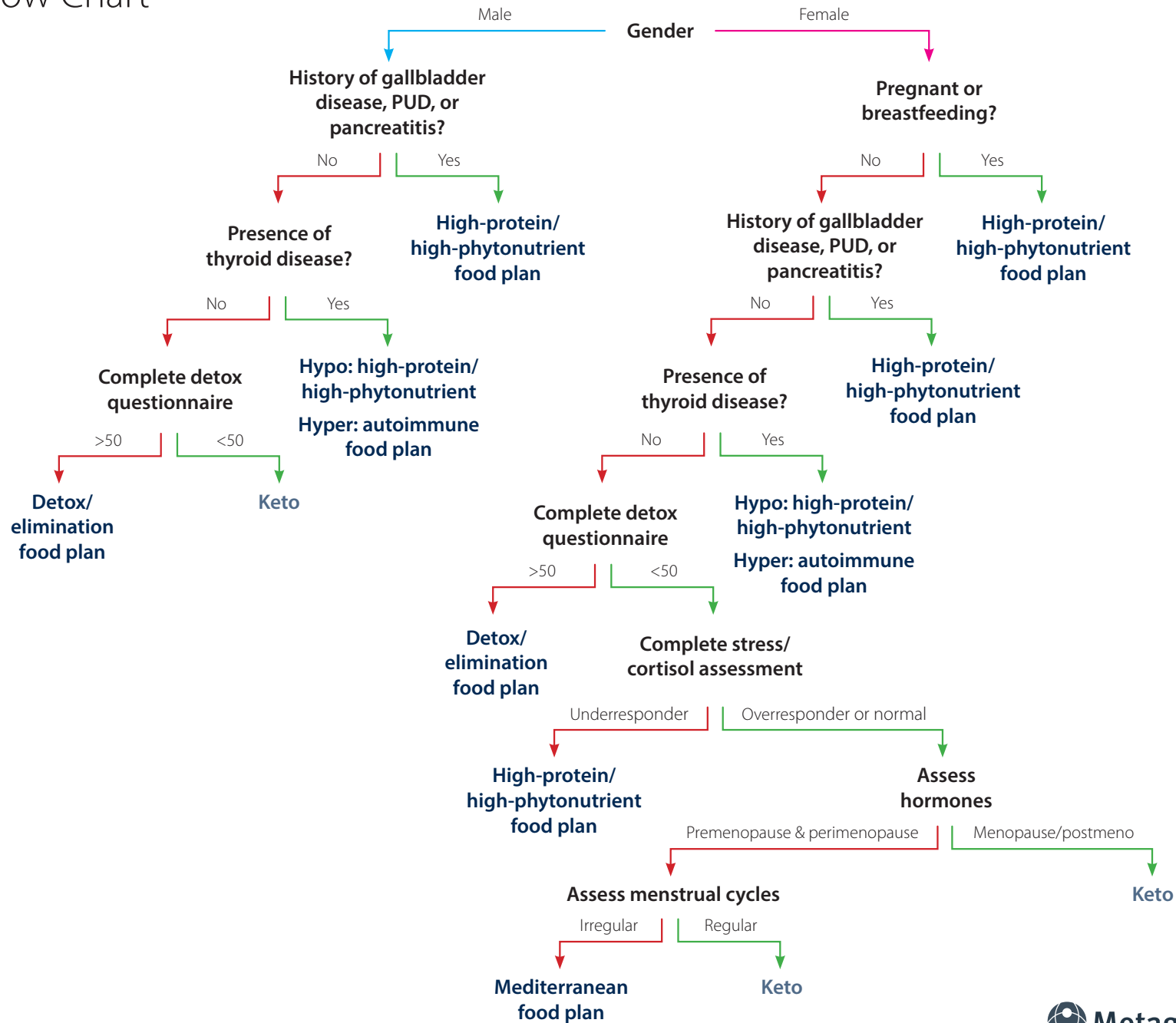


Keto Flow Chart



Ketogenic diet:

- High-fat, low-carbohydrate, moderate-protein meal plan
- Based on a 70:10:20 guideline for macronutrient intake
- Focus on high-quality fats from avocados, olive oil, coconut, MCT, nuts, and seeds
- Whole-food approach to help address metabolic disorders, weight loss, cognitive concerns, inflammation, etc.

