

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
	Long-term mould exposure (this house and last both clearly have water damage)	Mould toxins, particularly mycotoxins, can cross the blood-brain barrier and affect neurological function. In severe cases, mould exposure may contribute to the development or		
	Hyperthyroidism	Anxiety is a known symptom		
Short cycle & PMS	Oestrogen excess	Poor detoxification, potentially due to liver dysfunction (Raised liver enzymes) and increased toxic load given mould toxins and 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.		
	HPA-related diminished stress response	due to constant stress including stress caused by experiencing anxiety including OCD		
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 (CMV, RRF & Glandular Fever)	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, mould exposure.	Low cholesterol	The liver is involved in the production of cholesterol via
	Dehydration	impairing function of flushing waste and toxins from the body.	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 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	Liver dysfunction (raised liver enzymes)	The liver (along with other organs) is involved in thrombopoietin synthesis. Thrombopoietin stimulates platelet release. Liver dysfunction may impair this function.				
	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				
	Long-term mould exposure	Mycotoxins (toxins that can be produced by molds) are associated with thrombocytopenia				
	Hypothyroidism	Can be a symptom				
Low cholesterol	Liver dysfunction (raised liver enzymes)	Liver is involved in production of cholesterol via lipogenesis	mild thrombocytopenia	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		
Regular Sinus infections and "not feeling well"	Long-term mould exposure	inhalation of mould spores and airborne mycotoxins can irritate the respiratory tract and trigger respiratory conditions. Mould exposure is linked to symptoms such as coughing, wheezing, shortness of breath, chest tightness, and sinus congestion. In individuals with pre-existing respiratory conditions, mould exposure can exacerbate symptoms and lead to chronic respiratory issues.	Lower than expected energy			
	HPA-axis dysfunction	due to constant stress including stress caused by experiencing anxiety including OCD. This can negatively impact the immune system.				
	Constant and long term smoking	Smoking is known to cause negative effects on the immune and respiratory system directly and indirectly given the increased level of toxins.				