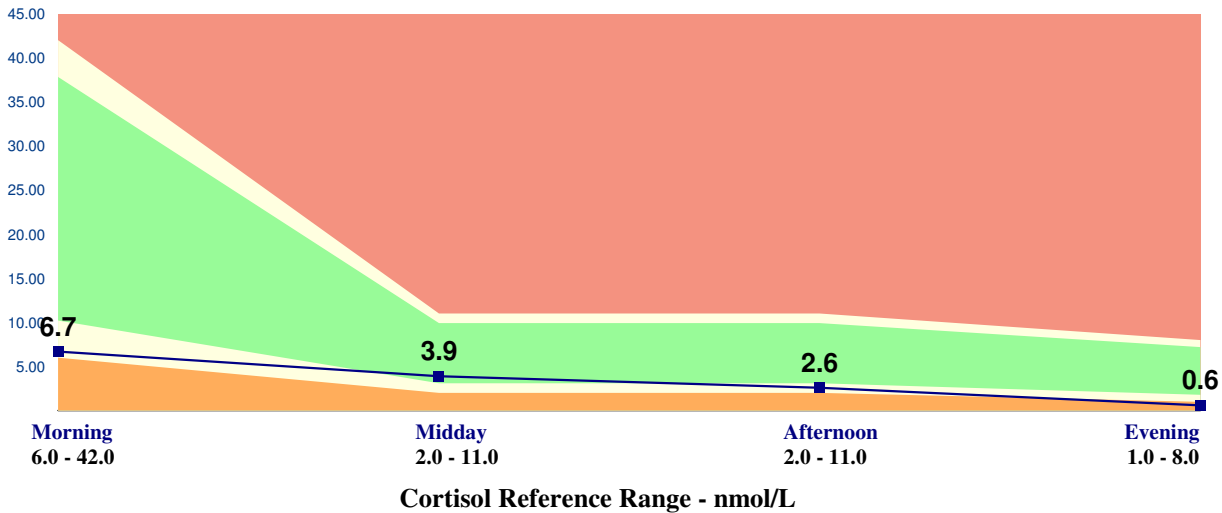









## ADRENOCORTEX STRESS PROFILE



Colour Key Ranges :

	Above		Borderline		Normal		Below
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Cortisol Values	Result	Range
<b>Cortisol Profile, Morning</b>	6.7	 6.0 - 42.0 nmol/L
<b>Cortisol Profile, Midday</b>	3.9	 2.0 - 11.0 nmol/L
<b>Cortisol Profile, Afternoon</b>	2.6	 2.0 - 11.0 nmol/L
<b>Cortisol Profile, Evening</b>	0.6*L	 1.0 - 8.0 nmol/L
<b>Cortisol Daily, Total</b>	13.8	 11.0 - 76.0 nmol/L
DHEAS Values	Result	Range
<b>DHEAS Profile Morning</b>	6.7	 2.5 - 25.0 nmol/L
<b>DHEAS/CORTISOL AM</b>	1.00*H	 0.20 - 0.60 RATIO

## Adrenocortex Stress Comments

### LOW 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 HPAA. If all four cortisol readings are also low, suspect adrenal fatigue. Suggest supplementation with DHEA and standard adrenal support.

### LOW 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.

### LOW LATE AFTERNOON CORTISOL LEVEL:

Late afternoon 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.

### LOW EVENING CORTISOL LEVEL:

Saliva evening cortisol levels should be lower than the mean of the range. If all 4 readings in the adrenal stress profile are low, suspect adrenal fatigue, otherwise maladaptation.

### LOW 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/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

Hormone replacement therapy\*:

Cortisol, DHEA, pregnenolone, as indicated

\*For herbal, glandular & hormone replacement therapy, it is important to preserve



**Sample Test Name**

Date Of Birth: 04 OCT 1972  
Sex: M  
Lab ID: #####

**Test Physician**

Dr. Edward Chan  
11 - 1, Wisma Laxton,  
Jalan Desa, Taman Desa, 58100.

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.

**SALIVA DHEAS Ranges:**

Premenopausal, no oral contraceptives:	2.5 - 25	nmol/L
Premenopausal, with oral contraceptives:	2.0 - 8.0	nmol/L
Postmenopausal:	< 6.5	nmol/L



**Sample Test Name**

Date Of Birth: 04 OCT 1972

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Tests ordered: SADREN

FINAL REPORT on 02 Jun 2015 18:22