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wherein said dietary regimen that increases dopaminergic tone while maintaining said decreased overactive CNS noradrenergic tone comprises:

- 1) protein intake of about 24%±5% of total daily caloric intake;
- 2) monounsaturated fat intake of about 23%±5% of total daily caloric intake;
- 3) saturated fat intake of about 5%±5% of total daily caloric intake;
- 4) polyunsaturated fat intake of about 3%±5% of total daily caloric intake;
- 5) complex carbohydrate intake of about 45%±7% of total daily caloric intake;
- 6) total caloric intake set at 0-25% less than said patient's daily energy expenditure; and
- 7) L-DOPA-containing foods in an amount sufficient to ingest about 20-400 mg of L-DOPA per day; and wherein said polyunsaturated fat intake in each of steps (a) and (b) individually comprise a ratio of omega-3 to omega-6 polyunsaturated fatty acids from between about 0.25:1 to about 2:1; and wherein said providing step (a) continues for approximately 4 to 12 weeks; and wherein said providing step (b) continues for approximately 4 to 6 months.

2. The method of claim 1, wherein said L-DOPA-containing foods are present in an amount sufficient to ingest about 20-150 mg of L-DOPA per day.

3. The method of claim 1, wherein said L-DOPA-containing foods are ingested throughout the day to effectuate a day-long rise in circulating L-DOPA levels.

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4. The method of claim 1, wherein in each of said dietary regimen steps (a) and (b), simple sugars and/or high glycemic index carbohydrates are not provided concurrently with fats at a weight ratio greater than 1 carbohydrate to 4 saturated fat.

5. The method of claim 1, further comprising the step of establishing a baseline of metabolic activity in said patient by measuring the amounts of neuroendocrine compounds in said patient's blood prior to said providing steps.

6. The method of claim 5, wherein said neuroendocrine compounds are selected from the group consisting of plasma norepinephrine, insulin, dopamine, cortisol, morning urination melatonin, plasma serotonin, and combinations thereof.

7. The method of claim 5, wherein said providing step (b) is implemented when plasma norepinephrine, and/or insulin levels are reduced by at least 20% relative to the levels established in said establishing step.

8. The method of claim 1, wherein step (b) is performed when said overactive CNS noradrenergic tone is decreased by at least 20%.

9. The method of claim 1, further comprising the step of administering between 50 and 2000 mg of a serotonin precursor to said patient before bedtime.

10. The method of claim 9, wherein said serotonin precursor is selected from the group consisting of L-tryptophan, L-5-hydroxytryptophan, and combinations thereof.

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