



**Hinzi Medical Foods™ / NeuroResearch Centers, Inc.™**  
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**Hypo-serotonergic™ conditions** occur when serotonin concentrations are not enough, low, inadequate, depleted, deficient, or suboptimal on a modified normal diet.™

**Hypo-dopaminergic™ conditions** occur when dopamine concentrations are not enough, low, inadequate, depleted, deficient, or suboptimal on a modified normal diet.™

**Hypo-glutathionemia™ conditions** occur when glutathione concentrations are not enough, low, inadequate, depleted, deficient, or suboptimal on a modified normal diet.™

- Giving only *serotonin precursors* can deplete dopamine and glutathione.™
- Giving only *dopamine precursors* can deplete serotonin and glutathione.™
- Giving only *glutathione or glutathione precursors* can deplete serotonin and dopamine.™

The centrally acting monoamines (monoamines) are serotonin, dopamine, norepinephrine, and epinephrine.

## Application #1: The SSRI-induced **hypo-serotonergic** condition (serotonin depletion) **PROTOCOL**

1. Continue all care as before, including drugs unless medical determination requires stopping drugs for other reasons.
2. **Start R&R two tablets three times a day**
  - Start R&R at the initiation of SSRI prescribing when these drugs do not work secondary to serotonin depletion.
  - Start R&R when SSRIs quit working secondary to SSRI-induced serotonin depletion
  - Start R&R when SSRI-induced serotonin depletion causes relapse of serotonin-related symptoms.
  - Start R&R when SSRI-induced serotonin depletion causes coagulopathy concerns (increased bleeding times)
3. Continue R&R for six months. Lifetime R&R dosing may be required when symptom relapse occurs with stopping.

## HYPOSEROTONERGIC GI UPSET WITH FIRST DOSE

### PATIENT ORIENTATION:

**At the first visit, instruct all patients:** "If there are any problems in the first week of care, stop the R&R™ until you can talk to me, and I will tell you what to do." Failure to properly orientate patients with this simple instruction at the first visit will result in patients dropping out of care when experiencing problems in the first week.

### GI UPSET → ON STARTUP

**THE PROBLEM:** Approximately 1% to 2% of patients (higher in some medical practices where patients have been exposed at a higher rate to drugs that deplete neurotransmitters) experience GI upset or nausea on starting R&R™. Typically, nausea starts with the first dose and builds with every dose until the third day, at which point the patient can no longer tolerate the nausea and stops the R&R.

**THE CAUSE:** These are patients who are most depleted of serotonin and in need of these nutrients the most to address serotonin depletion. Startup (first dose) nausea is a symptom of significant serotonin depletion.

**MANAGEMENT:** Restart the R&R taking only one pill at bedtime. Bedtime is when the patient is ready to get in bed and go to sleep, not when the patient gets in bed then reads a book for an hour. If the patient can fall asleep within 20 minutes after taking the one pill of R&R, there should be no problems with GI upset. After three or four nights with no GI problems, increase the R&R to two tablets at bedtime. When the patient can take three tablets at bedtime with no problems for 3 to 4 days, start adding tablets in the am until the patient takes six tablets per day.

