

Any Body

Any Address

AnyCity, AnyState AnyZip

DOB: 10/18/55

Reporting Date: 7/20/2005

Any City, Any State

Dr. So Many

Any Clinic

Any Address

Any Zip USA

Sex: Female

Collection Dates: 1 06/23/05 2 06/26/05 3 06/29/05

YMT ID: 0

Lab ID: 0

Section One: The Results

Lab Data - Levels of Estradiol, Progesterone & Testosterone

Estradiol (pMol/L)

Specimen #	#1	#2	#3
Results	2.2	11.0	11.0

Estradiol Average Levels = 8.1

Normal Reference Range: 1.8 - 18.4 pMol/L
Optimal Reference Range: 6.0 - 14.2 pMol/L

Average: 8.1, Percentile: 38%, FI: 51, Quartile: 2, Stand. Dev.: 4.2, Count: 3, 50th %: 10.1, 200th%: 36.7

Progesterone (pMol/L)

Specimen #	#1	#2	#3
Results	254	509	127

Progesterone Average Levels = 297

Normal Reference Range: 95 - 254 pMol/L
Optimal Reference Range: 135 - 215 pMol/L

Average: 297, Percentile: 127%, FI: 53, Quartile: 5, Stand. Dev.: 158.65, Count: 3, 50th %: 175, 200th%: 509

Testosterone (pMol/L)

Specimen #	#1	#2	#3
Results	130	33	46

Testosterone Average Levels = 70

Normal Reference Range: 17 - 121 pMol/L
Optimal Reference Range: 43 - 95 pMol/L

Average: 70, Percentile: 51%, FI: 62, Quartile: 3, Stand. Dev.: 43.13, Count: 3, 50th %: 69, 200th%: 243

P:E Ratio

Specimen #	#1	#2	#3
Results	115 :1	46 :1	12 :1

Average P:E Ratio = 58

Normal Reference Range: 14 - 139
Optimal Reference Range: 45 - 107

Average: 57.7, Percentile: 35%, FI: 75, Quartile: 2, Stand. Dev.: 43.22, Count: 3, 50th %: 76, 200th%: 277

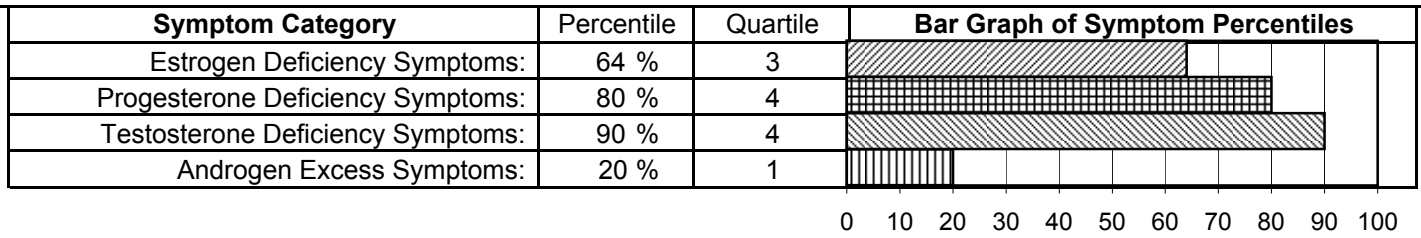
Your Menopause Type® is Type 1 based on Optimal Reference Range interpretation of lab tests.
Your Menopause Type® is Type 1 Based on "Normal" Reference Range Interpretation of Lab Tests.
Normal Reference Range values are the unstimulated physiological baseline follicular values.

Hormone levels inside the OPTIMAL range are most advantageous for enhancing quality of life and decreasing risk of disease.
THE INTERPRETIVE TEXT WILL BE BASED ON THE OPTIMAL RANGE.

Section One: The Results

Symptoms, Anthropometric & Medication Survey Data

Symptoms Analysis (Menopause Type® Questionnaire)



Your Menopause Type® is Type 11 based on symptoms from the Menopause Type® Questionnaire.

How questions were answered in each section of the Menopause Type® Questionnaire.

Estrogen Deficiency	A1		Progesterone Deficiency	B1		Testosterone Deficiency	C1	X	E, P & T Deficiency	D1	X	E & T Deficiency	F1	X
	A2	X		B2			C2	X		D2	X		F2	X
	A3			B3			C3	X		D3	X		F3	X
	A4	X		B4	X		C4	X		D4	X		F4	
	A5	X		B5	X		C5			D5	X		F5	X
	A6			B6	X		C6	X	E & P Deficiency	E1	X	Androgen Excess	G1	
	A7	X		B7	X		C7	X		E2	X		G2	
	A8	X		B8	X		C8	X		E3	X		G3	
	A9	X		B9	X		C9	X		E4	X		G4	
	A10	X		B10	X		C10	X		E5			G5	X

Anthropometrics (the study of human measurements)

Anthropometric Data			Calculation Results			Ideal	
Height:	67.75	inches	Body Mass Index (BMI):	19.60	18.5 – 24.9		
Weight:	128.00	pounds	Waist to Hip Ratio (WHR):	0.68	<=0.8		
Waist:	26.00	inches	Weight Gain Since 18 y/o (WGn):	8.00	< 20		
Hip:	38.25	inches	Waist to Height Ratio (WHtR):	0.38	< 0.5		
Wt./18y/o:	120.00	pounds					

All numbers reported to 2 Decimal Places.

Drug-Hormone Adverse Interactions

Review medication list & discuss possible drug-hormone interactions, if appropriate, using current version of the Educational Handout titled Possible Adverse Drug-Hormone Interactions and the Healthcare Professionals Guide.

Correlative Interpretation (Comparing Levels [Objective Function] to Symptoms [Subjective Response])

Function:Response Ratio™ (FRR) Analysis

	O%	S%	FRR	Agonist/Antagonist & Sensitivity/Resistance
Estradiol	38	64	1.0	estrogen antagonist &/or estrogen receptor resistance
Progesterone	127	80	6.3	progesterone antagonist &/or progesterone receptor resistance
Testosterone	51	90	5.0	androgen antagonist &/or androgen receptor resistance

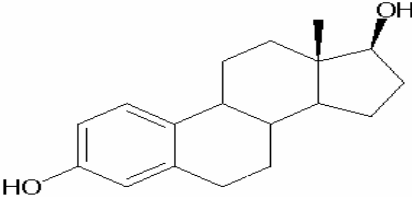
Your unique Menopause Type® is revealed by a comprehensive analysis of symptoms and lab tests, in which both will extensively evaluate estrogen, progesterone and testosterone. Sometimes the symptoms are not in agreement with the lab tests, and they may each show a different Menopause Type®, as they do in this report.

As noted on the previous page, by analyzing the average hormone levels, and comparing them to the OPTIMAL RANGE, the tests indicate that you have Menopause Type® 1. The symptoms you checked off on the Menopause Type® Questionnaire indicate Menopause Type® 11

This demonstrates a poor correlation between the level of hormones in the saliva and the symptoms that are being experienced. The reason for this lack of correlation can be understood by reviewing the following sections which discuss estradiol, progesterone & testosterone levels & function.

Section Two: Interpretations

ESTRADIOL



Production Pathways

Substrate	→ Enzyme →	Product
Testosterone	→ aromatase →	Estradiol
Estrone	→ *[17β-HSD] →	Estradiol

*[17β-HSD] = 17 beta-hydroxysteroid dehydrogenase

Chemical Name: Estra-1,3,5(10)-triene-3,17β-diol

About Estradiol

Healthy estradiol levels are associated with a decreased risk cardiovascular disease, osteoporosis and blood sugar disorders. Nerve and brain health, including memory & mood are also maintained by ideal levels. Estradiol levels must be balanced with progesterone and testosterone to function properly. If estrogen levels are not balanced and not metabolized properly there may be an increased risk for certain diseases including cancer.

Levels

By measuring estradiol in 3 saliva samples, your average level of estradiol was found to be 8.1 pMol/L. This average level is at 38 % of the reference range, putting it in the SECOND QUARTILE of the normal reference range, and WITHIN OPTIMAL REFERENCE RANGE. Your body appears to have adequate amounts of estradiol, possibly enough to maintain optimal quality of life and decreased risk of disease.

