

Carnivor Support *Protocol*

Benefits Of The *Carnivore Diet*



Simple way
of eating



Weight loss



Higher
Testosterone



Autoimmune
disease



Lower
inflammation



Improved
digestive system



Mental
clarity



Simpler
dieting

Hormunity® Protocol That Support a Carnivore Diet

A carnivore diet is a nutrient-dense, animal-based approach centered on meat, fish, eggs, and animal fats. Many individuals experience improvements in inflammation, metabolic stability, and digestive comfort; however, **not everyone adapts smoothly**. Tolerance depends heavily on digestive strength, bile flow, stomach acid production, liver detoxification, and overall metabolic resilience.

One of the most common barriers is **insufficient hydrochloric acid (HCl)** in the stomach. Protein-rich meals require strong gastric acid to break down amino acids and prepare them for further digestion in the small intestine. When HCl is low, individuals experience bloating, heaviness, reflux, or slow digestion because meat cannot be properly denatured.

Low HCl also has a **secondary consequence** that is often overlooked: **without enough stomach acid, pancreatic enzymes do not activate**.

The acidity of stomach contents entering the small intestine is what signals the pancreas to release and activate digestive enzymes.

If this signal is weak:

- proteins remain partially undigested
- fats are not broken down fully
- nutrients are poorly absorbed
- digestion becomes heavy, slow, and uncomfortable

This incomplete digestion increases fermentation, bloating, gas, and intestinal discomfort - all of which are common when someone with weak digestion attempts a carnivore diet.

Fat tolerance is another major challenge. Carnivore diets rely heavily on animal fats, which require optimal **bile production and gallbladder contraction**. If bile is thick, stagnant, or insufficient, high-fat meals may trigger nausea, right-sided discomfort, diarrhea, or intolerance to fattier cuts of meat. Individuals with gallbladder issues or sluggish bile flow often struggle the most.

The **liver** is also placed under increased metabolic demand. High protein intake elevates nitrogen processing and detoxification requirements. When proteins are not fully digested due to low HCl and low enzyme activation, the burden on the liver intensifies - particularly the urea cycle, which detoxifies ammonia.

When protein breakdown is incomplete, ammonia levels rise, contributing to:

- brain fog
- dizziness or cloudy thinking
- headaches
- irritability and poor mood resilience
- poor sleep
- foul-smelling gas
- bloating and distension
- fatigue and low motivation

Elevated ammonia is neurotoxic and a major reason some individuals feel mentally or physically worse when attempting carnivore.

Finally, **motility and bowel regularity** depend not on fiber (which carnivore lacks), but on strong digestive mechanics: adequate HCl, bile flow, pancreatic enzyme activation, and coordinated intestinal movement. When these systems are weak, stools become dry or infrequent, and constipation or incomplete evacuation may occur.

In functional medicine, poor tolerance to carnivore is not a “failure of the diet” - it is a clear sign of underlying digestive insufficiency, bile stagnation, enzyme dysfunction, or detox overload. Supporting stomach acid, bile flow, gallbladder health, pancreatic enzyme activation, liver detox pathways, ammonia clearance, and intestinal motility allows individuals to adapt successfully and experience the benefits of a carnivore approach without discomfort.

Core Supplement *Categories*

BETAINE HCL With Pepsine™

BETAINE HCL With Pepsine™ is the foundational support for anyone transitioning to a protein-dense, animal-based diet. Adequate stomach acid is essential for proper digestion, enzyme activation, and prevention of upper-GI bacterial overgrowth.

