NUTRITIST · REFLUXTER

# The Complete Refluxter® Handbook

Your evidence-based guide to using sodium alginate for acid reflux, heartburn, GERD, nighttime reflux, and silent reflux (LPR): how the raft barrier works, how to dose and time it, and how to get real, lasting relief.



Formulated and written by Sarv Kannapiran, M.D., J.D., M.B.A., founder of Nutritist

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WHAT'S INSIDE

# Contents



> **How to use this handbook:** If you're new to Refluxter, read Sections 1 and 2 to understand what it is and how the raft works, then Section 6 to set realistic expectations. Section 7 shows how much to take for your symptom pattern, and if you have nighttime or silent reflux (LPR), Section 8 is written for you. Keep the FAQ (Section 10) handy for quick answers.

SECTION 1

# What Refluxter Is

Refluxter is a clean-label, seaweed-derived **sodium alginate supplement** in an easy-to-swallow capsule. It forms a natural gel "raft" on top of your stomach contents that acts as a **physical barrier against acid reflux**, helping keep stomach contents where they belong rather than reducing the acid your body needs to digest food.

Refluxter was formulated by **Sarv Kannapiran, M.D., J.D., M.B.A.**, the founder of Nutritist, out of personal experience with acid reflux and a close reading of the clinical research on alginate therapy. Rather than copy the loose formulas common in the supplement aisle, Refluxter was built around the exact three active ingredients that a landmark 2019 review identified in the most effective alginate products: **sodium alginate, sodium bicarbonate, and calcium carbonate.**

## What makes Refluxter different

| Feature | What it means for you |
|---|---|
| **High-dose alginate** | Over 1,000 mg of sodium alginate per serving, among the highest in its category, because the amount of alginate is what builds an effective raft. |
| **High-G-block sodium alginate** | A grade of alginate richer in guluronic acid ("G-blocks"), which forms a firmer, more stable raft than ordinary alginate. |
| **The clinically-studied trio** | Sodium alginate, calcium carbonate, and sodium bicarbonate: the combination used in the alginate research, not a random substitute. |
| **Non-systemic*** | The raft does its work locally, as a physical barrier in the stomach. See the note below on exactly what "non-systemic" means. |
| **Clean label** | Sugar-free, preservative-free, aluminum-free, and natural-flavor-free, with no artificial sweeteners. |
| **Convenient capsule** | No chalky liquid to measure; just swallow with water, at home or on the go. Made in the USA. |

* **What "non-systemic" means here.** It refers to the raft's mechanism of action. The alginate raft works physically at the top of the stomach and is not absorbed into your bloodstream; once the raft breaks down, the alginate itself passes through and is excreted from the body. Note that the small amounts of the sodium ion (which comes from both the sodium alginate and the sodium bicarbonate) and the calcium ion (from the calcium carbonate) in the formula are absorbed by the body in the normal way, which is why they are worth accounting for on a sodium-restricted diet or if you monitor calcium (see Section 12).

### Fast per dose, and built for consistency

Each dose of Refluxter forms its protective raft quickly, typically **within about 10 minutes**, and a raft can last **up to about 4 hours**. That gives you relief in the moment; and with consistent daily use, it provides steady day-and-night protection over time.

*Refluxter is a dietary supplement. These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.*

SECTION 2

# How Sodium Alginate Works: The Raft Barrier

To use Refluxter well, it helps to picture what's actually happening inside you.

Your stomach makes acid to digest food. A ring of muscle at the top of the stomach, the lower esophageal sphincter (the valve between your stomach and your food pipe, or esophagus), is meant to keep everything down. When that valve relaxes at the wrong moment, stomach contents can splash upward. In the chest, that feels like **heartburn or acid reflux**. Higher up, in the throat and voice box, it can appear as a lump-in-the-throat feeling, hoarseness, throat-clearing, or a nagging cough. That is **silent reflux, or laryngopharyngeal reflux (LPR).**

## Think of it as a lid on a pot

**Sodium alginate** is a natural, non-digestible polysaccharide from brown seaweed, or kelp. In Refluxter it's paired with **sodium bicarbonate** and **calcium carbonate.** When this trio meets the acid in your stomach, two things happen: the bicarbonate reacts with acid to release tiny bubbles of 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 everything else in your stomach. Picture a lid settling onto a pot of soup: when the pot is jostled, the lid is what meets the rim first. Refluxter's raft works the same way. If stomach contents try to rise, the gentle gel barrier is what reaches the valve first, helping keep the harsher contents below.

> ### A physical barrier, not an acid blocker
>
> Ordinary antacids *neutralize* acid; acid-reducing drugs *switch off* acid production. Refluxter does neither. It works **mechanically**, placing a physical barrier in the way. Because it doesn't reduce the acid you need for digestion, it avoids that whole category of trade-offs; and because it's a barrier, it can block reflux whether the refluxed material is acidic or not.

## How Refluxter compares to other reflux options

| Option | How it works | Good to know |
|---|---|---|
| **Refluxter (alginate raft)** | Forms a physical barrier on top of the stomach contents. | Blocks acidic and non-acidic reflux. Alginate is not absorbed into the body. |
| Antacids | Neutralize acid you already feel. | Fast but short-lived; do not form a barrier. |
| H2 blockers (for example famotidine) | Reduce how much acid the stomach makes. | Longer-acting than antacids; a medication. |
| PPIs (for example omeprazole) | Strongly switch off acid production. | Powerful for acid-driven reflux; often less helpful when acid is not the main driver, as in some LPR. |

These work in different ways, and some people use more than one. Refluxter can be combined with acid-reducing medication; check the FAQ and ask your pharmacist about timing.

