CLINICAL PROTOCOL

The GERD Reset Protocol

Heartburn is not too much acid. It is acid in the wrong place. Fix the barrier, the pressure, and the timing.

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Reflux is a mechanical problem, not an acid problem. Acid belongs in the stomach; the goal is to keep it there rather than to shut it off. This protocol targets the three variables that drive reflux (**barrier, pressure, and time**), and if you are a candidate, it gives you a safe path off acid-suppressing medication.

IMPORTANT: PLEASE READ FIRST

This is education, not medical advice. It is designed to help you and your physician work together to navigate your health, not to replace the judgment of a clinician who knows your history.

Do not start, stop, or change any medication on your own. If a doctor prescribed your acid suppressor, tell them you are doing this and bring them this plan. **Seek urgent care for trouble swallowing, unintentional weight loss, vomiting blood, black stools, persistent vomiting, or chest pain that could be cardiac.**

The reframe

A valve (the lower esophageal sphincter working with the diaphragm) normally keeps acid in the stomach. Reflux happens when that barrier weakens, abdominal pressure pushes up, or acid lingers too long in the esophagus. Long-term acid suppression hides the symptom but drives gastrin up and builds more acid machinery, which is why stopping a PPI abruptly causes rebound. Fix the mechanics instead.

STEP 1 The 2–4 week reset

Anyone can start here. These steps are low-risk, evidence-based, and target pressure, barrier, and time directly.

- [ ] Finish dinner at least **3 hours before bed**; skip late-night snacks
- [ ] Make your evening meal **smaller and lighter**
- [ ] Lose a little weight if needed: even **5–10%** dramatically reduces reflux
- [ ] Take a break from **alcohol and nicotine** during the reset
- [ ] Loosen tight waistbands, belts, and shapewear, especially after meals
- [ ] Elevate the head of your bed **~6 inches** with blocks (pillows alone don't work)
- [ ] Sleep on your **left side**, which can cut nighttime reflux by up to ~70%
- [ ] After meals, **chew gum** ~30 minutes and take a **10–30 minute walk**

STEP 2 Find your personal triggers

Everyone's chemistry is different. Use elimination, not all-out restriction.

- [ ] Remove **one** food or drink per week
- [ ] Track symptoms on a simple **1–5 scale** (5 = worst, 1 = minimal)
- [ ] If removing it clearly helps, keep it out; if not, bring it back
- [ ] Write it down, and let your own body teach you what works

COMMON CHEMICAL TRIGGERS	HOW THEY CAUSE REFLUX
Chocolate, mint/peppermint	Relax the lower esophageal sphincter
High-fat meals	Slow gastric emptying; trigger sphincter relaxations
Tea (theophylline)	Relaxes smooth muscle; often worse than coffee
Alcohol	Relaxes the valve and slows emptying; irritates the esophagus
Onions, garlic, spicy foods	Increase acid exposure and symptoms in many people
Carbonated drinks	Gas distends the stomach, venting pressure upward
Simple sugars / processed carbs	Fermentation and gas raise abdominal pressure
Nicotine	Relaxes the sphincter (up to ~40%); slows clearance

Drugs that can worsen reflux: calcium-channel blockers, nitrates, benzodiazepines, opioids, and beta-2 agonists (e.g., albuterol). Direct irritants (NSAIDs, iron tablets, tetracycline, bisphosphonates) should be taken with a full glass of water. Review any changes with your prescriber.

STEP 3

Taper off acid suppression (if you're a candidate)

These drugs create real physiological dependence, so come off slowly. Expect some temporary rebound; that is the stomach recalibrating.

PHASE	WHAT TO DO
Weeks 1–2	Keep your PPI but take it **30–60 min before breakfast** (not bedtime) to align with natural acid timing
Month 1	Switch to an **H2 blocker** (e.g., famotidine) **twice daily**, before breakfast and dinner
Month 2	Reduce to **once daily**, before dinner
Month 3	Cut to **half dose** (e.g., ~10 mg famotidine) before dinner
Month 4	Cut to **quarter dose** (~5 mg) before dinner, hold one month, then stop

Breakthrough tools that actually work:

- **Sodium alginate (raft)** — take an alginate antacid (e.g., Gaviscon Advance) after meals and at bedtime. It forms a floating gel that caps the "acid pocket," the unbuffered acid sitting on top of a meal that drives reflux, blocking it mechanically rather than suppressing acid. Trials show alginate beats antacid or placebo; it is a useful add-on for post-meal or nighttime breakthrough symptoms, or when a PPI alone isn't enough.
- **Baking soda** — ½ tsp sodium bicarbonate in 4–6 oz water as needed (start with ¼ or ⅛ tsp). If you limit sodium, use sodium/potassium/magnesium bicarbonate blends.
- **Fennel seed** — ½–1 tsp chewed after meals to aid motility (skip if pregnant or allergic).
- Return to the basics: stay upright after meals, elevate the bed, sleep left, chew gum, walk.

When to keep taking acid suppression

Some people genuinely benefit from acid suppression. Do **not** taper on your own. Work with your doctor if you have:

- [ ] Barrett's esophagus
- [ ] Erosive esophagitis
- [ ] Active or bleeding ulcer disease
- [ ] Chronic NSAID use
- [ ] Post-surgical anatomy (e.g., gastric bypass)
- [ ] A large hiatal hernia

If reflux is stubborn

When diet and lifestyle aren't enough, look for root causes with your doctor: SIBO (small intestinal bacterial overgrowth), hypothyroidism, diabetic gastroparesis, connective-tissue disorders, or pregnancy. Treating the underlying driver often reduces reflux dramatically.

This isn't anti-medicine. It's pro-physiology. Stay curious, stay skeptical, stay healthy.

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