

FUNCTIONAL MEDICINE FOR PERIMENOPAUSE

The 8-Week *Gut Reset*

A practitioner-built protocol walking you through all four phases of gut repair, with the supplement stack, lifestyle tools, and clinical reasoning behind every step.

Remove · Replace · Reinoculate · Repair

Including lifestyle foundations, targeted supplements, and peptide support

THE EVERYDAY FUNCTIONALISTS

Physical Therapist & Nurse Practitioner | Functional Medicine

WELCOME

Your 8-Week Gut Reset

If you have been dealing with bloating, irregular digestion, fatigue that sleep does not fix, brain fog, or hormonal symptoms that seem to come out of nowhere, your gut is almost certainly part of the story. As practitioners who have navigated perimenopause alongside gut dysfunction ourselves, we want you to know: this is not in your head, and it is not just aging.

This guide walks you through the same framework we use clinically and personally. If you completed the Gut Audit Checklist, your score already told you where you are starting from. This protocol meets you there. The supplements and peptides included are the ones we use and recommend, sourced and dosed with quality in mind.

You cannot out-supplement the basic foundations. That is where we start.

0-8 START HERE	Start Here. Begin with the foundations in Section 1: sleep, fiber, stress, and food diversity. This protocol will reinforce and build on these basics.
9-20 READY TO RESET	Ready To Reset. You have real, addressable gut dysfunction. This 8-week protocol was built for exactly where you are, a structured 4 R framework with targeted supplement support.
21-35 DIG DEEPER	Dig Deeper. Your symptoms are systemic. This program is a strong starting point, and you will also benefit from advanced lab testing and one-on-one practitioner guidance.

- 01 Start with lifestyle**
Section 1 covers the non-negotiables. No protocol works without these foundations.
- 02 Move through the 4 Rs in order**
Each phase builds on the last. Do not skip ahead.
- 03 Add supplements thoughtfully**
Introduce one at a time so you know what is working.
- 04 Consider peptides as a precision layer**
Section 6 explains BPC-157 and how it fits into your reset.

SECTION 1

Lifestyle Foundations

Before we talk about a single supplement, we need to talk about the basics. These are not optional add-ons. They are the conditions under which your gut can actually heal. We have seen people spend hundreds on supplements and wonder why nothing is working. It is almost always because these foundations are not solid.

30+ Plant Foods Per Week

Microbiome diversity is one of the most powerful predictors of gut health and immune function. Every different plant brings fibers and phytonutrients that feed a different bacterial population. Count herbs, spices, legumes, fruits, vegetables, nuts, and seeds. The goal is 30 per week.

25 Grams of Fiber Daily

Soluble fiber directly feeds Bifidobacterium, the probiotic strain most depleted in perimenopause. Aim for at least 25 grams daily from whole food sources. Oats, legumes, leeks, asparagus, and green banana are excellent starting points.

7 to 9 Hours of Sleep

Gut repair happens during sleep. The gut microbiome follows circadian rhythms, and even one night of poor sleep measurably shifts bacterial composition. Consistent sleep and wake times are non-negotiable in a true gut reset.

Active Stress Recovery

High or unmanaged chronic stress increases intestinal permeability. Tight junctions in the gut lining literally open under chronic HPA axis activation. Daily vagal tone practices such as breathwork, cold water, humming, or slow outdoor walks are part of this protocol.

Parasympathetic Meals

Eating quickly or while distracted dramatically impairs digestive enzyme output and motility. Digestion is a parasympathetic function. Three slow breaths before meals, thorough chewing, no phone. This simple shift changes the chemistry of how food is processed.

7,000+ Steps Daily

Movement supports motility, reduces inflammation, and improves microbiome diversity. During the reset, prioritize walking and lower-intensity movement. Prolonged high-intensity exercise can temporarily increase gut permeability.

