CLINICAL REFERENCE · FOR HEALTHCARE PROFESSIONALS

The Refluxter Clinician Handbook

High-dose sodium alginate raft therapy for GERD, nighttime reflux, and laryngopharyngeal reflux (LPR / silent reflux). Mechanism, dosing, patient counseling, safety, and the evidence base, in one reference.

1,000+ mg ALGINATE	STUDY-LEVEL DOSE	NON-SYSTEMIC	CAPSULE	MADE IN USA

Formulated by an M.D., built on the alginate literature

Refluxter was developed by Sarv Kannapiran, M.D., J.D., M.B.A., founder of Nutritist, around the exact three active ingredients a 2019 review identified in the most effective raft-forming products: sodium alginate, sodium bicarbonate, and calcium carbonate, at a dose that mirrors the European alginate studies.

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FOR U.S. HEALTHCARE PROFESSIONALS

About this handbook

This handbook gives clinicians a concise, evidence-informed reference for evaluating and recommending Refluxter, a high-dose sodium alginate supplement that forms a mechanical raft barrier over gastric contents. It is written for physicians, nurse practitioners, physician assistants, registered dietitians, and other healthcare professionals who care for patients with reflux and want a non-pharmacologic option they can recommend with confidence. It covers what Refluxter is, how the raft works, how GERD and LPR differ, how to dose and time it, how to counsel patients, and where it fits alongside acid-suppression therapy.

What's inside

10	Safety, sodium & calcium accounting
11	Who should use Refluxter with caution
12	Drug interactions & spacing
13	Pregnancy & special populations
14	Point-of-care counseling scripts
15	The evidence base
16	Sample & practitioner program
17	References & disclaimer

How to use this handbook. For a fast orientation, read Sections 1 and 2 (what it is and how the raft works) and Section 4 (how it compares to antacids, H2 blockers, and PPIs). For chairside use, Sections 6, 8, and 14 give dosing, integration with existing therapy, and ready-to-say counseling language. Sections 10 to 13 cover safety, cautions and contraindications, drug spacing, and special populations.

SECTION 1

What Refluxter is

Refluxter is a clean-label, seaweed-derived sodium alginate supplement in an easy-to-swallow vegan capsule. On contact with gastric acid it forms a low-density gel raft that floats on top of the stomach contents and acts as a physical barrier against reflux, helping keep gastric contents where they belong rather than reducing the acid a patient needs to digest food. It is built around the same three active ingredients that the alginate research identifies in the most effective raft-forming products: sodium alginate, sodium bicarbonate, and calcium carbonate.

What distinguishes Refluxter

Feature	Detail
High-dose alginate	Over 1,000 mg of sodium alginate per serving, among the highest in its category. The amount of alginate is what builds an effective raft, so dose matters.
Study-level dosing	The 1,000+ mg of sodium alginate per serving was chosen to mirror the amounts used in the European clinical studies of alginate raft therapy.
High-G-block alginate	A grade of alginate richer in guluronic acid ("G-blocks"), which forms a firmer, more stable raft than ordinary alginate.
Non-systemic mechanism	The alginate works locally and is not absorbed into the bloodstream; it passes through and is excreted. Only the small amounts of sodium and calcium ions are absorbed as ordinary dietary minerals.
Capsule format	No chalky liquid or gel to measure; a taste-free, portable capsule that supports adherence at home or on the go. Made in the USA.
Clean label	Sugar-free, preservative-free, aluminum-free, and free of artificial sweeteners and natural flavors; vegan and vegetarian friendly.

Fast per dose, built for consistency

Each dose forms its protective raft quickly, typically within about 10 minutes, and a raft can last up to roughly 4 hours. That provides relief in the moment, and with consistent daily use it maintains steady day-and-night protection over time. The clinical framing to give patients is that Refluxter is a barrier they maintain, not an instant antacid.

A note on "non-systemic." The alginate itself is not absorbed. The small amounts of the sodium ion (from sodium alginate and sodium bicarbonate) and the calcium ion (from calcium carbonate) are absorbed normally, worth accounting for in sodium-restricted patients or those monitoring calcium. See Section 10.

