

Healing The Microbiome

Conditions That Indicate Dysbiosis Is Present. Dysbiosis can occur in the following areas: the mouth, sinus, respiratory tract, genitourinary tract, skin, in tissue as bacteria, in tissue as viruses, as well as the gastrointestinal tract.

History of antibiotics

History of Stress (emotional, physical, chemical, surgical etc.). Stress changes the pH of the bowel and allows dysbiotic bacteria to multiple.

Patient was not breast fed.

History of either constipation or diarrhea.

History of reflux medications which reduce stomach acidity.

Diet that is higher in commercial meat, 80% of antibiotics in the US are feed to animals. Undigested meat can change the pH of the bowel.

After eating a carb meal or taking probiotics bloating occurs.

Diet loaded with sugar, dyes and refined processed foods.

Reduced consumption of vegetables, beans, lentils, allergy free grains, and fruits. These are the sources of natural fibers that the food healthy bacteria need to proliferate.

Lack of fermented foods.

Since 80% of all antibiotics are given to factory raised animals (chickens, eggs, beef, pork etc.), we are indirectly consuming antibiotics when we eat factory raised animals

Essential Considerations to Restore a Healthy Microbiome

In effect a healthy microbiome translates into healthy Microbial diversity. Replacing one strain of bacteria may never restore true gut health. Microbial diversity reduces inflammation, modulates the immune system, supports brain health, enhances colonization resistance and reduces bacterial translocation, etc. etc. And the way to sustain long term microbial diversity is to teach yourself and your patients to eat a wide range of plants. **It's the fiber and phytochemicals in the plants that feeds and fertilize the healthy bacteria in our gut.**

It is essential that dietary guidelines are discussed and proper digestion is addressed. These organisms are pH sensitive and if the dietary chyme is not modified appropriately throughout the GI tract bacteria will grow in places where it was not intended to grow.

Dr. Vasquez points out at least 13 reasons why the gut is connected to pain mechanisms in his book, however the ones we can directly discuss with our patients are mitochondrial dysregulation, the increase of pain modulators such as NF-kappa B, increased sensitivity to pain, impaired detoxification and digestion, dysregulation of the endocrine system, particularly the thyroid hormones.

IN SUMMARY

1. Eat a wide range of plants. It's the fiber and phytochemicals in the plants that feeds and fertilize the healthy bacteria in our gut, skin, etc.
2. Fasting or incorporating a low carb paleo type diet reduces the overall number of microbes yet increases the diversity of the different forms of microbes.
3. Assure adequate digestion is in play. Healthy levels of HCL as the chyme passes the pyloric cap triggers secretin and cholecystokinin which in turn stimulate pancreatic enzymes and bile which exert antimicrobial forces by changing pH. Bile will stimulate peristalsis reducing constipation. Constipation allows proteins and fats to rancify and carbohydrates to ferment. Thus by returning the pH of the gut back to what is physiologically healthy, a natural antimicrobial process is set in motion. In other words deal with the cause of the problem or it will continue to come back.
4. Antimicrobials: **FC-Cidal** 2 bid and **Dysbiocide** 2 bid can be alternated with **ADP** 4 tid and **Berberine** 1-2 tid for milder cases. See Dr. Harry Eidenier's protocol below for more advanced cases.
5. Replace good stuff by using combinations of **BioDoph-7 Plus** and **BioDophilus-FOS**.
6. Consider probiotic enemas (below).
7. A Vitamin C Flush may be helpful for chronic constipation (see below for Vitamin C Flush or Vitamin C-Calibration Test).
8. See Dr. Alex Vasquez 12 hour CE approved internet course on Human Microbiome and Dysbiosis in Clinical Disease or his book with the same title at the website below. This course will make you an expert in this field as it integrates the mechanisms and treatments and provides the research papers for further review.

<http://www.ichnfm.org/#!store---membership/wq28b>
9. Consider a Comprehensive Digestive Analysis identifying parasites, amoeba's bacterial patterns, short chain fatty acids and other Dysbiotic agents. These and other indicators of bowel health help to pinpoint areas of concern if treatments are not resolving symptoms. Dr. Data 800- 323-2784 is my personal favorite and has an excellent reputation.