Medication Audit

Regular use of NSAIDs, PPIs, or antibiotics without a concurrent gut repair protocol is one of the most overlooked drivers of gut dysfunction. If you are taking any of these regularly, bring this into the conversation with your practitioner.

A note on perimenopause and lifestyle

Estrogen decline affects gut motility, microbiome diversity, and the integrity of the intestinal lining. The specific Bifidobacterium depletion that happens in perimenopause is directly connected to declining estrogen, which means the lifestyle factors above are even more critical during this transition, not less. Your hormones and your gut are in a bidirectional relationship, and supporting one always supports the other.

SECTION 2

The 4 R Protocol

The 4 R Protocol is the gold standard framework in functional medicine for restoring gut health. It works because it is sequential. Each phase addresses a specific layer of the problem and creates the conditions for the next phase to succeed.

REMOVE Weeks 1-2	Eliminate the triggers: inflammatory foods, pathogens, environmental stressors, dysbiotic drivers
REPLACE Weeks 3-4	Restore what is missing: digestive enzymes, stomach acid support, bile flow, essential cofactors
REINOCULATE Weeks 3-5	Reseed the microbiome with targeted Bifidobacterium and Lactobacillus strains and prebiotic fiber
REPAIR Weeks 5-8	Heal and seal the gut lining to restore barrier integrity and reduce systemic inflammation

Why 8 weeks?

The intestinal lining turns over approximately every 3 to 5 days, but genuine mucosal repair and microbiome reestablishment require consistent, sustained input over weeks. Eight weeks gives you two weeks to clear, two to restore and seed, and four weeks of deep repair: enough time to see meaningful and lasting change rather than temporary symptom relief.

R1

Remove

Weeks 1-2: Eliminate what is driving the dysfunction

The Remove phase is about clearing the environment so healing can begin. You cannot repair a lining that is being continuously assaulted. If your Gut Audit score was in the 9 to 20 range or higher, the Remove phase is often where the most dramatic early relief happens.

What to Remove

- Inflammatory foods, including gluten, dairy, refined sugar, seed oils such as canola, soybean, and sunflower, and alcohol. These are the primary dietary drivers of intestinal permeability and microbiome disruption.
- Ultra-processed foods with long ingredient lists of additives and emulsifiers. These compounds directly damage the gut mucosal lining and alter bacterial populations in ways that persist beyond the meal itself.
- Chronic stress without recovery. Unmanaged psychological stress activates the HPA axis and increases intestinal permeability, physiologically, not motivationally. An active recovery practice is part of the Remove protocol.
- Environmental toxins, including pesticide-laden produce, plastics in food and water, and unnecessary medications, particularly NSAIDs and PPIs, which are among the most common silent drivers of permeability.
- Dysbiotic drivers identified through testing. If testing reveals pathogens, parasites, or significant bacterial overgrowth, targeted antimicrobial support should be introduced here under practitioner guidance.

From the Gut Audit, Section 2: Inflammation and Gut Permeability

If you checked joint pain, skin flares, new or worsening food allergies, autoimmune reactivity, or a growing list of foods you can no longer tolerate, these are hallmarks of increased intestinal permeability. The Remove phase directly addresses the inputs driving those responses. Expect meaningful improvement within the first two weeks.

R2**Replace**

Weeks 3-4: Restore digestive function and essential cofactors

Many gut symptoms that look like they need a probiotic actually need digestive support first. Low stomach acid, insufficient bile production, and reduced enzyme output are extremely common in perimenopause, where declining estrogen directly affects digestive secretions. Early bloating within 30 to 90 minutes of eating, belching after meals, or a heavy stuck feeling are signals that this phase is where to focus.

