

Small Intestine Bacterial Overgrowth (SIBO)

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1. Pre-Disposing Factors, Clinical Indicators and Problems Resulting From SIBO: Common serum changes include anemia (co-factor or iron or both), > CRP, > WBC total, > neutrophil percentage, < lymphocyte percentage, < Co2, > eosinophil percentage and > IL-6. Other abnormal laboratory results can include < secretory IgA, abnormal aspirate from the jejunum, abnormal comprehensive stool and digestive analysis (CSDA) and abnormal hydrogen and methane breathe tests. **It should be noted that even in the absence of positive laboratory results, SIBO should be considered if any of the following are present:**

- a. Hypochlorhydria (primary or secondary to OTC acid blockers or prescription PPIs) and the symptoms associated with hypochlorhydria (gas, bloating, bad breath, etc.).
- b. Pancreatic or biliary insufficiency (gas, bloating, undigested food in the stool, etc.).
- c. Constant diarrhea and/or alternating diarrhea-constipation.
- d. Unexplained weight loss or weight gain (in one study, 17 % of the patients with SIBO were obese).
- e. Type II diabetes.
- f. Irritable Bowel Syndrome (IBS), Crohn's, Celiac, etc.
- g. Fibromyalgia.
- h. Scleroderma (affects G.I. tract in 80 % of patients with problem).
- i. Hepatic disease.
- j. Patients who fatigue or develop symptoms such as muscle weakness, headache, G.I. distress, etc. after a meal high in refined carbohydrate or starchy vegetables.
- k. Unresolved ileocecal Valve (ICV) dysfunction.

2. Dietary Suggestions:

- a. Bacteria proliferates on carbohydrates, therefore, carbohydrate intake must be limited with the complete removal of grains, fermented foods, alcohol, starchy vegetables, dairy, legumes and sweeteners other than honey. If the patient is obese, daily carbohydrate intake should be limited to not more than 40 grams a day. If not obese, up to 80 grams of carbohydrate a day can be ingested.
- b. Diet should consist mainly of meat, fish, poultry, eggs, non-starchy vegetables, nuts and seeds. Although ripe fruit can ferment, one piece a day is allowed.

c. Use only pure water for drinking and cooking (no well or city water or other sources of water that contain fluoride or chlorine).

3. Primary Supplemental Support:

- a. **ADP** – 3-5 tablets (depending upon patient's weight), 3 times a day just before meals (not recommended during pregnancy or lactation).
- b. **F/C Cidal** - 2 capsules, 3 times a day with meals (not recommended during pregnancy or lactation).
- c. **Dysbiocide** – 2 capsules, 3 times a day with meals (not recommended during pregnancy or lactation or for patients on prescribed blood thinners and drugs that reduce stomach acid or lessen seizures).
- d. **Berberine HCL** – 1 capsules, 3 times a day with meals (not recommended during pregnancy or lactation or for patients with congestive heart failure).
- e. **Iodizyme-HP** – ½ tablet daily.

Use the above for two weeks and then off for one week, complete three cycles.

During the week the patient is off the above supplements insure the patient takes the following:

Saccharomyces Boulardii – 1 capsule twice a day.

After completing the above eight week program (two weeks on, one week off, for three cycles), insure the patient is placed on the following prebiotic-probiotic:

BioDoph-7 Plus – 1 capsule twice a day for a minimum of 60 days.

Although the above protocol has been effective at the 80 percent plus confidence, if hypochlorhydria, pancreatic or biliary dysfunction, hepatic disease, Type II diabetes and/or ICV dysfunction are still present, they must be resolved or there is a high probability of the SIBO returning.