

Health Concerns	Possible Contributors	Reason	Possible Contributor to	Reason
Anxiety & OCD	HPA-related diminished stress response	due to constant stress including stress caused by experiencing anxiety including OCD		
	Oestrogen excess, potentially due to liver dysfunction	Known contributor to anxiety	Hypothyroidism	Constant stress associated with anxiety and OCD along with other factors can contribute to hypothyroidism
	Low cholesterol, potentially due to liver dysfunction	Cholesterol is responsible for serotonin synthesis. Lower serotonin levels can negatively impact mood and wellbeing. Lower levels also tend to be associated with anxiety and OCD.	Galactorrhea	Can be an unusual symptom
		Cholesterol is essential for the formation of myelin, a protective layer around nerve cells. Disruptions in myelin integrity may contribute to anxiety & OCD	PMS	Constant stress associated with anxiety and OCD can lead to HPA-related reduced stress response which can lead to PMS
	Hyperthyroidism	Anxiety is a known symptom		
Short cycle & PMS	Oestrogen excess	Poor detoxification, potentially due to liver dysfunction (Raised liver enzymes) in addition to low water intake (dehydration)		
	Low cholesterol, potentially due to liver dysfunction	Cholesterol is responsible for serotonin & progesterone synthesis). Low serotonin can contribute to PMS, Low progesterone can contribute to PMS & shorter cycle.		
	HPA-related diminished stress response	due to constant stress including stress caused by experiencing anxiety including OCD		
	Hypothyroidism	heavy menstrual bleeding? with a shorter cycle or just a shorter cycle can be a symptom		
Galactorrhea	Chronic Stress	Can be an unusual symptom		
	Hypothyroidism	Can be a symptom		
	Idiopathic	You may be more sensitive to prolactin, even at normal levels and or to stimulation		
	Most causes are linked to high prolactin levels of which yours are on the lower side of normal. Other causes could be renal insufficiency however your other blood test results don't indicate this and/or liver disease (potentially this could include liver damage - raised ALT & AST are indicators of liver cell injury. I think it is important that you push your GP to undertake all the tests that rule out anything else it could be. Bearing in mind it could be idiopathic meaning (no medical reason), but this should only be decided upon after all other causations are ruled out.			
Raised Liver Enzymes	Past viruses	understood to be an exacerbating trigger and a positive sign that they have come down overtime.	Excess oestrogen	The liver is responsible for breaking down oestradiol; if this is not done effectively, it can be recirculated in the body
	Toxic load	Smoking, alcohol, regular ibuprofen, potentially diet (we didn't go through this in detail last time)	Low cholesterol	The liver is involved in the production of cholesterol via lipogenesis
				The liver (along with other organs) is involved in thrombopoietin synthesis. Thrombopoietin stimulates platelet release. Liver dysfunction may impair this function.
	Dehydration	impairing function of flushing waste and toxins from the body.	Mild thrombocytopenia	
	Liver dysfunction	Raised ALT & AST which are indicators of liver cell injury	High Anion Gap	Poor detoxification may be playing a role

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Sub-optimally high anion gap	Dehydration	Can be a symptom		
	Liver dysfunction (raised liver enzymes)	Poor detoxification due to liver dysfunction		
Mild thrombocytopenia		The liver (along with other organs) is involved in thrombopoietin synthesis. Thrombopoietin stimulates platelet release. Liver dysfunction may impair this function.		
	Liver dysfunction (raised liver enzymes)			
	Low cholesterol (potentially due to liver dysfunction)	Low cholesterol may influence platelet function and aggregation due to the role cholesterol has in maintaining the integrity and fluidity of cell membranes, including platelets		
	Hypothyroidism	Can be a symptom		
Low cholesterol				Low cholesterol may influence platelet function and aggregation due to the role cholesterol has in maintaining the integrity and fluidity of cell membranes, including platelets
	Liver dysfunction (raised liver enzymes)	Liver is involved in production of cholesterol via lipogenesis	mild thrombocytopenia	