

# Root Cause Symptom Questionnaire

*A comprehensive self-assessment tool for women's health and systemic dysfunction*

Educational only. Not medical advice. No patient–practitioner relationship is created. See full disclaimer at the end

## Important Notice — Not a Diagnostic Tool

This questionnaire is an educational resource designed to support informed conversations with a qualified health practitioner.

It does not constitute a medical diagnosis. Symptoms listed overlap between conditions and must be interpreted in clinical context.

Threshold numbers (e.g. "5 or more symptoms") are guidance only — a single red-flag symptom may warrant investigation.

Always work with a registered GP, functional medicine practitioner, or specialist for testing and treatment decisions.

## How To Use This Questionnaire

1. Work through each section and tick every symptom you experience regularly (not just occasionally).
2. At the end of each section, count your ticks. A threshold score is given for each condition.
3. Note which sections score above threshold — these guide your priority conversation with your practitioner.
4. Use the "Recommended Tests" tables to request specific investigations. You may show this document directly to your doctor.
5. Scores from multiple sections can and do overlap — this is diagnostically meaningful, not a problem.

## CONDITIONS COVERED IN THIS QUESTIONNAIRE

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<b>Section 1</b>	Hypothyroidism / Thyroid Dysfunction
<b>Section 2</b>	Insulin Resistance & Blood Sugar Dysregulation
<b>Section 3</b>	Iron Deficiency & Anaemia
<b>Section 4</b>	Poor Circulation & Cardiovascular Function
<b>Section 5</b>	Food Intolerance-Driven Inflammation
<b>Section 6</b>	Gluten Intolerance & Coeliac Disease
<b>Section 7</b>	Nutrient Deficiencies (Comprehensive)
<b>Section 8</b>	Mold-Driven Inflammation & CIRS
<b>Section 9</b>	Liver Health & Detoxification
<b>Section 10</b>	Lymphatic Drainage & Lymphatic Dysfunction
<b>Section 11</b>	PCOS (Polycystic Ovary Syndrome)
<b>Section 12</b>	Endometriosis
<b>Section 13</b>	Endometritis (Uterine Inflammation/Infection)

## SECTION 1 | THYROID FUNCTION

The thyroid helps regulate energy, temperature, bowel function, heart rate, mood, menstrual function, and metabolism. Hypothyroidism means the thyroid is underactive. In iodine-sufficient countries, the most common cause is autoimmune thyroiditis (Hashimoto’s disease). Symptoms can overlap with many other conditions, so this section is not diagnostic and should be used only to help identify whether a medical review may be worthwhile. (The Lancet, 2024)

**Tick all symptoms you experience regularly:**

- |   |   |
|---|---|
| <input type="checkbox"/> Persistent fatigue unrelieved by rest                          | <input type="checkbox"/> Depression, low mood or emotional flatness       |
| <input type="checkbox"/> Unexplained weight gain or difficulty losing weight            | <input type="checkbox"/> Poor memory, brain fog, difficulty concentrating |
| <input type="checkbox"/> Always feeling cold, especially hands and feet                 | <input type="checkbox"/> Heavy or irregular periods                       |
| <input type="checkbox"/> Low basal body temperature (below 36.5°C on waking)            | <input type="checkbox"/> Muscle weakness, aches or cramps                 |
| <input type="checkbox"/> Constipation or slow bowel movements                           | <input type="checkbox"/> Low libido                                       |
| <input type="checkbox"/> Dry, flaky skin or brittle nails                               | <input type="checkbox"/> Elevated cholesterol despite dietary changes     |
| <input type="checkbox"/> Hair thinning or hair loss (especially outer third of eyebrow) | <input type="checkbox"/> Fluid retention / puffiness                      |
| <input type="checkbox"/> Puffy face, especially around the eyes on waking               | <input type="checkbox"/> Slow reflexes                                    |
| <input type="checkbox"/> Hoarse or husky voice  | <input type="checkbox"/> Difficulty waking in the morning                 |
| <input type="checkbox"/> Slow heart rate (below 60 bpm at rest)                         | <input type="checkbox"/> Feeling worse in winter or cold climates         |

<b>ThresholdScore</b>	<p><b>5 or more symptoms</b> = investigate further</p> <p><i>5+ symptoms: request thyroid panel. 8+ symptoms: Hashimoto's autoimmunity likely — request antibody testing alongside full panel.</i></p>
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### Suggested Tests

Test	What It Reveals
<b>TSH (Thyroid Stimulating Hormone)</b>	Standard first-line screening test for thyroid dysfunction
<b>Free T4</b>	Helps assess thyroid hormone levels if TSH is abnormal

<b>Free T3</b>	Active hormone that drives cellular metabolism; often low even with normal TSH
<b>Anti-TPO Antibodies</b>	Elevated in Hashimoto's thyroiditis; confirms autoimmune origin
<b>Anti-Thyroglobulin Antibodies</b>	Second autoimmune marker; request alongside Anti-TPO
<b>Ferritin (iron stores)</b>	Iron required for thyroid hormone synthesis; low ferritin impairs T4→T3 conversion
<b>Selenium (RBC)</b>	Selenoproteins essential for deiodinase enzyme activity
<b>Iodine (spot urine)</b>	Required for thyroid hormone synthesis (but avoid supplementing in Hashimoto's without guidance)
<b>Zinc (serum/RBC)</b>	Required for T3 receptor function and immune regulation
<b>Vitamin D (25-OH)</b>	Deficiency strongly associated with autoimmune thyroid disease
<b>Basal Body Temperature</b>	Self-measured on waking over 7 days — sensitive functional marker

## SECTION 2 | INSULIN RESISTANCE & BLOOD SUGAR DYSREGULATION

*Insulin resistance is a stealth condition — standard fasting glucose is often "normal" while the body is under significant metabolic stress. It underlies PCOS, type 2 diabetes, fatigue and hormone disruption.*

