



Implementation Protocols and Special Strategies: SCD, FODMAPs, and SIBO

Transcript

Let's talk about special circumstances and intolerances. Let me just remind you that the information in this presentation is not intended to replace a one-on-one relationship with a qualified healthcare professional. It's also not medical advice, it's just a sharing from my knowledge and information that I've gathered over the years, research I've done, clinical experience I've had with thousands of patients.

It's my sharing to you and what I recommend that you do is really research, look at your own body, if you are under the care of a medical practitioner be sure to bounce these ideas off of them before you make major changes to your diet and lifestyle.

Special Circumstances and Intolerances

If you are doing everything you think you should and it's not working the way you think it should there's something else going on. It's not you, it's not 'I'll just stick with this, I'll tolerate it'. No, don't; let's look a little bit further.

There is a *Specific Carbohydrate Diet* (SCD, GAPs) where your body, your gut, because of the way that the flora is, and because of the state of your gut, you are not handling specific carbohydrates, we'll go into that. It's also called the GAPs diet: the specific carbohydrate is a form of the GAPs diet. There is another one called FODMAPs, Fermentable Oligosaccharides, Disaccharides, Monosaccharides, and Polyols. FODMAPs is easier to say. We'll go into that. And then you could have Small Intestine Bacterial Overgrowth: SIBO.

These are possibilities if you are not responding. Most people will respond to what we've laid out. We don't want to go into these special diets, which are even more restrictive, unless we have to, unless you already know that the other things aren't working for you.

Specific Carbohydrate Diet (SCD)

The *Specific Carbohydrate Diet* is based on (this wasn't the originator but this is the book that became popular) *Breaking The Vicious Cycle*.

Initially it was intended mainly for Crohn's, ulcerative colitis, celiac, diverticulitis, cystic fibrosis and chronic diarrhea, which all basically have inflammation at the root.

The foods are allowed based on the molecular structure so in other words: Monosaccharides, sugars that have one sugar in them, so glucose as opposed to sucrose, fructose as opposed to the oligosaccharides, and galactose as opposed to lactose.

Galactose is a disaccharide, those two sugars have to be broken down and a lot of times we don't have the right mechanisms to break it down and that becomes a sugar that feeds the gut bugs. Sucrose is a combination of glucose and fructose. The body doesn't always have the mechanism to break that down and so this fructose becomes food for the gut bugs; the bad guys.

And so galactose: lactose is galactose and glucose and then maltose, which is the other one, which is two glucoses. You are going to eliminate foods that have those disaccharides and polysaccharides. Polysaccharides will be starches. You are just going to eat things that have monosaccharides; so you can have dextrose, or glucose, or fructose; those would be tolerated, but the others wouldn't.

The premise is that the complex carbohydrates are not easily digested because maybe we don't have galactose enzymes, maybe we don't have enough sucrase enzymes. They are going to feed the harmful bacteria and then they produce byproducts that inflame the intestines. This is not a long-term diet guys, this is not something you adopt and do for the rest of your life. It's a therapeutic diet.

Let me just mention that there is a list and you can get it online, you can go into the books and there is a lot of foods that I don't think are healthy on those diets and that's the mistake I think a lot of people make. They'll go on a *Specific Carbohydrate Diet* and that still doesn't work because there is a lot of junk in there.

There is still some sugars in there, people are eating sugars, even though they are not disaccharides or eating monosaccharides, they are eating foods that I don't think work really well; so I've adapted that. The diet that you've got on the website is the **modified Specific Carbohydrate Diet** where I've taken the guidelines for the *Specific Carbohydrate Diet*, combined them with the guidelines for the FODMAPs diet and then taken out any foods that I don't think are desirable at all.

FODMAPs

These are Fermentable, Oligosaccharides, Disaccharides, Monosaccharides And Polyols. The things they have in common with this SCD, the *Specific Carbohydrate Diet*, is it eliminates the oligosaccharides which are short-chain sugars, the disaccharides which are two sugars, and it also eliminates the monosaccharides, so it eliminates **all** sugars.

It also eliminates Polyols, which is another word for sugar alcohol; so it eliminates things like erythritol, xylitol, mannitol, sorbitol.

