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Use of Proton Pump Inhibitors have been linked to hip fracture in people over 50, according to research appearing in the *Journal of the American Medical Association* (2006;296:2947-2953). This may be due to a loss of protein and mineral digestion and absorption as a consequence of the lack of stomach acid. No one has proven the mechanism, but it is a reasonable assumption that there is interference with nutrient absorption.

Basically, we know that reduction of stomach HCl affects absorption of certain nutrients. PPIs can also be linked to SIBO. Here is a quote from an abstract published in the *World Journal of Gastroenterology* (2015 Jun 14;21(22):6817-9): “Generally, proton-pump inhibitors (PPIs) have great benefit for patients with acid related disease with less frequently occurring side effects. According to a recent report, PPIs provoke dysbiosis of the small intestinal bacterial flora, exacerbating nonsteroidal anti-inflammatory drug

induced small intestinal injury. Several meta-analyses and systematic reviews have reported that patients treated with PPIs, as well as post-gastrectomy patients, have a higher frequency of small intestinal bacterial overgrowth (SIBO) compared to patients who lack the aforementioned conditions. Furthermore, there is insufficient evidence that these conditions induce *Clostridium difficile* infection. At this time, PPI-induced dysbiosis is considered a type of SIBO. It now seems likely that intestinal bacterial flora influence many diseases, such as inflammatory bowel disease, diabetes mellitus, obesity, non-alcoholic fatty liver disease, and autoimmune diseases. When attempting to control intestinal bacterial flora with probiotics, prebiotics, and fecal microbiota transplantation, etc., the influence of acid suppression therapy, especially PPIs, should not be overlooked.”

SIBO STRATEGIES

The medical approach to SIBO consists of antibiotics and, in some instances, probiotics. Natural health care can be much more effective because it can address the problem from several vantage points.

Diet

The FODMAP diet will help starve the bacteria. Avoid fructose (fruits, honey, high-fructose corn syrup etc.), lactose (dairy), fructans (also known as inulin; these include wheat, onion, garlic), galactans (beans, lentils, legumes, soy etc.) and polyols (sweeteners containing sorbitol, mannitol, xylitol, maltitol, stone fruits such as avocado, apricots, cherries, nectarines, peaches, plums, etc.) You can find copies of the diet online.

Digestive Aids

Ensuring that you initially digest the food you eat will make less material available for bacterial fermentation in the intestine.

Pancreatic enzymes: Source of animal or plant enzymes to help digest protein, fat and carbohydrate. One of the reasons SIBO occurs is that incomplete digestion in the stomach and upper small intestine allows food to rot further down the GI tract, feeding bacteria.

Betain HCl: Traditional medicine does not think much of hypochlorhydra, but many natural health practitioners

believe that inadequate HCl production by the stomach can cause a variety of digestive problems.

Anti-Microbials

There are a number of natural substances that can kill microorganisms in the small intestine. Here are a few

Oregano extract: Used especially to kill *Candida albicans*.

Garlic: A potent antimicrobial. Kills harmful bacteria without killing normal bowel flora.

Bromelain (especially effective if it also contains ficin): When taken on an empty stomach, bromelain can kill parasites and other one celled organisms.

Artemesia absinthium: Also known as wormwood. Results of a study by the Post Graduate Department of Zoology at the University of Kashmir suggests that wormwood extract may be a natural alternative to commercial drugs for addressing intestinal invaders in sheep.

Achillea millefolium: Also known as common yarrow. Yarrow has an antiseptic action. The bitter parts and fatty acids encourage bile flow out of the gallbladder,

Resveartrol is found in red wine

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known as the cholagogue effect. The free-flowing action improves digestion and prevents and gallstones from forming.

Patients may also need organic whole beet concentrate and purified bile salts. It is especially important to give it to patients who do not have a gall bladder. Bacteria in the small intestine may degrade bile salts and interfere with the digestion of oil-soluble nutrients.

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SIBO

SIBO is an acronym for "Small Intestine Bacterial Overgrowth". Normally, the small intestine has fewer than 10,000 microbes per cubic centimeter. Compare that to the large intestine, which has 10,000,000,000,000 microbes per cubic centimeter. While not sterile, the small intestine is relatively bacteria-free. Moreover, the types of bacteria within the small intestine are different than the types of bacteria within the colon. SIBO exists when there is too much bacteria in the small intestine, or the wrong type of bacteria is flourishing in the small intestine.

Many of the symptoms of SIBO are due to malabsorption of nutrients due to the effects of bacteria which either metabolize nutrients or cause inflammation of the small bowel, impairing absorption. SIBO patients also have increased intestinal permeability. The symptoms of bacterial overgrowth include nausea, gas, constipation, bloating, abdominal distension, abdominal pain or discomfort, diarrhea, fatigue, and weakness. Some patients may lose weight, but about 17% of SIBO patients are obese. Children with bacterial overgrowth may develop malnutrition and have difficulty attaining proper growth. Steatorrhea, a sticky type of diarrhea where fats are not properly absorbed and spill into the stool, may also occur.

Patients with bacterial overgrowth that is longstanding can develop complications of their illness as a result of malabsorption of nutrients. SIBO patients may be anemic, have a vitamin B12 deficiency and may have a decreased serum albumin.

Diagnosis is difficult, because SIBO symptoms are present in other conditions, including IBS, and IBD. One way to test for SIBO is the hydrogen breath test. When certain anaerobic bacteria are fed certain sugars, they produce hydrogen. If there are a lot of bacteria in the small intestine, a lot of hydrogen is produced. If you give a fixed amount of a sugar, like lactulose, and measure the amount of hydrogen produced, you can get an idea of how much bacteria is present in the small intestine.

Generally the patient fasts for 12 hours before the test, which begins by breathing into a balloon. The patient then eats a measured dose of a specific sugar (which will cause bacteria to produce hydrogen). Breath samples are then taken every 15 minutes for three to five hours. The test is interpreted by how much hydrogen is produced in the breath and when it is produced. It is not a perfect test; some bacteria do not produce hydrogen. The test can also be misinterpreted, but in many instances it can show if there are bacteria present in the small intestine.

**The art of
healing comes
from nature,
not from the
physician.
Therefore the
physician must
start from
nature, with an
open mind.**

Paracelsus

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IBS AND SIBO

Many patients diagnosed with Irritable Bowel Syndrome (IBS) may actually have Small Intestine Bacterial Overgrowth (SIBO). There has been research to support the idea of treating IBS with antibiotics—suggesting that many cases may be the result of bacterial overgrowth. Research appearing in the *American Journal of Gastroenterology* (December 2000;95(12):3503-3506) studied patients with IBS. The researchers were able to alleviate symptoms in 50% of the patients by killing the bacteria in the small intestine.

Research appearing in the *Journal of the American Medical Association* (2004;292(7):852-858) suggests that the bloating seen in IBS can be caused by bacteria in the small intestine. Bloating immediately following a meal is an

indication of small intestine bacterial overgrowth.

Hydrogen excretion after ingesting lactulose (a sugar), is found in 84% of subjects suffering from IBS. It is an indirect method for finding bacterial overgrowth in the small intestine, but there is no good direct method available. The symptoms of 75% of patients with IBS improve when small intestine bacterial overgrowth is treated.

Research appearing in the *European Journal of Gastroenterology and Hepatology* (2016 Mar;28(3):281-9) looked at 80 patients with IBS. The researchers tested the group for SIBO, using gut aspirate technique. Those with SIBO were randomly divided into two groups and given either a placebo or antibiotic (norfloxacin). Patients treated with the antibiotic were SIBO negative and symptom free in six months. None of the placebo group responded.