

External ID

Name	Muster	Date of Birth	07.05.1980	Order ID	11624829
First Name	Muster	Sex	Female	Order Date	16.11.2018
Sampling Date	15.11.2018 08:00	Validation Date	Thomas Gugerel	Findings Status	Final Report
Sample Material	SP	Validation on	21.11.2018	Findings Date	22.11.2018

Test	Result	Unit	Standard Range	Previous Result
Saliva Analytics				
Female Hormone Profile (Saliva)				
Cortisol	1,39	ng/ml	3 - 9	SP A) ELISA
Progesterone	86,12	pg/ml	38,5 - 129,4	SP A) ELISA
Follicular Phase: 7,6 - 33,6 pg/ml Luteal Phase: 38,5 - 129,4 pg/ml Postmenopause: 22,6 - 75,2 pg/ml Standard Values based on respective phase if sample was not taken in Luteal phase.				
Oestradiol	2,97	pg/ml	0,73 - 5,06	SP A) ELISA
Follicular Phase: 0,77 - 4,66 pg/ml Ovulation Phase: 2,27 - 9,63 pg/ml Luteal Phase: 0,73 - 5,06 pg/ml Postmenopause 0,34 - 2,63 pg/ml Standard Values based on respective phase if sample was not taken in Luteal phase.				
Progesterone/Oestradiol/Quotient	29,00	Quotient	30 - 50	NA) RECHN
Testosterone	9,53	pg/ml	7 - 44,8	SP A) ELISA
DHEA	255,00	pg/ml	140 - 570	SP A) LUMIN
Östriol im Speichel				
Östriol	6,00	pg/ml	2,1 - 13,3	SP A) ELISA

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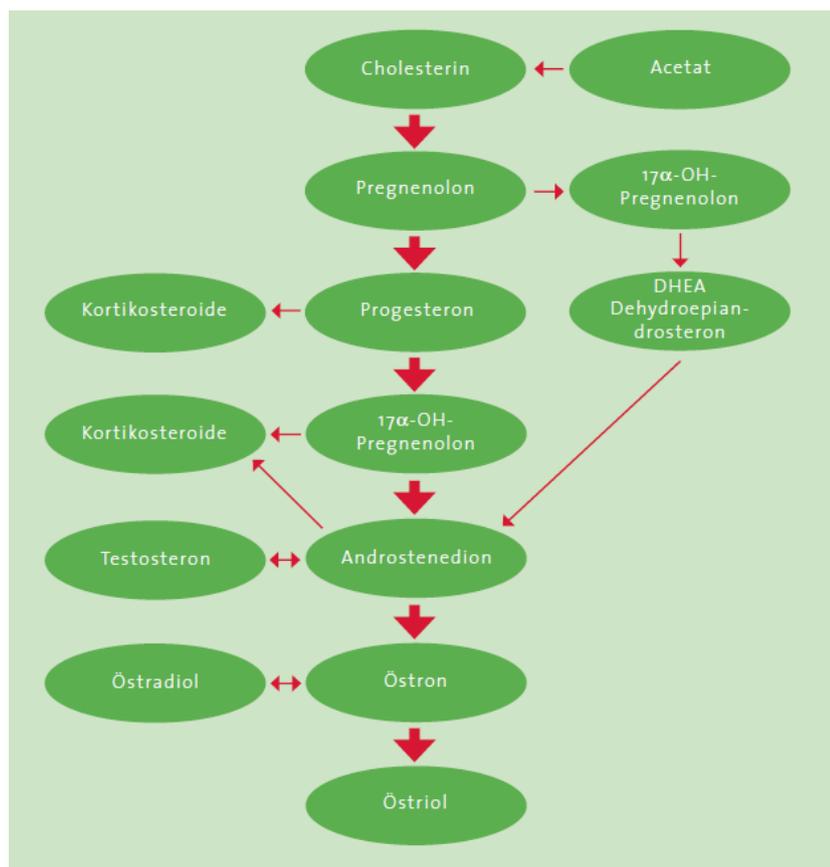
Index SAUE

Saliva Hormone Test

Background Information for the Evaluation of Saliva Hormone Findings

For the evaluation of hormone values in saliva one should preferentially consider the proportionality of the individual hormones to each other. Because at first view findings seem to be normal, increased or reduced; individual values, however, might lead to a different result when the physiology of the gender, the age and the monthly rhythm are taken into consideration as well. Many factors may contribute to a change of hormone metabolism. Often supplementary analyses become necessary in addition to those already carried out. This also applies for the evaluation of the thyroid function.

