

THE ANCESTRAL STOMACH SEAL

The 21-Day West African Plant Protocol
for a Healthier Gastric Environment



Biodun Adeyemi

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IMPORTANT DISCLAIMER

This guide is for educational and informational purposes only.

The information in this guide is based on traditional West African plant knowledge and publicly available peer-reviewed research. It is not intended to diagnose, treat, cure, or prevent any disease or medical condition. Statements in this guide have not been evaluated by any regulatory authority.

This guide does not replace professional medical advice, diagnosis, or treatment. Always consult a qualified healthcare provider before making changes to any medication or treatment plan -- including stopping or reducing any prescribed medication. If you are experiencing severe symptoms, seek medical attention immediately.

Individual results will vary. Personal experiences referenced in this guide represent individual outcomes and are not a guarantee of similar results for every reader.

Where This Protocol Came From

My name is Biodun Adeyemi. I am 44 years old, born in Ibadan, Oyo State, and based in Lagos for most of my adult life. I run an import distribution business. I have a wife, two daughters, and a professional life that requires presence, capability, and control -- none of which was easy to maintain for four years while my stomach quietly ran my decisions.

In 2019 the ulcer began. By 2021 I was managing it silently -- plain rice at my daughter's naming ceremony, calculated orders at client dinners, incognito browser searches after the house was asleep. I spent over N340,000 on prescriptions, consultations, elimination diets, and remedies across four years. Nothing broke the cycle.

In March 2022, on a family visit to Ibadan, my mother's elder sister -- Mama Aduke, 74 years old, a retired nursing assistant -- watched me decline her pepper soup and said something I have not forgotten:

"This is not a sickness. Your stomach has a visitor that nobody has chased out yet. You are treating the noise the visitor is making. Nobody has removed the visitor."

She spent the next two days preparing a sequence of remedies from plants in and around her compound -- scent leaf, unripe plantain, a garlic and ginger preparation she described as her own mother's formula. She told me precisely how to prepare each one, in what order, and for exactly three weeks.

By Day 9, I ate breakfast without thinking about my stomach for the first time in two years. By Day 21, the burning had significantly subsided. Three months later, I attended my business partner Emeka's housewarming in Ajah and ate pepper soup, suya, and drank one beer -- without a single excuse, a calculation, or a trip to the bathroom.

I spent the following year working with a pharmacognosy researcher based in Lagos to understand the science behind what Mama Aduke had done. This guide is that documentation.

Read the guide tonight. Begin tomorrow morning.

-- Biodun Adeyemi, Lagos / Ibadan



INTRODUCTION

The Visitor Nobody Told You About

You have been managing this condition for longer than you want to admit.

Maybe it started with an occasional burning after pepper soup. Then it became something that showed up whenever you were under pressure -- a difficult client, a bad week, a family situation that would not resolve. Then somewhere between the first blister pack and the fourth prescription renewal, it became your morning routine. Before water. Before prayer. The white capsule. Then you could start your day.

You are not here by accident. You Googled. You tried the bitter leaf. You did the coconut water thing someone on a WhatsApp group swore by. You had a stretch of maybe five days -- once, eight days -- where you thought: this time, it is actually gone. And then it came back.

The Visitor

In 1983, two Australian doctors -- Barry Marshall and Robin Warren -- made a discovery that overturned fifty years of medical understanding about stomach ulcers. They found a bacteria living inside the stomach lining itself. It was called *Helicobacter pylori*. *H. pylori*.

After 1983, the understanding changed permanently: in the majority of recurring peptic ulcer cases, the root cause is not acid at all. It is a bacterial infection. The acid damage is what happens after the bacteria has already compromised the stomach's protective lining.

Marshall and Warren won the Nobel Prize in Medicine in 2005. More than forty years after *H. pylori* was formally identified, many Nigerian patients are still being managed for the symptom -- acid -- rather than the cause.

Research note

Nigeria H. pylori prevalence: 87.7% -- highest of any country globally (Gastroenterology, Hooi et al., 2017).

Africa carries the highest regional H. pylori prevalence in the world at 70.1% (World Gastroenterology Organisation).

H. pylori typically acquired in childhood through contaminated water or household transmission.

Why Omeprazole Cannot End the Cycle

Omeprazole is a proton pump inhibitor. It blocks the acid-producing cells in the stomach from producing acid. When there is less acid, the tissue that H. pylori has compromised is less irritated, the burning reduces, you feel better. This is why omeprazole works while you take it.

But omeprazole was not designed to address H. pylori. Research published in Gastroenterology confirms that proton pump inhibitor therapy -- even when continued for years -- does not eradicate H. pylori. The bacteria stays in the stomach lining. When you stop the omeprazole, acid production returns, the compromised tissue is exposed again, symptoms return.

"The cycle you have been living -- temporary relief, return of symptoms, another prescription -- was not caused by anything you did wrong. It was predicted by the pharmacology from the first day the prescription was written."

What Nigerian Grandmothers Knew Before the Science Said So

This protocol uses seven West African plant compounds in a specific, sequenced combination. Each addresses the gastric environment from a different biological angle. Alone, any one of them may produce temporary relief. Together, in the right sequence, across 21 days, they work as a system.

The protocol runs across three phases: Phase 1 (Days 1-7) establishes a protective mucosal foundation. Phase 2 (Days 8-18) introduces the full seven-compound Ancestral Restoration Sequence. Phase 3 (Days 19-21 and beyond) transitions into sustainable long-term maintenance.

QUICK WIN -- Do This Tonight, Within 20 Minutes of Reading This

What you need:

- 1 tablespoon fresh aloe vera gel (clear inner gel, no aloin layer)
- 2 tablespoons unripe plantain flour (fully green plantain only)
- 200ml room-temperature water

How: Mix plantain flour into water until smooth. Add aloe vera gel, stir. Drink slowly on a completely empty stomach over 3-5 minutes. Wait 20 minutes before eating anything else.

Why: Leucocyanidin in unripe plantain stimulates gastric mucosa growth. Aloe vera gel adds a cytoprotective coating layer. Together they establish the first line of mucosal protection -- before anything else arrives.

Both ingredients available at any Nigerian market. This costs less than a single blister pack.



CHAPTER ONE -- PHASE 1

Days 1-7: The Pre-Repair Sequence

Before the full seven-compound protocol begins, your stomach needs a week of preparation. If you have been taking omeprazole for months or years, your acid-producing system has been suppressed. When you stop, those cells do not return to normal function gently. They overcompensate. For a window of roughly three to seven days, acid levels can temporarily run higher than they did before you started the medication.

This is rebound acid hypersecretion. It is not the protocol failing. Phase 1 exists to carry you through that window with the two most mucosal-supportive compounds in the protocol already working.

Know Your Profile First

Identifying your primary profile does not change the protocol -- the 21 days works for all three. But it tells you which triggers to watch most carefully.

