**🔹 Physical Symptoms**

**Circulatory / Extremities**

* **Toes and feet** frequently appear **red, inflamed**, and turn **purple** when seated in certain positions (e.g., on the toilet).
* **Sensations of surging or fluid-like constriction** felt consistently from **lower calves downward**.
* **Edema** occurred most severely between **mid-May and late June**, previously affecting ankles and feet:
  + Shoes that were normally loose became too tight during flare-ups.
  + Residual minor edema persists, especially **below the inner ankle bones**.
* Whole-body aches and pains, intense, daily

**Pain / Inflammation**

* Pain, discomfort, itching, and numbness in thigh.
* Redness remains around and in the toes even when not discolored.

**Gastrointestinal / Food Reactions**

* Known **Crohn’s disease**, worsened by:
  + **Carbohydrates**, especially refined carbs or fast food.
  + Recent flare triggered by **Burger King breakfast sandwich** (noted as causing sudden, intense pain).

**Appetite / Nutrition**

* **Irregular eating** pattern:
  + Frequently eating **once per day** or **skipping days**.
  + Diet alternates between **keto/carnivore-heavy** and **carb-heavy lapses**.
  + Example: A recent day included only coffee with cream, some Greek yogurt with blueberries and stevia, and cherry tomatoes.

**Sleep**

* During a prolonged period of high stress (Dec–May), patient reported:
  + Sleeping only **once every 2–3 days**, for 3–4 hours.
  + Frequent **micro-sleep events**: slipping into vivid, complex dreams for **10–30 seconds**, multiple times per minute, followed by brief wakefulness.
* **Current sleep** patterns appear improved but remain **fragmented and non-restorative**.

**Medication / Drug Response**

* **Adderall (20–40mg IR)** produces **dopamine-driven focus**, but **not wakefulness or energy**.
  + Patient reports ability to sleep even shortly after taking it.
* **Caffeine** has no noticeable stimulant effect.
* **Cocaine** use once in early 20s caused **immediate sedation** instead of stimulation.
* **Stimulants have never been subjectively effective**, even in childhood.

**🔹 Mental / Cognitive States**

**Focus / Productivity**

* **Sharp, recursive problem-solving** ability observed in flow states, but **entirely state-contingent**.
* Motivation and volition are **unpredictable** and **non-volitional**, **triggered by internal alignment**, not deliberate effort.

**Agency / Control**

* Patient questions the nature of **free will and volitional control**, describing actions as **responsive integrations** to internal and external states, not willful choices.
* Reports that **executive function** is not simply impaired — it’s **environmentally gated** by a “coherence signal” that is not under conscious control.

**Memory / Awareness**

* High clarity and retention of system structures, design abstractions, and novel insights.
* Awareness of dynamic cognitive state-vectors that influence moment-to-moment function.
* Uses **Socratic-style recursive questioning** not as philosophy, but as a reflexive cognitive **synthesis engine**.

**🔹 Emotional States**

**Chronic Stress History**

* **Lifelong stress** either experienced directly or sought to be escaped through:
  + **Food** (as a child)
  + **Alcohol** (young adulthood)
  + **Cannabis and hyperfocus** (present day)

**Social Identity / Alienation**

* Lifelong experience of being “the fat kid,” “the weird kid,” or “different” from peers.
* Never explicitly rejected, but often treated as “off,” with strong feelings of **ontological mismatch**.
* Describes ongoing **alienation** from social norms, external expectations, and imposed structures.

**Emotional Blunting / Fatigue**

* Current emotional state: **lethargy**, **fatigue**, and **tiredness to the point of not caring**.
* Feels unable to summon motivation unless **deep internal alignment** is achieved — something that cannot be planned or forced.

**🧩 Additional Notes for Provider Consideration**

* Patient reports **non-response to typical stimulant medication**, suggesting possible **HPA axis disruption**, **atypical catecholamine metabolism**, or neurochemical variance.
* Functionally optimized during specific mental states that **cannot be voluntarily triggered**, with **shutdown behaviors** when environmental expectations conflict with internal states (proposed label: “False Structure Intolerance”).
* Patient may benefit from a **multidisciplinary evaluation**, including:
  + **Autonomic nervous system / POTS assessment**
  + **Endocrinology** (HPA axis function, cortisol/DHEA rhythm)
  + **Neurodivergent psychiatric evaluation** (ASD/ADHD)
  + **Nutritional and GI workup** (Crohn’s, absorption, inflammation)
  + **Sleep study** (to rule out REM abnormalities or narcoleptic features)