THE FATIGUE SUPER CONFERENCE

Case study: Addressing SIBO

Guest: Helen Lynam, Sanna Anderson, Claire Sehinson

Helen: Welcome to the Fatigue Super Conference. This is one of five nutrition case studies. I'm Helen Lynam, and I'm joined today by Claire Sehinson and Sanna Anderson, nutritional therapists as part of the Optimum Health Clinic team.

With these case studies we aim to discuss the clinical practicalities and the realities of consultations and the therapeutic process. We hope that through these we're going to help practitioners and clients alike. What we're going to do is show some functional matrices of real cases, and also some real test results. And through those hopefully give a perspective on the time scales involved, client sensitivities along the way, and the real challenges that client actually face trying to apply our suggestions. These kind of things are rarely touched on in textbooks or on courses, and so this is something hopefully that's quite new. The good news is that actually three of the Optimum Health Clinic team have been involved in an international case study book coming out at the end of the year, and one of them is actually the editor, so we're very excited and proud of that, too.

So for this discussion with Claire and Sanna we're going to be looking at two cases that ended up being SIBO cases, small intestine bacterial overgrowth. But they weren't actually obvious, and so we're going to share our investigative journey and, of course, the actions we took and the actions and the current situation of the client now.

So, first of all Sanna, let's start with you. If you bear with me, I'm going to pull up the actual matrix so that you can see that if I share my screen. And talk us through this client.

Sanna: Hi, thank you. Yes, so we are talking about female client in her 50's. She came to me presenting with diagnosed chronic fatigue syndrome. Her main symptom in this case was constant tiredness that wasn't really shifting or being positively affected by anything that she was trying to do or not to do. She had always led a very, very busy life. She was physically very

active prior to getting ill. She had physically very demanding hobbies. When we looked at her health history starting from childhood there really wasn't anything there yet to indicate any concerns or worries. She had a healthy childhood. No obvious familial risks in terms of health.

Sanna: The build up to the chronic fatigue diagnosis started slowly by stressors of young children; very, very busy life; demanding work; very physically demanding hobbies; gradually, energy reducing. Then she went through quite a challenging, emotionally challenging time in her life, with divorce; death of very close family members at close succession. And I think, at that point, she felt the tiredness started to impact her day-to-day life. She did go to see her GP, and at some point, a diagnosis of underactive thyroid was made and a prescription of thyroxine was given to her, which sort of gave her a bit of a boost. But that didn't really last. She was complaining that she really had to narrow down her life to very, very little activity. She managed to work part-time and then that was very much it. No more hobbies. She was now complaining about constant dizziness, to which no particular cause was found. Brain fog was increasing.

Sanna: At this point her digestive symptoms, as we are talking about SIBO, but at this point really the only symptoms that she was complaining about were nausea if she wasn't eating regularly. She was a little bit constipated. Had eliminated red meat from her diet because she found that she was struggling with that. But that's where we started basically.

Helen: And interesting, yeah at this stage nothing really much to indicate that gut was an issue. Nothing more than probably most people would have. So where did you start with her, what did you think would be a good place to start?

Sanna: Well, as we were sort of pulling the history together with her we really identified that the one kind of clue that was there along the way was stress in various different shapes and forms. You know, physiological stress. She admitted that she was the type of person who would push herself beyond the sort of comfortable boundaries, I suppose. Physically, plus the fact that, yeah, she accepted that if she had to identify the sort of tipping point. Which in this case there really sort of wasn't a clear one like sometimes you see infection or one particular event where clients identify that, you know, life was sort of okay before and nothing's been same since. But she felt that, yes, the emotional stress as all that took place in quite close succession. But, yeah, that that probably was a turning point. And the fact that there was that endocrine involvement of, you know, diagnosis of underactive thyroid we felt that the endocrine axis would be the place to start.

Helen: Absolutely.

Sanna: Also wanted to, therefore, look at her adrenal function and cortisol output and see how much of a role that might have had in her.

Helen: And also we're pointing out, of course, you would have done all the nutrition stuff, as well. Getting in more protein and more fruit and vege and talking about the whole caffeine thing, as well, which we do. We take for granted, but we do every time because it's baseline of what we do.

Sanna: I know, I know, yes, I mean absolutely. There were signs of poor blood sugar control. We talked about protein. Which, of course, is challenging if you, then, have some digestive challenges, as well. But, really at this point, my major concern with the digestion was that perhaps the long term stress would have suppressed her digestive output to level where she was just struggling with higher fiber diet, perhaps or, you know, denser sources of protein. And, in fact, that initial support of digestive enzymes and hydrochloric acid the client found incredibly helpful and we didn't really touch upon digestion for a few more consultations because we felt no need, yeah.

Helen: Well, let's look at a very different case, then. We got to pause your case for a minute, Sanna, and switch over to Claire's case and clarify the functional matrix for yours. I think it's fair to say that with this one actually the whole area of the gut probably did seem to be more significant to start off with. But, yeah, talk to us about the whole picture to start off with because we don't just work with the gut. We're looking at the whole picture, and we're just going into that area for the sake of this discussion.

