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*“...and if the root be holy, so are the branches...”*

## **WONDROUS ROOTS VERY BASIC MTHFR PROTOCOL**

### **MORNING:**

[S-ACETYL-L-GLUTATHIONE \(100 mg/50 lb bodyweight\)](#) For any adult with MTHFR 300 mg is appropriate

[THORNE BASIC NUTRIENTS 2/DAY\\*](#) – 1 capsule

OR, if sensitive to methylated forms of folate and B12:

[SEEKING HEALTH OPTIMAL MULTIVITAMIN MF\\*\\*](#) – 1 capsule

[SEEKING HEALTH VITAMIN D3/K2 5000 IU](#) – 1 capsule

[SEEKING HEALTH OPTIMAL MAGNESIUM 150 MG](#) – 1 capsule

[SEEKING HEALTH ADENO B12 3000 MCG\\*\\*\\*](#) – 1 lozenge dissolve under the tongue

### **OR:**

[SEEKING HEALTH HYDROXY B12 2000 MCG\\*\\*](#) – 1 lozenge dissolve under the tongue

### **EVENING/AFTER SUPPER/BEFORE BED:**

[SEEKING HEALTH OPTIMAL MAGNESIUM 150 MG](#) – 1 capsule

[THORNE BASIC NUTRIENTS 2/DAY\\*](#) – 1 capsule

[LITHIUM OROTATE 5 MC\\*\\*\\*](#) – 1 capsule

This regimen can be embellished and modified to fit the specifics of the individual, but if you want to make sure you are covering the essential bases, this is a good, solid system to incorporate into your daily supplement intake.

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\*Most multivitamins have contain folic acid and cyanocobalamin, both inactive forms of folate and B12, and this is critically important.

\*\*Some people, as much as they need active folate and B12, are sensitive to the methylated forms. This supplement has active forms but are not the methyl forms. When I have someone's genetic data, I use a chart to compare their VDR Taq status with COMT V158m, and this alerts me to that problem, but if a person feels set on edge taking methylated B vitamins, then that is indication.

\*\*\*Lithium is the “ferry boat” needed to transport B12 and folate from the bloodstream to the tissues of the body where they do their work.

\*\*\*Although both multivitamins contain active forms of B12, some of us cannot absorb B12 from the stomach. Using a sublingual form is extra insurance, as well as higher strength, which is a good thing.

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