

The Go-To Product For Dysbiosis

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For years one of my friends and colleagues Dr. Greg Petersen has tried to convince me to use caprylic acid to treat gut issues. Based on over 20 years of clinical practice and over 300 comprehensive stool analyses with parasitology, Caprylic acid has been his go-to product for dysbiosis.

Many companies who perform comprehensive stool and parasitology analysis provide information on beneficial and dysbiotic flora as well as the testing for yeast, amoeba or parasites. They also provide data on inflammation, digestion, absorption and a host of other markers. Frequently they provide bacterial susceptibilities for drugs and botanical agents to eradicate the dysbiotic bacteria.

Here's an example. This is a lab report on one of Dr. Peterson's patients. The lab was Doctor's Data, the bacteria *Klebsiella pneumoniae*. You can see six drugs starting with Augmentin that will



kill the *Klebsiella*. But of the natural agents only caprylic acid will eradicate it.

Some of my favorite herbs including berberine, oregano, black walnut and cat's claw are resistant to treating *Klebsiella pneumoniae*.

Here's another example with another form of *Klebsiella* called *oxytoca*. In this case, five of the six drugs were effective and again, the natural agent caprylic acid. But *Uva Ursi* was also effective.

Dr. Peterson shared that "in over 90% of the patients tested using the comprehensive stool analysis, caprylic acid has been identified as a powerful dysbiotic agent."

Here's a 2011 article supporting Dr. Peterson's experience titled *Caprylic acid in the effective treatment of intractable medical problems of frequent urination, incontinence, chronic upper respiratory infection, root canal tooth infection, ALS, etc., caused by asbestos & mixed infections of Candida albicans, Helicobacter pylori & cytomegalo-*

virus with or without other microorganisms & mercury. Authors found caprylic acid to be effective with these conditions where medications failed.

The authors conclude, "Thus, caprylic acid is superior to & less expensive than Diflucan, & has potential application for anti-cancer, anti-aging, anti-Alzheimer's disease, anti-Autism, anti-infection, & general circulatory improvement." You can see a link below.

Caprylic acid is the common name for the eight-carbon saturated fatty acid. It's found naturally in the milk of various mammals, and as a minor constituent of coconut oil and palm kernel oil. Biotics was the first company to introduce caprylic acid into the nutritional market. The product is called Caprin.

Dr. Peterson doesn't use the comprehensive stool analysis test as frequently as he has in past years. It's an expensive test so he saves this test for extremely challenging patients. He now uses an in office urine test called the Indican or Obermeyer Test to test for bowel toxicity. He tests all patients for the presence of harmful bacteria bowel dysbiosis.

Here's the principle behind the test. Indole and other toxic compounds are produced from the putrefaction and rancidification of partially digested food in the presence of anaerobic bacteria. Tryptophan is converted to indole in the bowel and is then absorbed in the blood stream where it is converted to Indican or one of its metabolites in the liver and is then retrieved in the kidneys and excreted. The greater the level of indole, the greater the toxemia which clinically means there is an increased need for bowel cleansing.

The beauty of this test is that it can be done for pennies in your office. He repeats the test every 2 to 4 weeks to know when to change or stop the treatment. If you like more information on this and other in office urine tests you can contact Dr. Peterson on the links below.

According to Dr. Peterson when you see dysbiosis on the Indican test, use Caprin, 3-5 with each meal. Three capsules for patients under 125 pounds and up to five for patients over 225 pounds. Also use Biotics emulsified oregano oil ADP, 3-5 tablets. He uses the anti-inflammatory diet often discussed here.

Also, very important: support digestion which is almost always needed. In 2 to 4 weeks, retests the patient to monitor recovery; and if they are not progressing, he may add Dysbiocide if patients are around animals, have an itchy rectum, or see "rice like particles" in their stools.

Dysbiocide is a product from Biotics used to treat small worms and other forms of dysbiosis. He reminded me that many of us like to eat organic but we forget how often soils are fertilized with manure which is loaded with parasites.

Instead of Dysbiocide, if the patient has jock itch, toe nail fungus, vaginal discharge or an underarm yeast infection, he substitutes FC-Cidal, 2 tid, to provide further antifungal support. Because we all have been given unique biochemical individuality, dysbiotic therapies have a basic core. But tweaking may be necessary. Personally, I love hearing how other clinicians evaluate and solve problems.

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