

Daily Protocol — Ultra Quick Reference

One-Page Daily Checklist

Last updated: 2026-01-22

Morning (with breakfast)

Breakfast needs fat: eggs, olive oil, MCT oil, nuts

Stimulants (max 3/day total)

- ☐ Rilatine MR 30 mg (1–2×)
- ☐ Provigil 100 mg (1–2×)

MCAS/Allergies (daily)

- ☐ Rupatadine 10–20 mg
- ☐ Famotidine 20 mg
- ☐ Quercetin 500–1000 mg

Core

- ☐ LDN 3 mg
- ☐ Acetyl-L-Carnitine 1000 mg
- ☐ Urolithin A + NAD+ (2 caps)
- ☐ CoQ10 100 mg ★ fat
- ☐ BEFACT FORTE
- ☐ Vitamin C 500 mg
- ☐ Electrolytes 250 mL
- ☐ Iron (FerroDyn)

Afternoon

- ☐ Electrolytes 250 mL
- ☐ Optional 2nd stimulant

Lunch or Dinner

Needs fat: olive oil, fatty fish, avocado

- ☐ Riboflavin B2 400 mg ★ fat
- ☐ **Weekly:** D-Cure 25000 IU ★ fat

Evening (6-8hrs after breakfast)

- ☐ Famotidine 20 mg (MCAS)

Bedtime

2–4 hrs after last stimulant

- ☐ MCT Oil 1 tsp
- ☐ D-Ribose 5 g (optional)
- ☐ Magnesium Glycinate 300–400 mg

Vision (to start)

Take with morning or evening fat

- Lutein 10–20 mg ★ fat
- Zeaxanthin 2–4 mg ★ fat
- Taurine 500–1000 mg
- DHA 500–1000 mg ★ fat
- Vitamin A 5000 IU ★ fat

Fat Malabsorption (to start)

- MCT Oil 1 tbsp/day (start 1 tsp)
- MetaDigest TOTAL before meals

Critical Rules

NEVER: Rilatine MR + Mg carbonate/antacids
(Wait 2–4 hours minimum)

Provigil: No interactions (safe with all)

Electrolyte Mix

Dry mix (130 g total):

- 100 g sugar
- 15 g Jozo low-Na salt
- 15 g table salt

Per dose: 7 g in 250 mL water + 10 mL grenadine

Lower sugar: 50 g sugar (80 g total), use 4.3 g/dose

Key Reminders

- **Fat essential** for D3, CoQ10, B2
- **Max 3 stimulants/day** total
- **Trust HR monitor**, not feelings
- **HR limit:** $(220 - \text{age}) \times 0.55$
- **MCT oil:** Start slow (1 tsp)
- **Iron:** Separate from Ca/Mg by 2–4 hrs
- **Coconut oil** ≠ MCT oil

Timelines

- **Days 1–7:** MCT + D-Ribose effect
- **Weeks 4–6:** Carnitine opens shuttle
- **Months 2–3:** Retest vitamin D
- **Months 3–6:** Full fat-burning
- **B2 migraines:** 4–12 weeks

What Each Does

Energy Fix (3 parts):

1. **Bypass:** MCT + D-Ribose (immediate)
2. **Repair:** Acetyl-L-Carnitine (4–6 wks)
3. **Optimize:** CoQ10 + B2 + Mg

MCAS: Rupatadine (H1+PAF+mast cell) + Famotidine (H2) + Quercetin. Targets brain fog, energy, allergies

Stimulants: Mask energy—HR monitor essential

LDN: Immune + anti-inflammatory (4–12 wks)

Electrolytes: Blood volume + muscle relaxation + lactic acid clearance

ME/CFS Medication & Supplement Protocol — Quick Reference

Last updated: 2026-01-22

Morning (with/before breakfast)

Stimulants (max 3 pills/day total)

- **Rilatine MR 30 mg** (1–2×/day)
- **Provigil 100 mg** (1–2×/day)
- Can combine (e.g., 1 Rilatine + 1 Provigil)
- Avoid late-day dosing (sleep disruption)

MCAS/Mast Cell/Allergy Protocol

- **Rupatadine 10–20 mg** (H1 + PAF + mast cell stabilizer)
- **Famotidine 20 mg** (H2 blocker)
- **Quercetin 500–1000 mg** (natural mast cell stabilizer)

Indication: Food allergies (soy, nuts, eggs), pollen allergies, brain fog, GI symptoms, joint pain

Dosing: Start 10 mg rupatadine; increase to 20 mg during pollen season (March–Sep) or if insufficient benefit

Core Supplements (take together)

- **LDN 3 mg** (immune modulation)
- **Acetyl-L-Carnitine 1000 mg** (empty stomach preferred)
- **Urolithin A + NAD+** (2 caps)
- **CoQ10 Ubiquinol 100 mg** ★ **needs fat**
- **BEFACT FORTE** (1 tablet, B-complex)
- **Vitamin C 500 mg**
- **Electrolytes 250 mL** (7 g dry mix)
- **FerroDyn FORTE** (1 cap)

Breakfast Requirements

Must contain dietary fat for CoQ10 absorption:
Eggs, cheese, butter, nuts, olive oil, or MCT oil

Iron Optimization (optional)

For better absorption: Take iron **1 hour before breakfast** with only Vitamin C 500 mg. Avoid coffee/tea for 1 hour.