SECTION 2

How the alginate raft works

Sodium alginate is a natural anionic polysaccharide, **a gel-forming soluble fiber**, extracted from brown seaweed. In Refluxter it is paired with sodium bicarbonate and calcium carbonate. When this trio meets gastric acid, two things happen together: the bicarbonate reacts with acid to release carbon dioxide, and the alginate sets into a light gel. The gas makes the gel buoyant, so it rises and floats, forming a low-density raft on top of the gastric contents, positioned at the gastroesophageal junction. If contents move upward, the gentle gel barrier reaches the sphincter first, helping hold the more injurious material below.

1 · Forms

Contact with gastric acid releases CO_2 and sets the alginate into a light, buoyant gel within minutes. No acid suppression is involved.

2 · Floats

The low-density raft rises to the top of stomach contents and sits at the gastroesophageal junction as a mechanical barrier. It concentrates over the postprandial acid pocket.

3 · Clears

The raft stays in the GI tract, is gradually broken down, and the alginate is excreted, while the sodium and calcium are absorbed as ordinary dietary minerals (150 mg sodium and 72 mg calcium per serving).

The CO~~2~~ that provides buoyancy is also the source of the transient fullness or belching some patients report in the first days. It is a modest volume, roughly 110 mL per 2-capsule serving, and most of it is trapped inside the raft, which is what makes the raft rise. Patients who are sensitive to gastric distension may still notice it. See Section 10.

A physical barrier, not an acid blocker

Antacids neutralize acid; H2 blockers reduce acid production; PPIs strongly suppress it. Refluxter does none of these. It works mechanically. Because it does not reduce the acid needed for digestion, it avoids that category of trade-offs, and because it is a barrier it can help limit reflux whether the refluxate is acidic or not, a distinction that matters for LPR.

Why this matters for LPR (silent reflux)

Laryngopharyngeal reflux is often driven less by acid and more by pepsin, a digestive enzyme that can travel upward with reflux, even as an aerosol or gas, and injure the delicate mucosa of the larynx and pharynx. Pepsin can remain active even when reflux is only weakly acidic or non-acidic, which is one reason acid-suppression alone often underperforms in LPR. A mechanical raft is mechanism-agnostic to pH: because it blocks reflux physically, it can help hold back both liquid and gaseous reflux regardless of acidity.

Why timing is central

A raft only protects while it is floating, and it forms best when there is food for it to sit on. That single fact explains nearly every dosing instruction in this handbook: take it after meals (so it has something to float on), take it before lying down (so it is in place when gravity stops helping), and avoid flooding it with food or large drinks immediately afterward (so it stays intact).

SECTION 3

GERD vs. LPR (silent reflux)

Patients and clinicians often use these terms interchangeably, but distinguishing them guides how Refluxter is dosed, timed, and how expectations are set. Heartburn is a symptom, the retrosternal burning when gastric contents reach the esophagus. GERD is the chronic condition of frequent acid reflux, affecting roughly one in five U.S. adults, with the esophagus as the tissue most affected and acid as the principal injurious agent. LPR is reflux that travels higher, to the throat, larynx, and nasopharynx, and is "silent" because it frequently presents without classic heartburn.

Feature	GERD	LPR (silent reflux)
Typical symptoms	Heartburn, chest discomfort, regurgitation, nausea	Chronic cough, hoarseness, throat-clearing, globus, post-nasal mucus, morning hoarseness
Presentation	Usually symptomatic	Often silent, easily missed or misattributed
Main injurious agent	Acid	Pepsin (active even at higher pH)
Tissue affected	Esophagus (more resilient)	Larynx and pharynx (more delicate)
Time to judge response	Faster; assess over about 2 weeks of consistent use	Slower; allow a full 8 weeks; mucosa heals gradually

Patients can have GERD and LPR concurrently. Shared risk factors include overweight, smoking, heavy alcohol use, large or late meals, and pregnancy. Because the tissues and timelines differ, the two often call for slightly different dosing rhythms, covered in Sections 6 to 9. The key counseling point for LPR is patience: throat tissue calms more gradually than esophageal mucosa, and stopping after one to two weeks is the single most common reason patients wrongly conclude a raft therapy "didn't work."