Claire: Absolutely. So my client did have a more obvious gastrointestinal presentation from the outset. However, her initial goals were to address her chronic fatigue and ME. So she had a lot of chronic and prolonged sort of viral infections. And her ME onset was a notable viral and sort of post-flu trigger. She had multiple allergies, including oral allergy syndrome, a sort of tingling, swelling of lips to raw fat and raw fruits. She'd noticed food intolerances to dairy and gluten in the past, but any reintroductions also flared up symptoms again. She had some chronic nasal congestion, and she phrased an unsettled stomach. And so, you know, IBS wasn't on the forefront of her mind either, when coming to our clinic.

Claire: And more for questioning, she did have quite severe IBS. A range symptoms where diarrhea, sort of not the classic symptoms that you typically get with SIBO, so it wasn't the first thing that came to mind. She did have morning urgency, nausea, and that would be triggered off by, you know just drinking water, so not even with food; abdominal bloating and cramping;

flatulence; heartburn; yellow stools. And she had had two clear instances of gastrointestinal bugs. One was from drinking contaminated water while camping. And another one was when she learned that she had contracted when traveling. And she had had the MHS GO gastroenterology workup, so endoscopy, biopsies, stool tests, blood… it was all found to be normal.

Claire: So she was a young professional, high academic achiever, a lot of stress in her job and her sort of approach to life if you like. Some quite difficult personal relationships going on at the time, so stress was a big part of her picture, too.

Claire: She was still in work, struggling with the hours, and she was on a vegetarian diet. So we're going to touch on that a bit later, but that can be quite challenging when it comes to working with a gut and working with SIBO. And she was fairly reliant on convenience foods, as well, and the stimulants of caffeine was in her diet.

Helen: And in all fairness, she is trying to sort of, hold down a job a little bit with Sanna's as well. When you're not well and you're trying all you can do just to make ends meet by working and you've got no energy for anything else outside of that.

Claire: The preparation… it's sort of a normal thing to rely on. Keeping afloat and keeping her just about ticking over. So we wanted to work with that as closely as possible, not to give her too much of a challenge that would actually make her worse.

Claire: She also had quite significant depression, anxiety, and seasonal affective disorder that did affect her on a day-to-day basis. There was, typically of a normal client, there was a notable chemical sensitivity, alcohol intolerance. And a lot of migraines, and that seemed to be linked to her menstrual cycle. She did have some background of PMS, as well. She was taking citalopram and thyroxine, so later on will discuss citalopram interaction on some of the SIBO formulation, so that was another sort of challenge that we have to work with.

Claire: And her initial blood work showed low B12, low iron, which is fairly common on a vegetarian diet. So there were some deficiencies from the outset. Low vitamin C, as well, and high eosinophils, which are related to an allergic response. So we were working with that from the outset.

Claire: And one of the things she did want to address is painful course, which appeared to be due to frequent thrush. But with a history of a lot of antibiotic use and antifungal use, they hadn't really kept the infections at bay, so she was kind of struggling with poor immune system as well.

Helen: Great. I think that paints a picture of a lady struggling, really. Thank you. Thanks. So we're not going show any test results at this stage, but perhaps you'd just like to say where you thought at this point you would start off.

Claire: So, yes, due to the limited finances as well and some really obvious nutritional deficiencies, I decided to just do the basic diet work. Replenish her nutritional deficiencies and then watch for changes in her symptoms before deciding which functional system to explore, because at that point it did look like every system was down. So she did improve really significantly to some of the basic blood sugar balancing and optimizing protein intake and repeating those nutrients.

Helen: But not completely?

Claire: Not completely, no. So we trial with DIM, as well, and that seemed to significantly reduce her migraines. She found the gluten-, dairy-, and sugar-free diet really helped. But any reintroduction of it did flare up her symptoms again, so it was obvious that something underlying had not been sorted. I mean, her gut did quiet down quite significantly with some basic digestive support, so primarily it was just enzymes in this stage. But she did have periodic diarrhea and vomiting episodes, which would occur for no apparent reason. At this stage we weren't really sure if it mapped onto hormone cycle, or coincided with episodes of stress and a viral infection, or if it mapped onto a life cycle of a parasite. So we sort of knew we were probably going to be looking at the gut at this stage.

Helen: Great. Thank you. So, Sanna, let's go back to your client then. So you started off doing an adrenal test, didn't you?

Sanna: Yes. So we just chose the simple salivary cortisol output test just to really get a bit more of a baseline of what we were going to be looking at. Whether there was some potential adrenal insufficiency that was contributing to her overall picture. I mean, I think, probably as everyone knows CFS is a very complex combination of factors, usually, that then makes up that final presentation that you end up with. But as we had already agreed, both myself and the client, that stress was one of the key words on the table we thought that that would be a good place to start. As you can see from the results, to me this sort of picture would definitely be showing some level of adrenal insufficiency. Sort of lack of almost, you know, buffering capacity throughout the day in terms of cortisol output. And indeed we then followed up these results with some herbal adrenal support, continued with all the other foundational areas, just blood sugar balancing, taking any stressors away that we could control. Obviously you can't always control your emotion…

Helen: Life…

Sanna: …life, and other factors. But as much as we could.