BETAINE HCL With Pepsine™ supports:

- **Breakdown and denaturation of animal proteins** for efficient digestion
- **Activation of pepsin**, the primary enzyme responsible for protein digestion
- **Triggering release and activation of pancreatic enzymes**, which only respond to sufficiently acidic chyme
- **Prevention of protein fermentation**, which causes bloating, sulfur gas, fullness, and pressure
- **Maintenance of a sterile stomach environment**, reducing microbial survival
- **Prevention of SIBO**, as low stomach acid allows bacteria to migrate into the small intestine
- **Reduction of ammonia buildup**, which occurs when proteins are not properly digested
- **Improved absorption** of B12, zinc, iron, and amino acids
- **Faster, smoother digestion** of high-protein meals common in carnivore diets

Low stomach acid is one of the most common reasons people feel poor on carnivore. BETAINE HCL With Pepsine™ is almost always the first and most important support.

Pancreatic Enzymes & Ox Bile™

Pancreatic Enzymes with Ox Bile are the essential second step after BETAINE HCL With Pepsine™. Adequate stomach acid activates pancreatic enzyme release, while the added ox bile ensures efficient digestion and emulsification of dietary fats. This combination is especially important during a carnivore transition, where meals are protein-dense and high in fat.

PANCREATIC ENZYMES & Ox Bile™ support:

- **Complete breakdown of proteins** into absorbable amino acids
- **Superior fat digestion**, as ox bile emulsifies fats and prevents floating or greasy stools
- **Activation of lipase and protease**, which require a strong acidic signal from the stomach
- **Reduction of post-meal bloating, pressure, and abdominal heaviness**, especially after fatty or large meat-based meals

- **Lower ammonia formation**, because proteins are fully digested instead of fermenting in the gut
- **Improved absorption of fat-soluble vitamins (A, D, E, K)** through enhanced bile availability
- **Less stress on the liver and gallbladder**, since supplemental ox bile supports natural bile production and flow
- **Better tolerance of high-fat cuts**, such as ribeye, brisket, lamb, short ribs, and organ meats

LIVER & GALL BLADDER™ Synergy

Liver & Gallbladder Synergy is vital for individuals consuming a high-fat carnivore diet. Proper bile flow and gallbladder contraction are required to digest fats smoothly and to prevent nausea, fullness, or digestive discomfort.

Liver & Gallbladder Synergy supports:

- **Healthy bile production and flow**, essential for digesting high-fat meals
- **Optimal gallbladder contraction**, preventing stagnation and discomfort
- **Smoother digestion** of tallow, butter, ribeye, eggs, and fatty meats
- **Improved stool consistency**, preventing floating, pale, or greasy stools
- **Reduction of nausea** after consuming high-fat meals
- **Support for Phase I & Phase II detoxification pathways**
- **Better clearance of ammonia and metabolic waste**, allowing the liver to keep up with increased protein load
- **Reduced right-upper-quadrant pressure**, often felt after fatty meals when bile is sluggish

GLUTATHIONE Liposomal™

Glutathione Liposomal is the body's most powerful detox molecule delivered in a form that supports direct cellular absorption. High-protein diets naturally increase metabolic waste, including ammonia, making glutathione essential during carnivore transition.

GLUTATHIONE Liposomal™ supports:

- **Ammonia detoxification**, helping convert nitrogen waste safely through the urea cycle
- **Reduction of oxidative stress**, especially during ketogenic and fat-adaptation phases
- **Healthy liver function**, crucial during increased protein and fat metabolism
- **Improved mental clarity**, as glutathione helps buffer neurotoxic metabolites
- **Enhanced mitochondrial energy production**, reducing fatigue
- **Stable mood and cognitive performance**, especially during dietary shifts

- **Immune balance**, supporting a low-inflammatory environment
- **Cellular protection**, especially in individuals with high protein turnover or detox burden

Daily Motility™

Daily Motility™ is essential for maintaining regular bowel movements on a zero-fiber diet like carnivore. Motility - not fiber - is what keeps the digestive tract moving. When motility is sluggish, protein and fat remain in the intestines too long, leading to bloating, pressure, and constipation.

