

Medicare # D00012829
CLIA # 38C0878504 OR #350
QMAP # 115810

PATIENT ANNA
COLLECTION DATE 5/30/2004
PATIENT ID
LAB No 8807004263

DOB 1/26/52 AGE 52 SEX F
DATE RECEIVED 6/2/2004
DATE REPORTED 06/07/2004

ACCESSION NUMBER B041530026
PHYSICIAN ANDREW KIM, N.D.
TESTS HORMEST

TEST	UNITS	ABN	RESULTS	REFERENCE RANGE
ESTRONE (E1)	ug/24 hrs		11	1 - 24 ug/24 hrs
2-Hydroxyestrone	ug/24hrs		3.6	—
16- α -Hydroxyestrone	ug/24hrs		1	—
2OH/16OH Estrone Ratio			3.6	—

Ratios are likely to be significant only in pre-menopausal or post-menopausal women on HRT who also have levels of E1 that are significantly higher than 5 ug/24 hrs. With this in mind, it is generally thought that the ratio of 2OHE1 to 16 α OHE1 should be greater than 1 and preferably greater than 2. Post-menopausal women not on HRT generally do not have levels of E1 high enough to produce significant quantities of the hydroxylated metabolites. Also ratios of numbers where the denominator is small may result in misleading interpretations of these ratios.

4-Hydroxyestrone ug/24hrs NONE DETECTED --
4-OHE1 is a free radical generator and highly estrogenic. As with the other hydroxylated E1 metabolites, levels of 4-OHE1 are likely to be significant only in pre-menopausal or post-menopausal women on HRT who also have levels of E1 greater than approximately 5 ug/24hrs.

ESTRADIOL (E2)	ug/24 hrs		1.9	1 - 26 ug/24 hrs
ESTRIOL (E3)	ug/24 hrs		3.1	1 - 63 ug/24 hrs
ESTROGEN RATIO			0.2	> or = 1.0
TOTAL ESTROGENS	ug/24 hrs		16	3 - 113 ug/24 hrs
TESTOSTERONE	ug/24 hrs		8.0	4 - 18 ug/24 hrs
ANDROSTANEDIOL	ug/24 hrs		24	15 - 147 ug/24 hrs
ANDROSTENEDIONE	ug/24 hrs		39	Not Established
DHEA	ug/24 hrs		194	20 - 1139 ug/24 hrs
ANDROSTENETRIOL (5-AT)	ug/24 hrs		45	40 - 540 ug/24 hrs
ANDROSTERONE (AN)	ug/24 hrs		1015	373 - 3414 ug/24 hrs
11 β -OH Androsterone (OHAN)	ug/24hrs		1402	201 - 1413 ug/24hrs
ETIOCHOLANOLONE (ET)	ug/24 hrs		2461	450 - 2910 ug/24 hrs
11 β -OH Etiocholanolone (OHET)	ug/24hrs	HIGH	1517	33 - 813 ug/24hrs
PROGESTERONE			NONE DETECTED	NONE DETECTED

P is normally not detectable in urine (<<1 ug/24hrs). The level of its major metabolite, i.e., pregnanediol, reflects progesterone homeostasis.

PREGNANEDIOL (PD)	ug/24 hrs		137	100 - 3287 ug/24 hrs
5-PREGNENETRIOL (5-PT)	ug/24 hrs		99	44 - 342 ug/24 hrs
CORTISONE (E)	ug/24 hrs	HIGH	240	49 - 215 ug/24 hrs
THE	ug/24 hrs		4675	727 - 5788 ug/24 hrs
THB	ug/24 hrs		236	26 - 262 ug/24 hrs
THA	ug/24 hrs		194	38 - 298 ug/24 hrs
CORTISOL (F)	ug/24 hrs	HIGH	116	25 - 115 ug/24 hrs
THF	ug/24 hrs		1913	458 - 2800 ug/24 hrs
5 α -THF	ug/24 hrs		560	142 - 2456 ug/24 hrs

None Detected =< the minimum detectable concentration with is <1.0 ug/24hrs.