Afternoon

- **Electrolytes 250 mL** (7 g dry mix)
- Optional 2nd stimulant dose if needed

Rationale: Clears lactic acid, maintains blood volume, provides glucose when fat-burning impaired

Midday/Lunch or Evening/Dinner

Riboflavin B2

- **Riboflavin 400 mg** ★ **needs fat**
- Take at **either** lunch **or** dinner (choose meal with more fat)

Weekly (with dinner)

- **D-Cure 25000 U.I.** (Vitamin D3) ★ **needs fat**
- Once weekly with fatty meal

Evening (6–8 hours after breakfast)

- **Famotidine 20 mg** (second H2 blocker dose for MCAS)
- Note:** Famotidine taken morning + evening provides 24-hour mast cell control

Meal Requirements

Must contain dietary fat:
Fatty fish, olive oil (salad dressing), avocado, cheese, nuts, or MCT oil

Bedtime

Core Bedtime Protocol

- **MCT Oil 1 tsp (5 mL)** (30–60 min before bed)
- **D-Ribose 5 g** (dissolved in water)
- **Magnesium Glycinate 300–400 mg**
- Optional: small slow-carb snack if severe cramps

Timing Rule

Minimum 2–4 hours after last stimulant
(ideally 6–8 hours separation for magnesium)

MCAS/Mast Cell Activation Management

Complete Protocol (Year-Round + Seasonal)

Year-Round Baseline (October–February):

- Rupatadine 10 mg morning
- Famotidine 20 mg twice daily (morning + evening)
- Quercetin 500–1000 mg morning
- Low-histamine diet awareness (avoid aged/fermented foods)

Pollen Season Intensification (March–September):

- Rupatadine **20 mg** morning (double dose)
- Famotidine 20 mg twice daily (unchanged)
- Quercetin 1000 mg morning (max dose)
- Stricter low-histamine diet

Why Rupatadine is Superior

- Triple mechanism: H1 antagonist + PAF antagonist + direct mast cell stabilizer

- 31× more potent than loratadine at PAF antagonism
- Highest efficacy rank (SUCRA 99.7%) vs all other anti-histamines
- Addresses vascular dysfunction and orthostatic intolerance via PAF blockade

Expected Benefits (2–4 weeks)

- Brain fog reduction, improved cognitive clarity
- Energy improvement (especially post-meal fatigue)
- GI symptom relief (nausea, bloating)
- Better orthostatic tolerance
- Reduced flushing, allergic symptoms, anxiety episodes

Safe Combinations

No interactions with: methylphenidate, modafinil, LDN, mitochondrial supplements

Iron timing: Take iron 2 hours before/after famotidine (H2 blocker reduces acid)

Vision Support Protocol (to start)

- **Lutein 10–20 mg daily ★ with fat**
- **Zeaxanthin 2–4 mg daily ★ with fat**
- **Taurine 500–1000 mg daily** (water-soluble)
- **DHA (omega-3) 500–1000 mg ★ with fat**
- **Vitamin A 5000 IU daily ★ with fat**

Timing: Take fat-soluble vision supplements with morning CoQ10 or evening B2

Fat Malabsorption Support (to start)

Highest Priority

- **MCT Oil:** Start 1 tsp daily, increase to 1 tbsp over 1–2 weeks
- Take with fat-soluble vitamins (morning or evening)
- Add to coffee, tea, smoothies, or food
- **Increase slowly to avoid diarrhea**

Digestive Enzymes

- **Metagenics MetaDigest TOTAL** (comprehensive enzyme formula)
- Take immediately before meals with fat-soluble vitamins
- Contains lipase, protease, amylase, cellulase, lactase
- Alternative: NOW Foods Digestive Enzymes, Enzymedica Digest Gold

Critical Separations

DO NOT take within 2–4 hours of Rilatine MR

- Magnesium carbonate/oxide/hydroxide
- Calcium carbonate (Tums)
- Sodium bicarbonate (baking soda)
- Antacids (Gaviscon, Rennie, etc.)