Mediterranean-style diet:

- Focus is on plant-based foods including vegetables, fruit, whole grains, fish, nuts, and seeds
- Healthy fats from olive oil, nuts and seeds, avocado
- Moderate/limit red meat, fats, and dairy
- Whole-food approach to help address cardiovascular risk factors, weight management, and slow cognitive decline

Autoimmune food plan:

- Focus is on eliminating common foods that cause inflammation in the gut
- Emphasis is on anti-inflammatory, nutrient-dense food, mostly vegetables and protein
- Whole-food approach to help address immune dysfunction resulting in conditions such as Hashimoto's, rheumatoid arthritis, allergies, IBD, and other inflammatory conditions

Detox food plan:

- Targeted program designed to support energy metabolism and enhance the body's natural metabolic detoxification process
- Typically, common allergenic foods and beverages containing corn, soy, wheat/gluten, eggs, dairy, shellfish, and peanuts are omitted from the daily diet in conjunction with caffeine, sugar, alcohol, and red meat
- Ideal for patients with exposure to an abundance of environmental agents combined with poor diet and nutrition that has led to an overburdened system
- Complaints that may suggest need for this plan include fatigue, poor concentration, bloating, trouble sleeping, and mood swing

High-protein/high-phytonutrient plan:

- A phytonutrient-rich diet puts the emphasis on nutrient-dense plant foods and includes lots of fresh fruits, vegetables, whole grains, and legumes
- Quality protein from plants and animals is a focus

1. How is the Autoimmune/Anti-Inflammatory Plan different from Paleo?

The Autoimmune/Anti-Inflammatory Food Plan is focused on a variety of whole, minimally processed foods in quantities that deliver a modified Paleo, balanced macronutrient plan. It may include limited amounts of gluten-free grains and legumes, which are strictly avoided on a Paleo diet. Eggs are omitted on the Autoimmune/Anti-Inflammatory Food Plan but included on a Paleo diet.

2. My patient is interested in intermittent fasting. Can this plan be used along with intermittent fasting?

Intermittent fasting/time-restricted feeding can be incorporated into any of the food plans, including the Autoimmune/Anti-Inflammatory diet plan. Intermittent fasting is focused on the amount of time a person spends in a fasting state and not on which foods are consumed during the “feeding window.” Intermittent fasting may provide additional complementary benefits for a person with an autoimmune condition.

3. How do I decide what dietary approach is best for patients with thyroid disease?

A ketogenic diet is not an absolute contraindication in patients with thyroid disease but may increase the need for medical monitoring. Low-carb (keto, Paleo, fasting) diets may worsen thyroid function in those hypothyroid by further reducing the body’s production of thyroid hormone. A High-Protein/Phytonutrient-Dense Food Plan may be best suited for patients with hypothyroidism. In the case of autoimmune thyroiditis, addressing the underlying autoimmune dysregulation with the Autoimmune/Anti-Inflammatory Food Plan may be the most effective approach.

4. I thought that the ketogenic diet was anti-inflammatory. Why would an Autoimmune/Anti-Inflammatory Food Plan be chosen over the ketogenic diet to address inflammation?

The Anti-Inflammatory Food Plan may be indicated for patients for whom you suspect food is contributing to inflammatory states. This plan eliminates many proinflammatory foods, including gluten, dairy, eggs, crustacean shellfish, peanuts, corn, most sweeteners, and nightshades.

5. Since dairy is proinflammatory, what are some dairy substitutions I can share with my patients?

For autoimmune patients or patients who are intolerant to dairy, options are available to modify the diet slightly. For example, fish can be substituted for eggs; coconut milk substituted for cow’s milk; variety of pâté substituted for cheese.

6. What laboratory serum tests would be best to monitor inflammatory markers and follow my patients’ progress?

Common laboratory markers of inflammation are:

- hs-CRP
- ESR
- Ferritin
- Hemoglobin A1c

7. Why are the nightshades avoided on the Autoimmune/Anti-Inflammatory Food Plan?

Nightshade vegetables are part of the plant family Solanaceae. Common nightshade vegetables that we eat include: white potatoes, tomatoes, eggplant, bell peppers, cayenne pepper, and paprika. Foods from this family produce an alkaloid compound called solanine. In some people, consuming even small amounts of solanine may increase inflammation. As part of a plan to reduce as many contributing sources as possible, nightshades are avoided in the initial stages of this food plan, often successfully reintroduced without any problems in much of the population.

