

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	<input type="checkbox"/>			
2	<input type="checkbox"/>			
3	<input type="checkbox"/>			

Day	Protocol Followed?	Primary Symptom (0-10)	Stool Type (Bristol)	Notes (Energy, Mood, Reaction)
4	<input type="checkbox"/>			
5	<input type="checkbox"/>			
6	<input type="checkbox"/>			
7	<input type="checkbox"/>			

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.

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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