Why: Premature methylphenidate release → heart rate spikes, reduced duration

Safe near stimulants:

Electrolyte solution, magnesium glycinate (at bedtime only), food

Iron ↔ Calcium/Magnesium

Separate by 2–4 hours for optimal iron absorption (compete for same transporters)

Electrolyte Solution Protocol

Dry Mix Preparation (Standard Formula)

- 100 g white sugar
- 15 g Jozo low-sodium salt (potassium source)
- 15 g table salt (sodium source)
- **Total: 130 g**

Per-Dose Preparation (2×/day)

- 7 g dry mix in 250 mL water
- 10 mL grenadine (or sugar-free alternative)
- Sip throughout day

Lower-Sugar Alternative

- Use **50 g sugar** (instead of 100 g)
- Same salt amounts (15 g each)
- Total: 80 g dry mix
- Use 4.3 g per 250 mL dose
- Use sugar-free grenadine or lemon
- 80% sugar reduction, same electrolyte benefit

Absorption Optimization

Fat-Soluble (MUST take with dietary fat)

- CoQ10 Ubiquinol
- Riboflavin B2
- Vitamin D3
- Lutein, Zeaxanthin, DHA, Vitamin A

Without fat: ¡10% absorption!

Good Fat Sources

- **Best:** MCT oil, olive oil
- **Good:** Fatty fish, avocado, nuts, eggs
- **Caution (high LDL):** Butter, cheese, cream

Water-Soluble (no fat needed)

- Acetyl-L-Carnitine
- Vitamin C

- BEFACT FORTE (B-complex)
- NAD+, Urolithin A
- Taurine

Important Reminders

Stimulant Warning

Stimulants mask true energy levels

Trust heart rate monitor, not feelings

Maximum 3 pills/day total across both medications

Heart Rate Pacing

Target HR limit: $(220 - \text{age}) \times 0.55$

Stay below this to avoid lactic acid buildup

False Energy Risk

Both methylphenidate and modafinil allow “borrowing” from depleted reserves. Heart rate monitoring essential.

Migraine Interaction

Both stimulants cause vasoconstriction (migraine trigger). Makes riboflavin 400 mg/day and hydration critical.

Timeline Expectations

MCT Oil + D-Ribose

- Days 1–7: Immediate overnight ATP support
- May reduce nocturnal cramps, morning exhaustion

Acetyl-L-Carnitine

- Week 4–6: Initial effect (carnitine shuttle opening)
- Month 3–6: Maximum benefit
- Opens fat-burning pathway gradually

Vision Support

- Week 4–8: Potential vision stability improvement
- Month 3–6: May slow progression if metabolic component significant

Fat Malabsorption Protocol

- Week 1–2: MCT oil provides immediate energy
- Week 4–6: Carnitine begins opening shuttle
- Month 2–3: Repeat vitamin D labs to verify protocol

Riboflavin (Migraine Prevention)

4–12 weeks for effect

Monitoring Checklist

Daily

- Energy level (0–10)
- Sleep quality (hours, refreshing?)
- Nocturnal cramps (frequency, location)
- Heart rate data (max HR, time above threshold)
- Symptoms: fatigue, brain fog, air hunger, muscle cramps, joint pain

Weekly

- Migraine frequency/severity
- Vision quality changes
- Post-meal energy (crash or improve?)

Lab Work (2–3 months)

- Vitamin D levels (verify weekly 25000 U.I. effectiveness)
- Consider iron panel if deficiency suspected

What NOT to Do

- **Never take magnesium carbonate/oxide near stimulants**
- **Never skip dietary fat with fat-soluble vitamins**

- **Never exceed 3 stimulant pills/day total**
- **Never ignore heart rate monitor during activity**
- **Never push through exhaustion (causes rolling crashes)**

Quick Daily Checklist

Morning

- ☐ Stimulants (1–2 Rilatine and/or Provigil, max 3 total)
- ☐ **Rupatadine 10–20 mg (MCAS)**
- ☐ **Famotidine 20 mg (MCAS)**
- ☐ **Quercetin 500–1000 mg (MCAS)**
- ☐ LDN 3 mg
- ☐ Acetyl-L-Carnitine 1000 mg
- ☐ Urolithin A + NAD+ (2 caps)
- ☐ CoQ10 100 mg
- ☐ BEFACT FORTE
- ☐ Vitamin C 500 mg
- ☐ Iron (FerroDyn)
- ☐ Electrolytes 250 mL
- ☐ **Breakfast contains fat**

Afternoon

- ☐ Electrolytes 250 mL
- ☐ Optional: 2nd stimulant if needed

Lunch or Dinner

- ☐ Riboflavin B2 400 mg (choose fattier meal)
- ☐ **Meal contains fat**
- ☐ Weekly: D-Cure 25000 U.I. (with fat)

Evening

- ☐ **Famotidine 20 mg (MCAS - 2nd dose)**

Bedtime

- ☐ MCT Oil 1 tsp (30–60 min before bed)
- ☐ D-Ribose 5 g
- ☐ Magnesium Glycinate 300–400 mg
- ☐ Minimum 2–4 hours after last stimulant

Emergency Contact Protocol: If experiencing severe symptoms, new symptoms, or concerning reactions to any medication/supplement, contact healthcare provider immediately. Heart rate consistently >120 bpm at rest or dangerous arrhythmias require immediate medical attention.