

HOW CORTISOL SYMPTOMS HELPED CONNECT SCATTERED CLUES

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For nearly a year, my health felt like a collection of unrelated issues. My blood pressure would rise after I ate. My legs hurt and jerked at night. I woke between two and four in the morning, suddenly alert and unable to return to sleep. I could follow a diet for months without losing a pound. My blood sugar and blood pressure varied unpredictably, and I was often cold and unable to get warm. Each symptom was considered separate by medical professionals. What I needed was a way to ask whether they belonged to the same larger pattern.

A medically reviewed article titled "10 Symptoms of High Cortisol Levels" gave me vocabulary for that question. It did not diagnose me, and a symptom list cannot diagnose anyone. It did, however, show me that weight changes, muscle weakness, high blood pressure, and high blood sugar can occur when cortisol remains elevated.

For the first time, several experiences that had made me feel dismissed and confused could be discussed together. That connection helped identify my symptoms, but it also helped save my sanity: I no longer felt that I was imagining a pattern simply because no one had yet assembled the pieces.

A year of separate answers

When my blood pressure rose after meals, I was referred to a specialist. Instead of

exploring why eating appeared to trigger the change, the encounter turned toward weight-loss medication. Wegovy was urged on me, but the explanation did not address the question I had brought into the room. I didn't have an appetite anyway.

When my legs hurt at night, I was given a sleeping pill and a muscle relaxer. Neither solved the problem. A neurologic evaluation did not identify a cause. The pain finally resolved after potassium and magnesium imbalance was recognized and addressed. That experience reinforced a lesson I have learned repeatedly: a symptom may be real even when the first explanation is wrong or incomplete.

The early-morning waking was treated as a stress-management problem. I was told to meditate. Meditation may help many people, but it did not explain why I repeatedly became wide awake during the same narrow window. I eventually stopped fighting the pattern. I got up, worked until I became sleepy, and then tried to sleep again.

Weight presented another impasse. I dieted for a year without losing a pound and heard the familiar instruction to eat less and exercise more. Meanwhile, my glucose could be very high on waking—sometimes near 300 mg/dL—and on other occasions as low as 62 mg/dL. Splitting my insulin dose did not resolve the variability. I was also persistently cold. Increasing thyroid medication did not make me

feel warm again. Heart-rate medication and a diuretic added more variables, but the larger picture remained unclear.

Why cortisol became an important clue

Cortisol is essential. Produced by the adrenal glands under direction from the hypothalamic-pituitary-adrenal axis, it helps regulate the stress response, metabolism, inflammation, blood pressure, and glucose availability. The goal is not to eliminate cortisol. The question is whether its amount or daily timing has become abnormal.

Cortisol normally follows a circadian rhythm. Levels are generally lowest around midnight and begin rising again at approximately 2 a.m., preparing the body for morning. That normal rise does not prove that waking between two and four is caused by cortisol. Many conditions can disturb sleep, including glucose changes, medication, sleep apnea, pain, anxiety, thyroid disorders, and other medical problems. Still, the timing gave me a reasonable question to bring forward: could my sleep disruption be part of a hormonal or metabolic pattern rather than simply a failure to relax?

The same caution applies to the other symptoms. Sustained cortisol excess can be associated with muscle weakness, weight gain, elevated blood pressure, and impaired glucose control, but these are nonspecific findings. They may result from many different conditions. True Cushing syndrome is uncommon and requires medical testing; adrenal insufficiency involves too little cortisol and has a different diagnostic pathway. The word "adrenal" should therefore begin an investigation, not end one.

Pregnenolone is part of the pathway, not a simple answer

Pregnenolone is an early precursor in steroid-hormone production. It can contribute to pathways that produce cortisol, progesterone, aldosterone, DHEA and other hormones. Some integrative-health discussions use the phrase "pregnenolone steal" to suggest that chronic stress diverts pregnenolone toward cortisol production. That description is easy to understand, but it is a hypothesis rather than an established clinical diagnosis. Steroid production is controlled by ACTH, tissue-specific enzymes, feedback signals, illness, medications, and circadian timing.

For that reason, I do not present pregnenolone as a universal anti-cortisol remedy. Being a precursor does not mean that taking it will predictably raise or lower cortisol, and supplements may interact with a person's condition or medications. Anyone considering hormone supplementation should discuss laboratory evaluation, risks, and monitoring with a qualified medical professional.

