

# 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 2000 mg + NAD+ 200 mg (2 caps)
- ☐ CoQ10 100 mg ★ fat
- ☐ NAC 600 mg (Lysomucil)
- ☐ 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 2000 mg + NAD+ 200 mg** (2 caps)
- **CoQ10 Ubiquinol 100 mg** ★ *needs fat*
- **NAC 600 mg** (N-Acetylcysteine, Lysomucil – glutathion precursor)
- **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

- NAC (N-Acétyleystéine)
- 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 2000 mg + NAD+ 200 mg (2 caps)
- ☐ CoQ10 100 mg
- ☐ NAC 600 mg (Lysomucil)
- ☐ 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.