TOOL 1 -- Symptom Profile Identifier

Read each question. The profile with most matches is your primary type.

WHEN DOES BURNING TYPICALLY OCCUR?

H. Pylori Likely: Often on empty stomach or before meals, especially in the morning.

NSAID-Related: Often after or during a dose of aspirin, ibuprofen, or diclofenac.

Stress-Gastritis: During or after periods of high pressure -- work, conflict, financial anxiety.

DOES EATING TEMPORARILY RELIEVE THE BURNING?

H. Pylori Likely: Yes, frequently -- food buffers the acid exposure temporarily.

NSAID-Related: Sometimes helps; sometimes worsens.

Stress-Gastritis: Variable -- no consistent relationship.

HAVE YOU USED OMEPRAZOLE LONG-TERM WITH RETURNING SYMPTOMS AFTER STOPPING?

H. Pylori Likely: Very common -- this is the cycle H. pylori causes.

NSAID-Related: Less typical unless NSAID use continues.

Stress-Gastritis: Possible, especially if stress has remained high.

DO YOU EXPERIENCE BLOATING OR NAUSEA ALONGSIDE BURNING?

H. Pylori Likely: Often -- these are common H. pylori symptoms.

NSAID-Related: Less common unless gastric lining is significantly damaged.

Stress-Gastritis: Sometimes -- particularly nausea before a stressful event.

YOUR PRIMARY PROFILE: _____

A Word About Your Current Medication

This guide does not tell you to stop omeprazole. That decision belongs to you and your doctor -- not to this guide. The 21-day protocol works whether you continue omeprazole or not. All seven plant compounds are compatible with concurrent omeprazole use at protocol doses.

If you stop omeprazole at Day 1 and burning increases significantly on Days 3, 4, or 5 -- that is the rebound window. It is expected. The FAQ chapter has a specific section on exactly what to do. Read it before Day 3 so you are prepared, not surprised.

The Phase 1 Compounds

Phase 1 uses two compounds only. This is deliberate. The most common reason protocols fail is that people try to do too much too fast. Two drinks, one in the morning, before anything else. Seven days of that foundation before the full sequence begins.

Compound 1: Unripe Plantain Flour Drink

The operative word is unripe. Green. Fully green, no trace of yellow on the skin. The active compound -- leucocyanidin, a flavonoid identified by chromatography and HPLC -- does not soothe, does not suppress. It stimulates the growth of the gastric mucosa itself. Structural repair, not symptom management.

Research note

Leucocyanidin from unripe plantain: significant protective effects against aspirin-induced gastric erosions (Journal of Ethnopharmacology, Lewis et al., 1999).

Anti-ulcerogenic action operates by stimulating gastric mucosa growth -- structural regeneration, not symptom management (British Journal of Pharmacology, Best et al., 1984).

Unripe plantain at 100mg/kg: 80.18% gastric ulcer protection vs cimetidine standard at 72.07% -- not statistically different (African Journal of Pharmacy and Pharmacology, 2014).

CRITICAL: Ripe plantain and ripe banana are inactive. Only the unripe form contains the active leucocyanidin compound.

Compound 2: Aloe Vera Gel

Aloe vera arrives first every morning and last every night because those are the two highest-exposure moments for the gastric lining. First thing in the morning, the stomach is empty, fasted, unprotected -- the aloe gel coats it before anything else arrives. Last thing at night, the stomach begins its longest fasting period -- the aloe gel seals it before that overnight window begins.

Use ONLY the clear inner gel of Aloe barbadensis miller. The yellow aloin layer is a powerful laxative at these quantities of daily use. Drain it completely before extracting the gel.

PHASE 1 DAILY RITUAL -- MORNING (Days 1-7)

Time: First thing in the morning, before water, food, or anything else.

Step 1: Aloe vera gel drink. 1 tbsp gel in 200ml room-temperature water. Drink slowly.

Step 2: Wait 5 minutes.

Step 3: Unripe plantain flour drink. 2 tbsp in 200ml room-temperature water. Stir smooth. Drink immediately.

Step 4: Wait 20 minutes before eating or drinking anything else.

Two drinks. 25 minutes total. No evening routine in Phase 1.

Days 3-5: The Window You Need to Know About

What nobody told you: when your stomach's acid-producing cells have been suppressed by a proton pump inhibitor for months, removing that suppression does not bring them gently back to normal. They overshoot. For three to seven days, they temporarily produce more acid than your pre-medication baseline. This is rebound acid hypersecretion -- a documented, predictable pharmacological effect.

"If burning increases on Days 3-5, continue the protocol exactly as described. Do not reach for omeprazole. If the pain is genuinely severe, one standard chalk antacid tablet (calcium carbonate -- not omeprazole, not any prescription acid suppressant) can provide brief relief without resetting the suppression cycle."

On Day 6, shop for your Phase 2 ingredients. The Appendix lists exact market locations by city. By Day 7, the rebound window has closed or is closing. One finding worth holding as you move into Phase 2: in a meta-analysis of eight randomised controlled trials, allicin -- the active compound in raw garlic -- produced an H. pylori eradication rate of approximately 93.81% as an add-on treatment. That number, and what it means for how this protocol works, is in Chapter Two.



CHAPTER TWO

The Seven-Herb Dossier: What Each Plant Is Actually Doing

Read this chapter once before Day 8. You do not need to memorise it. You need to understand it -- because when you understand what each compound is doing and why it is in the sequence, Phase 2 stops being a discipline exercise and becomes a strategy you are executing with intention.

Every single method you tried before this one -- the garlic water, the ginger tea, the bitter leaf -- worked. Just not alone. Not without the rest of the team. This chapter explains why.

The research profiles below were verified against peer-reviewed published literature with the assistance of a pharmacognosy researcher based in Lagos. All citations are real and traceable.

■ Scent Leaf

Ocimum gratissimum -- Efinrin (Yoruba) / Nchanwu (Igbo) / Daidoya (Hausa)

Primary action: Mucosal protection + anti-inflammatory -- the evening compound that works while you sleep.

You know this plant. It is in your kitchen. It goes into the jollof rice base, into pepper soup, into the fried stew. What you did not know is that the same leaf your family has been cooking with for generations has been formally studied for stomach protection -- and at doses above 400mg/kg, the extract was more effective than cimetidine, a standard pharmaceutical antiulcer drug.

Research note

Methanol extract at 400mg/kg: more effective than cimetidine against ethanol-, indomethacin-, and stress-induced ulcers (International Journal of Pharmacology, Akah et al., 2007).

Duration-dependent reduction of ulceration in stomach and duodenum (Journal of Anatomical Sciences).

■ Unripe Plantain

Musa paradisiaca -- Ogede (Yoruba) / Ogiri-isi (Igbo) / Ayaba (Hausa)

Primary action: Mucosal regeneration -- the only compound that tells the stomach lining to rebuild itself.