8. If my patients are not consuming dairy, should they supplement with calcium?

Not necessarily. A well-designed Autoimmune/Anti-Inflammatory Food Plan provides a broad spectrum of micronutrients, including calcium; however, each patient should be assessed individually, as calcium requirements vary with age.

9. Is it possible for a vegetarian to follow the Autoimmune/Anti-Inflammatory Food Plan?

Yes! Protein requirements can be obtained from a variety of plant foods, including nuts (except for peanuts), seeds, and legumes (except soy). Plant-based protein powders may be helpful.

10. Is the Autoimmune/Anti-Inflammatory Food Plan organic?

It is recommended to use organic food as much as possible in order to avoid as many of the additives that go into conventionally grown produce and livestock.



1. My patient has low cortisol. Why would a high-protein/phytonutrient-dense plan be a better dietary approach than a ketogenic diet?

Since the ketogenic diet is interpreted by the body as a “stressor (i.e., no glucose available for fuel), it will stimulate a cortisol response in order to liberate fat for energy production. Those with low cortisol have stressors that are constantly stimulating their adrenal glands to be working. With time, the adrenal glands can no longer keep up with all the demands. The High-Protein/Phytonutrient-Dense Food Plan may be the best approach for a patient with low cortisol, at least until the adrenal picture has improved.

2. How does the High-Protein/Phytonutrient-Dense Food Plan differ compared to the ketogenic diet?

The macronutrient profile associated with this food plan is 20% carbohydrate, 40% protein, and 40% fat. On a ketogenic diet, protein intake is moderate, at approximately 20% of daily calories. Excess protein is stored in the liver as glucose and can prevent ketosis. The human body will liberate and utilize the glucose for energy before dietary or stored fats. The High-Protein/Phytonutrient-Dense Food Plan is high protein; the ketogenic diet is high fat.

3. What are phytonutrients, and what are the benefits of consuming?

Phytonutrients are chemicals that plants produce during their normal metabolic activities. When consumed by humans, phytochemicals provide significant benefits at the molecular level such as stimulating enzymes that help the body rid of toxins, supporting the immune system, and decreasing inflammatory markers. A diet rich in a variety of phytonutrients has been associated with lower rates of chronic disease and longer lifespan.

4. My patient has a history of gall bladder removal. What’s the best food plan for her? Any advice about best healthy fats?

A good recommendation for a patient postcholecystectomy is a diet rich in vegetables, quality protein, healthy fats, and whole grains. Good dietary fat choices, including olive and coconut oils, avocado, and ghee are healthy options to consider.

5. How do I decide what dietary approach is best for patients with thyroid disease?

A ketogenic diet is not an absolute contraindication in patients with thyroid disease but may increase the need for medical monitoring. Low-carb (keto, Paleo, fasting) diets may worsen thyroid function in those hypothyroid by further reducing the body’s production of thyroid hormone. A High-Protein/Phytonutrient-Dense Food Plan may be best suited for patients with hypothyroidism. In the case of autoimmune thyroiditis, addressing the underlying autoimmune dysregulation with the Autoimmune/Anti-Inflammatory Food Plan may be the most effective approach.

6. I want my patients eating 9-13 servings of fruits and vegetables daily. How can they achieve this on the High-Protein/Phytonutrient-Dense Food Plan?

When you follow a diet with a low or moderately low allowance of carbs per day, it can be more challenging to consume the recommended 9 to 13 servings of fruits and vegetables per day. Regardless of which food plan is best suited, meal plans are very helpful. Recipes should include low-glycemic fruits and nonstarchy vegetables as much as possible.

7. My patient is interested in intermittent fasting. Can this plan be used along with intermittent fasting?

Intermittent fasting/time-restricted feeding can be incorporated into any of the food plans, including the High-Protein/Phytonutrient-Rich Food Plan. Intermittent fasting is focused on the amount of time a person spends in a fasting state and not on which foods are consumed during the “feeding window.” Intermittent fasting may provide additional complimentary benefits for a patient following this food plan.