**Tick all symptoms you experience regularly:**

- |  |  |
|--|--|
| <input type="checkbox"/> Energy crashes after meals, especially carbohydrate-heavy ones              | <input type="checkbox"/> Frequent urination, especially at night                 |
| <input type="checkbox"/> Intense sugar or carbohydrate cravings                                      | <input type="checkbox"/> Brain fog after eating                                  |
| <input type="checkbox"/> Difficulty losing weight despite caloric restriction                        | <input type="checkbox"/> Poor sleep quality / difficulty staying asleep          |
| <input type="checkbox"/> Increased fat deposition around the abdomen                                 | <input type="checkbox"/> High triglycerides or low HDL on blood tests            |
| <input type="checkbox"/> Dark, velvety skin patches (acanthosis nigricans) in neck, armpits or groin | <input type="checkbox"/> Fatty liver (diagnosed or suspected)                    |
| <input type="checkbox"/> Skin tags on neck, armpits or body  | <input type="checkbox"/> Polycystic ovaries or irregular periods                 |
| <input type="checkbox"/> Mid-afternoon energy slump (2–4pm)  | <input type="checkbox"/> High blood pressure (above 130/85)                      |
| <input type="checkbox"/> Feeling "hangry" — irritable or anxious if meals are delayed                | <input type="checkbox"/> Family history of type 2 diabetes or metabolic syndrome |
| <input type="checkbox"/> Blurred vision after high-carbohydrate meals                                | <input type="checkbox"/> Persistent hunger despite adequate food intake          |

<b>ThresholdScore</b>	<p><b>5 or more symptoms</b> = investigate further</p> <p><i>5+ symptoms: request full insulin/glucose panel. Acanthosis nigricans or skin tags alone warrant investigation regardless of score.</i></p>
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### Suggested Tests

Test	What It Reveals
<b>Fasting Insulin</b>	Key marker
<b>Fasting Glucose</b>	Baseline
<b>HbA1c (Glycated Haemoglobin)</b>	3-month blood sugar average
<b>HOMA-IR (calculated)</b>	$\text{Fasting glucose} \times \text{fasting insulin} \div 22.5$
<b>Fasting Triglycerides</b>	Elevated TGs are a sensitive marker of insulin resistance

<b>HDL Cholesterol</b>	Low HDL accompanies insulin resistance
<b>Full Lipid Panel</b>	Including LDL particle size (small dense LDL more atherogenic)
<b>Liver Enzymes (ALT, AST, GGT)</b>	Elevated in fatty liver / metabolic dysfunction
<b>Uric Acid</b>	Elevated in metabolic syndrome; often overlooked

## SECTION 3 | IRON DEFICIENCY & ANAEMIA

*Iron deficiency is common in women of reproductive age, especially in the presence of heavy menstrual bleeding, pregnancy, low dietary iron intake, or conditions that affect absorption. Iron deficiency can cause symptoms before anaemia becomes severe enough to clearly affect haemoglobin. This section is not diagnostic and should only be used to help identify whether a medical review may be worthwhile. NICE advises investigating iron deficiency anaemia and looking for an underlying cause, and heavy menstrual bleeding is a well-recognised risk factor.*

**Tick all symptoms you experience regularly:**

- |  |   |
|--|---|
| <input type="checkbox"/> Persistent, unexplained fatigue                         | <input type="checkbox"/> Poor exercise tolerance / slow recovery          |
| <input type="checkbox"/> Shortness of breath on mild exertion                    | <input type="checkbox"/> Cold hands and feet                              |
| <input type="checkbox"/> Rapid or pounding heartbeat (palpitations)              | <input type="checkbox"/> Headaches (especially frontal)                   |
| <input type="checkbox"/> Pale skin, inner eyelids or gums                        | <input type="checkbox"/> Difficulty concentrating or brain fog            |
| <input type="checkbox"/> Brittle nails or nails with ridges / spoon-shaped nails | <input type="checkbox"/> Cracked corners of the mouth (angular cheilitis) |
| <input type="checkbox"/> Hair loss (diffuse thinning across the scalp)           | <input type="checkbox"/> Sore or swollen tongue (glossitis)               |
| <input type="checkbox"/> Cravings for non-food items: ice, dirt, chalk (pica)    | <input type="checkbox"/> Frequent infections                              |
| <input type="checkbox"/> Restless leg syndrome, especially at night              | <input type="checkbox"/> Heavy menstrual periods                          |
| <input type="checkbox"/> Difficulty regulating body temperature                  | <input type="checkbox"/> Irritability or low mood                         |

<b>ThresholdScore</b>	<p><b>4 or more symptoms</b> = investigate further</p> <p><i>4+ symptoms: request iron studies, including ferritin. Heavy periods alone = sufficient reason to test comprehensively.</i></p>
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### Suggested Tests

Test	What It Reveals
<b>Serum Ferritin</b>	Iron storage
<b>Serum Iron</b>	Circulating iron at time of test; can fluctuate widely day-to-day
<b>TIBC (Total Iron Binding Capacity)</b>	Elevated TIBC = body seeking more iron; marker of deficiency
<b>Transferrin Saturation</b>	Percentage of transferrin protein in the blood that is bound to iron

<b>Full Blood Count (FBC / CBC)</b>	MCV (cell size) and MCH (haemoglobin per cell) fall in iron deficiency
<b>Haemoglobin</b>	Not sufficient as standalone test
<b>CRP (inflammation)</b>	Ferritin is an acute-phase protein — elevated CRP falsely elevates ferritin
<b>B12 &amp; Folate</b>	Co-deficiency common; both required for red blood cell production
<b>Coeliac Antibodies (tTG-IgA)</b>	Rule out malabsorption as a cause of iron deficiency
<b>Serum zinc, serum copper, and ceruloplasmin</b>	May be considered in selected cases, especially if iron deficiency is persistent, does not respond as expected to iron treatment, there is suspected malabsorption, or zinc supplementation has been used long term. Copper deficiency can contribute to anaemia, and high zinc intake can interfere with copper absorption

## SECTION 4 | POOR CIRCULATION & CARDIOVASCULAR FUNCTION

Circulation problems can show up as cold hands/feet, colour changes in fingers/toes, swelling, leg heaviness, and visible veins. These symptoms can have many causes (including anaemia, thyroid issues, dehydration, medication effects, varicose veins/venous insufficiency, low blood pressure, Raynaud's phenomenon, heart or kidney conditions, and autoimmune disease). This section is not diagnostic and is intended only to help identify whether a medical review may be worthwhile.