Total volume = 2525 ml

ANNA

FINAL REPORT

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Accession # 04-34231

Received : 06/05/2004
 Completed: 06/10/2004
 Reported : 06/10/2004

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Results For:
 ANNA
 Age: 49 Sex: Female Dx Code: 782.3

 Patient's Tel: 503-9772660
 Specimen Collected: 05/27/2004

Test	Description	Result	Ref Values
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Test	Description	Result	Ref Values
ASI	Adrenal Stress Index		
TAP	Free Cortisol Rhythm		
	07:00 - 08:00 AM	5 Depressed	13-24 nM
	11:00 - 12:00 AM	6 Normal	5-10 nM
	04:00 - 05:00 PM	6 Normal	3-8 nM
	11:00 - 11:59 PM	4 Normal	1-4 nM
	Cortisol Burden:	21	23 - 42

The cortisol burden reflects the area under the cortisol curve. This is an indicator of overall cortisol exposure, where high values favor a catabolic state, and low values are sign of adrenal deterioration.

Figure 1. Circadian Cortisol Profile

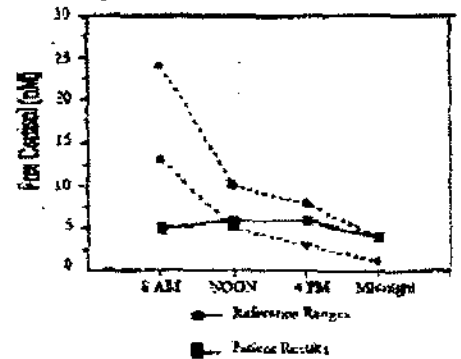


Figure 2.

The Cortisol release inducers fall into 4 broad categories shown in the adjacent flowchart. Long term adrenal axis maintenance and restoration, require optimization of all the cortisol inducers.

Remarks: Depressed morning cortisol, < 13 nM, is suggestive of marginal HPA (Hypothalamic-Pituitary-Adrenal) performance. Normal rhythms exhibit highest cortisol value for the day at 7 - 8 AM.

The Inducers of Cortisol Release

Inducers below must be individually examined for successful restoration of adrenals.

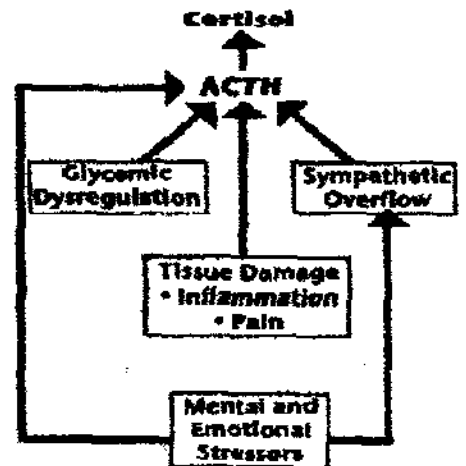


Figure 2.

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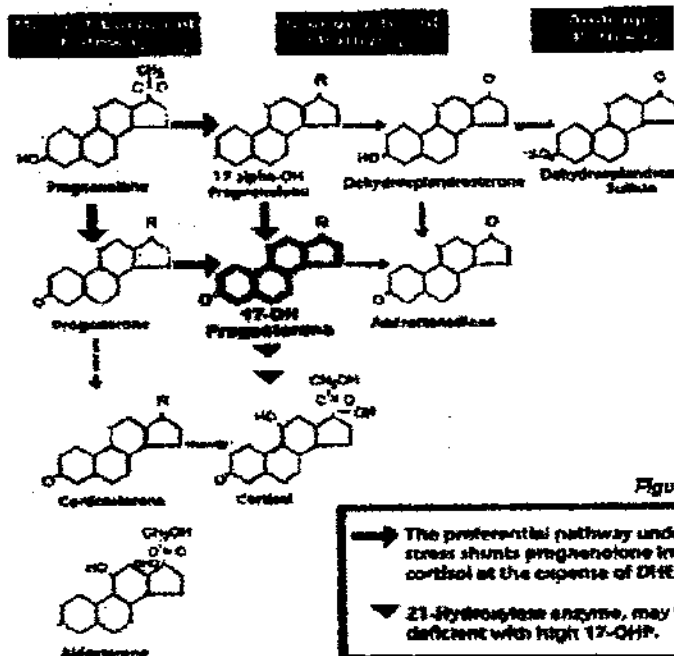
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Test	Description	Result	Ref Values
P17-OH	17-OH Progesterone	115	Borderline

Adults
 Optimal: 35-100 µg/ml
 Borderline: 101-130 µg/ml
 Elevated: >130 µg/ml

Figure 5. Adrenal Steroid Synthesis Pathway



MB28 Total Salivary Siga 11 Depressed

A depressed mucosal Siga may be attributed to one or more of the following reasons:
 1- Excessive chronic cortisol output causes a reduction in the number of Siga-producing immunocytes. Appropriate restorative treatments have been shown to produce incremental improvements in Siga.
 2- Excessive sympathetic activity causes inhibition of Siga release from the mucosal immunocytes.
 3- Chronic deficits in cortisol and/or DHEA levels.
 4- Possible systemic deficit in capacity to produce IgA - an inherited problem. Rule out possibility with a serum IgA test. A normal finding rules out this possibility.

