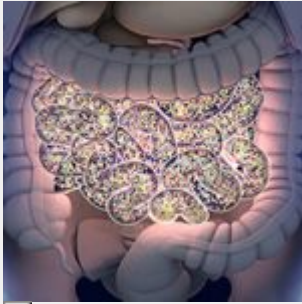


Do you have SIBO (Small Intestine Bacteria Overgrowth)?



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 in my practice. It's the **lactulose breath test**. 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.

I recently had the opportunity to interview one of the world's foremost authorities on SIBO, Dr. Allison 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 integrative 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 among conventional doctors until the commercialization of new intestinal 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.

Another diet, the **low-FODMAP diet**, has increasingly gained support for addressing SIBO. It's designed to reduce the fermentable carbohydrates and sugar alcohols that produce gas and bloating in IBS sufferers. The low-FODMAP diet is not intended to be a life sentence; rather, it tests the impact of elimination of certain food groups on GI symptoms. Once "culprit" food groups have been identified, innocuous foods can

be reintroduced.

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. In my practice, we like to use a combination of Candibactin-AR and Candibactin-BR.

While their names imply 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. Alternatively, digestive enzymes can help "move things along."

When it comes to SIBO, a holistic 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!