



NUTRITIONAL LAB  
SERVICES

PO BOX 4233  
BURWOOD EAST VIC

Lab id : **12345678**

## Test Stress Profile plus Sleep Profile

Date of Birth : December 26, 1965      Sex : M

Collected : July 01, 2008

www.nlabs.com.au

Ph: (03) 9803 5335 Fax: (03) 9888 5811

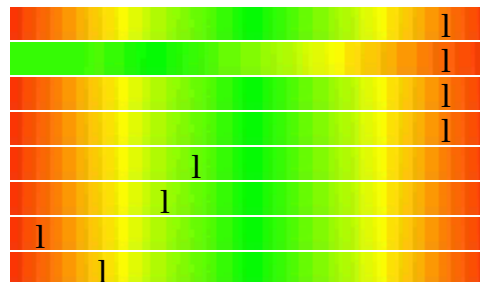
### INTEGRATIVE MEDICINE

SALIVA

Result      Range

#### ADRENOCORTEX STRESS PROFILE.

	Result	Range	Unit
Cortisol Profile AM	>276.0 *h	6.0 - 42.0	nmol/L
Cortisol Profile Afternoon	53.3 *h	0.0 - 15.0	nmol/L
Cortisol Profile PM (2)	31.4 *h	2.0 - 11.0	nmol/L
Cortisol Profile, Evening	24.2 *h	1.0 - 8.0	nmol/L
Cortisol Midnight	4.00	1.00 - 8.00	nmol/L
DHEAS Profile AM	12.3	5.0 - 30.0	nmol/L
DHEAS/CORTISOL AM	0.04 *l	0.20 - 0.60	RATIO
Melatonin (Saliva)-Midnight	5 *l	10 - 40	pg/mL



(\* ) Outside reference range.

(h) Above reference range.

(l) Below reference range.



**Saliva Hormone Comments**

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

	E2	E1	E3	Progesterone	DHEAS
<b>FEMALE</b>					
Follicular	<18	9.6-20	15-29	<318	
Mid-Cycle	11-29	9.6-20	15-29	-	
Luteal	<18	9.6-20	15-29	318-1590	
Post Men.	<6	9.6-20	1-41	<159	<6.5
Premenopausal, no oral contraceptives					2.5-25.0
Premenopausal, with oral contraceptives					2.0-8.0
<b>MALE</b>					
	<6	9.6-20	16-25	<159	5.0-30.0

TARGET REFERENCE RANGES: (ON HRT - 24hr post last dose)

	E2	E1	E3	Progesterone	Testosterone Age Dpndt
Oral	7-73	-	69-139	318-1590	
Patch	4-18	-	-	-	
Cream/Gel	37-184	-	1040-1734	3180-31797	F: 277-867 M: 347-1734

SALIVA - Afternoon Cortisol level is elevated. Is this due to supplementation, adrenal stress, inflammation, medication or fasting?  
Suggestive of blood sugar imbalance.

Evening Cortisol high, suggestive of Hypoglycaemia and imbalance HPAA suggesting maladaptation.

SALIVA DHEAs level is below the mean range and suggestive of the need for supplementation with 25mg 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

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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.

SALIVA Melatonin midnight level is below reference range and suggestive of the need for supplementation with 3mg of melatonin 30 minutes before bed in the evening. Low levels can be due to pineal gland calcification, low levels of tryptophan or 5-Hydroxy-tryptophan.

**NLS Comment**

If indicated, suggest seeking advise from a qualified health care provider.