

FREE GUIDE · 2026 EDITION

Your Gut on Strike

7 reasons your gut stopped listening to you
— and what your pharmacist isn't
telling you.



*"You don't need more supplements.
You need to understand your body."*

Dr Christophe

Doctor of Pharmacy
Functional Medicine & Micronutrition Specialist



@drchristophe.micronutrition

BEFORE WE START

A few words from a pharmacist who got tired of staying quiet.

I see the same scene every day behind the counter. Someone walks in with a bag. Inside: a 45-euro probiotic, glutamine, activated charcoal, digestive enzymes, maybe a 40-herb detox complex. They've been taking all of this for three months. Their bloating has never been worse.

I always ask them the same question: **has anyone actually looked into WHY your gut is dysfunctional?** Nine times out of ten, the answer is no. They built their protocol from Instagram, a friend's advice, or some wellness influencer. They don't have a supplement problem. They have a diagnosis problem.

This guide exists to change that.

In 15 minutes of reading, you'll discover the 7 major physiological reasons your gut resists — even when you're doing "everything right." You'll walk away with a self-assessment test to identify your own terrain, and a clear method for knowing where to start.

No miracle claims. No one-size-fits-all diet. No "super supplement." Just physiology — the kind we learn in pharmacy school but rarely have time to explain at the counter.

WHAT YOU'LL DISCOVER IN THIS GUIDE

- The principle that changes everything: chasing the cause behind the cause
- The 7 gut terrains almost no one checks for
- Why your PPI is probably making your reflux worse
- Why your probiotics might be fueling your bloating
- A 15-question self-assessment test
- The exact order in which to take action

THE FOUNDING PRINCIPLE

Chase the cause behind the cause.

If you only remember one thing from this guide, remember this.

Bloated? Here, take an anti-bloating pill. Acid reflux? Here, take an antacid. Constipated? Here, take a laxative. In every case, we treat the symptom. Almost never the cause. And pretty much never — the cause behind the cause.

But your gut works as an **ecosystem**. When it malfunctions, three terrains go out of balance at the same time:

THE CHEMICAL TERRAIN	THE NUTRITIONAL TERRAIN	THE MECHANICAL TERRAIN
Stomach acid, bile, pancreatic enzymes. These are your digestion tools. If they're missing, everything downstream breaks down.	What you eat, when you eat, and how. Chewing, stress, snacking, fasting. Context matters as much as content.	Gut motility, especially the Migrating Motor Complex — the wave that sweeps your small intestine clean.

The 7 causes I'm about to walk you through are all expressions of imbalance in one — or several — of these three terrains. Treating them means going back up the chain. No magic bullet: **just logic**.

"A symptom is a question. A good protocol answers it — it doesn't silence it."

THE TERRAIN

The 7 reasons your gut is pushing back.

In my daily practice, the 7 reasons below cover more than 90% of chronic gut issues. Some stack up. Many feed each other. None of them are visible to the naked eye — but all of them show up through careful questioning and testing.

1 You're low on stomach acid

Hypochlorhydria

2 Your bile isn't doing its job

Bile insufficiency

3 Your gut's cleaning crew is off duty

Impaired Migrating Motor Complex

4 You've got bacteria in the wrong place

SIBO

5 A yeast is steering your cravings

Intestinal candidiasis

6 You're fermenting what you eat

Fermentation dysbiosis

7 You're putrefying your proteins

Putrefaction dysbiosis

Take your time. Mentally check off the ones that resonate. At the end of the guide, a self-assessment test will help you pinpoint which ones likely apply to you.

REASON #1

You're low on stomach acid.

→ THE SIGNS YOU SHOULDN'T IGNORE

- You burp often after meals
- You feel heavy or sluggish long after eating
- You have acid reflux (especially when lying down)
- You have bad breath for no clear reason
- You've been on a PPI for more than 3 months
- You're over 50 or dealing with chronic stress

→ WHAT'S ACTUALLY HAPPENING IN YOUR BODY

Your stomach is supposed to be **extremely acidic**: pH between 1 and 2. That acidity activates your digestive enzymes, kills the bacteria from your food, and signals your pancreas and gallbladder to release their secretions. When acidity drops — from stress, age, PPIs, hypothyroidism — your whole digestive system grinds down in a cascade. You digest poorly, absorb poorly, and let bacteria slip through that then colonize your small intestine.

