



NUTRITIONAL LAB  
SERVICES

PO BOX 4233  
BURWOOD EAST VIC

Lab id : **12345678**

## Test Female

Date of Birth : January 26, 1955

Sex : M

Collected : October 30, 2008

www.nlabs.com.au

Ph: (03) 9803 5335 Fax: (03) 9888 5811

### ENDOCRINOLOGY SALIVA

SALIVA

	<u>Result</u>	<u>Range</u>		
<b>Estrone (E1)</b>	<b>38.2 *h</b>	9.6 - 20.0	pmol/L	
<b>Progesterone (P4)</b>	<b>142.2</b>		pmol/L	
<b>Testosterone.</b>	<b>&gt;867.5 *h</b>	100.0 - 720.0	pmol/L	
<b>DHEAS.</b>	<b>26.2</b>	5.0 - 30.0	nmol/L	

(\*) Outside reference range.

(h) Above reference range.



Saliva Hormone Comments

SALIVARY HORMONE REFERENCE RANGES: (NOT ON HRT - BASELINE)

	E2	E1	E3	Progesterone	DHEAS
<b>FEMALE</b>					
Follicular	<18	9.6-20	15-29	<318	
Mid-Cycle	11-29	9.6-20	15-29	-	
Luteal	<18	9.6-20	15-29	318-1590	
Post Men.	<6	9.6-20	1-41	<159	<6.5
Premenopausal, no oral contraceptives					2.5-25.0
Premenopausal, with oral contraceptives					2.0-8.0
<b>MALE</b>					
	<6	9.6-20	16-25	<159	5.0-30.0

TARGET REFERENCE RANGES: (ON HRT - 24hr post last dose)

	E2	E1	E3	Progesterone	Testosterone Age Dpndt
Oral	7-73	-	69-139	318-1590	
Patch	4-18	-	-	-	
Cream/Gel	37-184	-	1040-1734	3180-31797	F: 277-867 M: 347-1734

SALIVA E1 (Estrone) is produced primarily from androstenedione originating from the gonads or the adrenal cortex. In premenopausal women, more than 50% of the E1 is secreted by the ovaries. In prepubertal children, men and non-supplemented postmenopausal women, the major portion of E1 is derived from peripheral tissue conversion of androstenedione. Interconversion of E1 & E2 also occurs in peripheral tissue. Bioassay data indicate that the estrogenic action is much less than E2. E1 is a primary estrogenic component of several pharmaceutical preparations, including those containing conjugated and esterified estrogens. In premenopausal women E1 levels generally parallel those of E2. After menopause E1 levels increase, possibly due to increased conversion of androstenedione to E1.

SALIVA E1 level is elevated for a male and suggestive of aromatisation of androgens to estrogens. Suggest using 5% transdermal Chrysin and / or 50mg Zinc. The use of Arimidex 1/2 tablet every second day may also be considered if the E1 level does not decrease adequately.

SALIVA The progesterone level is within range for a male.

SALIVA DHEAs level is adequate and within range.

Saliva Free Testosterone level is elevated and suggestive of supplementation with testosterone or androgens such as DHEA, Pregnenolone, Androstenedione, etc. If the patient is not on supplementation then suspect saliva contamination with Red Blood Cells - gingivitis. Generally such a high testosterone is also accompanied with high progesterone as well, since both molecules bind to RBCs for transportation. Saliva Ferritin and or Hemoglobin will also confirm such contamination in the specimen.

NLS Comment

If indicated, suggest seeking advise from a qualified health care provider.