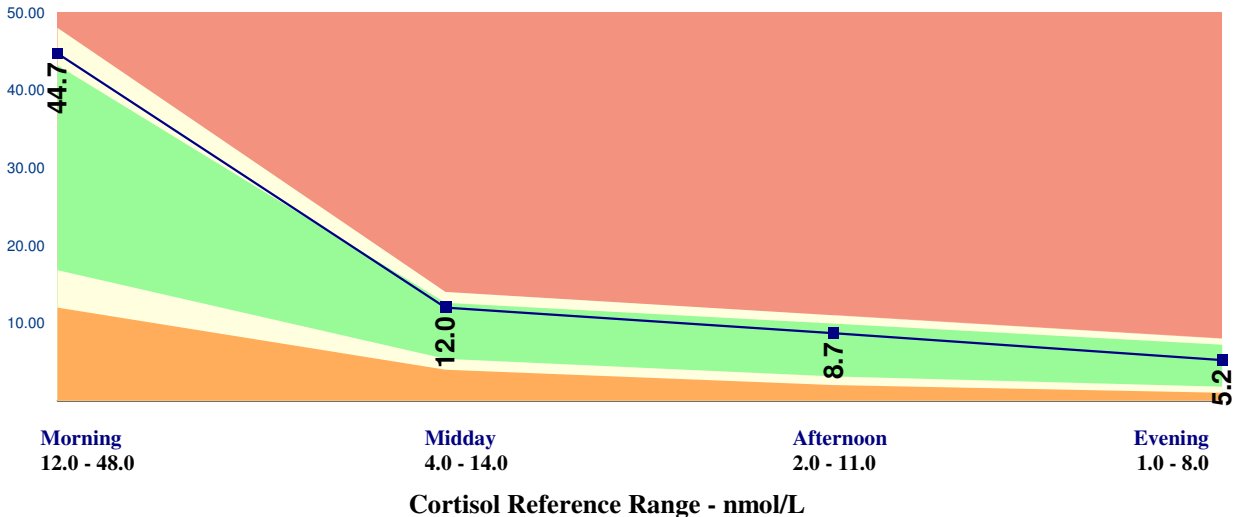











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ADRENOCORTEX STRESS PROFILE



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

Cortisol Values	Result		Range
Cortisol Profile, Morning	44.7		12.0 - 48.0 nmol/L
Cortisol Profile, Midday	12.0		4.0 - 14.0 nmol/L
Cortisol Profile, Afternoon	8.7		2.0 - 11.0 nmol/L
Cortisol Profile, Evening	5.2		1.0 - 8.0 nmol/L
Cortisol Daily, Total	70.6		11.0 - 76.0 nmol/L
DHEAS Values	Result		Range
DHEAS Profile Morning	1.6*L		2.5 - 27.0 nmol/L
DHEAS/CORTISOL AM	0.04*L		0.20 - 0.60 RATIO



Adrenocortex Stress Comments

MORNING SALIVA LEVEL WITHIN RANGE:

Saliva morning cortisol level is adequate and within range.

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 DHEAS LEVEL:

Saliva DHEAs level is below the mean range and suggestive of the need for supplementation with 50mg of DHEA for 1 month thereafter drop to 25mg/day. Consider using 7Keto form of DHEA if testosterone is elevated. 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 lupulus*).

Low dose adaptogens: Siberian ginseng (*Eleutherooccus senticosus*) Withania (*Withania somnifera*).



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5 OZONE TERRACE
KALAMUNDA WA 6076

TINA MATHEW
16-Oct-1982 **Female**

14 CUMBERLAND ROAD
FORRESTFIELD WA 6058

LAB ID : 4158333
UR NO. : 6421690
Collection Date : 22-Oct-2025
Received Date: 27-Oct-2025



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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

(L) Result is below lower limit of reference range



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Tests ordered: SADREN

FINAL on 30 Oct 2025

(*) Result outside normal reference range

(L) Result is below lower limit of reference range