Saliva Hormone Testing

http://www.caspianapiaries.com

Presented By: Hossein Yeganehrad
• Three generations of bee keeping
• Over 150 years of experience in the bee industry
• Over 50 by products for human consumption, cosmetics, and animals
• Commercial Royal Jelly Production and distribution
About Caspian Apiaries

- Biological AFB disease Control
- N Chromosome Royal Jelly
- A new method of commercial venom collection
About Caspian Apiaries

- Commercial Beekeeping in Canada, USA, and Iran
- Commercial producer of Honey Bee By-products
- Genetic Programs and Queen artificial inseminations.
Saliva testing is proving to be the most reliable medium for measuring hormone levels.

Hormone levels in saliva accurately represent the amount of hormone delivered to receptors in the body.

Unlike serum, which represents hormone levels that may or may not be delivered to receptors of the body.
Queenless bees will produce worker jelly and royal jelly from their hypopharyngeal and mandibular glands when half-chromosome grafted larvae are presented in their hive. By this manner n-chromosome royal jelly can be produced. Royal jelly is known to have both anti-infective and supplementary properties.

Many amputations occur due to a lack of antibiotic efficiency. In four hospitals in Iran, maggot therapy was used to prevent infection after various amputations. It was very efficient, but there were a few problems. One problem is the production of maggots in general, which is complicated. However, maggot therapy is still valuable in a large-scale production. Consumption of n-chromosome royal jelly with propolis and application of propolis on the infected area provides a new alternative to save individuals from amputation. The observed results saw high percentages of infections cured when n-chromosome royal jelly was used in conjunction with propolis. So far, 14 amputations have been saved, but this technique requires further study as a means of possible amputation prevention. It was found that propolis absorbs moisture in the infected area and can stop the infection completely. In this presentation the differences between maggot therapy and n-chromosome royal jelly for wound use will be explained, as well as the cause of infection. Reasons why a client can be consuming antibiotics for an extended period without any results will also be explained.

*N chromosome royal jelly was been published for the first time in Apimondia 2011. N chromosome royal jelly is a combination of worker jelly and royal jelly produced from grafted half chromosome larva.
THE FOLLOWING TEST RESULTS HAVE BEEN DERIVED FROM CONSUMERS USING THE N CHROMOSOME ROYAL JELLY
## Hormone Report

### Patient Info:
- **Age:** 31
- **Gender:** F
- **Menopausal Status:** Pre-Menopause

### Saliva Hormone Test

<table>
<thead>
<tr>
<th>Hormone</th>
<th>Result (Units)</th>
<th>L</th>
<th>WR</th>
<th>H</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estrone (E1)</td>
<td>2.14 pg/ml</td>
<td></td>
<td></td>
<td></td>
<td>(5) 1-2.2 (L); (2) 1.3-1.8 (H)</td>
</tr>
<tr>
<td>Estriol (E2)</td>
<td>2.14 pg/ml</td>
<td></td>
<td></td>
<td></td>
<td>(6) 1.1-2.1 (L); (2) 1.6-2.8 (H)</td>
</tr>
<tr>
<td>EQ (E2/E1)</td>
<td>1.08</td>
<td></td>
<td></td>
<td></td>
<td>(6) 0.5-2.0 (L); (2) 1.6-2.8 (H)</td>
</tr>
<tr>
<td>Progesterone</td>
<td>&lt;10.0 pg/ml</td>
<td></td>
<td></td>
<td></td>
<td>(6) 15-150 (L); (2) 5-150 (H)</td>
</tr>
<tr>
<td>Ratio of Pg/E2</td>
<td>4.67</td>
<td></td>
<td></td>
<td></td>
<td>(6) 200-400 (L); (2) 100-300 (H)</td>
</tr>
<tr>
<td>Testosterone</td>
<td>62.67 pg/ml</td>
<td></td>
<td></td>
<td></td>
<td>(6) 11.5-122 (L); (2) 30-450 (H)</td>
</tr>
</tbody>
</table>

### DHEA-S

- **Morning:** 41.13 ng/dl
- **Noon:** 11.05 ng/dl
- **Evening:** 11.05 ng/dl
- **Night:** 11.05 ng/dl

### Hormone Interpretations:
- **Estrogen:** Low levels may indicate estrogen deficiency, which can lead to various symptoms such as hot flashes and mood swings. Treatment may involve hormone replacement therapy or other interventions to increase estrogen levels.
- **Progesterone:** Levels below the normal range may indicate a deficiency, which can lead to infertility. Treatment may involve progesterone supplements or other interventions to increase progesterone levels.
- **DHEA-S:** Low levels may indicate adrenal insufficiency. Treatment may involve DHEA supplements or other interventions to increase DHEA-S levels.