SECTION 4

How Refluxter compares to other options

Reflux management spans several mechanisms, and many patients use more than one. The table below frames where an alginate raft fits relative to the common alternatives. Refluxter can be combined with acid-suppression therapy; see Sections 8 and 12 for integration and spacing.

Option	Mechanism	Onset / duration	Clinical notes
Refluxter (alginate raft)	Physical barrier atop gastric contents	About 10 min; up to about 4 h	Works with acidic or non-acidic reflux; non-systemic; supports GERD and LPR
Antacids	Neutralize existing acid	Fast; short-lived	Symptomatic relief; no barrier formed
H2 blockers (e.g., famotidine)	Reduce acid secretion	Slower; longer than antacids	Tolerance can develop; a medication
PPIs (e.g., omeprazole)	Strongly suppress acid production	Days to full effect; 12 to 24 h	Powerful for acid-driven disease; often less helpful when acid is not the main driver, as in some LPR

The U.S. availability gap

Much of the alginate evidence base studied liquid formulations that are not marketed in the United States. This leaves a practical gap: a clinician convinced by the alginate literature has had few high-dose, domestically available options to recommend. Refluxter is designed to fill that gap: a high-dose sodium alginate in a convenient capsule that U.S. patients can obtain directly.

Where a raft adds the most value

- **Nocturnal reflux.** A bedtime raft is in place exactly when recumbency removes gravity's assistance.
- **LPR and silent reflux.** Mechanical, pH-independent blockade is relevant when pepsin and non-acid reflux drive symptoms.
- **PPI partial responders.** Add-on therapy for patients with breakthrough symptoms on once-daily PPI.
- **Patients seeking a non-pharmacologic option.** This includes those wary of long-term acid suppression, or during pregnancy under obstetric guidance.
- **Deprescribing support.** A barrier to lean on while tapering acid suppression under supervision, since it does not itself suppress acid and avoids acid-rebound.

SECTION 5

Formulation & Supplement Facts

Refluxter is built around three active ingredients, with sodium alginate as the predominant, first-listed component. By regulation, ingredients are listed in descending order of predominance by weight. Each serving delivers over 1,000 mg of sodium alginate, an amount chosen to mirror the doses used in the European clinical studies of alginate raft therapy.

Supplement Facts

Serving Size: 2 capsules · **Servings Per Container:** 30 · 60 size 00 vegan capsules

	Amount Per Serving	% DV
Sodium (as sodium ion)	150.3 mg	7%
Calcium (as calcium ion)	72 mg	6%
Nutritist Proprietary Alginate Complex	**1,470 mg**	*
(sodium alginate, calcium carbonate, sodium bicarbonate)		
of which High-G-Block Sodium Alginate (brown seaweed)	over 1,000 mg	*

* Daily Value (DV) not established. Sodium ion derives from sodium alginate and sodium bicarbonate; calcium ion from calcium carbonate.

Other ingredients: Hypromellose (capsule), rice flour, magnesium stearate (vegetable-sourced). Sugar-free, preservative-free, aluminum-free; no artificial sweeteners. Vegan and vegetarian friendly. Made in the USA. No gluten-containing ingredients are added; produced on shared lines that are cleaned between runs, so cross-contact is possible.

Why the alginate amount matters. Raft strength and stability scale with the quantity and grade of alginate. Refluxter delivers over 1,000 mg of high-G-block sodium alginate per 2-capsule serving. That amount was chosen to mirror the doses used in the European clinical studies of alginate raft therapy, so a single serving is designed to form a substantial, stable raft. This panel is provided for information and may not exactly match the label on a given bottle; always defer to the product label.

SECTION 6

Dosing & timing

Suggested use: 2 capsules with water after meals and/or before bed, up to a maximum of 8 capsules per day. Take it after the heaviest meals and before lying down, and avoid eating immediately after a dose so the raft is not disturbed. Most patients need only one or two doses a day; 8 capsules is a ceiling that applies mainly to LPR.