**Tick all symptoms you experience regularly:**

- |   |   |
|---|---|
| <input type="checkbox"/> Cold hands and feet even in warm environments                      | <input type="checkbox"/> Oedema (swelling) in feet, ankles or lower legs            |
| <input type="checkbox"/> Fingers or toes turning white, blue or red in cold (Raynaud's)     | <input type="checkbox"/> Paleness or cyanosis (bluish tinge) of lips or extremities |
| <input type="checkbox"/> Visible varicose veins or spider veins                             | <input type="checkbox"/> Consistently low blood pressure (<100/60)                  |
| <input type="checkbox"/> Leg heaviness, aching or fatigue especially when standing          | <input type="checkbox"/> Exercise-induced cramping of calves                        |
| <input type="checkbox"/> Tingling, numbness or "pins and needles" in hands/feet             | <input type="checkbox"/> Brain fog, poor concentration (cerebral circulation)       |
| <input type="checkbox"/> Slow wound healing   | <input type="checkbox"/> Tinnitus or ringing in ears                                |
| <input type="checkbox"/> Frequent chilblains  | <input type="checkbox"/> Puffiness around the eyes on waking                        |
| <input type="checkbox"/> Dizziness or lightheadedness on standing (orthostatic hypotension) | <input type="checkbox"/> Ringing in the ears (tinnitus)                             |

### ThresholdScore

**4 or more symptoms** = investigate further

*4+ symptoms: evaluate cardiovascular, thyroid and iron status simultaneously — circulation issues rarely exist in isolation.*



### Suggested Tests

Test	What It Reveals
Full Blood Count	Haemoglobin, haematocrit — oxygen-carrying capacity
Kidney function and electrolytes	If swelling is present
Iron Studies incl. Ferritin	Iron required for haemoglobin synthesis
Thyroid Panel (TSH, FT3, FT4)	Low T3 reduces cardiac output and peripheral vascular tone

<b>Fasting Insulin &amp; HOMA-IR</b>	Insulin resistance damages endothelial function
<b>Homocysteine</b>	Elevated levels damage vessel walls; B6, B12, folate dependent
<b>CRP (high-sensitivity)</b>	Vascular inflammation marker
<b>Vitamin B12 &amp; Folate</b>	Required for red blood cell maturity and nerve function
<b>Magnesium (RBC)</b>	Magnesium regulates vascular tone and platelet aggregation
<b>Vitamin D (25-OH)</b>	Vitamin D receptors found in vascular smooth muscle
<b>Lipid Panel</b>	Dyslipidaemia impairs microvascular function
<b>ANA / Autoimmune Screen</b>	Rule out Raynaud's secondary to connective tissue disease
<b>24h Blood Pressure Monitoring</b>	Captures orthostatic hypotension and nocturnal patterns

## SECTION 5 | FOOD INTOLERANCE-DRIVEN INFLAMMATION

Unlike IgE-mediated food allergies, food intolerances (IgG-mediated or non-immunological) produce delayed reactions — symptoms may appear 2–72 hours after consumption, making the trigger food very difficult to identify without structured elimination or testing.

**Tick all symptoms you experience regularly:**

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic bloating (clothing feels tight by evening)                          | <input type="checkbox"/> Brain fog, poor memory, difficulty concentrating              |
| <input type="checkbox"/> Variable or unpredictable bowel habits (alternating constipation/diarrhoea) | <input type="checkbox"/> Headaches or migraines  |
| <input type="checkbox"/> Excessive gas or flatulence   | <input type="checkbox"/> Eczema, psoriasis, urticaria or skin rashes                   |
| <input type="checkbox"/> Abdominal pain or cramping unrelated to a diagnosed condition               | <input type="checkbox"/> Joint pain or stiffness without diagnosed arthritis           |
| <input type="checkbox"/> Nausea after eating   | <input type="checkbox"/> Puffy face or fluid retention                                 |
| <input type="checkbox"/> Acid reflux or heartburn  | <input type="checkbox"/> Dark circles under the eyes (often called "allergic shiners") |
| <input type="checkbox"/> Chronic post-nasal drip or mucus production                                 | <input type="checkbox"/> Mood instability, anxiety or irritability                     |
| <input type="checkbox"/> Recurrent sinusitis   | <input type="checkbox"/> Inability to lose weight despite healthy eating               |
| <input type="checkbox"/> Chronic fatigue that worsens 1–2 hours after meals                          | <input type="checkbox"/> Worsened symptoms 2–4 hours after specific foods              |

<b>ThresholdScore</b>	<p><b>5 or more symptoms</b> = investigate further</p> <p><i>5+ symptoms: begin a structured 4-week elimination diet (removing top 8 allergens) testing. Keep a detailed food and symptom diary.</i></p>
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### Suggested Tests

Test	What It Reveals
<b>2-week food + symptom diary (timing, portion, stress/sleep, bowel changes)</b>	If symptoms are ongoing, consider discussing an <b>IBS-style dietary approach</b> with a qualified professional.
<b>Coeliac serology</b>	Especially with diarrhoea-predominant symptoms, iron deficiency, miscarriage/infertility history, or family history — testing needs gluten in the diet.

<b>Full blood count (FBC/CBC) ± iron studies</b>	Anaemia can be a clue
<b>Calprotectin (stool)</b>	Marker of intestinal inflammation; elevated in IBD and severe intolerance. If diarrhoea is persistent or IBD needs exclusion (especially “IBS with diarrhoea” patterns).
<b>SIBO Breath Test (Lactulose)</b>	Small intestinal bacterial overgrowth mimics many intolerance symptoms
<b>Comprehensive Metabolic Panel</b>	Liver and kidney function, electrolytes
<b>CRP &amp; ESR</b>	Systemic inflammatory load

Note: Food-specific IgG/IgG4 testing is not recommended for diagnosing food intolerance or food allergy, because IgG often reflects exposure/tolerance rather than a harmful reaction and can lead to unnecessary restriction.