## Why this matters for silent reflux (LPR)

LPR is often driven less by acid and more by **pepsin**, a digestive enzyme that can travel up with reflux, even as a mist or gas, and irritate the delicate tissues of the throat and voice box. Research indicates pepsin can remain active even when reflux is only weakly acidic or non-acidic, which is one reason acid-reducing drugs often fall short for LPR. A physical raft barrier is different: because it blocks reflux mechanically, it can help hold back both liquid and gaseous reflux regardless of pH.

## Why timing changes everything

A raft can only protect you while it's actually floating in your stomach, and it forms best when there's food for it to sit on top of. That single fact explains almost every instruction in this handbook: take it after meals (so it has something to float on), take it before lying down (so it's in place when you need it most), and don't flood it with food or large drinks right afterward (so it stays intact).

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SECTION 3

# Heartburn vs. GERD vs. LPR (Silent Reflux)

People use these words interchangeably, but they aren't the same thing. Knowing which one you're dealing with helps you dose and time Refluxter correctly.

## Heartburn

Heartburn is a symptom: the burning feeling behind the breastbone when stomach contents rise into the esophagus. Occasional heartburn after a big or spicy meal is common and doesn't necessarily mean you have a chronic condition.

## GERD (gastroesophageal reflux disease)

GERD is the chronic condition of frequent acid reflux. It's very common; reflux disease affects roughly one in five American adults. Typical symptoms include heartburn, chest discomfort, regurgitation, and nausea. In GERD the main damaging agent is acid, and the esophagus is the tissue most affected.

## LPR (laryngopharyngeal reflux), or "silent reflux"

LPR is when reflux travels higher, reaching the throat, voice box, and nasal passages. It's called "silent" because it often shows up without classic heartburn. Instead you may notice a chronic cough, hoarseness, frequent throat-clearing, a lump-in-the-throat sensation, or thick mucus at the back of the throat. In LPR the key damaging agent is often pepsin rather than acid, and the delicate tissues of the larynx and pharynx are more easily injured than the esophagus, so even small, occasional reflux can cause outsized symptoms.

| Feature | GERD | LPR (Silent Reflux) |
|---|---|---|
| **Typical symptoms** | Heartburn, chest pain, regurgitation, nausea | Chronic cough, hoarseness, throat-clearing, mucus, lump-in-throat feeling |
| **Noticeable?** | Usually symptomatic | Often silent, easy to miss |
| **Main damaging agent** | Acid | Pepsin (can act even at higher pH) |
| **Tissue affected** | Esophagus (more resilient) | Larynx and pharynx (more delicate) |
| **Time to feel better** | Faster; judge over about 2 weeks of routine | Slower; give it a full 8 weeks |

> You can have GERD and LPR at the same time, and shared risk factors include being 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 and 7.

SECTION 4

# Why Timing Matters

Because Refluxter works by floating a barrier on top of your stomach contents, when you take it is almost as important as taking it at all.

## After meals

Stomach acid rises after you eat, and that's often when reflux appears. Taking Refluxter shortly after a meal, ideally within about 15 to 20 minutes, lets the raft form on top of a full stomach, right when you need the barrier most. Taking it on an empty stomach gives the raft less to float on and less to protect.

## Before bed

Nighttime is when the barrier matters most. Once you lie down, gravity is no longer helping keep stomach contents down, and reflux can move more freely toward the esophagus and throat. A bedtime dose puts a fresh raft in place for exactly this window. For nighttime and silent reflux, the bedtime dose is the single most important dose of the day.

> **The golden rule of timing**
>
> Your last dose of the day should be your bedtime dose, taken after your last food or drink, about 30 minutes before you lie down. That puts a fresh raft in place exactly when gravity stops helping you, and gives it time to form and float while you are still upright.

## Move your doses to match your symptoms

The 8-capsule daily allowance is flexible. You can shift your doses toward whatever time of day your symptoms are worst, more at night if nights are hard, or more around your largest meal if that's your trigger, without increasing your total. Sections 6 and 7 show exactly how.

SECTION 5

# How to Take Refluxter (Step by Step)

## Suggested use

- Take 2 capsules with water after meals and/or before bed, up to a maximum of 8 capsules per day.
- Take it after your heaviest meals and before lying down.
- Avoid eating right after a dose, so the raft isn't disturbed.

### The do's

- Take it after eating, not before; the raft forms best on top of a meal (aim for within 15 to 20 minutes).
- Use a full glass of water so the capsules go down comfortably and the raft forms well.
- Take your bedtime dose last, about 30 minutes before you lie down, whether or not you have eaten recently.
- If Refluxter leaves you feeling full or bloated when you start, ease in: take **1 capsule** at each of your usual dose times instead of 2. Once that feels comfortable, add the second capsule back one dose at a time until you're at your normal serving. Keep your timing the same, after meals and before bed.
- Be consistent every day. The barrier is something you maintain, like brushing your teeth.