Symptom pattern	What to take	Capsules per day
Everyday heartburn or GERD (most common)	2 capsules after the heaviest or trigger meal, plus 2 about 30 minutes before bed	**4**
Nighttime reflux only	2 capsules about 30 minutes before bed, whether or not the patient has eaten recently	**2**
Occasional / meal-triggered	2 capsules after the specific meal that triggers symptoms	**2**
LPR / silent reflux	2 capsules after every meal and 2 at bedtime	**up to 8**

The do's

- Take after eating (aim within 15 to 20 min); the raft forms best on top of a meal.
- Use a full glass of water so capsules go down comfortably and the raft forms well.
- Make the bedtime dose the last of the day, **about 30 minutes before lying down, whether or not the patient has eaten recently.** The raft forms on contact with gastric acid, which is present in the fasting state.
- When dinner is late (under about 2 hours before bed), use a **single bedtime dose** rather than an after-dinner dose plus a bedtime dose.
- Be consistent daily; the barrier is maintained, like brushing teeth.

The don'ts

- Don't use it on an empty stomach as the main daytime routine.
- Don't eat or drink heavily right after a dose; it can break up a fresh raft.
- Don't lie down immediately after eating; dose, then stay upright around 30 minutes.
- Don't co-administer with other oral medications; space them (Section 12).

The golden rule of timing

The last dose of the day should be the bedtime dose, taken after the last food or drink, about 30 minutes before the patient lies down. That window lets the raft form and float into position while the patient is still upright, and places it exactly when gravity stops helping. Doses can be shifted toward whatever time of day symptoms are worst without increasing the daily total.

The bedtime dose does not require food. Alginate rafts form on contact with gastric acid, which is present in the fasting state, so a patient who has correctly finished eating about 3 hours before bed should still take the bedtime dose.

SECTION 7

Setting expectations: 2 weeks vs. 8 weeks

This is the most important counseling point for adherence. Each dose forms its raft quickly and can relieve symptoms in the moment, but how long it takes to see a durable change in overall symptoms depends on the condition, because different tissues heal at different rates.

Heartburn and GERD: judge at about 2 weeks. Many patients notice per-dose relief early, often the same day. Two weeks of consistent, well-timed use is long enough to fine-tune the dosing schedule, cover trigger meals and nights, and see whether a typical week now has clearly fewer or milder episodes.

LPR and silent reflux: allow a full 8 weeks. In the alginate LPR literature, meaningful improvement generally did not appear until around the two-month mark and continued improving through six months, because laryngopharyngeal mucosa heals slowly. Advise patients that an unchanged first week or two is normal for LPR and not a reason to stop.

Timeframe	Heartburn / GERD	LPR / silent reflux
Day 1	Per-dose relief often begins; a single dose isn't a full test	Barrier is working, but throat tissue hasn't healed yet; that's expected
Week 1 to 2	Fair point to judge the overall routine	Stay consistent; don't judge yet
Weeks 4 to 8+	Maintain the routine that works	Where LPR improvement typically shows; judge here, not before

Section 8 · Fitting Refluxter into an existing plan

- **Alongside a PPI or H2 blocker:** patients commonly continue a morning PPI and add Refluxter after meals and at bedtime to cover breakthrough and nocturnal symptoms. The mechanisms are complementary.
- **Add-on for partial responders:** for inadequate response to once-daily PPI, an alginate raft has been studied as add-on therapy, a reasonable, non-pharmacologic step before escalating acid suppression.
- **Deprescribing:** because Refluxter does not suppress acid, it does not cause the acid-rebound some patients experience when stopping a PPI, so it can serve as a barrier to lean on during a supervised taper.
- **Spacing:** to avoid entrapment in the raft, advise spacing other oral medications and supplements 30 to 60 minutes before, or about 4 hours after, a Refluxter dose (Section 12).

SECTION 9

The nighttime & LPR playbook

For patients whose reflux is worst at night, or who present with throat symptoms rather than heartburn, the bedtime dose plus a few no-cost habits produce the biggest gains. When a patient lies down, gravity no longer helps keep gastric contents down, and for LPR the throat and larynx sustain the most injury during sleep. The bedtime raft is placed for precisely this window.

