Root Decoder

Functional Medicine Self-Assessment — Personalized Report

Prepared for: A. (sample) **Age:** 38 **Sex:** Female **Generated:** July 8, 2026

> **IMPORTANT MEDICAL DISCLAIMER:** This report is an educational self-assessment tool only. It is NOT a medical diagnosis and does NOT constitute medical advice, treatment, or a substitute for professional healthcare. Always consult a licensed medical professional (MD, DO, ND, NP, PA) before making changes to diet, supplements, medications, or treatment.

Your Category Scores

Scores are calculated from your answers across 60+ symptom questions in the 8-minute assessment. Higher scores indicate stronger symptom patterns worth investigating with your practitioner.

Category	Score	Level
Gut & Digestive Health	78%	High
HPA-Axis / Stress & Adrenal	74%	High
Nervous System & Emotional Regulation	71%	High
Thyroid & Hormonal	62%	High
Mitochondrial / Energy Production	58%	High
Immune & Inflammation	49%	Moderate
Detoxification & Environmental Load	41%	Moderate
Nutrient Status	38%	Moderate
Cardiometabolic	22%	Low
Musculoskeletal & Pain	18%	Low

Overview

Your responses describe a picture consistent with chronic **HPA-axis dysregulation** layered on top of **gut dysbiosis** and **nervous-system dysregulation**. The symptom cluster — post-meal bloating, afternoon energy crashes, cold hands and feet, disrupted sleep between 2–4 a.m., and heightened reactivity to stress — points to a gut-brain-adrenal feedback loop that has been running for many months. This is a recoverable pattern, but it responds best to a sequenced approach that begins with nervous-system regulation, not with aggressive supplementation.

Top Areas of Concern

1. Gut & Digestive Health — 78%

What it means: Symptoms suggest small intestinal bacterial overgrowth (SIBO) and/or dysbiosis with impaired digestive fire.

Symptoms driving this score:

- Bloating within 60–90 minutes of meals (severity 4/4)
- Alternating constipation and loose stool (3/4)
- Brain fog and fatigue after carbohydrate-rich meals (4/4)
- History of multiple antibiotic courses in adulthood (3/4)

What may be driving it: Post-antibiotic dysbiosis, low stomach acid from chronic stress, reduced migrating motor complex activity due to sympathetic dominance, possible bile flow insufficiency.

Lifestyle & nutrition to discuss with your practitioner:

- 20-minute walk after each meal to stimulate motility
- Space meals 4 hours apart — avoid grazing to allow MMC cycles
- Warm cooked foods over raw for 4–6 weeks; reduce FODMAP load temporarily
- Bitters (gentian, dandelion) 15 minutes pre-meal
- Bone broth or slippery elm to support mucosal repair

Testing your doctor may consider: GI-MAP or GI Effects stool panel, SIBO breath test (glucose + lactulose), organic acids test (OAT) for microbial markers, comprehensive metabolic panel with liver enzymes.

2. HPA-Axis / Stress & Adrenal — 74%

Symptoms driving this score:

- Wired-but-tired feeling most evenings (4/4)
- Waking between 2 and 4 a.m. unable to fall back asleep (4/4)
- Craving salty foods (3/4)
- Dizziness when standing quickly (3/4)
- Feeling overwhelmed by tasks that used to feel manageable (4/4)

What may be driving it: Chronic cortisol rhythm inversion, elevated evening cortisol suppressing melatonin, possible low aldosterone contributing to orthostatic symptoms, blood sugar instability amplifying the stress response.

Lifestyle & nutrition to discuss with your practitioner:

- Morning sunlight within 30 minutes of waking (10–15 min) to anchor circadian rhythm
- Protein + fat breakfast within 60 minutes of waking; no coffee before food
- Limit caffeine to before 10 a.m.; consider a 4-week washout
- Screens off 90 minutes before bed; blue-blockers if unavoidable

- Add a pinch of mineral salt to morning water for adrenal support

Testing your doctor may consider: DUTCH Complete (4-point cortisol + metabolites), morning ACTH & cortisol, aldosterone/renin ratio, fasting glucose + insulin (HOMA-IR).

3. Nervous System & Emotional Regulation — 71%

Symptoms driving this score:

- Chronic muscle tension in jaw, neck, and shoulders (4/4)
- Racing thoughts at bedtime (4/4)
- Startle easily; feel on edge in public spaces (3/4)
- Difficulty crying, or crying uncontrollably at small triggers (3/4)
- History of adverse childhood events (self-reported)

What may be driving it: Long-term sympathetic dominance and dorsal-vagal shutdown cycling. Trauma held somatically continues to signal threat to the immune and digestive systems.