Helen: I think just going back to that, I think that's a really important point. Because, you know as nutritional therapists, I often say to people while our aim is particularly dietary changes the last thing we want to do is to add to someone's stress load. Because almost always someone with chronic fatigue has got stress of some kind. Because their body is out of balance and there's the emotional stress of the illness. And physically something is not right.

Sanna: Yeah, absolutely.

Helen: And so we don't want to be adding to that, so we're trying to control… so the blood sugar control, getting the nutrients into the diet. If they're not right, they're stressors. If they are right, it's a stress that's gone, it's another load that's gone out of the boat. So that's always helpful.

Sanna: I completely agree. And that's the sort of, I think, the lovely two-way conversation. The very helpful and useful two-way conversation you need to have with clients is to make sure that the changes that we are implementing are still doable. And I think in her case, again, with hindsight I think, yes, we did start quite nicely in terms of building things up. And she did, as I said, as we keep referring to the digestive side of things as well, she felt things did improve just by supporting digestive function with enzymes. She did eliminate gluten. She had doubled with reducing gluten in her diet previously, because she had noticed that bread did increase some of her digestive symptoms, particularly bloating. But completely eliminating gluten, again, she felt that was a really positive step. She was able to do that and, again, at this point as we were reviewing her progress felt, okay we're quite happy with what we've done with digestion.

Sanna: The adrenal supplementation was starting to give her a bit of a lift so, again, felt that this was a connection that we had correctly identified at this point.

Helen: But it sound like she wasn't there completely…

Sanna: No, so she wasn't…

Helen: …which is often the case, isn't it? The adrenal, it's a great extra piece of information. It's a layer down from the initial presentation. But rarely the whole story. In fact, and I think from a chronic fatigue point of view, is never the whole story because there's so many other things going on…

Sanna: No...right...

Helen: So what made you start to think about SIBO being the issue with this lady? Because I'm intrigued as to what was the seed in your mind, where did that come from?

Sanna: I think you have to, exactly like you said, you continue that process of peeling the layers back and seeing what comes up next almost if you like. In time scales this would have taken place probably over at least two to three follow-up consultations where, as I was saying, you've made some progress. But what was starting to emerge, and sometimes this is something that I feel only time will kind of bring up and make obvious. And that's the beauty of being able to go back then and start making those connections. The things that the client was still at this point complaining about, despite some improvements in her energy, were she still had ongoing facial puffiness, which I didn't really mention at the start but you can see it on the matrix. But nothing had really changed that situation.

Sanna: When she was having one of her crashes or downturns there was often a headache involved. She did start saying "well, look, every time I do crash or take turn for the worse, my digestion tends to go a little off plan, as well." But certainly the first few times she mentioned it, she was very adamant that there was first something else and then the digestion followed. So, again, we felt at this point it wasn't necessarily leading. But because there was headaches involved, the puffiness, histamine became something that we thought "well, that would be worth investigating." And she did, indeed, connect a few high histamine foods as being triggers for her headaches, which somewhat improved by elimination of those. But still, that fluctuation continued.

Helen: And histamine is just another symptom, isn't it?

Sanna: Yeah.

Helen: We've got a great recording where we talk in quite a lot of depth about histamine. But it's just another symptom, we've still got to get to what's causing that.

Sanna: Exactly. So if you've got high histamine, why is it? Just eliminating the food is really just putting a patch on that.

Helen: A start point. It brings relief, but you can't carry on the rest of your life like that. Ideally you want to get to the cause.

Sanna: And I think, actually, it was as we were then together reading through her notes and saying "okay, well what has happened? What have we done so far? What has been positive? What have we tried that's potentially done not a lot in terms of improving symptoms?" It really was those digestive symptoms that just kept jumping up. And although still at this point really she wasn't overtly, daily suffering from digestive distress, any bloating, burping...

Helen: But isn't it interesting, though. We don't know what normal is. Because we only ever have our own experience. And I think that's part of the issue, isn't it? And even as practitioners, as we try to inquire. You can share the Bristol Stool Index, you can ask about bloating. But there's people are bloated without even realizing it. Yes, you've got that extreme bloating when people can go from a flat stomach in the morning to six months pregnant by the end of the day. That's extreme. Not everyone gets that level of bloating. And if you're eating in a way that promotes the SIBO all of the time, the bloating is always there. So you just don't know.

Sanna: Yeah, it becomes your new normal.

Helen: So let me share your test results that you did with this lady so that we can just briefly see them. So there we go.

Sanna: Yeah. There we go.

Helen: Those are the results. Exactly. Perhaps for the people who might not have seen these test results before would you say they are positive tests?

Sanna: I would say that's a very clear hydrogen-producing... positive for hydrogen...

Helen: So hydrogen is the blue line which goes up like that.

Sanna: So you can see a very nice peak there at I think that's at 18 minutes.

Helen: And the SIBO test looks for two different types of gases. And methane is the other gas and that's trundling along at the bottom here, not really an issue for this lady.

Sanna: No.

Helen: And then you've got the green is the combined. So, yeah, absolutely that was a test worth doing, wasn't it?

Sanna: Yeah. Even at this point I'd like to say this was our "Eureka" moment. But of course still at this point it's positive, but how much of a contribution is this result now making to the overall picture? You only really find out once you start dealing with the...