Leucocyanidin does something that most plant compounds do not do. It does not soothe. It does not suppress. It stimulates the growth of the gastric mucosa itself. Structural repair. Ripe plantain is inactive for this purpose -- the leucocyanidin degrades as the fruit ripens. Buy green. Prepare from green.

Research note

Leucocyanidin: significant protective effects against aspirin-induced gastric erosions (Journal of Ethnopharmacology, Lewis et al., 1999).

80.18% gastric ulcer protection at 100mg/kg -- not statistically different from cimetidine at 72.07% (African Journal of Pharmacy and Pharmacology, 2014).

■ Papaya Leaf

Carica papaya -- Ibepe (Yoruba) / Okwuru-ojo (Igbo) / Gwanda (Hausa)

Primary action: Antibacterial against *H. pylori* + antioxidant -- tested against Nigerian *H. pylori* isolates specifically.

Not the fruit. The leaf. A 2019 study from the Federal University of Technology, Akure -- using *H. pylori* isolated from actual ulcer patients in Ondo State, Nigeria -- found the ethanolic extract of papaya leaf was the most potent of three plants tested against those isolates. Real Nigerian patients. Real *H. pylori*. The compound performed against the strains actually circulating in the population this protocol is built for.

Research note

Most potent of three plants tested against H. pylori isolates from Ondo State ulcer patients (IJBMR, Federal University of Technology Akure, 2019).

Active compounds: carpaine, flavonoids, alkaloids, tannins, terpenoids, saponins, glycosides.

■ Raw Garlic

Allium sativum -- Ayu (Yoruba) / Ajo (Igbo) / Tafarnuwa (Hausa)

Primary action: Antibacterial against *H. pylori* -- 93.81% eradication rate in clinical trial meta-analysis.

A systematic review of eight randomised controlled trials involving 867 participants found allicin as an add-on treatment produced an *H. pylori* eradication rate of approximately 93.81%. The healing rate of ulcers in the allicin group was 86.17% versus 75.87% in controls. **CRITICAL**

PREPARATION: Allicin does not exist in an intact garlic clove. It is produced when alliinase reacts with alliin -- only when the clove's cells are broken by crushing or chopping. Crush. Wait exactly 10 minutes. Consume raw. Every day of Phase 2.

Research note

Meta-analysis of 8 RCTs (867 participants): allicin add-on achieved ~93.81% H. pylori eradication (PubMed Central, Si et al., 2019).

Garlic oil, powder, and allicin all showed anti-H. pylori effects; allicin demonstrated highest potency (ASM Journals).

PREPARATION CRITICAL: Crush or chop then wait 10 minutes before consuming. Cooking destroys allicin.

■ Ginger Root

Zingiber officinale -- Jinja (Yoruba) / Jinja (Igbo) / Citta (Hausa)

Primary action: Anti-inflammatory + antimicrobial + mucin stimulation -- the only compound used twice daily, morning and evening.

A clinical pilot study gave *H. pylori*-positive patients 3g ginger powder daily for four weeks. The ginger group achieved a 53.3% *H. pylori* eradication rate and significant improvement in most dyspepsia symptoms. A separate randomised double-blind trial found that even 2g ginger alongside standard peptic ulcer treatment significantly increased treatment efficacy. Ginger's role in this protocol is amplification -- it strengthens everything working alongside it.

Research note

Clinical study: 3g/day ginger for 4 weeks produced 53.3% H. pylori eradication in positive patients (Iranian Journal of Medical Sciences, 2019).

Separate RCT: 2g ginger alongside standard PUD treatment significantly increased efficacy (ScienceDirect, 2024).

Add honey only after liquid cools below 40 degrees C -- above this temperature, active compounds in raw honey are denatured.

■ Aloe Vera

Aloe barbadensis miller -- Eti-erin (Yoruba) / Ebube-agu (Igbo)

Primary action: Cytoprotective -- first every morning, last every night. The coating that protects everything else.

Acemannan -- the primary active polysaccharide in aloe vera gel -- has been studied for anti-inflammatory, mucosal-supporting, and immune-modulating properties in gastric tissue.

Acemannan does not kill bacteria. It supports the environment -- the tissue itself -- that all the other compounds are working to protect and restore. Use ONLY Aloe barbadensis miller -- the thick, fleshy-leaved variety. Avoid the yellow aloin layer completely.

Research note

Aloe vera: significant effects in peptic ulcer disease treatment via cytoprotective and anti-H. pylori activities (PMC peer-reviewed review).

Acemannan: anti-inflammatory, mucosal-supporting, and immune-modulating properties in gastric tissue.

■ Turmeric

Curcuma longa -- Ata ile pupa (Yoruba) / Ohu ewu (Igbo)

Primary action: Antibacterial against H. pylori + NF-kB suppression -- effective ONLY when prepared correctly with black pepper and fat.

Why has turmeric tea not worked for you before? Bioavailability. Research published in *Planta Medica* found piperine -- black pepper's active compound -- increases curcumin bioavailability by 2,000% in healthy human volunteers, measured by serum levels, by inhibiting its metabolic breakdown. Not twenty percent. Two thousand. The pinch of black pepper in this protocol's turmeric preparation is not flavour. It is the activation mechanism. The fat vehicle (coconut milk or oil) is also non-negotiable.

Research note

Curcumin inhibited all 65 clinical H. pylori isolates tested, MIC 5-50 mcg/ml irrespective of strain makeup (Antimicrobial Agents and Chemotherapy, Mahady et al., 2009).

Curcumin suppresses NF-kB -- the exact inflammatory pathway H. pylori activates to damage mucosal tissue.

Piperine increases curcumin bioavailability by 2,000% in healthy human volunteers (Planta Medica, Shoba et al., 1998).

Why These Seven -- And Why Not One More, One Less, or One Different

Garlic alone covers antibacterial. It does not cover mucosal coating, mucosal regeneration, mucin stimulation, or antioxidant protection. Ginger alone covers anti-inflammatory and some antimicrobial action. It does not cover mucosal regeneration or the specific NF-kB pathway. Aloe vera covers cytoprotection. It does not cover the bacteria at all.

You need all seven because the gastric environment has seven problems operating simultaneously. One herb addresses one or two. Seven herbs, in sequence, address all of them.

The Seven Mechanisms -- Why the Full Sequence Is the Protocol

Mucosal coating and protection: Aloe vera and unripe plantain.

Mucosal regeneration: Unripe plantain -- leucocyanidin stimulating the lining to rebuild.

Direct antibacterial against H. pylori: Raw garlic (allicin), papaya leaf, turmeric (curcumin) -- three different mechanisms, different binding sites.

Anti-inflammatory -- systemic: Ginger, scent leaf, turmeric.

