SUPPLIMENTATION NEEDED: Progesterone

SUPPLIMENTATION NEEDED: CORTI-LOW

Report
00IMDN

Provider:
Star Enterprises International, Inc.
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323-325-8681

Patient Info:
SAMPLE
Age: 58 **Gender:** F
Menopausal Status:
Post-Menopause

SAMPLE

Samples	Date/Time
Morning	8/11/2008 0800
Noon	8/11/2008 1200
Evening	8/11/2008 1800
Night	8/11/2008 2300
Samples Arrived	08/14/2008
Results Reported	08/18/2008

Hormone Test	Result		L	WR	H	Expected Range
Estriol		pg/ml				(1) <30.0 females non-pregnant
Estradiol (E2)	7.8	pg/ml			X	(1) 1.0-3.2 post; (2) 1.0-10.8 pre; (3) 1.5-10.8 supplementation; (4) <2.5 males
Progesterone	42.0	pg/ml		X		(1) 18-126 post; (2) 127-446 pre (luteal); (3) 500-3000 supplementation; (4) <51 males
Ratio of Pg/E2	5.3		X			(1) 200-600 females; (2) 200-300 males;
Testosterone	30.6	pg/ml		X		(1) 30.1-142.5 males; (2) 6.0-49 females; (3) 30-60 therapy females; (4) 250-350 therapy males;
DHEA	212.9	pg/ml		X		(1) 137-336 males; (2) 106-300 females
Cortisol Morning	3.0	nmol/L	X			(1) 5.1-40.2
Cortisol Noon	1.9	nmol/L	X			(1) 2.1-15.7
Cortisol Evening	1.2	nmol/L	X			(1) 1.8-12.1
Cortisol Night	0.7	nmol/L	X			(1) 0.9-9.2

*DHEA and Testosterone results are for investigational use only

L=Low(below expected range) WR=Within Range(within expected range) H=High(above expected range)

Interpretations:

• A component of the estradiol level may be due to aromatization of testosterone by adipose tissue and/or conversion from DHEA. Progesterone to Estradiol (Pg/E2) ratio and reported symptoms are typical of estrogen dominance. Though the progesterone level is within the reference range, progesterone supplementation will be needed to balance the E2 and treat the estrogen dominant symptoms.

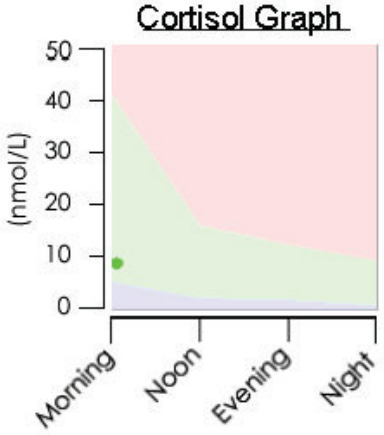
• The upper range DHEA raises the question of metabolic syndrome (insulin resistance).

• AM Cortisol level and reported symptoms are consistent with evolving adrenal gland fatigue (hypoadrenia).

Star Enterprises International, Inc.

Rhonda Lyons, ND

Call for more information or to order products



Nutritional Supplements to Support Low Cortisol Levels

For basic adrenal support, include

Corti-Low is a natural cortisol-mimicking extract.. Taking a small amount of **Corti-Low** 25-100 mgs/day can be beneficial in treating symptoms of adrenal exhaustion and can provide significant relief from the symptoms of chronic fatigue and fibromyalgia. To best mimic the body's own physiology, **Corti-Low** should be taken on an empty stomach, first thing in the morning. If a second dose is required, it should be taken before lunch. Since **Corti-Low** mimics the action of cortisol, one should be very judicious in using it. It should only be used intermittently and if any adverse effects occur, such as water retention or elevated blood pressure, discontinue use immediately. Individuals with high blood pressure should be very cautious with this supplement and should consult their doctor. Saliva testing should be seriously considered when using cortisol simulating supplements.

INFORMATION ON HYPOADRENALISM

Abnormal blood pooling can cause hemorrhoids. Veins from the small and large intestines, spleen, pancreas, stomach and anal region all drain into the liver. A congested liver can cause back-pressure and excess amounts of blood to pool in the abdominal and pelvic regions. This can lead to hemorrhoids, varicose veins and poor circulation in the legs and feet. Weak adrenals won't secrete sufficient hormones to slightly increase the heart rate when rising from lying or sitting to standing. This allows blood to pool in the lower areas of the body. Stressed adrenals overwork and congest the liver. The kidney/adrenal/liver connection also appears in the Chinese "mother-daughter" law.