Helen: Yeah, exactly. Brilliant. Thank you. So why don't we now have a look at your client, Claire? We've got quite a few tests to run through for her. So, to start off with, you've talked us through some of the dietary stuff and things that you did, which made some difference. And I've just realized I've got a problem with the results, so just start talking through and give me a minute to just do some work on them.

Claire: So, yes, we obviously wanted to investigate her gastrointestinal system. We picked stool over SIBO breath tests because back then, you know this was a few years, maybe two years ago... was SIBO unusually fashionable at the moment? There wasn't the reliable lactulose three hour breath testing and prep instructions that we know produce that reliable results these days. So traditionally we'd go in with a good PCR stool test, capture as many digestive markers as possible that we could take clinical actions from. There's report that the test showed something that we could work on.

Claire: And secondly, her SIBO symptoms weren't obvious from the start. She did have the post-infectious IBS which was indicative of some possibly SIBO. But she was waking up with nausea and morning urgency, which wasn't typically your SIBO symptom. So we started with this stool analysis. Still waiting for you, Helen.

Helen: Yeah. Sorry. And if you're okay we're just going to share the first screen.

Claire: Yeah, that's fine, absolutely. It's a good summary.

Helen: Exactly. Just opening it up there. There we go.

Claire: Okay, perfect. Her first stool analysis, it did show parasites which we thought that might have been the case given the contaminated water consumption. So she was carrying blastocystis hominis, dientamoeba fragilis, and a gut inflammation marker for protein X, which is a quite reliable marker in the stool of IBD or inflammatory bowel disease particularly associated with some sort of allergic response. So this could be from food intolerance or it could be from carrying parasites or worms.

Claire: There was also digestive insufficiency, so she had low short-chain fatty acids and butyrate. She had been in much need of colonic health. And there's low bacterial diversity in the large intestine, so this wasn't someone

that looked like a typical stool-test for SIBO because often you do see high bacterial overgrowth. That's not something we suspected from the outset.

Claire: We did start herbal antimicrobial protocols, antiparasitic herbs, which she reacted quite adversely to.

Helen: Can you perhaps give an example of what you did use?

Claire: So, I think, combinations from berberine. Obviously we know now berberine's also a SIBO hydrogen-affective herb. There would have been possibly oregano, grapefruit, such combinations. So she did feel quite dizzy and sick and she actually needed to be signed off work because of her reactions. There's a huge Herxheimer, or die off, effect, a quite toxic effect from taking these antimicrobials. We persisted with lower doses and some assisted detox elimination support, which marginally helped. But she still felt pretty rough on them. And if you want to bring up the retest, if we just show the first page of the retest...

Helen: Yeah, I'm just doing some work on it now.

Claire: Okay.

Helen: Oh, no, I just deleted it. Didn't mean to, sorry.

Claire: That's fine.

Helen: Joys of live rec- well, it's not live, but trying to do this. I'll bring it up in a second. Oh, now I think I've completely lost it. I'm sorry.

Claire: That's okay. So the retest did show that the digestive elements had improved. Her short-chain fatty acids were much better. Her diversity was fine. The gut inflammation was possibly worse, so it was a high level of protein X. And the parasites were still there, so they'd obviously been quite resistant to the eradication. So it suggested we triggered an allergic response with the protocol we used. So after a period of leaving her gut alone and stabilization, just following her same dietary advice, obviously working with the same protocol with her hormones, she felt well enough to get back to full-time work. So she took a hiatus from nutrition for about a year.

Claire: She returned a year later with a view to support fertility, she wanted to look into supporting her nutritionally whilst reducing her antidepressant with the help of her GP. And she wanted to support her immune system. So still no mention of really focusing on the gut, but obviously with all of those things she wanted to do we decided to check if the parasite's still there, the digestive inflammation. We picked a different stool

analysis. Again, finances was still our consideration so we picked something which encapsulated different viruses...

Helen: I can bring this one up, I think...

Claire: Yeah, absolutely. I'll give you a second.

Helen: I had it a minute ago. There we go, that's the one.

Claire: It's quite a few pages, difficult to slough through. But we picked it because we wanted to rule out H-pylori as well, and we wanted to have a look at Zonulin in case there was intestinal permeability contributing to her allergies. Perfect.

Helen: There we are.

Claire: So we chose a stool test. It did show high clostridium, high level of Firmicutes, but also low levels of normal bacterial flora. Candida and candida albicans were elevated, which she did have pretty suppressed immune system and chronic thrush infections. And she had taken several courses of antibiotics in the interim. Blastocystis was still there, dientamoeba was still there, so parasitic overgrowth was still high. There was low pancreatic output. A low gut immunity, which is a secretial IGA marker. We can see some of the bowel inflammation markers were now elevated, so they're within range.

Helen: It's interesting though, isn't it? Because she had thought that she was fairly well. She hadn't come because of this. She came...

Claire: Yeah, the ME that she came to see us with was significantly more manageable. She came to address different symptoms, but it was taking it back to the gut because, if you're immune system's terrible and you're catching an opportunistic infection, so it's not the root cause. It's a sign that you're immune system's pretty low. And 70% of your immune system being in your gut. It was a discussion we had about investigating the gut again to see if we could make an impact. She tried lots of immune supplements, self-prescribed echinacea and all of those things. They didn't make a difference. So we tried to take a different approach.

