

Weight Management & Perimenopausal Metabolic Protocol

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1. Body Composition & Vitals (InBody — 25.08.2026)

We will factor the body composition trend and newly identified elevated blood pressure into the protocol below.

Parameter	Value	Interpretation
Weight	78.7 kg	Up from 75.3kg → 77.6kg → 78.7kg across the last 3 InBody tests, confirms consistent upward trend despite efforts
BMI	27.9 kg/m²	Slightly Over
Percent Body Fat (PBF)	34.5%	Over
Skeletal Muscle Mass (SMM)	28.7 kg	Stable across last 2 tests muscle retention is not the issue
Visceral Fat Level	13	High (target < 10) elevated cardiometabolic risk
Waist-Hip Ratio	1.00	High (target < 0.85) central adiposity pattern
Basal Metabolic Rate	1483 kcal	Below the reference range (1548–1810) metabolically suppressed, consistent with weight-loss resistance despite low-carb attempt and training adherence
InBody Suggested Weight Control	-11.8 kg (target 66.9kg)	More aggressive than the stated goal of -7–8kg we will set -7–8kg as Phase 1 and reassess
Blood Pressure	140/90 mmHg	Stage 2 range — new finding

2. Previous Lab Findings (08.08.2026)

Prior bloodwork flagged elevated fasting glucose (115 mg/dL), high total cholesterol (316 mg/dL), high LDL (203.6 mg/dL) and non-HDL (244 mg/dL), high triglycerides (202 mg/dL), a mildly reduced eGFR (70.92), and a markedly elevated B12 (1785 pg/mL, explained by 3 months of supplementation). Absolute monocyte count was mildly low; all other CBC, thyroid, and iron parameters were within normal range. These findings are what drive the lipid-focused diet, the B12 adjustment, and the renal follow-up in this protocol.

3. Pending Laboratory Tests

We are still awaiting a hormonal/perimenopause panel (Estradiol, FSH, LH, Progesterone, SHBG, AMH), insulin resistance work-up (Fasting Insulin, HOMA-IR, C-Peptide), cardiovascular risk markers (ApoB, Lp(a)), Urine ACR, Free T3, a DEXA scan, and AM Cortisol. Given the elevated blood pressure alongside a mildly reduced eGFR, we will prioritize the Urine ACR and a 7-day home BP log for physician review.

4. Nutrition & Diet Plan

We will shift from carbohydrate restriction toward a structured, protein-forward, lower-glycemic pattern aligned with the training schedule and sleep timing. Given the suppressed BMR, we will avoid further caloric restriction and focus on rebuilding metabolic rate. Bread and dairy are excluded entirely.

Focus Area	Guidance
Structure	We will build meals around a protein-forward, lower-glycemic pattern: protein + fiber + healthy fat at every meal, with carbohydrates concentrated around training days rather than removed entirely.
Protein target	1.6–1.8 g/kg body weight per day, spread across 3 meals: supports muscle retention during

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Focus Area	Guidance
	weight loss and pairs with the existing strength training.
Carbohydrates	Shift from low-carb back toward moderate, low-glycemic carbohydrates (legumes, quinoa, oats, sweet potato, whole fruit) rather than continued restriction, the prior 3-month low-carb trial did not produce weight loss, so we will change the lever rather than tighten it further. No bread or refined grains.
Meal timing	3 structured meals, no late-night eating given bedtime. Last meal at least 3 hours before sleep to support sleep quality and reduce night-sweat-related waking.
Intermittent fasting	We will keep the occasional IF pattern but cap the fasting window at 12–14 hours extended fasting is not indicated given the fasting glucose and cortisol/weight-resistance picture.
Foods to prioritize	Oily fish (salmon, sardines), leafy greens, cruciferous vegetables, berries, legumes, olive oil, nuts/seeds, dairy-free fermented foods (sauerkraut, kimchi, coconut kefir) for gut/hormone support.
Foods to exclude	Bread and dairy are excluded entirely: see full exclusion list below.
Hydration	Continue consistent hydration through the day; shift a portion of evening fluid earlier to reduce nighttime waking.
Movement	Maintain 3x/week strength training; add 2 short (20–30 min) low-intensity walks weekly to support insulin sensitivity without adding cortisol load.

Sample Meal Plan

Meal	Example	Notes
Breakfast — Option A	2-egg veggie omelette (spinach, tomato, mushroom) + 1/2 avocado + handful of berries	No bread: serve as is, not on toast
Breakfast — Option B	Chia pudding made with unsweetened almond or coconut milk, topped with walnuts and mixed berries	Dairy-free milk only: no cow's milk or yogurt
Breakfast — Option C	Smoked salmon with sliced cucumber, avocado, and a soft-boiled egg	No bread, no cream cheese
Lunch — Option A	Grilled chicken breast with quinoa, roasted zucchini, and olive oil-lemon dressing	—
Lunch — Option B	Lentil and vegetable soup with a side green salad, olive oil and vinegar dressing	Check soup base is dairy-free (no cream added)
Lunch — Option C	Salmon and mixed greens salad with chickpeas, cucumber, olives, and olive oil dressing	—
Dinner — Option A	Baked branzino or salmon with steamed broccoli and a small portion of sweet potato	—
Dinner — Option B	Turkey or chicken stir-fry with mixed vegetables over cauliflower rice	No soy-based creamy sauces
Dinner — Option C	Grilled lean beef or chicken with roasted vegetables and a side of quinoa	—
Snacks (if needed)	Raw nuts, hummus with vegetable sticks, boiled eggs, whole fruit	No dairy-based dips or spreads