### The don'ts

- Don't take it on an empty stomach as your main routine; it works best paired with meals.
- Don't eat or drink heavily right after a dose; a big meal or large drink can break up a freshly formed raft.
- Don't lie down immediately after eating. Dose first, then stay upright a little while.
- Don't exceed 8 capsules a day without talking to your doctor.
- Don't take it at the same moment as other oral medications; space them apart (see Section 12).

## Swallowing the capsules

Swallow the capsules whole with water. **If you have an esophageal stricture or a swallowing disorder, do not use Refluxter;** see Section 12. If you simply find capsules awkward to swallow, talk to your pharmacist about the best approach for you rather than altering the capsule on your own.

SECTION 6

# What to Expect: 2 Weeks for Heartburn/GERD, 8 Weeks for LPR

This is the most important section for setting realistic expectations, and the most common reason people either succeed with Refluxter or give up too soon.

Each dose of Refluxter forms its raft quickly and can give relief in the moment. But how long it takes to feel a real change in your overall symptoms depends on which condition you have, because different tissues heal at different speeds.

## Heartburn, GERD, and acid reflux: give it about 2 weeks

For classic reflux and heartburn, many people notice per-dose relief early, often the same day. To judge whether Refluxter is right for your routine, use it consistently and well-timed for about two weeks. That's enough time to dial in your dosing, cover your trigger meals and nights, and see your typical week improve.

## Silent reflux and LPR: give it a full 8 weeks

LPR is different, and patience matters more here. In the clinical studies of alginate therapy for LPR, meaningful improvement generally didn't appear until around the two-month mark, and continued improving through six months (McGlashan et al., 2009), because the delicate tissues of the throat and voice box heal slowly. Practically, that means two things. First, use your first week or two to lock in the routine (2 capsules after every meal and at bedtime); some people notice earlier, partial relief in this window, which is an encouraging sign. Second, if that first week feels unchanged, that is normal for LPR and not a reason to stop. **Give it a full 8 weeks of consistent use** before deciding whether it's working for you. In short, Refluxter's after-meal and bedtime usage guidance mirrors the dosing protocols used in these published studies.

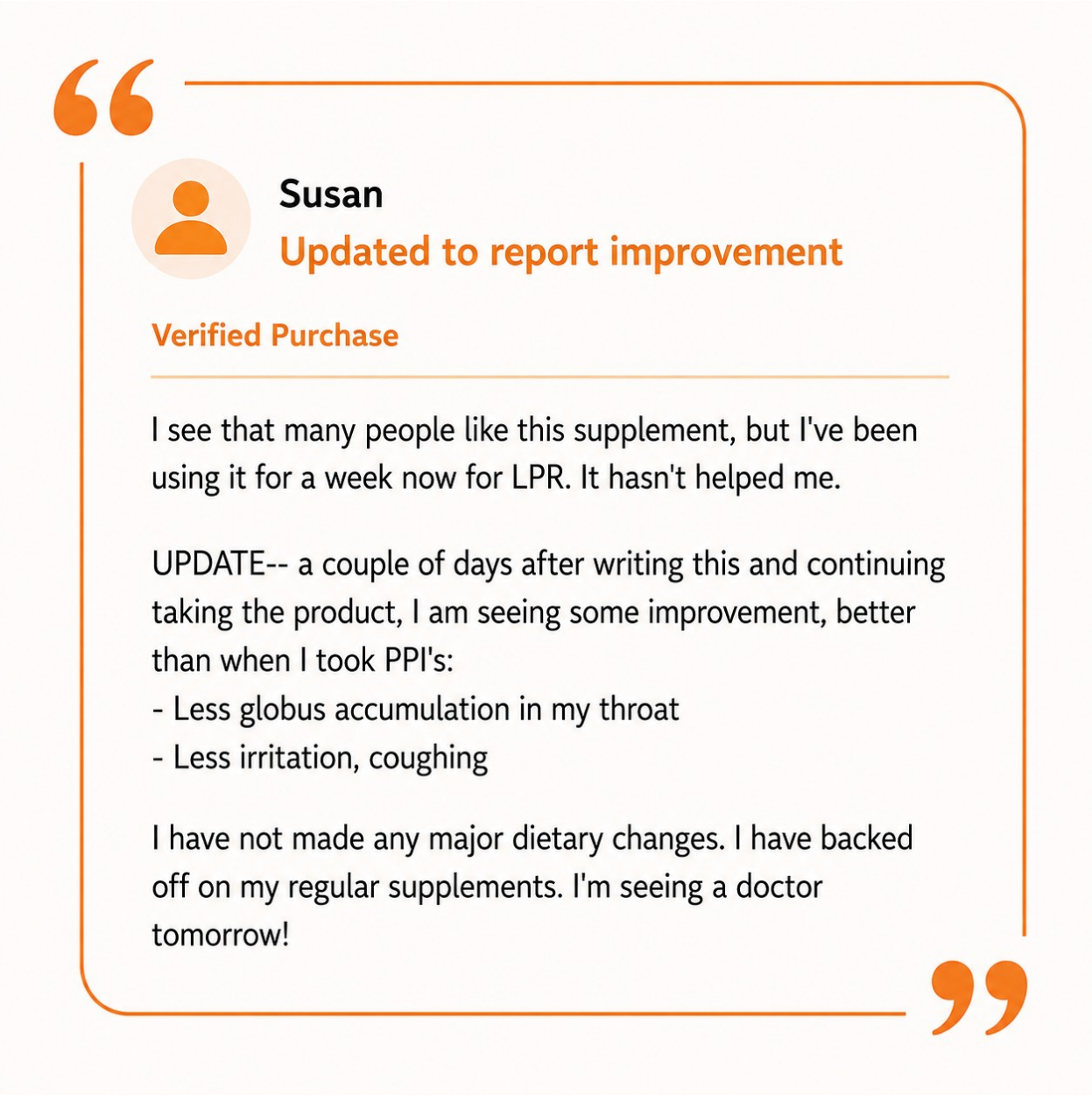
> **The trial rule**
>
> **Heartburn and GERD:** judge it after about 2 weeks of consistent, well-timed use.
>
> **Silent reflux and LPR:** give it a full 8 weeks. Stopping after a week or two is the number-one reason people wrongly conclude it "didn't work."

