1. \*\*What was the problem\*\*   
Rohan needed a comprehensive onboarding review of his health data, including supplement use, Apple Health exports, and prescription information, while preparing for extended international travel. He also sought guidance on adapting his training, nutrition, and medication routines for Singapore and London, requested support for managing potential sleep disturbances, and wanted a data-driven approach for monitoring his health—especially cardiovascular risk—given family history.  
  
2. \*\*What was the solution and why was this particular solution given\*\*   
Ruby provided a coordinated, data-driven onboarding process: compiling all submitted health data, building flexible travel-adapted fitness and nutrition plans, verifying vaccination status, and preparing documents for international prescription access. She supported Rohan’s request for virtual consultations, travel health checklists, and local healthy dining options to maintain continuity during travel. Sleep data trends were analyzed, and a consult with Dr. Neel was scheduled to address increased wake events and review blood markers, focusing on cardiovascular risk and the impact of Rohan's new supplement regimen. A monthly dashboard with year-on-year health metric comparisons was set up for ongoing monitoring. These solutions were chosen for continuity, personalization, and to ensure Rohan’s health optimization and safety while abroad.  
  
3. \*\*What was the user doing in his real life during this time\*\*   
Rohan was preparing for a month of work-related travel in Singapore and London, adjusting his training and nutrition routines for hotel and international environments, and proactively organizing his healthcare logistics to ensure minimal disruption while abroad.  
  
4. \*\*What health improvements are expected (if any)? Include any metrics improvements and expected next data-driven milestone.\*\*   
Expected improvements include optimized sleep (reducing wake events), sustained or improved cardiovascular health (via close monitoring of lipid, liver, and kidney markers), and better adherence to nutrition and training plans despite travel. Milestones include the upcoming consult with Dr. Neel to address recent sleep variability and cardiovascular risk, followed by ongoing monthly dashboard summaries tracking year-on-year progress for key health metrics. The next actionable milestone is review and adjustment based on findings from the next consult and first dashboard report.1. What was the problem   
Rohan struggled to maintain consistent strength training sessions due to frequent, unpredictable changes in his work and travel schedule. This led to missed workouts and difficulty adapting his fitness routine on short notice.  
  
2. What was the solution WHY WAS THIS particular solution given   
A modular, flexible training system was implemented: core short sessions that could be swapped in as time allowed, automated reminders, real-time calendar integration, and location-based session adjustments for travel. This approach was chosen because it minimizes decision fatigue, adapts instantly to schedule shifts, and ensures Rohan always has an actionable workout, regardless of time or place constraints.  
  
3. What was the user doing in his real life during this time   
Rohan was actively working in a demanding professional environment with irregular hours, frequent meetings, and business travel—including a trip to Berlin—while aiming to maintain a strength training regimen. He often experienced early meetings, flight delays, and variable hotel gym access.  
  
4. What health improvements are expected (if any) Include any metrics improvements and expected next data-driven milestone.   
With consistent implementation of adaptive strength and flexibility sessions, Rohan can expect improved adherence to regular physical activity, leading to increased muscle strength, maintained or enhanced flexibility, better balance, and reduced injury risk. Typical improvements include greater range of motion and muscle resilience; with regular adherence (2–3+ sessions/week), measurable flexibility gains of 6–22% in various joints and stable or improved muscle strength are anticipated. The next data-driven milestone is a weekly summary of session completion, which will enable tracking of attendance patterns and facilitate further optimization of the training system.1. \*\*What was the problem\*\*   
Rohan was concerned that taking daily omega-3 and turmeric supplements alongside his prescribed statin might interfere with the effectiveness of his cholesterol medication or cause unexpected side effects, especially while traveling and having recently started the supplements.  
  
2. \*\*What was the solution and WHY WAS THIS particular solution given\*\*   
A rapid virtual pharmacology consult was arranged to review all medications and supplements for potential interactions. This approach was chosen for immediate expert input, given Rohan's travel schedule and the need to ensure his medication list and supplement use were thoroughly reviewed for safety and effectiveness. The pharmacology expert recommended pausing the turmeric supplement (not dietary turmeric), since supplements are more concentrated and could affect liver enzymes or increase bleeding risk, and flagged to monitor lipid and liver panels at the next lab to isolate any effects. Omega-3s were not considered a risk in this context and could support lipid management. Vitamin D consideration was added for future review.  
  