## SECTION 6 | GLUTEN INTOLERANCE & COELIAC DISEASE

*Coeliac disease affects ~1% of the population but up to 80% are undiagnosed. Non-coeliac gluten sensitivity (NCGS) is also increasingly recognised. Both can present with minimal gut symptoms while causing significant systemic harm through nutrient malabsorption and systemic inflammation. Testing MUST be done while eating gluten — do not go gluten-free before testing.*

**Tick all symptoms you experience regularly:**

- |   |  |
|---|--|
| <input type="checkbox"/> Chronic diarrhoea, constipation or both                                      | <input type="checkbox"/> Aphthous mouth ulcers (recurrent)                                   |
| <input type="checkbox"/> Bloating and abdominal distension  | <input type="checkbox"/> Delayed puberty   |
| <input type="checkbox"/> Fatty, pale, foul-smelling stools (steatorrhoea)                             | <input type="checkbox"/> Infertility or recurrent miscarriage                                |
| <input type="checkbox"/> Unintentional weight loss  | <input type="checkbox"/> Peripheral neuropathy (tingling, numbness in hands/feet)            |
| <input type="checkbox"/> Failure to thrive or grow (in children)                                      | <input type="checkbox"/> Gluten ataxia (balance / coordination problems)                     |
| <input type="checkbox"/> Iron deficiency anaemia resistant to supplementation                         | <input type="checkbox"/> Chronic fatigue and malaise   |
| <input type="checkbox"/> B12 or folate deficiency without obvious dietary cause                       | <input type="checkbox"/> Type 1 diabetes or autoimmune thyroid disease (higher coeliac risk) |
| <input type="checkbox"/> Calcium malabsorption / low bone density (osteoporosis)                      | <input type="checkbox"/> Dental enamel defects   |
| <input type="checkbox"/> Vitamin D deficiency resistant to supplementation                            | <input type="checkbox"/> Liver enzyme elevation without other cause                          |
| <input type="checkbox"/> Dermatitis herpetiformis (itchy, blistering rash on elbows, knees, buttocks) | <input type="checkbox"/> Family history of coeliac disease (1st-degree relative)             |

<b>ThresholdScore</b>	<p><b>4 or more symptoms</b> = investigate further</p> <p><i>4+ symptoms: urgent referral for coeliac testing. Do NOT start gluten-free diet before testing — this invalidates results. A family history of coeliac = test regardless of symptom count. It's reasonable to discuss coeliac screening if you tick multiple items above, particularly <b>fatigue + iron deficiency</b>, ongoing digestive symptoms, autoimmune thyroid disease, or family history.</i></p>
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### Recommended Tests

Test	What It Reveals
<b>tTG-IgA (tissue Transglutaminase IgA)</b>	PRIMARY screening test; sensitivity 95%+; must be eating gluten for 6–8 weeks prior

<b>Total IgA</b>	Must be tested alongside tTG-IgA — IgA deficiency gives false-negative on tTG test
<b>DGP-IgG (Deamidated Gliadin Peptide IgG)</b>	Used when IgA deficient; also useful in seronegative cases
<b>Duodenal Biopsy (endoscopy)</b>	Gold standard — Marsh classification of villous atrophy; required for diagnosis
<b>Full Blood Count</b>	Anaemia pattern: microcytic (iron), macrocytic (B12/folate)
<b>Iron Studies, B12, Folate, Vitamin D</b>	Malabsorption screening panel
<b>Liver Function Tests</b>	Abnormal LFTs common in untreated coeliac
<b>Thyroid Antibodies (Anti-TPO)</b>	Autoimmune coeliac increases risk of Hashimoto's

### Confirming the diagnosis

A positive blood test usually leads to referral for confirmatory small bowel (duodenal) biopsy, which remains an important part of diagnosis in many healthcare systems and is not replaced by serology alone in adults.

## SECTION 7 | NUTRIENT DEFICIENCIES — COMPREHENSIVE PANEL

*This section covers the key minerals and vitamins most commonly deficient in women with chronic symptoms. Many interact with each other — e.g. copper/zinc balance, ceruloplasmin/iron transport, B vitamins/methylation.*

### Magnesium

*Tick symptoms you experience regularly:*

- |  |  |
|--|--|
| <input type="checkbox"/> Muscle cramps or spasms, especially at night  | <input type="checkbox"/> Fatigue despite adequate sleep                |
| <input type="checkbox"/> Restless legs or involuntary muscle twitching | <input type="checkbox"/> Constipation                                  |
| <input type="checkbox"/> Anxiety, nervousness or irritability          | <input type="checkbox"/> Sensitivity to loud noises or bright light    |
| <input type="checkbox"/> Difficulty sleeping or staying asleep         | <input type="checkbox"/> PMS symptoms (cramps, mood changes, bloating) |
| <input type="checkbox"/> Heart palpitations or irregular heartbeat     | <input type="checkbox"/> High blood pressure                           |
| <input type="checkbox"/> Headaches or migraines                        | <input type="checkbox"/> History of kidney stones                      |

#### Suggested Tests:

<b>RBC Magnesium</b>	More accurate than serum — reflects intracellular (functional) magnesium; serum can be normal while cells are deficient
<b>Serum Magnesium</b>	Useful baseline but normalised by homeostasis; tightly regulated

### Vitamin D (25-OH)

*Tick symptoms you experience regularly:*

- |   |  |
|---|--|
| <input type="checkbox"/> Bone pain, especially lower back                 | <input type="checkbox"/> Slow wound healing                                    |
| <input type="checkbox"/> Muscle weakness                                  | <input type="checkbox"/> Pain or tenderness when pressing on breastbone        |
| <input type="checkbox"/> Frequent infections (colds, respiratory illness) | <input type="checkbox"/> Living at high latitude or having little sun exposure |
| <input type="checkbox"/> Fatigue and low energy                           | <input type="checkbox"/> Dark skin (reduces vitamin D synthesis)               |
| <input type="checkbox"/> Low mood or seasonal depression                  | <input type="checkbox"/> Covering skin for cultural/religious reasons          |
| <input type="checkbox"/> Hair loss  | <input type="checkbox"/> Chronic aches/pains (non-specific)                    |