Fluctuations

Estradiol fluctuations may contribute to an increased frequency and severity of estrogen deficiency symptoms such as hot flashes, sweating and mood changes. The Fluctuation Index™ for Estradiol is 51%. An estradiol Fluctuation Index™ greater than 50%, but less than 75% may strongly contribute to frequency and severity of estrogen deficiency symptoms.

Symptoms

Based on how the Menopause Type® Questionnaire was answered you are experiencing 64% of the estradiol deficiency symptoms that were included in the questionnaire. Experiencing this amount of symptoms places you into the third quartile. Since you have 50% or more of the symptoms surveyed, there are enough symptoms to mathematically trigger an "estradiol deficiency" based on symptoms when calculating the Menopause Type®.

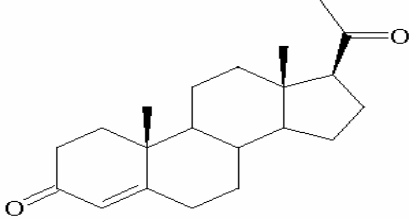
Based on how you answered the questionnaire, symptoms you are experiencing that may be due to estradiol deficiency could include depressed or apathetic, diminished sex drive, vaginal pain or dryness or itching, memory problems, low mood, urinary problems, mental skills diminishing, loss of skin firmness, less confident, general fatigue, headaches, breasts shrinking, confusion, morning fatigue, cry easily, libido lessened, pubic hair is thinning, less assertive, back or hip or joint pain, and possibly other symptoms.

Correlative Interpretation

When comparing estradiol levels to estradiol symptoms, the Function:Response Ratio indicates that there are more symptoms than would be expected, suggesting an absence of estrogen agonists (such as phytoestrogens) and/or the presence of estrogen antagonists. There may also be cell receptor resistance against estrogens.

Section Two: Interpretations

PROGESTERONE



Production Pathways

Substrate	→	Enzyme	→	Product
Pregnenolone	→	*[3 β-HSD]	→	Progesterone

*[3 β-HSD] = 3-beta-hydroxysteroid dehydrogenase/Delta5-Delta4-isomerase

Chemical Name: Pregn-4-ene-3,20-dione

About Progesterone

Progesterone in women is produced primarily by the adrenal glands and ovaries. It has a direct affect on function of the reproductive system, the nervous system, blood sugar, the cardiovascular system, the skeletal system and other tissues. Though critical for the prevention of endometrial hyperplasia and endometrial cancer, the benefits of progesterone extend far beyond endometrial health. Either inadequate or excessive amounts of progesterone may contribute to increased health risks.

Levels

By measuring progesterone in 3 saliva samples, your average level of progesterone was found to be 297 pMol/L. This average level is at 127 % of the reference range, putting it ABOVE REFERENCE RANGE of the normal reference range, and WELL ABOVE OPTIMAL REFERENCE RANGE. Therefore, it is high by any standard. Though your body appears to have progesterone in a range high enough to maintain optimal quality of life and decreased risk of disease, consider that excessive ranges may actually have a negative affect on your health. This probability may be influenced by various factors including degree of progesterone fluctuation, agonists, antagonists, anthropometrics, and/or medications.

Fluctuations

Progesterone fluctuations may contribute to fatigue, allergies, inflammation and mood changes. The Fluctuation Index™ for Progesterone is 53%. A Fluctuation Index™ greater than 50%, but less than 75% most likely may contribute to fatigue, allergies, inflammation and mood changes.

Symptoms

Based on how the Menopause Type® Questionnaire was answered you are experiencing 80% of the progesterone deficiency symptoms that were included in the questionnaire. Experiencing this amount of symptoms places you into the fourth quartile. Since you have more than 75% of symptoms, there are more than enough symptoms to mathematically trigger a "progesterone deficiency" based on symptoms when calculating the Menopause Type®.

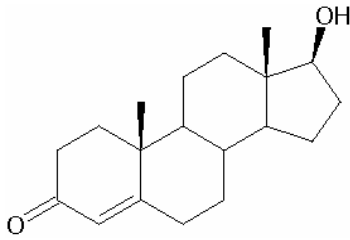
Based on how you answered the questionnaire, symptoms you are experiencing that may be due to progesterone deficiency could include allergies or asthma, twitches or spasms, mental fogginess, mood swings, tired in the morning, irritable, anxious, loss of skin firmness, less confident, general fatigue, headaches, breasts shrinking, confusion, morning fatigue, cry easily, and possibly other symptoms.

Correlative Interpretation

When comparing progesterone levels to progesterone symptoms, there are more symptoms than would be expected, suggesting progesterone antagonists &/or cell receptor resistance against progesterone.

Section Two: Interpretations

TESTOSTERONE



Production Pathways

Substrate	Enzyme	Product
Androstenedione	→ * $[17 \beta\text{-HSD}]$	→ Testosterone
Androstenediol	→ * $[3 \beta\text{-HSD}]$	→ Testosterone

* $[17\beta\text{-HSD}]$ = 17 beta-hydroxysteroid dehydrogenase

* $[3 \beta\text{-HSD}]$ = 3beta-hydroxysteroid dehydrogenase/Delta5-Delta4-isomerase

Chemical Name: 17 β -Hydroxyandrost-4-en-3-one

About Testosterone

In women, testosterone is produced primarily by the ovaries and adrenal glands. Testosterone has a direct affect on blood sugar levels and the function of the nervous system, the cardiovascular system, the skeletal system and other tissues. Excessive amounts of testosterone can contribute to a number of increased health risks. Though testosterone is commonly associated with libido, proper testosterone levels are critical for the prevention of depression and osteoporosis.

Levels

By measuring testosterone in 3 saliva samples, your average level of testosterone was found to be 70 pMol/L. This average level is at 51 % of the reference range, putting it in the THIRD QUARTILE of the normal reference range, and WELL WITHIN OPTIMAL REFERENCE RANGE. Your body appears to have sufficient amounts of testosterone to maintain optimal quality of life and decreased risk of disease. This probability may be influenced by various factors including degree of testosterone fluctuation, agonists, antagonists, anthropometrics, and/or medications.

Fluctuations

Testosterone fluctuations may affect mood and cognitive function. The Fluctuation Index™ for Testosterone is 62%. A Fluctuation Index™ greater than 50%, but less than 75% most likely may affect mood and cognitive function.

Symptoms

Based on how the Menopause Type® Questionnaire was answered you are experiencing 90% of the testosterone deficiency symptoms that were included in the questionnaire. Experiencing this amount of testosterone deficiency symptoms places you into the fourth quartile. You answered yes to 20 % of the androgen excess questions that were on the questionnaire, placing you in the first quartile of androgen excess symptoms.

Based on how you answered the questionnaire, symptoms you are experiencing that may be due to testosterone deficiency could include less motivation, libido lessened, less in control, less energetic, irritable, weaker, decreased mental skills, trouble remembering things & events, less confident, loss of skin firmness, less confident, general fatigue, headaches, libido lessened, pubic hair is thinning, less assertive, back or hip or joint pain, and possibly other symptoms.

According to the questionnaire, symptoms you are experiencing that may be due to either testosterone excess or excessive sensitivity to testosterone or other androgens could include agitated or aggressive, and possibly other symptoms.

Correlative Interpretation

When comparing testosterone levels to testosterone symptoms, there are more symptoms than would be expected, suggesting testosterone antagonists &/or cell receptor resistance against androgens.

Section Two: Interpretations

Anthropometrics & Body Composition

Anthropometrics

Anthropometrics (the study of human measurements) are used to determine health risks. If there is excessive weight, or unhealthy distribution of weight, then body composition may have a detrimental effect on hormonal health, affecting how well hormones function in your body. Body composition is analyzed through anthropometrics using height, weight, waist, hip and change in weight since 18 years of age, and may be used to determine probable health risks. Though not taking the place of comprehensive assessment including breast health assessment, body composition may show other healthcare issues that should be evaluated such as thyroid function, insulin resistance and non-optimal dietary patterns.

