

|         |                                  |
|---------|----------------------------------|
| DM      | Diabetes Type 2                  |
| IR      | Insulin Resistance               |
| RH      | Reactive Hypoglycemia            |
| IN      | Insulinoma                       |
| MH      | Male Hypogonadism                |
| FLAS    | Female Low-Androgen Syndrome     |
| PCOS    | Polycystic Ovary Syndrome        |
| VIR     | Virilism                         |
| MP      | Menopausal or Peri-Menopausal    |
| HT      | Hypothyroidism                   |
| CS      | Cushing's Syndrome               |
| PC      | Pseudo-Cushing's                 |
| GHD     | Growth Hormone Deficiency        |
| PRG     | Progesterone                     |
| EST     | Estrogen                         |
| P/E IMB | Progesterone /Estrogen IMBALANCE |
| TEST-   | Testosterone DEFICIENCY          |
| TEST+   | Testosterone EXCESS              |
| THYR-   | Thyroid DEFICIENCY               |
| THYR+   | Thyroid EXCESS                   |
| ADR     | Adrenal glands                   |
| PANC    | Pancreas /Insulin                |
| PIT     | Pituitary                        |
| CORT-   | Cortisol DEFICIENCY              |
| CORT+   | Cortisol EXCESS                  |

***The endocrine system is extremely complex – as we all know.***

On the included CD /Files in MS Excel format, I have attempted to simplify patients’ symptomology pictures and physician’s clinical observations into a *quick-glance-over* all-inclusive, electronically-generated chart. So far a total of 25 hormonal conditions /hormones have been included in the table - *according to symptomology only; because many of the standard hormonal blood tests (and perhaps even saliva tests) do not lend themselves to conclusive evidence with consequent reliable interpretation – “what is evidenced now may not be valid 12 hours (or 3 days) later”*. Resulting symptomology is much more reliable. In other words, many blood tests represent a picture in time and do *not* reflect the dynamics of an ever-changing hormonal system. Symptomology is a very important yardstick for evaluation of the holistic hormonal status of a patient, and expands one’s knowledge in interpreting laboratory tests, and allows the physician to focus on tests required for a particular patient. Blood and saliva tests are certainly useful to confirm (or disconfirm) a particular hypothesis.

***Underlying Logic***

The logic underlying the Protocol is the following:

- It doesn’t matter how many questions (2, or 3 or 10 questions /symptoms) are included within each hormone category. We are eventually dealing with the *average XCOUNT weighted response* (weighted 1 or 2 or 3) of each of the symptoms listed under a particular category. This procedure distils the symptoms into a format that is useful for further inferential statistical calculations.

- The next step is to calculate the percentage of each of the *weighted averages* of the Symptom Categories in terms of the total of ALL of the symptoms across all categories. This results in the relative importance /contribution of each of the symptom categories in terms of the overall symptom picture and in relation to each other.
- The Practitioner has to be careful not to interpret the graphical results as the Alpha & Omega of the total examination! Personal observation and case taking should provide further clues as to what to search for.

***This Protocol should provide the clinician with a quick overview /assessment /clues on where to dig deeper with laboratory tests if needed.***

Although the Protocol is in its **primordial stage** as of now, it covers a fair amount of common hormonal problems. The challenge was to translate hormonal imbalances into a dynamic inter-relational system for easy interpretation, by using computer technology and advanced inferential statistics. *For example*, one may imagine all of the hormones in the body dancing together with a specific rhythm and amplitude. Now imagine one hormone develops a wooden leg (deficient, say); then by definition, all the other hormones have to change their dancing style to adjust to the one with the wooden leg. Therefore, whatever one changes in one hormonal system will, by definition, impact all of the other hormonal systems - so that every one of the hormones will be able to dance as harmoniously as possible to accommodate the one with the wooden leg.

In this Protocol Approach, two important assumptions are made in that (a) Male and Female hormonal systems are similar – albeit at different usage levels, and (b) that ALL hormones strive for balance with each other – as is Mother Nature’s intention.

This Protocol demonstrates the inter-relationship between the [included, for now] hormones and their relative impact upon each other if any of them should change its disposition.

Interpretation of the patient’s disposition remains very important, e.g., an estrogen dominant female will present in a certain way, **DESPITE** what the Protocol demonstrates. Therefore, acute observation and interpretation of symptoms are crucial to the System.

In the Protocol, I have included only **THREE** positive /negative information categories, *Hypo /Hyper Thyroid, Hypo/Hyper Testosterone* and *Hypo /Hyper Cortisol* conditions. However, the other hormones can be theoretically classified into the same categories, but I found that the Hypo-Hyper demarcation lines are so blurred that one can hardly distinguish which are Hypo and which are Hyper! Finer demarcation can probably be performed, but it needs the input from specialists in their fields.

The Protocol is under test right now by several local physicians.

***Instructions for Completion of the Electronic Form***

Column C is the only column to be filled out by the patient (or yourself, as a test).

Your score

**1=Mild /Seldom**

**2=Moderate /Now-and-then**

**3=Severe /Often**

Leave blank if zero, or not applicable

**The important part is to leave the cell blank if the condition /question is not applicable to you.**

The graphs below the questionnaire will automatically display your composite hormonal assessment for every question that you answer -- as you answer it. At the end of the questionnaire, you will see the graph with your final results for every one of the 25 hormonal conditions above. This should provide you with the clues you need to examine the patient further.

### ***Suggestions***

Any suggestions to improve the Protocol will be welcomed. In fact, I am willing to work with any physician as partner to develop the Protocol to its fullest potential.

Kindest

François Jooste