Anti-inflammatory -- site-specific: Turmeric suppresses NF-kB -- the exact pathway H. pylori activates.

Mucin secretion stimulation: Ginger -- continuously replenishing what H. pylori depletes.

Antioxidant: Papaya leaf and scent leaf -- countering H. pylori's secondary oxidative damage mechanism.

"The sequencing within the morning ritual matters as much as the compounds themselves. Mucosal coating compounds arrive first -- on an empty stomach -- so the lining is protected before the antibacterial compounds follow. Chapter Three shows you exactly how this is executed, step by step, every day of Phase 2."



CHAPTER THREE -- PHASE 2

Days 8-18: The Ancestral Restoration Sequence

Phase 2 is eleven days. Twice daily -- a morning sequence and an evening sequence. The morning ritual takes approximately 25 minutes from the first drink to the point where you can eat breakfast. The evening ritual takes approximately 15 minutes. In the context of years of recurring symptoms, that is not a large ask.

Read through the full sequences below before Day 8. Then use the Ritual Cards in the tool box as your daily reference.

The Morning Sequence -- Steps 1 Through 6

Run on a completely empty stomach. Nothing before this. Not water, not tea, not medication. The mucosal coating compounds need to arrive first.

Step 1 -- Aloe Vera Gel Drink

1 tablespoon of fresh aloe vera gel in 200ml room-temperature water. Drink slowly -- over two to three minutes. Give it contact time with the stomach lining. Wait five minutes before Step 2.

Step 2 -- Unripe Plantain Flour Drink

2 tablespoons of unripe plantain flour in 200ml room-temperature water. Stir vigorously until completely smooth. Drink immediately -- it thickens within minutes. Steps 1 and 2 together are the mucosal platform. Wait ten minutes after Step 2 before Step 3.

Step 3 -- Raw Garlic (10 minutes after Step 2)

Crush one medium garlic clove firmly -- the cell walls must be broken. Set a timer for 10 minutes. Use this time to prepare Steps 4 and 5 -- measure your papaya extract, mix your turmeric. After 10 minutes: consume garlic raw. Chase with water. If the taste is difficult, a teaspoon of raw honey immediately after makes it manageable without reducing efficacy.

Step 4 -- Papaya Leaf Extract

2 tablespoons of prepared papaya leaf extract. Drink quickly. Chase with a full glass of water. The bitterness is a quality signal -- it tells you the alkaloids and flavonoids are present at the right concentration.

Step 5 -- Turmeric Preparation (with breakfast)

1 teaspoon turmeric + pinch black pepper + fat vehicle (coconut milk or oil). Mix into a portion of breakfast food. The black pepper and fat vehicle are not optional -- they are the bioavailability mechanism.

Step 6 -- Ginger-Honey Preparation (with or after breakfast)

Fresh ginger grated or sliced, steeped in hot water (not boiling) 8 minutes, strained, cooled below 40 degrees C, then one teaspoon raw honey added. Drink alongside or after breakfast.

"Steps 1 and 2: empty stomach, mucosal coating first. Steps 3 and 4: antibacterial compounds on a protected lining. Steps 5 and 6: anti-inflammatory compounds with food. The order is the protocol. Changing the order changes what the compounds can do."

The Evening Sequence -- Steps 7 Through 9

At least two hours after the last meal. Approximately 30 minutes before sleep.

Step 7 -- Ginger-Honey Preparation

Same preparation as morning Step 6. The evening dose maintains the anti-inflammatory environment through the overnight fasting hours when the stomach is most actively repairing tissue.

Step 8 -- Scent Leaf Tea

8-10 fresh scent leaves, washed, bruised, steeped in hot (not boiling) water 10 minutes, covered, strained. Drink slowly. Scent leaf is the only compound exclusively in the evening sequence -- its calming, anti-inflammatory action is specifically suited to the overnight repair state.

Step 9 -- Aloe Vera Gel

1 tablespoon of fresh aloe vera gel, taken neat or with a small amount of water, immediately before lying down. This is the overnight seal -- the last protective layer placed on the stomach lining before the

hours of fasting ahead. Thirty seconds. Do not skip it.

TOOL 2 -- Phase 2 Ritual Cards (Save to Phone or Print for Kitchen)

MORNING RITUAL -- Days 8-18 -- Empty stomach

Step 1 Aloe vera gel drink -- 1 tbsp gel in 200ml room-temp water. Drink slowly. Wait 5 mins.

Step 2 Plantain flour drink -- 2 tbsp in 200ml room-temp water. Stir smooth. Drink immediately. Wait 10 mins.

Step 3 Raw garlic -- crush 1 clove. Set timer 10 minutes. Prepare Steps 4 and 5 during wait. After 10 mins: consume garlic raw. Chase with water or honey.

Step 4 Papaya leaf extract -- 2 tbsp. Drink quickly. Chase with full glass of water.

Step 5 WITH BREAKFAST -- Turmeric + pinch black pepper + fat vehicle (coconut milk or oil).

Step 6 WITH BREAKFAST -- Ginger-honey tea. Fresh ginger, steep 8 mins, cool below 40 degrees C, add honey.

Total time: approximately 25 minutes before eating, plus breakfast.

EVENING RITUAL -- Days 8-18 -- 2 hours after last meal, 30 mins before sleep

Step 7 Ginger-honey tea -- same as morning Step 6.

Step 8 Scent leaf tea -- 8-10 leaves bruised, steeped 10 mins covered. Drink slowly.

Step 9 Aloe vera gel -- 1 tbsp neat. Immediately before lying down. Last action of every day.

Total time: approximately 15 minutes.

What You Will Notice -- and When

Days 8-11 (Adjustment): The full sequence is new to your body. Some people experience mild changes in bowel habit. This is normal and typically resolves by Day 11. The garlic breath is real -- carry gum. It diminishes after the first week.

Days 12-14 (The First Signal): For most people, this is when the first clear change appears. A morning where you do not automatically perform the pain assessment before getting out of bed. A meal that passes without the usual calculation. Note it. Write it down.

Days 15-18 (Consolidation): By this point most people report significantly reduced burning frequency, improved appetite, and the ability to eat foods that were previously triggering symptoms without automatic consequence.

Before Chapter Four walks you through the maintenance ritual, the pepper reintroduction sequence, and the stress-stomach protocol -- it opens with something different. A brief pause. A recognition of what it actually cost you to carry this condition for as long as you did. Read it before you skip to the practical material. Some readers have said it was the most important part of the guide.



CHAPTER FOUR -- PHASE 3

Days 19-21 and Beyond: The Long Game

Before the maintenance protocol. Before the two ingredients and the five minutes once a week. There is something worth saying first.

You have been managing this condition for longer than you told anyone. The full length of it -- the years of it, the private weight of it -- you have been carrying mostly alone. Not because you could not have told people. Because you are the kind of person who holds things together.