3. \*\*What was the user doing in his real life during this time\*\*   
Rohan was traveling, proactively managing his health, recently started new supplements, coordinating care remotely, and preparing for his next routine lab work.  
  
4. \*\*What health improvements are expected (if any) Include any metrics improvements and expected next data-driven milestone\*\*   
Expected improvements include proactively preventing adverse interactions, maintaining or improving lipid profile (total cholesterol, LDL, triglycerides), and monitoring liver function. The next data-driven milestone is the post-lab review of Rohan’s lipid panel and liver function tests, after which supplement use (especially turmeric) will be reassessed based on measurable lab results. The addition of vitamin D will be guided by upcoming vitamin D level results.1. What was the problem   
Rohan’s smartwatch produced \*\*inconsistent step counts and heart rate readings\*\* during office meetings and desk work, making it difficult for him to accurately track progress toward his heart health goals.  
  
2. What was the solution and why was this particular solution given   
The solution involved a \*\*multi-step data cleanup protocol\*\*:  
- Adjusting device settings to reduce false activity detection during meetings and calibrating sensitivity, since smartwatches commonly misinterpret subtle desk movements as steps and register stress-induced heart rate spikes.  
- Tagging or annotating suspect data, allowing exclusion from analytics for cleaner trend tracking.  
- Automating the tagging of heart rate spikes during calendar-blocked meetings, reducing manual effort and increasing data reliability.  
- Monthly exporting of filtered, artifact-free health reports for Rohan and his cardiologist.  
This solution was chosen to address both the technical limitations of wearables in an office environment and minimize the user’s manual workload, ensuring more \*\*reliable, actionable health data\*\* without disrupting daily routines.  
  
3. What was the user doing in his real life during this time   
Rohan was \*\*working in an office setting\*\*, attending meetings, and spending extended periods at his desk, all while actively using a smartwatch to monitor his step count and heart rate for health tracking purposes.  
  
4. What health improvements are expected (if any), including metrics improvements and expected next data-driven milestone   
With settings adjustments and automated artifact filtering, \*\*false heart rate spikes were reduced by 60%\*\*, significantly improving the reliability of tracked data. This allows for more accurate monitoring of resting and activity-related heart trends and clearer identification of stress patterns.   
Expected next milestone: Review the accuracy and usefulness of the cleaned data over the next couple of months, with scheduled monthly reports enabling \*\*trend analysis\*\* and supporting more precise consultations with his cardiologist. If additional device upgrades or advanced analytics become available, these will be considered for further improvement.1. What was the problem   
Rohan’s recent lab results showed a modest improvement in his cholesterol profile (LDL and ApoB trending closer to target) but a subtle increase in inflammatory markers (CRP and ESR), which is notable given his family history of cardiovascular risk and recent travel. He reported no major symptoms but acknowledged increased work stress and average sleep.  
  
2. What was the solution WHY WAS THIS particular solution given   
Dr. Warren recommended adding ezetimibe to Rohan’s statin regimen to further lower LDL and ApoB, since ezetimibe effectively reduces these cholesterol components without increasing systemic inflammation. This choice was made because persistent LDL and ApoB elevations are a key cardiovascular risk factor, and ezetimibe works locally in the gut, with minimal side effects and rare drug interactions. The approach is proactive given Rohan’s family history and current trends, while monitoring liver function and continuing Omega-3 but avoiding turmeric supplements due to their potential risk to liver and bleeding.  
  
3. What was the user doing in his real life during this time   
Rohan was experiencing increased work-related stress, traveling frequently (which influenced both diet and sleep), and paying attention to his nutrition and supplement regimen. His sleep quality was average, with more wake events noted on his tracker, and he was actively seeking guidance on travel nutrition and safe supplement choices.  
  
4. What health improvements are expected (if any) Include any metrics improvements and expected next data-driven milestone.   
The expected improvements are further reduction in LDL and ApoB cholesterol, which are primary metrics for lowering cardiovascular risk. The next milestone is an 8-week follow-up lab panel to assess lipid levels, liver function, CRP, ESR, vitamin D, and cortisol. If LDL/ApoB targets are met but inflammatory markers remain elevated, advanced imaging or rheumatology consult may follow. Lifestyle interventions (nutrition, sleep, stress management) are expected to help normalize CRP and ESR; ongoing data tracking will inform adjustments, with the possibility of considering anti-inflammatory medication if inflammation persists.1. What was the problem   
Rohan experienced \*\*muscle cramps\*\* (mainly in calves and hands) and \*\*occasional headaches\*\* after extended periods in meetings, suspecting \*\*dehydration or electrolyte imbalance\*\* as possible causes.  
  
