

BALEDONEEN METHOD - INFLAMMATORY PANEL

RESULT PARAMETERS		F2Iso	MACR	hsCRP	Fibrinogen	LpPLA2 Activity	MPO
URGENCY OF ROOT CAUSE EVALUATION		3-6 WEEKS					
FREQUENCY OF TESTING		Primary every 6-12 months; Secondary every 3-6 months; Tertiary every 3 months					
		OPTIMAL VALUES					
	CLEVELAND HEARTLAB/QUEST	<0.86 ng/mg	<3.9 mg/g men <7.5 mg/g women	<1 mg/L	<350 mg/dL	<123 nmol/min/mL	<470 pmol/L
	BOSTON HEART	<0.86 ng/mg	<3.9 mg/g men <7.5 mg/g women	<1 mg/L	<350 mg/dL	<180 nmol/min/mL	<470 pmol/L
	LABCORP	N/A	<3.9 mg/g men <7.5 mg/g women	<1 mg/L	<350 mg/dL	<225 nmol/min/mL	<470 pmol/L
L I F E S T Y L E	Weight Loss to Below BMI 25 in women, Below BMI 30 in men						
	Intermittent Fasting, Early Window						
	Mediterranean						
	Seeds						
	Mushrooms, Ginger, Licorice, Spinach, Soybeans, Green leafy vegetables, Green peppers, celery, Tomatoes, Red Carrots, Watermelon, Papaya, Nuts						
	Coffee if CYP1A2 normal						
	Apo E fat/alcohol						
	Hap 2 gluten restriction						
	Pre-biotic foods						
	Pro-biotic foods						
	Soluble Fiber 30 grams total = AHA Diet Benefit						
	Sodium Restricted based on BP						
	Vegetarian						
Magnesium rich foods: Dark chocolate, Pumpkin seeds, almonds, walnuts, cashews, edamame, black beans							

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	Alcohol						
	Calcium rich foods						
	Avoid Artificial Sweetener						
	Dark Chocolate						
	Aerobic						
	Resistance						
	HI-IT						
	Oral Health						
	Stress Mangement						
	Stop Nicotine						
	Sleep						
S U P P L E M E N T S	Cinnamon-Chromium-Biotin for Insulin Resistance						
	Berberine						
	Omega 3 EPA-DHA						
	Vitamin D3						
	Vitamin C						
	Curcumin						
	Phytosterols						
	Nicotinic Acid						
	Melatonin						
	Ubiquinol with statins						
	Magnesium						
	Red Yeast Rice						
	L-Carnitine if Vegan for Lp(a)						
Vitamin K2							
Natural alpha-D Tocopherol if T2DM and Hap 2-2							
	Vaccines for Influenza, Zoster, Pneumococcus, COVID					Equivalent to "Plaque Present"	Equivalent to "Plaque Present"
	Aspirin 81-162mg based on Aspirin Resistance Assays					Equivalent to "Plaque Present"	Equivalent to "Plaque Present"
	Plavix when DAPT needed						
	Ticagrelor, Prasugrel when DAPT needed						
	Fibrates						
	Pravastatin					Avoid in KIF6 Non-carriers	

M E D I C A T I O N

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Lovastatin						
Fluvastatin						
Simvastatin					Avoid in Insulin Resistance	
Rosuvastatin						
Atorvastatin					Avoid in KIF6 Non-carriers, women, Insulin Resistance	
PCSK9 Agents--Repatha						
Ramipril Preferred based on HOPE Trials						
Lisinopril						
ARB and Direct Renin Inhibitors only if ACE not tolerated						
Thiazide-like diuretics chlorthalidone, indapamide			Don't worsen IR			
Carvedilol, Nebivolol			Doesn't worsen IR			
Dihydropyridine Calcium Blockers-- amlodipine, etc. in Black patients						
Colchicine in Tertiary or persistent inflammation						
Metformin						
Pioglitazone						
GLP-1 Albi-, Semi-, Lira- glutides only						
SGLT-2 e.g. -flozins						
DPP-4 e.g. -gliptins						

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A D D I T I O N A L N O T E S	Secondary Cause Search NOTE: ANY ROOT CAUSE CAN IMPACT ANY OR ALL!	Sedentary Sugar Starch Red Meat Smoking Extreme Athletes Over Training	Diabetic Nephropathy Nephrotic Syndrome Glomerulo-nephritis Gammopathy	Visceral Fat Periodontal or Endodontic Disease Autoimmune Acute and Chronic Infections Acute Injuries IgM gammopathy	 Smoking! Lifestyle	 ASCVD Sleep Disorders Dyslipidemia Periodontal Disease	Specimen Processing Error (not separating out WBCs) ASCVD Endodontic Disease CHF Marathon Runners, Extreme Athletes Vasculitides Indolent Infections Bone Marrow Dyscrasias Leukemia Lymphoma Myeloma
	Miscellaneous CV Risk Stats		Direct Linear Relation to AMI, CVA, Death JAMA 2001; 286:421-6			2x CVA with nl BP 7x CVA & HBP 1.64 x CVA women off HRT	2x CV Mortality 9.66x CV Mortality if hsCRP also high