Replace Phase Actions

- Add digestive enzymes with meals containing fat and protein, especially your largest meals.
- Support stomach acid if you suspect hypochlorhydria with apple cider vinegar before meals or betaine HCl under practitioner guidance. Belching shortly after eating is a key clinical indicator.
- Add bitter herbs or artichoke extract before meals to stimulate bile flow, especially if you experience discomfort under the right rib cage.
- Ensure adequate zinc, essential for digestive enzyme synthesis. Zinc deficiency is common in perimenopause.
- Address lab-identified depletions. B12, iron, and fat-soluble vitamins A, D, E, and K are frequently depleted with gut dysfunction.

Supplement Support**Zinc Carnosine**

Dose: 75 mg daily · When: With meals

Why it works: Supports gastric mucosal integrity and enzyme synthesis. One of the most clinically validated supplements for upper GI support and a foundational layer for addressing low stomach acid presentation.

Methylated B Complex

Dose: 1 capsule daily · When: With breakfast

Why it works: Essential for methylation, energy production, and homocysteine metabolism. Particularly important with the MTHFR variant, which impairs conversion of folate and B12 to their active forms.

Vitamin D3 + K2

Dose: 5,000 IU D3, 100 mcg K2 · When: With your fattiest meal

Why it works: A critical modulator of gut barrier function and immune response in the intestinal lining. Functional target is 50 to 80 ng/mL. Most perimenopausal women are significantly below this and will not reach optimal levels without consistent supplementation.

R3**Reinoculate**

Weeks 3-5: Reseed your microbiome with beneficial bacteria

Once you have removed the triggers and begun restoring digestive function, you can start rebuilding the microbial terrain. Introducing probiotics before the Remove phase often backfires, since you are adding bacteria to a hostile environment. Sequence matters. Reinoculate overlaps intentionally with Replace, beginning around week 3.

Why Bifidobacterium is the priority strain in perimenopause

Bifidobacterium is the probiotic strain most depleted in perimenopause, directly tied to declining estrogen. These strains produce short-chain fatty acids, support the estrobolome, the collection of gut bacteria responsible for metabolizing and recycling estrogen, regulate bowel motility, and reduce intestinal inflammation. Restoring this genus is not optional in a perimenopausal gut reset. It is the central target.

Reinoculate Phase Actions

- Add a broad-spectrum probiotic with clinically validated Lactobacillus and Bifidobacterium strains.
- Target 30 different plant foods per week to maximize microbiome diversity. Every different plant brings unique prebiotic fibers that selectively feed different bacterial populations.
- Reach 25 grams of fiber daily from whole food sources. Soluble fiber from oats, legumes, leeks, asparagus, and green banana directly feeds Bifidobacterium.
- Include fermented foods if well tolerated, such as sauerkraut, kimchi, plain kefir, and fermented vegetables, which provide living cultures alongside bioavailable nutrients.
- Start low and go slow if you experience bloating or die-off, especially if significant overgrowth was present in the Remove phase.

Supplement Support**Ther-Biotic Synbiotic by Klaire Labs**

Dose: 1 capsule daily · When: Empty stomach or with a small meal

Why it works: A clinically designed synbiotic with Lactobacillus and Bifidobacterium strains alongside prebiotic FOS. One of the most trusted practitioner-grade formulations for comprehensive microbiome rebuilding in perimenopausal gut dysfunction.

Omega-3 (EPA + DHA)

Dose: 2 to 3 grams daily · When: With meals containing fat

Why it works: Reduces intestinal inflammation, supports short-chain fatty acid production by beneficial bacteria, and promotes microbiome diversity. Choose triglyceride form from a molecularly distilled source.

Prebiotic Fiber

Dose: 5 to 10 g daily · When: With meals

Why it works: Feeds the bacteria you are reinoculating. Partially hydrolyzed guar gum is one of the most well-tolerated options for sensitive guts. Acacia fiber and inulin are excellent alternatives if tolerated.

R4

Repair

Weeks 5-8: Heal and seal the gut lining

The Repair phase is where the deep healing happens: tightening tight junctions, reducing mucosal inflammation, and providing raw materials the gut needs to regenerate. For perimenopausal women, this phase often produces the most dramatic symptom relief, including improvements in hot flashes, mood, and energy that appear unrelated to gut symptoms on the surface.