2. What was the solution, and why was this particular solution given   
The solution involved a \*\*multi-step approach\*\*:   
- Hydration reminders and a workplace best practices guide were provided to increase fluid intake during work hours.   
- A virtual consult with a clinical pharmacist was arranged to review Rohan's supplement (magnesium, sodium) and dietary routine.   
- An \*\*electrolyte panel blood test\*\* was ordered to quantitatively assess any imbalance.   
- Based on initial symptoms, Rohan was advised to increase water intake with a pinch of electrolyte powder during meetings, avoid skipping meals, and continue supplements unless symptoms worsened.   
This particular solution was given because \*\*muscle cramps and headaches are clinically linked to dehydration and electrolyte imbalance\*\*, and tracking, reminders, and lab tests help address both behavioral and physiological factors, ensuring a data-driven and safe adjustment of hydration and supplementation.  
  
3. What was the user doing in his real life during this time   
Rohan was \*\*working in an office environment\*\*, attending long meetings (often back-to-back), sometimes skipping lunch, and spending extended periods typing. He was actively monitoring his own symptoms and following the hydration and snack plan, with no significant travel during the relevant period.  
  
4. What health improvements are expected (if any), include any metrics improvements and expected next data-driven milestone   
Expected improvements:   
- \*\*Reduction in muscle cramps frequency and severity\*\*, already reported by Rohan after increasing fluids and adjusting snack intake.   
- \*\*Decrease in headache occurrence\*\*, especially on days with regular meals.   
- Lab metrics: Electrolyte panel showed only a minor sodium dip, no critical findings; continued monitoring was advised.   
- Next milestone: \*\*Quarterly review of hydration and supplement status\*\* unless new symptoms arise. If adherence continues, sustained improvement in hydration-related symptoms is expected, with periodic lab monitoring to assess electrolyte trends.1. \*\*What was the problem:\*\*   
Rohan experienced occasional headaches and difficulty concentrating during afternoons at his office, suspecting that poor indoor air quality and inadequate ventilation could be responsible.  
  
2. \*\*What was the solution and WHY WAS THIS particular solution given:\*\*   
The solution began with deploying a portable air quality monitor to collect real-time data on CO₂, VOCs, and particulates at Rohan's workspace. This was chosen for its ability to quickly establish a baseline and directly correlate environmental readings with symptoms. Upon detection of elevated CO₂ and VOCs, immediate interventions included opening windows for periodic ventilation and providing a HEPA desk air purifier. These steps targeted the most likely sources of discomfort and allowed rapid, actionable mitigation, while longer-term escalation to facilities and expert assessment was prepared if initial interventions proved insufficient.  
  
3. \*\*What was the user doing in his real life during this time:\*\*   
Rohan was working in his office, logging the timing and severity of headaches and concentration dips alongside air quality data, following the provided guide. He adapted his daily routine by opening windows hourly, tracking symptoms on his smartwatch, taking hydration breaks as prompted by his app, and communicating with team members about potential group-wide air quality concerns.  
  
4. \*\*What health improvements are expected (if any) Include any metrics improvements and expected next data-driven milestone:\*\*   
By lowering peak CO₂ levels (from around 1100 ppm to closer to industry-recommended thresholds of 800 ppm or below) and reducing VOC and particulate exposure through improved ventilation and air purification, Rohan should see decreased frequency and intensity of headaches and improved concentration. Metrics to monitor include daily average CO₂ and VOC readings, number of symptomatic episodes, and hydration adherence. The next milestone is a one-week review of symptom and air quality trends post-intervention, aiming for correlated reductions in both pollutant metrics and reported symptoms, with automated weekly workspace air summaries to support broader team health.1. \*\*What was the problem\*\*   
Rohan experienced increased episodes of lightheadedness and heart palpitations after adding a new memory-boosting supplement (NeuroVantage, containing bacopa, ginkgo biloba, caffeine, and B vitamins) to his daily medication routine. These symptoms disrupted his afternoon focus and raised concerns about a possible drug-supplement interaction.  
  
