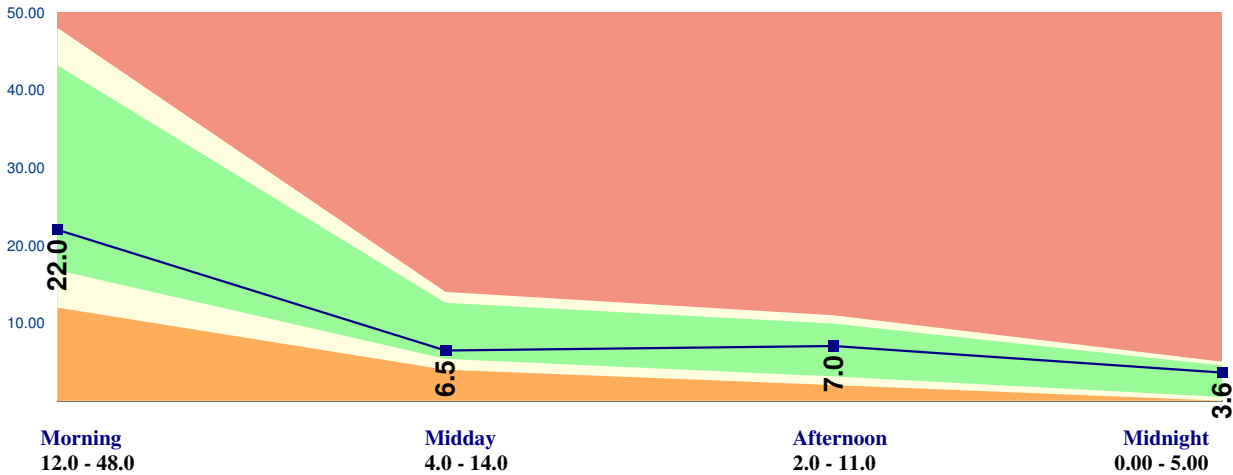
Dr.SAMPLE REPORT  
TEST HEALTH CENTRE  
123 TEST STREET  
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LAB ID :            3814049  
UR NO. :  
Collection Date : 09-May-2022  
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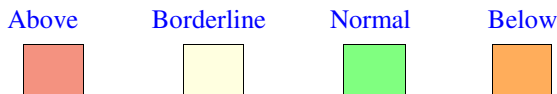





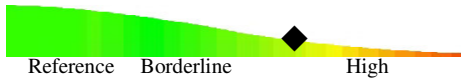



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## ADRENOCORTEX STRESS PROFILE



Colour Key Ranges :



Cortisol Values	Result		Range
Cortisol Profile, Morning	22.0		12.0 - 48.0 nmol/L
Cortisol Profile, Midday	6.5		4.0 - 14.0 nmol/L
Cortisol Profile, Afternoon	7.0		2.0 - 11.0 nmol/L
Cortisol Profile, Midnight	3.60		0.00 - 5.00 nmol/L
Cortisol Daily Total	39.1		11.0 - 76.0
DHEAS Values	Result		Range
DHEAS Profile Morning	20.2*H		1.8 - 18.5 nmol/L
DHEAS/CORTISOL AM	0.92*H		0.20 - 0.60 RATIO

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## Adrenocortex Stress Comments

### LOW NORMAL MORNING SALIVA CORTISOL LEVEL:

Saliva morning cortisol level is below mean range and suggestive of adrenal insufficiency. This suggests a degree of adrenal hypofunction, maladaptation/abnormal pacing with abnormal HPA. If all four cortisol readings are also low, suspect adrenal fatigue. Suggest supplementation with DHEA and standard adrenal support.

Investigate melatonin and GABA levels.

### LOW/LOW NORMAL MIDDAY CORTISOL LEVEL:

Midday Cortisol level is below mean range and suggestive of adrenal insufficiency. This suggests suboptimal adrenal functioning, and if accompanied by low evening cortisol and low DHEA, suspect adrenal fatigue. Suggest supplementation with DHEA and standard adrenal support.

### LATE AFTERNOON CORTISOL LEVEL IS WITHIN RANGE:

Late afternoon cortisol level is adequate and within range.

### ELEVATED DHEAS LEVEL:

Saliva DHEAs level is elevated/supplemented. Slight elevation without supplementation may be due to adrenal stress response. Hyper response, inappropriate ACTH with imbalanced response from adrenals.

### 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 - HIGH

An increase in DHEAs/Cortisol ratio, was found in patients suffering from panic disorders.

Suspect: An abnormal physiological response to stress, with shifting of the steroidogenic pathway to DHEA at the expense of cortisol.

Consider the following options:

#### Lifestyle changes:

Stress reduction: chronic stress can fatigue the adrenals Rest, exercise, prayer, meditation, relaxation exercises.