#### Suggested Tests:

**25-OH Vitamin D**

Primary test; optimal 100–150 nmol/L; most labs flag deficiency only below 50 nmol/L

**B Vitamins (B1, B2, B3, B6, B9 Folate, B12)**

Tick symptoms you experience regularly:

- |   |  |
|---|--|
| <input type="checkbox"/> Peripheral neuropathy (tingling/numbness in hands or feet) | <input type="checkbox"/> Skin issues: dermatitis, acne-like rash                               |
| <input type="checkbox"/> Fatigue unresponsive to rest                               | <input type="checkbox"/> Hair loss   |
| <input type="checkbox"/> Mouth ulcers or cracked corners of the mouth               | <input type="checkbox"/> Difficulty metabolising alcohol                                       |
| <input type="checkbox"/> Inflamed or sore tongue (glossitis)                        | <input type="checkbox"/> MTHFR gene variant (reduces folate conversion)                        |
| <input type="checkbox"/> Anaemia (macrocytic — large pale red blood cells)          | <input type="checkbox"/> Vegan or vegetarian diet (B12 risk)                                   |
| <input type="checkbox"/> Brain fog, poor memory or confusion                        | <input type="checkbox"/> Regular use of metformin (depletes B12)                               |
| <input type="checkbox"/> Depression, anxiety or mood instability                    | <input type="checkbox"/> Regular use of the oral contraceptive pill (depletes B6, folate, B12) |
| <input type="checkbox"/> Poor concentration   |  |

**Suggested Tests:**

<b>Serum B12 (Cobalamin)</b>	B12 is important for making new blood cells, repairing your body and keeping nerves healthy
<b>Methylmalonic Acid (MMA) serum</b>	Functional B12 status — elevated even when serum B12 appears normal
<b>Homocysteine</b>	Elevated in B12, B6 and folate deficiency; cardiovascular risk marker
<b>Serum Folate / RBC Folate</b>	RBC folate more accurate reflection of tissue stores
<b>MTHFR Gene Polymorphism (C677T, A1298C)</b>	Affects folate/methylation pathway; relevant for supplementation choice (methylfolate vs. folic acid)

**Zinc, Copper & Ceruloplasmin**

Tick symptoms you experience regularly:

- |  |  |
|--|--|
| <input type="checkbox"/> Recurrent infections (zinc — immune function) | <input type="checkbox"/> Mood instability, anxiety or depression |
| <input type="checkbox"/> Poor wound healing                            | <input type="checkbox"/> Low stomach acid / poor digestion       |

- Loss of sense of taste or smell
- White spots on fingernails
- Acne or oily skin
- Hair loss
- Stretch marks appearing easily
- Brain fog or poor concentration
- Anaemia not responding to iron supplementation (copper)
- Fatigue and weakness
- Joint pain or arthritis-like symptoms
- History of high zinc supplementation (can deplete copper)
- Elevated copper: mood disorders, estrogen dominance

**Suggested Tests:**

<b>Serum Zinc</b>	Morning, fasted specimen; labs often use sub-optimal reference ranges
<b>Serum Copper</b>	Low copper: anaemia, immune dysfunction. High copper: estrogen dominance, pyrrole
<b>Ceruloplasmin</b>	Copper-transport protein; essential for iron recycling — low ceruloplasmin = impaired iron metabolism despite adequate iron intake
<b>Zinc/Copper Ratio</b>	Calculated ratio; optimal ~8:1 zinc:copper. Imbalance drives oxidative stress

**Iodine & Selenium**

*Tick symptoms you experience regularly:*

- Thyroid symptoms (see Section 1)
- Goitre or enlarged thyroid
- Breast tenderness or fibrocystic breasts
- Irregular periods
- Low body temperature
- Cognitive slowness
- Muscle weakness (selenium)
- Keshan disease symptoms (cardiomyopathy) — severe selenium deficiency
- Living in selenium-depleted soil regions (UK, New Zealand, parts of Europe)
- Pescatarian or plant-based diet without sea vegetables

**Suggested Tests:**

<b>Spot Urine Iodine</b>	Population-level marker; morning urine preferred.
<b>24-hr Urine Iodine</b>	More accurate than spot; labour-intensive

<b>Selenium (plasma or serum)</b>	Needed for thyroid and immune health. Especially important with Hashimoto's
<b>Thyroid Antibodies (Anti-TPO, Anti-TG)</b>	Selenium deficiency increases autoimmune risk; selenium supplementation reduces antibodies in Hashimoto's

## SECTION 8 | LIVER HEALTH

*The liver performs over 500 essential functions including hormone metabolism, detoxification of environmental chemicals, nutrient activation and bile production. Hepatic stress manifests in fatigue, hormone imbalance, chemical sensitivities and skin changes — often long before liver enzymes rise.*

**Tick all symptoms you experience regularly:**

- |  |   |
|--|---|
| <input type="checkbox"/> Fatigue worst in the morning or after small amounts of alcohol                | <input type="checkbox"/> Elevated cholesterol unresponsive to diet      |
| <input type="checkbox"/> Chemical sensitivities: perfumes, cleaning products, exhaust trigger symptoms | <input type="checkbox"/> Acne, rosacea or skin rashes                   |
| <input type="checkbox"/> Difficulty tolerating fatty meals, nausea after eating fat                    | <input type="checkbox"/> Strong-smelling body odour or breath           |
| <input type="checkbox"/> Right upper quadrant discomfort or "heaviness"                                | <input type="checkbox"/> Hypoglycaemia (blood sugar drops rapidly)      |
| <input type="checkbox"/> Skin changes: spider angiomas, palmar erythema (red palms), jaundice          | <input type="checkbox"/> History of alcohol consumption (even moderate) |
| <input type="checkbox"/> Itching (pruritus) without visible rash                                       | <input type="checkbox"/> Regular use of medications or supplements      |
| <input type="checkbox"/> Dark or concentrated urine  | <input type="checkbox"/> Occupational chemical exposure                 |
| <input type="checkbox"/> Pale or clay-coloured stools  | <input type="checkbox"/> Abdominal bloating after meals                 |
| <input type="checkbox"/> Hormone imbalance symptoms: estrogen dominance, PMS, irregular periods        | <input type="checkbox"/> Bitter taste in mouth especially on waking     |