2. \*\*What was the solution WHY WAS THIS particular solution given\*\*   
The solution was to immediately pause the NeuroVantage supplement, monitor symptoms, and arrange for an ECG and basic lab tests to rule out underlying arrhythmias. This approach was chosen because both ginkgo biloba and bacopa can affect heart rhythm, especially when combined with caffeine and existing cardiac medications, making a supplement-drug interaction the likely cause. Clinical review and lab work were necessary to ensure there was no more serious underlying cardiac issue before resuming normal activities.  
  
3. \*\*What was the user doing in his real life during this time\*\*   
Rohan was managing a busy professional schedule with meetings and required a virtual consult to fit healthcare into his workday. He was actively seeking to improve cognitive function while continuing his prescribed medications for existing health conditions.  
  
4. \*\*What health improvements are expected (if any) Include any metrics improvements and expected next data-driven milestone\*\*   
Upon discontinuing the supplement, Rohan’s symptoms resolved completely—he reported no dizziness or palpitations, and ECG and lab results were normal. Expected improvements include stable heart rhythm, elimination of palpitations, and restored afternoon focus. The next data-driven milestone is ongoing monitoring for recurrent symptoms, with an embedded workflow to check for supplement interactions before starting any new products, reducing the risk of future adverse events. No further cardiac testing is planned unless symptoms recur.1. \*\*What was the problem\*\*  
Rohan had mildly elevated inflammatory markers (CRP and ESR) on his lab dashboard, which persisted despite improved LDL cholesterol and ApoB levels. This raised concerns about potential ongoing cardiovascular risk, especially given his family history and travel-related lifestyle stress.  
  
2. \*\*What was the solution. WHY WAS THIS particular solution given\*\*  
The solution focused on continued adherence to statin and ezetimibe therapy for lipid management, reinforced by targeted lifestyle interventions to address inflammation—specifically, improving sleep consistency, stress reduction, and Mediterranean-style nutrition. No changes were made to medication since cholesterol trends were improving and the inflammation was mild and stable. Colchicine or other anti-inflammatory drugs were not prescribed, as these are reserved for high-risk cases with evidence of disease progression or significant spikes in inflammatory markers. This approach was chosen to minimize unnecessary medication and focus on modifiable lifestyle factors due to Rohan’s stable cardiovascular status and lack of symptoms.  
  
3. \*\*What was the user doing in his real life during this time\*\*  
Rohan maintained regular exercise and nutrition, even during travel. He reported disrupted sleep from time zone changes but experienced no new symptoms (such as chest pain or fatigue). He was proactive in managing his health, logging data, and following supplement recommendations (Omega-3, vitamin D), while avoiding contraindicated supplements like turmeric.  
  
4. \*\*What health improvements are expected (if any) Include any metrics improvements and expected next data-driven milestone\*\*  
Expected health improvements include further reduction in LDL cholesterol and ApoB, continued absence of symptoms, and potential lowering of CRP and ESR with optimized sleep and stress management. The next data-driven milestone will be the results from upcoming labs, tracking lipid panel, inflammatory markers, and possibly annual Lp(a) and PLAC tests due to family history. The dashboard will be updated accordingly, and further medication or testing will be considered only if there is a significant adverse change in these metrics.1. What was the problem   
Rohan experienced frequent afternoon brain fog and trouble concentrating during meetings, despite maintaining regular exercise and balanced meals. This cognitive fatigue was interfering with his professional performance.  
  
2. What was the solution, and WHY WAS THIS particular solution given   
The solution was a data-driven protocol: Ruby analyzed Rohan's health and wearable metrics to pinpoint patterns, which revealed that dips in alertness correlated with prolonged screen time and minimal movement in the afternoon. The recommended intervention was scheduled movement and light exposure breaks, later refined to two shorter breaks and breathwork prompts after long meetings. This approach was chosen because the data indicated behavioral (not dietary or exercise) triggers, and leveraging wearable data allowed for real-time tracking and personalized adjustment.  
  
3. What was the user doing in his real life during this time   
Rohan maintained a healthy lifestyle, attended frequent key meetings in the afternoon, managed regular exercise and balanced nutrition, and relied on wearable technology for health monitoring. He tested scheduled breaks and breathwork protocols while continuing professional responsibilities.  
  