4. Thyroid & Hormonal — 62%

Symptoms driving this score:

- Cold hands and feet even in warm rooms (4/4)
- Hair thinning at the temples (3/4)
- Outer third of eyebrows sparse (2/4)
- PMS with breast tenderness and mood shifts (3/4)
- Cycles shortening from 28 to 24 days over the last year (3/4)

Testing your doctor may consider: Full thyroid panel (TSH, free T4, free T3, reverse T3, TPO & TgAb), day-21 progesterone, estradiol, DHEA-S, SHBG.

5. Mitochondrial / Energy Production — 58%

Symptoms driving this score:

- Post-exertional fatigue lasting 24–48 hours (4/4)
- Muscle heaviness climbing stairs (3/4)
- Cognitive fatigue by mid-afternoon (4/4)

Testing your doctor may consider: Organic acids test (Krebs cycle markers), RBC magnesium, CoQ10, ferritin + full iron studies, vitamin B12 with MMA and homocysteine.

Possible Diagnoses to Discuss with Your Practitioner

Ranked by how well the symptom cluster corroborates each candidate — not by raw category score.

1. Small Intestinal Bacterial Overgrowth (SIBO) — most likely

Symptom cluster: Post-meal bloating within 90 minutes + alternating stools + brain fog after carbs + history of antibiotics + nutrient deficiency signs (thinning hair, cold extremities).

Why it fits: The timing of bloating (small-bowel rather than colonic) and carb-triggered cognitive symptoms are classic. Absence of severe reflux slightly lowers probability of hydrogen-sulfide subtype.

How to confirm: Lactulose breath test measuring hydrogen and methane at 20-minute intervals for 3 hours.

2. HPA-Axis Dysregulation (adrenal fatigue pattern)

Symptom cluster: 2–4 a.m. wake + wired-tired evenings + salt cravings + orthostatic dizziness + overwhelm.

How to confirm: DUTCH 4-point salivary or dried-urine cortisol; morning serum ACTH + cortisol to rule out primary adrenal insufficiency.

3. Subclinical Hypothyroidism / early Hashimoto's

Symptom cluster: Cold intolerance + hair thinning + outer-brow sparseness + cycle shortening + fatigue.

How to confirm: Full thyroid panel with antibodies; thyroid ultrasound if antibodies are positive.

4. ME/CFS or Long-COVID sequelae — possible but not definitive

Symptom cluster: Post-exertional malaise lasting >24 hours + cognitive fatigue + orthostatic symptoms.

How to confirm: IOM criteria for ME/CFS clinically; NASA lean test or tilt-table for POTS overlap.

5. Mast Cell Activation Syndrome (MCAS) — screen but lower probability

Symptom cluster: Food reactivity + flushing (mild, 2/4) + histamine-food intolerance.

How to confirm: Serum tryptase (fasting, non-flare and during flare), 24-hour urine N-methylhistamine and prostaglandin D2.

Reminder: only a licensed clinician can diagnose. Use this list to focus your appointment, not to self-treat.

Ayurvedic Perspective

Likely dosha imbalance: Predominantly **Vata aggravation** with secondary **Pitta** heat.

- Vata signs: cold extremities, racing thoughts, dry skin, irregular digestion, anxiety, disrupted sleep
- Pitta signs: 2–4 a.m. wake (liver hour), irritability, sharp hunger, PMS heat

Underlying concepts: Weakened *agni* (digestive fire) leading to *ama* (undigested residue) accumulating in the gut and channels (*srotas*). *Ojas* — the essence of vitality — appears depleted.

Traditional supportive practices to discuss with an Ayurvedic practitioner:

- Dinacharya: consistent wake and sleep times, warm oil self-massage (abhyanga) with sesame oil
- Warm, cooked, moist foods — kitchari during reset periods
- Triphala at night to support elimination without depleting
- Ashwagandha (500 mg twice daily) for HPA support
- Brahmi or Shankhapushpi for nervous-system calming
- Ghee with warm milk and nutmeg 30 min before bed for grounding

Traditional Chinese Medicine Perspective

Likely patterns of disharmony: Liver Qi stagnation overacting on Spleen, with underlying **Kidney Yin deficiency**.

