SIBO / SIFO Treatment Protocol

Small Intestinal Bacterial / Fungal Overgrowth

Simplified plan — to be individualized by Dr. Tecaya

OVERVIEW & PATIENT EDUCATION

SIBO occurs when excessive bacteria populate the small intestine, driving fermentation of food, gas, bloating, altered bowel habits, and impaired nutrient absorption. SIFO refers to a parallel fungal overgrowth process and may coexist with SIBO.

Downstream gut dysfunction may contribute to fatigue, systemic inflammation, hormone imbalance, and a range of other symptoms.

Consistency with dietary recommendations matters, but so does avoiding unnecessary stress or perfectionism — stress itself impairs gut motility and immune tolerance.

> **About die-off reactions**
>
> A temporary Herxheimer ("die-off") reaction is common during antimicrobial or biofilm-disruption phases — flu-like symptoms, fatigue, headache, or a transient increase in GI symptoms. Advancing treatment gradually improves tolerability.

TRACK A — RIFAXIMIN-BASED PROTOCOL (CURRENT STANDARD)

ROUND 1

- Rifaximin 550 mg three times daily × 14 days.
- Neomycin or another prescription agent may be added, per clinical judgment (e.g., for methane-predominant / IMO presentations).

INTERLUDE — 2 WEEKS, OFF RIFAXIMIN

- **Strict** low-FODMAP diet. Keto or carnivore is an acceptable variant.
- Begin a rotating herbal antimicrobial protocol — example rotation: ADP Oregano, Allimax Pro, berberine, and neem, rotating every 3 days.
- Alternative: Biocidin® — 2 pumps three times daily.

ROUND 2

- Rifaximin 550 mg three times daily × 14 days.
- Resume a normal diet during this phase to encourage bacterial feeding/activity ahead of the antimicrobial course.

TAPERING PHASE

- Taper to twice daily × 1 week, then once daily × 2–6 weeks as clinically indicated.
- Restart the rotation of antimicrobial herbs when down to 1 daily.
- Continue low-FODMAP diet while increasing herbal antimicrobial support.

TRACK B — NON-ANTIBIOTIC / HERBAL-ONLY PROTOCOL

For patients who decline or cannot tolerate rifaximin, or who prefer a botanical-first approach.

DIET FOUNDATION

— Low-FODMAP diet — "green column" foods only for a minimum of 2 weeks, no grains. Add a few "orange column" items sparingly thereafter. Longer strict adherence generally yields better results.

— Elemental Diet alternative — see dedicated section below.

ROTATING ANTIMICROBIAL HERBS

Herbs are typically continued 1–6 months; after ~6 weeks, dosing may be reduced to once daily if symptoms have improved substantially.

— **Allicin (Alli-Ultra, Allimax Pro)** — 1 capsule twice daily × 7 days, then rotate.

— **ADP Oregano** — 1 capsule twice daily × 7 days, then rotate.

— **Neem Plus** — 1 capsule twice daily × 7 days, then rotate.

— **Berberine 500 mg** — 1 capsule twice daily × 7 days, then rotate.

MOTILITY SUPPORT (AS NEEDED)

— SIBO-specific MMC-supporting agent (e.g., prokinetic blend), magnesium, low-dose naltrexone (LDN), or other motility agents per clinical presentation.

PROBIOTIC NOTE

— If probiotics are poorly tolerated, hold temporarily and consider switching to soil-based strains: Bacillus subtilis, Bacillus coagulans, and Bacillus clausii.

ELEMENTAL DIET — ADJUNCT OR ALTERNATIVE TO ANTIMICROBIALS

Consists solely of pre-digested/elemental nutrients — amino acids, simple carbohydrates, medium-chain triglycerides — plus essential vitamins and minerals. This deprives the bacteria of any fermentable foods.

— Typically 4–10 servings daily as the sole nutrition source for a limited period (3–14 days), or an individualized/abbreviated schedule (e.g., 4–6 servings plus one strict low-FODMAP meal daily).

— May reduce bacterial overgrowth significantly during the eradication phase, and is also useful in Crohn's disease patients with impaired digestion/absorption.

> *A cited clinical trial reportedly showed that a two-week exclusively elemental diet normalized lactulose breath test (LBT) results in roughly 80% of SIBO-positive patients.*

KETO-ELEMENTAL VARIANT

For duodenal overgrowth or coexisting fungal overgrowth, even simple carbohydrates (e.g., maltodextrin) can feed bacteria/fungi before absorption. Incorporating ketogenesis limits available substrate for the overgrowth and improves satiety.

OPTIONAL SIFO (FUNGAL OVERGROWTH) TREATMENT

Add when fungal overgrowth is suspected alongside SIBO.

— **Nystatin** — 1 capsule twice daily × 30–60 days.