Habit	Why it helps
Finish eating about 3 hours before bed	Allows gastric emptying, so there is less to reflux when recumbent
Take the bedtime dose last, about 30 minutes before lying down	A fresh raft forms and floats into position while the patient is still upright, and is in place right as gravity stops assisting
Elevate the head of the bed 6 to 8 inches	A gentle incline uses gravity; a wedge or bed-frame risers beat stacked pillows, which bend the neck
Sleep on the left side	Gastric anatomy tends to keep the stomach below the esophageal junction; right-side does the opposite
Keep dinner lighter and earlier	Large, late meals are a leading driver of nocturnal reflux

Everyday triggers to address in parallel

Easing common triggers gives the raft less to hold back: caffeine and coffee, alcohol, chocolate, peppermint, citrus and tomato, and spicy or fried, fatty foods. Other high-yield measures include not lying down or exercising hard right after eating, smoking cessation (smoking weakens the lower esophageal sphincter), loosening tight waistbands, and even modest weight reduction where central adiposity contributes. Triggers are individual, so have patients note their own and adjust those first. None of this replaces Refluxter; it makes the raft's job easier.

Troubleshooting "it's not working." The large majority of non-response traces to fixable habits: dosing on an empty stomach instead of after meals, eating or drinking heavily right after a dose, skipping the bedtime dose, taking the bedtime dose after lying down rather than about 30 minutes before, inconsistent daily use, lying down too soon after eating, or, most often with LPR, simply not giving it the full 8-week trial.

SECTION 10

Safety, sodium & calcium accounting

At the 8-capsule daily maximum, Refluxter delivers roughly 4 grams of sodium alginate per day. For most healthy adults taken as directed, this falls within well-established use. The alginate itself is not absorbed; it acts locally and is excreted. The small amounts of sodium and calcium ions in the formula, however, are absorbed in the normal way, like the minerals in any supplement. International food-safety authorities (JECFA and the EFSA ANS Panel) reviewed alginate and concluded there was no need to set a numerical acceptable daily intake, largely because it is not meaningfully absorbed. Alginate antacids have been used at comparable daily amounts for decades.

Consideration	What to know
Gastric distension (early, within the hour)	Each 2-capsule serving generates roughly 110 mL of CO_2 as the carbonates meet gastric acid. Most is trapped inside the raft, which is what makes it buoyant, but patients sensitive to gastric distension, common in this population, may report fullness, pressure or belching within 30 to 60 minutes of a dose. Halving the per-dose amount to 1 capsule halves the gas load delivered at once; it usually settles within the first week.
Bowel habits (later, cumulative)	As a gel-forming soluble fiber, alginate can firm or loosen stool depending on hydration. This is dose-related: 2 to 4 capsules daily delivers roughly 1 to 2 g of alginate, below the 3 to 7 g/day range at which gel-forming fibers typically alter stool, while 6 to 8 capsules is where a change becomes more likely. The corrective differs by direction. For constipation, fluid intake is the first lever, since an under-hydrated gel stiffens, and it preserves the therapeutic dose; dose reduction is the fallback if hydration alone is insufficient. For looser stools, dose reduction is the primary corrective from the start, with fluids maintained to replace losses rather than to firm stool. If diarrhea is significant or lasts more than a couple of days, advise stopping Refluxter and reassessing.
Sodium	150 mg per 2-capsule serving; 600 mg/day at the 8-capsule maximum (about a quarter of the 2,300 mg DV). Account for it in sodium-restricted patients (hypertension, cardiac, renal) before recommending higher amounts.
Calcium	72 mg per serving; 288 mg/day at maximum (about a fifth of the 1,300 mg DV). Small for most, but note it where calcium must be limited, especially with renal concerns.
Long-term use	Designed for ongoing daily use; not habit-forming, and does not cause acid-rebound because it does not suppress gastric acid.

Refer rather than self-manage. Alarm features.

Advise patients (and screen) for dysphagia or odynophagia, food sticking, unintended weight loss, vomiting, hematemesis or melena, persistent hoarseness or globus that will not resolve, chest pain, or symptoms that keep worsening despite adherence. These warrant timely evaluation rather than continued self-treatment.

SECTION 11

Who should use Refluxter with caution

Sodium alginate is well tolerated by most adults, but two groups carry a warning on the Refluxter product label and should not use it: patients with an esophageal stricture or a swallowing disorder, and patients with an ileostomy or other condition affecting intestinal transit. A few other groups warrant caution or clinician oversight.