| 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 symptoms won't have healed yet. That's normal. |
| **Week 1** | A clearer pattern emerges as your timing improves. | Keep going; tissue healing hasn't caught up to the protection yet. |
| **Week 2** | Fair point to judge your overall routine. | Stay consistent; don't judge yet. |

| Timeframe | Heartburn / GERD | LPR / Silent Reflux |
|---|---|---|
| **Weeks 4 to 8 and beyond** | Maintain the routine that works. | This is where LPR improvement typically shows. Judge here, not before. |

**If early days feel underwhelming**

That's expected, especially with LPR, and not a red flag. The people happiest with Refluxter are almost always the ones who gave it a fair, consistent trial (2 weeks for reflux, 8 weeks for LPR) and paired it with the simple habits in Section 8.



SECTION 7

# How Much to Take by Symptom Pattern

Most people take Refluxter just once or twice a day. You do not need 8 capsules a day; that is only the maximum, and it applies mainly to silent reflux (LPR). Find your pattern below and start there.

| Your situation | What to take | Capsules a day |
|---|---|---|
| **Everyday heartburn or GERD** (most common) | 2 capsules after your heaviest or trigger meal, plus 2 before bed | **4** |
| **Nighttime reflux only** | 2 capsules before bed | **2** |
| **Silent reflux (LPR)** | 2 capsules after every meal and 2 at bedtime | **up to 8** |

- If your reflux is only occasional, you can take just the single dose after the meal that troubles you.
- The bedtime dose matters most for nighttime and silent reflux, because lying down removes gravity's help.
- These are starting points; shift toward whenever your symptoms are worst, and you can go up to 8 capsules a day if you need to.
- For silent reflux (LPR), see Section 6 for the 8-week timeline.

> **Tune it to you**
>
> Track your symptoms for a few days and put your doses where the trouble is. Stay within 8 capsules a day, and if you consistently feel you need more, that's a conversation for your doctor.

SECTION 8

# The Nighttime & Silent-Reflux Playbook

If your reflux is worst at night, or shows up as throat symptoms rather than heartburn, this section is where people tend to see their biggest wins. Refluxter's bedtime dose does a lot, and a few free habits make it do more.

## Why nighttime is the hardest shift

During the day you're upright, and gravity quietly helps keep stomach contents where they belong. The moment you lie down, that help disappears, and for LPR, reflux does the most damage to the throat and voice box while you sleep. Your bedtime Refluxter dose puts a fresh raft in place for precisely this window.

## The nighttime habits that multiply your results

| Habit | Why it helps |
|---|---|
| **Finish eating about 3 hours before bed** | Gives your stomach time to empty, so there's less to reflux when you lie down. |
| **Take your bedtime dose last** | A fresh raft is in place right as gravity stops helping you. |
| **Raise the head of your bed 6 to 8 inches** | A gentle incline uses gravity to keep contents down. Prop the bed frame or use a wedge; stacking pillows bends your neck and works less well. |
| **Sleep on your left side** | Stomach anatomy means left-side sleeping tends to keep the stomach below the esophageal junction; right-side sleeping tends to do the opposite. |
| **Keep dinner lighter and earlier** | Large, late meals are a leading driver of nighttime reflux. |

> **The nighttime stack**
>
> Lighter, earlier dinner, then stay upright a while, then Refluxter at bedtime, then elevated head, then left side. Stacked together, these give the raft the best possible conditions to protect you all night.

## A word of patience for LPR

Throat tissue calms down more gradually than the food pipe, so silent-reflux symptoms take longer to ease than classic heartburn. Consistency matters most here, and so does giving it the full 8 weeks before you judge it (see Section 6 for the timeline). If throat symptoms are persistent or severe, see Section 12; some throat symptoms deserve a professional look.

## Everyday habits and common trigger foods

Refluxter works best alongside a few everyday habits, day and night. Easing your most common triggers gives the raft less to hold back:

- Eat smaller, earlier meals; large or late meals are among the biggest drivers of reflux.

- Go easy on common triggers: coffee and other caffeine, alcohol, chocolate, peppermint, citrus and tomato, and spicy or fried, fatty foods.
- Avoid lying down or exercising hard right after eating.
- At night, sleep with the head of your bed elevated and lie on your left side, which keeps your esophagus higher than your stomach so gravity helps keep contents down.
- If you smoke, quitting helps, since smoking weakens the valve at the top of the stomach.
- Loosen tight waistbands and belts, which push stomach contents upward.
- Extra weight around the middle raises reflux; even a small reduction can help.

Triggers are individual, so notice which foods and habits set you off and adjust those first. None of this replaces Refluxter; it simply makes the raft's job easier.