Claire: So from this outset we decided to do some gentle parasitic work. I asked her at this stage because of finances and we could not go straight into another test if she would consider doing a FODMAP diet. And it's basically based on the pattern of bloating. And often with my clients and even ourselves we only think of those symptoms as being there when we are asked specifically, and in hindsight we look back and we go "oh yeah, so after that meal I did get significantly bloated and not with this other type of food." And

some of our clients do report eating a healthier diet, with more fiber, more whole grains, can make them feel worse if not making them feel any better. At that stage I encouraged her to do a FODMAP diet under my guidance, and she she used Monash University app, which is a really handy app for busy people because it's got a huge database that they can just look up when they're eating out or when they're at the market.

Claire: And there's also the blood sugar balancing aspect, because a lot of low FODMAP are white rice and white carbs. And she had to sort of continue the blood sugar balancing protein balancing and good levels of nutritional vegetables and not just picking low FODMAP foods. I would combine that and she reported that made a huge difference, whereas in every empty parasitic that we've done before, done nothing but make her worse. And this significantly and very quickly reduced her gut symptoms. So that was kind of the encouragement to do the SIBO test and suggesting this is supposed to be short term diets.

Claire: And if we don't address the root cause you will still keep getting symptoms until we can find the reason it's happening. So that sort of convinced her to do the SIBO test.

Helen: So let's have a look at these then. Let's have a look at those test results. And these are from a different lab, but there's no real difference between the labs that we're all using actually costs a lot but normally using the same baseline testing techniques.

Claire: Absolutely. I think both mine as the queen tron technology. So the machine is very similar.

Helen: It is little compared to that.

Claire: Yes, that's...

Helen: Hope you'll see the numbers.

Claire: Yeah. So this is obviously slightly different to Stunners. So we performed the SIBO lat to low three hour breath test. And you can see here it's positive hydrogen and methane gas, so peaking gas is a lot later than Helen's client. And so sort of out there a hundred minutes mark, it starts to rise.

Helen: Okay.

Claire: SIBO test.

Helen: Okay. Yeah, because we should point out this isn't what we're looking at 'cause that was large intestine.

Claire: That's the large intestines. Yeah.

Helen: So as it says there. So it's this particular rise that we're interested in.

Claire: Before the transition.

Helen: Yeah.

Claire: Yeah, obviously in 20 minutes.

Helen: That was a positive test?

Claire: Absolutely.

Helen: So let's now start talking about what you've done with these test results because I think this is helpful, isn't it? To people so is Sanna. What have you done with your clients?

Sanna: So we picked the bi phasic diet as our diet to start sort of building on. I find that it's quite helpful in terms of the prescriptive quantities of different types of carbohydrates That are loud on that diet. I think actually interesting to say at this point, as you were saying earlier on Helen, we were talking about, how we don't want bits of extra stress or too much stress on our clients and sort of build gradually on their capabilities as hopefully the energy is returning.

Sanna: And, I mean one thing you could possibly say at this point, of course, you always look back and you think, well, should I have done these tests earlier? And in a way, I wish I could immediately just look at somebody and say, okay, these are the tests we need to do. And this is the fastest way to the end goal. But perhaps, something like the Bi Phasic Diet which is a challenging diet. There's no two ways to sort of describe it really. Would it have been appropriate and doable and would she have been able to execute this diet when we first started working together? I'm not entirely sure. Whereas now there certainly was enough of an improvement in her energy already. And she was very motivated to see how this next piece of information was going to kind of fit into the overall picture and how she could hopefully improve from here.

Sanna: So she was…

Helen: That's a really good point actually because on the whole, when we work with people with chronic fatigue, it takes time, doesn't it? It's rarely a quick fix. And the quickest fix might be six months.

Sanna: Yeah.

Sanna: Absolutely.

Helen: And you've got to have energy to do these things. So, it's a vicious circle that hopefully we'll get to a virtuous circle of getting a bit more energy and that energy being invested into self care. And this is a great way of doing it.

Sanna: And we didn't just probably helpful to say, because we did talk about histamine earlier on. I didn't pick the sort of histamine limited by phasic diet, which is even more challenging I think. Just because she certainly wasn't reacting when we were doing this histamine food elimination and trial, she basically identifies. I think it was tomatoes particularly were a problem for her. For many diets, tomatoes are quite often a big feature when you're trying to increase vegetables and making tomato based, perhaps sort of stews and sauces and so on.

Sanna: And we agreed that just excluding the tomatoes was hopefully going to be sufficient. And yes interestingly we had the two week kind of what I'd call a prep phase. So we didn't start antimicrobials immediately just allowed for the client to sort of get her head round the diet. We made sure that her digestion was as well as supported as possible. She was eliminating dairy. We used some herbal triphala basically to regulate bowel movements to make sure that that was happening. And she did pretty much immediately start reporting a lift in terms of her energy levels and just sort of general wellbeing, which was obviously very gratifying for me. And gave her an awful lot of hope and even more determination to…

Helen: It's great and I know there's mixed souls about, well, should you do a diet or do you just go in with antimicrobials? And to a certain extent, it depends on the client and if they're able to do the diet. But I think when you can do the diet, it starts to give you control.