→ WHY STANDARD FIXES FALL SHORT

Here's the tragedy: we constantly confuse **too much acid** with **too little acid**. The symptoms look identical — burning, reflux, heaviness. Mainstream medicine reaches for an antacid. It helps for two weeks, then makes things worse long-term. Why? Because we're treating the exact opposite of the real problem. Result: deficiencies in iron, magnesium, B12, zinc, and a perfect environment for SIBO.

→ WHERE TO START

Test yourself with the baking soda test: a teaspoon of baking soda in half a glass of water, first thing in the morning on an empty stomach. Time yourself. You should burp within 2 minutes. Longer than that? Suspect low stomach acid. Places to start: stress management, gradual PPI tapering under professional guidance, gentle acid stimulation (ginger, diluted apple cider vinegar before meals), and a thyroid panel if you haven't had one recently.

REASON #2

Your bile isn't doing its job.

→ THE SIGNS YOU SHOULDN'T IGNORE

- You struggle to digest fatty meals (or feel heavy for hours after)
- Your stools are pale or float
- You get nauseous after rich meals
- You have a dull ache under your right ribcage after eating
- You've had your gallbladder removed
- You feel bloated high up, near your stomach

→ WHAT'S ACTUALLY HAPPENING IN YOUR BODY

Bile is the "pressure washer" of your duodenum. It emulsifies fats (without it, no absorption of vitamins A, D, E, K) and critically, it **mechanically clears** your small intestine of bacteria. When bile is insufficient or sluggish — removed gallbladder, sphincter of Oddi spasm, chronic stress, overloaded liver — bacteria thrive where they shouldn't. And fat digestion becomes a silent nightmare.

→ WHY STANDARD FIXES FALL SHORT

Bile function almost never gets evaluated in standard consultations. You'll be told to "watch the fats," which masks the problem instead of fixing it. Worse: by avoiding healthy fats, you deepen deficiencies in fat-soluble vitamins, which fuel chronic fatigue and weakened immunity. It's a loop that needs breaking.

→ WHERE TO START

You need to **wake up bile flow**. Cholagogue and choloretic herbs have solid track records: fumitory, artichoke, turmeric, black radish, lime tree sapwood. Betaine supplementation can help. Gentle manual work on the sphincter of Oddi, heart coherence breathing (the vagus nerve controls bile release), magnesium. And crucially: never address bile issues without exploring the root cause (stress? low stomach acid? diet lacking in bitters?).

REASON #3

Your gut's "cleaning crew" is off duty.

→ THE SIGNS YOU SHOULDN'T IGNORE

- You tend to snack between meals
- You skip overnight fasting (late dinner + early breakfast)
- You get more bloated as the day goes on
- You had a stomach bug you never fully recovered from
- You've had abdominal surgery
- You're on anticholinergics, opioids, or antidepressants

→ WHAT'S ACTUALLY HAPPENING IN YOUR BODY

The Migrating Motor Complex (MMC) is a contractile wave that sweeps through your digestive tract every 90 to 120 minutes, **only when you're fasting**. Its job: clear out food debris and stagnant bacteria from the small intestine into the colon. Think of it as your body's cleaning crew. It stops the moment you eat anything — even a yogurt, even a sweet coffee. If you snack all day, it barely ever gets to work. Bacteria stagnate. And the perfect SIBO environment settles in.

→ WHY STANDARD FIXES FALL SHORT

The MMC is known only to specialists in digestive physiology. You'll be told to "eat a balanced diet" or to "watch your fiber intake." No one will explain that your problem might come from nibbling a square of chocolate at 4:30 PM while working. Result: you restrict yourself for no clear reason, and your symptoms keep returning.

→ WHERE TO START

Respect **digestive fasting between meals**: ideally 4-5 hours with nothing but water, herbal tea, or unsweetened black coffee. Respect an **overnight fast of at least 12 hours**. If your MMC is severely weakened, you can stimulate motilin with ginger before meals, activate the serotonergic axis (saffron), support acetylcholine synthesis (vitamin B5, L-carnitine). Stress is a major MMC inhibitor: daily heart coherence breathing is an ally, not a gimmick.

