



AEGIS PROTOCOL™

FREE RECOVERY GUIDE

The 14-Day Post-Antibiotic Gut Recovery Guide

Everything that happened to your gut during antibiotics,
and exactly what to do over the next two weeks.

Science-backed

India-specific

No products required

14-day plan

For information only. Not medical advice. Speak to your physician before changing
your health routine, especially with a pre-existing condition.

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CHAPTER ONE

01

What Antibiotics Actually Do to Your Gut

Before you can rebuild properly, you need to understand what was damaged and why. Most people are told to take a probiotic without any explanation of why their gut feels the way it does after antibiotics.

The collateral damage problem

Antibiotics are extraordinary medicines. They save lives by killing the harmful bacteria causing your infection. But they cannot tell the difference between the bacteria making you sick and the beneficial bacteria your gut depends on every day. Your gut contains roughly 38 trillion bacteria, a complex ecosystem of hundreds of species that digest food, produce vitamins, regulate your immune system, and maintain the lining of your intestine. A single course can reduce bacterial diversity by 25 to 50 percent, with some beneficial species not recovering for months.

38T bacteria normally in your gut	25-50% diversity lost from one course	6 mo. natural recovery without support
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Why you feel the way you do

The symptoms after finishing antibiotics, bloating, loose stools, stomach discomfort, fatigue, reduced appetite, are not the antibiotic lingering. The drug has cleared. What you are feeling is a depleted microbiome trying to function without its full population of beneficial bacteria. The gut lining becomes more permeable and irritated because it depends on bacterial signals to stay intact, digestion slows because bacteria help break down food your own enzymes cannot, and opportunistic bacteria can temporarily multiply in the space left behind.

Key insight: the bloating is about bacteria, not food

Many people assume post-antibiotic bloating comes from something they ate. Usually it does not. It comes from disrupted bacterial fermentation. When the wrong bacteria do the fermentation job, the result is excess gas and discomfort regardless of what you eat.

The bacteria most affected

Broad-spectrum antibiotics, including the penicillins, macrolides and fluoroquinolones most commonly prescribed in India, are particularly disruptive to Bifidobacterium and Lactobacillus species, precisely the bacteria responsible for intestinal barrier integrity, short-chain fatty acid production and immune regulation. Saccharomyces boulardii, a beneficial yeast rather than a bacterium, is notably resistant to antibiotic disruption, because antibiotics target bacteria and not yeasts. That resistance is one reason it is among the

most useful organisms to supplement during and right after a course.

CHAPTER TWO

02

Why Most Probiotics Never Reach Your Gut

This is the piece most probiotic brands will never tell you. Understanding it changes how you approach recovery and why not all probiotics work equally.

Your stomach is highly acidic

Your stomach holds a pH of roughly 1.5 to 3.5 during digestion. That acidity kills pathogens in your food before they reach your intestine, but it creates a serious problem for supplemental probiotics. Standard probiotic capsule shells dissolve in stomach acid. When the shell dissolves in the stomach, the bacteria inside meet an environment that kills most of them. Studies suggest 90 percent or more of the bacteria in a standard capsule are destroyed before reaching the small intestine, which is where they need to be to work.

Standard capsule

Shell dissolves in stomach acid (pH 1.5 to 3.5).

Loss 90 percent or more of bacteria destroyed before the intestine.

Survivors weakened and reduced in number.

Label the CFU count is measured before acid exposure.

Delivery to the gut is not guaranteed.

Delayed-release capsule

Shell acid-resistant, stays intact through the stomach.

Release dissolves in the intestine, not the stomach.

Bacteria delivered alive at the site of colonisation.

Evidence demonstrated superior delivery versus standard capsules.

Outcome effective gut colonisation is the intended result.

If you have taken probiotics before and noticed little effect, this is almost certainly why: the bacteria were largely dead before they reached the part of your gut that needed them. Delayed-release technology exists

precisely because standard delivery was failing to get live bacteria to the intestine.

