

# Small Intestinal Bacterial Overgrowth Treatment

*"The disruption of the bacterial balance creates mal-absorption, leaky gut and a translocation of bacteria into the bloodstream."*

We eat too much and we eat too fast. We eat food that is not designed for the human body; and when our digestive system doesn't purr, we take all kinds of drugs to reduce hydrochloric acid.

Let's consider the north to south effect of this lifestyle on our digestive system. Reduced acidity in our stomach means the antibacterial effects of our stomach acid are crippled and much of the bacteria in our food is left intact. Less acid also means longer time in the stomach as well as the small intestine. What happens to bacteria in a wet warm environment? Stuff grows.

The south to north effect may be more important. This "too much, too stressed, sugary, fake food diet" creates tension and ultimately can cause a loss of tone in the valves that are designed to be one way. I am referring to the ileocecal valve that restricts the highly populated bacterial contents of the large bowel going north and entering the small bowel. These factors allow bacteria to over-



populate the small intestine in a condition called small intestinal bacterial overgrowth or SIBO.

Symptoms of SIBO are: bloating after eating especially after carbohydrates, abnormal flatulence, abdominal fullness or pain, cramps, diarrhea or constipation, weight loss or weight gain and fatigue.

Some of the conditions associated with SIBO are: chronic diarrhea, chronic fatigue syndrome, cirrhosis of the liver, hypothyroidism, IBS, fibromyalgia, migraine headaches, Rosacea, restless leg syn-

drome and rheumatoid arthritis.

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Deficiencies of B12 and iron, vitamins A, D and E as well as B1 and B3 are also common.

My thanks to Dr. Harry Eidenier for summarizing the treatment protocol that various clinicians have been sharing for years on this expanding topic.

So let's look at what to do. The first thing we want to do is reduce the bacteria's food supply. That means reducing carbohydrates especially refined carbs. Remove grains, fermented foods, alcohol, starchy vegetables, dairy, legumes, and sweeteners other than honey. If the patient is obese, limit carbs to 40 grams a day. If they are not obese, 80 grams of carbs can be ingested. I always tell patients, "The closer you follow this, the better you will feel."

Next, we want to create an environment in the bowel such that the bacteria can't survive. These bacteria are so entrenched that we want to use a three tiered approach.

So for two weeks we hit the bugs hard and then take one week off. That's one tier or cycle. Follow the protocol three times. Because we are dealing with bacteria, fungi, amoeba and perhaps some parasites, the one week off allows eggs to mature and hidden fungal forms to surface. Cycle 2 then comes in and creates a stronger kill.

Use A.D.P., an emulsified oregano oil, at 3 - 5 tablets, three times a day just before meals. Three tablets for lightweight patients, four for average weight patients and five for heavier patients.

A.D.P. has been one of the most effective products for bacteria, fungi and amoeba in the Biotics line when used properly. Even though A.D.P. has worked when other things have failed, nothing works for everything. Dr. Gary Lasneski developed FC-Cidal as an adjunct to get the stubborn yeast forms and bacteria that oregano won't kill. Use two capsules, three times a day.

The next piece of the puzzle is Dysbiocide designed for parasites. When we think of botanicals we tend to put them in a box. But these phytochemicals have a broad range of therapeutic application. So although it was de-

signed for parasites it is also a very effective antimicrobial agent as well.

Dysbiocide contains Dill, Wormwood, Stemonna, Java Brucea, Chinese Pulsatilla, Acacia and a variety of synergistic herbs. True herbal formulas have primary herbs and then secondary ones to enhance or tone down the activity of the primary botanicals.

Dysbiocide is not recommended for big worms like tape worms but is very effective for the smaller ones. Use two capsules, three times a day with meals.

The final antimicrobial element is the use of Berberine, one capsule, three times a day.

During the week off, use Sacchromyces Boulardii, one capsule, twice a day. This friendly yeast will consume the food that yeast and aberrant bacteria ingest, and helps to keep their population to a minimum.

Finally when the eight week program is over, use BioDoph-7 Plus at one capsule, twice a day to replace healthy bacteria for a minimum of 60 days.

Two caveats should be mentioned. Although this is a very effective program, if digestion and diet are not addressed, you will see patients relapse. Second, this is a very aggressive protocol. Some patients may need to start slow or scale back the dose if they experience a strong herxheimer reaction. Below you'll find this protocol, some amazing resource information, and a webinar by Dr. Vasquez that gives six different mechanisms why SIBO is so destructive. As you review this material, the lights will go on for you as to why so many of your patients have been unresponsive.

Thanks for reading this week's edition. I'll see you next Tuesday.