Product-label warning: do not use

Do not use with an esophageal stricture or swallowing disorder, or with an ileostomy or other condition affecting intestinal transit. Refluxter is a size 00 capsule that forms a swelling gel; in a narrowed esophagus or a swallowing disorder, a capsule or gel bolus could lodge, so these patients should not use it. Separately, alginate passes through the small bowel largely intact (about 95% recovered in ileostomy output; Sandberg et al., 1994), so patients with an ileostomy or other condition affecting intestinal transit should not use it either.

Use with caution, or after clinician review

Group	Guidance
Esophageal stricture or swallowing disorder	Product-label warning: do not use. A size 00 capsule and its swelling gel could lodge in a narrowed esophagus or in a patient who cannot swallow reliably.
Ileostomy or other condition affecting intestinal transit	Product-label warning: do not use. Alginate passes through the small bowel largely intact (Sandberg et al., 1994), so it is unsuitable where intestinal transit is compromised.
Severe / advanced kidney disease	Use with caution and clinician oversight; account for the sodium and calcium the formula contributes (Section 10). Refluxter contains no magnesium or aluminum.
Known severe seaweed allergy	Alginate is a highly purified polysaccharide, so allergy risk is low, but patients with a history of anaphylaxis to seaweed should consult a clinician first. Discontinue and seek care if hives, swelling, or difficulty breathing occur.
Difficulty swallowing capsules	If due to an esophageal stricture or swallowing disorder, do not use (above). Otherwise, see the administration note in Section 13; do not have the patient alter the capsule on their own.
Multiple or complex conditions	Patients with complex histories sometimes attribute unrelated symptoms to a new supplement; advise a clinician conversation before starting.

As with any supplement, advise patients to stop Refluxter and seek prompt care if they develop signs of an allergic reaction (hives, swelling, or difficulty breathing) or the alarm features listed in Section 10.

SECTION 12

Drug interactions & spacing

The raft can physically entrap co-ingested oral medications and reduce their absorption. Advise patients to take other oral medications and supplements, including vitamins, iron, and minerals, 30 to 60 minutes before, or about 4 hours after, a Refluxter dose.

Because Refluxter contains calcium carbonate, a subset of medications should be separated even further. The following are commonly recommended to be taken at least 4 hours apart from calcium-carbonate-containing products:

- **Levothyroxine.** Calcium can reduce absorption; separate by at least 4 hours.
- **Tetracyclines (e.g., doxycycline).** Chelation with calcium reduces efficacy.
- **Fluoroquinolones (e.g., ciprofloxacin).** Divalent cations impair absorption.
- **Bisphosphonates (e.g., alendronate).** Take on an empty stomach well apart from calcium.

For PPIs, note that alginate activation depends on gastric acid, so the raft's effect may be blunted under high-dose or twice-daily acid suppression; even so, add-on alginate has shown symptomatic benefit in partial responders. Confirm the specific plan and spacing with the patient's physician or pharmacist.

Section 13 · Pregnancy & special populations

- **Pregnancy and lactation:** raft-forming alginates have a long history of use and are commonly recommended in pregnancy in many settings; the class acts locally and is not systemically absorbed. Because Refluxter is a supplement and every pregnancy differs, use is a clinical decision to make with the patient's obstetric provider.
- **Sodium- or calcium-restricted patients:** account for the per-serving sodium and calcium (Section 10) before recommending higher daily amounts.
- **Polypharmacy / narrow-therapeutic-index drugs:** reinforce spacing (Section 12) and involve the pharmacist.
- **Children:** the guidance here is written for adults; defer pediatric use to a pediatrician, including whether the child can comfortably swallow a size 00 capsule.
- **Swallowing difficulty:** note first that an esophageal stricture or a swallowing disorder is a product-label do-not-use (Section 11). For patients who simply find capsules awkward, the patient-facing handbook advises consulting a pharmacist rather than altering the capsule. Some patients report opening the capsule and stirring the powder into a semi-solid food such as pudding, applesauce, or yogurt, then following with water; Nutritist cannot attest to the efficacy of this approach, as it has not been evaluated in any clinical trial.

SECTION 14

Point-of-care counseling scripts

Short, plain-language lines to hand a patient the concept in seconds. Adapt to your voice.