<b>ThresholdScore</b>	<p><b>5 or more symptoms</b> = investigate further</p> <p><i>5+ symptoms: request hepatic enzyme panel plus hepatic ultrasound. Hormone imbalance symptoms alongside liver symptoms strongly suggest impaired sex hormone metabolism.</i></p>
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### Suggested Tests

Test	What It Reveals
<b>Liver function tests (ALT, AST, ALP, GGT, bilirubin, albumin)</b>	Can help detect patterns suggestive of liver cell injury, bile flow problems, or reduced liver synthetic capacity.
<b>Full blood count (FBC/CBC)</b>	May show indirect patterns that sometimes accompany liver dysfunction or advanced liver disease, such as low platelets, anaemia, or enlarged red blood cells (macrocytosis).

<b>Metabolic screening</b>	If fatty liver risk is present (e.g., lipids, glucose/HbA1c)
<b>Hepatic Ultrasound</b>	Fatty liver (NAFLD), structural changes, biliary obstruction
<b>Further evaluation</b>	as directed by your clinician if LFTs are abnormal (this may include repeat testing, medication review, and targeted investigations)

## When to consider speaking with your doctor (non-urgent but important)

Discuss assessment if you have persistent symptoms above, or if you have risk factors for fatty liver disease such as:

- insulin resistance/prediabetes/type 2 diabetes
- high triglycerides
- central weight gain
- polycystic ovary syndrome (PCOS)
- regular alcohol intake
- certain medications

Non-alcoholic fatty liver disease (now often grouped under metabolic dysfunction–associated fatty liver disease terminology) is common and often silent; it's usually identified through blood tests and/or ultrasound when risk factors are present.

## SECTION 9 | LYMPHATIC DRAINAGE & LYMPHATIC DYSFUNCTION

*The lymphatic system is the body's waste-clearance network. When flow is impaired, metabolic waste, immune cells, excess interstitial fluid and inflammatory mediators accumulate in tissues. Lymphatic stagnation is often a secondary finding in inflammatory conditions, sedentary lifestyles and thyroid dysfunction.*

**Tick all symptoms you experience regularly:**

- |   |  |
|---|--|
| <input type="checkbox"/> Chronic puffiness or swelling in arms, legs, abdomen or face | <input type="checkbox"/> Cellulite or fatty deposits resistant to weight loss          |
| <input type="checkbox"/> Pitting oedema (pressing skin leaves an indentation)         | <input type="checkbox"/> Brain fog that improves with exercise or movement             |
| <input type="checkbox"/> Feeling of "heaviness" in the limbs                          | <input type="checkbox"/> Fatigue that worsens with sedentary periods                   |
| <input type="checkbox"/> Morning stiffness relieved by movement                       | <input type="checkbox"/> Worsening symptoms in hot, humid weather                      |
| <input type="checkbox"/> Recurrent infections, especially skin or respiratory         | <input type="checkbox"/> History of cancer treatment (lymph node removal or radiation) |
| <input type="checkbox"/> Swollen lymph nodes in neck, armpits or groin                | <input type="checkbox"/> Breast tenderness or fibrocystic breasts                      |
| <input type="checkbox"/> Chronic sinusitis or mucus production                        | <input type="checkbox"/> Digestive sluggishness: bloating, slow motility               |
| <input type="checkbox"/> Dry, itchy or thickened skin                                 |  |

<b>ThresholdScore</b>	<p><b>5 or more symptoms</b> = investigate further</p> <p><i>4+ symptoms: assess thyroid function, fluid balance and oedema. Unilateral limb swelling requires urgent investigation for deep vein thrombosis or secondary lymphoedema. Discuss assessment if swelling is persistent (more than 1–2 weeks), recurrent, is mainly one-sided, is associated with heaviness/tightness, or if you have had surgery/radiation affecting lymph nodes. A GP can often assess swelling based on history and examination and may refer you to a specialist lymphoedema service when appropriate.</i></p>
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**Suggested Tests**

Test	What It Reveals
<b>Thyroid Panel (TSH, FT3, FT4)</b>	Hypothyroidism = leading cause of lymphatic sluggishness and myxoedema
<b>Full Blood Count + CRP + ESR</b>	Infection, autoimmune and systemic inflammatory load

<b>Venous Doppler ultrasound</b>	If DVT or venous insufficiency is suspected
<b>Kidney function tests</b>	(creatinine/eGFR) If systemic causes are suspected
<b>BNP / NT-proBNP</b>	If heart failure is suspected clinically
<b>Liver panel + albumin</b>	Low albumin can contribute to swelling
<b>Vitamin D</b>	Immune modulation of lymphatic function

## SECTION 10 | PCOS — POLYCYSTIC OVARY SYNDROME

*PCOS is the most common hormonal disorder in women of reproductive age, affecting 10–20%. Diagnosis requires 2 of 3 Rotterdam criteria: (1) irregular or absent ovulation, (2) clinical or biochemical androgen excess, (3) polycystic ovaries on ultrasound. Insulin resistance is present in up to 70% of women with PCOS. (PMC, 2023) This section is not diagnostic — it helps you decide whether it's worth discussing PCOS assessment with your doctor.*