The curd question: curd helps, but faces the same problem

Plain homemade dahi contains live cultures and is genuinely beneficial, but its bacteria face the same stomach-acid challenge as supplements. Treat curd as a valuable supporting player, not the main strategy after a significant course. Two to three tablespoons of plain, unsweetened, full-fat curd with at least one meal daily is the right approach.

CHAPTER THREE

03

The 14-Day Recovery Timeline

Gut recovery is not linear and does not happen overnight. Knowing what to expect at each stage helps you stay the course, especially through the days when things feel worse before they get better.

Why 14 days is the critical window

The two weeks right after finishing antibiotics is the most important window for restoration. During this period the surviving beneficial bacteria are trying to recolonise vacated niches in your intestinal lining. If opportunistic bacteria fill those niches first, recovery takes much longer. Targeted support during this window is not about taking probiotics forever, it is about giving the beneficial bacteria the numbers and the environment to reestablish dominance during this specific phase.

Days 1-2	The acute phase: start on your final antibiotic day Your microbiome is at its most depleted and symptoms are usually at their peak. Begin on the day of your final dose. Do not wait for symptoms to worsen first.
Days 3-5	Persist through this phase As bacteria recolonise there can be a temporary rise in gas and bloating. This is fermentation activity and a sign of recovery, not deterioration. This is where most people mistakenly stop. Push through.
Days 5-7	First real improvement Most people notice better stool consistency and reduced urgency. Bloating begins to ease, appetite improves, and energy starts to recover as absorption normalises.
Days 8-11	Active rebuilding Beneficial populations are growing and digestion returns toward baseline. Most people feel significantly better than on day 1. Stopping early here is a common mistake.

Days
12-14

Consolidation
Most people reach near-normal digestive function. Complete all 14 days even if you feel better earlier, the final days consolidate the colonies built in the first two weeks.

The single most important rule: finish the full 14 days

The most common mistake is stopping early because you start to feel better. The bacteria that make you feel better need the full 14 days to establish stable colonies. Stopping at day 7 or 8 leaves them vulnerable. Finish the course.

CHAPTER FOUR

04

The Ingredients With the Strongest Evidence

Not all probiotic strains are equal. Most blends contain strains chosen for general gut health or low cost, not for specific evidence in post-antibiotic recovery. These do.

MORNING CAPSULE

AM Shield™

PROBIOTIC YEAST

Saccharomyces boulardii (CNCM I-3799)

A probiotic yeast, not a bacterium, which makes it uniquely resistant to antibiotic disruption. It can be taken during a course and continues working immediately after. It is among the most studied organisms for antibiotic-associated digestive upset, working by competing with harmful bacteria for binding sites and producing enzymes that break down bacterial toxins.

Named strain · antibiotic-resistant yeast

CHELATED MINERAL

Zinc Bisglycinate

Not a probiotic. A gentle, highly absorbable chelated form of zinc, chosen because it is easy on a sensitive stomach during recovery. Zinc is an essential mineral that supports normal immune function and the maintenance of normal mucous membranes. Pairing it with the morning yeast covers a mineral need that probiotic strains alone do not address.

Chelated zinc · immune and mucosal support

EVENING CAPSULE

PM Rebuilder™

PROBIOTIC STRAIN

Lactobacillus rhamnosus GG (ATCC 53103)

One of the most researched probiotic strains in the world, with a substantial body of evidence for restoring gut flora after antibiotics. LGG adheres exceptionally well to human intestinal cells, allowing it to establish a stable presence that creates conditions for other beneficial bacteria to follow. Taken in the evening to support overnight recovery when gastric motility slows.

Most studied strain for AAD · strong human RCTs

PROBIOTIC STRAIN

Bifidobacterium lactis (BI-04)

Bifidobacterium species are among the first beneficial bacteria depleted by antibiotics and among the most important for bowel regularity and immune function. B. lactis has evidence for improving stool frequency and consistency, supporting immune response, and easing intestinal inflammation. It works synergistically with LGG in the PM capsule.

Bowel regularity · works with LGG

AMINO ACID

L-Glutamine

The most abundant amino acid in the body and the main fuel source for the cells that line the intestine. During and after a course of antibiotics those cells are under extra demand, and diet alone may not keep up.