Asthma can be a symptom of hypoadrenia through the hypoglycemic connection. What is often suspected as a food allergy may be due to low adrenal function. Another connection may be aspirin. One piece of research states that 20% to 25% of children exhibit asthma symptoms within an hour after taking aspirin. Aspirin is a salicylate and substances containing salicylates often cause asthma problems. Lots of foods contain salicylates but in minute amounts. The preservative metabisulfite, found in pickled foods, sausage, dehydrated fruit and fruit juices, can also be a trigger for asthma. Metabisulfite is estimated to affect two-thirds of all asthmatic children. Others are: Chronic Fatigue Syndrome, Fibromyalgia, Candida infections, Epstein-Barr infections and the various Environmental Diseases

The adrenal glands are triangle shaped, sit atop the kidneys and control a significant part of how we see, and react to, life. Addison's disease is an under active (hypoadrenia) adrenal problem.

Adrenal fatigue is a collection of symptoms that result when the adrenal glands function below the necessary level. While adrenal fatigue is most commonly associated with intense or prolonged stress, it can also arise during or after acute or chronic infections, including the flu, bronchitis or pneumonia.

The adrenal glands are orange-colored endocrine glands, located on the top of each kidney. Their purpose is to help the body cope with stress. Each adrenal gland is triangular shaped and measure about one-half inch in height and three inches in length. Each adrenal gland consists of a medulla (center of the gland) surrounded by a cortex (outer region of an organ).

The *medulla* produces epinephrine and norepinephrine, also known as adrenaline. These hormones help control blood pressure, heart rate, sweating, and other activities regulated by the nervous system. The *cortex* comprises 80 percent of the adrenal gland and is responsible for maintaining fluid and electrolyte (salt) balance in the body and for producing over 50 different types of hormones.

While people with adrenal fatigue may look perfectly normal, they frequently suffer from an ongoing sense of

unwellness and have prolonged periods of fatigue. People who suffer from adrenal fatigue oftentimes have multiple symptoms including: anxiety, allergies, arthritis, depression, tiredness, reduced memory and inability to concentrate, insomnia, fearfulness and frequent influenza. Other symptoms may include:

Tendency to gain weight and inability to loose it, especially around the waist.
* Lack of energy in the morning and mid-afternoon (between 3 to 5 p.m.).
* Need for caffeinated beverages to help them get going and sustain them throughout the day.
* Crave salty, fatty, and high protein food, such as meat and cheese.
* Pain in upper back and neck for no apparent reason.
* Reduced sex drive.
* Increase in PMS symptoms for women.

Although it affects millions of people around the world, conventional medicine does not yet recognize adrenal fatigue as a medical condition. So, why don't doctors recognize adrenal fatigue? In medical school, they are only taught to look for extreme adrenal malfunction that occurs with diseases such as Addison's disease

According to research, symptoms of adrenal fatigue include:

* Morning fatigue - You don't really seem to "wake up" until 10 a.m., even if you've been awake since 7 a.m. and you feel that you need caffeinated beverages to get moving.
* Afternoon fatigue - You feel sleepy or experience clouded thinking between 2 to 4 p.m.
* Evening fatigue - You feel sleepy at 9 to 10 p.m., but resist going to sleep.
* Cravings for foods high in salt and fat
* Decreased ability to handle stress
* Decreased sex drive
* Muscular weakness
* Lightheadedness when rising from a sitting or laying down position
* Frequent sighing
- People with adrenal fatigue have a tendency to gain weight and inability to loose it, especially around the waist.
- Adrenal fatigue can result in a decreased sex drive.
- The adrenal glands purpose is to help the body cope with stress

Adrenal exhaustion is more difficult to resolve. Adrenal exhaustion involves a depletion of energy reserves and a loss of resilience. Symptomatic signs of adrenal exhaustion can be as diverse as fatigue, nervousness, anxiety, severe PMS, depression, brain fog, carbohydrate cravings, allergies, muscular pain and tenderness, joint pain, and irritable bowel syndrome. The goal of nutritional therapy in this situation is to restore the natural, diurnal release of normal levels of cortisol. The theory is if you provide the body with a small amount of a cortisol-like substance, the adrenal glands can take a rest and have an opportunity to regenerate. Then normal cortisol production will be restored.