The following chart shows that from cholesterol **progesterone** and **DHEA** are developed via intermediate stages like **pregnenolone**. These two precursor hormones provide for the development of androgens, the male hormones (with their most important representative **testosterone**) and **oestrogen** (oestron, oestradiol and oestriol).



Overview of the main representatives of gender or steroid hormones:

Progesterone

Natural progesterone plays a significant role in the hormone system.

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Index

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Progesterone is of great importance for both sexes because as a steroid hormone it has regulating influence on oestradiol, cortisol and testosterone. As precursor hormone it plays a major role in the hormone metabolism. It positively affects bone stability, increases the collagen production, extends the lifetime of skin cells and therefore also counteracts wrinkle formation. Aside from keeping the mood in balance progesterone may also promote sleep, promote the memory and positively influence water excretion. . Progesterone – **not to be mistaken for the artificially altered progestin** – plays a vital role as opponent of oestrogen (oestron, oestradiol, oestriol).

Progesterone is one of the first hormones, which reduces its production in the mid-thirties. Often there is already an imbalance of both hormones between the age of 30 and 40 years, which may lead to oestrogen predominance. This may happen to both - men and women. Undesired side-effects of oestradiol may occur. Oestrogen and progesterone interact in many ways.

Progesterone is important for: Psyche, brain activity and performance, concentration, regulation of blood coagulation, mineral processing, coping with stress, immune system, sugar and fat metabolism, a functioning thyroid gland, sleep, heart, metabolism, bones, cholesterol regulation, healthy female breast, endometrial hyperplasia, pregnancy, regulation of menstruation cycle, prostate, energy,

Progesterone deficiency of both genders can be indicated by: Thyroid malfunction, cardiac arrhythmias, headaches, migraine, emotional and depressive moods sometimes leading to serious depressions, sudden aggression, forgetfulness, thoughts about the senselessness of life, declining performance, lack of energy, unsteady blood pressure, osteoporosis, decreasing libido, weight gain.

Further effects for females: Infertility, early abortion, PMS, fluid retention, feeling of tension in the breasts, cysts, myoma, cystalgia, menopausal complaints, counteracts fat deposits in stomach area (central obesity).

Oestrogen

Oestrogen is a group of hormones – oestradiol, oestriol and oestron belong to this group.

Oestradiol (E2) is the main representative of oestrogen and known as the female fertility hormone. During puberty girls become women under the influence of oestrogen. Oestradiol is important for cell division (growth hormone) and it promotes the build-up of the endometrium. Oestradiol is vital for males as well. It supports the flexibility of the vessels, potency and fertility and from a preventive-medical point of view it is needed to avoid cardiovascular diseases. It stores fat and water for healthy, beautiful skin and hair, helps regulating the body's temperature and promotes sleeping through the night without waking up.

Too much oestradiol is responsible for the so-called **oestrogen predominance** and shows the following symptoms: Uterine cancer and myoma, sensitivity, swelling and pains of the breast, increased water retention in tissue, reduction of fat metabolism, fatigue, hyperglycaemia, loss of memory, allergies, decreasing libido, osteoporosis, gall bladder diseases, depression, headaches, irritability, vision disorders, blood clotting, copper retention, increased stroke risk, feminization of males (impotence, muscular dystrophy, high voice) and prostatic hyperplasia.

Low oestradiol levels may cause hot flushes, mood changes, cycle disorders, skin alterations, loss of hair, and a low voice in females. Also the unfulfilled wish to have children might come along with reduced oestrogen levels.

Oestriol (E3) is the oestrogen, which promotes healthy of mucous membranes in the body of females and males. Eyes, nose, ears, mouth and throat, the complete stomach and the complete intestinal tract may profit from giving this natural hormone. In females it has a large impact on the vaginal cells and therefore can be given against dryness in the vagina, as well as in case of irritable bladder or bladder weakness. Amazing effects could be observed when giving oestriol because of uterine prolapse and hot flushes.

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Index

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A hormone test is not always a must in case of oestriol, because the respective mucosa complaints show the necessity without having carried out a saliva analysis. There could, however, be a lack of oestriol in spite of measured increased values.

The only thing known about oestron (E1) is that it is a type of storage hormone, which has been rather neglected so far

Testosterone

Males and females need **Testosterone** as it is responsible for energy, endurance, muscular strength, efficiency, libido and endurance. It supports metabolic processes like for example fat burning, blood sugar regulation, production of red blood cells and amino acids (components for proteins), as well as the generation of vessel protecting HDL-cholesterol and it supports brain functions. Testosterone counteracts high blood pressure and strengthens the immune system. It is responsible for growth and erectile function of the male member as well as for sperm maturation; it promotes sexual desire and increases, is responsible for androgenic hair growth and enhances aggressiveness.