- Liver Qi stagnation: jaw tension, PMS, sighing, irritability, cycle irregularity
- Spleen Qi deficiency: bloating, loose stools, fatigue after meals, worry, muscle heaviness
- Kidney Yin deficiency: 2–4 a.m. wake, night sweats (mild), lower-back weakness, dry skin

Traditional practices to discuss with a licensed TCM practitioner:

- Acupuncture focused on LV3, LI4 (Four Gates), SP6, ST36, KD3
- Formulas commonly discussed for this pattern: *Xiao Yao San* (Free & Easy Wanderer) for Liver-Spleen, *Liu Wei Di Huang Wan* for Kidney Yin
- Warming, cooked foods; congee for breakfast; avoid raw and iced
- Gentle Qigong or Tai Chi in the morning to move Liver Qi

Integrative Synthesis

All three lenses converge on the same core story: a nervous system stuck in threat mode is degrading digestion, hormonal signaling, and cellular energy production. Functional medicine names it HPA-axis + gut-brain axis dysfunction; Ayurveda names it Vata-Pitta imbalance with weak agni; TCM names it Liver overacting on Spleen with Kidney Yin depletion. The **practical implication is the same**: regulate the nervous system first, then rebuild digestion, then repair mitochondria and hormones.

Emotional & Psychological Foundations for Healing

This is **foundational**, not optional. Your symptom pattern shows the classic fingerprints of unresolved sympathetic activation: jaw tension, startle response, difficulty crying or crying at small triggers, and 2–4 a.m. waking. This nervous-system state directly reinforces your gut, thyroid, and mitochondrial patterns via the vagus nerve, HPA axis, and inflammatory cytokine signaling.

Why this matters here

Every meal you eat while in fight-or-flight is a meal your gut cannot fully digest. Every night you sleep with elevated cortisol is a night your body cannot repair. Addressing the nervous system is not a mood intervention — it is a physical medicine intervention.

Trauma-informed modalities to explore

- Somatic Experiencing (Peter Levine) — for stored survival energy
- EMDR — for discrete traumatic memories
- Internal Family Systems (IFS) — for chronic self-criticism and protector patterns
- Gut-directed hypnotherapy (Nerva or Monash apps) — evidence-based for functional GI
- Sensorimotor psychotherapy — for body-based trauma work
- Group support (12-step, ACA, or trauma peer groups) — co-regulation heals

Daily nervous-system regulation practices

- Physiological sigh: 2 short inhales through nose + long exhale through mouth, 3× before meals
- Humming or gargling for 60 seconds — direct vagal stimulation
- Cold water on the face (dive reflex) when overwhelmed
- Morning sunlight in the eyes for 10 minutes (no sunglasses, no window glass)
- 20-minute walk in nature — Attention Restoration Theory evidence
- Phone-free wind-down: no screens in bed, book or journal instead

Safety note

If any of the following are present — persistent thoughts of self-harm, dissociative episodes, panic attacks multiple times per week, or an active trauma flashback loop — please make contact with a trauma-trained therapist and, in crisis, call **988** (US Suicide & Crisis Lifeline), **Samaritans 116 123** (UK), or your local equivalent. This is not weakness; it is the correct medical step.

Nutritional Foundations

Macronutrients

- Protein: aim for 30 g at breakfast, 30 g at lunch, 30 g at dinner. Under-eating protein is one of the most common drivers of the fatigue-anxiety-cravings loop in women 30–50.
- Healthy fats: extra-virgin olive oil, avocado, pasture eggs, wild fatty fish — critical for hormone precursors.

- Fiber: 25–35 g/day, mixed soluble and insoluble, introduced gradually if SIBO is suspected.

Micronutrients most consistent with your responses

- **Ferritin** — target 70–100 ng/mL; iron-deficient hair thinning is very common at your reported cycle pattern
- **Vitamin D** — target 50–70 ng/mL; low D is associated with your fatigue and immune profile
- **RBC Magnesium** — target upper quartile; supports sleep, muscle tension, insulin sensitivity
- **B12 with MMA** — rule out functional deficiency even if serum B12 looks normal
- **Omega-3 index** — target >8%; anti-inflammatory and mood-supportive

