

Irritable Bowel Syndrome

vs.

Small Intestinal Bacterial Overgrowth

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Been told you have IBS? Has your doctor tested you for SIBO??

IBS, or Irritable Bowel Syndrome, is a diagnosis that I liken in many ways to the frustrating diagnosis of Fibromyalgia – neither diagnosis points to a cause or a cure and people with the symptoms of these conditions will go from doctor to doctor trying to find effective treatment or give up and retreat to their homes with a diminished quality of life. Or, with many cases of IBS, they may never seek professional help at all. According to a large study conducted in 2005, the overall prevalence of IBS in the US population was 14.1% and only 3.3% of those cases were medically diagnosed.¹

IBS is characterized by abdominal pain and constipation alternating with diarrhea. Most sufferers also experience a fair amount of acid reflux, and gas and bloating. IBS is often broken down into one of three types – the chronically constipated (IBS-C), those predominately having diarrhea (IBS-D), or more commonly, the true alternating pattern (IBS-A). For the record, if you are not having at least 1-2 bowel movements each day, you are constipated in my book.

In the US, the main treatments for IBS center around symptom relief – motility agents for diarrhea or constipation, antacids to suppress acid production, and occasional pain relievers. As a naturopathic doctor, this is often a condition where my guidance is exceptionally helpful. We explore food intolerances and food allergies with elimination trials of certain foods; we prescribe physician-quality probiotics to ensure you have the proper gut flora; and we prescribe healing nutrients and herbs that work to restore the lining of the gut and reduce inflammation at its source. With most cases, this approach has been successful. New dietary habits are learned, gut function is restored and everyone walks away happy and healthy.

But not always. More and more recently I am seeing cases of “IBS” that do not respond to any of my mainstay treatments. And more and more frequently, I am finding that these cases are not actually IBS, they are SIBO.

SIBO stands for Small Intestinal Bacterial Overgrowth and it is exactly that. While our large intestine should be populated with mind-numbing numbers (100 trillion!) of bacteria known as gut flora, our small intestine typically has a much smaller number of bacteria and different species than those found in our large intestine. Our small intestine typically does most of the work of breaking down our food with powerful enzymes from the pancreas and bile from the gallbladder or liver. Our ability to

¹ A. P. S. Hungin, L. Chang, G. R. Locke, E. H. Dennis, V. Barghout Irritable Bowel Syndrome in the United States: Prevalence, Symptom Patterns and Impact
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incorporate nutrients from the foods we ingest is centered in the small intestine. When we have a bacterial infection or overgrowth in this area, the symptoms can include abdominal pain, gas and bloating, and constipation alternating with diarrhea along with acid reflux, nausea, headaches, joint pain, weight loss, and anemia or other nutrient deficiencies. Sound familiar?

Testing for SIBO is only done through a few labs in the US, but as awareness grows, so do the number of clinics and laboratories offering analysis. National College of Naturopathic Medicine in Portland, OR has a SIBO research center that has led the way in testing and spreading information about this condition. Any doctor can order a SIBO kit from here or one of the other testing labs in the US. Patient preparation can vary greatly from lab to lab, but you will be asked to follow a special diet for a small amount of time before ingesting a solution of lactulose or glucose and collecting breath samples over the course of the next 3 hours to measure hydrogen and methane gas production. If you have a bacterial overgrowth in your small intestine, these bacteria will be releasing hydrogen and methane gas as they digest the sugars. A normal test will not show any methane or hydrogen gas production until the solution has entered the large intestine in the last 30 minutes or so of the collection period.

If found positive for SIBO, the most common treatments at this time are specific antibiotic protocols focused on killing just the bugs in the small intestine and strict dietary guidelines for 6-12 months at least in order to prevent rapid re-colonization. It's not an easy road for the physician or the patient, but I would not be writing about it if the improvements in health weren't so remarkable.

The big takeaway here is that you or someone you know may be frustrated and hopeless about their GI function and feeling like nothing else can be done. I want you to know that there are options to explore and treatments that work. The online chatrooms of naturopathic doctors are filled with discussions of SIBO, but it is a condition that has yet to gain mainstream recognition and acceptance. If you would like to read more about SIBO, one of my favorite resources is www.siboinfo.com.