4. What health improvements are expected (if any); Include any metrics improvements and expected next data-driven milestone   
After one week of double breaks and breathwork, Rohan’s self-reported focus scores increased by 20% in the critical 3–5pm period. The next milestone is to maintain or improve these gains during travel, with protocol adjustments for different environments. Persistent symptoms or new dips would trigger escalation to an advanced wearable data specialist for deeper analysis.1. What was the problem   
Rohan observed \*\*inconsistent blood pressure (BP) and heart rate readings\*\* between his smartwatch and a desk (upper-arm) cuff monitor, making it unclear which readings to trust for accurate health tracking.  
  
2. What was the solution and why was this particular solution given   
A \*\*side-by-side calibration protocol\*\* was implemented, with Rohan instructed to take paired readings from both devices twice daily under resting, seated conditions for one week. This approach was chosen because upper-arm cuff monitors are considered the clinical gold standard for blood pressure accuracy, while smartwatches may be less reliable due to sensor limitations and external factors. The calibration would reveal any systematic bias in smartwatch readings and clarify which device’s data should guide health decisions. The protocol aimed for objective, data-driven comparison before recommending any device changes.  
  
3. What was the user doing in his real life during this time   
Rohan was actively \*\*tracking his blood pressure and heart rate for health monitoring\*\*, integrating smartwatch and cuff data into his routine, and following the recommended calibration protocol while continuing daily activities. He was also considering device upgrades but prioritized resolving measurement discrepancies first.  
  
4. What health improvements are expected (if any), including metrics and expected next milestone   
By prioritizing \*\*cuff BP readings for clinical tracking\*\* and using the smartwatch mainly for heart rate monitoring (especially during activity), Rohan’s health records will be more accurate and actionable. This should lead to \*\*improved hypertension management\*\* and more reliable trend analysis. The expected next data-driven milestone is consistent, artifact-free BP logs and clearer heart rate trends, with the protocol to be updated if Rohan upgrades devices or his health tracking needs change.1. What was the problem   
Rohan experienced \*\*fluctuating cholesterol readings\*\* despite adhering to his established medication and nutrition routine. He wanted to proactively prevent complications before his scheduled full-body screening.  
  
2. What was the solution, and why was this particular solution given   
A summary analysis of his cholesterol patterns was generated, identifying travel and increased restaurant dining as triggers for higher readings. Rather than immediate medication or supplement changes, the solution prioritized \*\*targeted dietary adjustments during travel\*\*, coordination with his chef for cholesterol-friendly meal choices, and real-time logging of meals and moods. This approach was chosen because no medication or supplement timing conflicts were detected, and modifying lifestyle factors (diet, meal timing) is evidence-based, low-risk, and suitable as a first-line intervention before more intensive changes or clinical consultations.  
  
3. What was the user doing in his real life during this time   
Rohan was \*\*traveling frequently, dining out at restaurants\*\*, and managing his daily routine while preparing for a comprehensive health screening. He actively implemented the new meal guidelines during trips, tracked his meals and moods, and engaged with his healthcare team for ongoing monitoring and feedback.  
  
4. What health improvements are expected (if any); include any metrics improvements and expected next data-driven milestone   
Expected improvements include \*\*lower and more stable post-travel cholesterol readings\*\* as a result of dietary modifications, especially increased fiber intake and reduced high-fat restaurant meals. The immediate milestone is a repeat cholesterol check within three days after each trip, with ongoing data collection to monitor patterns. If cholesterol remains controlled, the protocol continues; if readings spike, further review or a clinical pharmacy consult is planned. The next formal data-driven assessment will occur after his full-body screening, with potential adjustments to the nutrition and medication plan based on those results.1. \*\*What was the problem:\*\*   
Rohan had elevated cardiovascular risk factors, including high LDL and ApoB, persistent inflammation (as measured by CRP and ESR), and low vitamin D levels, alongside a family history of heart disease. He also experienced brain fog and disrupted sleep during frequent travel.  
  
2. \*\*What was the solution and WHY was this particular solution given:\*\*   
The solution was a combination of statin and ezetimibe therapy to aggressively manage lipid levels due to his strong family history and previous trends, supported by targeted lifestyle interventions including improved sleep, Mediterranean-style nutrition, and travel-specific guidance. These choices were maintained because this dual-medication approach provides sustained cardiovascular risk reduction and is well-tolerated in the absence of side effects, while lifestyle changes directly target modifiable risk factors and were shown to improve inflammatory markers and subjective well-being.  
  
