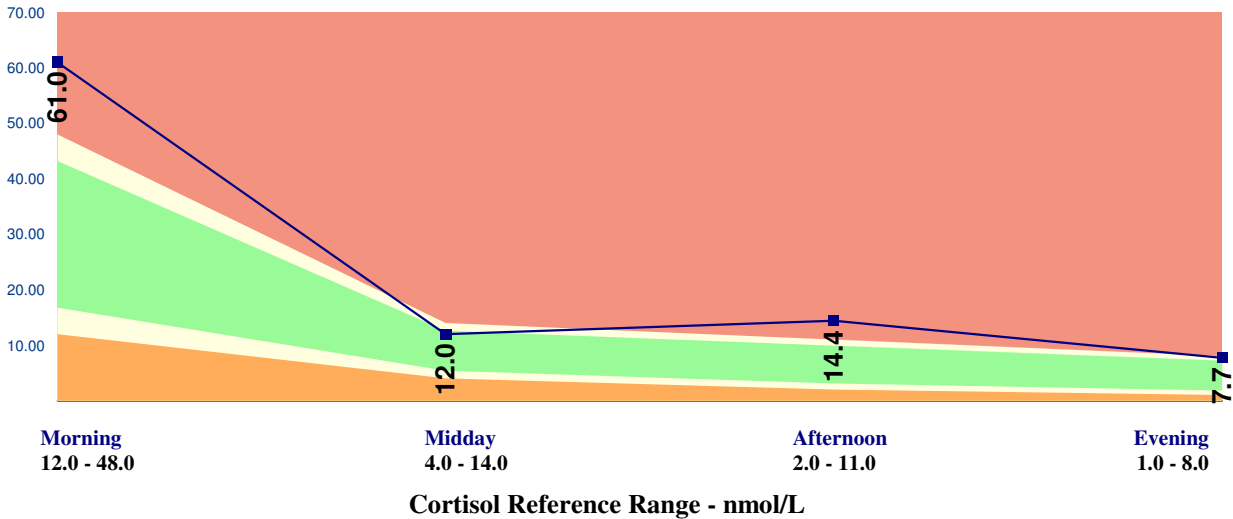
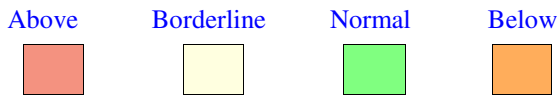




### ADRENOCORTEX STRESS PROFILE



Colour Key Ranges :



Cortisol Values	Result	Range
Cortisol Profile, Morning	61.0*H	12.0 - 48.0 nmol/L
Cortisol Profile, Midday	12.0	4.0 - 14.0 nmol/L
Cortisol Profile, Afternoon	14.4*H	2.0 - 11.0 nmol/L
Cortisol Profile, Evening	7.7	1.0 - 8.0 nmol/L
Cortisol Daily, Total	95.1*H	11.0 - 76.0 nmol/L
DHEAS Values	Result	Range
DHEAS Profile Morning	8.9	4.0 - 30.0 nmol/L
DHEAS/CORTISOL AM	0.15*L	0.20 - 0.60 RATIO

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## 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 HPA axis imbalance and morning hypoglycaemia or stress.

### MIDDAY CORTISOL LEVEL IS WITHIN RANGE:

Midday Cortisol level is adequate and within range.

### ELEVATED LATE AFTERNOON CORTISOL LEVEL

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

Suggestive of blood sugar imbalance.

### EVENING CORTISOL LEVEL WITHIN RANGE:

Saliva evening cortisol level is normal and within range.

### LOW/LOW NORMAL DHEAS LEVEL:

Saliva DHEAs level is below the mean range and suggestive of the need for supplementation with 50mg of DHEA. Maladaptation if consistently elevated cortisol. Adrenal fatigue if morning and evening cortisol only elevated, or if all markers low.

### 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:

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 feedback.

#### 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 (*Eleutherococcus senticosus*) Withania (*Withania somnifera*).



# SAMPLE REPORT

## 01-Jan-1990 Male

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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



## ENDOCRINOLOGY SALIVA

SALIVA

	Result	Range	
<b>Progesterone (P4)</b>	<b>288.0 *H</b>	2.0 - 230.0 pmol/L	
<b>Testosterone.</b>	<b>197.0</b>	155.0 - 620.0pmol/L	
<b>Salivary Estrogens</b>			
<b>Estradiol (E2)</b>	<b>18.8 *H</b>	2.7 - 11.0 pmol/L	
<b>Estrone (E1)</b>	<b>53.0 *H</b>	7.7 - 50.0 pmol/L	
<b>Estriol (E3)</b>	<b>64.0 *H</b>	7.7 - 49.0 pmol/L	
<b>E3/[E2+E1]</b>	<b>0.89 *L</b>	> 1.00 RATIO	
<b>P4/E2 Ratio (Saliva)</b>	<b>15.3</b>	4.0 - 108.0 RATIO	

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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

**ELEVATED/HIGH NORMAL ESTRONE (E1) LEVEL:**

Saliva E1 level is elevated/high normal for a male and suggestive of aromatisation of androgens to estrogens. Suggest using 5% transdermal Chrysin and / or 50mg Zinc.

**ELEVATED E2 LEVEL:**

Saliva E2 level is elevated for a male and suggestive of aromatisation of androgens to estrogens. Suggest using 5% transdermal Chrysin and / or 50mg Zinc.

**ELEVATED ESTRIOLOL (E3) LEVEL:**

Saliva E3 level is elevated for a male and suggestive of aromatisation of androgens to estrogens. Suggest using 5% transdermal Chrysin and / or 50mg Zinc. The use of Arimidex 1/2 tablet every second day may also be considered if the E3 level does not decrease adequately.

The Estrogen Quotient is low and suggestive of an abnormal estrogen metabolism. Suggest checking morning void urine for E1 metabolites 16OH, 4OH and 2OH metabolites and their ratios. Also check serum TSH and LFT. Use of Indole-3-Carbinol/DIM has been shown to improve estrogen metabolism to correct ratios.

**ELEVATED PROGESTERONE LEVEL:**

Saliva progesterone level is slightly elevated for a male. Such levels may be due to adrenal stress response.

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**LOW TESTOSTERONE LEVEL:**

Saliva Free testosterone levels are low and suggestive of the need for supplementation with 5% transdermal testosterone.

Tests ordered: 5Horm,SADREN

FINAL REPORT on 11 May 2022

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