8. Is this the Atkins Diet?

There are some similarities; however, the High-Protein/Phytonutrient-Dense Food Plan, rather than focusing on low carb intake, puts the emphasis on high-quality protein and phytonutrient-dense foods. It was developed to facilitate loss of unhealthy fat while maintaining healthy lean tissues. The plan includes simple instructions that help control caloric intake without having to calculate daily totals. The recommended food options produce a lower glucose and insulin response, which help to balance blood sugar, curb hunger, and reduce cravings.

9. Is it possible for a vegetarian to follow the High-Protein/Phytonutrient-Dense Food Plan?

Yes, with some guidance and effort, it is possible for vegetarians to follow this food plan. The most challenging aspect is the high protein content. Patients, particularly new vegetarians, may require a meal plan detailing optimal intake. Incorporating plant-based protein powders may be useful.

10. Is the High-Protein/Phytonutrient-Dense Food Plan organic?

It is recommended to use organic food as much as possible in order to avoid as many of the additives that go into conventionally grown produce and livestock.



1. My patient tried the ketogenic diet and didn't lose weight. She is premenopausal and a good candidate. What would you suggest next?

Food for thought:

- Gender can be a variable as women reach plateaus (weight loss stalls) more often than men.
- Hormonal changes (not only sex hormones but stress and thyroid hormones) could play a role here too.
- Caloric intake could be a factor. Sometimes the patient may ignore satiety signals and eat because of several external factors (habit, social cues, boredom, etc.). In this case, the patient would be ingesting too many calories and preventing the body from mobilizing its own fat deposits.
- As the patient loses fat mass, toxins and hormones tend to be released from fat deposits.

2. Is it necessary to measure blood ketones on the ketogenic diet?

While not essential, ketone measurement is a helpful monitoring tool to help guide the dietary treatment. Tracking the level of blood ketones can help determine:

- If a patient is in ketosis. The optimal range for nutritional ketosis is 0.5-3 mmol/L. Research suggests levels in the lower end of the range (0.5-1 mmol/L) are ideal for weight loss, while higher levels (1-2 mmol/L) may have more of an impact on neurological and cognitive health.
- The ideal macronutrient ratios for each individual and how other factors such as exercise, specific foods, ketone salt supplements, etc. may influence ketone levels.

3. Is it possible for a vegetarian to follow a ketogenic diet?

Yes! The ketogenic diet does not restrict food groups, but rather emphasizes specific macronutrient ratios and can therefore be applied to any style of eating! The main source of carbohydrates on any ketogenic diet should come from nonstarchy vegetables. To ensure optimal fat intake, include nonanimal sources such as coconut oil, coconut products, olives, olive oil, avocado meat and oil, as well as nuts & seeds and their oils. The ketogenic diet requires moderate protein intake. Foods such as hemp seeds, tempeh, and pumpkin seeds can supply moderate amounts of protein without significantly overdoing it on the carbohydrates.

4. Does someone following this program have to restrict calories?

A ketogenic diet is not a diet based on calorie restriction. The focus is a shift in macronutrient content, relying on fat as the primary fuel source.

5. Does the ketogenic diet impact cortisol levels?

The adrenal glands help our bodies adapt to stress. In order to achieve a rapid fluctuation from stress to homeostasis, blood sugar regulation is utilized. When one is adapting to a ketogenic diet, the stress response is amplified since there is not enough glucose around for fuel and fat stores need to be liberated.

6. How does one determine how many calories should be consumed on the ketogenic diet, specific to weight loss?

There are a number of variables such as age, gender, height, weight, and level of physical activity that define how many calories a person must consume to sustain or lose weight. Any low-calorie diet as low as 1,200-1,500 kcal per day for women and 1,500-1,800 kcal per day for men causes energy deficit and, therefore, can be helpful to lose weight. In addition, nutrition education, physical activity guidance, and behavior changes are recommended to incorporate into weight-loss programs. The goal with a ketogenic diet is to first reach ketosis, then reduce caloric intake to encourage burning stored fat.

7. What is the "keto flu," and what can I recommend to my patients who experience symptoms related to this?

The keto flu is a term used to describe symptoms a patient may experience during the first few days or weeks on the ketogenic diet. As the body adjusts to burning fat instead of sugar as the primary source of energy, patients may complain of "flu-like" symptoms such as fatigue, headaches, and poor mood. Symptoms are temporary, typically lasting only a few days. To reduce the likelihood, shorten the duration, or minimize the intensity of the symptoms, ensure proper hydration and electrolyte balance, encourage optimal macronutrient intake, and/or supplement with exogenous ketones.