Proper anthropometric assessment requires accurate information. The intake forms you provided included the following information on height & weight, waist & hip measurements change at 18 years of age:

Height:	67.75	inches
Weight:	128.00	pounds
Waist:	26.00	inches
Hip:	38.25	inches
Wt./18y/o:	120.00	pounds

All numbers reported to 2 Decimal Places.

Body Mass Index

Base on the information you provided, your body mass index (BMI) is 19.6. Since ideal BMI is between 18.5 and 24.9, your BMI, within ideal range, is associated with decreased risks of cardiovascular disease, osteoporosis and blood sugar disorders when compared to an excessive BMI, and could actually decrease health risks that are normally associated with estradiol deficiency.

Waist-to-Hip Ratio

The waist-to-hip ratio provides valuable information concerning risk factors that are independent of hormone levels, meaning that even with ideal hormone levels certain diseases may be more likely when the waist-to-hip ratio is not in ideal ranges. Your information reveals that your waist to hip ratio (WHR) is 0.68. An ideal WHR is 0.8 or less for women. Your results are acceptable, placing you at decreased risk for cardiovascular disease based on waist-to-hip ratio analysis.

Waist-to-Height Ratio

Your waist-to-height ratio (WHtR) is 0.38. A WHtR less than 0.5 suggests you do not have excessive central fat accumulation (abdominal fat) and that may not have increased risk for metabolic imbalances such as insulin resistance based on waist-to-height ratio analysis.

Weight Gain Since 18 Years of Age

Your weight gain since the age of 18 years is 8 pounds. A weight gain of less than 20 pounds is associated with decreased risk of breast cancer when compared to women who gained 20 or more pounds. Routine breast assessment is important for all women.

Body Composition Summary

The anthropometric information demonstrates a BMI that is within ideal range, and a normal waist-hip-ratio. The information does not reveal 20 pounds or more of weight gain since 18 y/o, and a waist-to-height ratio of less than 0.5. When considered together, there is enough information to conclude that your hormonal health may not be significantly affected by your body composition. Discuss options for maintaining a healthy body composition with your healthcare professional.

Advanced Interpretation & Therapeutic Considerations♦

Advanced, Integrative Management of Menopause♦: Therapeutic considerations should focus on first creating and maintaining a healthy lifestyle and diet with balanced essential fatty acids and nutritional support and targeted phytonutrients as indicated based on the symptom picture of your Menopause Type®. Addressing long term health preservation and tending to special needs should also be considered. If Bioidentical hormone replacement therapy (BHRT) is used, the results will be far more beneficial by creating a healthy foundation first.

Discuss optimal management of menopause with your healthcare professional.

Replenishing Lifestyle & Diet♦: Appropriate diet, exercise, rest, sleep, recreation, social interactions, hydration, and detoxification contribute to vitality and replenishing of vital tissues best when these components are truly part of a lifestyle. Properly managing menopause always requires optimal lifestyle first. Even bioidentical HRT cannot make up for unhealthy diet and lifestyle. Inadequate rest, sleep deprivation in particular, will cause decreased production of many hormones. Exercise may beneficially hormone levels. Stressors can significantly influence hormone production, often causing increased frequency and severity of hormonal fluctuations. Stressors may be addressed through primarily focusing on lifestyle, nutritional, herbal, and other non-hormonal therapies. Unhealthy body composition, including both overweight and underweight conditions, can be a source of physiological stress that may significantly affect hormone production and function.

At least one Fluctuation Index™ is greater than 50%. Since increased hormonal fluctuations suggest there is erratic production and/or clearance of hormones, measures to support normal hormone metabolism are recommended. This requires a well balanced healthy diet as well as additional nutritional support such as a high grade multiple vitamin/mineral to provide required cofactors. In addition, herbal support may be required. Sometimes bioidentical hormone supplementation may be required to maintain ideal hormone levels.

Based on the information you provided, your current weight is 128. Your ideal weight is 121 to 163 pounds. Ideally you should maintain your current weight, or close to it. Keep in mind that it is important to maintain proper nutritional intake so that you keep healthy lean body tissue, in contrast to unhealthy fat tissue. Increased calcium intake should also be considered to decrease risks of osteoporosis. Discuss your body composition goals with your healthcare professional to establish a healthy and successful plan.

Additional lifestyle and diet choices of benefit might include a diet with balanced intake of phytoestrogens from a variety of foods. Foods which promote healthy hormone metabolism may be beneficial. Herbs & spices that decrease gas and bloating and aid digestion (carminatives) may also be helpful to add to your diet.

Discuss lifestyle choices with your healthcare professional.

Essential Fatty Acids♦: Essential fatty acids (EFAs) have a strong positive influence on ideal cell membrane fluidity, allowing optimal transport of molecules across the membrane. Proper EFA balance may also down regulate inflammation, and enhance tissue health and bone density.

A detailed review of the "Correlative Interpretations" for each hormone indicates there is estrogen receptor resistance, progesterone receptor resistance, and testosterone receptor resistance. When all Function:Response Ratios are considered it appears there are more symptoms than would be expected relative to the average levels of each hormone, suggesting inadequate hormone agonists (phytonutrients) and/or the presence of hormone antagonists. There is a high possibility that there is cell receptor resistance against hormones. Essential fatty acids may help you achieve appropriate cell receptor sensitivity to hormones.

Your healthcare professional can advise you on which essential fatty acid formulation is best for you.

Complete Multiple Vitamin & Mineral ♦: Vitamins and minerals are cofactors required for every biochemical process taking place in the human body, and are all essential for quality health in the woman of menopause age.

The presence of any Fluctuation Index™ greater than 50 is, in and of itself, a strong indicator for high grade multiple vitamin/mineral support. Since this degree of fluctuations may be associated with adrenal stress, nutritional support aimed at adrenal gland health should be considered. A high grade multiple vitamin/mineral with additional adrenal support will assist all facets of hormone metabolism. Adequate amounts of fat soluble vitamins such as A, D & E, as well as essential fatty acids should be maintained in your diet.

Appropriate Herbal Formulations ♦: The recommendation for estrogenic, androgenic, progestogenic or antiandrogenic herbals is based on Menopause Type® symptoms. These symptoms reveal how the cells of the body are responding to hormones, which may not always agree with the actual hormone levels on the lab test.

The symptoms are not in full in agreement with the lab tests, therefore the herbal formulation recommendations will be different than the hormone recommendations.

Phytoestrogens

Based on the amount of estrogen deficiency symptoms you are experiencing, phytoestrogens are definitely indicated. If any estrogen deficiency symptoms significantly affect your quality of life, consider taking a slightly larger dose for a brief period to help the body return to equilibrium sooner.

Phytoprogestones

The amount of progesterone deficiency symptoms you are experiencing suggest that phytoprogestones are strongly indicated. Progesterone deficiency symptoms that significantly affect your quality of life may be addressed very effectively by taking a larger dose (such as a double dose) for a brief period of time to help the body return to equilibrium sooner.

Phytoandrogens

Phytoandrogens should be strongly considered based on the amount of testosterone deficiency symptoms you are experiencing. Testosterone deficiency symptoms that significantly affect your quality of life may be addressed very effectively by taking a larger dose (such as a double dose) for a brief period of time to help the body return to equilibrium sooner.

Phytoantiandrogens

Phytoantiandrogens are barely indicated based on symptoms alone. However, in some situations your healthcare professional may still suggest phytoantiandrogens.

Talk to your healthcare professional to determine which phytohormone regiment is best for your specific needs.

Uniform Health Preservation ♦: Uniformly meeting the health preservation needs common to all women is part of comprehensive healthcare.

You have both symptoms, which can affect your quality of life, and lab tests that are not in OPTIMAL range. Measures to preserve bone health and cardiovascular health, and avoid future onsets of insulin resistance should be discussed with your healthcare professional.

BONE HEALTH may be preserved by taking 200 - 400 IU of Vitamin D per day with 1,000 to 1,500 mg of calcium. Taking a high-grade vitamin & mineral supplement will provide other required cofactors. Weight bearing exercise, such as walking, is also required to preserve bone health.