**Tick all symptoms you experience regularly:**

- |   |  |
|---|--|
| <input type="checkbox"/> Irregular periods (cycles longer than 35 days or fewer than 8/year)      | <input type="checkbox"/> Skin tags   |
| <input type="checkbox"/> Absent periods (amenorrhoea)   | <input type="checkbox"/> Difficulty conceiving / subfertility                          |
| <input type="checkbox"/> Excessive hair growth on face, chest, abdomen or back (hirsutism)        | <input type="checkbox"/> Recurrent miscarriage   |
| <input type="checkbox"/> Thinning scalp hair or male-pattern hair loss (alopecia)                 | <input type="checkbox"/> Pelvic pain (mild) — more prominent if cyst ruptures          |
| <input type="checkbox"/> Moderate to severe acne, particularly around the jaw and chin            | <input type="checkbox"/> Mood instability, anxiety or depression                       |
| <input type="checkbox"/> Oily skin  | <input type="checkbox"/> Fatigue, especially after eating carbohydrates                |
| <input type="checkbox"/> Dark, velvety skin patches (acanthosis nigricans) — neck, armpits, groin | <input type="checkbox"/> Sleep disturbance or obstructive sleep apnoea                 |
| <input type="checkbox"/> Difficulty losing weight or rapid weight gain around the abdomen         | <input type="checkbox"/> Family history of PCOS, type 2 diabetes or metabolic syndrome |

<b>ThresholdScore</b>	<p><b>4 or more symptoms</b> = investigate further</p> <p><i>If 2+ of: irregular periods, hirsutism/acne, and weight gain = PCOS likely. Rotterdam criteria require 2 of 3 features. Ultrasound is essential — however polycystic morphology alone does not confirm PCOS.</i></p>
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### Suggested Tests

Test	What It Reveals
<b>LH (Luteinising Hormone)</b>	Elevated LH:FSH ratio common in PCOS; test on day 2–4 of cycle
<b>FSH (Follicle Stimulating Hormone)</b>	Relative to LH; also excludes premature ovarian insufficiency
<b>Total Testosterone</b>	Often elevated; must be tested fasted in the morning (hormone peaks)

<b>Free Testosterone</b>	Bioavailable fraction; more clinically relevant than total
<b>SHBG (Sex Hormone Binding Globulin)</b>	Low SHBG = more free androgens; often low in insulin resistance
<b>DHEA-S (Dehydroepiandrosterone Sulfate)</b>	Adrenal androgen; elevated in adrenal-driven PCOS
<b>Androstenedione</b>	Third androgen marker when the diagnosis is borderline
<b>Fasting Insulin + HOMA-IR</b>	Insulin resistance underlies 70% of PCOS — critical to assess
<b>Fasting Glucose + HbA1c</b>	Metabolic risk assessment
<b>Transvaginal Ultrasound (TVUS)</b>	≥20 follicles per ovary OR ovarian volume >10 mL = polycystic morphology (2022 criteria)
<b>AMH (Anti-Müllerian Hormone)</b>	Elevated in PCOS; reflects antral follicle count; useful diagnostic adjunct
<b>Prolactin</b>	Rule out hyperprolactinaemia as cause of irregular cycles
<b>17-OH Progesterone</b>	Excludes non-classical congenital adrenal hyperplasia (NCAH), which mimics PCOS
<b>Thyroid Panel (TSH, FT3, FT4)</b>	Hypothyroidism causes PCOS-like presentation

## SECTION 11 | ENDOMETRIOSIS

*Endometriosis affects ~10% of reproductive-age women globally (190 million people, WHO 2023). Diagnosis is historically delayed by 7–10 years on average. It is an inflammatory, oestrogen-dependent condition where endometrial-like tissue grows outside the uterus, causing inflammation, adhesions and progressive scarring. Definitive diagnosis requires laparoscopy with biopsy.*

**Tick all symptoms you experience regularly:**

- |  |   |
|--|---|
| <input type="checkbox"/> Severe, debilitating period pain (dysmenorrhoea) — pain disproportionate to normal cramping | <input type="checkbox"/> Fatigue that dramatically worsens during menstruation                                  |
| <input type="checkbox"/> Period pain starting before the bleed and lasting into or beyond the period                 | <input type="checkbox"/> Chronic lower back or pelvic pain  |
| <input type="checkbox"/> Deep pelvic pain not related to menstruation  | <input type="checkbox"/> Difficulty conceiving (infertility — affects 30–50% of those with endometriosis)       |
| <input type="checkbox"/> Pain during or after sexual intercourse (dyspareunia — especially deep penetration)         | <input type="checkbox"/> Recurrent miscarriage  |
| <input type="checkbox"/> Painful bowel movements, especially during menstruation                                     | <input type="checkbox"/> Cyclical bowel symptoms: diarrhoea, constipation or rectal bleeding timed with periods |
| <input type="checkbox"/> Painful urination or blood in urine during menstruation                                     | <input type="checkbox"/> Cyclical shoulder tip pain (diaphragmatic endometriosis)                               |
| <input type="checkbox"/> Heavy menstrual bleeding (menorrhagia) or irregular bleeding                                | <input type="checkbox"/> Family history of endometriosis (mother or sister)                                     |
| <input type="checkbox"/> Spotting or bleeding between periods  | <input type="checkbox"/> Pain that worsens over time (progressive)  |
| <input type="checkbox"/> "Endo belly" — significant bloating, often severe enough to look pregnant                   | <input type="checkbox"/> Symptoms unrelieved by standard painkillers  |
| <input type="checkbox"/> Nausea or vomiting, particularly during menstruation  |   |

### ThresholdScore

**4 or more symptoms** = investigate further

*Any 4 symptoms, especially when period pain is severe and progressive, warrant specialist gynaecological referral. Pain severity does NOT correlate with disease stage — mild endometriosis can cause severe pain. Do not accept "normal periods" as a response to disabling pain.*



### Suggested Tests

Test	What It Reveals
<b>Transvaginal Ultrasound (TVUS) by specialist</b>	Can detect ovarian endometriomas ("chocolate cysts") and deeply infiltrating endometriosis — must be performed by an experienced sonographer
<b>Laparoscopy + Biopsy</b>	GOLD STANDARD — only definitive diagnostic method; allows simultaneous treatment
<b>CRP (high-sensitivity)</b>	Elevated in active endometriosis; an inflammatory biomarker
<b>Full Hormone Panel (oestrogen, progesterone, LH, FSH)</b>	Oestrogen dominance often drives endometriosis progression
<b>Vitamin D (25-OH)</b>	Low Vitamin D associated with increased endometriosis severity
<b>Iron Studies + FBC</b>	Heavy menstrual bleeding = high risk of iron deficiency

### ⚠ Endometriosis vs Adenomyosis

Adenomyosis occurs when endometrial-like tissue grows INTO the muscle wall of the uterus (myometrium), causing a "boggy", enlarged, tender uterus.

