Diagnos-Techs, Inc.

Clinical & Research Laboratory
19110 66th Ave S. Bldg. G, Kent WA 98023
Tel: (425) 251-0596
CLIA License # 50D0630141

Accession #

Received : /2013
Reported:

DR. RITA MARIE LLC

A

Results For:
Age/DOB:60 /
Sex:Female
Dx Code:
Specimen Collected:

Test	Description	Result		Ref Values
ASI	**Adrenal Stress Index (Original) - Saliva**			
TAF	**Free Cortisol Rhythm - Saliva**			
	06:00 - 08:00 AM	16	Normal	13-24 nM
	11:00 - 1:00 PM	10	Normal	5-10 nM
	04:00 - 05:00 PM	6	Normal	3-8 nM
	10:00 - Midnight	4	Normal	1-4 nM
	Cortisol Load:	36		***22 - 46 nM***

The cortisol load 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

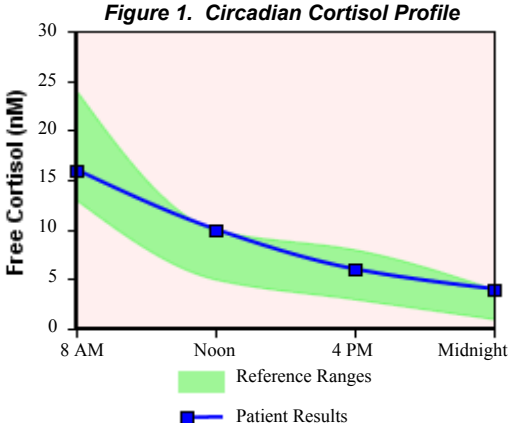


Figure 2.

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.

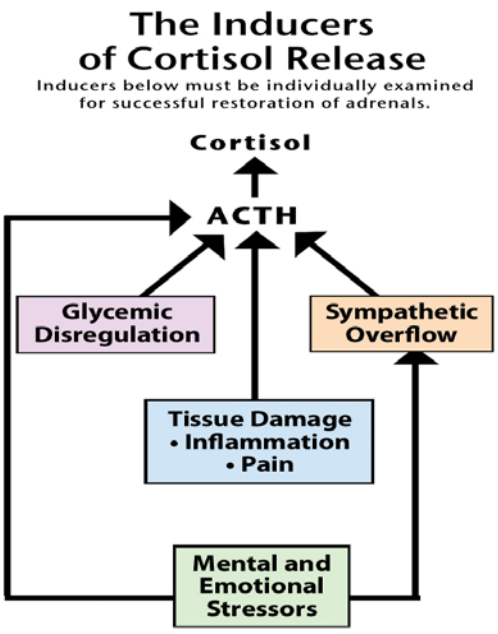


Figure 2.

Accession:

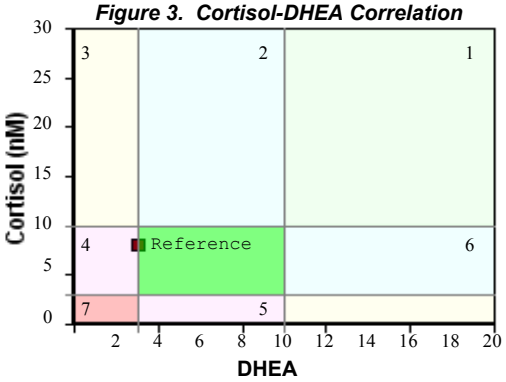
Test	Description	Result		Ref Values
DHEA	**Dehydroepiandrosterone Free [DHEA + DHEA-S]**			
	Pooled Value	3	Borderline	Adults (M/F): 3-10 ng/ml

Figure 3 **shows your cortisol-DHEA correlation was in:**

Zone 4 - Maladapted phase II

This zone represents a marginal cortisol output with reduced DHEA levels reflecting a limited adrenal response. The utilization of the precursor pregnenolone is usually limited and the adrenal cortex may show hypertrophic changes. Under stress most patients in maladaptation phase II will have a suboptimal response to stress. This suboptimal response is any response not consistent with a normal diurnal cortisol production pattern. This condition is usually the outcome of chronic and protracted stress exposure.

Figure 3. Cortisol-DHEA Correlation



CORTISOL-DHEA CORRELATION SPECTRUM

1. Adapted to stress.
2. Adapted with DHEA slump.
3. Maladapted Phase I.
4. **Maladapted Phase II.**
5. Non-adapted, Low Reserves
6. High DHEA.
7. Adrenal Fatigue.

ISN	**Insulin - Saliva**			
	Fasting	4	Normal	Normal: 3-12 uIU/mL
	Non-Fasting	33	Elevated	Optimal: 5-20 uIU/mL

Non Fasting insulin elevation comes from high carbohydrate intake, or hyperinsulinic state usually associated with chronic stress and increased cortisol production.

Why Test for Insulin?
Insulin activity is affected by the stress and cortisol responses. Chronic stress with cortisol elevation antagonizes insulin, and may cause functional insulin resistance. Furthermore, chronic hypercortisol causes hyperinsulin responses to carbohydrate intake. Chronic insulin resistance and overproduction lead to pancreatic exhaustion.

Basic facts about insulin values.

Fasting: This insulin value is elevated in cases of insulin resistance.

Non Fasting: This insulin value varies with type of meal and time of sample collection. See figure 4b. Adapted, Br. J. Nutr. 2003, 90:853
For an after meal insulin, instruct patient to eat 50g of carbohydrate or what is equivalent to 200 calories about 45-90 minutes before noon sample collection. Examples: 2 slices of white bread and 1 cup of orange juice OR 1 cup of cooked oatmeal and 1 cup of orange juice OR 2 ounces of corn flakes snack.