CARDIAC HEALTH may be preserved by maintaining appropriate Co-Enzyme Q10 levels. With the BMI, Waist-Hip Ratio, or Waist-Height Ratio within ideal range, the minimum daily intake should be 1 mg/kg of body weight. This means you should take at least 58 mg of Co-Enzyme Q10 per day. Increase to 116 mg/day if you have personal history of heart disease, or significant family history - such as a parent or a sibling with heart disease.

INSULIN RESISTANCE risk is decreased by maintaining BMI, Waist-Hip Ratio, and Waist-Height Ratio within the ideal range. To keep the risk low, maintain a healthy lifestyle and diet, as discussed on previous page.

Your healthcare professional can provide you with additional health preservation information.

Special Needs♦: While the afore mentioned measures can collectively improve the quality of life and decrease the risk of disease by addressing insulin resistance and body composition other special needs such as inflammation disorders and cognitive function also need to be addressed. **Residual symptoms that do not respond to other therapies must also be addressed.** Targeting those special needs is most effective after foundational therapies have been implemented. In most cases, the **special needs can be addressed by briefly increasing the dosage of the phytohormone formulation** specific for that special need.

Inflammation:

Inflammation is a special need that has to be addressed. Based on the questionnaire, you may be experiencing headaches, low back, hip or joint pain, or other signs of inflammation. Since you are experiencing these symptoms of inflammation, discuss them with your healthcare professional.

Cognitive Function:

Cognitive function is a special need that should always be evaluated. These functions include memory, mental clarity, mental focus, and perception. Based on the questionnaire, you may be experiencing suboptimal function in one or more of these areas. Discuss this observation with your healthcare professional who can advise you on ways to enhance your function and quality of life.

Other Special Needs:

Other special needs may include one or more symptoms that significantly affect the quality of your life. In most cases, these symptoms will be greatly diminished within 3 to 4 weeks of following the previous suggestions, under the direction of your healthcare professional. In some cases, briefly increasing the dosage of the appropriate phytohormone formulation will resolve the symptom. Discuss any concerns you have with your healthcare professional.

Drug-Hormone Adverse Reactions

There is a growing body of evidence that certain medications may have adverse affects on the production, function or metabolic clearance of hormones. It is best to work closely with a qualified healthcare professional that can review your medications, consider possible drug-hormone interactions, and discuss whether medication changes are appropriate for you specific situation. It is important to realize that, while various adverse drug-hormone interactions are possible, these actions may not be universally observed. Periodically review medications you are taking with your healthcare professional. Medications should never be changed without supervision of a qualified healthcare professional.

The types of drug-hormone actions and interactions to be aware of include *androgenic* substances which have a testosterone-like affect, *estrogenic* substances, and *progestogenic* substances. There are also drugs with *anti-androgenic*, *anti-estrogenic* and *anti-progestogenic* properties.

Other types of drug-hormone interactions are due to the action of the drug on enzyme pathways that affect hormone metabolism. Drugs that inhibit 2-hydroxylase activity – a metabolic pathway for estrogen detoxification may bring about decreased metabolic degradation of estrogens resulting in an excessive estrogenic function. Medication that inhibit 5-alpha reductase activity – a metabolic pathway for the conversion of testosterone to the more potent dihydrotestosterone (DHT), a normal androgen in both genders, may result in decreased conversion to DHT resulting in relative anti-androgen function. Drugs may inhibit aromatase, the enzyme that converts androgens to estrogens may cause decreased estrogen production. Some, but not all aromatase inhibitors also have an androgenic action. A class of drugs used to decrease cholesterol & LDL levels, HMG-CoA reductase inhibitors, may also decrease the production of steroid hormones, which are all synthesized from cholesterol. Though debated in the literature, if class of drugs does inhibit steroidogenesis, it may possess anti-androgen, anti-estrogen and anti-progestogen activity.

Review the *Educational Handout* titled **Possible Adverse Drug-Hormone Interactions**. If applicable, review the list of medications you are taking with a qualified healthcare professional. Avoid changes in medication unless directed by a qualified healthcare professional.

Healthcare Professionals Guide: Please review "*Hormone Related Actions of Drugs & Therapeutic Considerations - A Clinicians Guide*", YourMenopauseType.com, Inc., 2004

Bioidentical Hormone Replacement Therapy ♦: The decision to choose bioidentical hormone replacement therapy (BHRT) must first and foremost be an informed decision based lab tests and under the recommendation and supervision of a healthcare professional. The recommendations in this Interpretive Commentary should be reviewed by a healthcare professional of your choosing, who may use this information to prescribe bioidentical hormone replacement therapy. This information is for educational purposes only.

Bioidentical Estrogen

With estradiol levels in the SECOND QUARTILE of the normal reference range, they are WITHIN OPTIMAL REFERENCE RANGE, suggesting that bioidentical estradiol may not be required, unless your healthcare professional sees other indications that it is needed. If you have symptoms suggesting a need bioidentical estradiol, discuss your concerns with your healthcare professional, who may offer other choices.

Bioidentical Progesterone

ABOVE REFERENCE RANGE progesterone levels suggest that bioidentical progesterone replacement therapy may not be needed if your healthcare professional agrees. Discuss these levels with your healthcare professional since excessive ranges may actually have a negative affect on your health.

Bioidentical Testosterone

Testosterone in the THIRD QUARTILE suggests that bioidentical testosterone replacement therapy should not be considered. Discuss these levels with your healthcare professional.

P:E Ratio

Progesterone to Estradiol Ratio is in the SECOND QUARTILE of the reference range revealing that there may barely be enough progesterone to balance the effects of estradiol safely. Progesterone replacement therapy should be considered if your healthcare professional agrees.

Bioidentical Hormone Replacement Therapy Summary ♦

While many factors have to be considered before a decision about the use of bioidentical hormone replacement therapy, based on the objective lab results, specific hormones may be indicated, appropriate or beneficial. In some cases they should not be considered. Though not strongly indicated, low dose bioidentical estradiol may be beneficial. More bioidentical progesterone is not suggested, or dose should to be lowered. More bioidentical testosterone should not considered. Current levels appear appropriate. Though not strongly indicated, low dose progesterone replacement therapy should be definitely be considered to maintain and enhance the P:E ratio if estrogen is prescribed.

Ask your healthcare professional if bioidentical hormone therapy is appropriate for you.

♦ The statements in this report have not been evaluated by the Food and Drug Administration. Products and commentary are not intended to diagnose, treat, cure or prevent any disease. All information provided is provided for educational purposes only, and are not intended to diagnose, cure, mitigate, treat, or prevent disease or other conditions and are not intended to provide a determination or assessment of the state of health. This information is not a replacement for care from a licensed healthcare professional. Consult your own healthcare professional regarding the treatment of any healthcare & medical condition. Individuals should not try to medicate or self-treat themselves or others with any of the methods referred to here without the guidance of a qualified practitioner who is thoroughly familiar with both the remedies and the individual's medical status.

Advanced Integrative Management of Menopause for Any Body

Educational Handouts:

Advanced Integrative Management of Menopause Hormone Metabolism Diet - Increasing Good Estrogens
Foods Rich in Phytoestrogens Carminatives - Decreasing Gas Caused By Phytoestrogen Foods

Replenishing Lifestyle & Diet:

(Based on anthropometrics & symptom analysis.)

Weight: 128 pounds. Ideal: 121 to 163 (based on BMI). Consider maintaining current weight if indicated.

Personal Ideal Body Weight requires consideration of other factors.

Increase phytoestrogens in your diet daily (based on estrogen deficiency symptoms).

Use Carminatives to decrease bloating from increased phytoestrogen intake.

Essential Fatty Acids:

(Based on analysis of Correlative Interpretation.)

Consider 1-2 grams of EPA/DHA each meal as advised. Increase nut & seed oils in diet.

Complete Multiple Vitamin & Mineral:

(Based on analysis of Fluctuation Index™ .)

Daily high-grade multi-vit/min with additional B5 & Vitamin C to support adrenal gland health is indicated.

Appropriate Herbal Formulations:

(Based on symptom analysis & need to improve hormone function.)

Estro-Recause™ - Consider 3 with evening meal as advised.

Progesto-Recause™ - Consider 3 with evening meal. May increase dose if advised.

