Supplements & Timing

Daily Schedule

Morning — Empty Stomach (30 min before breakfast)

Supplement	Dose	Why This Timing
NAC	600mg	Empty stomach ensures it targets biofilm proteins in the small intestine, not dietary protein from food. 30-minute head start lets it pass through the stomach and begin working before food arrives and dilutes it.
Serrapeptase	120,000 SPU	Proteolytic enzyme — with food, it burns through dietary protein instead of biofilm proteins. Must be empty stomach to reach biofilm targets.

Breakfast

Supplement	Dose	Why This Timing
ACV	1 tablespoon in water, 15 min before eating	Establishes acidic stomach environment before food enters. Acetic acid has mild antimicrobial properties in upper small intestine. Diluted by meal volume if taken with/after food.
Iberogast	20 drops, just before eating	Prokinetic — stimulates stomach and small intestine contractions right when food enters, pushing everything through faster. Less time for SIBO bacteria to ferment food = less gas, bloating, histamine. Liquid drops absorb faster on relatively empty stomach.

Supplement	Dose	Why This Timing
Ginger capsule	1000mg	Moved to bedtime in updated schedule (see below).
SIBO yogurt	½ cup (~150ml)	Food buffers stomach acid, giving more bacteria safe passage to the small intestine. Food also provides substrate for bacteria to establish and start producing bacteriocins. Morning dose is the main bacteriocin delivery.

Afternoon — Empty Stomach (2+ hours after last food)

Supplement	Dose	Why This Timing
NAC	600mg	Second dose maintains consistent biofilm disruption. NAC half-life is ~6 hours — without this dose, blood levels drop significantly by mid-afternoon and bacteria start rebuilding biofilm overnight.
Serrapeptase	120,000 SPU	Same empty-stomach logic. Second wave hits bacteria that survived the morning assault.

Before Dinner

Supplement	Dose	Why This Timing
ACV	1 tablespoon in water, 15 min before eating	Same as breakfast — acidic environment before food.
Iberogast	20 drops, just before eating	Same prokinetic effect as breakfast dose.
SIBO yogurt	2-3 tablespoons (optional)	Small evening dose maintains bacteriocin presence into the night. Not a full serving — Davis recommends keeping the main dose to daytime so die-off doesn't disrupt sleep.

Bedtime

Supplement	Dose	Why This Timing
Iberogast	40 drops (double the mealtime dose)	The overnight fast (15+ hours) is the most important MMC window — roughly 10 cleansing waves over the night. Higher dose provides stronger prokinetic stimulation when no food is triggering natural contractions.
Ginger	1000mg	Modulates 5-HT4 and 5-HT3 serotonin receptors. ~90% of body's serotonin is in the gut. Bedtime timing amplifies serotonergic signalling during the overnight fast, strengthening MMC contractions. Taken in the morning it's less impactful because eating shortly after shuts down the MMC anyway.
LDN	2.5mg	Briefly blocks opioid receptors, causing upregulated endorphin production. Endorphin production peaks during sleep, so bedtime timing maximises the rebound effect. The resulting endorphin surge has anti-inflammatory and motility-enhancing effects that persist through the night.

As Needed

Supplement	Dose	Why This Timing
Activated charcoal	1000mg	For die-off symptom flares (itching, headache, brain fog). Binds LPS endotoxin in the gut before it enters bloodstream. **Must be 2+ hours away from ALL other supplements and food** — charcoal binds everything indiscriminately. Relief typically within 15 minutes. Don't take around the clock, only as needed.

Weekly

Activity	Details
24-hour fast (optional)	Skip both meals one day per week. Water only. Take all supplements except yogurt as normal. MMC runs uninterrupted for 24+ hours, sweeping dead bacteria and debris. Yogurt bacteriocins from previous day still active.

