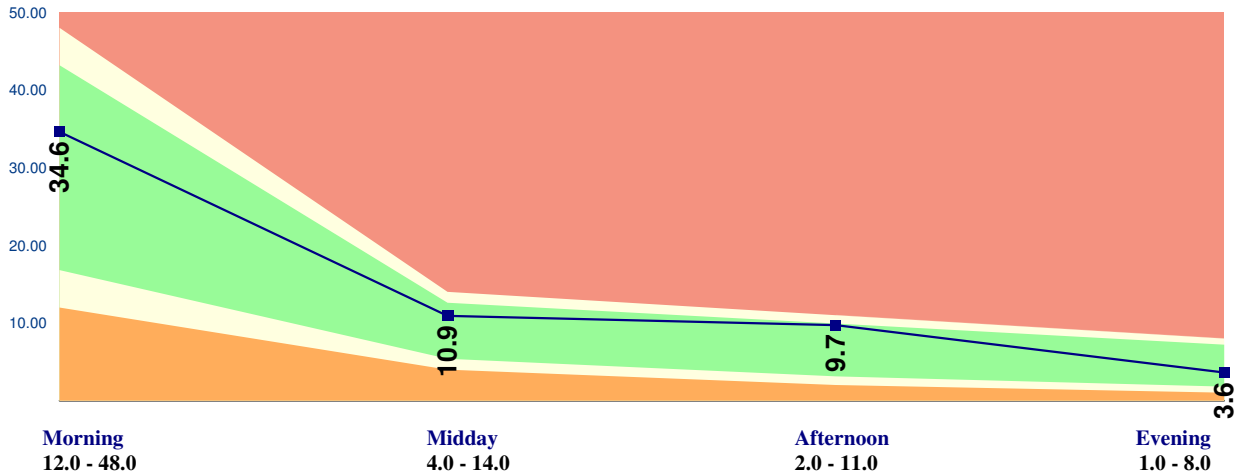




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Clinical Notes: Thyroxine

ADRENOCORTICES STRESS PROFILE



Cortisol Reference Range - nmol/L

Colour Key Ranges :
Above: Red
Borderline: Yellow
Normal: Green
Below: Orange

Cortisol Values	Result		Range
Cortisol Profile, Morning	34.6		12.0 - 48.0 nmol/L
Cortisol Profile, Midday	10.9		4.0 - 14.0 nmol/L
Cortisol Profile, Afternoon	9.7		2.0 - 11.0 nmol/L
Cortisol Profile, Evening	3.6		1.0 - 8.0 nmol/L
Cortisol Daily, Total	58.8		11.0 - 76.0 nmol/L
DHEAS Values	Result		Range
DHEAS Profile Morning	3.4		2.5 - 27.0 nmol/L
DHEAS/CORTISOL AM	0.10*L		0.20 - 0.60 RATIO



Clinical Notes: Thyroxine

Adrenocortex Stress Comments

HIGH NORMAL MORNING CORTISOL LEVEL:

This is indicative of adrenal hyperactivity. consider investigation of Noradrenaline, Adrenaline , GABA, melatonin.
Use appropriate adaptagenic herbs or pharmaceutical interventions.

MIDDAY CORTISOL LEVEL IS WITHIN RANGE:

Midday Cortisol level is adequate and within range.

LATE AFTERNOON CORTISOL LEVEL IS WITHIN RANGE:

Late afternoon cortisol level is adequate and within range.

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 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:

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)



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5 OZONE TERRACE
KALAMUNDA WA 6076

JENNIFER LAWRENCE
07-Jan-1982 Female

2265 CLAYTON ROAD
HELENA VALLEY WA 6056

LAB ID : 3983423
UR NO. : 6270583
Collection Date : 03-May-2024
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Clinical Notes: Thyroxine

lupulus).

Low dose adaptogens: Siberian ginseng (Eleutherooccus 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

(L) Result is below lower limit of reference range



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Tests ordered: SADREN

FINAL REPORT on 13 May 2024

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