So you sorted it privately. You managed the plate at the naming ceremony. You excused yourself at the client dinner. You Googled in private browser mode. You took the capsule every morning before anyone else was awake and put it back in the drawer before your wife came to the kitchen.

Twenty-one days ago, you chose a different approach. And you followed it through.

"You are no longer managing a condition. You are maintaining a result. Those are not the same position. One is defensive. The other is forward."

The Weekly Maintenance Ritual -- Two Ingredients, Once a Week

After Day 21, the full twice-daily protocol simplifies to a single weekly practice. Two compounds, once weekly, on an empty stomach, first thing in the morning.

WEEKLY MAINTENANCE RITUAL -- From Day 22, Every Week

When: Once weekly, same day each week. Sunday morning is practical for most people.

Compound 1 -- Aloe vera gel drink: 1 tbsp gel in 200ml room-temperature water. Drink slowly. Wait 5 minutes.

Compound 2 -- Ginger-honey preparation: Fresh ginger (thumb-sized), grated, steeped in hot water 8 minutes, strained, cooled below 40 degrees C, 1 tsp raw honey added. Drink slowly.

Total time: Approximately 5 minutes active preparation. 15 minutes including the wait.

If you miss a week: Resume the following week. This is not a streak. Missing one week does not undo what 21 days built. Missing three or four consecutive weeks without noticing is the early warning -- that is when problems can quietly re-establish themselves.

Bringing Pepper Back -- The Reintroduction Sequence

The goal was never to tell you that you cannot eat pepper again. The goal was to get your stomach to a state where pepper is a choice rather than a calculation.

Week 4 (Days 22-28) -- The First Test

Add a small amount of dried pepper to cooked food. Not pepper soup. Not suya. A light stew, less pepper than normal, eaten with other food already in the stomach. Never on an empty stomach. After the meal: wait two hours. Observe honestly.

- No reaction: your lining is responding well. Move to Week 5.
- Mild warmth or brief discomfort resolving within 30 minutes: within normal range. Stay at Week 4 level another week, then advance.
- Significant burning lasting more than 30 minutes: return to Phase 1 compounds for 3 days, then retry.

Week 5 -- Building

Normal tomato stew with a moderate pepper base, eaten with rice or yam as part of a full meal. Same two-hour observation.

Week 6 -- Moderate Pepper in Soup

A small bowl of pepper soup at moderate heat level -- not maximum. Eat slowly. Two-hour observation.

Week 8 -- Full Reintroduction

A normal serving of pepper soup at the level you would have eaten before your condition began. Suya. A full plate of stew without any reduction. If you pass Week 8 without significant reaction, your stomach environment has stabilised. Eat Nigerian food like a Nigerian. The protocol worked.

PEPPER REINTRODUCTION -- Quick Reference

Week 4: Small quantity dried pepper in cooked food -- not soup. Observe 2 hours.

Week 5: Normal tomato stew with moderate pepper base, eaten with a full meal.

Week 6: Small bowl of pepper soup, moderate heat. Eat slowly. Observe 2 hours.

Week 8: Full pepper soup, suya, normal stew at full level. Pass this and you are done -- eat freely.

Any week produces significant reaction: return to Phase 1 compounds for 3 days, then retry that level.

The Stress-Stomach Protocol for Busy Nigerian Professionals

When psychological stress is sustained, the hypothalamic-pituitary-adrenal axis activates. Cortisol rises. Mucosal prostaglandin production decreases. Gastric acid output increases. The same gastric environment that the 21 days worked to stabilise becomes chemically hostile again -- not because the bacteria returned, but because of the stress response your body is running.

THE FIVE-POINT STRESS-STOMACH PROTOCOL -- For High-Pressure Days

Point 1 -- The morning buffer (4 minutes): On anticipated high-pressure days, take the weekly maintenance compounds that morning regardless of schedule. Aloe vera gel drink, then ginger-honey preparation.

Point 2 -- The vagal breath (2 minutes before eating): Six slow breaths -- in for 4 counts, hold 2, out for 6. This activates the parasympathetic nervous system via the vagus nerve and measurably reduces stress-driven gastric acid output (documented in peer-reviewed autonomic nervous system research).

Point 3 -- The eating pace rule: Eat at a pace where you can hold a conversation. Never standing. Never in the car.

Point 4 -- The evening wind-down (10 minutes): On high-pressure days, drink scent leaf tea before sleep. Its calming anti-inflammatory action is most valuable on the nights when stress has been highest.

Point 5 -- Alcohol clarity: Freshly tapped palm wine in moderate quantities is least damaging. Beer increases gastric acid. Spirits taken straight are most mucosal-irritating. During Phase 2: none. From Week 4: one beer or one cup of fresh palm wine at a social occasion.

When to See a Doctor

Stop the protocol and seek qualified clinical assessment immediately if you experience any of the following:

- Black, tarry, or very dark stools -- a potential sign of upper gastrointestinal bleeding.

- Vomiting blood or material resembling coffee grounds.
- Severe, sudden abdominal pain that is different in character from your usual ulcer symptoms.
- Unexplained significant weight loss over four to six weeks.
- Pain that radiates consistently to the back.

TOOL 3 -- The Long-Term Symptom Tracker

Print this or copy to your phone notes. One row per week. Takes 30 seconds to complete.

WEEK | MAINTENANCE DONE? | SYMPTOM LEVEL (1-5) | NOTABLE TRIGGERS

Week 1 post-protocol | Yes / No | 1=none 5=significant | (e.g. suya, alcohol, work pressure)

Week 2 post-protocol | Yes / No | 1=none 5=significant |

Week 3 post-protocol | Yes / No | 1=none 5=significant |

Week 4 post-protocol | Yes / No | 1=none 5=significant |

Month 2, Week 1 | Yes / No | 1=none 5=significant |

Month 2, Week 2 | Yes / No | 1=none 5=significant |

Month 2, Week 3 | Yes / No | 1=none 5=significant |

Month 2, Week 4 | Yes / No | 1=none 5=significant |

Month 3, Week 1 | Yes / No | 1=none 5=significant |

Month 3, Week 2 | Yes / No | 1=none 5=significant |

Month 3, Week 3 | Yes / No | 1=none 5=significant |

Month 3, Week 4 | Yes / No | 1=none 5=significant |

Symptom level stays at 1-2 across Month 3: stabilised. Reduce tracker to monthly.

Symptom level rises above 3 for two consecutive weeks: return to Phase 1 compounds immediately.

Two or more missed maintenance weeks: recommit before symptoms speak.



CHAPTER FIVE

Preparation Guides: Every Recipe, Every Method, Every Detail

You do not need to read this chapter in one sitting. Read the preparation guide for each compound the day before you first use it. After you have prepared each compound once or twice, the at-a-glance box at the top of each guide is all you will need.