REASON #4

You've got bacteria in the wrong place.

→ THE SIGNS YOU SHOULDN'T IGNORE

- Your stomach is flat in the morning and bloats through the day
- You react badly to "healthy" foods (broccoli, onion, garlic, legumes)
- You felt **worse** on probiotics or prebiotics
- You have frequent gas, burping, or belching after meals
- You have multiple deficiencies despite a varied diet
- You get brain fog or fatigue after eating

→ WHAT'S ACTUALLY HAPPENING IN YOUR BODY

SIBO (*Small Intestinal Bacterial Overgrowth*) is an abnormal proliferation of bacteria in the small intestine — a stretch that should be relatively bacteria-poor. These bacteria ferment the carbs you eat **before** you can absorb them. You produce large amounts of hydrogen and/or methane. Your stomach swells, you malabsorb — and the bacteria self-perpetuate.

→ WHY STANDARD FIXES FALL SHORT

Standard fixes often **make SIBO worse**. Probiotics: you're adding bacteria to a system that already has too many. Fiber: you're feeding them. Kefir and ferments: double trouble. "Flat belly" diets without a diagnosis: you eliminate foods for no reason, and end up back at square one. SIBO requires a precise, sequential protocol — and almost the opposite of "conventional wisdom" dietary advice.

→ WHERE TO START

Diagnosis is done via a **breath test** (hydrogen and methane after lactulose ingestion). Count on about 100-150 euros, not covered. The protocol follows 4 phases: **starve** (temporary FODMAP reduction), **eliminate** (oregano essential oil, berberine, allicin), **restore** (gut lining, glutamine when appropriate), **reactivate** (MMC, stomach acid, bile flow). Order is everything.

REASON #5

A yeast is steering your cravings.

→ THE SIGNS YOU SHOULDN'T IGNORE

- You have **uncontrollable sugar cravings**, especially in the evening
- You have a whitish tongue, sometimes with cracked mouth corners
- You get repeated yeast infections (vaginal, nails, skin)
- You have anal itching, especially at night
- You have brain fog or mood swings
- You've had lots of antibiotics, or been on the pill long-term

→ WHAT'S ACTUALLY HAPPENING IN YOUR BODY

Candida albicans is a yeast that naturally lives in everyone. Under dysbiosis — after antibiotics, sugary diets, chronic stress — it shifts from dormant form to aggressive filamentous form. It forms a protective biofilm. It secretes toxins, notably **acetaldehyde**, which crashes your dopamine. Result: you chase pleasure through sugar — which happens to be the yeast's fuel. You're no longer the one calling the shots.

→ WHY STANDARD FIXES FALL SHORT

Intestinal candida isn't recognized by mainstream medicine (except in immunocompromised patients). You'll be told: "you're too stressed, eat a balanced diet." Short-course antifungals are useless unless diet and biofilm are also addressed. And most internet "anti-candida" protocols skip the biofilm step — which renders the yeast practically immune to treatment.

→ WHERE TO START

The three-part approach: **cut the fuel** (fast sugars, alcohol, refined grains) for at least 6 to 8 weeks, **break the biofilm and kill the yeast** (targeted essential oils like oregano, grapefruit seed extract, caprylic acid, *Saccharomyces boulardii* which has documented antagonist effects), then **restore the microbiome** with targeted probiotics (strains like *Lactobacillus helveticus*). Realistic timeline: 3 to 6 months.

REASON #6

You're fermenting what you eat.

→ THE SIGNS YOU SHOULDN'T IGNORE

- Bloating **with no smell**, especially in the second half of the day
- Frequent gas, but not particularly smelly
- Strong flare-ups after fiber, raw veggies, or fruit
- Irregular bowels — alternating diarrhea and constipation
- Pain mostly on the right side of your belly (ascending colon)
- Heavy consumption of fast sugars and refined grains

→ WHAT'S ACTUALLY HAPPENING IN YOUR BODY

In a balanced microbiome, fermentative bacteria (lactobacilli, bifidobacteria) live in harmony with others. When they overgrow — from excess carbs, chronic stress, poor chewing — they convert fibers into volatile fatty acids and gases (mostly CO₂). Hence the odorless bloating. And because they acidify the environment, the terrain becomes favorable for other imbalances.

