

PROGRAM TWO OF TWO

The 30-Day PMOS Challenge

Not PCOS. A metabolic condition with a misleading name.

Four weeks, four habits — blood sugar, cortisol and sleep, movement and inflammation, then cycle, labs and advocacy. One prompt a day, nothing eliminated, and at the end a lab list and a one-page summary to take to an appointment.

Format	Day 0 baseline, four weekly modules, 30 daily prompts
Time per day	Five minutes to read, one prompt to act on
What you need	This PDF, a pen, and an appointment worth preparing for
Cost	Free · hol+ / Dr. Taz · September 2026

Not a substitute for medical care. Talk to a physician before starting if you are pregnant or breastfeeding, have type 1 or type 2 diabetes, take medication affecting blood sugar or blood pressure, have a history of disordered eating, or have kidney or liver disease. Neither program involves fasting, calorie restriction or elimination diets.

DAY 0 · BASELINE

Score yourself before you start

Rate each from 1 (poor / constant) to 10 (excellent / never) as things have been over the last month. Note what is not on this list: weight. Thirty days is not a weight programme, and weight is the least informative thing PMOS changes.

Symptom	DAY 0	DAY 30
Energy		
Sleep quality		
Cravings		
Bloating		
Mood stability		
Skin		
Hair shedding		
Cycle predictability		
Brain fog		
How you feel in your body		

WEEK 1 OF 4 • DAYS 1–7

Blood sugar

THE HABIT

Protein at every meal, starting with breakfast

Why this week

Whether or not insulin resistance is your primary driver, glucose stability affects everything downstream in PMOS — androgens, cycle regularity, cravings, energy, inflammation. It is also the fastest thing to change and the fastest thing to feel.

Daily prompts

Day	Prompt	Done
01	PMOS, not PCOS. What the rename means and why it changes your treatment. Set your baseline	
02	30g protein at breakfast. Not a smoothie or fruit. Actual protein	
03	Add protein to the meal you usually skip	
04	Fibre: one cup of vegetables at two meals. Fibre slows glucose and supports hormone clearance	
05	Stop eating standing up. Sit for ten minutes. Glucose response is measurably different	
06	Walk for ten minutes after your largest meal	
07	Check in. Cravings this week versus last week?	

WHAT YOU MIGHT NOTICE

What people notice first: the afternoon crash, and the 4pm need for something sweet.

MYTH

PMOS means you have to cut carbs.

It doesn't. It means carbohydrate rarely belongs on its own. Protein, fat and fibre alongside it changes the entire response.

WEEK 2 OF 4 • DAYS 8–14

Cortisol and sleep

THE HABIT

Fixed wake time and morning light

Why this week

This is the week that matters most for the women who were told their labs look fine.

In a subset of PMOS — often lean, often the ones holding everything together — the driver isn't insulin. It is the stress axis. Cortisol is running the show, and it drives androgens, disrupts cycles and produces every symptom in the standard picture without producing the standard labs.

If Week 1 changed very little for you, pay close attention this week.

Daily prompts

Day	Prompt	Done
08	Set one wake time for the next 23 days. Weekends included	
09	Ten to fifteen minutes of outdoor light within an hour of waking	
10	Move your first coffee 60–90 minutes after waking	
11	The Cortisol Loop™ — how the same loop drives PMOS at 28 and perimenopause at 47	
12	Caffeine cutoff by early afternoon	
13	Build an evening off-ramp: pick two — earlier last meal, no alcohol, dim lights, screens down 30 minutes early	
14	Check in. Sleep this week versus last? Where does stress show up first for you?	

MYTH

If your fasting glucose is normal, PMOS isn't metabolic.

Fasting glucose is often the last thing to change. Fasting insulin usually moves years earlier, and it is rarely ordered.

WEEK 3 OF 4 • DAYS 15–21

Muscle and movement

THE HABIT

Two resistance sessions a week

Why this week

Muscle is the largest site of glucose disposal in the body. Building it improves insulin sensitivity in a way cardio does not, and it does it without the cortisol cost of hard fasted training.

This is also the week that contradicts most PMOS advice, which tends to prescribe more cardio and more restriction. In a condition where the stress axis is often already elevated, that combination frequently makes things worse.

Daily prompts

Day	Prompt	Done
15	Resistance session one. Bodyweight counts. Twenty minutes counts	
16	Walk after dinner	
17	Eat before you train, not after. Fasted intensity raises cortisol	
18	Resistance session two	
19	Why more cardio isn't the answer — the training mistake that keeps PMOS symptoms stuck	
20	Protein within an hour of training	
21	Check in. Energy? Strength? How does your body feel versus Day 1?	

MYTH

You need to exercise more.

Most women with PMOS I see are doing plenty. What is usually missing is resistance work and recovery, not effort.

WEEK 4 OF 4 • DAYS 22–30

Cycle, labs and advocacy

THE HABIT
Track, then prepare

Why this week

Thirty days is enough to change symptoms. It is not enough to fix a multisystem endocrine condition, and I'm not going to pretend otherwise. What it can do is put you in a position to get properly evaluated, with the right questions and the right labs.

Daily prompts

Day	Prompt	Done
22	Start tracking: cycle day, energy, sleep, cravings, mood, skin	
23	The labs to ask for — the full list	
24	Hormone clearance runs through your gut. Daily elimination is not optional	
25	Beyond fertility — the cardiometabolic long game nobody explains at diagnosis	
26	Your supplement shelf: what to bring to the appointment, and what to stop	
27	How to be heard in a seven-minute appointment — what to say first	
28	Write your one-page summary: symptoms, timeline, what you've tried, what you want answered	
29	Re-score your baseline. Compare Day 0 to Day 30	
30	What to keep, what to add, what to get tested	

TAKE THIS TO YOUR APPOINTMENT

The labs to ask for

Print this page or photograph it. Ask for these by name.

Metabolic	Fasting insulin (not just glucose), HbA1c, fasting lipids
Androgens	Total and free testosterone, SHBG, DHEA-S
Reproductive	LH, FSH, estradiol, progesterone timed to cycle day, AMH
Thyroid	TSH, free T4, free T3, TPO antibodies
Nutrient	Ferritin, vitamin D, B12
Inflammatory	hs-CRP
Cortisol	Diurnal pattern rather than a single draw

THE ONE MOST OFTEN MISSING

Fasting insulin. It moves years before fasting glucose does, and it is the difference between catching this early and catching it late.

DAY 28

Your one-page appointment summary

Fill this in before you go. Say the first line first.

SYMPTOMS, IN ORDER OF HOW MUCH THEY AFFECT YOU

TIMELINE — WHEN EACH STARTED

WHAT YOU'VE ALREADY TRIED

CURRENT MEDICATION AND SUPPLEMENTS

WHAT YOU WANT ANSWERED TODAY

AFTER DAY 30

Thirty days changes symptoms. It does not resolve a multisystem endocrine condition. Bring your Day 0 and Day 30 scores, this lab list and your summary to a consult at holplus.com/conditions/pcos/.