From the Gut Audit, Sections 3 and 4: Gut-Brain Axis and Hormones

If your audit score was driven by anxiety, brain fog, poor sleep, depression, or hormonal symptoms like hot flashes and estrogen dominance, these are downstream of gut dysfunction, not separate from it. Ninety-five percent of serotonin is produced in the gut. The estrobolome directly governs how your body recirculates estrogen. Repairing the gut lining is one of the most powerful things you can do for hormone balance in perimenopause.

Repair Phase Actions

- Continue all lifestyle foundations from Section 1. They are even more critical here.
- Maintain your Remove phase dietary choices while the lining heals. Reintroducing inflammatory foods too early will undo the work.
- Add gut-lining specific supplements in combination. They work synergistically and the evidence for this stack is robust.
- Consider collagen peptides or bone broth as food-based support for mucosal healing.
- Regulate your nervous system. The gut lining cannot repair under chronic HPA axis activation.

Supplement Support

L-Glutamine

Dose: 5 g daily, work up to 10 g · When: Morning, empty stomach

Why it works: The primary fuel source for enterocytes, the cells lining your intestinal wall. L-glutamine directly supports tight junction integrity and mucosal regeneration. The foundational supplement for intestinal permeability and the one we consistently see make the biggest difference in this phase.

Butyrate Sodium

Dose: 500 to 1,000 mg daily · When: With meals

Why it works: The preferred fuel for colonocytes and a potent anti-inflammatory. Butyrate strengthens tight junctions, reduces inflammatory cytokines, and supports the mucosal barrier from the inside out.

Magnesium Glycinate

Dose: 300 to 400 mg daily · When: Evening, before bed

Why it works: Supports smooth muscle function in the gut, nervous system downregulation, and sleep quality. Glycinate form is gentle, highly bioavailable, and crosses the blood-brain barrier to support sleep and mood. Constipation that worsens around your cycle often responds well to magnesium.

Curcumin (enhanced bioavailability)

Dose: 500 to 1,000 mg daily · When: With meals

Why it works: A potent anti-inflammatory targeting NF-κB pathways that drive intestinal inflammation. Choose a formulation with piperine or phospholipid complex, since standard curcumin is poorly absorbed.

SECTION 6

Peptide Support: The Precision Layer

Peptides are short amino acid chains that act as precise biological signaling molecules, modulating existing pathways in your body rather than overriding them. For gut healing, the research on BPC-157 is particularly compelling, and it has become a consistent layer in our clinical approach for women with significant intestinal permeability, autoimmune overlap, or a gut-hormone axis that needs additional support.

Important: Peptides require a prescription

The peptide described below is a prescription compound obtained through a licensed MD and compounded at an FDA-registered 503A compounding pharmacy. It is not available over the counter, which means proper dosing, third-party quality control, and practitioner oversight. Our partner company connects you with a licensed physician for a fully remote evaluation.

BPC-157 (Body Protection Compound 157)

A 15-amino-acid peptide derived from a protein found naturally in human gastric juice. BPC-157 promotes angiogenesis in healing tissue, upregulates growth hormone receptors, reduces intestinal inflammation, and accelerates repair of gut mucosal tissue. Research shows significant acceleration of healing in colitis, ulceration, and intestinal fistulas. It also modulates dopamine and serotonin pathways, making it directly relevant for the mood, motivation, and brain fog symptoms flagged in Gut Audit Section 3.

Typical protocol: 200 to 400 mcg daily, subcutaneous injection or oral/sublingual. Oral is preferred for gut-specific applications. Most people notice improvement in bloating, pain, motility, and energy within the first two to four weeks.

Best added at the start of the Repair phase, week 5, for maximum synergy with your gut-lining supplement stack.

