

5R Gut Restoration Protocol & Progress Tracker

Client Name: _____ Date Started: _____ Current Phase: [] Remove [] Replace []
Reinnoculate [] Repair [] Rebalance

Section 1: Targeted Protocol Design

Practitioner: Check the boxes that apply to this client's current "Target" phase.

[] Phase 1: REMOVE (Pathogens & Irritants) * Antimicrobial: ____ (e.g., Berberine, Neem, Allicin) | Dose: _____ * Dietary Strategy: [] Low-FODMAP [] Elimination [] Biofilm Disruptor * Goal: Reduce pathogenic overgrowth and systemic inflammation.

[] Phase 2: REPLACE (Digestive Fire) * Betaine HCl: ____ mg per protein meal. (Follow titration instructions below). * Enzymes: [] Full Spectrum [] Ox Bile (for gallbladder support/fat digestion). * Goal: Restore gastric pH and ensure complete breakdown of macronutrients.

[] Phase 3 & 4: REINNOCULATE & REPAIR (Heal and Seal) * Probiotic: _____ (e.g., Spore-based, S. boulardii, or Histamine-neutral) * Mucosal Support: [] L-Glutamine (10-20g) [] Zinc Carnosine [] SBI [] DGL * Goal: Close tight junctions and restore beneficial commensal flora.

[] Phase 5: REBALANCE (The Gut-Brain Connection) * Vagus Nerve Tone: [] Gargling [] Deep breathing [] Cold exposure * Circadian Rhythm: [] Morning sunlight [] No screens 60 min before bed.

Section 2: Daily Compliance & Symptom Tracker

Client: Mark (X) if you completed your protocol. Rate your primary symptom (e.g., Bloating) from 0-10.

Day	Protocol Followed?	Primary Symptom (0-10)	Stool Type (Bristol)	Notes (Energy, Mood, Reaction)
1	[]			
2	[]			
3	[]			

Day	Protocol Followed?	Primary Symptom (0-10)	Stool Type (Bristol)	Notes (Energy, Mood, Reaction)
4	[]			
5	[]			
6	[]			
7	[]			

Section 3: The Betaine HCl Titration Test (If Applicable)

1. Take **1 capsule** with a protein-rich meal.
 2. If no "warmth" or burning is felt, increase by **1 capsule** at the next protein meal.
 3. Continue increasing until a slight burning sensation is felt, then **drop back 1 capsule**.
This is your maintenance dose.
 4. **Current Comfortable Dose:** _____ capsules.
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Section 4: Weekly Reflection

Overall Progress Score (1-10): _____ (1 = No change, 10 = Symptom-free)

Observations (Changes in brain fog, energy, or skin):

Next Steps:

[] Continue current phase for more weeks. [] Transition to Phase: [] Schedule follow-up "Reveal" testing (e.g., Breath test or Stool re-test).

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