L-Glutamine gives them a direct energy source, supporting the gut lining through the recovery window. It sits in the evening capsule so it works overnight alongside the probiotic strains.

Fuel for the gut lining · intestinal support

Why strain specificity matters

A label that says only "Lactobacillus" with no strain code tells you almost nothing, because the evidence is strain-specific. Lactobacillus rhamnosus GG, strain ATCC 53103, has shown results in human trials that other Lactobacillus strains have not matched. When evaluating any probiotic, look for the exact strain code, not just the genus and species.

CHAPTER FIVE

05

What to Eat and What to Avoid

Diet plays a significant supporting role. It cannot replace targeted supplementation, but it can meaningfully speed up or slow down your recovery.

The Indian diet advantage

The traditional Indian diet, in its unprocessed form, contains several genuinely helpful elements. Fermented foods like curd, kanji and idli or dosa batter carry live cultures. Dal and legumes provide prebiotic fibre that feeds beneficial bacteria. Spices like turmeric, cumin and coriander have documented anti-inflammatory properties. Returning closer to these traditional patterns during your 14 days is one of the most practical things you can do.

Eat more of

Curd (plain, full-fat). 2 to 3 tbsp with meals, unsweetened, at room temperature.

Moong dal and khichdi. Easy to digest, gentle on an irritated gut.

Banana. Pectin and resistant starch, both prebiotic.

Cooked vegetables. Easier to digest than raw in week one.

Garlic in cooking. A strong prebiotic that feeds Bifidobacterium.

Coconut water. Electrolyte replacement, useful in the first 3 to 5 days.

Ginger tea (no milk). Anti-inflammatory, reduces nausea, aids motility.

Reduce or avoid

Sugar and sweets. Feed opportunistic bacteria and yeast.

Alcohol. Damages the gut lining and disrupts the microbiome. Avoid all 14 days.

Ultra-processed foods. Additives disrupt beneficial bacteria.

Raw salads (first week). Harder to digest, switch to cooked for 7 days.

Very spicy food. Can irritate a sensitised gut lining.

Excess caffeine. One cup is fine, excess can worsen loose stools.

Cold drinks and ice. Cold can slow motility, prefer warm.

The prebiotic fibre point

Probiotics need food to survive and multiply, called prebiotic fibre. The best Indian sources are garlic, onion, banana, oats and dal. Eating enough prebiotic fibre alongside your probiotics significantly improves colonisation. Think of prebiotics as fertiliser for the seeds you are planting.

CHAPTER SIX

06

Your Daily Recovery Routine

Consistency matters more than perfection. A simple routine followed for 14 days will outperform a complicated one you abandon on day 5. Here is what an optimal recovery day looks like.

7:00 AM Wake and drink a glass of warm water

Warm water gently stimulates motility. Add a slice of fresh ginger if available. Avoid cold water first thing.

7:30 AM Breakfast with the AM capsule

Take it with or just after breakfast, never on an empty stomach, food buffers acid and improves survival. Khichdi, upma, idli with curd, or light roti sabzi work well.

1:00 PM Lunch with curd if possible

Two to three tablespoons of plain, full-fat, unsweetened curd adds live cultures, one of the most practical additions to the recovery diet.

4:00 PM Light snack

A banana or a small handful of nuts prevents blood-sugar dips that raise stress hormones, which measurably slow gut recovery.

7:30 PM Dinner, light and easy to digest

Keep it lighter than usual: moong dal, simple sabzi, roti or rice. Heavy evening meals interfere with overnight repair.

9:00 PM PM capsule before bed

Taken before sleep deliberately. As motility slows overnight, probiotic bacteria have more time to adhere to the lining undisturbed.

9:30 PM Sleep, 7 to 8 hours

Growth hormone in deep sleep supports lining repair and lower overnight cortisol lets good bacteria proliferate. Treat sleep as part of the protocol.