— **Fluconazole** — 1 tablet daily, 2 days/week × 6–8 weeks.

— **Antifungal herbal alternative:** CandiStat or Elim-A-Cand.

BIOFILM DISRUPTION

— Biofilm Advanced Phase II and/or proteolytic enzymes (e.g., nattokinase).
— Biocidin® LSF (liposomal) — 1 pump sublingually twice daily.
— Titration schedule when starting Biofilm Advanced: 1 capsule twice weekly (week 1) → every other day (week 2) → once daily thereafter, continued for ~2 months.
— Particularly indicated when biofilm-associated infections are suspected.

> **Important**
>
> Biofilm erosion can alert the immune system that there is an infection. You may start to feel flu-like symptoms from the cytokine response. You can stop the biofilm-dissolving agent to lessen symptoms if needed.

DIGESTIVE SUPPORT

— Comprehensive digestive enzyme with betaine HCl, ox bile, lipase, and protease (e.g., Thorne Advanced Digestive Enzymes) — 1 capsule with each meal.
— Avoid enzyme formulas containing slippery elm in this context.

DIETARY RECOMMENDATIONS

— Strict low-FODMAP diet during designated treatment phases.
— Limit high-sugar fruits (mango, pineapple, papaya, banana, guava) to reduce yeast overgrowth.
— Continue minimizing refined sugar, dairy, and excess grains as tolerated.
— Practice-standard additions: avoid glyphosate residue, GMOs, synthetic fragrances, and endocrine-disrupting chemicals; prioritize organic produce (organic almonds/almond flour specifically), grass-fed meat, organic poultry, and organic dairy (cultured, if tolerated — hold cultured dairy if SIBO is active).
— Support the microbiome and muscle mass; consider intermittent fasting as tolerated; build toward ~30 g fiber/day from vegetables and raw nuts/seeds once the acute overgrowth phase has resolved.

SIBO-SAFE FIBERS — START LOW, TITRATE SLOWLY

— **Partially Hydrolyzed Guar Gum (PHGG)** — may reduce methane, pain, constipation, and diarrhea. Brands: Sunfiber, NutriSource Healthy Fiber.
— **Cellulose** — poorly fermented by bacteria. Brands: NutriCology, Allergy Research Group, Vital Nutrients.
— "Gentle prebiotic fiber" blends formulated by SIBO-focused clinicians are also reasonable options.

ADDITIONAL GUT-HEALING SUPPLEMENTS

— **Butyrate or tributyrin** — 1 capsule daily.
— **Molybdenum** — consider for sulfur metabolism support.
— Bifidobacterium-based or Bacillus-based probiotic.

RELAPSE PREVENTION & NERVOUS SYSTEM SUPPORT

— Parasympathetic-stimulating practices — meditation, yoga, breathwork — support motility (MMC) and reduce relapse risk.
— Direct vagal stimulation techniques: gargling, singing, and slow sipping (rather than gulping) fluids.

Much anxiety and low mood in this population improves as gut physiology and nutrition normalize; nervous-system work is complementary to — not a substitute for — the metabolic/microbial work above.

ADDENDUM — AUTOIMMUNE SIBO WORKUP & SUPPORT

Some chronically recurrent cases — especially diarrhea-predominant and mixed-type — may have an autoimmune origin, most often traced to prior bacterial gastroenteritis.

Pathogens such as Shigella, E. coli, Campylobacter jejuni, and Salmonella release cytotoxins (e.g., cytolethal distending toxin B / CdtB) that damage enterocyte DNA and disrupt actin filaments and intercellular junctions. Via molecular mimicry between CdtB and cytoskeletal proteins (vinculin, zonulin, actin), the resulting immune response can generate auto-antibodies that continue damaging the enteric lining and impairing migrating motor complex (MMC) function even after the original infection clears — potentially perpetuating a relapsing SIBO cycle and heightened susceptibility to future gastroenteritis.

IF AUTOIMMUNE ORIGIN IS CONFIRMED (ANTI-CDTB AND ANTI-VINCULIN POSITIVE)

- **Extended antimicrobial course** (~6 months) to reduce reinfection risk from the causative pathogenic bacteria.
- **Mitochondrial support** (e.g., a mitochondrial nutrient formula) to promote cellular/tissue regeneration.
- **Anti-inflammatory support** — EPA/DHA — to reduce tissue damage and allow repair.
- **Vitamin D3** — immune modulation and gut flora regulation.
- **Targeted probiotic** (e.g., a Bifidobacterium-forward formula) to reinforce pathogen barrier function and immune/metabolic modulation.

> *This handout is for general patient education and is not a substitute for individualized medical advice. Dosing, duration, and product selection are determined by Dr. Tecaya based on your history, labs, and response to treatment. Do not begin, stop, or change any prescription or supplement without speaking with the office.*