Attention should always be paid to ongoing pre and probiotic replanting via optimal digestion and a heavy plant based diet devoid of refined carbohydrates.

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.

Probiotics Enemas

Enemas have been used medically for 1000s of years. The word enema is Greek for inject. You can be entertained by watching how to give yourself an enema on YouTube, but the process is very simple. Once you have been given the OK by your doctor to give yourself an enema, obtain one from your local pharmacy. Make sure it has a clip to start and stop the water.

Use a cup that holds 16 ounces of fluid. Make sure the clip is closed. Use approximately 12 ounces filtered water at room temperature and open 3-6 capsules of a multi-strain probiotic like **BioDoph-7 Plus**, mix well. I like **BioDoph-7 Plus** as it has 20 billion bacteria per capsule and approximately 400 mg of prebiotics to feed the bacteria.

Add to the enema bag and hang no more than 24 inches above your navel. If you hang the bag too high it will flow too quickly into the bowel and create a need to evacuate. The goal is to empty the enema bag slowly and hold it as long as you can.

Most people take an old towel and place it on the bathroom floor although some prefer the bathtub. Make sure you have something to use as a pillow as the floor gets awkward.

Open the water clip and get rid of the air trapped in the tube. Lubricate the enema tip and the rectum with coconut oil or other comfortable lubricant. Insert the tip slowly and open the water clip when comfortable.

I start on my back with my knees bent and then when comfortable lay on my right side. Allow the water to enter slowly, this is not a race. One's favorite music is always relaxing and a nice touch. If at any time you feel uncomfortable close the clamp and sit on the toilet until you have expelled any waste. Then get back into position and reapply the lubricated tip and then slowly begin to let the bowel fill with the water/probiotics mix.

Some experts suggest 30 minutes as a good goal for the whole process. The bacteria multiply every 20 minutes so plan on at least 20 minutes as a minimum. After the bag is empty and you have waited an appropriate time, take a warm relaxing shower.

Dr. Perlmutter recommends probiotic enemas 3 times a week for 4-6 weeks depending on the case and then re-evaluating progress. As time goes on, the number of capsules can be increased based on a case by case situation.

Vitamin C Flush

The Vitamin C Flush is another great way to reduce cellular acidity and remove billions of dysbiotic bacteria from the GI tract. Remember, the ultimate goal is not to kill every “bad bug” rather to deplete their numbers and create an environment that healthy probiotics can survive and thrive. The vitamin C is an excellent way to reduce “the dysbiotic bugs”.

Vitamin C in the ascorbate form is an excellent buffer and helps regenerate or reactivate many of your antioxidants.

- When a patient has a day off...
- Use 1-2 tablespoons of **Mixed Ascorbate Powder** (each teaspoon contains about 2.75 gram of fully buffered vitamin C mineral ascorbate), with small amount of juice and water. Drink 1 cup of organic coffee before and after the vitamin C drink.

The Vitamin C Calibration Test

- To determine daily needs of vitamin C for chronically ill patients the Vitamin C Calibration Test can be used to assess individual vitamin C needs. It is also another way to reduce cellular acidity. Vitamin C in the ascorbate form is the buffer of choice as it helps regenerate or reactivate many of our antioxidants. Here’s how to assess your levels.
- When a patient has a day off...
- Use 1 teaspoon of **Mixed Ascorbate Powder** (each teaspoon contains about 2.75 gram of fully buffered vitamin C mineral ascorbate), with a small amount of juice and water, and drink every 30 minutes for 2 hours until you reach bowel tolerance. If no results, change timing to every 15 minutes.
- Continue until bowel tolerance is experienced. Bowel tolerance is described as explosive diarrhea.
- Calculate the number of teaspoons used in the flush and multiply by 75% i.e. if 4 teaspoons caused bowel tolerance the daily dose would be 3 teaspoons.
- Use this number (above example 3 teaspoons) and mix in juice and water, drink throughout the day. If excessive gas occurs, take with food. If that gas is still a problem, reduce to dose that is socially tolerable.
- Continue on this dose and retest with the Vitamin C Calibration Test, or if diarrhea occurs decrease by another 25%, in our example 75% of 3 teaspoons would be 2 1/4 tsp.