If males lack testosterone it may lead to erection and prostate problems and in females to heavy bleeding. In males and females it may lead to declining libido, reduced muscle strength, lacking self-confidence, anxiety, depressions, loss of energy and lacking fitness.

Too much testosterone comes along with aggressive behaviour, strong muscles, increased facial hair growth in women (hirsutism) and acne during puberty.

DHEA

DHEA, (dehydroepiandrosterone) is mainly produced in adrenal cortex. It is regarded as pre-cursor hormone, because - with the exception of progesterone - our organism utilizes it for the development of male (testosterone) as well as female hormones (oestrogen).

Starting around of twenty-five already, the DHEA production of both sexes decreases steadily.

DHEA has various regulation mechanisms in our metabolism – it regulates the body's weight and increases libido and potency. DHEA positively influences the cardiovascular system, our immune system and memory and helps us to tolerate stress better. Furthermore it is an antagonist of cortisol.

Permanent stress may be the cause of low DHEA values.

Cortisol

Cortisol is the most important stress hormone and is released in case of psychic and/or physical stress. That's where the term 'stress hormone' originates. Cortisol is produced in the adrenal cortex mainly in the second half of the night. It is available in maximum concentration for daily activities between 7 and 8 in the morning. In the course of the day the cortisol level significantly decreases. In the evening only about 10 % of the morning level is left.

Significance and Effect of Cortisol:

Because of its outstanding significance for adapting to every form of stress it has an extremely wide spectrum of activity.

Effect of Cortisol: Inhibition of the lymphocyte (important cells of the immune system) protein synthesis and inflammatory processes, furthermore it is important for the water balance, the protein metabolism and the electrolyte balance. It stabilizes the blood sugar level during hunger periods (fasting) and suppresses immunological processes. Cortisol also influences the emotional well-being.

Permanent stress and adrenal disorders may lead to low cortisol values. This in turn may cause loss of energy, burn-out, fatigue, lack of motivation, increased nose sensitivity, disordered pain perception, diffuse

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Index

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muscle and joint pains and constipation or diarrhoea. Furthermore it might lead to increased skin pigmentation.

Increased Cortisol Level

Long term consumption of glucocorticoids may cause increased cortisol values.

Symptoms of too high cortisol levels are increased susceptibility to infections, adiposity, and tendency to store fat (central obesity), diabetes mellitus, muscular dystrophy, stress nervousness, depression, headaches and osteoporosis.

Results

Too **low cortisol values** indicate that the adrenal cortex is not functioning properly. The cause might be exhaustion caused by stress etc.

When viewing the **progesterone secretion** alone it is within the **normal range**.
The determined **oestradiol level** was **within normal range**.

The **oestriol level** is in within the **norm**.

The determined **unfavourable oestradiol/progesterone ratio** may indicate **relative progesterone deficiency** in case of respective complaints.

If there are complaints the oestradiol/progesterone ration should not be below 1:50. We did, however, also find freedom of complaints in case of ratios of 1:30-50.

The **testosterone value** is within **normal range** (inconspicuous).

The **DHEA level** is in within the **norm**.

Therapy Recommendations

Important:

Nature identical / biological and prepared homoeopathic hormones therapies should also be carried out accompanied by a doctor or a traditional healer. Self-treatment is not recommendable. Nature-identical hormones are subject to prescription. This does not apply for natural hormones which have undergone homoeopathic potentiation. Good results can already be achieved with prepared homoeopathic products like for example "Progesteron Crème D4".

When taking or applying nature-identical and prepared homoeopathic products one should interrupt it for a period of 5 days every four weeks to provide for the recovery of the hormone receptors.

When simultaneously applying hormones (the pill, hormone spiral, three-months- injection etc.) and homoeopathic and/or bio-identical hormones, the latter will often not lead to the desired results as the receptors are already occupied otherwise.

Important information for people taking hormones:

The oestrogen dose should be reduced to half when starting the bio-identical progesterone therapy, as otherwise an increase of the complaints should be expected. The reduction of oestrogen should be continued until an optimal progesterone/oestradiol ratio has been reached (Control of values required). If indicated, oestradiol can be replaced by oestriol. The conversion should be carried out in small steps and under therapeutic control.