3. \*\*What was the user doing in his real life during this time:\*\*   
Rohan was traveling frequently for work, adhering to a Mediterranean diet when possible, adjusting his evening and sleep routines, tracking sleep and physical activity, and actively engaging with his physician to integrate lab results and feedback into his daily habits.  
  
4. \*\*What health improvements are expected (if any), including metrics and next milestone:\*\*   
Improvements already observed include LDL and ApoB now well within target, CRP and ESR trending downward, better sleep quality, and reduced brain fog. Expected ongoing benefits are sustained lipid control, continued reduction in systemic inflammation, improved vitamin D levels with supplementation, and stable liver/kidney function. The next data-driven milestone is repeat testing of lipid panel, liver/kidney function, CRP, ESR, and vitamin D in a few weeks, with the potential to extend lab intervals to every six months if these trends hold. User is also expected to continue sharing sleep and activity data to further personalize management.1. What was the problem   
Rohan experienced intermittent mouth tingling and minor facial flushing after eating certain catered lunch buffets at work events. These symptoms raised concerns about potential mild allergic reactions or food sensitivities.  
  
2. What was the solution WHY WAS THIS particular solution given   
The solution was to systematically log foods consumed at each buffet and track symptom occurrences, followed by obtaining ingredient lists for suspect dishes. This data-driven approach helps identify specific triggers. When symptoms recurred, Rohan was referred to an allergy specialist and scheduled for an IgE blood panel for nuts and common spices. This solution was chosen because tracking allows for pattern recognition, ingredient transparency aids targeted avoidance, and specialist input plus lab tests provide objective diagnosis, minimizing unnecessary dietary restrictions and supporting evidence-based intervention.  
  
3. What was the user doing in his real life during this time   
Rohan was attending work events with catered lunch buffets, participating in workplace wellness coordination, and continuing his normal professional schedule while actively logging symptoms and engaging in follow-up actions as advised by wellness staff and medical professionals.  
  
4. What health improvements are expected (if any) Include any metrics improvements and expected next data-driven milestone.   
Expected health improvements include reduction or elimination of mouth tingling and facial flushing episodes by identifying and avoiding specific allergens or triggers in buffet foods. Objective metrics will be the frequency and severity of reactions logged in Rohan’s tracker. The next milestone is the review of IgE blood panel results to confirm or rule out specific food allergies, which will drive the finalization of an individualized avoidance plan and enable safer meal options at future events.1. \*\*What was the problem\*\*   
Rohan was experiencing frequent skin breakouts and mild digestive upset, which he suspected were linked to his regular consumption of convenience store and packaged foods during periods of work-related time pressure.  
  
2. \*\*What was the solution and WHY WAS THIS particular solution given\*\*   
The solution was to start a structured meal and symptom tracking process, replace highly processed packaged foods with whole-food snacks like fruit, yogurt, and unsalted nuts, and provide a curated list of healthy, minimally processed snack options for both office and travel scenarios. This approach was chosen because meal tracking could objectively reveal trigger foods, and evidence shows that highly processed convenience foods, which are often high in additives, sodium, and low in fiber, are associated with poorer diet quality and increased risk of inflammation and gut disturbances. Consulting a clinical pharmacy specialist was reserved for cases where symptoms persisted or supplement adjustments were considered, ensuring changes were safe and effective.  
  
3. \*\*What was the user doing in his real life during this time\*\*   
Rohan was managing a demanding work schedule with frequent back-to-back meetings, leading him to rely on convenience meals. During the intervention, he diligently logged his meals and symptoms, coordinated with his office admin and chef for better snack options, and maintained his usual professional responsibilities while incorporating healthier eating habits.  
  
4. \*\*What health improvements are expected (if any); Include any metrics improvements and expected next data-driven milestone.\*\*   
Expected health improvements include reduced frequency of skin breakouts and digestive upset, improved gut health, and potentially better concentration and energy levels due to increased intake of nutrient-rich, less processed foods. The next data-driven milestone is one more week of symptom and meal tracking to confirm sustained improvement. If symptoms remain stable, the intervention will move to periodic check-ins; if symptoms recur, a specialist consult will be arranged. Metrics to watch include number of symptom-free days per week and diversity of whole-food snack choices.