Testo-Recause™ - Not indicated at this time.

testo-calm™ - Use only if advised by your Healthcare Professional.

Uniform Health Preservation:

(Based on body weight analysis.)

Bone Health Supplement as advised:

200 - 400 IU of Vitamin D per day with 1,000 to 1,500 mg of calcium.

Heart Health: CoEnzyme Q10 - 58 to 116 mg per day, as advised based o body weight.

Special Needs:

(Based on analysis specific symptoms & on reported medications.)

Inflammation assessment & management is indicated.

Optimal cognitive function assessment & management is indicated.

Review medications and discuss possible drug-hormone interactions if appropriate.

Evaluate and Consider BHRT:

(Based on analysis of lab results.)

Though not strongly indicated, low dose bioidentical estradiol may be beneficial.

More bioidentical progesterone is not suggested, or dose should to be lowered.

More bioidentical testosterone should not considered. Current levels appear appropriate.

Though not strongly indicated, low dose progesterone replacement therapy should be definitely be considered to maintain and enhance the P:E ratio if estrogen is prescribed.

Other:

Follow-Up Visit: _____ Weeks

Dr. So Many

Any Body

Any Address
AnyCity, AnyState AnyZip
DOB: 10/18/55
Sex: Female

Reporting Date: 1/0/1900
Collection Date: 1 06/23/05 2 06/26/05 3 06/29/05

Any City, Any State
Lab ID: 0

Dr. So Many
Any Clinic
Any Address
Any Zip USA

Summary of Report **Chart Copy**

Objective: Menopause Type® is Type **1** based on **Optimal Reference Range** interpretation of lab tests.
Menopause Type® is Type **1** based on "Normal" Reference Range interpretation of lab tests.
Subjective: Menopause Type® is Type **11** based on **Symptoms** from the Menopause Type® Questionnaire.

Salivary Hormone Levels				Ref. Range		Optimal Range		AV	Calculations				
Specimen #	#1	#2	#3	Low	High	L Opt.	H Opt.		%	FI	Q	SD	CT
Estradiol	2.2	11.0	11.0	1.8	18.4	6	14	8.1	38%	51	2	4.2	3
Progesterone	254	509	127	95	254	135	215	297	127%	53	5	158.6	3
Testosterone	130	33	46	17	121	43	95	70	51%	62	3	43.1	3
P:E Ratio	115 :1	46 :1	12 :1	14	139	45	107	58	35%	75	2	43.2	3

Symptom Category	Percentile	Quartile	Anthropometric Data		Calculations	Ideal	
Estrogen Deficiency Symptoms:	0 %	3	Height:	67.75 inches	BMI	19.60	18.5 – 24.9
Progesterone Deficiency Symptoms:	0 %	4	Weight:	128.00 pounds	WHR	0.68	<=0.8
Testosterone Deficiency Symptoms:	0 %	4	Waist:	26.00 inches	WGN	8.00	< 20
Androgen Excess Symptoms:	0 %	1	Hip:	38.25 inches	WhR	0.38	< 0.5

How questions were answered in each section of the Menopause Type® Questionnaire.

Symptom Category	Question		Symptom Category	Question		Symptom Category	Question		Symptom Category	Question		Symptom Category	Question	
	A	B		A	B		A	B		A	B		A	B
Estrogen Deficiency	A1		Progesterone Deficiency	B1		Testosterone Deficiency	C1	X	E, P & T Deficiency	D1	X	E & T Deficiency	F1	X
	A2	X		B2			C2	X		D2	X		F2	X
	A3			B3			C3	X		D3	X		F3	X
	A4	X		B4	X		C4	X		D4	X		F4	
	A5	X		B5	X		C5			D5	X		F5	X
	A6			B6	X		C6	X	E & P Deficiency	E1	X	Androgen Excess	G1	
	A7	X		B7	X		C7	X		E2	X		G2	
	A8	X		B8	X		C8	X		E3	X		G3	
	A9	X		B9	X		C9	X		E4	X		G4	
	A10	X		B10	X		C10	X		E5			G5	X

Medication Survey (possible affects of medication on hormones)
Review medication list & discuss possible drug-hormone interactions, if appropriate, using current version of the Educational Handout titled Possible Adverse Drug-Hormone Interactions and the Healthcare Professionals Guide.

Correlative Interpretation (Comparing Levels [Objective Function] to Symptoms [Subjective Response])

Function:Response Ratio™ (FRR) Analysis

	O	S	FRR	Agonist/Antagonist & Sensitivity/Resistance
Estradiol	38	64	1.0	estrogen antagonist &/or estrogen receptor resistance
Progesterone	127	80	6.3	progesterone antagonist &/or progesterone receptor resistance
Testosterone	51	90	5.0	androgen antagonist &/or androgen receptor resistance

Considerations (From: Advanced Integrative Management of Menopause for Any Body)

- Weight: 128 pounds. Ideal: 121 to 163 (based on BMI). Consider maintaining current weight if indicated. Increase phytoestrogens in your diet daily (based on estrogen deficiency symptoms). Use Carminatives to decrease bloating from increased phytoestrogen intake.
- Consider 1-2 grams of EPA/DHA each meal as advised. Increase nut & seed oils in diet.
- Daily high-grade multi-vit/min with additional B5 & Vitamin C to support adrenal gland health is indicated.
- Estro-Recause™ - Consider 3 with evening meal as advised. Progesto-Recause™ - Consider 3 with evening meal. May increase dose if advised. testo-calm™ - Use only if advised by your Healthcare Professional. testo-calm™ - Use only if advised by your Healthcare Professional.
- Bone Health Supplement as advised: 200 - 400 IU of Vitamin D per day with 1,000 to 1,500 mg of calcium. CoEnzyme Q10 - 58 to 116 mg per day, as advised based o body weight.
- Inflammation assessment & management is indicated. Optimal cognitive function assessment & management is indicated. Review medications and discuss possible drug-hormone interactions if appropriate.
- Though not strongly indicated, low dose bioidentical estradiol may be beneficial. More bioidentical progesterone is not suggested, or dose should to be lowered. More bioidentical testosterone should not considered. Current levels appear appropriate. Though not strongly indicated, low dose progesterone replacement therapy should be definitely be considered to maintain and enhance the

Summary of Report
Chart Copy

The Menopause Type® Test & Wellness Report

Complete Perimenopause & Menopause Evaluation

Possible Adverse Drug-Hormone Interactions

Hormones that are biochemically designated as “steroid hormones” include androgens, estrogens, progestogens & corticoids. These are also described as “sex hormones” and “adrenal gland hormones”. This document will focus on how these hormones may be affected by various medications with an understanding that we are actually presenting potential side effects. While various adverse drug-hormone interactions are possible, these actions may not be universally observed. Medications should never be changed without supervision of a qualified healthcare professional. The possible interactions are classified below.

Androgenic – Androgens, such as Testosterone, Methyltestosterone & DHEA, or substances with an androgenic affect in some fashion such as Mesterolone (a testosterone derivative) or Fluconazole, an antifungal drug with mild androgenic side effects.

Anti-Androgenic – Anti-androgenic action may be noted in chlormadinone (used in prostate cancer), as well as ospirinolactone (diuretic), ketoconazole (antifungal agent), cimetidine (anti-ulcer drug), venlafaxine (antidepressant), dutasteride & finasteride (DHT inhibitors), and risperidone (psychiatric medication). Medications with antiandrogenic properties due to a direct effect on the endocrine system include aminoglutethimide (decreases production of all adrenal hormones), long term use of leuprolide (inhibits gonadotropin secretion), bicalutamide (non-steroidal antiandrogen) & flutamide (luteinizing hormone releasing hormone agonist). Androgens may also be opposed by estrogens, including estradiol, estrone, estriol, conjugated estrogens, synthetic conjugated estrogens, diethylstilbestrol, esterified estrogens, estropipate, and ethinyl estradiol. Progesterone and other progestogens such as medrogestone, medroxyprogesterone, megestrol may have anti-androgenic properties, as may glucocorticoids such as cortisol, hydrocortisone, cortisone, betamethasone, budesonide, dexamethasone, methylprednisolone, prednisolone, prednisone & triamcinolone.