Explaining the mechanism

“Think of it like a lid on a pot. After you eat, this forms a light gel raft that floats on top of your stomach contents. If things try to come back up, the raft meets the valve first and helps hold them down. It's a barrier; it doesn't turn off your stomach acid, so your digestion keeps working normally.”

Setting expectations

“This is something you build with consistent use, not a five-minute fix. For heartburn, give it about two weeks. For throat symptoms, the cough, the lump, the hoarseness, give it a full eight weeks of consistent dosing after every meal and before bedtime, because that tissue heals slowly. If the first week feels unchanged, that's normal; keep going.”

The nighttime dose

“Your most important dose is the one at bedtime, about half an hour before you lie down, after you've finished eating and drinking. Take it while you're still upright and stay up for that half hour, so the raft can form and float into place. You don't need to eat anything first. Pair it with raising the head of your bed and sleeping on your left side.”

Early fullness or bloating

“In the first few days you might feel a little full, or get the urge to burp, in the half hour after a dose. That's the raft forming: it floats because it traps a small amount of carbon dioxide, roughly a tenth of what's in a can of soda. It usually settles within the first week. If it bothers you, take one capsule at a time instead of two for a few days, then add the second back one dose at a time.”

Early bowel changes

“Less commonly, some people notice firmer or looser stools in the first few days. Which way it goes changes what helps. If stools are firmer, drink more water first; the fiber needs water to stay soft, and that way you keep your full dose. If that is not enough, cut back to one capsule per dose. If stools are looser, cut back from the start; keep drinking water either way, but there it is to replace the water you are losing, not to firm things up. If diarrhea is significant or lasts more than a couple of days, stop taking it and let me know.”

Using it with a PPI

“You can keep taking your morning medication. Add this after meals and at night to cover the gaps. Just don't take it at the same moment as your other pills; take those about an hour before, or four hours after this.”

SECTION 15

The evidence base

The literature below concerns sodium alginate and raft-forming agents as an ingredient class and is provided for independent professional evaluation. It is not a claim about Refluxter as a treatment for any disease. Identifiers (PMID/PMCID/DOI) are given so sources can be located in PubMed or PubMed Central.

Study	Design	Relevance
Leiman et al., 2017, Dis Esophagus	Systematic review and meta-analysis	Alginate therapy is effective for GERD symptoms vs. control
McGlashan et al., 2009, Eur Arch Otorhinolaryngol	RCT (LPR)	Liquid alginate improved LPR symptoms; benefit emerged around two months
Pizzorni et al., 2022, Eur Arch Otorhinolaryngol	Non-inferiority RCT	Magnesium alginate non-inferior to PPI for LPR
Tsilivigkos et al., 2025, Eur Arch Otorhinolaryngol	Systematic review	Current state of the evidence for alginates in LPR
Rohof et al., 2013, Clin Gastroenterol Hepatol	Mechanistic RCT	Alginate-antacid localizes to the postprandial "acid pocket"
Bor et al., 2019, Turk J Gastroenterol	Narrative review	Identifies the alginate/bicarbonate/carbonate trio in the most effective products
Strugala et al., 2012, ISRN Obstet Gynecol	Safety/efficacy study	Raft-forming alginate for heartburn in pregnancy
EFSA ANS Panel, 2017 / JECFA	Regulatory review	No numerical ADI set for alginate; not meaningfully absorbed

Additional context: the TOPPITS RCT (Wilson et al., 2021) found no benefit of lansoprazole over placebo for persistent throat symptoms, and Bardhan et al. (2012) review the role of pepsin, together underscoring why a pH-independent, mechanical barrier is a rational option in LPR. Full citations are in the References section.

SECTION 16

Sample & practitioner program

Nutritist provides complimentary Refluxter and point-of-care materials to licensed clinicians who see reflux patients. Request samples to evaluate the product yourself and to let patients try it, along with patient dosing handouts for your office.

Free practitioner samples

Complimentary Refluxter to evaluate and to hand patients to try for themselves.

Patient discount

Patients receive the standard 10% off their first order simply by joining the Refluxter mailing list at nutritist.us. No special code needed.

Point-of-care materials

Patient dosing handouts and this evidence reference for your office.