The stress connection: your gut has its own nervous system

The gut-brain axis runs both ways. High stress raises cortisol, which suppresses beneficial bacteria and increases gut permeability. Managing stress during your 14 days is a genuine recommendation, not a lifestyle nicety. Even 10 minutes of walking, simple breathing, or rest without screens measurably helps.

CHAPTER SEVEN

07

When to Manage at Home vs See a Doctor

Most post-antibiotic symptoms resolve on their own with proper support and need no medical attention. But some warrant a doctor. Knowing the difference matters.

Normal symptoms, manage at home

These are common, expected, and typically resolve within the 14-day window with proper diet and support: loose stools or slightly increased frequency in the first week; bloating and gas, especially days 3 to 5; mild cramping or discomfort after eating; reduced appetite for the first 5 to 7 days; fatigue as your body does repair work; slight morning nausea; and a temporary change in stool colour in the first 3 days.

See a doctor if you experience any of these

Watery diarrhoea persisting beyond day 7, especially if severe or with cramping. Blood in stool at any point. Fever above 38.5 C. Severe or localised abdominal pain that worsens over time. No improvement by day 10 on a structured protocol. Signs of dehydration such as dark urine, dizziness or dry mouth. A white coating on the tongue or other signs of fungal overgrowth.

Special populations

Always consult your doctor first if you are pregnant, breastfeeding, immunocompromised, or have a significant pre-existing condition. This guide is written for otherwise healthy adults.

A note on C. difficile

Clostridioides difficile, or C. diff, is a bacterium that can overgrow when the normal microbiome is severely disrupted. It produces toxins that cause severe diarrhoea and inflammation. It is relatively uncommon in otherwise healthy young adults but more common after multiple courses or in hospital settings. If your diarrhoea is watery, frequent (more than 3 to 4 times daily) and persisting beyond day 5 to 7 without improvement, see a doctor. C. difficile needs specific medical treatment and cannot be managed with probiotics alone.

CHAPTER EIGHT

08

After Day 14: Keeping What You Have Built

Completing a structured 14-day recovery is a real achievement. The populations you rebuilt need ongoing support to stay established. Here is what to do after the protocol ends.

The maintenance phase

After 14 days your gut is significantly closer to its pre-antibiotic state, but the rebuilt populations are not yet fully consolidated. These habits across weeks 3 to 8 sharply reduce the chance of regression.

- **Daily curd.** Two to three tablespoons of plain, full-fat curd with at least one meal, ongoing live-culture support at a maintenance level.
- **Prebiotic fibre daily.** Garlic, onion, banana, oats and legumes feed the bacteria you established and help them hold their ground.
- **Limit alcohol and sugar for weeks 3 to 6.** Both disrupt the microbiome, and the first weeks after antibiotics are when the new populations are most vulnerable.

Before your next antibiotic course

If you need antibiotics again, begin *Saccharomyces boulardii* on the day you start the course, not after you finish. Because it is resistant to antibiotics, its presence during the course significantly reduces the severity of disruption. When you finish, continue the full recovery protocol for the remaining 14 days.

On ongoing probiotic use

You do not need high-dose probiotics indefinitely. Intensive supplementation provides a large bacterial load during the critical recolonisation window when your natural populations are depleted. Once recovery is complete, a diverse diet rich in fermented foods and prebiotic fibre is enough for most healthy adults. If you have recurring gut issues, frequent courses, or symptoms beyond the 14-day window, consult a gastroenterologist or nutritionist.

The protocol built for everything in this guide

This guide gives you the science and the framework. The Aegis 14-Day Protocol was formulated to put it into practice, with delayed-release capsules, named and dosed strains, and the AM/PM structure the evidence supports.

Aegis 14-Day Recovery Protocol

AM Shield™ *Saccharomyces boulardii* (CNCM I-3799) with Zinc Bisglycinate, to support the gut through the day and during a course.

PM Rebuilder™ *Lactobacillus rhamnosus* GG (ATCC 53103) and *Bifidobacterium lactis* (BI-04) with L-Glutamine, in delayed-release capsules built to reach the gut overnight.

Launching shortly at Rs. 2,499. Reserve your spot at aegisprotocol.in to lock the price and be among the first to receive it.

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