What my BioAcoustic work contributed

My professional work in BioAcoustic Biology uses computerized spectral analysis of the voice to observe frequency patterns. Within that framework, I explored what I call a cortisol vocal print. The pattern became a way for me to organize observations and decide what questions deserved further attention. I also used individualized sound presentations and observed improvement in my own symptoms. That is my personal experience; it is not proof that sound corrected cortisol, and it should not be generalized into a medical outcome for other people.

In my BioAcoustic framework, October is a period when cortisol-related frequency patterns are especially active. This is a BioAcoustic observation, not an accepted principle of endocrinology. I share it as an

invitation to observe carefully, document consistently, and compare impressions with objective medical information.

A free tool for a better medical conversation

I have created a free app that allows people to explore their cortisol-related vocal pattern. It is intended as an educational self-observation tool. It does not measure cortisol in blood, saliva, or urine; it does not diagnose high cortisol, low cortisol, Cushing syndrome, adrenal insufficiency, or any other condition; and it should never be used to change insulin, thyroid medication, blood-pressure medication, supplements, or other treatment.

Its practical purpose is simpler: help a person notice a pattern, record the questions it raises, and discuss those questions with a medical provider. A useful report might include the vocal-print observation alongside a dated symptom log, medication and supplement list, sleep times, mealtimes, home blood-pressure readings, and glucose readings. That information can help a clinician decide whether established medical testing is appropriate.

Questions worth taking to a medical provider

1. Could medication timing, insulin dosing, meals, thyroid status, electrolyte balance, sleep disruption, or another condition explain these changes?
2. Would an endocrinology evaluation be appropriate?
3. If cortisol excess is reasonably suspected, which validated test fits the situation: late-night salivary cortisol, 24-hour urinary free cortisol, or an overnight dexamethasone suppression test?
4. If low cortisol is suspected, should morning cortisol, ACTH, or stimulation testing be considered?

5. How should unusually high or low glucose readings be managed safely while the cause is investigated?

Testing must be selected and interpreted by a clinician because cortisol varies by time of day and can be affected by medications, illness, sleep patterns, and collection conditions. A single symptom—or a single unvalidated screening result—cannot establish the diagnosis.

The value of being believed

The most difficult part of this year was not one symptom. It was the fragmentation. One complaint led to a weight-loss recommendation, another to sedation, another to meditation, and another to a medication adjustment. Some interventions may have been reasonable responses to individual findings, but none initially explained the whole experience.

The cortisol article did not hand me a universal answer. It offered a map of possibilities and language for a more focused conversation. That distinction matters. People should not have to choose between dismissing their own observations and diagnosing themselves from the internet. There is a responsible middle ground: recognize patterns, document them, use educational tools carefully, and ask clinicians to help test the possibilities.

My hope is that the free vocal-print app can support that middle ground. If it helps someone say, "These are the symptoms, this is when they occur, these are my readings, and this is the pattern I would like to discuss," then it has served its purpose. Curiosity is not a diagnosis. But careful curiosity can be the beginning of better care.

Your personal, online Vocal Print can be BioAcoustically evaluated here: SoundHealthPortal.com = our public online WorkStation.

Reader safety note

This article is educational and describes the author's personal experience. BioAcoustic voice analysis and the cortisol vocal print are not established medical tests for adrenal or cortisol disorders. Do not start pregnenolone, change medication, alter insulin, or delay care based on a vocal print or symptom list. Online literature warns that very high or low glucose requires urgent treatment. Seek immediate medical help for severe confusion, fainting, seizure, trouble breathing, persistent vomiting chest pain, or a low glucose level that does not respond to the correction plan provided by your clinician.

SOUND HEALTH NOTES FOR OCTOBER 2026

Musical Note association: F#
Color association: green
Astrological Association: Libra

Entire month Cortisol stressed including aldosterone, adrenaline, short tempers prevail. Fatigue via iron unbalance may be obvious. Every moment frequencies are hurling toward the earth that influence our emotions and physiology.

These monthly Keynotes are meant to forewarn you of things to come. Generally for the month of October: the lower back, hip muscles, eye proteins and blood pressure issues are all active throughout the month.

FIRST FEW DAYS - OCT 1-10

Proteins that keep the eye lens clean is active this week. Troponin, an enzyme used to monitor heart trauma, is active now.