### Notes:
- Labeled results reflect within-reference (WWR) and high-reference (HRR) cut-off points.
- All results are in ng/dl (except for AM cortisol, which is in mcg/dl).
- Lower cortisol levels may indicate adrenal insufficienty. Treatment may involve cortisol supplements or other interventions to increase cortisol levels.
- The test results are intended for informational use only and should not be used to make medical decisions without consultation with a healthcare professional.
Test Results: Hormone Report

Report Number: 00VX61
Provider: Wellness Gate Holistic Center
225 - 1433 Lonsdale Ave
North Vancouver, BC V7N 4A3
CANADA

Patient Info:
Hossein Yeganehrad
Age: 39
Gender: M
Menopausal Status: Male

16058-617 Belmont St
New Westminster,

Sample Collection
Date/Time
Morning 02/29/2012 0830
Noon 02/29/2012 1145
Evening 02/29/2012 1710
Night 02/29/2012 2105

Samples Arrived 03/08/2012
Results Reported 03/12/2012

Saliva Hormone Test Result Units L WR H Reference Range

Estrone (E1) pg/ml
1.09
(1) 1.5-10.6 pre; (2) 1.5-10.6 post; (3) 1.5-10.6 supplementary; (4) <2.5 males

Estradiol (E2) pg/ml
1.09

Progesterone (Pg) pg/ml
72.69
(1) 127-456 pre (luteal); (2) 19-126 post; (3) <94 males; (4) 500-3000 supplementation

Ratio of Pg/E2
66.69
(1) 200-600 pre; (2) 200-600 post, supplementation; (3) 200-300 males, supplementation

Testosterone pg/ml
131.20
(1) 6.1-49 females; (2) 30.1-142.5 males; (3) 30-60 females, supplementation; (4) 142.6-350 males, supplementation

DHEA pg/ml
661.10
(1) 106-300 females; (2) 137-336 males

Cortisol Morning nmol/L

Cortisol Noon nmol/L

Cortisol Evening nmol/L

Cortisol Night nmol/L

Hormone Interpretations:

- The low Pg/E2 ratio is consistent with estrogen dominance, which increases the risk of prostate gland enlargement and cancer. Supplementation with topical progesterone is suggested to correct this relative deficiency. It is a consideration.

- The current samples will be held 25 days from receipt for additional testing.

Notes:

L=Low (below range) WR=Within Range (within range) H=High (above range) DHEA, Testosterone, Estrone and Estradiol results are for investigational use only.

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Notes:

L=Low (below range) WR=Within Range (within range) H=High (above range) DHEA, Testosterone, Estrone and Estradiol results are for investigational use only.

- Apply only when all four cortisols are measured. Clinical interpretations may override these generalized optimal ref. ranges.

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16255 SE 130th Avenue
Clackamas, OR 97015

Jay H. Mead MD FASCPLabrix Clinical Services, Inc.
Medical Director
MAGGOT THERAPY