→ WHY STANDARD FIXES FALL SHORT

The trap is the "eat more fiber" advice. But with established fermentation dysbiosis, more fiber = more fuel for the problematic bacteria. You bloat more, hurt more, give up. The solution isn't to cut fiber forever — it's to reduce it **temporarily** while you rebalance.

→ WHERE TO START

Temporarily reduce highly fermentable foods (cruciferous vegetables, legumes, onion, garlic, some raw fruits) for 3 to 4 weeks. **Chew** thoroughly — chewing is a therapeutic tool. Eliminate dominant pathogens with targeted herbal medicine. Then **reseed** with probiotics and **gradually reintroduce** foods. If you're avoiding prebiotic supplements during this phase: that's intentional, they make things temporarily worse.

REASON #7

You're putrefying your proteins.

→ THE SIGNS YOU SHOULDN'T IGNORE

- Your gas is **very smelly** (egg, sulfur smell)
- Your stools are consistently foul-smelling
- Bad breath, sometimes metallic
- You feel heavy, liver "congested"
- Pain mostly on the left side (descending colon, sigmoid)
- You're prone to anxiety, irritability, or disturbed sleep

→ WHAT'S ACTUALLY HAPPENING IN YOUR BODY

When proteins arrive undigested in the colon — typically because of low stomach acid or insufficient chewing — proteolytic bacteria (*Bacteroides*, *Clostridium*) feast on them. They produce **ammonia**, phenols, indole, skatole, hydrogen sulfide. These toxins consume your serotonin precursors (hence the anxiety and irritability), overload your liver, trigger low-grade inflammation through LPS, and can disrupt thyroid function.

→ WHY STANDARD FIXES FALL SHORT

Like most microbiome imbalances, mainstream medicine has few tools to offer. You'll be told to "cut salt" or get referred to a therapist for anxiety. But the cause can literally live in your plate and in your chewing. The good news: once properly addressed, it fixes relatively quickly.

→ WHERE TO START

Temporarily reduce animal protein, especially red meat. **Optimize upstream digestion:** stomach acid, chewing, gallbladder, pancreatic enzymes if needed. **Gently alkalinize** the terrain by increasing low-fermentation vegetables and fruits. Eliminate dominant pathogens with herbal medicine if necessary. Then gradually reintroduce proteins, re-learning to "pre-digest" them with an optimized chemical terrain.

THE TOOL

Self-assessment in 15 questions.

Answer YES or NO. Don't cheat yourself — this is for you. Then count your YES answers per section. The more YES you get in a section, the more likely that terrain is out of balance for you.

CHEMICAL TERRAIN (acid, bile, enzymes)

- I burp regularly after meals
- I feel heavy or tired for a long time after eating
- I struggle to digest fatty meals
- I'm currently on a PPI or have been recently
- My breath is regularly bad

MICROBIAL TERRAIN (SIBO, dysbiosis, candida)

- My stomach is flat in the morning and bloats through the day
- I react badly to "healthy" foods (onion, broccoli, legumes)
- I have hard-to-control sugar cravings
- I've had multiple rounds of antibiotics in my life
- My gas is either very smelly OR I produce a lot of non-smelly gas

MECHANICAL TERRAIN (motility, stress, rhythms)

- I snack between meals, or eat less than 3 hours before bed
- I'm stressed nearly every day
- I chew poorly (less than 15-20 times per bite)
- I often eat in front of a screen or while walking
- My sleep is irregular or short (under 7 hours)

HOW TO READ YOUR RESULTS

0 to 2 YES per section: terrain likely not involved.

3 YES per section: terrain to watch, act preventively.

4 YES or more per section: terrain very likely involved. Targeted intervention recommended.

Note: this test is an orientation tool, not a diagnosis. It doesn't replace a proper workup.

THE METHOD

Where to start? The order that changes everything.