Estrogenic – Estrogenic substances include not only the estrogen medications (estradiol, estrone, estriol, conjugated estrogens, synthetic conjugated estrogens, diethylstilbestrol, esterified estrogens, estropipate, and ethinyl estradiol), but also clomiphene (a non-steroidal ovulatory stimulant), and raloxifene (a selective estrogen receptor modulator).

Anti-Estrogenic – Medications which may have an anti-estrogenic affect include progesterone and other progestogens such as medrogestone, medroxyprogesterone, megestrol, norethindrone, levonorgestrel, norgestrel, hydroxyprogesterone, and possibly pregnenolone. Glucocorticoids such as cortisol, hydrocortisone, cortisone, betamethasone, budesonide, dexamethasone, methylprednisolone, prednisolone, prednisone, triamcinolone may have anti-estrogenic actions. Aromatase inhibitors such as letrozole, anastrozole, mesterolone as well as estrogen receptor antagonists such as fulvestrant & tamoxifen are used specifically for their anti-estrogenic qualities. Other medications may have antiestrogenic properties due to their direct effect on the endocrine system, and include aminoglutethimide (decreases production of all adrenal hormones), long term use of leuprolide (inhibits gonadotropin secretion), clomiphene & cyclofenil (fertility drugs with anti-estrogen properties) & mesterolone (a derivative of the hormone testosterone). The anti-estrogenic properties of oxcarbazepine, and antiepileptic drug, may be due to increased metabolic clearance.

Progestogenic – Progestogenic medication include include progesterone and other progestogens such as medrogestone, medroxyprogesterone, megestrol, norethindrone, levonorgestrel, norgestrel, hydroxyprogesterone, and possibly pregnenolone.

Anti-Progestogenic - Substances with an anti-progestogenic affect may include conjugated estrogens. Synthetic progestogens such as levonorgestrel, medrogestone, medroxyprogesterone, megestrol, norgestrel & norethindrone may have anti-progestogenic properties by inhibiting endogenous progesterone production. Hydroxyprogesterone may have the same affect. Glucocorticoids such as cortisol, hydrocortisone, cortisone, betamethasone, budesonide, dexamethasone, methylprednisolone, prednisolone, prednisone, triamcinolone may have anti-progestogenic actions. Mifepristone is a progesterone agonist which blocks the actions of progesterone. The anti-progestogenic properties of oxcarbazepine, and antiepileptic drug, may be due to increased metabolic clearance.

2-Hydroxylation Inhibition – Substances that inhibit 2-hydroxylation activity include ethinyl estradiol and chlormadinone (an antiandrogen) as well as Domperidone (an anti-emetic and dopaminergic blocking agent). A number of cardiovascular medications such as diltiazem, verapamil, nicardipine, nisoldipine, nitrendipine, manidipine, spirinolactone may decrease 2-hydroxylation, as may certain anti-ulcers drugs including omeprazole, cimetidine & rabeprazole. Haloperidol(a psychiatric medication), Triacetyloleandomycin (an antibiotic) as well as Tacrolimus & Cyclosporin (immunosuppressant drugs) may also inhibit 2-hydroxylation.

5-Alpha Reductase Inhibition - Substances that inhibit 5-alpha reductase activity include the two medications used specifically for that purpose; finasteride & dutasteride. Levamisole, an adjunct drug used with some chemotherapy, may also inhibit 5-alpha reductase activity.

Aromatase Inhibition – Aromatase inhibitor medications used specifically for that purpose include anastrozole, exemestane, and letrozole. Mesterolone, a testosterone derivative, may also display aromatase inhibition.

Glucocorticoid – Glucocorticoids such as cortisol, hydrocortisone, cortisone, betamethasone, budesonide, dexamethasone, methylprednisolone, prednisolone, prednisone, triamcinolone appear to universally oppose androgens, estrogens, and progestogens.

HMG-CoA Reductase Inhibition – Used to decrease cholesterol & LDL levels, HMG-CoA reductase inhibitors may also decrease the production of steroid hormones, which are all synthesized from cholesterol. Though debated in the literature, if this class of drugs does indeed inhibit steroidogenesis, it may possess anti-androgen, anti-estrogen and anti-progestogen activity. This class of drugs currently includes atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin.

The Menopause Type® Test & Wellness Report

Complete Perimenopause & Menopause Evaluation

Foods Rich in Phytoestrogens

PHYTOESTROGENS

Foods rich in phytoestrogens can be of significant help in easing the symptoms of menopause. Phytoestrogens do not behave exactly like estrogen, or estrogen replacement, but that can actually be an advantage when you are going through menopause. At that time, your body is adapting to having less estrogen in the system, and there may be a protective effect when you get estrogen-like activity from eating phytoestrogen-rich food, rather than taking full-strength estrogen in hormone replacement.

Phytoestrogens bind to the estrogen receptors of cells, but they do not stimulate the cells as much or as strongly as estrogen steroid hormones. But, by binding to the receptors they accomplish two important tasks.

First, they "satisfy" the receptor by binding to it. This allows the receptor site to respond by initiating changes within the cell. These changes could include helping to decrease osteoporosis, in the case of bone cells, or decreasing hot flash symptoms, in the case of blood vessels. The effect is not nearly as strong as that of a steroid hormone like estradiol, but sometimes that is better.

Second, phytoestrogens decrease cancer stimulation by steroid hormones such as estrogens by taking up the receptor space and competing with steroid hormones that would normally bind to the hormone receptors.

When phytoestrogens block steroid estrogens from binding to the receptor, they are said to be antagonistic, meaning they work against the steroid hormones. This effect could prevent strong stimulation of cancer cells in the breast or uterus. With less stimulation from steroid estrogens, cancer cells will grow much slower and may be more susceptible to control by the immune system. Additionally, research reports that some phytoestrogens, such as genistein from soybeans, actually suppress tumor growth even in tumors that are not influenced by hormonal activity. Research is discovering that phytoestrogens are inhibitors of some breast, uterine, bowel, and prostate cancers.

Even though the phytoestrogen properties of soy are often discussed, it is important to know that many foods contain phytoestrogens. The following table lists foods that can help add phytoestrogens to your diet.

FOODS WITH PHYTOESTROGENS:

Fruits & Vegetables:

Apples, cherries, olives, plums, broccoli, cauliflower, brussels sprouts, cabbage, eggplant, tomatoes, garlic, onions, potatoes, alfalfa sprouts, peppers, chilies, carrots, yams

Herbs & Seasonings:

Alfalfa, aniseed, coconut, fennel, licorice, licorice root, parsley, red raspberry, sage, oregano, red clover, thyme, turmeric, hops, verbena, brewer yeast, flaxseed

Beans, Grains, & Seeds:

Peanuts, soy products, peas, garbanzo beans, barley, brown rice, bulgur, oats, wheat, wheat germ, rye

Phytoestrogens found in soy foods may decrease the rate of bone loss because of their estrogen-like activity. They can be protective to the cardiovascular system by decreasing high cholesterol levels. They also help allay osteoporosis, and are also able to help control some symptoms of menopause.

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The Menopause Type® Test & Wellness Report
Complete Perimenopause & Menopause Evaluation

Carminatives

DECREASING GAS CAUSED BY PHYTOESTROGEN FOODS

It is not uncommon for women who are suddenly consuming more legumes and other vegetables to have increased gas and bloating due to the gas-producing nature of these foods. For the best remedy for these gastrointestinal problems, look to your spice rack. Many spices and culinary herbs are carminatives. These carminatives, rich in aromatic oils, help the digestive system work properly. They are soothing, help ease gripping discomfort, and help remove gas from the digestive tract. It is no surprise that many of these spices and herbs are traditionally used when preparing these gas-producing foods

Culinary Carminatives

Anise*	Fennel*
Basil	Garlic
Black Pepper	Ginger
Caraway	Lavender
Cardamon	Horseradish
Chamomile	Oregano*
Chili & Cayenne*	Parsley*
Celery & Celery Seed	Peppermint
Cilantro	Rosemary
Cinnamon	Sage*
Cloves	Spearmint
Coriander	Tea (Black & Green)
Cumin	Thyme*
Dill & Dill Seed	Turmeric*

*Carminatives that are also a good source of phytoestrogens.