8. Is consuming a high-fat diet worrisome, especially for those who have high cholesterol levels?

Overall, the science to date shows benefits for most cardiometabolic biomarkers following nutritional ketosis, but it seems that the effect of the ketogenic diet on cholesterol levels may vary depending on the types of fats (better results with higher unsaturated intake), the ethnicity of the individual, the time spent utilizing this dietary approach, and finally, the amount of carbohydrates in the diet. It is clinically important and useful to have baseline biomarkers, including lipid levels, measured and followed to assess the efficacy of the ketogenic regimen and to further hone and personalize the dietary pattern to maximize long-term health for your patients.

9. How do I address patient complaints about less frequent bowel movements on the ketogenic diet?

A diet high in fat often results in the loss of sodium. The salt depletion causes a parallel loss of potassium. Common symptoms of a potassium deficiency include weakness, muscular cramps, constipation, irritability, and/or skin problems. Some easy at-home recommendations: drink at least eight ounces of warm (not tepid) water to stimulate the gastrocolic reflex; a gentle walk for 15-20 minutes after each meal will also stimulate a healthy bowel transit time; potassium-rich keto-friendly foods include: spinach, avocados, kale, and mushrooms.

10. Will the ketogenic diet increase the risk of kidney stones in my patients?

Typically, uric acid levels do tend to rise when one begins a ketogenic diet; however, the kidneys will adapt to maintaining normal uric acid excretion. No matter what diet one follows, staying hydrated by drinking plenty of water is important.

11. My patient is interested in intermittent fasting. Can the Ketogenic Food Plan be used along with intermittent fasting?

Intermittent fasting/time-restricted feeding can be incorporated into any of the food plans, including the Ketogenic Food Plan. Intermittent fasting is focused on the amount of time a person spends in a fasting state and not on which foods are consumed during the "feeding window." Intermittent fasting may provide additional complimentary benefits for a person following this plan.

12. Does coffee or herbal tea interfere with intermittent fasting?

No. A cup of coffee, even with a small amount of coffee cream or coconut oil, will not raise insulin levels enough to break the fasting state. Other options to consume during the fasting window include water, tea, and small amounts of bone broth if initially necessary for compliance. If patients are not achieving weight loss or other set goals, avoid any cream or oil and stick with black coffee, tea, and water.

13. I want my patients eating 9-13 servings of fruits and vegetables daily. How can they achieve this on the ketogenic diet?

When you follow a diet such as a low allowance of carbs per day, it can be more challenging to consume the recommended 9 to 13 servings of fruits and vegetables per day. Regardless of which food plan is best suited, meal plans are very helpful. Recipes should include low-glycemic fruits and nonstarchy vegetables as much as possible.

14. How do I decide what dietary approach is best for patients with thyroid disease?

A ketogenic diet is not an absolute contraindication in patients with thyroid disease but may increase the need for medical monitoring. Low-carb (keto, Paleo, fasting) diets may worsen thyroid function in those hypothyroid by further reducing the body's production of thyroid hormone. A high-protein/phytonutrient-dense food plan may be best suited for patients with hypothyroidism. In the case of autoimmune thyroiditis, addressing the underlying autoimmune dysregulation with the Autoimmune/Anti-Inflammatory Food Plan may be the most effective approach.

15. I thought dairy was detrimental for autoimmune patients, but the ketogenic diet allows dairy consumption. What shall I tell my patients?

Correct, many proinflammatory foods such as dairy or common food sensitivities to an autoimmune/inflammatory patient population are typically consumed on the ketogenic diet. For autoimmune patients or patients who are intolerant to dairy, options are available to modify the diet slightly. For example, fish can be substituted for eggs; coconut milk substituted for cow's milk; variety of pâté substituted for cheese.

16. Is the Ketogenic Food Plan organic?

It is recommended to use organic food as much as possible in order to avoid as many of the additives that go into conventionally grown produce and livestock.



1. My patient gained weight on the Mediterranean food plan.

Would adding time-restricted feeding 16/8 help?