Why the Bedtime Stack Matters Most

Three prokinetics stacked at bedtime with three different mechanisms maximises overnight MMC sweeping:

- **Iberogast:** Herbal motility stimulation (9-herb blend)
- **Ginger:** Serotonergic pathway (5-HT4/5-HT3 receptors)
- **LDN:** Opioid receptor antagonism → endorphin rebound

All three together means the overnight MMC runs stronger, sweeps more bacteria out of the small intestine, and moves dead bacteria + toxic debris into the colon for elimination. The morning bowel movement is flushing out the battlefield debris from the previous day's treatment.

Why NOT to Rearrange the Order

- Moving ginger to morning wastes the overnight MMC amplification — you eat shortly after and shut down the MMC anyway
- Moving NAC to with meals wastes it on food protein instead of biofilms
- Taking yogurt on empty stomach means more bacteria die in stomach acid before reaching the small intestine
- Taking charcoal near other supplements means charcoal absorbs the beneficial compounds

Dose Explanations

BioGaia Gastrus — 4 capsules per 400ml batch (10 per 1L)

Each capsule contains 200 million CFU. Davis's protocol calls for 2 billion CFU per litre as starting population. Scaled to 400ml: 4 capsules (800M CFU). Bacteria need enough critical mass to multiply into hundreds of billions during 36-hour fermentation.

Dr. Mercola Biothin — 1 capsule per 400ml batch

Each capsule is 10 billion CFU of L. gasseri BNR17. When fermenting separately at optimal 42-43°C, gasseri grows efficiently and doesn't need as high a starting count.

Microbiome Labs HU58 — 1 capsule per 400ml batch

B. subtilis is spore-forming with near 100% survivability. Reproduces aggressively. One capsule (5B CFU) establishes a viable colony.

Inulin — 1 teaspoon per 400ml batch

Prebiotic fibre — food for bacteria during fermentation. Without it, bacteria rely solely on lactose. Too much causes overly aggressive fermentation and increased separation. Scaled from 2 tablespoons/litre. Add after heating — heat degrades the fibre chains.

SIBO Yogurt — ½ cup daily

At 36-hour fermentation counts, half a cup delivers roughly 250-260 billion CFU. Once enough bacteria colonise the small intestine, the colony sustains itself. More yogurt doesn't mean proportionally more bacteriocin output — there's a colonisation ceiling.

Iberogast — 20 drops 3× daily

Manufacturer's standard adult dose. Bedtime dose higher (40 drops) because MMC is most active during overnight fasting. Dr. Siebecker allows up to 60 drops at bedtime for tougher cases.

Ginger — 1000mg

Prokinetic studies used 1000-1200mg. Below ~500mg, gingerol/shogaol concentrations aren't high enough to stimulate serotonergic pathways driving the MMC. Nutricost 550mg is a 4:1 extract equivalent to 2200mg raw ginger — only 1 capsule needed.

NAC — 600mg twice daily (1200mg total)

Clinical literature uses 600-1800mg daily. NAC's sulfhydryl group breaks disulfide bonds in biofilm mucopolysaccharide matrix. Above 1800mg increases GI side effects without proportionally better disruption. Twice-daily maintains consistent levels.

Serrapeptase — 120,000 SPU twice daily

SPU measures enzymatic activity, not weight. Standard therapeutic dose. Breaks down protein components of biofilm (NAC handles mucopolysaccharide components — complementary). Empty-stomach critical — with food, enzyme digests dietary protein instead of biofilm.

LDN — 2.5mg

Full-dose naltrexone (50mg) is an opioid antagonist for addiction. At 2.5-5mg, paradoxical effect — brief receptor blockade causes endorphin upregulation with anti-inflammatory and motility effects. 2.5mg for diarrhoea-predominant, 5mg for constipation-predominant. Bedtime because endorphin production peaks during sleep.

ACV — 1 tablespoon before meals

Supports stomach acid environment. Acetic acid has mild antimicrobial properties. 15-minute head start establishes acidic environment before food enters.

Revision #1
Created 10 May 2026 04:32:17 by Conor
Updated 10 May 2026 04:32:31 by Conor