These herbs may be used as teas or in recipes, as desired. There a number of medicinal herbs that also have carminative actions, which may be used if directed by your healthcare professional.

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Medicinal herbs with carminative actions, for use only if explicitly directed by your healthcare professional, include Angelica, Catnip, Juniper Berry, Licorice, Myrrh, Pennyroyal, Pleurisy Root, Sarsaparilla, Sassafras, Valeriana, & Wormwood.

The Menopause Type® Test & Wellness Report

Complete Perimenopause & Menopause Evaluation

Healthy Hormone Metabolism Diet

INCREASING GOOD ESTROGENS

An increasing body of evidence reveals that how estrogens are metabolized in a woman's body is one of the strongest factors determining her risk of developing cancer, as well as auto-immune disease and inflammation disorders.

To increase "good" estrogens, such as 2-hydroxyestrone choose the following lifestyle and dietary changes. These can also decrease the "bad" estrogens, such as 16-alpha-hydroxyestrone.

CRUCIFEROUS VEGETABLES: Vegetables of the mustard family include the various forms of cabbage, as well as cauliflower, Chinese cabbage, Chinese kale, broccoli, bok choy, brussel sprouts, kale, kohlrabi, mustard greens and These vegetables are a rich source of a phytonutrient called indole-3-carbinol which increases the rate of 2-hydroxylations, making more of the "good" estrogen metabolites. Since indole-3-carbinol oxidizes (breaks down), avoid overcooking these vegetables. Indole-3-carbinol is also available as a dietary supplement, sometimes combined with diindolylmethane (an isomer metabolite of indole-3-carbinol). Ask you healthcare professional about such as supplement if you do not consistently consume the mentioned vegetables at least 3 to 4 times a week.

ROSEMARY: This herb increases healthy estrogen metabolism and is able to enhance the formation of 2-hydroxyestrone - the good estrogen. It is also a great antioxidant and has even been used to help improve memory. Rosemary is also a carminative (see Appendix B). Consider using it more often in your diet, or choose a supplement that has concentrated rosemary extract.

FLAX SEED: One to three tablespoons of ground flaxseed should be consumed each day. May increase to 1/4 cup each day further enhance 2-hydroxylation. It is very import to realize that it is the unique fibers (lignans) in the whole seed that promote healthy estrogen metabolism. While flax oil may supply simple omega-3 oils and some lignans, it is the whole ground seed, or defatted flaxseed meal, that is truly rich in lignans.

SALMON: Salmon is a good source of eicosapentaenoic acid (EPA), an omega-3 oil that is capable of increasing the formation of 2-hydroxyestrone - the "good" estrogen. It is important to realize that simple omega-3 oils (such as alpha-linolenic acid from flax), must go through a number of metabolic processes before it can become the more complex EPA that is capable of promoting health estrogen metabolism. Also consider taking high grade Omega-3 capsules as a supplement.

SOY: The isoflavones in soy, such as daidzein and genistein, can enhance the formation the good estrogens. Non soy sources of these same isoflavones include the kudzu root and red clover. Consider these sources when soy is avoided because of allergies and to increase variety in your healthy estrogen program.

FOLIC ACID: Folic acid assists with the conversion of good estrogens (2-hydroxyestrogens) into REALLY GOOD estrogens (2-methoxyestrogens). These 2-methoxyestrogens may actually have anti-cancer actions on cells that have transformed into cancer. Folic acid is essential for ideal hormone metabolism, DNA synthesis, homocysteine metabolism, and nervous system function. Make sure that other B-vitamins that work with folic acid are taken as well, such as B6 & B12.

EXERCISE: Exercise will also increase good estrogens by intensify the process of 2-hydroxylation. This is another reason why exercise is such an important part of a healthy lifestyle.

PROPER THYROID FUNCTION: Proper thyroid function is directly related to healthy estrogen metabolism. Low thyroid activity (hypothyroidism) may increase the amount of "bad" estrogens, even if you are making good dietary choices. Talk to your healthcare professional if you suspect decreased thyroid function.

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The Menopause Type[®] Test & Wellness Report

Complete Perimenopause & Menopause Evaluation

Advanced Integrative Management of Menopause

ADVANCED INTEGRATIVE MANAGEMENT OF MENOPAUSE

The most advanced approach to managing menopause is an approach in which the healthcare needs common to all women are consistently addressed while at the same time meeting the unique needs of each individual woman. Rejecting the one-size-fits-all approach, both traditional and alternative practitioners realize that there will never be a specific drug, hormone, herbal, diet, exercise or any other remedy than can be widely administered to achieve optimal wellness for women. As traditional and alternative models of healthcare continue to merge, integrative healthcare now offers women an advanced integrative model to managing menopause. By its very nature, this model requires integrating multiple concepts and protocols, which collectively yield a comprehensive and personalized system to achieve improved quality of life and decreased risk of disease for each unique woman. The following seven concepts lay down the outline of this model and present a directive to address every part of every woman requesting support for managing menopause.

Replenishing Lifestyle & Diet: Appropriate diet, exercise, rest, sleep, recreation, social interactions, hydration, and detoxification contribute to vitality and replenishing of vital tissues best when these components are truly part of a lifestyle. When detoxification and intestinal health are parts of a healthy lifestyle, it proves to be more effective for long term vitality and maintenance of function than waiting until “something has to be done”. Properly managing menopause always requires optimal lifestyle first. Even bioidentical HRT cannot make up for unhealthy diet and lifestyle.

Essential Fatty Acids: The ability of essential fatty acids (EFAs) to influence menopause related health issues is so strong that EFAs must be addressed as a category in and of themselves. The ability of EFAs to maintain ideal cell membrane fluidity, allowing optimal transport of molecules such as insulin across the membrane, is critical for adult health. Proper EFA balance may also down regulate inflammation, and enhance tissue health and bone density. Many of the optimal functions that have traditionally been surrendered as humans “grow old” are in fact due to becoming EFA deficient.

Complete Multiple Vitamin & Mineral: The debate is over. The fact is that optimal health requires the daily intake of a high-grade vitamin & mineral formulation, with additional Vitamin E. With a high percent of adults in North America having less than the minimum daily requirement of 10 or more essential nutrients, this becomes a greater concern as a woman goes through the biochemical changes inherent in menopause. Vitamins are minerals, the cofactors required for every biochemical process taking place in the human body, are all essential for quality health in the woman of menopause age.

Appropriate Herbal Formulations: When herbal therapies are appropriate to the unique needs of each woman a more cost effective and clinically successful outcome is achieved. The recommendation for estrogenic, androgenic or progestogenic herbals must be based on a clear understanding of the Menopause Type[®] of each woman. Not all women need phyto-estrogens. Phyto-progestogens are not universally required. While some women may need phytoandrogens, others require phyto-anti-androgens or nothing at all. Like HRT, herbal therapies must be individualized.

Uniform Health Preservation: Uniformly meeting the healthcare needs common to all women is part of comprehensive healthcare. Bone health and cardiovascular health have been long time concerns for the woman of menopause age. Increased awareness of insulin resistance, unhealthy body composition and excessive oxidative stress appear to be expanding the scope of what is considered good health preservation. While it is rewarding to women when symptoms abate and quality of life improves, healthcare professionals must diligently raise awareness of the silent, insidious diseases.

Special Needs: While the afore mentioned measures can collectively improve the quality of life and decrease the risk of disease, each woman’s biochemical individuality, health history and genetic function may present her own special needs. Insulin resistance, body composition and inflammation disorders that do not respond to diet and EFAs require targeted interventions. Residual symptoms that diminish quality of life, despite proper herbal therapies should be addressed at this time. Targeting special needs is most effective after foundational therapies have been implemented.

Evaluate and Consider BHRT: Evaluation and possible prescribing of bioidentical hormone replacement therapies (BHRT) is the last consideration in advanced management of menopause. Lifestyle changes, alone or combined with a nonprescription remedy (such as dietary isoflavones, vitamin E, or black cohosh) should first be considered. For BHRT to be clinically effective there must be proper levels of EFAs as well as the cofactors required to respond to hormonal messengers. Equally important is the ability of the body to maintain the increased demands for metabolic clearance brought about any form of HRT.