Request samples & resources

Complete the clinician request form at **nutritist.us/pages/clinicians**, or email **support@nutritist.us**. We ship to your practice.

Reach us

Website	nutritist.us	**Clinician program**	nutritist.us/pages/clinicians
Product page	nutritist.us/products/refluxter-acid-reflux-support	**Clinician support**	support@nutritist.us
The science	nutritist.us/pages/science	**Practitioner directory**	nutritist.us/pages/practitioners

SECTION 17

References

1. Leiman DA, et al. Alginate therapy is effective treatment for GERD symptoms: a systematic review and meta-analysis. Dis Esophagus. 2017;30(5):1-9. PMID 28375448; PMCID PMC6036656.
2. McGlashan JA, Johnstone LM, Sykes J, Strugala V, Dettmar PW. The value of a liquid alginate suspension (Gaviscon Advance) in the management of laryngopharyngeal reflux. Eur Arch Otorhinolaryngol. 2009;266(2):243-251. PMID 18506466.
3. Pizzorni N, et al. Magnesium alginate versus proton pump inhibitors for the treatment of laryngopharyngeal reflux: a non-inferiority randomized controlled trial. Eur Arch Otorhinolaryngol. 2022;279(5):2533-2542. PMID 35032204; PMCID PMC8760595.
4. Tsilivigkos C, et al. Alginates and laryngopharyngeal reflux: where we stand. A systematic review. Eur Arch Otorhinolaryngol. 2025;282:5751-5764. PMID 41044379.
5. Rohof WO, Bennink RJ, Smout AJ, Thomas E, Boeckxstaens GE. An alginate-antacid formulation localizes to the acid pocket to reduce acid reflux in patients with GERD. Clin Gastroenterol Hepatol. 2013;11(12):1585-1591. PMID 23669304.
6. Dettmar PW, et al. The suppression of gastro-oesophageal reflux by alginates. Int J Clin Pract. 2007;61(10):1654-1662. PMID 17681004.
7. Hampson FC, et al. Alginate rafts and their characterisation. Int J Pharm. 2005;294(1-2):137-147. PMID 15814238.
8. Bor S, Kalkan IH, Celebi A, et al. Alginates: from the ocean to gastroesophageal reflux disease treatment. Turk J Gastroenterol. 2019;30(Suppl 2):S109-S136. PMID 31624050; PMCID PMC6836317.
9. Strugala V, et al. Assessment of the safety and efficacy of a raft-forming alginate reflux suppressant (Liquid Gaviscon) for the treatment of heartburn during pregnancy. ISRN Obstet Gynecol. 2012;2012:481870. PMID 23209926; PMCID PMC3503308.
10. Quartarone G. Gastroesophageal reflux in pregnancy: a systematic review on the benefit of raft-forming agents. Minerva Ginecol. 2013;65(5):541-549. PMID 24096290.
11. Ali RAR, Hassan J, Egan LJ. Review of recent evidence on the management of heartburn in pregnant and breastfeeding women. BMC Gastroenterol. 2022;22:219. doi:10.1186/s12876-022-02287-w.
12. Wilson JA, et al. Lansoprazole for persistent throat symptoms in secondary care: the TOPPITS RCT. Health Technol Assess. 2021;25(3):1-118. PMID 33492208.
13. Bardhan KD, Strugala V, Dettmar PW. Reflux revisited: advancing the role of pepsin. Int J Otolaryngol. 2012;2012:646901. PMID 22242022; PMCID PMC3216344.
14. Sandberg AS, Andersson H, Bosaeus I, Carlsson NG, Hasselblad K, Härröd M. Alginate, small bowel sterol excretion, and absorption of nutrients in ileostomy subjects. Am J Clin Nutr. 1994;60(5):751-756. PMID 7942583.
15. EFSA ANS Panel. Re-evaluation of alginic acid and its salts (E 400 to E 404) as food additives. EFSA Journal. 2017;15(11):5049. doi:10.2903/j.efsa.2017.5049.
16. JECFA. Alginic acid and its ammonium, calcium, potassium and sodium salts. ADI "not specified" (39th JECFA meeting, 1992).
17. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Acid Reflux (GER & GERD) in Adults: Definition & Facts. U.S. DHHS; last reviewed July 2020.

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