SECTION 9

# Troubleshooting: "It Doesn't Seem to Be Working"

Before concluding Refluxter isn't for you, run through this checklist. The large majority of "it's not working" situations trace back to one of these fixable habits.

| Check this | The fix |
|---|---|
| **Are you taking it after meals?** | Take it within about 15 to 20 minutes of eating, not on an empty stomach. The raft needs food to float on. |
| **Are you eating or drinking heavily right after a dose?** | Dose after you've finished eating, and wait a while before a large drink. |
| **Are you taking a bedtime dose?** | For nighttime and silent reflux, the bedtime dose is the most important one. Don't skip it. |
| **Have you given it enough time?** | About 2 weeks for heartburn and GERD; a full 8 weeks for LPR. A day or two isn't a fair test. |
| **Are you consistent every day?** | The barrier is maintained, not one-and-done. Missed days set you back, especially with LPR. |
| **Are you lying down too soon after eating?** | Stay upright for 30 mins after taking Refluxter before going to sleep. Finish dinner about 3 hours before bed. |
| **Using the nighttime habits?** | Head elevation and left-side sleeping meaningfully boost overnight results. |
| **Is your dose distribution matched to your symptoms?** | Shift capsules toward your worst window (see Sections 4 and 7). |

### Still stuck after a fair trial?

Reflux has many causes, and no single approach suits everyone. If you've genuinely dialed in the routine and habits and still aren't getting the relief you hoped for, talk with your doctor; persistent symptoms sometimes point to something that deserves a professional look (see Section 12).

SECTION 10

# Frequently Asked Questions

### What is sodium alginate?

Sodium alginate is a natural, non-digestible polysaccharide extracted from brown seaweed, or kelp. When combined with bicarbonate and exposed to stomach acid, it forms a low-density gel "raft" that floats on top of the stomach contents and acts as a physical barrier against reflux.

### How is Refluxter different from an antacid or an acid reducer (PPI)?

Antacids neutralize acid for fast but short-lived relief, and acid reducers switch off acid production. Refluxter does neither; it forms a physical raft barrier that helps hold reflux down without reducing the acid you need to digest food. Because it's a barrier, it can help block reflux whether it's acidic or not.

### How long does Refluxter take to work?

Each dose forms its raft quickly, typically within about 10 minutes, and can last up to about 4 hours. To judge your overall routine, give it about 2 weeks for heartburn and GERD, and a full 8 weeks for silent reflux (LPR), whose throat tissues heal more slowly.

### How many capsules of Refluxter should I take?

Take 2 capsules with water after meals and/or before bed, up to a maximum of 8 capsules per day. You can shift doses toward whichever time of day your symptoms are worst without going over 8.

### When is the best time to take Refluxter?

After your heaviest meals (within about 15 to 20 minutes) and before lying down. The bedtime dose is especially important for nighttime and silent reflux. Avoid eating right after a dose so the raft isn't disturbed.

### Does Refluxter help with nighttime reflux?

Nighttime is when a barrier matters most, because lying down removes gravity's help. Many people shift toward a larger bedtime dose (for example 3 capsules) and pair it with raising the head of the bed and sleeping on the left side.

### Does Refluxter help with silent reflux or LPR?

Silent reflux (laryngopharyngeal reflux, LPR) shows up as throat symptoms rather than heartburn and is often driven by pepsin. Because Refluxter forms a physical barrier, it can help hold back both liquid and gaseous reflux regardless of pH. Take it after every meal and at bedtime, be consistent, and give it a full 8 weeks; throat tissue heals slowly.

### How do I dose Refluxter for LPR specifically?

Take 2 capsules after every meal and 2 at bedtime, up to 8 capsules per day, and don't skip doses, since LPR is harder to treat because pepsin can travel as a gas, and the bedtime dose protects the throat while you lie down. In alginate studies, LPR improvement generally appeared around two months and continued through six, so give Refluxter a consistent 8-week trial before judging it.

### Can I take Refluxter with omeprazole or another acid reducer?

Many people combine alginate with acid-reducing medication since the two work differently, and some acid reducers such as omeprazole aren't meaningfully affected by alginate timing. Still, confirm your specific plan and spacing with your doctor or pharmacist.

### Do I need to separate Refluxter from my other medications?

Yes. Take other medications and supplements 30 to 60 minutes before, or 4 hours after, taking Refluxter, so the gel raft doesn't reduce their absorption.

If you take prescription or OTC medications, please consult your physician or pharmacist for guidance on how to schedule Refluxter with your specific medications.

**Please note:** Some medications have known interactions with calcium carbonate and are commonly recommended to be taken at least 4 hours apart from products containing calcium carbonate, including Refluxter. Examples include levothyroxine, doxycycline and other tetracycline antibiotics, ciprofloxacin and other fluoroquinolone antibiotics, and alendronate and other bisphosphonates. Please consult your physician or pharmacist for the appropriate dosing schedule for your specific medications.

### Is it safe to take Refluxter every day?

Yes; it's designed for regular, consistent use, which is how the barrier is maintained, and the alginate itself is not absorbed into the body. Stay within 8 capsules per day, and talk to your doctor if you feel you consistently need more.

### Will I feel the raft working?

Usually not, and that is completely normal. Refluxter works as a quiet physical barrier rather than a sensation you can feel, so many people notice fewer or milder episodes over time without ever feeling the raft itself. Judge it by your symptoms over the 2-week or 8-week window, not by whether you can feel anything.

