

# KPU/HPU Treatment Protocol

## January 2010

The KPU/HPU treatment outlined is based on the work of Dr. Dietrich Klinghardt, MD, PhD. It is an evolving protocol that will likely continue to be updated over time. For more information, visit <http://www.klinghardtneurobiology.com>

**Note: This protocol should NEVER be attempted without close supervision of a knowledgeable medical doctor. Self-treating may be dangerous to your health and is NOT advised.**

- **Before Breakfast**
  - **Zinc** 27-40 mg elemental zinc (initially up to 240 mg, especially with metal toxicity and chronic infections). Nausea after zinc supplementation may be a sign of hypochlorhydria or low stomach acid. This tends to resolve after 2-4 months on the protocol
  - **Manganese:** 5 mg (initially up to 20 mg, especially with joint and ligament weakness. Should be avoided in most clients with Parkinson's Disease)
- **With Breakfast**
  - **Arachidonic acid** from Omega-6 oils (Ghee, Evening Primrose Oil, Black Currant, Borage, Pumpkin; 4-6 capsules of Evening Primrose Oil per day is commonly used)
  - **Fish oil** 1 teaspoon per day
- **Before Bedtime**
  - **Vitamin B6** 25 mg per day and **P5P** 50 mg per day (Most patients do better with a combination of both B6 and P5P. Some require P5P. Approximately 10% do not tolerate P5P at all.) 75-200mg (initially up to 750 mg, especially in seizure disorders)
  - **Magnesium** (Glycinate or Malate) 600-2000mg per day – or titrate to bowel tolerance; best given not only orally, but also transdermally and occasionally by IV
  - **BioPure MicroMinerals** 1 tablespoon per day
  - **Biotin** 10mg per day for brain, skin, hair, and nails
- **Optional**
  - **Niacinamide** 1000 mg three times per day for psychiatric symptoms
  - **Taurine** 500 mg three times per day for brain-related symptoms such as seizures, brain fog, and memory loss. Supports elimination of neurotoxins, improves bile quality, increases glutathione, and normalizes brain rhythms
  - **Chromium** 500 mcg (initially up to 2 mg, especially in certain brain disorders and hypo/hyperglycemia and insulin resistance)
  - **Molybdenum** 300 mcg (initially much higher, especially with sulfur reactivity)
  - **Lithium Orotate** or **Aspartate** 60-240 mg per day
  - **High Gamma Vitamin E** 400 IU per 40lbs of body weight per day (Unique E is the brand often used)
  - KPU clients also often are deficient in **silica, iodine** and **boron**

**Note on Copper:** Copper intake depends on the zinc intake. The copper/zinc ratio should be 1:15 to 1:30. If a client takes 60 mg of zinc he/she should take between 4 and 2 mg elemental copper (as citrate or sebacate). It takes about 4-6 months before copper should be seriously considered in most people.