Full Optimisation.

Three months. Your biology, tracked.

133 markers · Bloodwork integration · 3 monthly protocol reviews · Written Q&A; each month

Prepared for	Programme Start	Platform
L.M.	**August 2026**	**23andMe v5**

Sample report — anonymised. Educational purposes only. Does not constitute medical advice.

HOW THE FULL OPTIMISATION PROGRAMME WORKS

Three months. One structured system. Your protocol moves with your biology.

The Full Optimisation programme is not a report you read once. It is a structured 90-day system — your genetics and bloodwork are the foundation, and each month the protocol is updated based on new data you submit. No open inbox. No reactive messaging. A system that is intentional, data-driven, and compounds over time.

MONTH 1 — Foundation	
Report delivery	133-marker DNA analysis + bloodwork integration. Root Cause Summary. Full supplement protocol with research doses, drug interactions, and supplement stack review.
Written Q&A; session	Submit your questions after reading the report. Receive written answers within the week.
Month 1 intake form	Sent at end of Month 1. Covers bloodwork, supplement response, symptom changes.
Protocol revision	Based on Month 1 intake. Your protocol is updated and delivered.

MONTH 2 — Adjustment	
Month 2 intake form	New bloodwork encouraged. Supplement response and any symptom changes documented.
Written Q&A; session	Second Q&A; — questions become more specific as the protocol progresses.
Protocol revision	Updated based on Month 2 data. Each revision builds on what has been confirmed working.

MONTH 3 — Optimisation	
Month 3 intake form	Final intake. Blood markers compared to baseline. 90-day response data reviewed.
Written Q&A; session	Third Q&A; session — at 90 days the picture is substantially clearer.
Final protocol + 90-day summary	Updated protocol and summary of what changed, what moved, what the next phase should address.

ROOT CAUSE SUMMARY

What Your Biology Has Been Trying to Tell You.

CAUSES IDENTIFIED

1. **CYP1B1 + ESR1 oestrogen metabolism** — your body processes oestrogen through a pathway that generates more inflammatory metabolites — a driver of hormonal fluctuation and tissue sensitivity that has not responded to standard approaches.

2. **MTHFR C677T heterozygous + elevated hsCRP** — methylation capacity is reduced and systemic inflammation is measurable. Impaired methylation reduces the body's ability to clear the pro-inflammatory oestrogen metabolites that CYP1B1 generates.

3. **IL-6 GG variant** — your immune system runs at a higher baseline inflammatory tone. Combined with the oestrogen metabolism picture, chronic low-grade inflammation is structurally predicted by this variant panel.

4. **Suboptimal ferritin, Vitamin D, and hsCRP** — the biomarker picture confirms what the genetics predict. These are downstream expressions of the same underlying mechanisms.

YOUR PATH FORWARD

- → *DIM + calcium-d-glucarate — oestrogen metabolite clearance via 2-OH pathway*
- → *Active folate — methylation support timed to menstrual cycle phase*
- → *Omega-3 + curcumin — IL-6 pathway modulation*
- → *Ferritin and Vitamin D — functional targets specific to this panel*
- → *Monthly tracking — each update monitors which interventions are shifting the picture*

Your complete Path Forward — supplement forms, research doses, cycle-synced timing, and the reasoning behind every decision — is in your full report.

MONTH 2 PROTOCOL UPDATE — SAMPLE

This is what a monthly protocol update looks like at Month 2. The intake form has been completed, new bloodwork submitted, and this is the revised protocol with the reasoning behind each change.

MONTH 2 INTAKE SUMMARY

Ferritin: 52 μg/L (was 31) · Vitamin D: 78 nmol/L (was 48) · hsCRP: 1.4 mg/L (was 2.1)

Supplement response: DIM tolerated well. Active folate started at 400 mcg — no adverse reaction. Omega-3 added Week 3. Energy improvement noted. Bloating persists mid-cycle.

PROTOCOL CHANGES — MONTH 2

CONTINUE	**DIM — continue**	Ferritin moving (31→52) and hsCRP improving (2.1→1.4). Protocol is working. Continue current dose. Recheck Month 3.
ADJUST	**Active folate — increase to 600 mcg**	No accumulation symptoms at 400 mcg across 6 weeks. MTHFR CT heterozygous allows higher ceiling than TT. Increase with morning largest meal.
NEW	**Add calcium-d-glucarate 500 mg**	Mid-cycle bloating consistent with Phase 2 oestrogen clearance insufficiency. Inhibits beta-glucuronidase, reducing oestrogen reabsorption. Timing: Day 14-28, with food.
ADJUST	**Omega-3 — confirm form and increase**	For CYP1B1 profile, EPA-dominant ratio preferred. If ethyl ester, switch to triglyceride form. Target: 2g EPA + 1g DHA daily.

Month 2 Q&A;: submitted questions answered in writing within the week. Month 3 intake form sent at start of next month.

YOUR OPTIONS

Your results came back normal. You still don't feel normal.

Three tiers. One biological picture.

Tier 1 DNA Blueprint	Tier 2 Blueprint + Bloodwork	Tier 3 Full Optimisation
$397	**$697**	**$1,197**
✓ 133 markers · 12 domains	✓ Everything in Tier 1	✓ Everything in Tier 2
✓ Root Cause Summary	✓ Bloodwork vs functional ranges	✓ 3-month programme
✓ SNP interaction analysis	✓ Biomarker Snapshot	✓ Monthly intake form
✓ Supplement protocol + doses	✓ Written Q&A; session	✓ Monthly protocol revision
✓ Drug-supplement interactions	*— No monthly updates*	✓ Monthly written Q&A;
✓ Supplement stack review		✓ 90-day summary report
✓ Food guidance		**The data compounds.**
✓ 90-day plan		
✓ Peer-reviewed citations		
— No bloodwork		
— No Q&A;		
— No updates		