Peptides do not replace the foundational work. They accelerate it. For women in perimenopause dealing with significant gut permeability, hormonal disruption, or autoimmune overlap, the healing timeline with peptide support is often dramatically shorter than supplements alone.

SECTION 7

Your Complete 8-Week Stack

Reference this page daily. Introduce one supplement at a time, giving each three to five days before adding the next.

Supplement	Dose	Timing	Phase / Week
Zinc Carnosine	75 mg	With meals	Replace, Wk 3
Methylated B Complex	1 capsule	With breakfast	Replace, Wk 3
Vitamin D3 + K2	5,000 IU / 100 mcg	With fattiest meal	Replace, Wk 3
Ther-Biotic Synbiotic	1 capsule	Empty stomach	Reinoculate, Wk 3
Omega-3 (EPA+DHA)	2-3 g	With meals	Reinoculate, Wk 3
Prebiotic Fiber	5-10 g	With meals	Reinoculate, Wk 4
L-Glutamine	5-10 g	Morning, fasted	Repair, Wk 5
Butyrate Sodium	500-1,000 mg	With meals	Repair, Wk 5
Curcumin	500-1,000 mg	With meals	Repair, Wk 5
Magnesium Glycinate	300-400 mg	Evening	All phases
L-Theanine	200 mg	Evening	All phases
BPC-157 (Rx peptide)	200-400 mcg	Daily per Rx	Repair, Wk 5+

Sourcing

All supplements listed above are available through our Fullscript dispensary at a practitioner discount. BPC-157 is available through our partner company. Access includes a brief physician consult to ensure appropriate dosing for your case.

SECTION 8

Your 8-Week Timeline

Weeks 1-2**REMOVE**

Clear the inflammatory load. Lock in lifestyle foundations. Introduce digestive enzymes if indicated. Expect detox symptoms in days 3 to 5, such as fatigue, headache, or skin changes. This is normal and temporary.

Weeks 3-4**REPLACE + REINOCULATE**

Begin your full supplement stack: zinc carnosine, B complex, D3/K2, Ther-Biotic Synbiotic, and omega-3. Introduce probiotics and fermented foods. Continue Remove phase diet. Most people notice improvement in bloating, energy, and bowel regularity in this window.

Weeks 5-8**REPAIR**

Add L-glutamine, butyrate, and curcumin. This is the phase to add BPC-157 for accelerated mucosal healing. Begin gentle food reintroduction at week 6 if symptoms have significantly improved, one food at a time, 72 hours between each.

Week 9+**MAINTAIN**

Continue your core supplement stack. Maintain the 30 plant foods per week and 25 grams fiber targets as permanent lifestyle anchors, not a temporary protocol.

Signs your reset is working

Reduced bloating and gas, more regular and complete bowel movements, improved energy, clearer skin, reduced brain fog, better mood stability, and decreased reactivity to foods you previously could not tolerate. In perimenopause specifically, many women also notice improvements in hot flash frequency, sleep quality, and emotional steadiness, because these symptoms are downstream of the same dysfunction you are addressing.

Final Notes

We built this protocol because we needed something like it ourselves. When we were in the thick of perimenopause with gut symptoms that no one was connecting to our hormones, we had to piece together the clinical evidence, test it personally, and refine it over years of working with patients navigating the same transition. The Gut Audit Checklist was the first piece. This is the next step.

What we know for certain: the gut and the hormones are inseparable. The estrobolome governs how you metabolize and recirculate estrogen. The gut-brain axis governs how you feel, sleep, and think. You cannot optimize your hormones in perimenopause without addressing the gut. And you cannot do either with supplements alone. The foundations of sleep, food diversity, fiber, stress management, and movement are the real protocol. Everything else is a precision layer on top of that.

This guide is not a substitute for working with a practitioner who can see your labs and your full clinical picture. If you want that level of personalization, you know where to find us.

You are not broken. You are under-supported. That is fixable.

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Find our supplement dispensary, peptide partner, and daily content at the links in our bio.

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