These are all fermentable by the gut bugs. We want to get rid of those because they are incompletely absorbed. Not for everybody. If you have a good, healthy gut you should be able to handle these foods, no problem. But it's when you've overdosed your gut and you do things like we all did growing up, eating foods that were really crappy for our gut creates this imbalance and then we can't handle it. So, temporarily, we remove all the things that are going to hurt.

They are difficult to digest, they are easily fermented, they exert what's called an osmotic effect which means that it increases the amount of fluid that's drawn into the large bowel instead of the fluids getting absorbed by the large bowels and creating a nice, soft but firm stool that it's allowing the stool to draw more liquid in which results in diarrhea and leads to IBS symptoms.

It may be due to SIBO, which would be Small Intestine Bacterial Overgrowth; or dysbiosis, which is usually overgrowth in the large intestine and stress is a likely factor. When we go through this, it's not enough just to follow a specific diet. It's important to incorporate the stress management techniques, the calming before eating, the getting rid of the bad bugs, doing things to increase the motility of your gut, really important that we do all of it not just one.

The diet that I've put in there is called the *Modified Specific Carbohydrate Diet*, incorporates the guidelines for the FODMAPs and the *Specific Carbohydrate Diet*, and what I consider more healthy guidelines. That's what you follow if you are doing the other stuff or you've done a lot of work and you know that you need that extra help. Not for everybody, please don't get all bent out of shape because we are eliminating even more of the foods from you because a lot of the veggies fall into here. You'll see that certain vegetables are just not allowed there is a smaller list.

If you are finding that sometimes when you make green smoothies or you make blended soups you are not really digesting them well, then take a look at that FODMAP/SCD diet and then eliminate the greens that are not allowed in there and see if that makes a difference.

You may be able to drink those green smoothies and those green soups as long as you eliminate some of those FODMAP and SCD foods.

SIBO

Last but not least we have SIBO, Small Intestinal Bacterial Overgrowth. It's getting a lot of press lately, it didn't used to be well known and it's basically an overgrowth of large intestinal bacteria that go into the small intestine where they don't belong.

They rob you of B12 and iron and other nutrients; they eat them. They damage the mucosa, which can lead to leaky gut. They can de-conjugate bile which is basically break the bile apart making it not so useful which can lead to fat malabsorption and also fat-soluble vitamin malabsorption so your A's and your D's and your K's and your E's are not going to be absorbed well when you have SIBO.

It can trigger pro-inflammatory cytokines, which are chemicals that are inflammatory chemicals in your body, which can create damage to your gut lining and cause leaky gut. They can create sugar cravings because that's what they thrive on. If you are constantly getting those sugar cravings it may be due to blood sugar imbalance but it may be due to SIBO.

They cause an increase in mucous production, which can cause the pores in the gut to get gummed up. It's an overproduction of mucous and then damage to what's called the migrating motor complex which are these complexes of nerve fibers that help to push things along and so things aren't moving.

The motility is dampened and you are not moving things along so instead of things moving through you and going out into the large intestine, they sit in the small intestines for too long and you get an overgrowth. It's a complex problem, complex solutions; and the diagnosis, the full diagnosis is from doing that hydrogen methane breath test.

In lieu of doing that you can maybe assume that this might be going if all the other things you are doing to work on the gut are not really working as well as you think. There are several approaches to helping you overcome this. This is the picture, you can study this offline, for those of you who like to geek out on details.

It just shows some of the treatments that help: massage which is really good for moving things along, abdominal massage, when you have those migrating motor complexes that aren't working really well you want to get in there and massage it through; probiotics, prebiotics; avoiding sweets. There's lots listed there that we've talked mostly about but there are others we haven't mentioned. We'll talk about some specific nutrients and herbs. There is a link there, you can see the various symptoms; it's just a really good overview chart. We don't have time to go through the whole thing but you can study it.

SIBO Management

And then finally what do you do with that when you have it? You've got to ***starve the bacteria***.

One of the things that is really helpful for SIBO which is a really hard thing to do is an elemental diet. The elemental diet is one that's basically the kind of we don't normally want to eat, right it's all these fabricated nutrients, there is no real food in it but it's just providing all the nutrients that we need so you might have elemental amino acids and there are formulas you can get.

You may have some vitamins and minerals without a lot of the food components and you are basically doing some liquids only with all pre-digested easy to adapt and easy to get in you, nutrients using the SCD and FODMAPs diets or other things that are helpful for starving the bacteria.