Hip muscles and lower abdominal muscles, which help support the back, are active and may cause back strain and pain.

Eye issues concerning opsin and the cornea are both in stress this week. Lipid (fat) overload and likely fatty liver issues may become obvious as digestive or hormonal upsets may cause discomfort.

Finger and joint connections may become cranky. Turmeric may help some of the inflammatory responses you are having. Blood sugar may be harder to control this week.

WEEK TWO - OCT 11-17

The hip muscles continue to cause discomfort. Vitamin B1 may help. Blood flow may be an issue this week. The stress chemical, cortisol, may cause emotional swings. Iron is stressed by mid-week and may cause more fatigue than

usual. Lipase (helps digest carbs) will be in stress for the next 10 days or so. Blood sugar continues to be an issue. This week calls for quality sleep so your body can detox more efficiently.

WEEK THREE - OCT. 18-24

Muscle stress from lack of progesterone may cause more muscle and joint exhaustion. Eye stress continues. Sometimes it can be ameliorated by using colored glasses.

Amazon has colored sets of lens or if you have a local store that handles such items, go try on different colors. The appropriate color will allow you to walk a straighter line down an aisle.

Low Glycine, which supports muscles among other duties, may cause your legs to feel sluggish. You can test your muscles and nutrients using SoundHealthPortal.com. It provides muscle and nutrient software even at the Guest level subscriptions.

WEEK FOUR - OCT. 18-24

prevent complications and further spread of the infection.

Lower back stress comes strongly into play this week. There are several low back stretches on the internet that you can try before getting out of bed. Selenium (Brazil nuts — supports vascular issues) comes into play this week along with Bile salts that help digest fats.

Eye strain continues. Candida and chlamydia frequencies are coming into play at the end of the week.

Wikipedia: Chlamydia pneumoniae is a bacterial pathogen that causes respiratory tract infections in humans. It is transmitted through respiratory droplets and can lead to symptoms such as cough, fever, and chest pain. It is a common cause of community-acquired pneumonia and can also be associated with bronchitis and sinusitis. Early diagnosis and treatment with antibiotics are important to

WEEK FIVE - OCT. 25-31

Back stress continues along the spine. Choline and hemoglobin frequencies may cause mental confusion and fatigue.

For those with dairy issues, this may be a trying week, including for those who suffer mucous-causing sensitivities. Watch out for sinus and swallowing issues.

Insulin metabolism and cardiac muscles are stressed this week and into the beginning of next month.

Questions or Comments: write to SharryEdwards at gmail.com — written in this way to discourage BOTS.

THE **BREAKING** SOUND BARRIER *of* DISEASE

How the Healing Power of Sound Can Restore Your Health
and Transform the Future of Medicine



Discusses the Mathematical Constitution of mankind.



Introduces a Rosetta Stone for Health & Healing.



Includes Software and class links.



Sound holds the key to healing and the future of medicine.



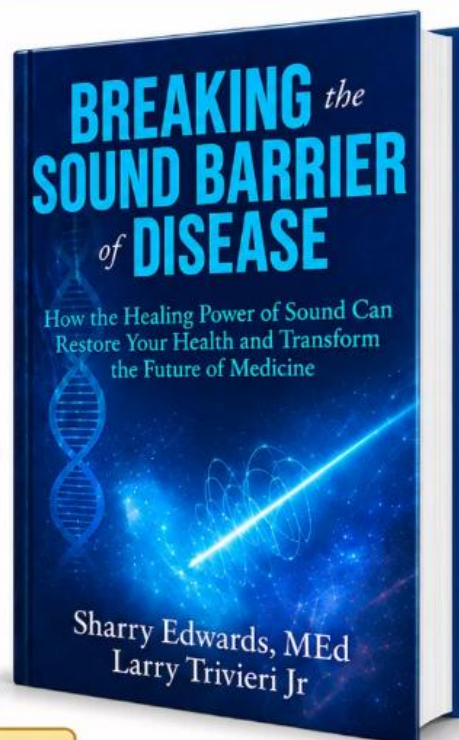
Pioneer in BioAcoustic Vocal Profiling and Mathematical Constitution.



Supports heart, brain, muscles, sleep, mood, and overall wellness.



Sharry Edwards, MEd
Pioneer in BioAcoustic Vocal Profiling and researcher in the healing power of sound. Named Scientist of the Year and featured in 12 documentaries.



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