

Do you have SIBO (small intestine bacterial 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.

SIBO happens when the small intestine, normally free of bacteria, becomes contaminated with downstream bacteria that normally populate the large intestine (colon). The resultant proliferation of bacteria causes fermentation to occur and, as the witches in *Macbeth* famously said over their cauldron: “Bubble, bubble, toil and trouble!”



The condition is often a byproduct of our overuse of antibiotics and acid-blocking stomach medication as well as diets rich in refined carbohydrates, which bad intestinal bugs love. Additionally, stress can impair GI motility, causing food to get stuck in the small intestine.

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 doctor—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 complementary fashion, Dr. Siebecker takes a thoroughly scientific and pragmatic approach to GI problems, using a combination of conventional medicine and natural remedies. She maintains a great website at www.SIBOinfo.com.

Integrative physicians such as Dr. Siebecker and me have long suspected that GI complaints arise from disordered intestinal bacteria—“dysbiosis.” But interest lagged until the commercialization of new, targeted intestinal antibiotics such as rifaximin (Xifaxin), which is designed to suppress bacterial overgrowth. SIBO suddenly entered the realm of scientific respectability—and pharmaceutical profitability.

In my experience, Xifaxin is most 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 doesn’t always suffice to conquer SIBO, according to Dr. Siebecker. Appropriate diet modification is necessary to keep the bacterial population in check. This might entail application of the Specific Carbohydrate Diet (SCD) or the FODMAPs Diet, depending on the patient’s food intolerances.

Additionally, there are natural anti-bacterials 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, as well as extracts of cinnamon, oregano and ginger.

How to 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 the Hoffman Center. 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.

The good news is that our new understanding of SIBO provides us with wide variety of tools to help combat irritable bowel syndrome, or IBS. These days, it's no longer just a matter of "learn to live with it!"