Figure 4a. Insulin Levels

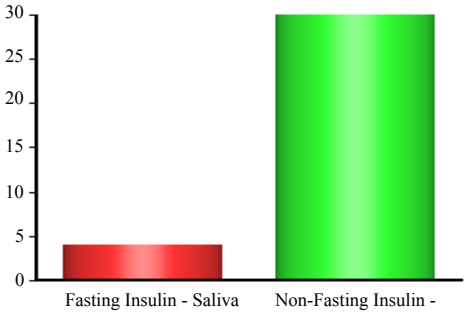
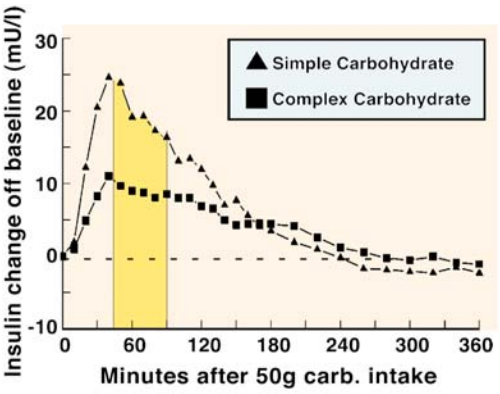


Figure 4b. Serum Insulin - Time Curve



Shaded area is optimal period of post-prandial collection.

Test	Description	Result		Ref Values
P17-OH	17-OH Progesterone	17	Depressed	Adults Optimal: 22-100 pg/ml Borderline: 101-130 pg/ml Elevated: >130 pg/ml

Figure 5. Adrenal Steroid Synthesis Pathway

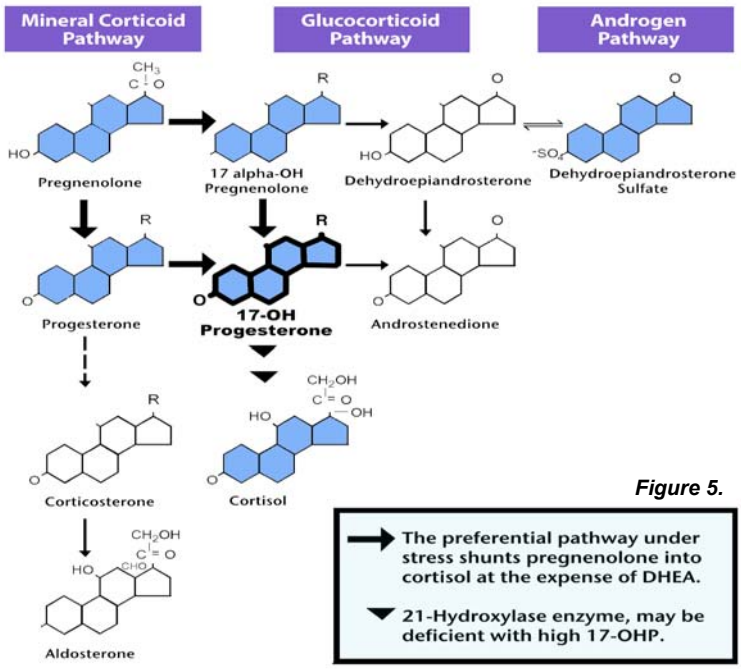


Figure 5.

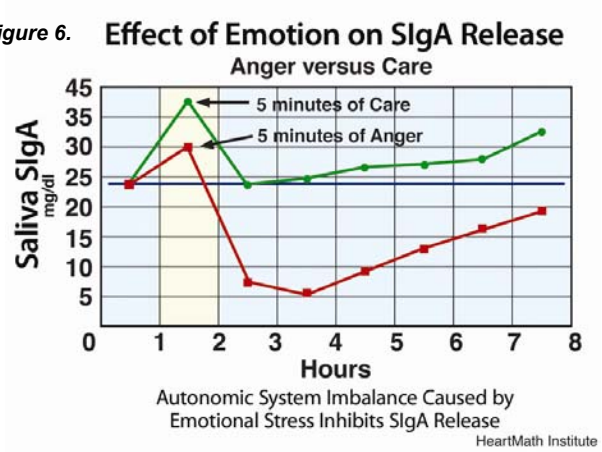
MB2S	Total Salivary SIgA	9	Depressed	Normal: 25-60 mg/dl Borderline: 20-25 mg/dl

A depressed mucosal SIgA may be attributed to one or more of the following reasons:
1- Excessive chronic cortisol output causes reduction in SIgA production due to low counts of SIgA immunocytes. Appropriate restorative treatments have been shown to produce incremental improvements in SIgA.
2- A short imbalance in sympathetic to parasympathetic activity rapidly inhibits SIgA release from the mucosal immunocytes for several hours.
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.

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 inflamatory to the mucosal surfaces.

Figure 6.



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Accession: Continue Results For:

Test	Description	Result		Ref Values
FI4	**Gliadin Ab, SIgA (Saliva)**	4	Negative	Borderline: 13-15 U/ml Positive: >15 U/ml ***Notes on Gliadin Ab Test*** Gliadins are polypeptides found in wheat, rye, oat, barley, and other grain glutens, 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. Scan. J. Gastroenterol. 29:248(1994).

COURTESY INTERPRETATION of test and technical support are available upon request, to Physicians Only