



Lab id : 2081994 Sex : F
Collected : 05-Apr-2006 Date of Birth : 15-Oct-1942

INTEGRATIVE MEDICINE

Salivary Estrogens

Table with 5 columns: Test Name, Value, Reference Range, Unit, and Color Scale. Rows include Estrone (E1), Estradiol (E2), Estriol (E3), E1 % total Estrogens, E2 % total Estrogens, E3 % total Estrogens, E3/[E2+E1], Progesterone, Testosterone, and DHEAS.

Integrative Medicine Comments

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

Table with 6 columns: Category, E2, E1, E3, Progesterone, DHEAS. Rows include FEMALE (Follicular, Mid-Cycle, Luteal, Post Men.) and MALE.

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

Table with 6 columns: Category, E2, E1, E3, Progesterone, Testosterone Age Dpndt. Rows include Oral, Patch, and Cream/Gel.

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





TEST DOCTOR

DUMMY PATIENT

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increased conversion of androstenedione to E1.

SALIVA E1 level is below reference range. E1 result should be interpreted relative to the total estrogens. A low E1 is preferable.

SALIVA E2 level is adequate and within range.

Saliva E3 level is within range and adequate if this is a post-menopausal patient.

The Estrogen Quotient is within range. Suggestive of a normal estrogen metabolism.

SALIVA The progesterone level is low and suggestive of the need for supplementation. Suggest supplementation with 16mg/gram topical progesterone (or 160mg oral or troche/day). Aim for a supplemented ratio of E2:Prog of 1:200.

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 Free testosterone level is suggestive of current supplementation. If not supplemented, then suggestive of Polycystic Ovarian Syndrome, insulin resistance or fibroids.

Tests ordered: PROG-SAL,DHEAS-SAL, TES-SAL,E123