### Can I take Refluxter long term? Is it habit-forming?

Refluxter is suitable for ongoing daily use. The alginate is not absorbed and is not habit-forming, and because it does not switch off your stomach acid, it does not cause the acid rebound that some people notice when stopping certain acid-reducing medications. As with any supplement, if you plan to use it long term or have ongoing symptoms, it is worth checking in with your healthcare provider.

### Is 8 capsules a day safe? How much alginate is that?

At the 8-capsule maximum you take in roughly 4 grams of sodium alginate per day. Alginate isn't absorbed into the body, and international food-safety authorities (JECFA and EFSA) set no numerical daily limit for it. At the top of the range, be mindful of mild digestive effects, and of the sodium and calcium the formula contributes (see Section 12).

### Will Refluxter make me feel bloated or full?

Some people notice mild fullness, pressure, or the urge to burp in the first 30 to 60 minutes after a dose, especially in the first few days. That's the raft forming, and it's the most common thing people notice early on.

The raft floats because it's filled with carbon dioxide, released when the sodium bicarbonate and calcium carbonate meet your stomach acid and then trapped in the alginate gel. That's the mechanism working as intended: the gas is what lifts the barrier to the top. It's a small amount, roughly a tenth of the gas in a can of soda, and the raft itself takes up a little room while it does its job. Burping some of it off is normal.

If your stomach is sensitive to feeling full, which is common among people with reflux, you may notice this more than others do. Two adjustments usually settle it, and neither changes *when* you take it:

- **Ease in rather than starting at full strength.** Take 1 capsule at each of your usual dose times instead of 2 for the first several days. You'll be taking less alginate overall to begin with. That's intentional, and it gives your system time to adjust. Once you're comfortable, add the second capsule back one dose at a time, starting with your bedtime dose, until you're at your normal serving. If the fullness comes back, hold at the level that felt fine for a few more days before trying again.
- **Use a full glass of water** with the capsules, and give it the full 15 to 20 minutes after eating rather than dosing immediately.

Keep taking Refluxter after your heaviest meals and before bed; that's exactly when the barrier matters most, and it's what Refluxter is for. Most people find this settles within the first week.

If you have pain rather than mild pressure, if it doesn't ease, or if it's severe, stop and check with your doctor or pharmacist.

### Will Refluxter change my bowel habits?

Uncommonly, some people notice a change in the first days, either firmer stools (constipation) or looser ones (diarrhea). It doesn't signal a defect.

Sodium alginate behaves as a gel-forming soluble fiber, similar to psyllium. It holds onto water as it travels, and because stool consistency depends largely on water content, the effect depends on your own fluid intake: drink too little and the gel can't fully hydrate, so it stiffens and moves more slowly; drink enough and it stays soft and adds gentle bulk.

This is mainly a higher-dose effect. At 2 to 4 capsules a day you're taking in roughly 1 to 2 grams of alginate, below the level at which gel-forming fibers typically affect stool at all; it's at 6 to 8 capsules a day that a difference is more likely.

**If you notice it, the fix depends on which direction you've gone.** For firmer stools, try fluids first: a full glass of water with each dose and steady fluids through the day let the gel hydrate properly instead of stiffening. Fluids are the first move because they solve the problem without costing you any protection. If water alone doesn't settle it, ease back to 1 capsule per dose and build up again the same way.

For looser stools, easing back to 1 capsule per dose is the fix from the start. Keep drinking water either way, but the reason changes: here you're replacing the water you're losing so you stay hydrated, not trying to firm anything up.

Either way, take Refluxter after meals rather than on an empty stomach. **If you're not experiencing this, there's no need to change anything. The standard 2-capsule serving is right for you.**

If diarrhea is significant or lasts more than a couple of days, stop taking Refluxter and check with your healthcare provider. For anything else that feels severe, doesn't ease after a couple of weeks, or if you have kidney or blood-pressure concerns, pause and check with your doctor or pharmacist.

### Is Refluxter drug-free and non-systemic?

Refluxter is a dietary supplement built around seaweed-derived sodium alginate. The raft works physically in the stomach as a barrier, and the alginate is not absorbed into the bloodstream; it passes through and is excreted. The small amounts of sodium and calcium in the formula are absorbed normally. Refluxter isn't intended to diagnose, treat, cure, or prevent any disease.

### What's in Refluxter, and what's not?

The active trio is sodium alginate, calcium carbonate, and sodium bicarbonate, the combination identified in the alginate research. Refluxter is sugar-free, preservative-free, and aluminum-free, with no artificial sweeteners, and is made in the USA. See the Supplement Facts in Section 11.

### Can I take Refluxter while pregnant or breastfeeding?

Alginate-based reflux products have a long history of use and are commonly recommended in pregnancy by healthcare professionals in many settings. Because every pregnancy is unique and Refluxter is a dietary supplement, please discuss it with your obstetric provider before use.

### Should I take Refluxter on an empty stomach?

For your daytime doses, take it after eating. The raft forms best when it has food to float on, so after-meal doses give you the most protection.

Your bedtime dose is different, and you do not need to eat anything before it. Refluxter forms its raft on contact with your stomach acid, which is there whether or not you have just eaten, so the raft still forms on an empty stomach. This matters because we also suggest finishing your last meal about 3 hours before bed. The two work together: eat dinner early, then take your bedtime dose about 30 minutes before you lie down, even on an empty stomach.