Superbill

**Any Clinic
Dr. So Many**

Any Address
Any City, Any State Any Zip USA

Other Provider:

Patient:
Any Body
Any Address
AnyCity, AnyState AnyZip

DOB: 10/18/55
Sex: Female
Reporting Date: 7/20/2005
Collection Dates: 1 06/23/05 2 06/26/05 3 06/29/05

Services	CPT Codes	Units	Count	Fee	Subtotals
Lab Test: Estradiol, Saliva x 3	82670	3	x 3 =		
Lab Test: Progesterone, Saliva x 3	84144	3	x 3 =		
Lab Test: Testosterone, Saliva x 3	84402	3	x 3 =		
Collection, interpretation, digital storage and transmission of physiologic data.	99091	30 min.			

TOTAL: _____

Diagnoses	CODES
Acute salpingitis and oophoritis	614.0
Adrenogenital disorders; viralization of female	255.2
Atrophy of ovary & fallopian tube; acquired	620.3
Chronic salpingitis and oophoritis	614.1
Corpus luteum cyst or hematoma	620.1
Dysmenorrhea	625.3
Dyspareunia	625.0
Endometriosis of uterus	617.0
Erosion and ectropion of cervix	622.0
Female infertility	628
Female infertility (associated with anovulation)	628.0
Female infertility (pituitary-hypothalamic origin)	628.1
Female infertility, unspecified origin	628.9
Female stress incontinence	625.6
Follicular cyst of ovary	704.1
Hyperestrogenism	256.0
Other and unspecified ovarian cyst	620.2
Other ovarian dysfunction (Premature Menopause, Primary Ovarian Failure)	256.8
Other ovarian failure	256.3
Pelvic congestion syndrome	625.5
Polycystic ovaries	256.4
Postablative ovarian failure	256.2
Premenstrual tension syndromes	625.4
Psychosexual dysfunction, unspecified	302.70
Psychosexual dysfunction; w/ inhibited sexual desire	302.71
Psychosexual dysfunction; w/ inhib.sex. Excitement	302.72
Psychosexual dysfunction; w/ inhib. female orgasm	302.73
Psychosexual dysfunction; w/ funct. Dyspareunia	302.76
Psychosexual dysfunction; other specified dysfnct.	302.79
Salpingitis & oophoritis; not spec. acute/subac./chrnc	614.2
Unspecified ovarian dysfunction	256.9

1 I acknowledge receipt of services and authorize release of any medical information necessary to process this claim.

2 Please Send Insurance Reimbursable Payments Directly To: Patient: Provider:

Patient Signature: _____

Date: _____

How to use The Menopause Type® Test & Wellness Report

Page	MENOPAUSE TYPE® TEST & WELLNESS REPORT: POINTS FOR REVIEW, DISCUSSION & TEACHING												
1	<p>Review the Results: Lab Data – Levels of Estradiol, Progesterone & Testosterone</p> <p>a. Table Displays hormone levels – Revealing fluctuations.</p> <p>b. Average Range Graph: Their relationship to Reference Range (RR) and Optimal Range (OR).</p> <table border="1" style="margin-left: 40px;"> <tr> <td>LOW</td> <td>Suboptimal</td> <td>OPTIMAL</td> <td>Supraoptimal</td> <td>HIGH</td> <td>VERY HIGH</td> </tr> <tr> <td>Below RR</td> <td>Below OR</td> <td>2nd & 3rd</td> <td>Above OR</td> <td>Above RR</td> <td>Twice Above RR</td> </tr> </table> <p>c. Menopause Type® based on Optimal Reference Ranges.</p>	LOW	Suboptimal	OPTIMAL	Supraoptimal	HIGH	VERY HIGH	Below RR	Below OR	2 nd & 3 rd	Above OR	Above RR	Twice Above RR
LOW	Suboptimal	OPTIMAL	Supraoptimal	HIGH	VERY HIGH								
Below RR	Below OR	2 nd & 3 rd	Above OR	Above RR	Twice Above RR								
2	<p>Review the Results: Symptoms, Anthropometric & Medication Survey Data</p> <p>a. <u>Symptom Analysis</u>: Graph of Symptoms</p> <p>b. <u>How Questions were Answered</u>: Chart shows which were answered.</p> <p>c. <u>Anthropometrics</u>: Data & Calculations Reveal Body Composition, which can affect how hormones function</p> <p>d. <u>Medications Survey</u>: Reveal Possible Drug-Hormone Interactions</p> <p>e. <u>Correlative Interpretation</u>: Reveal Relationship between Symptoms & Lab Tests – Do they correlate?</p> <p>f. <u>Menopause Type® Summary</u>: Objective & Subjective.</p>												
3, 4, 5	<p>Discuss the Interpretations: Estradiol, Progesterone & Testosterone</p> <p>a. <u>About</u>: Discusses Function and need for proper levels</p> <p>b. <u>Levels</u>: Reveals Levels in relationship to RR and OR – and probability of symptoms & risks</p> <p>c. <u>Fluctuations</u>: Reveals Fluctuations of hormone and probability of symptoms due to unstable levels</p> <p>d. <u>Symptoms</u>: Reveals details of reported symptoms in Percentage & advises to focus on significant symptoms</p> <p>e. <u>Correlative Interpretation</u>: Reveals the relationship between symptoms and lab results</p>												
6	<p>Discuss the Interpretations: Anthropometrics & Body Composition</p> <p>a. <u>About Anthropometrics</u>: Discuss the Significance – Risks and Symptoms independent of hormone levels.</p> <p>b. <u>Body Mass Index</u>: An independent marker of vasomotor instability and a number of disease risks</p> <p>c. <u>Waist-to-Hip Ratio</u>: An independent marker of Cardiovascular Disease Risk</p> <p>d. <u>Waist-to-Height Ratio</u>: An independent marker of Insulin Resistance Risk</p> <p>e. <u>Weight Gain Since 18 Years of Age</u>: An independent marker of Breast Cancer Risk</p> <p>f. <u>Body Composition Summary</u>: Is Hormonal Health Significantly Affected by Body Composition?</p>												
7, 8, 9, 10	<p>Advanced Interpretations & Therapeutic Considerations – Seven Applications</p> <p>Replenishing Lifestyle & Diet: Detailed interpretation with Lifestyle & Dietary Considerations</p> <p>Essential Fatty Acids: Association between EFAs and cell receptors, with Considerations</p> <p>Complete Multiple Vitamin & Mineral: Discuss nutrient needs, additional Adrenal nutrition if indicated</p> <p>Appropriate Herbal Formulations: Patient specific discussion of which “phytohormones” are appropriate</p> <p>Uniform Health Preservation: Review bone health, customized Cardiovascular and Insulin Resistance discussion</p> <p>Special Needs: Customized Inflammation, Cognition, Other Needs & Medication Survey Review</p> <p>Evaluate and Consider BHRT: Customized BHRT discussion.</p>												

CLINICAL MANAGEMENT & SUPPORT DOCUMENTS

Documents for Patient/Client:

- 1) **The Menopause Type® Test & Wellness Report** (The 10 Page Report)
- 2) **Advanced, Integrative Management of Menopause for (name)** (Customized Recommendations)
- 3) **Educational Handouts**
 - a. Phytoestrogens in Various Foods
 - b. Carminatives
 - c. Hormone Metabolism Diet
 - d. Advanced Integrative Management of Menopause

Office Records & Documents for Office Management

Chart Copy: Summary of Report, Original MTQ & Medication Survey (as well as any enclosed notes)

All of the data, with Menopause Type® Classification, condensed to a single page, to reduce bulky charts. Includes the original Menopause Type® Questionnaire, Medication Survey and any enclosed notes.

Super Bill: CPT and ICD Codes: Pre-printed - Give to patient for re-imburement if applicable.

Fill out to show what patient was charged for *each individual test*. **Example**: If patient is charged \$185.00 for a total of nine saliva assays Cost of each test is \$20.56 (185.00 / 9 = 20.555). **Note**: CPT 99091 provided for Clinicians using the code. Place a Zero if you do not charge for 99091.