

Biotransformation Protocol & Tolerance Tracker

Client Name: _____ Date: _____

Purpose of this Tool

Detoxification is a three-phase process. If Phase I (unpackaging) moves faster than Phase II (neutralizing) or Phase III (elimination), you may experience a "flare-up" or Herxheimer reaction. This tool helps us customize your protocol and ensure your body is clearing toxins efficiently without overwhelm.

Section 1: The 3-Phase Protocol (Practitioner Defined)

To be filled out by the coach based on clinical assessment.

Phase	Focus Area	Targeted Support (Supplements/Foods)	Dosage/Timing
Phase I	CYP450 / Antioxidant		
Phase II	Conjugation (e.g., Glucuronidation)		
Phase III	Bile Flow & Binders		Binder Timing: 90 mins away from food/meds

Section 2: Phase III Readiness Checklist

Crucial: Do not begin Phase I or II support until these "drainage" pathways are open. - []

Bowel Movements: Are you having 1–2 complete movements daily? - []

Hydration: Are you drinking 2–3+ liters of filtered water daily? - [] **Sweat:** Are you engaging in light movement or sauna to support skin excretion?

Section 3: 7-Day Symptom & Tolerance Tracker

Rate your symptoms daily: **0 (None)** to **5 (Severe)**.

Day	Energy Level (1-10)	Brain Fog (0-5)	Skin/Aches (0-5)	Bowel Mvmts (#)	Notes (e.g., "Reacted to perfume," "Headache")
1					
2					
3					
4					
5					
6					
7					

Section 4: Reflection & Clinical Adjustments

Total Symptom Load (Add up Fog + Aches scores): _____

Practitioner/Client Observations:

The "Go Low, Go Slow" Protocol: If you experience a "Herx" reaction (flu-like symptoms, increased fatigue, or skin breakouts): 1. **Reduce:** Cut supplement dosage by 50% or stop for 48 hours. 2. **Flush:** Increase water intake with electrolytes. 3. **Bind:** Ensure binders are taken at the correct time to "mop up" intermediates. 4. **Move:** Prioritize a "Bowels First" approach (use Magnesium or Vitamin C if constipated).

Next Steps:

- [] Maintain current dose
 - [] Increase dose of: _____
 - [] Add specific Phase II support: _____
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