Daily Motility™ supports:

- **Smooth, regular bowel movements** without the need for fiber
- **Healthy peristaltic signaling**, moving food efficiently through the GI tract
- **Reduced bloating and abdominal pressure** after meat-heavy meals
- **Prevention of constipation**, which is common when transitioning to carnivore
- **Better movement of fats and proteins** through the intestines
- **Comfortable, complete elimination**, without straining or dryness
- **Improved digestive comfort**, especially in individuals with low thyroid or low vagal tone

How to Take Your *Supplements*

To support your comfort and safety, **begin with one supplement and introduce the next every three days**. This gradual approach makes it easier to recognize which product may be causing a reaction. If at any point you feel unwell or notice symptoms that concern you, pause the protocol and reassess.



Betaine HCL With Pepsine™

Dosage & Timing

Take 1 capsule mid-meal; increase to 2–4 capsules with heavy protein if needed



1-4 capsules



With meals



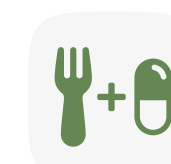
Pancreatic Enzymes™

Dosage & Timing

Take 1 capsule at first bite; 2 capsules for very high-fat meals



1-2 capsules



With meals



Liver & Gallbladder Synergy™

Dosage & Timing

Take 3 capsules after meal daily



3 capsules



1 x daily



After meals



Glutathione Liposomal™

Dosage & Timing

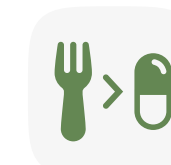
Take 1 teaspoon after meal daily



1 teaspoon



1 x daily



After meals



Daily Motility™

Dosage & Timing

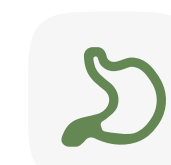
Take 2 capsules between meals; optional before bed



1-2 capsules



1 x daily



On empty stomach

Betaine HCL Pepsin: How to Use It Safely & Correctly

Betaine HCL Pepsin is a foundational supplement in SIBO treatment because adequate stomach acid is essential for protein digestion, microbial control, and preventing fermentation in the small intestine. However, **HCL must be used correctly and is not appropriate for everyone.**



CONTRAINDICATIONS (DO NOT USE HCL IF YOU HAVE):

- Active **gastric ulcer**
- Active **duodenal ulcer**
- **Erosive gastritis**
- **Esophagitis** or Barrett's esophagus
- Severe **GERD** with burning before eating
- A history of **GI bleeding**
- If you take **NSAIDs, steroids, or blood thinners** without medical supervision
- After stomach or esophageal surgery unless cleared by a provider

If unsure, consult your healthcare practitioner before using HCL.

How HCL + Pepsin Dosing Works (Always Individualized)

Your HCL dose **depends on the amount and type of animal protein** in the meal. This is why there is no single standard dose - it changes meal by meal.

General rule: more dense animal protein = more HCL needed.

- **HIGH-PROTEIN MEALS - Highest HCL Needs**
(Examples: **red meat, steak, lamb, bison, duck, pork**)
These require the **most capsules** because they demand the strongest acid.
- **MODERATE-PROTEIN MEALS - Medium HCL Needs**
(Examples: **chicken, turkey, white meat**)
Need a moderate HCL dose.
- **LIGHT-PROTEIN MEALS - Lowest HCL Needs**
(Examples: **fish, shrimp, eggs**)
Typically require **less** HCL.

How to Find Your Perfect HCL Dose (Burn-Test Method)

You must find your **individual tolerance** because stomach acid requirements differ for every person and every meal.

STEP 1 - START LOW

At your next **animal-protein meal**, take: **1 capsule** of HCL Pepsin with the first bites of food.

STEP 2 - OBSERVE

If you feel nothing, next meal increases to: **2 capsules**.

If still nothing, next meal: **3 capsules**.

...and so on.

STEP 3 - STOP AT THE "BURN"

When you reach the point where you feel: mild warmth / slight burning / heat in the stomach - you have exceeded your ideal dose **slightly**.

STEP 4 - ADJUST

At the next identical meal, **reduce by 1 capsule**.

