# Could Maillard Abuse Prompted Redox Riptides Increase COVID-19 and Chronic Illness Risk and Maillard-Free Food and Drink Proceed Towards Dynamic Supercentenarian Longevity? A Pilot Single Case Paradigm Analyzing Dietary Pro-Oxidant Versus Antioxidant Binge Eating on Disease and Health at Three Different Intraday $pH^+$ Points to Try the Need for Duplication on a Grander Scale

James A Cocores, MD [a, b, c]

a Lab for MAD Unmasked, openly soliciting a university Chair of Maillard Abuse Disorder, $pE^-$ = $pH^+$ International Culinary Medicine, and Dynamic Longevity Lifestyles, Palm Springs, FL USA

b Adjunct Clinical Assistant Professor, Translational Addiction Neuroscience & Overweight, Department of Psychiatry, University of Florida & McKnight Brain Institute, Gainesville, FL USA 05/28/2008 to 09/2010

c Corresponding author. Address: Lab for MAD Unmasked, 4611 S Congress Avenue, Lab 215, Palm Springs, FL 33461-4742 USA. Tel.: +561 419 5083; Tel.: +561 319 6443. *E-mail addresses*: drjac11@bellsouth.net, cocoresjamesmdpa@bellsouth.net (J.A. Cocores).

## ABSTRACT

Many studies have shed light on intricate and pricey markers of extracellular/intracellular redox imbalance, their corresponding cell signaling, and exponentially multifaceted commensurate expressions of misery or longevity.
Clinical studies using inexpensive and retrospectively available potential markers of extracellular/intracellular redox imbalance/balance are abundantly lacking and exceedingly necessary in the quest to prevent and conquer COVID-19 and other more common killers. Including

cancer and cardiovascular disease, and most of all, social and virtue stagnation facilitated Maillard, alcohol, and nicotine abuse disorders.
*Objectives:* The objective of this pilot single case study is twofold. The first objective is to test the feasibility of replication on a larger scale. The second objective is to analyze the potential influence of Maillard end-products on oral-intestinal and corporal extracellular/intracellular redox imbalance/balance. Cell signaling, immunosuppression, and inflammation at three specific intraday $pH^+$ points using eight potential and two established redox markers. The first intraday $pH^+$ target corresponding to the slightly lower-middle $pH^+$ 6.0 within prime systemic energy's (PSE's) urine $pH^+$ range of 5.6 to 6.6. The second $pH^+$ target point of 6.5 is at the upper end of PSE's urine $pH^+$ range of 5.6 to 6.6. And the third intraday $pH^+$ target point corresponding to lower-middle $pH^+$ 7.0 within middle systemic reductive stress's (SRS's) urine $pH^+$ range of 6.7 to 8.0.
*Methods:* The subject consumed acidic tide-inducing relatively alkaline muffins, donuts, and highly acidic cola rich in Maillard end-products to initiate an oral-intestinal and systemic oxidative stress (SOS) associated acidic tide. Before driving to the lab to give blood and urine samples for CBC with differential, comprehensive metabolic panel, routine urinalysis, lipid panel, and TSH. The procedure repeated using increasingly more acidic fast food and drink producing more significant amounts of the alkaline tide to target two different specific intraday urine $pH^+$ values. Finally, an analogous Maillard-free three-part method also targeted three particular urine $pH^+$ points using more balanced potential Lewis acid electron takers to Lewis base electron donor containing food and drink.

*Results: All ten redox imbalance* and balance *markers significantly* changed during *Maillard abuse compared to the Maillard-free f*ood and drink*.*
*Conclusions:* This pilot study warrants reproduction on a larger scale with similarly healthy participants with elevated antioxidant tone and

total urine alkalinity again. If replicated, Maillard Abuse Disorder, $pE^-$ = $pH^+$ International Culinary Medicine, and Dynamic Longevity Lifestyles could begin fulfilling Hippocrates's mantra of Maillard-free food and drink as the new pharmacopeia.

*Key words*: Maillard abuse disorder, redox imbalance, immunosuppression, inflammation, COVID-19 Risk, international culinary medicine