Killing the bacteria with antimicrobials and there are some of the same antimicrobials we've talked about before, but there is also some other microbials that have been found; but they are very specific doses that have been studied. There are specific antibiotics that are used, *Refaximin* is one of them and it's actually not a bad antibiotic as antibiotics go.

Some people just opt to do that because you can get it under control in a couple of weeks versus four weeks and that will kill off a lot of these bugs without actually getting into your bloodstream and getting systemic, so as antibiotics go it's one of the better ones. But you can do it herbally and one of the naturopaths that I've studied with and listen to, she talks about the fact that she's done studies and she's seen some really good results with the herbals. I'm passing on some of her protocols and I've got her name is somewhere on here. She's got some good stuff it's called www.siboinfo.com if you want more information.

There are a couple of supplements that are helpful but they have some ingredients that you may or may not like. *Dysbiocide* along with *FC-Cidal™* by Biotics Research, or *Candibactin-AR* and *Candibactin-BR* by Metagenics.

They also have a combination of some of these other things. Again with the combination formulas you are kind of stuck with, oops what if I don't tolerate one of the things in the formula, so it's best to try some of the individuals. The things that tend to work, berberine, which comes from goldenseal, oregon grape, barberry, coptis, and even philadendron; 5gms a day which is a lot more than we typically get. Thorne has a product called *Berber 500*; that's 500 mgs, so 5 grams would be ten of those a day.

It's a lot, but that's what's been studied to be effective against these bugs living in the small intestine and it takes about a month. Allicin is the active ingredient in garlic and there is a product called *Allimed*, the highest potency formula is *Allimed* and you can get that if you want to or you can just get the allicin, extracted garlic.

Oregano, neem and cinnamon and you play around; oregano a few drops, neem is another one. Actually for the small intestine, probably oregano is best not taken in the water but taken in capsules so that it is released further down in the gut. Those are just some of the things that you can do.

You also have to **repair the gut**, that 30-day protocol we just talked about. Prokinetics, prokinetics, usually they prescribed drugs for this. Low-dose Naltrexone happens to be the most beneficial in terms of the least side effects, but again it requires a doctor's prescription. There have been a lot of studies on the herb, *Triphala*, which is a combination of Amalaki and two other ayurvedic herbs (bibhitaki and haritaki) that I never can pronounce quite right but *Triphala* is very easy to get. You can get it in powdered form, you can get it in capsule form and *Triphala* is a good prokinetic, there have been a lot of studies with it with SIBO.

And then there is **restoring gut function**, making sure that the stomach acid is working to kill off these guys. The ileocecal valve dysfunction contributes to SIBO. Ileocecal valve, we are going to talk about that in our large intestine anatomy piece. The ileocecal valve is on the right hand side, it's the doorway between the small and the large intestine and that valve is supposed to open up. As soon as you eat food, there is a reflex that happens at the gastroileal reflex. So the stomach says, 'food's coming through, food's coming through' so it says 'open the door, let the stuff that's in the small intestine out through the large, close the flap and then allow the rest of the food that's new to be absorbed in digestion.'

What happens is sometimes the ileocecal valve gets irritated. It can even have something like a seed get stuck in it and causes it to be spasmodic. The ileocecal valve can get stuck in the open position which can do one of two things or sometimes a combination of both; it can allow the small intestinal contents to push through too fast, and/or, more seriously, it allows the large intestinal contents to backflow into the small intestine which is one of the leading causes of SIBO.

A lot of other causes of SIBO, surgery; surgery for something completely not related to the gut can cause it, shoulder surgery just by the invasion of the body, of the surgery. If you have any kind of gut re-section, blind loops and people do that when they have intestinal gastric bypass surgery. They have a blind loop and it's very common for the gut bugs to grow out of control in that blind loop, so there are a number of causes for it.

What we want to do is restore the function, restore the movement, repair the gut, get rid of the bacteria, and stop feeding them, and that's the way you deal with SIBO. This is not the first line of defense but if you've had chronic long standing, this may be something to look into and if you go through the 30-day process and the 28-day Candida process and you are working on the mucilage and you are doing the relaxation and you are doing everything we've given you in this program and you are not getting the results, then you really need to start looking at that modified SCD diet and managing for SIBO.