Time-restricted feeding (intermittent fasting) may provide weight-loss benefits by encouraging a shift into fat-burning mode and reducing blood sugar spikes. Limiting food intake to an 8-hour eating window may also diminish appetite by lowering ghrelin, helping to control portion sizes, and potentially contributing to weight loss.

2. Is there a food plan that may help regulate irregular menstrual cycles?

Typically, women with irregular menstrual cycles would benefit from a food plan with higher carb consumption (approximately 60%), such as the Mediterranean Food Plan. Low-carb diets, like the ketogenic diet, in lean women can stimulate the body's sympathetic response, cause the adrenal glands to become worn out, and potentially have a negative impact on menstrual regularity.

3. Would the Mediterranean Food Plan be appropriate to provide fertility support in those trying to conceive?

Adherence to a Mediterranean diet pattern has been associated with higher fertility. Among other benefits, the Mediterranean diet is linked to higher folate and vitamin B6 levels in red blood cells and in follicular fluid.

4. My patient is healthy and does not need to lose any weight but has high blood pressure. What is the best food plan for her?

While the ketogenic diet is not contraindicated in this patient, the Mediterranean Food Plan may be more applicable in a patient with hypertension. With an emphasis on primarily plant-based foods, such as fruits and vegetables, whole grains, legumes and nuts, the Mediterranean diet has been shown to positively benefit many of the markers associated with cardiovascular risk.

5. Is the Mediterranean diet safe for those that have undergone bariatric surgery?

This population of patients are not able to tolerate a high fat consumption, so a ketogenic approach would not prudent. In contrast, the Mediterranean Food Plan is a good recommendation for bariatric surgery patients because it is rich in vegetables, quality protein, healthy fats, and whole grains.

6. I want to recommend a low-fat diet. Is the Mediterranean Food Plan the best option?

The Mediterranean diet is not necessarily low-fat. In fact, a variety of healthy fats are emphasized on this food plan. It is low-fat compared to the ketogenic diet, with approximately 30% of calories coming from fat on the Mediterranean plan, compared to 70% on the ketogenic diet. The key is that the fat contained in the Mediterranean diet comes from good-quality fats. Olive oil, for example, is a key source of fat in the Mediterranean diet. Nuts, seeds, and fish are also included. The higher intake of monounsaturated fats is thought to be one reason why the Mediterranean diet is associated with improved cardiovascular health.

7. My patient is interested in intermittent fasting. Can the Mediterranean Food Plan be used along with intermittent fasting?

Intermittent fasting/time-restricted feeding can be incorporated into any of the food plans, including the Mediterranean plan. Intermittent fasting is focused on the amount of time a person spends in a fasting state and not on which foods are consumed during the "feeding window." Intermittent fasting may provide additional complimentary benefits for a person following this plan.

8. Is it possible for a vegetarian to follow a Mediterranean diet?

Yes! The Mediterranean diet is well suited for vegetarians, as it emphasizes plant-based fats, whole grains, nuts, seeds, and vegetables. A variety of vegetarian protein options, such as hemp seeds, tempeh, and pumpkin seeds can supply adequate amounts of protein. Plant-based protein powders may also be helpful.

9. Is the Mediterranean diet organic?

It is recommended to use organic food as much as possible in order to avoid as many of the additives that go into conventionally grown produce and livestock.

10. Are alcohol, caffeine, and chocolate acceptable options on the Mediterranean diet?

Yes, in moderation. Alcohol should be limited to 1 drink per day for women and 2 drinks per day for men. Both tea and coffee allow you to drink in a wide range of beneficial phytonutrients and may offer therapeutic benefits. However, a limit of 250 mg per day of caffeine is suggested. Good-quality, dark ($\geq 80\%$) chocolate may be consumed as a "treat." Keep in mind, these are guidelines that may require complete avoidance with certain conditions and medications.



1. How do I determine how long a patient should follow the Detoxification/Elimination Food Plan?

This program is designed to take 29 days, followed by a reintroduction phase. Some patients may be consuming significant amounts of caffeinated beverages or simple sugars. In these cases, we recommend patients gradually decrease these items before starting the program. Depending on the patient, this could take several days or even weeks. The reintroduction phase will also vary, depending on how many of the foods cause a reaction in the patient and require avoidance followed by a second “challenge.”