Nothing here requires a health food store, a juicer, or anything that needs to be ordered online. Most ingredients are available in a single market trip -- the exceptions (raw honey and aloe vera gel) may require a separate stop at a health food store or compound.

Preparation 1 -- Aloe Vera Gel

Dose	1 tablespoon per serving
Frequency	Morning Step 1 and Evening Step 9 in Phase 2; once weekly in Phase 3 maintenance
Storage	Refrigerated airtight container -- maximum 3-4 days. Prepare fresh every 3 days.
Watch out for	The yellow aloin layer -- drain it entirely before using the gel

- 1. Select a mature outer leaf.** Cut at the base with a clean knife.
- 2. Stand the leaf cut-end down** in a glass for 10-15 minutes. Yellow liquid (aloin) will drain. Pour it away entirely. Do not use it.

- 3. Lay the leaf flat.** Slice off the green skin from both surfaces. You are left with the clear, translucent inner gel.
- 4. Check the colour.** The gel should be clear to very faintly yellow. If deeply yellow or strongly bitter, rinse with clean water and proceed.
- 5. Scoop the gel** into an airtight container with a clean spoon. Store in the refrigerator immediately.
- 6. To prepare the drink:** measure 1 tablespoon of gel into 200ml of room-temperature water. Stir until the gel dissolves. Drink immediately.

Buying commercially: use only 99% pure aloe vera gel with no added preservatives, colour, fragrance, or alcohol.

Preparation 2 -- Unripe Plantain Flour

Dose	2 tablespoons per serving, mixed into 200ml room-temperature water
Frequency	Once daily in Phase 1 (morning); once daily in Phase 2 morning sequence (Step 2)
Storage	Airtight container -- 3 weeks at room temperature, 2 months refrigerated
Watch out for	Any yellow on the plantain skin means the active leucocyanidin is already degrading

- 1. Source 3-4 fully green plantains.** Peel completely. Discard the skins.
- 2. Slice into pieces approximately 3-4mm thick.** Even slicing means even drying.
- 3. Dry the slices completely.** Sun-drying: spread on a clean tray in direct sunlight for two to three full days, turning once daily. Ready when they feel completely hard and click when knocked. Oven-drying: 60-70 degrees Celsius with the door slightly ajar for 4-6 hours. Check every hour.
- 4. Grind to a fine powder.** A kitchen blender works for small batches. A local grinding mill is faster for larger quantities.
- 5. Sieve the powder.** Pass through a fine sieve. Store in a clean, airtight container immediately.

To prepare the drink: measure 2 level tablespoons into 200ml room-temperature water. Stir vigorously for 30 seconds. Drink immediately -- it thickens quickly.

Preparation 3 -- Papaya Leaf Extract

Dose	2 tablespoons per serving
Frequency	Once daily in Phase 2 morning sequence (Step 4)
Storage	Refrigerated airtight container -- maximum 2 days. Prepare every 2 days.
Watch out for	Very young pale-green leaves and yellowing leaves are both wrong -- use mature, dark-green leaves from the mid-section of the plant

Method A -- Mortar and pestle (preferred for maximum extraction):

- 1. Wash 4-5 mature papaya leaves** thoroughly under clean running water.

2. Tear the leaves roughly into pieces and pound firmly in a mortar until a dense dark-green pulp forms.

3. Transfer the pulp to a clean cloth. Squeeze firmly over a bowl to extract as much liquid as possible. Should be dark green and intensely bitter.

Method B -- Blender: wash and tear 4-5 mature leaves, blend with 80-100ml clean water for 45-60 seconds at high speed, then strain through a double layer of clean cloth, pressing firmly. Discard the pulp.

Quality check: intensely bitter -- not mildly unpleasant, but sharply bitter. A correct batch makes most people grimace. If very thick and almost black (over-extracted), dilute with a small amount of clean water before measuring your dose.

Preparation 4 -- Raw Garlic (The Allicin Method)

Dose	1 medium clove per serving
Frequency	Once daily in Phase 2 morning sequence (Step 3)
Storage	Whole garlic bulbs keep 3-4 weeks at room temperature -- prepare fresh each morning, never in advance
Watch out for	The 10-minute wait after crushing is not optional -- skipping it gives you a fraction of the active allicin

1. Select one medium garlic clove. Peel it completely. Do not use pre-peeled or pre-chopped garlic.

2. Crush or chop the clove firmly. The cell walls must be broken. Use the flat of a heavy knife blade or chop as finely as you can.

3. Leave it alone for exactly 10 minutes. Set a timer. Use this time to prepare Steps 4 and 5 of the morning sequence. This is the allicin activation window.

4. Consume the crushed garlic directly. All of it, at once. Chase immediately with 200ml room-temperature water. A teaspoon of raw honey taken in the same mouthful makes it manageable.

Do not cook it. Do not prepare it the night before -- allicin begins to degrade meaningfully within one to two hours of production, and refrigeration slows but does not stop this.

Preparation 5 -- Ginger-Honey Preparation

Dose	One cup (200ml) per serving
Frequency	Twice daily in Phase 2 (morning Step 6 and evening Step 7); once weekly in Phase 3 maintenance
Storage	Prepare fresh each time -- do not store pre-made tea overnight
Watch out for	Adding honey to hot liquid destroys the active compounds -- wait until below 40 degrees C

1. **Wash and peel a thumb-sized piece of fresh ginger root.** Grate finely or slice as thinly as possible.
2. **Place in a cup.** Pour 200ml of hot water over it -- not at a rolling boil, but producing active steam (approximately 85-90 degrees C).
3. **Cover the cup immediately** with a plate or saucer to trap the volatile compounds. Steep for exactly 8 minutes.
4. **Strain through a fine sieve.** Press the ginger solids to extract remaining liquid. Discard the pulp.
5. **Allow to cool.** Test by holding the cup against the back of your wrist -- warm, not hot. Below 40 degrees C.
6. **Add 1 teaspoon of raw, unprocessed honey.** Stir to dissolve. Drink slowly over 5-10 minutes.

Preparation 6 -- Scent Leaf Tea

Dose	8-10 fresh leaves per cup
Frequency	Once daily in Phase 2 evening sequence (Step 8); as needed on high-pressure days in Phase 3
Storage	Prepare fresh each evening -- volatile oils dissipate rapidly and the tea loses potency within hours
Watch out for	Wilted or yellowing leaves -- buy fresh every two days or keep a small plant growing in the compound

1. **Select 8-10 fresh leaves.** Bright green, firm, and strongly fragrant when pinched. Wash thoroughly.
2. **Bruise the leaves lightly.** Tear roughly with your hands or press firmly between your palms. This breaks the volatile oil glands.
3. **Place in a cup.** Pour 200ml hot (not boiling) water over them. Cover immediately with a plate or saucer. Steep for 10 minutes.
4. **Strain and allow to cool** to a comfortable drinking temperature. Drink slowly.