MORE INFORMATION ON HYPOADRENALISM

Usually the first and most obvious symptom is tiredness, apparent laziness, or lack of ambition. A young person often feels as if he has some serious wasting disease. The young hypoadrenal patient usually is by nature a go-getter, smart in school, and extremely conscientious. With hypoadrenalism, he finds it more and more difficult to concentrate. The harder he tries to work, the more tired he becomes. Parents and friends become alarmed, and the patient is usually taken to a variety of physicians to correct the enigmatic condition.

In middle age, the hypoadrenal person usually feels he is just slowing down, or that he is beginning to grow old prematurely. Again, he tends to push himself to added effort. Sometimes he takes special exercises or courses to stimulate mental activity. As in the younger person, the harder he tries, the less he is able to accomplish. The situation can become so bad that the hypoadrenal person may even become dizzy or have fainting spells, which usually brings him to a physician.

In the elderly, this condition is blamed on old age. It is believed that Mom or Dad is finally wearing out. But the symptoms of senility and of hypoadrenalism are not the same; usually the difference can be discovered by a physician reasonably versed in the latter disorder.

If hypoadrenalism is not diagnosed and treated in the early stages, the patient will start to manifest symptoms that he takes as signs of mental deterioration. He becomes more and more forgetful; he begins to have small blacking-out incidents, and dizziness is particularly prevalent, especially that which occurs on arising from a seated or reclining position. He begins to fear that he has a brain tumor or perhaps cancer of some vital organ. The most common fear however is fear of a mental disorder. This is the point at which he is driven to seek medical attention.

Let's take a look at this picture. We have a person who is tired, much more than he should be, has occasional dizzy spells, and has disturbing mental aberrations--all contrary to his usual physical and emotional status. This person had always been bright, over conscientious, a perfectionist by nature, had an overabundance of energy, and had been able to drive himself constantly to accomplish what he would with his life. Now this whole pattern is reversed--not that his desires are gone, but the physical and mental entities are no longer able to carry out the dictates of his will. This is most frightening to any intelligent person, and is the sad story he pours out to his physician.

Now let's put ourselves in the position of his physician and listen to his story. You find before you a patient who is obviously intelligent, able to present his symptoms with great lucidity, and yet whose symptoms don't seem to fit any disease that you're familiar with. You find the patient excitable, agitated, and apparently overly concerned. Although you aren't one to pass snap judgments, your first thought is that he is becoming neurotic because of the pressures in his life. You are, however, very thorough so you give him a complete physical examination, a reasonably complete blood chemistry examination, a urinalysis, and all the other things any physician should do to discover a known pathologic condition that may cause such symptoms.

The tests all are within the normal range. The physical examination is unremarkable. The patient's blood pressure might be slightly lower than normal, but not seriously so, and of course it's only high blood pressure to be worried about anyway. Slightly lower pressure just means that the man will live longer.

Your examination confirms that you have before you a strong, healthy person with symptoms that obviously are of a neurotic nature. He is probably just overworked. So you talk to him. You recommend that he slow down, that he find himself a hobby, or that he take a vacation.

You give him a mild tranquilizer, and if he feels depressed, you give him a gentle antidepressant (Today Prozac is the fashion). Because he doesn't sleep too well at night (insomnia being one of the symptoms of the second stage of hypoadrenalism), you give him a mild sedative. You send him home with a comforting pat on the back, reassuring him that there's nothing really wrong with him, he's just been working too hard, and he's to settle down a bit, keep on his medication, and try to get some enjoyment out of life.

This, in a nutshell, is the therapy most patients with hypoadrenalism received twenty years ago. It was very professional and was usually given with the best of intentions. Unfortunately, not only was it insufficient, but it also was usually detrimental, because the various drugs put a greater strain on an already overloaded glandular system. And so more problems are heaped on those that already exist.

Today a few knowledgeable physicians will prescribe a more rational treatment program, but even today, if our patients are any indication, the majority of physicians are still treating this condition as they did in 1975.

Many patients, not realizing they have organic problems, continue with this archaic treatment. Unless certain changes occur in their life that remove much of the stress originally causing the condition, they will continue to go downhill as they become more and more dependent on their drug therapy. The drugs don't help the basic condition at all; the imbalances are all still there. The drugs simply mask the patient's ability to be affected by the symptoms.

If this condition goes unabated in some persons, it can in time lead to mental institutionalization. Knowledgeable investigators frequently have found both hypoadrenal patients and hypoglycemic patients in mental institutions. Many of these patients are willing to admit themselves to mental institutions because they have been told very clearly that they have no physical condition that could cause their symptoms; yet these symptoms are so severe the patient no longer feels capable of coping with society. This is a sad commentary on a condition whose cause and treatment have been known for more than seventy-five.