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Index

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Adrenal Hypofunction -Therapeutic Approaches

Phytocortal-N

The prescribed dosage should always be patient-oriented. Phytocortal-N should always be taken in half a glass of water before the meals.

Day 1 1 x 5 drops Phytocortal N

Day 2 2 x 5 drops Phytocortal N

If well tolerated to dosage may be increased.

To avoid relapses we recommend longer term therapy.

Additional treatment with vitamin B-complexes, vitamin C, magnesium, chromium and amino acids supports the cortisol balance. A respective test of the micronutrients in whole blood, possibly the vitamin and/or the amino acid status seems recommendable (these analyses can be found on our request form)

Alternative approach: **Cortisonum D4**

Progesterone

Applications: Cream, capsules, suppositories, globules

Application of Progesterone Cream – in General:

In many ways oestrogen and progesterone have an antagonistic effect. The actual oestrogen level therefore has an impact on the required progesterone quantity. The dosage of progesterone also depends on existing complaints. Often the dosage has to be calculated individually for the patient.

Trans-dermal Progesterone Application is very gentle because the liver needed as metabolising agent. Natural progesterone cream is easily absorbed by the skin and subsequently by the connective tissue below. This is how progesterone reaches blood circulation. From there it is transported to progesterone receptors in the whole body. Bio-identical hormones are only available by prescription just like all other hormones. Homeopathic products can be purchased without prescription.

Apply progesterone cream on thinner and softer skin layers, e.g. inner forearms, wrists, palms, bottom of the foot, face, cleavage or neck (do not rub into breast), nipples may react sensitively when applying progesterone, as very many progesterone receptors are located there – for this reason never apply directly on the breast and possibly reduce dose.

Considerably smaller amounts of the hormone are required when applied externally.

Application in case of normal monthly cycles

The 1st day of menstruation is the 1st day of the monthly cycle

- Start the daily application of the progesterone cream on the 10th cycle day (+/- 1 day) depending on the length of your cycle.
- Apply the cream 1-2 times daily until your menstruation starts. (In case of PMS you may start using the cream 10 days before your expected period, if you suffer from pains also to the start of the menstruation and beyond.) You may slightly increase the dose before your menstruation. Just try what is best for you.
- While you have your period do not apply any cream – no matter how long your period is.

The best time of the day to apply the cream has to be tested individually.

Homeopathic Alternative:

As an alternative to bio-identical progesterone cream, one can also apply **Progesteronum D4** (cream). Apply cream (about the size of a cherry pit) every evening during the 2nd part of the cycle. When the bleeding starts the progesterone application is stopped.

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Index

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0.5 – 3.0 % bio-identical progesterone cream (has to be prescribed): Every pharmacist or chemist – who has the ingredients - can principally produce this cream. It is mostly called “Progesterone Cream” or “Progesterone Gel”. The same applies for homoeopathic dosage forms. It is declared as “Progesterone Cream D4”.

Another alternative is the application of yam (contains 3 % diosgenin). The amount is portioned with two or three strokes.

The period it takes to become effective can differ just like for all other therapies. Patients sometimes report that it takes weeks until they notice an improvement of the complaints.

In case of a mild form of PMS **Agnus Castus** – monk’s pepper may help. A simultaneous analysis of micro-nutrient deficits in whole blood and their substitution often relieve complaints. Often PMS come along with calcium and/or magnesium deficiency.

Always keep your weight normal and live a healthy life to maintain your physical, spiritual and intellectual fitness. *Keep a healthy, balanced diet and add vitamins, micronutrients and minerals you are lacking. To maintain vital energy and to dispose of waste products (metabolic slags) many metabolic processes per second are necessary. Therefore we need – aside from food – also minimum amount 1.5 to 2 litres of still or spring water per day. Without water the body is not able to get rid of toxins. Adequate exercise in fresh air (i.e. at least 20 minutes walking, swimming, riding a bike or exercise every day) are optimal even in advanced age; these measures prevent osteoporosis and also positively influence our hormone balance.*

With kind regards

Your Biovis-Diagnostik

Attention: *The recommendations given are only advice based on the compiled findings and possible clinical information. They are exclusively addressed to the therapist/physician and are **not intended** for direct transfer to the patient. They cannot replace diagnosis and therapy of the treating therapist. The recommendations for therapy are a suggestion. The responsibility for the final selection/measure/dosage lies with the medical professional/therapist responsible for each individual case. Please also note that there may be contraindications/interactions associated with the recommended medication/nutritional supplements for pre-existing primary diseases and when taking certain medication. These must be investigated by the medical professional/therapist before starting therapy.*