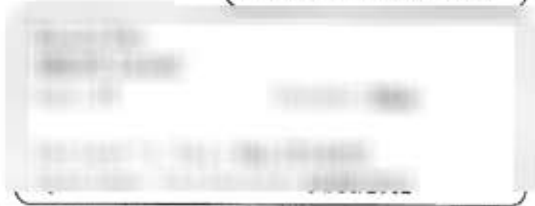


Diagnos-Techs, Inc.

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 CLIA License # 50D0630141

Received : 04/12/2012
 Completed: 04/16/2012
 Reported : 04/16/2012



Code	Test Name	Result / Notes	Reference Values/Key
TTF	Free Testosterone	60	Male (31-40 yrs): 50-80 pg/ml
F1	Estrone	14 Depressed	Normal for Age: 30-58 pg/ml
E2	Estradiol	3	Male(20-49 yrs): 1-3 pg/ml
E3	Estriol	11	Male (18-80 yrs): 5-40 pg/ml
P1	Progesterone	46 Normal	Male (adult): 5-95 pg/ml
FSH	Follicle Stimulating Hormone	>750 Elevated	Normal All Ages: <125 uIU/mL
LH	Luteinizing Hormone	39 Elevated	Normal All Ages: 10-25 uIU/mL
AND	Androstenedione	173	Borderline Low: 100-150 pg/ml Normal: 151-350 pg/ml Borderline High: 351-450 pg/ml

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(Blurred patient information and test details)

Test	Description	Result	Ref Values
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ASI Adrenal Stress Index (Original)

TAP	Free Cortisol Rhythm	Result	Ref Values
	06:00 - 08:00 AM	28 Elevated	13-24 nM
	11:00 - 1:00 PM	4 Depressed	5-10 nM
	04:00 - 05:00 PM	5 Normal	3-8 nM
	10:00 - Midnight	1 Normal	1-4 nM

Cortisol Load: 38 **23 - 42 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.

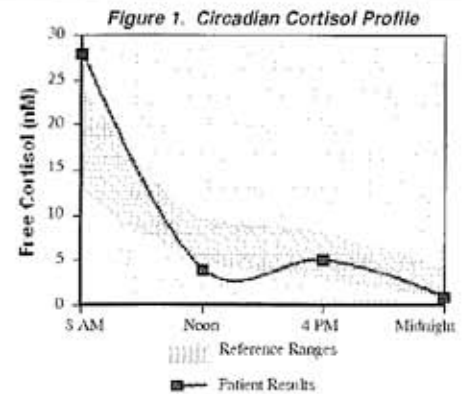


Figure 2.
 The Cortisol release inducers fall into 4 broad categories shown in the adjacent flowchart. Long term adrenal axis maintenance and restoration, require optimization of all the cortisol inducers.

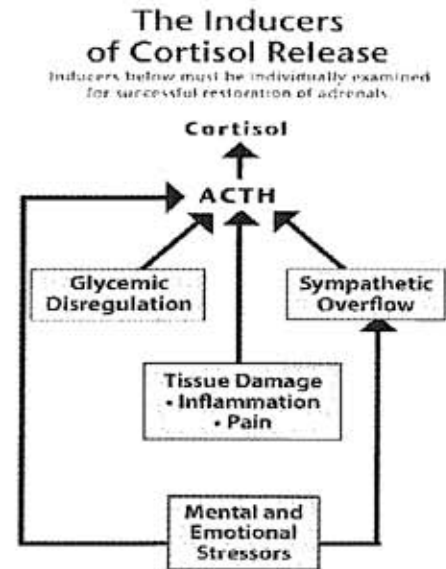


Figure 2.

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Test	Description	Result	Ref Values
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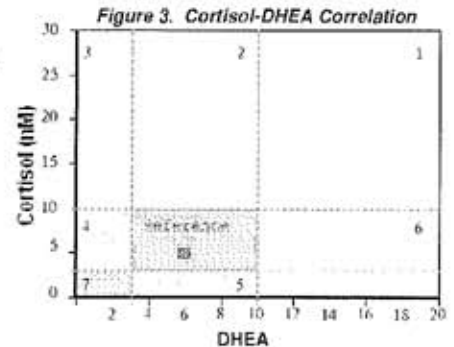
DHEA Dehydroepiandrosterone Free [DHEA + DHEA-S]
 Pooled Value 6 Normal Adults (M/F): 3-10 ng/ml

Figure 3 shows your cortisol-DHEA correlation was in:

↳ Reference zone

Individuals with values in this zone usually display a balance in the average values of cortisol to DHEA for the day.

Falling in the reference zone does not preclude the occurrence of high or low cortisol at any specific time on the circadian.



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.

MB2S Total Salivary SIgA <5 Depressed

A depressed mucosal SIgA may be attributed to one or more of the following reasons:

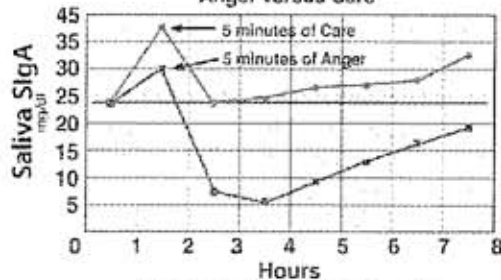
- 1- Excessive chronic cortisol output causes reduction in SIgA production due to low counts of SIgA immunocytes. Appropriate restorative treatments have been shown to produce incremental improvements in SIgA.
- 2- A short imbalance in sympathetic to parasympathetic activity rapidly inhibits SIgA release 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.

Normal: 25-60 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.

Figure 6. Effect of Emotion on SIgA Release
 Anger versus Care



Autonomic System Imbalance Caused by Emotional Stress Inhibits SIgA Release
 Health: true.ec

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Test	Description	Result	Ref Values
FI4	Gliadin Ab, SIgA (Saliva) 7	Negative	Borderline: 13-15 U/ml Positive: >15 U/ml <u>Notes on Gliadin Ab Test</u> 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).

There is an expected increase in the frequency of false-negatives to Gliadin with decreasing total secretory IgA levels that occurs in IgA suppressed individuals. Contextualize findings into overall clinical picture.

Example of restoration Plan

All Examples of Restoration Plans are for Illustrative/Educational Purpose Only. Actual report data should be used within clinical context

To improve SIgA levels consider two aspects:

- 1) Reduction in suppression when applicable:
 - a. Optimize cortisol/DHEA balance
 - b. Balance sympathetic/parasympathetic activity
 - c. Rule out inherited IgA production deficit
- 2) Production Enhancement may include:
 - a. Exercise program
 - b. Vitamin E complex e.g. wheat germ oil
 - c. Botanical adaptogen supplementation

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