Normal: 25-50 mg/dl
 Borderline: 20-25 mg/dl

Basic Facts About Siga

1. Secretory IgA (Siga) is secreted by the various mucosal surfaces. It is mostly a dimeric molecule. Less than 2% of Saliva is of serum origin. The secretory component of Siga stabilizes it against enzymatic and bacterial degradation.
2. The main functions of Siga include Immune Exclusion, Viral and Toxin Neutralization, Plasmid Elimination, and Inhibition of Bacterial Colonization. Siga immune complexes are not inflammatory to the mucosal surfaces.
3. Production of Siga is adversely affected by stress which is mediated by increased cortisol and/or catecholamine levels.

FI4 Gliadin Ab, Siga 3 Negative

Borderline: 11-15 U/ml
 Positive: >15 U/ml

Notes on Gliadin Ab Test

Gliadins are polypeptides found in wheat, rye, oat, barley, and other grain gluten, and are toxic to the intestinal mucosa in susceptible individuals. Healthy adults and children may have a positive antigliadin test because of subclinical gliadin intolerance. Some of their symptoms include mild enteritis, occasional loose stools, fat intolerance, marginal vitamin and mineral status, fatigue, or accelerated osteoporosis.

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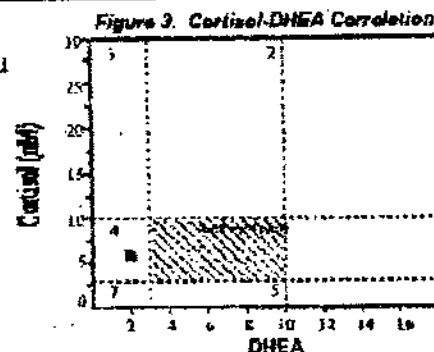
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Test	Description	Result	Ref Values
DHEA	Dehydroepiandrosterone Pooled Value	2	Depressed DHEA Adults (M/F): 3-10 ng/mL

Your hormone values are in zone 4

Zone 4: Maladapted phase II

This zone represents a marginal cortisol output with reduced DHEA levels reflecting a minimal adrenal reserve. The production of the precursor pregnenolone is usually limited and the adrenal cortex may show hypertrophic changes. Under stress their cortisol response is either suboptimal or at best low normal. This condition is usually the outcome of chronic and protracted stress exposure.



CORTISOL-DHEA CORRELATION ZONE

1. Adapted to stress.
2. Adapted with DHEA slump.
3. Maladapted Phase I.
4. Maladapted Phase II.
5. Non-adapted Adrenal fatigue
6. High DHEA.
7. Adrenal failure.

IEN	Insulin Fasting	4	Normal	Normal: 3-12 uIU/mL
	Post-prandial	18	Normal	Optimal: 5-20 uIU/mL

Why measure insulin?

Insulin Resistance is defined as reduced insulin effects on target tissues. Elevated cortisol levels antagonize insulin activity at almost every level. Cortisol inhibits insulin post-receptor glucose utilization in muscle and fat cells leading to reduced insulin activity (Functional Insulin Resistance). Cortisol also increases pancreatic insulin release. Chronically elevated Cortisol is Diabetogenic. It renders insulin ineffective leading to overproduction (Hyperinsulinic state). Insulin resistance eventually leads to exhaustion of the pancreatic capacity to produce insulin. Please note that: Growth Hormone elevation is antagonistic to insulin activity.

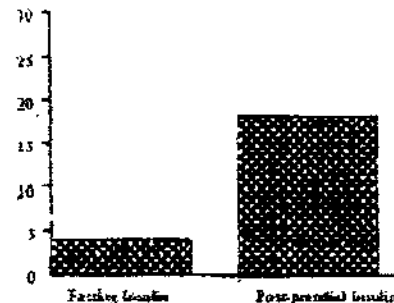


Figure 4. Insulin Levels