Dr. Abbas Mirabzadeh
Dr. Morteza Jahnesari
Hossein Yeganehrad
N CHROMOSOME ROYAL JELLY FOR BEE DISEASE CONTROL IN CONJUNCTION WITH MAGGOT THERAPY TO PREVENT AMPUTATIONS
<table>
<thead>
<tr>
<th><strong>N Chromosome Production</strong></th>
</tr>
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<tbody>
<tr>
<td>- Bees can sense that the larvae is drone rather than worker and therefore some feed Royal Jelly and some feed worker Jelly</td>
</tr>
<tr>
<td>- This combination has a special effect on the treatment of stomach ulcers and many other metabolic diseases</td>
</tr>
<tr>
<td>- N Chromosome Royal Jelly production is 100% based on pollen consumption by bees</td>
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<tr>
<td>- Caspian Solution enables bees to consume extraordinary levels of pollen and therefore produce extraordinary levels of N Chromosome Royal Jelly</td>
</tr>
</tbody>
</table>
LAB RESULTS
<table>
<thead>
<tr>
<th>Lab #</th>
<th>Description</th>
<th>N</th>
<th>P</th>
<th>K</th>
<th>Ca</th>
<th>Mg</th>
<th>Fe</th>
<th>Mn</th>
<th>Zn</th>
<th>Cu</th>
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</thead>
<tbody>
<tr>
<td>1031</td>
<td>Royal Jelly 1 - American</td>
<td>6.44</td>
<td>0.06</td>
<td>0.85</td>
<td>0.02</td>
<td>0.07</td>
<td>105</td>
<td>8.8</td>
<td>103.8</td>
<td>21.2</td>
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<tr>
<td>1032</td>
<td>Royal Jelly 1 - Canada</td>
<td>6.44</td>
<td>0.07</td>
<td>0.85</td>
<td>0.03</td>
<td>0.06</td>
<td>598.7</td>
<td>7.5</td>
<td>75</td>
<td>17.5</td>
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<tr>
<td>1033</td>
<td>Royal Jelly 1 - Iran</td>
<td>5.84</td>
<td>0.06</td>
<td>0.81</td>
<td>0.03</td>
<td>0.07</td>
<td>98.7</td>
<td>7.6</td>
<td>90</td>
<td>16.2</td>
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<tr>
<td>1034</td>
<td>RJ Powder - America</td>
<td>5.91</td>
<td>0.002</td>
<td>0.83</td>
<td>0.02</td>
<td>0.07</td>
<td>65.7</td>
<td>12.5</td>
<td>75</td>
<td>16.2</td>
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<tr>
<td>1035</td>
<td>RJ Powder - China</td>
<td>6.05</td>
<td>0.05</td>
<td>0.81</td>
<td>0.03</td>
<td>0.06</td>
<td>96.2</td>
<td>7.5</td>
<td>74.4</td>
<td>17.4</td>
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<tr>
<td>1036</td>
<td>N Chromosome</td>
<td>4.7</td>
<td>0.05</td>
<td>0.79</td>
<td>0.07</td>
<td>0.06</td>
<td>181.2</td>
<td>13.5</td>
<td>49.3</td>
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<tr>
<td>Sample</td>
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<td>Amount</td>
<td>Unit</td>
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<tr>
<td>Persian Royal Jelly</td>
<td>Fat</td>
<td>0.09</td>
<td>100/g</td>
<td></td>
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<tr>
<td>Persian Royal Jelly</td>
<td>Protein</td>
<td>14.36</td>
<td>100/g</td>
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<tr>
<td>N Chromosome</td>
<td>Fat</td>
<td>0.95</td>
<td>100/g</td>
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<tr>
<td>N Chromosome</td>
<td>Protein</td>
<td>2.88</td>
<td>100/g</td>
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Clinically, it is far more relevant to test the amount of hormones delivered to the tissue receptors, as this is a reflection of the active hormone levels of the body.
The major sex hormones to assess are:

- Estradiol
- Progesterone
- Testosterone

Estrone and estriol are also important sex hormones to consider testing.
The main adrenal hormones are DHEA and cortisol.
These seven hormones will provide crucial information about deficiencies, excesses and daily patterns, which then result in a specifically tailored treatment approach and one far more beneficial than the old "shotgun" approach.

- Estradiol
- Progesterone
- Testosterone
- Estriol
- Estrone
- DHEA
- Cortisol
Some of the common imbalances identified through testing include: estrogen dominance, estrogen deficiency, progesterone deficiency, androgen (testosterone and DHEA) excess or deficiencies, adrenal dysfunction and adrenal fatigue.
The use of N chromosome royal Jelly can be a great addition to Hormone Therapy.


- At moderate to high daily doses of royal jelly, the lifespan of the experimental mice was prolonged by 25% compared with that of the control mice.

- By measuring DNA and RNA breakdown products of oxidative stress, the researchers detected protection against oxidative damage in mice fed royal jelly supplements for 16 weeks.
ESTROGEN-LIKE COMPOUNDS
Memorial Sloane-Kettering cancer specialists detected weak estrogenic activity associated with four compounds in royal jelly:

- Three varieties of decanoic acid
- A 10-carbon long-chain organic acid
- A methylene-cholesterol compound
• These compounds prevent estrogen from binding to cancer cell receptors that normally promote tumor cell growth.

• In laboratory tests, royal jelly also inhibited the growth-promoting effects of the estrogen-like plastic contaminant bisphenol A on human breast cancer cells.
Royal Jelly is the only natural source of a substance called acetylcholine

- Acetylcholine contains 17 amino acids, including the eight essential amino acids, which are very important for our growth and for the operation of our immune system.
The nutritional content of Royal Jelly, especially the acetylcholine, has been shown to significantly improve the performance of the immune system.

For this reason, positive results have been seen when adding Royal Jelly as a treatment for some conditions.

This includes pancreatic, liver and kidney disorders; ulcers; allergies; asthma and skin irritations.

Royal Jelly can also significantly help fight off certain viral infections, and can benefit patients receiving chemotherapy and radiotherapy, whose immune systems are often compromised as a result of their treatment.
RESULTS

Most clients have been tested for hormones. Males (group A) have low testosterone levels. Ladies (group B) have low progesterone.

Both groups have reported an improvement within 1 week – 10 days after consumption. In order to obtain accurate results we needed to perform an additional saliva test. The test results have proven that the level of testosterone & progesterone have increased.

The third group (Diabetics group) have shown a slow rate of recovery.

These products require more studies, however all three groups have shown a vast improvement mood swings, weight gain and libido.