Sanna: Yeah.

Helen: And I think that's so powerful to someone. Okay, if they are having to cut out foods, but they all know having control over their body, which they perhaps haven't had this such a long time. And I think that's quite empowering.

Sanna: Yeah, absolutely. So we then, after the two week period, we picked a combination herbal anti-microbial often for different herbs. I think that there was berberine, there was some garlic, Oregano. So, even though she was hydrogen positive primary, well fully, there was no need then activity. She has always been someone who of wanted to minimize the number of supplements that she's dealing with as well. So I felt rather than putting in a few different sort of singular Herb's a combination for her.

Helen: 'Cause of course that's a lot that we haven't touched on that, but that is a big focus for loss of our clients. They can't work or they can only work part time. Another reason for doing diet rather than supplements sometimes is the actual expense to the supplements. These unfortunately are expensive aren't they? And out of range of some people unfortunately.

Sanna: Yeah, absolutely. And I think that's the challenge. There's the sort of the theory and the gold standard research and then there's reality.

Helen: Day to day life.

Sanna: I mean we did include some biofilm agents as well, but generally kept it very, very simple.

Helen: And what kinds of things would you use for the bio film?

Sanna: And again, what was nice in this client's case was that she tolerates the antimicrobials well basically, which is not always the case. I think, again that's the sort of, obviously when you read the research, you look at the quantities and you look at the sort of success rates and so on. But again, in real life, I think particularly with our client group of chronic fatigue patients, there's quite a high burden on many of their systems already.

Sanna: And like in your case, Claire initially she really has been tolerating things.

Sanna: Again, I do wonder that had we sort of jumped in earlier, would she have had a rough journey of it? Who knows? But in that sense it was quite nice that.

Helen: The prep work had been done, I think hadn't it? That way the tolerance.

Sanna: The foundation has been built. And so we did six weeks of the anti-microbial as a full day's pretty quickly. I mean, I always ask clients to build the days up gradually keep in touch with me to make sure that they're tolerating it okay. And then we did a rain test to know if you've got that there

because I think that's kind of interesting to look at as well because I think that's quite true to real life perhaps in some ways.

Helen: Well can I point out first of all, the scale is very different?

Sanna: Yes.

Helen: The scale on the last one went up to 18, I think it was.

Sanna: Yes.

Helen: So it looks a little bit similar, but actually it's not because the scale is a whole different scale.

Sanna: I think so. Probably a good point to remind is in the initial, the peak was at 80 minutes and that was at 68 parts per million. On this one, if you look at 80 minutes, it's 26. So it's more than halved basically. But if I looked at those results sort of without any background story, I would look at them and say, well, this person is positive for hydrogen producing bacteria in their small intestine. However, at this point the client was really dealing very much better. I mean, in her own words, she pretty much felt she he had returned to the energy levels that she had in the past when she felt well.

Sanna: She was socializing. She had rekindled many of her hobbies. She, I mean in some ways it almost sounds a little bit too good to be true, but it really was quite a rapid improvements in this particular case. And so we decided that whilst the results were still positive, as she was doing so much better, we chose not to go in with another round of antimicrobials, but instead keeping her on pro kinetics. So, doing the meal spacing, so allowing for the migrating motor complex activity between the meals.

Sanna: She at this point was quite happy with the sort of slightly more expanded version of the Bi phasic diets because she felt very well on it. Interestingly, I suppose one point that is worth making as well that, we did initially exclude gluten and she felt better on it. We hadn’t.

Helen: Offered?

Sanna: Yeah, she felt better often. We had to exclude the dairy completely until she started the Bi phasic diet and that was the point where the facial puffiness finally went.

Helen: Right.

Sanna: And again, hindsight perhaps, often we do look at, I think as in your case Claire saying it, we take away gluten, dairy, sugar, we sort of do the general clear out. I tend to often do things step by step. So whether it's gluten first or dairy first and then sort of the other, if there's still a lot of reactivity or a lot of symptoms left in her case there. Apart from that facial puffiness, there wasn't really.

Helen: With dairy of course it's interesting isn't it? Because with the sugar in diary and the lactose, that to be broken down in the body needs lactase, which is a brush border enzyme. It's one of those final stages of digestion in the brush borders, which is impacted in SIBO. So it might be in time, she can go back to dairy. You can also have problems with the dairy proteins and that a whole different thing. But it might be in time that once these brush border enzymes are going or even a lactose free milk might be okay.

Sanna: Yeah and I see.

Helen: It is interesting that that was her reaction.

Sanna: Yeah. It was one of those you just think, oh well, here go. But, I think at this point really the main concern was that of course with the Bi phasic and particularly when you're in FODMAP. As FODMAP is one of the sort of basis for the Bi phasic as well, that there really is a concern that in the longterm use your sort of lowering your sugar intake of short chain fermentable carbohydrates for the microbial colonies in the large intestine. So again, for that very reason we wanted to look at whether we are able to slowly expand, include more fruit in her diet.

Sanna: We did that of course with B tie rates just the few bacteria in the large intestines. And so far everything is still going well. I think we've agreed that we'll keep another sort of round of antimicrobials in our back pocket if we need to. But she's very happy to kind of almost learn to live with the level of perhaps the bio.

