

2 Clinical Pearls For SIBO

"An herbal therapy that is equivalent to rifaximin for the treatment of small intestinal bacterial overgrowth. "

Have you ever considered using the current pharmaceutical TV ads to promote your practice? Because right now one drug company is spending tens of millions of dollars to get the message out that small intestinal bacterial overgrowth (SIBO) is causing IBS and rifaximin will help. The cost of rifaximin, depending on the dose suggested by prescribing physician can be \$1,500 per cycle which can be 2-3 weeks. But according to a fascinating article titled "Herbal Therapy is equivalent to rifaximin for the treatment of small intestinal bacterial overgrowth", less costly and safer options are available.

My thanks to Dr. Vasquez who has shared this paper in a recent webinar and explained it in greater detail in his online microbiome CE accredited course. The short version of this study, as the title suggests, "Herbal therapy is equivalent to rifaximin for the treatment of small intestinal bacterial



overgrowth" at a fraction of the cost. But as you read the article it shows that SIBO is a returning process, which translates into more than one \$1,500 cycle or a second round of triple antibiotic therapy.

Sadly these studies were done without dietary changes. Excuse me, if we don't change what's fueling the increase of bacteria, we are asking for a relapse and a return of symptoms! The pharmaceutical approach is unidirectional. Kill the bug.

We know we can't treat these complicated problems using one approach because there are multiple forms of GI dysbiosis. Our approach is to use strategies that build foundational health. I've created an ongoing document for you to review as a checklist but let's get back to the herbs that are more effective than the super priced antibiotic.

In this article the herbs used were combination formulas from Biotics: FC-Cidal and Dysbiocide, 2 capsules twice a day of each were used. Dr. Rachel Olivier did

a wonderful job of describing the antimicrobial properties of many of the individual ingredients in an article titled "Select Herbals Proposed as Beneficial in the Eradication of Small Intestinal Bacterial Overgrowth". You can see a link below.

Both these formulas were developed by Dr. Gary Lasneski over 15 years ago and have stood the test of time as both therapeutic and cost effective. Dr. Lasneski developed the FC-Cidal formula to discourage the growth of resistant yeast forms. He developed Dysbiocide as an anti-parasitic formula. But as we know, the beauty of botanicals is that botanicals have multipurpose roles often killing yeast, bacteria, amoeba and even small parasites.

This was the case with emulsified oil of oregano called ADP created by Biotics Research. Initially reports showed it was valuable in the treatment of bacteria and yeast infections. However Dr. Mark Force showed in his article, "Inhibition of Enteric Parasites by Emulsified Oil of Oregano in vivo", that ADP was effective in eradicating *Entamoeba hartmanni*, *Endolimax nana* and *Blastocystis hominis*.

Two clinical pearls I want to share. First, we are not necessarily trying to kill all the dysbiotic agents in the bowel. In effect, these formulas will make the environment non conducive to rapid multiplication of the dysbiotic agents. For example, Dr. Jonathan Wright reported on a collection of over 600 stool samples on healthy people and often finds candida present as part of the microbiome. So, when balancing the microbiome, it's not a matter of killing ALL bacteria. The goal is really to dampen the growth of dysbiotic agents and foster the health of eubiotic flora and the immune system of the gut.

The second pearl is to vary the types of agents used. For example, Dr. Vasquez suggests a clinical trial of ADP, Biotics emulsified oregano oil, 4 tablets three times a day together with Berberine HCL, 1-2 capsules three times a day. He suggests using them for 2-4 weeks then switching to FC-Cidal and Dysbiocide for two weeks. By enhancing digestion and changing one's diet, the existing microbiome gets a boost. Assess which nutrients give the greatest therapeutic benefit and return to that protocol.

Dr. Eidenier goes a step further with a very aggressive program for 12 weeks. But the point is that it's OK to use a clinical trial of different agents to see their individual effects on the patient. Dr. Vasquez has identified eight types of dysbiosis and someone may have one or several at the same time, so using different combinations is really good medicine. Ultimately, we are treating the individual person and trying to establish the return of their own healthy flora.

As a clinician it's important to remember this whole field is exploding. A researcher commented, this field is like the wild wild west. That's why paying close attention to people like Dr. Vasquez is important; he gives us the latest findings in this crazy world of bugs and drugs. But one thing I do know is that we can be more effective in treating these complex issues because we are treating the whole person and not just recommending costly drugs that have side effects.

So let's talk to our patients about what they are hearing on pharmaceutical ads and share why a natural approach is better medicine. They might not have SIBO but they probably know someone who does.

Thanks for watching, I'll see you next Tuesday.