#### Dietary changes:

Balance blood sugar: Lower calorie, high protein, high complex carbohydrate and high fiber diet.

Nutritional supplements: High-grade multivitamin and mineral. Additional Vitamin C, Vitamin B5, Vitamin B6, and zinc, as indicated.

#### Herbal Support\*:

"Adaptogenic" herbs: American or Korean ginseng (Panax spp.), Siberian ginseng (Eleutherooccus senticosus), Withania (Withania somnifera)

#### Miscellaneous herbs:

Licorice (Glycyrrhiza glabra) to prolong the half-life of cortisol, Sarsaparilla (Smilax spp.) is a cortisol precursor

#### Glandular Support\*:

Adrenal, pituitary, others as indicated



# SAMPLE REPORT

## 09-May-1990 Female

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Hormone replacement therapy\*:

Cortisol, DHEA, pregnenolone, as indicated

\*For herbal, glandular & hormone replacement therapy, it is important to preserve or restore circadian rhythm by dosing in morning. May give 1/3 to 1/2 of morning dose at noon. Dosing later than noon is not advised.

Consider measuring testosterone and/or estradiol levels and intervene if necessary.

(\*) Result outside normal reference range

(H) Result is above upper limit of reference rang



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## 09-May-1990 Female

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### ENDOCRINOLOGY SALIVA

	Result	Range	
Progesterone (P4)	<b>201.2 *L</b>	276.0 - 1725. pmol/L	
Testosterone.	<b>72.7</b>	46.0 - 173.0 pmol/L	
Salivary Estrogens			
Estradiol (E2)	<b>3.8</b>	3.7 - 18.0 pmol/L	
Estrone (E1)	<b>14.7</b>	9.5 - 71.0 pmol/L	
Estriol (E3)	<b>22.0</b>	9.0 - 62.0 pmol/L	
E3/[E2+E1]	<b>1.19</b>	> 1.00 RATIO	
P4/E2 Ratio (Saliva)	<b>53.3</b>	4.0 - 108.0 RATIO	

(\* ) 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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### Saliva Hormone Comments

\*\* PLEASE NOTE NEW REFERENCE RANGES AS OF 20.08.2021 \*\*

TABLE 1: SALIVARY HORMONE REFERENCE RANGES: (NOT ON HRT - BASELINE)

FEMALE	Progesterone	DHEAS	E2	E1	E3
Pre/menarcheal	90-390		3.1-13	9.5-71	7.7-49
Follicular	90-480		3.1-17	9.5-71	7.7-49
Mid-Cycle	85-590		5.0-22	9.5-71	7.7-49
Luteal	276-1725		3.7-18	9.5-71	7.7-49
Post Menop.	80-820	1.8-18.5	3.7-16	9.0-65	9.0-62
Premenopausal, No OC's		2.5-27.0			
Premenopausal, with OC's		2.0-8.0			
MALE	<230	5.0-32.0	2.7-11	7.7-50	6.6-38

TABLE 2: TARGET REFERENCE RANGES: (ON HRT - 24 to 48 hr post last dose)

	Progesterone	Testosterone	E2	E1	E3
Oral	320-1998		7-73		69-139
Patch	-		4-18	-	-
Cream/Gel	3180-15000	F: 277-867 M: 347-1734	37-184	-	1040-1734

SALIVA ESTRONE (E1) is produced primarily from androstenedione originating from the gonads or the adrenal cortex. In premenopausal women, more than 50% of the E1 is secreted by the ovaries. In prepubertal children, men and non-supplemented postmenopausal women, the major portion of E1 is derived from peripheral tissue conversion of androstenedione. Interconversion of E1 and E2 also occurs in peripheral tissue. Bioassay data indicate that the estrogenic action is much less than E2. E1 is a primary estrogenic component of several pharmaceutical preparations, including those containing conjugated and esterified estrogens. In premenopausal women E1 levels generally parallel those of E2. After menopause E1 levels increase, possibly due to increased conversion of androstenedione to E1.

SALIVA E1 is within range.

#### LOW NORMAL E2 LEVEL:

Saliva E2 level is low normal and suggestive of the need for supplementation with 0.5mg of E2 or 1mg Biest.

The Estrogen Quotient is within range. Suggestive of a normal estrogen metabolism.

#### LOW/LOW NORMAL PROGESTERONE LEVEL:

Saliva progesterone level is low/low normal and suggestive of the need for supplementation, for a premenopausal patient. Suggest supplementation with 16mg/gram topical progesterone (or 160mg oral or troche/day). Aim for a supplemented ratio of

(\*) Result outside normal reference range (H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range

Tests ordered: 1010Fee,5Horm,MEL-SALMN,SADREN2

FINAL REPORT on 18 Apr 2024

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