Helen: I think that's a good ... That refers nicely to the Shivan Sauna talk that's being recorded who goes into SIBO as well in a lot of depth. And she summed it up really well. I think it's saying, for some people SIBO is a full time job. At best it's a project and I think that summed it up fairly well. Some people we can get over SIBO completely. In fairness, this is relatively early days. Out of interest, how long have you been working with this lady in total?

Sanna: So we are in about two year mark. So again, yes, I suppose we've sort skimmed through lots of this.

Helen: Exactly.

Sanna: … we've done various different interventions in between as well. But yes, so we can see it's a journey and still continues.

Helen: And still continues by the sound of it, she's doing really, really well and hopefully will won't necessarily be one of those people who has to carry on with the maintenance. Who knows that the stage is, it's relatively early days. But our aim is always to get that diet as expanded as possible and the supplements as low as possible.

Sanna: Absolutely.

Helen: Fantastic. So Claire, how about yours then?

Claire: Okay, absolutely. So you were just talking about that dairy tolerance that might improve after. I was just thinking that actually have to be my clients because her observation periods of cutting out dairy helps her gastrointestinal symptoms and then introducing them again. Introducing them again, kind of reactivated IBS. So, what we did was we continued her on a FODMAP diet and it's just a much more practical option for vegetarians. I think pretty…

Helen: Of course she was vegetarian. Wasn't she?

Claire: Yeah. The polyphasic diet's pretty incompatible with a vegetarian unless you've prepared a kind of egg six times a day. And it's very difficult.

Helen: And the vegans almost impossible. But I believe Narala Jakoby is working on a Vegan version.

Claire: Absolutely.

Helen: … which will be very exciting. Primarily it's around sprouting the seeds and the pulsars so that you effectively use up the carbohydrate.

Helen: Exactly. So, it may be possible but until we've really sort of be thinking straight.

Claire: But even that I'm thinking. I know a CFF client. I do his high. Would you like to sprout for hours and hours?

Helen: Yes.

Claire: So, but basically, she's obviously still working. It's worth noting that her rise and gas was a lot later and then some of the other client I've seen. And so that was possibly why the FODMAP diet works a bit better for …

She was able to carry that out and get improvements from that. And we did make sure we supported her digestion with a really enzyme and had the disaccharide in it. So lactase and brush border enzymes, obviously we know that's often deficient in SIBO. So that we could optimize her absorption and digestion so it wouldn't be fermented later on.

Claire: And that seemed to sort of have an effect too. So, we use the FODMAP diet. She, anti-microbial wise, again, she just doesn't tolerate. So, yes. She just had some pretty adverse reactions to Neem and Alison, which we decided to use at that stage. So I referred her to her GP, wrote a letter. It was obviously referenced with the antibiotics that we often recommend. So it'd be Rifaximin at the stage, which has the best research and in SIBO. The P contacted a gastroenterologist who happened to be SIBO lists for it. She did prescribed or recommended Rifaximin but it was deemed too expensive. So this is something that our clients do you run into and is just seen as too expensive a drug to be used.

Helen: And it is, in fairness. Of all of the antibiotics, there's something like 210 pounds for a course.

Claire: In round with that.

Helen: Which is more expensive than any other antibiotic.

Claire: Yeah. And I think it's just primarily used in Cephalitis and it's not had the body of research to be used. I understand that they try to cost the Metronidazole, which didn't help at all. Probably, because it was absorbed within an hour and Rifaximin stays in the small intestine. So she then elected to pay privately for the NHS prescription and got a two week prescription. And she tolerated the so well. Really, really well that there's none of the toxicity symptoms she caught. It worked really well for this client. So symptoms were reduced and very, very quickly compared to everything else we've been struggling with for a couple of years.

Claire: She did later observe an increase of thrush, which is often the case with multiple antibiotics. So there were some negative side effects with the antibiotics, but we can obviously work with that nutritionally really well. So it was to go ahead and deal with the SIBO and pro-kinetic with a really essential part of the protocol. So that a lot of formulation for kinetic formulations contain phytate TP, which is contra indicated. So I made it quite difficult for us to pick one.

Helen: And lets just say the pro kinetic is there for the migratory major concept. That sludge is like these waves that sweeps through the gut, taking all of the debris, all of the bacteria that's crept up. Taking that back into the

lodge and testing. So that pro kinetic is really important to support that function when it's not working as well as it should for some.

Claire: Definitely. And that seems to be the underlying cause of fever in the first place. And that's that self sterilizing mechanism that your small intestine had. Just pretty much. So, at the time there was a herbal blend that was available, which is no longer sort of available in UK and she didn't notice it working. And a lot of my clients do report that they can feel their bowel motions are much more coordinated. So now where using, we did try ginger a bit for that burn which I think is pretty.

Helen: And can happen particularly SIBO cause a lot of rawness higher up.

Claire: Absolutely. So acetyl carnitine is working for us at the moment. So we're using that instead. But she tolerated the antibiotics really well. She's feeling much better for that. No morning sickness that she has and the morning urgency is pretty much gone. So that's kind of been the significant thing. The bloating is gone unless it's an occasional bloat related to the size of me meal that she enjoyed. Energy is, I mean it's pretty stable.