Symptoms: heavy, painful periods, "chocolate pudding" dark clots, uterine pressure, back pain.

Diagnosis: MRI or histology (post-hysterectomy). Can coexist with endometriosis.

Request: Pelvic MRI specifically noting "adenomyosis protocol".

## SECTION 12 | ENDOMETRITIS — UTERINE INFLAMMATION & INFECTION

*Endometritis is inflammation or infection of the uterine lining (endometrium). It is distinct from endometriosis. Acute endometritis typically follows delivery, miscarriage, abortion or invasive uterine procedures. Chronic endometritis (CE) is subtler — often asymptomatic or mildly symptomatic — but is strongly associated with implantation failure, recurrent miscarriage and unexplained infertility. CE prevalence is 57.5% in women with repeated implantation failure (Frontiers in Endocrinology, 2025).*

**Tick all symptoms you experience regularly:**

- |   |   |
|---|---|
| <input type="checkbox"/> Fever (≥38°C) — primary marker of acute endometritis             | <input type="checkbox"/> Recurrent implantation failure (IVF — 2+ failed transfers)         |
| <input type="checkbox"/> Lower abdominal or pelvic pain and cramping                      | <input type="checkbox"/> Recurrent miscarriage (2+ consecutive losses)                      |
| <input type="checkbox"/> Uterine tenderness on palpation                                  | <input type="checkbox"/> Mild, persistent pelvic discomfort or pressure                     |
| <input type="checkbox"/> Abnormal or foul-smelling vaginal discharge                      | <input type="checkbox"/> Abnormal uterine bleeding or intermenstrual spotting               |
| <input type="checkbox"/> Chills or rigors   | <input type="checkbox"/> Increased or altered vaginal discharge (without obvious infection) |
| <input type="checkbox"/> Malaise, fatigue, headache                                       | <input type="checkbox"/> History of STI, PID, IUD use or uterine instrumentation            |
| <input type="checkbox"/> Unusual or heavy postpartum bleeding                             | <input type="checkbox"/> Prior uterine surgery (D&C, hysteroscopy, myomectomy)              |
| <input type="checkbox"/> Unexplained infertility (no structural or ovulatory cause found) | <input type="checkbox"/> Postpartum infection or puerperal sepsis history                   |

### ThresholdScore

**4 or more symptoms** = investigate further

*ACUTE: Fever + pelvic pain + uterine tenderness = medical emergency — seek urgent evaluation. CHRONIC: 2+ IVF implantation failures or recurrent miscarriage with mild/no symptoms = investigate for CE. Adnexal tenderness has 95% sensitivity for endometritis-related PID (PubMed).*

### Suggested Tests

Test	What It Reveals
<b>Pelvic Examination + Cervical Motion Tenderness Assessment</b>	Hallmark clinical sign; uterine tenderness = key diagnostic criterion

<b>High Vaginal Swab + Endocervical Culture</b>	Identifies causative organisms including Chlamydia trachomatis, N. gonorrhoeae, Mycoplasma, Ureaplasma, anaerobes
<b>Chlamydia + Gonorrhoea NAAT (urine or swab)</b>	Nucleic acid amplification — most sensitive STI test; positive finding strongly predicts endometritis
<b>Mycoplasma genitalium PCR</b>	Increasingly recognised pathogen in chronic endometritis
<b>Full Blood Count (FBC)</b>	Leucocytosis = acute inflammation; WBC count supports severity assessment
<b>CRP + ESR</b>	Acute-phase inflammatory markers; elevated in active endometritis
<b>Beta-hCG</b>	Rule out ectopic pregnancy — critical before diagnosis
<b>Pelvic Ultrasound (TVUS)</b>	Assess uterine structure, endometrial thickening, fluid; detect abscess
<b>Hysteroscopy + Endometrial Biopsy</b>	GOLD STANDARD for chronic endometritis — plasma cell identification (CD138+) via histopathology; also allows direct visualisation
<b>Endometrial Microbiome (EMMA test)</b>	Profiles uterine bacteria — identifies Lactobacillus deficiency and pathogenic colonisation relevant to implantation

### Acute vs Chronic Endometritis — Key Distinction

ACUTE endometritis: obvious, urgent — fever, pain, discharge. Treat with broad-spectrum antibiotics IV (clindamycin + gentamicin first-line per guidelines).

CHRONIC endometritis (CE): subtle or silent — often discovered only during IVF workup. Associated with biofilm-forming bacteria. Treat with doxycycline or targeted antibiotics based on culture. First-line: doxycycline 100mg BD for 14 days.

CE is found in ~56% of women with recurrent implantation failure and ~57% with recurrent pregnancy loss — and is largely treatable. (Frontiers in Endocrinology, 2025)

## SYMPTOM SCORE SUMMARY & ACTION GUIDE

Transfer your section scores below. Share this page with your practitioner.

Section	Condition	Threshold	My Score	Priority for Discussion
1	Hypothyroidism / Thyroid Dysfunction	5+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
2	Insulin Resistance	5+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
3	Iron Deficiency & Anaemia	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
4	Poor Circulation	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
5	Food Intolerance Inflammation	5+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
6	Gluten Intolerance / Coeliac	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
7a	Magnesium Deficiency	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
7b	Vitamin D Deficiency	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
7c	B Vitamin Deficiency	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
7d	Zinc / Copper / Ceruloplasmin	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
7e	Iodine / Selenium	3+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
8	Liver Health & Detoxification	5+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
9	Lymphatic Drainage Dysfunction	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
10	PCOS	3+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
11	Endometriosis	4+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
12	Endometritis (Acute / Chronic)	3+	_____	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

## Sources & Evidence Base

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