### I eat dinner late. Should I still take both an after-dinner dose and a bedtime dose?

It depends on how much time is between them.

If you finish dinner about 3 hours before bed, take your normal dose 15 to 20 minutes after eating, then your bedtime dose about 30 minutes before you lie down. The first raft covers the evening, and the second puts a fresh barrier in place for the night.

If fewer than about 2 hours separate your last bite from lying down, take one dose about 30 minutes before bed instead of two. At that spacing your bedtime dose is your after-dinner dose: it still lands well after you have eaten, and a raft lasts up to about 4 hours, so a second dose that soon adds little beyond extra fullness. If you eat at 10 and sleep at midnight, a single dose around 11:30 serves you better than two.

Either way, take your bedtime dose while you are still upright, and stay up for those last 30 minutes. The raft has to float to the top of your stomach contents, and it does that best before you lie down.

### What if I miss a dose?

Just resume your normal routine at the next appropriate time (after a meal or at bedtime). Don't double up to "catch up," and stay within 8 capsules per day.

### Can children take Refluxter?

Talk with a pediatrician before giving Refluxter to a child. The guidance in this handbook is written for adults, and a provider can confirm what's appropriate, including whether the child can comfortably swallow a size 00 capsule.

SECTION 11

# Ingredients & Supplement Facts

Refluxter is built around the three active ingredients that the alginate research identifies in the most effective products, with sodium alginate as the predominant, first-listed ingredient. By law, ingredients are listed in descending order of predominance by weight.

## 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 (from brown seaweed) | over 1,000 mg | * |

* Daily Value (DV) not established. † Sodium ion from sodium alginate and sodium bicarbonate. ‡ Calcium ion from calcium carbonate.

**Other ingredients:** Hypromellose (capsule), Rice Flour, Magnesium Stearate.

Sugar-free, preservative-free, aluminum-free, and natural-flavor-free; no artificial sweeteners. Made in the USA.

**Dietary notes:** Vegetarian and vegan friendly. The size 00 capsule is plant-based (hypromellose) and the magnesium stearate is vegetable-sourced. No gluten-containing ingredients are added; however, Refluxter is made on manufacturing lines shared with other products, so cross-contamination is possible even though the lines are cleaned and sterilized after each run.

*This panel is provided for information only and may not exactly match the Supplement Facts printed on your current bottle. Always defer to the label on your product.*

### Why the alginate amount matters:

the raft only works if there's enough alginate to build it. Refluxter provides over 1,000 mg of sodium alginate per serving, among the highest in its category, which is why a single 2-capsule serving is designed to form a substantial, stable raft.

SECTION 12

# Safety Information

At the 8-capsule maximum, Refluxter delivers roughly **4 grams of sodium alginate per day.** For most healthy adults taken as directed, this falls within well-established use.

### Do not use Refluxter if either of these applies to you

**An esophageal stricture or a swallowing disorder.** Refluxter is a size 00 capsule that forms a swelling gel, so in a narrowed esophagus, or if you cannot swallow reliably, a capsule or a gel bolus could lodge.

**An ileostomy, or another condition that affects intestinal transit.** Alginate passes through the small bowel largely intact, so it is not suitable where transit is compromised.

Both warnings appear on your Refluxter label. If either applies to you, do not use Refluxter; talk with your doctor about other options.

- **The alginate itself is not absorbed into the body.** It acts locally in the stomach as a physical barrier and is then excreted. (The small amounts of the sodium and calcium ions in the formula are absorbed normally; see below.)
- **Food-safety authorities set no numerical daily limit for alginate.** International expert bodies (JECFA) and the European Food Safety Authority (EFSA) reviewed alginate and concluded there was no need to set a numerical acceptable daily intake, largely because it isn't meaningfully absorbed.
- **Alginate antacids have been used at comparable daily amounts for decades**, with a long history of use in Europe going back to the 1970s.

## Things to know at the higher end of the range

| Consideration | What to know |
|---|---|
| **Digestive effects** | Alginate is a gel-forming soluble fiber, so at the higher end of the range some people may notice mild gas, bloating, or a change in bowel habits, either firmer stools (constipation) or looser stools (diarrhea). The fix differs by direction: for firmer stools, fluids first, since an under-hydrated gel stiffens, then a lower count if that is not enough; for looser stools, easing in with 1 capsule per dose rather than 2 from the start. See Section 10. |
| **Sodium** | At the 8-capsule maximum, Refluxter provides about 600 mg of sodium a day (roughly a quarter of the 2,300 mg Daily Value); a single 2-capsule serving is about 150 mg. That is modest for most people, but if you are on a sodium-restricted diet for high blood pressure, heart, or kidney reasons, account for it and check with your provider before using the higher amounts. |

| Consideration | What to know |
|---|---|
| **Calcium** | At the 8-capsule maximum, Refluxter provides about 290 mg of calcium a day (about a fifth of the 1,300 mg Daily Value); a single 2-capsule serving is 72 mg. This is small for most people, but worth noting if you need to limit calcium, especially with kidney concerns. |
| **Other medications** | Take them 30 to 60 minutes before, or 4 hours after, taking Refluxter so the raft doesn't affect their absorption. |

### Medication spacing

Take other oral medications and supplements, including vitamins, iron, and minerals, **30 to 60 minutes before, or 4 hours after,** a Refluxter dose. Certain medicines (for example some antibiotics and heart medications) are especially sensitive to being taken with antacids or alginates. When in doubt, ask your pharmacist about ideal spacing for your specific medicines. A few medications should be separated even further because of the calcium carbonate in Refluxter; see the FAQ in Section 10 for the specific ones.