Claire: So it's interesting to see, before she came back to sort of address depression and possibility of sort of support coming off her antidepressants. There's a feeling that perhaps she's not needing the medication so she's going to discuss coming off and antidepressant with her GP supervision. So anxiety is much reduced. Well her food tolerance is a lot better.

Claire: So I sort of mentioned the gluten dairy and we'll see if some of our clients stay on gluten free diet longterm. Some people can actually re-introduce that. And with their brush border enzymes kind of work their antidepressants again. And lactose in particular, she's able to reintroduce without that flare up. So we're sort of in early stages of reintroduction at the moment. And I know the Monash University app does have a really good section in the diary portion, it gives you the amounts that you can sort of touch her up with.

Claire: Yeah. It's really helpful. She still gets afraid for her allergy reactions the much less. So we're working on strengthening her immune system at the moment obviously supporting that might pro filler disturbances which wouldn't have happened.

Helen: Exactly. Is she tolerating probiotics? Have you gone down a probiotic route or saccharomyces boulardii?

Claire: Saccharomyces primarily because of the low secretory IGA and we're going to work the next phase. So we're going to look at foods as well

because he'd like to, the person has not made of money, I mean we want to use food. It's much more practical and so we're going to slowly build that in.

Helen: And fermented foods can be quite good, can't they? We wouldn't use them at the start of SIBO and particularly when there's a chance of histamine and things around. But of course, the whole point about fermented foods are, they are fermented. They were fermentable that but they've now been fermented. So in theory, if they're completely fermented, they should be tolerated, but we wouldn't introduce those at the beginning. We would come in with those later on.

Claire: Absolutely. They're probably not at the stage and she still taking the pro kinetic and we are, because she's only had the one round of antibiotics and they're semi round of the herbals. We're going to be using a low dose times release Oregano. So that's quite useful against both hydrogen, methane and Candida. So it's just a very small dosage. But to think that…

Helen: And great that she's now tolerating that.

Claire: I know.

Helen: It's interesting, isn't it? Because obviously as nutritional therapists, we can't use an antibiotic, which is why we would write to a GP. And on the whole often the antimicrobials work well for people, but there's a time issue. As well as sometimes a reactivity issue. And with the antibiotics, they don't always work. It sounds like it's worked to dream for this lady, but they're not always successful. They are not always successful in the long term.

Helen: Hence, you have to keep an eye on the diet and you still continue some support.

Claire: You have to take the three pronged approach that we did discuss. You can just take antibiotics or we all have researches and single interventions, by combining three interventions which sort of work. I think for the SIBO and the FODMAP diet is supposed to have a 50% effectivity rate but then you combine that with the antimicrobials and the pro kinetic and you've got a much bigger effect. So it seems to be what she is experienced in a much shorter amount of time. So hopefully, keeping the bowel quiet while She's working on that reintroduction of foods. Because we do want to expand the diet and there's a lot of things healthy things she'll be missing with cutting up masses of fermentable fibers. So hopefully that tolerance will be better.

Helen: So two very different cases really of the nurse with the direction into SIBO. And I think with yours, a really good example of how there can be problems in both parts of the gut. We often use, we thought it was all in the

large intestine at the moment that all of the fashion is all about what we know. It's all in the small intestine actually can have things going on in both. But often if there's something going on in this morning testing that can stop you getting to address the large intestine, I think. It's likely that loss of her reactions when you were trying to work at the large intestines was because of the sensitivities in the small intestines.

Claire: Exactly and going back to why we did test initially or we didn't think of it earlier and sort of there were signs of post infections, IBS. There were clues that it might be SIBO but it is quite important to lay some groundwork of blood sugar stability because I actually allowed her to improve her energy reserves. And we really worked on supporting her detox and elimination for trying to attempt to what's required a SIBO and all the…

Helen: Exactly.

Claire: … lifestyle elements like meal spacing probably wouldn't be possible with a client. If we'd found it earlier and the attempted that protocol, it could have been resulted in much worsening of their chronic fatigue. So, yeah.

Helen: Another great example I think of how it takes time, doesn't it?

Claire: Yeah, absolutely. Yeah.

Helen: So Sanna, Claire, anything else that you want to share? Anything we've not covered in your two cases? I think we've just about covered everything, haven't we?

Claire: Yeah.

Sanna: Yeah.

Helen: So I think.

Sanna: We've covered it all, I mean even the hind site in it and I think that's the sort of part of self auditing anyway for any practitioners looking back. And I think for both of us, it is that interesting even if we had perhaps thought of SIBO earlier on, would it have been the right time for it? Well, we just won't know.

Helen: We won't know. But probably you've still got to do that ground work. Haven't we?

Sanna: Yeah, exactly.

Helen: And if SIBO is the only thing going on for someone, then perhaps yes, you dive in. But actually what can happen from SIBO 'cause everything starts in the gut with how it ripples out to all of the functions in the body. Probably there's a loss of preparation work with needs to be done for those people.

Sanna: Mm-hmm (affirmative). Yep.

Helen: Brilliant. Well, thank you so much and I hope everyone has enjoyed your two case studies today.

Sanna: Thank you.

Claire: Thank you.