

Do you have SIBO (Small Intestinal Bacterial Overgrowth)?

written by Dr. Ronald Hoffman | October 20, 2017



Have you been diagnosed with Irritable Bowel Syndrome (IBS)? Do you suffer from gas, belching, bloating, cramps, abdominal distention, diarrhea and/or constipation? All these may be manifestations of SIBO.

How do you find out if you have SIBO? Fortunately, there's a simple test that can be performed with a take home kit obtained from a doctor's office—we perform the test routinely at my office. It's called the lactulose breath test, and it entails drinking a solution of the sugar compound lactulose and then exhaling into collecting bags. The bags are returned in a convenient mailer for analysis by a lab. The composition of the exhaled gases provides us with clues as to whether a patient has SIBO, and what therapeutic strategy is most likely to succeed.

In one of my Intelligent Medicine podcasts, I had the opportunity to interview one of the world's foremost authorities on SIBO, Dr. Allison Siebecker. (See below for info on a free online summit featuring Dr. Siebecker!)

Dr. Siebecker is an ND (naturopathic physician) on the faculty of the National College of Natural Medicine in Portland, which has become a center of excellence for the integrative treatment of gastrointestinal disorders. In truly wholistic fashion, Dr. Siebecker takes a thoroughly scientific and pragmatic approach to GI problems, using a combination of conventional medicine and natural remedies.

Complementary physicians like myself have long suspected that GI complaints arise from disordered intestinal bacteria—"dysbiosis." But interest lagged until the commercialization of new, narrow-focus antibiotics like rifaximin (Xifaxin) designed to target bacterial overgrowth. SIBO suddenly entered the realm of scientific respectability.

In my experience, Xifaxin can be effective at eradicating symptoms when SIBO is accompanied by urgency and diarrhea. Dr. Siebecker explained that, when constipation is present, adding Flagyl or neomycin helps to resolve symptoms.

But the “Find a bug, use a drug” allopathic paradigm often doesn’t suffice to conquer SIBO. Appropriate diet modification is necessary to keep the bacterial population in check. This might entail application of the Specific Carbohydrate Diet or the GAPS Diet, depending on the patient’s food intolerances.

Additionally, there are natural antibacterials that can be used in lieu of, or to augment, the effects of conventional drugs. Among these are berberine from Oregon grape root, potent preparations of allicin from garlic, cinnamon, oregano and ginger. At the Hoffman Center, we like to use a combination of Candibactin AR and Candibactin BR.

While their names imply that they’re just targeted to intestinal fungal overgrowth, the herbs in Candibactin AR and BR have a broad-spectrum effect against both Candida and troublesome bacteria. In fact, a recent article in Atlantic Magazine entitled “*Essential Oils Might be the New Antibiotics*” suggests that aromatic herbs like thyme, oregano, and sage (the main ingredients in Candibactin AR) might become preferred alternatives to our pervasive over-reliance on antibiotics in farm animals. They sidestep the problem of antibiotic resistance and are, in the long run, safer and cheaper. Human applications may not be far behind for resistant E. coli and staph infections.

Candibactin BR is composed mostly of berberine, a compound traditionally used for its anti-infective properties in the GI tract, along with synergistic herbs to aid digestion and detoxification.

I generally start patients with IBS or SIBO on one Candibactin BR twice daily with food, then add Candibactin AR twice daily. Once these are tolerated, I try to double up to two of each twice daily with meals for 3-6 weeks, then drop down to one twice daily of each for maintenance.

Impaired motility—a tendency for food to get stuck in a “traffic jam” in the upper GI tract—has been found to perpetuate SIBO. “Pro-kinetic” drugs or herbs like Swedish Bitters have been shown to enhance intestinal transit time and combat the stagnation of partially-undigested food, which perpetuates bacterial proliferation.

When it comes to SIBO, a wholistic strategy incorporating diet modification, stress reduction, herbal remedies, and probiotics works best, with drugs as a last resort. Don’t resign yourself to a lifetime of symptoms—a cure for your GI woes may be at hand with the advent of new diagnostic and treatment options!