2. Are there patients who should not use the Detoxification/Elimination Food Plan?

For the most part, this plan is useful for all patients; however, in patients who are ill (CFS, allergies, Lyme, addictions, etc.) or are transitioning from a diet high in refined/processed foods, it may be beneficial to ensure lifestyle and diet changes have been implemented and followed for a period before initiating any detoxification support. For example, a one-step-at-a-time-approach, starting with eliminating processed foods, followed by sugar, then dairy, wheat, and caffeine, may help reduce potential withdrawal and increase compliance.

3. My patient uses time-restricted feeding to help manage weight but has symptoms that I believe would benefit from a detox. Can this plan be used along with intermittent fasting?

Intermittent fasting/time-restricted feeding can be incorporated into any of the food plans, including the Detoxification/Elimination Food Plan. Intermittent fasting is focused on the amount of time a person spends in a fasting state and not on which foods are consumed during the “feeding window.” It may be helpful to keep in mind, however, in order to support liver detoxification function, the body needs macronutrients such as quality protein and carbohydrates, plus specific micronutrients (e.g., vitamins, minerals) to provide targeted nutritional support. One would need to ensure adequate and balanced nutritional intake was being achieved for optimal benefits.

4. How often should I recommend a detox program for a patient?

Today, we are all exposed to chemicals in the foods we eat, the air we breathe, and the water we drink. Many common complaints to doctors, such as mental and physical fatigue, may be signs of environmental overload. Supporting the body’s natural metabolic detoxification process may be beneficial once or twice each year.

5. Is there a limit to how long a patient should be on a detox program?

The time period is dictated by what the patient needs are for his or her particular physiology. This question should be individualized for each patient and not simply considered as a generality for everyone. A practitioner may decide to transition the patient from a detox program to a modified program for maintenance. The diet may be simplified, or the food choices expanded, to improve compliance and satisfaction while still maintaining benefits.

6. How is the Detoxification/Elimination Food Plan different from a juice or water fast?

While many people are familiar with the idea of detoxification, there is a great deal of confusion about how to do it safely. For example, trendy water or juice fasting may cause muscle wasting and an increased feeling of fatigue. In order to support liver detoxification function, the body needs macronutrients such as quality protein and carbohydrates, plus specific micronutrients (e.g., vitamins, minerals) that provide targeted nutritional support. This program enhances the body’s natural metabolic detoxification process while providing adequate fuel for both cleansing and other daily activities—supporting energy metabolism and overall wellbeing.

7. Can a patient exercise while on the Detoxification/Elimination Food Plan?

Ideally, strenuous or prolonged exercise should be reduced during the program, as patients may be consuming fewer calories than normal. Encourage patients to use nutrition as fuel for detoxification activities. If a patient wants to or needs to maintain a high level of activity, simply adjust macronutrient servings to account for it.

8. Is the Detoxification/Elimination Food Plan only for people who have high exposure to toxins (i.e.: mechanics, smokers, etc.)?

The Detoxification/Elimination Food Plan may be suitable for many of your patients. Over time, the buildup of toxins from the environment and lifestyle choices can compromise the way our bodies work, and even affect our health. This program is designed to enhance the body’s natural metabolic detoxification process while providing adequate fuel for both cleansing and other daily activities—supporting energy metabolism and overall wellbeing.

9. This plan seems restrictive. Should I be concerned about potential nutrient deficiencies?

If followed correctly, the Elimination/Detoxification Food Plan provides the necessary macronutrients, such as quality protein and carbohydrates, plus specific micronutrients (e.g., vitamins, minerals) to support optimal health. Most patients benefit from additional support, and a practitioner may want to assess each individual patient’s needs in terms of dietary supplements (ex. vitamin D, omega-3). However, the plan itself is not lacking and provides an abundance of micro- and macronutrients.

10. When engaging in a Detoxification/Elimination Food Plan, how long does it take before patients can expect to start noticing improvements?

The time period appropriate for noticeable improvements varies, as it depends on the patient’s state of health. For example, those with a very hectic and stressful schedule may need a longer period before common detoxification symptoms dissipate. Common detoxification symptoms could include but are not limited to: headaches, nausea, skin irritations, and fatigue. Once the initial effects subside, patients may experience improved mental clarity, heightened energy, and regularity of bowel movements.