Suggested Next Steps — 30/60/90-Day Roadmap

Days 1–30 — Regulate & Baseline

- Book intake with a functional medicine practitioner AND a trauma-trained therapist in parallel
- Order labs: GI-MAP, DUTCH Complete, full thyroid panel with antibodies, ferritin, vitamin D, RBC magnesium, B12 with MMA, homocysteine
- Daily: morning sunlight, protein breakfast within 60 minutes of waking, screens off 90 min before bed
- Start one nervous-system practice (physiological sigh before meals) — do not add more
- Reduce caffeine to before 10 a.m.; consider a 4-week washout

Days 31–60 — Rebuild Digestion

- Review labs with practitioner; begin any indicated protocols (SIBO treatment, thyroid support, iron repletion)
- Add second nervous-system practice (10-minute walk after meals)
- Begin therapy sessions weekly
- Introduce bitters pre-meal, magnesium glycinate at bedtime

Days 61–90 — Restore Energy & Hormones

- Re-test any deficient markers to confirm repletion
- Layer in gentle strength training 2×/week for mitochondrial biogenesis and insulin sensitivity
- Address hormone patterns based on cycle-mapped labs
- Reassess symptom scores; adjust plan with practitioner

Grocery Shopping List

Protein & recovery — supports hormones, hair, energy

- Pasture-raised eggs
- Wild Alaskan salmon
- Sardines in olive oil
- Grass-fed ground beef
- Organic tempeh
- Red and green lentils
- Bone broth

Vegetables & greens — daily bitter and cruciferous exposure

- Baby arugula
- Dinosaur kale
- Broccoli & broccoli sprouts

- Brussels sprouts
- Beets & beet greens
- Fennel bulb
- Yellow onions & garlic

Fruits & polyphenols

- Wild blueberries (frozen)
- Pomegranate seeds
- Meyer lemons
- Green apples
- Dark cherries
- 85% dark chocolate

Healthy fats

- Extra-virgin olive oil (dark bottle)
- Avocados
- Raw walnuts
- Pumpkin seeds
- Chia seeds
- Grass-fed ghee

Gut-supportive foods

- Raw sauerkraut
- Coconut kefir
- Miso paste (unpasteurized)
- Kiwi fruit
- Cooked-and-cooled potatoes (resistant starch)
- Slippery elm powder

Pantry & spices

- Turmeric root
- Fresh ginger
- Ceylon cinnamon
- Rosemary & thyme
- Redmond Real Salt

- Raw local honey

Hydration & swaps

- Mineral water (Gerolsteiner, Topo Chico)
- Nettle & tulsi tea
- Ceremonial-grade matcha
- REDUCE: alcohol, seed oils, ultra-processed snacks, artificial sweeteners

Supplement Foundations (educational — discuss with your practitioner)

Do not start everything at once. Sequence with your practitioner based on labs and tolerance.

Foundational

- **Magnesium glycinate** — 200–400 mg at bedtime. Supports sleep, muscle relaxation, and insulin sensitivity.
- **Vitamin D3 + K2** — 2000–5000 IU D3 with 100 mcg K2-MK7. Retest at 8 weeks; adjust to target 50–70 ng/mL.
- **Omega-3 (EPA/DHA)** — 2 g combined daily with a meal containing fat.
- **Methylated B-complex** — with breakfast; supports energy, methylation, and stress resilience.

Targeted (confirm labs first)

- **Iron bisglycinate** — only after ferritin confirms deficiency; take with vitamin C, away from coffee/tea/calcium.
- **Ashwagandha (KSM-66)** — 600 mg daily for HPA support. Avoid in hyperthyroidism or with immunosuppressants.
- **L-theanine** — 200 mg as needed for acute stress; safe daytime option.
- **Digestive bitters** — 15 min pre-meal to stimulate stomach acid and bile.
- **Saccharomyces boulardii** — 5 billion CFU twice daily, especially post-antibiotics.

Confirm first with your practitioner

- Iron only after ferritin + iron studies (over-supplementation is harmful)
- Ashwagandha with thyroid medication (may shift TSH)
- Fish oil if on blood thinners
- Any adaptogen if pregnant or trying to conceive

Supplements complement — never replace — food, sleep, movement, connection, and practitioner care.

Important Disclaimer

This report is an educational tool based on your self-reported answers. It is not a diagnosis, prescription, or treatment plan. Please share it with a licensed functional medicine practitioner (MD, DO, ND, NP, or PA) who can order the recommended labs, interpret them in the context of your full history, and design a plan appropriate for you. Supplement suggestions are educational — dosing, interactions, and duration must be confirmed with a qualified clinician. In a medical emergency, call 911 (US) or your local emergency number.