Do not add sugar or honey. The bitterness is your quality indicator -- you need to taste it clearly to know the extraction worked.

Preparation 7 -- Turmeric with Black Pepper and Fat Vehicle

Dose	1 teaspoon turmeric + pinch black pepper + fat vehicle
Frequency	Once daily in Phase 2 morning sequence (Step 5), taken with breakfast -- not on empty stomach
Storage	Dried turmeric powder keeps indefinitely in airtight container away from light
Watch out for	Skipping the black pepper or fat vehicle reduces bioavailability to a fraction of the effective dose -- both are required

Black pepper (piperine): Research in *Planta Medica* found piperine increases curcumin bioavailability by 2,000% in healthy human volunteers by inhibiting its metabolic breakdown. A pinch -- approximately one-eighth of a teaspoon -- added at the same time as the turmeric.

Fat vehicle: Curcumin is fat-soluble, not water-soluble. Combined with coconut oil, coconut milk, or full-fat milk, it emulsifies and crosses the intestinal membrane efficiently.

- 1. Combine 1 teaspoon of turmeric powder** with a pinch of black pepper in a small bowl.
- 2. Add 1 tablespoon of coconut oil or 2 tablespoons of coconut milk.** Stir to combine.
- 3. Take with breakfast.** Stir into a portion of food, mix into warm milk, or drink alongside your meal.

Turmeric stains. Use a dark bowl. Wash your hands immediately after handling fresh turmeric root.



CHAPTER SIX

The 21-Day Protocol Chart

Every day of the protocol in a single reference. Save to your phone or print and tape to your kitchen cabinet before Day 1.

Day	Phase	Morning Ritual	Evening Ritual	Notes
1	Phase 1	Aloe vera gel drink + Plantain flour drink	None	<i>Begin. Discuss any medication transition with your doctor first.</i>
2	Phase 1	Aloe vera gel drink + Plantain flour drink	None	--
3	Phase 1	Aloe vera gel drink + Plantain flour drink	None	<i>WARNING: Burning may increase today. This is the rebound window -- expected. Stay the course. See FAQ Q1.</i>
4	Phase 1	Aloe vera gel drink + Plantain flour drink	None	<i>Rebound window. Hold the course.</i>
5	Phase 1	Aloe vera gel drink + Plantain flour drink	None	<i>Rebound resolving. Do not stop.</i>
6	Phase 1	Aloe vera gel drink + Plantain flour drink	None	<i>Shop for Phase 2 ingredients today -- see Appendix for market locations.</i>
7	Phase 1	Aloe vera gel drink + Plantain flour drink	None	<i>Final Phase 1 day. Read Chapter Three tonight if not already done.</i>
8	Phase 2	Full 6-step morning sequence (Chapter Three)	3-step evening sequence (Chapter Three)	<i>Phase 2 begins. Use the Ritual Cards from today.</i>
9	Phase 2	Full 6-step morning sequence	3-step evening sequence	--

Day	Phase	Morning Ritual	Evening Ritual	Notes
10	Phase 2	Full 6-step morning sequence	3-step evening sequence	<i>Mild digestive changes possible this week. Normal -- see Chapter Three.</i>
11	Phase 2	Full 6-step morning sequence	3-step evening sequence	--
12	Phase 2	Full 6-step morning sequence	3-step evening sequence	<i>Optional: add a small amount of dried pepper to cooked food today. Observe for 2 hours.</i>
13	Phase 2	Full 6-step morning sequence	3-step evening sequence	--
14	Phase 2	Full 6-step morning sequence	3-step evening sequence	<i>Two-week mark. Note any changes in morning symptoms -- write them down.</i>
15	Phase 2	Full 6-step morning sequence	3-step evening sequence	--
16	Phase 2	Full 6-step morning sequence	3-step evening sequence	--
17	Phase 2	Full 6-step morning sequence	3-step evening sequence	--
18	Phase 2	Full 6-step morning sequence	3-step evening sequence	<i>Final Phase 2 day. Read Chapter Four tonight.</i>
19	Phase 3	Aloe vera gel drink + Ginger-honey preparation	Scent leaf tea + Aloe vera gel seal (optional)	<i>Transition begins. Lighter sequence.</i>
20	Phase 3	Aloe vera gel drink + Ginger-honey preparation	None required	--
21	Phase 3	Aloe vera gel drink + Ginger-honey preparation	None required	<i>Protocol complete. Weekly maintenance begins from Day 28.</i>

Post-protocol: once weekly, same day each week, empty stomach -- aloe vera gel drink followed by ginger-honey preparation. Five minutes. Indefinitely.



CHAPTER SIX -- CONTINUED

Frequently Asked Questions

Read this section in full before Day 3. These are the situations most likely to make someone stop the protocol -- and all of them have a clear answer.

Q1 -- My symptoms got worse on Days 3-5. Is this normal? Should I stop?

Do not stop.

When a proton pump inhibitor is discontinued, the acid-producing parietal cells -- suppressed for months or years -- temporarily overshoot on the way back to normal output. For three to seven days, acid levels run higher than your pre-medication baseline. This is rebound acid hypersecretion. It is a documented pharmacological effect, not a sign of worsening disease.

Continue the Phase 1 ritual exactly as described. Do not skip the morning drinks because the burning is bad -- that is precisely when they matter most.

Do not restart omeprazole. Taking it to manage the rebound resets the suppression cycle. You would be starting this window again from scratch.

If the pain is genuinely severe: one standard chalk antacid tablet (not omeprazole, not any prescription acid suppressant -- a simple calcium carbonate antacid) can provide brief relief without resetting the suppression mechanism.

By Day 7, in the overwhelming majority of cases, the rebound window has closed.

Q2 -- I am travelling for business for several days. How do I maintain the protocol?

Use the Travel Bridge Protocol. Resume the full protocol the morning after you return.

Garlic: Standardised allicin capsules -- minimum 1,000mcg allicin per capsule. One capsule twice daily with food.

Ginger: Ginger powder capsules or quality ginger tea sachets. Two capsules or one tea sachet twice daily.

Aloe vera: 99% pure aloe vera juice. Two tablespoons in room-temperature water, morning on empty stomach.

Turmeric: Carry turmeric powder and black pepper, or take a standardised curcumin capsule with piperine.

Papaya leaf extract and fresh scent leaf are paused for the duration. Travel eating rules: avoid alcohol, avoid eating very late, eat sitting down and slowly.

Q3 -- Can I use this guide while still taking omeprazole?

Yes. All seven plant compounds can be taken alongside omeprazole without known adverse interactions at protocol doses.