You now have the big picture. But if you apply just one thing from here on, let it be this: **the order in which you act matters as much as what you do.**

Here's the sequence I follow with every patient, and have for years:

- 01** **INVESTIGATE**
Before any supplementation, map the imbalanced terrains. Thorough questioning, simple clinical tests (baking soda, palpation), targeted lab work if needed (breath test, organic acids, micronutrient panel). This step is NON-negotiable.
- 02** **STARVE**
Temporarily cut the fuel of dominant pathogens (fast sugars for candida, FODMAPs for SIBO, animal proteins for putrefaction). Duration: 3 to 6 weeks depending on the case. Always temporary.
- 03** **ELIMINATE / RESTORE**
Targeted herbal or aromatherapy to eliminate pathogens. In parallel, support the gut lining if damaged (glutamine, zinc, vitamin A, omega-3). Duration: 3 to 8 weeks. In order — not simultaneously.
- 04** **REACTIVATE / REBUILD**
ONLY NOW do we introduce tailored probiotics, rehabilitate stomach acid, bile flow, MMC function. And gradually reintroduce avoided foods. This phase runs over several months.

"Most protocols fail not because they're wrong, but because they're applied in the wrong order."

3 MISTAKES TO STOP MAKING

- **Stacking supplements** without any workup. It's like taking five antibiotics "just in case." You wreck your liver, your wallet, and often your microbiome.
- **Taking probiotics or prebiotics** without first ruling out SIBO. This is the most expensive mistake — in both money and quality of life.
- **Switching protocols every two weeks** because "it's not working." An imbalance that's been brewing for 5 years won't reverse in 3 weeks. Plan on at least 3 months for real change.

WHAT'S NEXT

So now what are you going to do with this?

You now have a compass. But a compass doesn't tell you where to step next — WHICH terrain to act on first, IN WHAT ORDER, with WHAT intensity. That takes a proper investigation. Yours.

If you recognize yourself in several of this guide's 7 reasons, if you're done throwing money at supplements that change nothing, if you want someone to look at YOUR case with the rigor it deserves — I offer a free discovery call.

DISCOVERY CALL — 15 MINUTES

What you'll walk away with:

- A quick read on your dominant terrain
- The 2-3 top priorities to act on
- A clear answer to "can you help me?"

What you WON'T get:

- A personalized protocol (that takes 1 to 2 hours of questioning)
- Blind prescriptions
- A disguised sales pitch

Format: video call · **Duration:** 15 min · **Cost:** free

→ **To book: link is in my Instagram bio**
@drchristophe.micronutrition

One last thing. This guide is dense. It covers what I explain to every patient in a first consultation — and far more than I ever get to say at the counter. If you've read this far, you're already in the 5% who'll take their gut health back into their own hands. The path is here. All that's left is to walk it.

Talk soon.

Dr Christophe

THE AUTHOR

Who I am, and why this guide exists.

I'm Christophe, Doctor of Pharmacy.

I was trained in conventional pharmacy. I spent years behind the counter. I've dispensed more PPIs, more probiotics, more supplements than I can count. And over and over, I watched the same patients come back with the same symptoms — sometimes worse — telling me: *"it's not working, what else can I try?"*

At some point, I refused to keep answering that question with yet another product. I deepened my training in functional medicine and micronutrition. I went back to gut physiology from the ground up. And I started **looking for causes before prescribing solutions**.

Today I live and consult from Dubai. I work 1-on-1 with people who — like you, perhaps — have exhausted standard protocols and are looking for something both deeper and more honest.

My mission: make gut micronutrition understandable, actionable, and above all — **personalized**. Because your gut isn't your neighbor's, and it isn't the influencer you follow on Instagram.

MY WORKING PRINCIPLES

- No sugarcoating. I'm not paid by supplement brands.
 - No cookie-cutter protocols. Every workup is personal.
 - No miracle promises. A gut gets retrained — not "cured" in 10 days.
 - Full transparency on what works, what's empirical, and what we don't yet know.
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TO FOLLOW OR REACH OUT

- Instagram:** @drchristophe.micronutrition
- 1-on-1 coaching:** Booking link in my Instagram bio
- Newsletter:** Automatic sign-up when you downloaded this guide

IMPORTANT NOTICE

This guide is for educational and informational purposes only. It does not constitute individual medical advice. The suggestions here are not a substitute for consultation with a qualified healthcare professional. If your symptoms persist, you're on medication, or you have a chronic condition, talk to your doctor before making any changes.

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