## Please talk with your healthcare provider if you...

- Are on a sodium-restricted diet (for high blood pressure, kidney, or heart conditions), or monitor calcium intake.
- Are pregnant or nursing.
- Take prescription medications of any kind.
- Feel you consistently need more than 8 capsules per day.
- Are considering Refluxter for a child.

### Some symptoms deserve prompt medical attention

Reflux is common, but see a professional rather than self-treating if you have trouble or pain swallowing, food feeling stuck, unintended weight loss, vomiting, black or bloody stools, persistent hoarseness or a lump-in-the-throat feeling that won't quit, chest pain, or symptoms that keep worsening despite your best efforts. When in doubt, get checked out.

*This information describes a dietary supplement and general use of sodium alginate; it is not medical advice and does not create a patient-physician relationship. These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease. Always follow the directions on your product label and consult your healthcare provider with questions about your health or medications.*

SECTION 13

# Storage Instructions

- Store in a cool, dry place, away from direct sunlight, heat, and humidity. A cabinet or pantry shelf is ideal; avoid leaving the bottle in a steamy bathroom or a hot car.
- Keep the bottle tightly closed when not in use, and keep any desiccant packet inside until the bottle is finished. Sodium alginate readily pulls moisture from the air, and damp alginate forms a weaker raft, so keep the bottle sealed and the desiccant inside until it's finished.
- Keep out of reach of children.
- Do not use after the expiration date printed on the bottle, and don't use if the safety seal is broken or missing.
- There's no need to refrigerate. Room temperature is fine.

> Always defer to the specific storage and expiration instructions printed on your Refluxter label.

SECTION 14

# Scientific References

This handbook draws on peer-reviewed research and authoritative food-safety reviews. The references below are provided for educational context; they describe the science of sodium alginate and reflux generally and are not claims about Refluxter as a treatment for any disease.


1. 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.
2. Pizzorni N, Ambrogi F, Eplite A, Rama S, Robotti C, Lechien J, Schindler A. 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. doi:10.1007/s00405-021-07219-0. PMID 35032204; PMCID PMC8760595.
3. Tsilivigkos C, Papantoniou K, Vitkos EN, Ferekidis E, Warnecke A. Alginates and laryngopharyngeal reflux: where we stand. A systematic review. Eur Arch Otorhinolaryngol. 2025;282:5751-5764. doi:10.1007/s00405-025-09693-2. PMID 41044379.
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5. Bor S, Kalkan İH, Çelebi A, et al. Alginates: from the ocean to gastroesophageal reflux disease treatment. Turk J Gastroenterol. 2019;30(Suppl 2):S109-S136. doi:10.5152/tjg.2019.19677. PMID 31624050; PMCID PMC6836317. This review identifies sodium alginate, sodium bicarbonate, and calcium carbonate as the active ingredients of the most effective raft-forming products.
6. EFSA ANS Panel. Re-evaluation of alginic acid and its sodium, potassium, ammonium and calcium salts (E 400 to E 404) as food additives. EFSA Journal. 2017;15(11):5049. doi:10.2903/j.efsa.2017.5049. (No numerical ADI established.)
7. JECFA (Joint FAO/WHO Expert Committee on Food Additives). Alginic acid and its ammonium, calcium, potassium and sodium salts. ADI "not specified" (established at the 39th JECFA meeting, 1992).
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9. Bardhan KD, Strugala V, Dettmar PW. Reflux revisited: advancing the role of pepsin. Int J Otolaryngol. 2012;2012:646901. doi:10.1155/2012/646901. PMID 22242022; PMCID PMC3216344.
10. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Acid Reflux (GER & GERD) in Adults: Definition & Facts. U.S. Department of Health and Human Services; last reviewed July 2020.


> Where available, the journal references above include PMID and/or PMCID identifiers so the original studies can be located in PubMed or PubMed Central; agency and web sources are cited by DOI or official source page. Additional research is available on the Science and Blog pages at nutritist.us.

SECTION 15

# About Nutritist & How to Reach Us

Nutritist was founded to bring evidence-based, clean-label supplements to people underserved by the options on the shelf. Refluxter was formulated by **Sarv Kannapiran, M.D., J.D., M.B.A.**, Nutritist's founder, created from personal experience with acid reflux and a careful reading of the clinical literature on alginate therapy, using the ingredients shown to matter, at meaningful doses.

## Get in touch

| | |
|---|---|
| **Website** | nutritist.us |
| **Product page** | nutritist.us/products/refluxter-acid-reflux-support |
| **Contact** | nutritist.us/pages/contact |
| **The science** | nutritist.us/pages/science · nutritist.us/blogs/blog-2 |
| **Questions about your order** | Reach our support team through the Contact page; we're happy to help. |

### Remember the mindset

Refluxter is a barrier you build with consistent, well-timed use: fewer, milder episodes over time, not a five-minute miracle. Give it about 2 weeks for heartburn and GERD, and a full 8 weeks for silent reflux (LPR). Consistency and good timing are what make the raft work for you.