If you choose to continue omeprazole during Phase 1 and Phase 2, the compounds work alongside it. The question of when to stop omeprazole is one for you and your doctor. If you decide to transition off it, the right time is at the beginning of Phase 1 -- with the aloe vera and plantain compounds already in place as a mucosal buffer. Do not stop omeprazole abruptly in the middle of Phase 2.

Q4 -- I missed a day. What do I do?

Continue from where you are the following morning. Do not double-dose. Do not restart from Day 1.

Missed one day in Phase 1: resume the next morning as normal.

Missed one day in Phase 2: resume the next morning as normal. Optionally extend Phase 2 by one day past Day 18.

Missed two or three consecutive days in Phase 2: resume and extend Phase 2 by the number of days missed.

Missing a day is not failure. Stopping because you missed a day is the only version of this that does not work.

Q5 -- What does 'significant reduction in symptoms' actually mean?

Significant reduction means a noticeable, meaningful decrease in the frequency and severity of burning episodes, sufficient that your daily behaviour changes as a result.

You wake without the immediate automatic need for an antacid before anything else.

You eat a normal meal -- including moderate spice -- without consistent, predictable discomfort following it.

When burning does occur, it is less frequent, lower in severity, and shorter in duration than before the protocol.

You are making food decisions based on preference rather than pain management.

Some people experience dramatic improvement by Day 14. Others experience gradual improvement that becomes fully clear only at the six-to-eight-week mark after completing the 21 days. Both are within the normal range.



APPENDIX

Sourcing Guide -- Where to Find Every Ingredient in Nigeria

Ingredient	Lagos	Abuja	Port Harcourt	Ibadan
Scent Leaf (Efinrin/Nchanwu)	Any vegetable seller, Oshodi market, Mile 12	Wuse Market, Utako Market	Mile 1 Market, roadside vegetable sellers	Dugbe Market, Agbowo Market
Unripe Plantain (fully green)	Mile 12, any roadside fruit seller	Wuse Market, Utako Market	Rumuola Market, Mile 1 Market	Oje Market, Bodija Market
Papaya Leaves (fresh)	Compounds with pawpaw trees, Oshodi market vegetable section	Compounds, Wuse Market	Compounds, Mile 1 Market	Bodija Market, compounds
Raw Garlic	Oshodi market, Shoprite, Spar, FoodCo	Wuse Market, Shoprite	Rumuola Market, Shoprite	Dugbe Market, Shoprite
Fresh Ginger Root	Any market -- very widely available	Any market	Any market	Any market
Aloe Vera (plant or gel)	Garden centres (Ikeja, Lekki), health food stores, compounds	Garden centres, health food stores, Wuse	Health food stores, garden centres	Health food stores, some local markets
Turmeric (fresh or dried)	Oshodi, Mile 12 spice sections, health food stores, Shoprite	Wuse Market spice section, Shoprite	Markets, health food stores	Dugbe Market, Shoprite

Ingredient	Lagos	Abuja	Port Harcourt	Ibadan
Raw Honey (unprocessed)	Health food stores (Lagos Island, Ikeja, Lekki)	Health food stores, Wuse Market	Health food stores, speciality stores	Bodija Market, health food stores
Unripe Plantain Flour (ready-made)	Health food stores, Shoprite (selected), Lagos Island	Health food stores, Shoprite	Some health food stores	Health food stores, Bodija area

Storage Reference

Batch-Purchase -- Keeps 2 Weeks or More

Unripe plantain flour: 3 weeks at room temperature airtight, 2 months refrigerated.

Dried turmeric powder: Indefinitely in an airtight container away from light and moisture.

Dried ginger powder: 3-4 months. Buy as travel backup -- fresh root is always preferred.

Raw garlic bulbs: 3-4 weeks at room temperature. Buy 2 bulbs at the start of each phase.

Raw honey: Indefinitely. One jar covers the full protocol and maintenance period.

Buy Fresh -- Every 2-3 Days

Scent leaf: Wilts within 1-2 days. Buy every 2 days, or keep a small potted plant in your compound.

Fresh ginger root: 1 week at room temperature, 3 weeks refrigerated.

Aloe vera gel (extracted): Maximum 3-4 days refrigerated. Extract from a fresh leaf every 3 days.

Fresh papaya leaves: Use within 2 days of picking. Extracted juice keeps 2 days refrigerated.

Fresh unripe plantain: Source green plantains every 5-7 days for a continuous flour supply.

Approximate Cost -- Full 21-Day Supply

Approximate Lagos market prices. Prices in Abuja, Port Harcourt, and Ibadan are broadly similar.

Ingredient	Approximate Cost (21-day supply)
Unripe plantain (for flour preparation)	N800 - N1,200
Scent leaf (ongoing fresh purchase across 21 days)	N500 - N800
Fresh ginger root	N600 - N1,000
Raw garlic (2 bulbs)	N400 - N700
Fresh papaya leaves	N0 - N500 (free if from compound tree; N200-N500 at market)
Aloe vera plant or commercial gel	N800 - N1,500

Turmeric powder (small bag)	N500 - N800
Raw honey (one small jar)	N1,500 - N2,500
TOTAL APPROXIMATE	N5,100 - N8,800

The full 21-day supply costs between N5,000 and N9,000 at Lagos market prices -- less than one month of brand-name omeprazole combinations, and a fraction of what a year of acid suppressants costs. These are market ingredients that have been in Nigerian compounds for generations.

The cost of the protocol is not the barrier. The knowledge of what to do with them, and why, and in what order -- that is what was missing. Now you have it.

-- End of The Ancestral Stomach Seal: Main Guide --

By Biodun Adeyemi | Lagos / Ibadan

Your bonuses -- The H. Pylori Truth Report and The Owambe Survival Guide -- are in the separate documents included with your download.

Thank You

For trusting this protocol with your health.

You made a decision most people never make -- to stop managing the condition and start addressing it. That took more courage than it looks. I hope this protocol gives you back the table. The meal without calculation. The owambe without the blister pack.

If the protocol has worked for you -- even partially, even in ways that are still developing -- I want to hear about it. And if something was unclear, if a preparation did not go as expected, or if you have a question the guide did not answer, write to me directly. Every message is read.

therootsandremedies@gmail.com

What Comes Next

The Stomach Seal removes the visitor. But the months and years of *H. pylori* infection -- and the acid suppressants used to manage it -- leave damage the protocol was not designed to address on its own: a depleted gut microbiome, a liver taxed by years of daily medication, a stress-cortisol loop that keeps triggering flare-ups even after the ulcer is gone.

A 30-50 page guide covering the three systems the Stomach Seal works on: gut, liver, and microbiome rebuild with Nigerian fermented foods, 14-day West African diet, and a 90-day Ancestral Body Maintenance Plan. Simple, sustainable, built for you.

Follow the protocol. Trust the sequence.

Write to me when you come out the other side.

-- Biodun Adeyemi

Lagos / Ibadan

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