That is **your correct dose** for that type of meal.



Important Safety Limits

- Do **NOT** exceed **3000 mg** HCL per meal.
- Dose can change **every meal** depending on protein type and
- amount.
- Do NOT take with meals **without** animal protein.

Conclusion

Digestion begins long before food reaches the stomach - it starts in the mouth. Proper chewing is essential, especially on a carnivore diet where meals are dense, fibrous, and high in protein. The stomach does **not** have teeth; it relies entirely on you to mechanically break down food before it arrives. When meat is swallowed in large chunks, the stomach must work significantly harder, often resulting in heaviness, bloating, reflux, or incomplete digestion.

Steak in particular requires extensive chewing. Its dense structure and long muscle fibers mean it must be broken down thoroughly to allow stomach acid and enzymes to do their job. Many people simply do not chew long enough, especially when they are not used to slow, intentional eating. Inadequate chewing leads to undigested protein sitting in the stomach too long, fermenting, creating gas, increasing ammonia, and stressing the digestive system.

During the carnivore transition, it is often easier to start with **ground meat** - ground beef, ground lamb, or ground organ blends. Ground meat is already broken into small pieces, making it far easier for stomach acid, pancreatic enzymes, and bile to access the surface area and complete digestion. This simple shift alone dramatically improves comfort, reduces digestive symptoms, and enhances nutrient absorption.

Supporting digestion from the top down - through chewing, adequate stomach acid, enzyme activation, bile flow, and motility - ensures a smoother and more successful carnivore experience.

While a carnivore diet can be a powerful therapeutic tool - reducing inflammation, stabilizing blood sugar, improving mental clarity, and supporting brain health - it is not meant to be followed indefinitely. Long-term carnivore use can lead to **nutrient gaps** and **declining microbiome diversity**, potentially causing malnutrition of key vitamins, minerals, and phytonutrients found in a balanced diet.

Carnivore works best as a **short-term reset**, not a permanent lifestyle. Used intentionally and with proper digestive support, it helps calm the gut, reduce symptoms, rebalance metabolism, and provide mental clarity. After the therapeutic phase, transitioning to a nutrient-diverse, whole-foods diet ensures long-term health, hormonal balance, and sustainable nutrition.

Caution

Consult your healthcare provider before use if pregnant, nursing, or taking medications.

These statements have not been evaluated by the FDA.

This product is not intended to diagnose, treat, cure, or prevent any disease.

• Offer

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References

- Kassarian Z, Russell RM. Hypochlorhydria: A factor in nutrition. *Annu Rev Nutr.* 1989;9:271–285.
- Maconi G, Dominici R, Molteni M, et al. Prevalence of pancreatic insufficiency in inflammatory bowel diseases: Assessment by fecal elastase-1. *Dig Dis Sci.* 2008;53(1):262–270.
- Levine ME, Koch SY, Koch KL. Lipase supplementation before a high-fat meal reduces perceptions of fullness in healthy subjects. *Gut Liver.* 2015;9(4):464–469.
- Berry AJ. Pancreatic enzyme replacement therapy during pancreatic insufficiency. *Nutr Clin Pract.* 2014;29(3):312–321.
- Boesjes M, Brufau G. Metabolic effects of bile acids in the gut in health and disease. *Curr Med Chem.* 2014;21(24):2822–2829.
- Li T, Chiang JY. Bile acids as metabolic regulators. *Curr Opin Gastroenterol.* 2015;31(2):159–165.
- Deloose E, Tack J. Redefining the functional roles of the gastrointestinal migrating motor complex and motilin in small intestinal bacterial overgrowth and hunger signaling. *Am J Physiol Gastrointest Liver Physiol.* 2016;310(4):G228–G233.
- Costilla VC, Foxx-Orenstein AE. Constipation: Understanding mechanisms and management. *Clin Geriatr Med.* 2014;30(1):107–115.