Foods to Exclude

Category	Excluded
Bread & refined grains	All bread, pasta, pastries, white rice, breakfast cereals
Dairy	Milk, cheese, yogurt, butter, cream, ice cream
Sugar	Refined sugar, sweetened beverages, desserts, honey/syrups in excess
Fried foods	Deep-fried items, heavily processed snack foods
Processed meats	Cured/processed meats (deli meats, sausages)
Alcohol	None; already not consumed
Caffeine	Limit after 2pm given late bedtime and sleep quality goals

5. Supplement Protocol

We will continue the current supplements with one adjustment (B12) and add four targeted additions for insulin sensitivity, cortisol, and gut-hormone support.

Supplement	Dose	Timing	Purpose
Continue — Currently Taking			
Omega-3	2g/day	With a meal	Lipid support, anti-inflammatory
Vitamin D3 + K2	5000 IU D3 / 100mcg K2	With a meal (fat-containing)	Bone health, hormonal support — current level sufficient, maintain
Magnesium Glycinate	200–400mg	Evening, with or without food	Sleep quality, muscle recovery, glucose handling
Vitamin B12	Reduce to twice per week	—	
Add — New			
Berberine	500mg	With each main meal (2–3x/day)	Insulin sensitivity, glucose and lipid support
Myo-Inositol	2g	Morning, without food	Insulin sensitivity, perimenopausal metabolic support
Ashwagandha (KSM-66)	300–600mg	Evening, with food	Cortisol modulation, sleep quality, weight-loss resistance support
Chromium Picolinate	200mcg	With a meal	Glucose metabolism support
Probiotic (multi-strain)	As labeled	Morning, without food	Gut-hormone axis support, metabolic health

6. Peptide Protocol — Overview

We will combine Retatrutide, metabolic, and repair peptides to target appetite regulation and fat loss, insulin sensitivity, disc-related tissue repair, and perimenopausal sleep/circadian symptoms.

Peptide	Purpose	Dose	Frequency	Route
Retatrutide	GLP-1 / GIP / glucagon triple agonist, appetite regulation and fat loss	1mg (starting dose, titrate up per schedule)	Weekly	Subcutaneous
MOTS-c	Mitochondrial / insulin sensitivity support	10mg	2x/week (Mon & Thu)	Subcutaneous
BPC-157	Systemic tissue repair,	250mcg	Daily	Subcutaneous

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Peptide	Purpose	Dose	Frequency	Route
	supports L4–L5 disc history			
Epitalon	Circadian rhythm regulation, sleep quality, hot flash/night sweat support	10mg	Daily x 10-day cycle	Subcutaneous

7. Weekly Injection Schedule

Epitalon is run as a 10-day circadian-support cycle within the first two weeks; BPC-157 continues daily; MOTS-c runs twice weekly; Retatrutide is administered once weekly, starting at 1mg with titration per follow-up.

Day	Injection	Dose	Volume	Clicks	Time
Week 1 — Mon	BPC-157	250mcg	0.05mL	5 clicks	AM
	MOTS-c	10mg	0.10mL	10 clicks	AM
	Epitalon	10mg	0.10mL	10 clicks	PM (bedtime)
Week 1 — Tue	BPC-157	250mcg	0.05mL	5 clicks	AM
	Epitalon	10mg	0.10mL	10 clicks	PM (bedtime)
Week 1 — Wed	BPC-157	250mcg	0.05mL	5 clicks	AM
	Epitalon	10mg	0.10mL	10 clicks	PM (bedtime)
Week 1 — Thu	BPC-157	250mcg	0.05mL	5 clicks	AM
	MOTS-c	10mg	0.10mL	10 clicks	AM
	Epitalon	10mg	0.10mL	10 clicks	PM (bedtime)
Week 1 — Fri	BPC-157	250mcg	0.05mL	5 clicks	AM
	Epitalon	10mg	0.10mL	10 clicks	PM (bedtime)
Week 1 — Sat	BPC-157	250mcg	0.05mL	5 clicks	AM
	Epitalon	10mg	0.10mL	10 clicks	PM (bedtime)
Week 1 — Sun	BPC-157	250mcg	0.05mL	5 clicks	AM
	Retatrutide	1mg	0.10mL	10 clicks	PM
	Epitalon	10mg	0.10mL	10 clicks	PM (bedtime)
Week 2 — Mon	BPC-157	250mcg	0.05mL	5 clicks	AM
	MOTS-c	10mg	0.10mL	10 clicks	AM
Week 2 — Tue	BPC-157	250mcg	0.05mL	5 clicks	AM
Week 2 — Wed	BPC-157	250mcg	0.05mL	5 clicks	AM
Week 2 — Thu	BPC-157	250mcg	0.05mL	5 clicks	AM
	MOTS-c	10mg	0.10mL	10 clicks	AM
Week 2 — Fri	BPC-157	250mcg	0.05mL	5 clicks	AM
Week 2 — Sat	BPC-157	250mcg	0.05mL	5 clicks	AM
Week 2 — Sun	BPC-157	250mcg	0.05mL	5 clicks	AM
	Retatrutide	1mg	0.10mL	10 clicks	PM