

What's the Right SIBO Diet for You?

HOW TO KNOW EXACTLY WHAT TO EAT (AND NOT TO EAT)
TO STOP THE SYMPTOMS OF SIBO





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I have small intestinal bacterial overgrowth (SIBO), so what am I supposed to eat now? If you are asking yourself this question, then you've come to the right place. When I was struggling as a newly diagnosed SIBO patient, just the simple act of eating hurt my stomach. I thought I was eating healthy, but I was unable to easily identify the foods that bothered me-it seemed like everything I ate bothered me! Do you find yourself having to make a choice, eat and have pain, bloating and other gastrointestinal (GI) problems or don't eat and go hungry? This is no way to live.

It took me a lot of trial and error to learn what foods I reacted to and what foods were safe. It can be very overwhelming because there are so many diet plans that are popular for SIBO. And get this, some of them are direct opposites of each other!

Eat This, No Eat That. What?

Eat white rice.....wait, make that Jasmine rice. On the other hand, no, don't eat white rice at all.

Honey is allowed, no, honey isn't allowed.

Yes to vegetables, lots of vegetables, all vegetables. No, no, no, only certain vegetables, and by all means, don't eat onion and garlic.

Depending on your doctor, expert, website or book you've come in contact with will determine what diet is recommended. Are you feeling completely confused and overwhelmed? That's okay. This free guide is going to help you sort through all of your options and help you choose the right one.

I'm Darla O'Dwyer, PhD, Registered Dietitian and SIBO is my business. I love helping people with SIBO because I know how miserable it is to suffer from bloating, diarrhea, constipation and stomach pain day in and day out. I developed SIBO myself in 2009 and after much trial and error with different diet approaches, I was able to find the most relief with **my own version** of the specific carbohydrate diet (SCD). I have noticed from my own experience and working with patients, that we are all different in what foods we can and can't tolerate. But how do we know what diet will help us when there are so many diet choices out there? This guide will give you a step by step approach to figuring out what diet works best for you, so that you can feel better, stop the bloating, and not be controlled by your bowel movements-or lack thereof.

The Many Diet Choices Out There Can Be Overwhelming! Where Do I Even Start?

This is such a common question with my new SIBO patients. In order to help you make sense of the possibilities, I've put together this guide to help you pick the right diet for you.

These Diets are Focused on the Bugs

Know what YOUR bacteria like to eat! You already know that SIBO is characterized by large amounts of microorganisms in the small intestine. But have you ever thought about who these microorganisms are? Not everyone has the same types of microorganisms! Some people may have large amounts of a type of bacteria called Streptococcus overgrowing in their small intestine, while other people might have more Lactobacillus species in their small intestine. One study found 15 different bacterial species in SIBO patients, with a range of 7- 75% of each one type.¹ Some bacteria prefer glucose (a simple carbohydrate) as their fuel source while others prefer cellulose (a complex carbohydrate). Therefore, foods that cause you the most pain might be the foods that YOUR bacteria have the largest appetite for. This is the reason why some people can tolerate white rice while others can't.



The Goal of These Diets Is to Make the Process of Digestion Easier for You



There is one thing that all of the SIBO diets have in common, it is the manipulation of carbohydrates to reduce bacterial fermentation in the GI tract.

In addition, many of these diet approaches determine their lists of “what to eat” vs “what to avoid” based on the following factors:

- The physical form of the food (liquid and mashed are easier to digest than solid and whole foods)
- How the food is prepared (cooked food is easier to digest than raw)
- Presence of anti-nutrients (these are compounds found in foods that can bother some people with health problems)

They also give lifestyle tips on how to help with digestion-like chew your food slowly, be in a relaxed state when eating, time your meals to help motility (how food moves through the small intestine), and suggestions for digestive supplements. Keep in mind, these diets are not focused on helping you identify allergies/sensitivities to proteins in food or other food reactions not related to carbohydrate malabsorption.



The 5 Main SIBO Diets Explained

Here is a short summary of some of the most popular SIBO diets. Don't get confused when you see that some foods are allowed on one diet while those same foods should be avoided on another diet. Remember, everyone is different in how they digest and absorb carbohydrates. The foods listed to eat/avoid are simple lists, not the complete diets. See "where to find the diet" after each diet description for more information:

1. Cedars-Sinai Low Fermentation Diet/SIBO Diet

In my opinion, this is the simplest diet of all of the SIBO diets. This diet hasn't been published in the medical literature but was developed by Dr. Mark Pimental, a prominent clinician and researcher in irritable bowel syndrome (IBS) and SIBO. He is also the Director of Cedars-Sinai GI Motility Program. The diet supports intestinal motility (movement) by properly timing meals and reducing/avoiding foods that are difficult to digest. Avoiding snacking between meals and making sure that you don't eat your last meal too late are emphasized. This helps support your intestinal motility to clear bacteria from your intestinal tract.

WHERE TO FIND THIS DIET:

www.siboinfo.com/uploads/5/4/8/4/5484269/low_fermentation_diet.pdf

✓ Eat this:

Grains that are low in fiber like baked goods-crackers, cereal like crispy rice, rice, pasta and white bread. **Dairy** hard cheddar cheese, lactose-free dairy. **Vegetables** beets, carrots, cucumber, eggplant, garlic, mushrooms, onions, peas, peppers, potatoes, squash, sweet potatoes, tomatoes, turnips, yams, zucchini. All **fruits**, but only small servings of apples, bananas and pears. All **nuts** are allowed. All meats are allowed, including eggs. All **fats** are allowed except butter. **Sweeteners** like sugar (in moderation).

✗ Avoid/Reduce this:

Avoid whole **grains**. **Dairy** that isn't lactose free. **Vegetables** such as beans, broccoli, Brussels sprouts, cabbage, cauliflower, legumes, and other leafy vegetables. Minimize raw salads. **Fruits** apples, bananas and pears should be minimized. **Fats** butter. **Sweeteners** sorbitol, sucralose (Splenda™), xylitol, other sugars ending in "-ol." Avoid extra fiber supplements like Citrucel, Metamucil, "added fiber." Avoid Probiotics



2. Fast Tract Diet

This diet was developed by Dr. Norman Robillard, a PhD microbiologist who had severe gastroesophageal reflux disease (GERD). After going on a low carbohydrate diet, his GERD disappeared. He developed a mathematical formula using the glycemic index to estimate how likely certain carbohydrates remain in the small intestine and are fermented by bacteria. He calls it the fermentation potential (FP) calculation. It is similar to the Weight Watcher's diet and uses a point system to keep track of how much fermentable foods the person is eating. The goal is to limit foods with a high FP and to keep the FP to a level that doesn't cause uncomfortable symptoms. This diet focuses on avoiding/restricting sugar alcohols, fructose, lactose, resistant starch, and fiber. According to Dr. Robillard's website, he is currently conducting clinical research using this diet as a treatment for GERD. He indicates that this diet can also treat SIBO because it limits certain carbohydrates that feed bacterial overgrowth.

WHERE TO FIND THIS DIET:

Download app (approx \$8): fasttractdiet.com

Book: Fast Tract Digestion by Norman Robillard, Free website: digestivehealthinstitute.org

✔ Eat this:

Grains brown rice pasta, gluten free white bread, instant rice, jasmine rice, white bread. **Dairy** butter, cheese, cream, ice cream, lactose free milk, yogurt (certain types). **Vegetables** asparagus, bok choy, cabbage, garlic, green beans, kale, lettuce, mushrooms, okra, onion, peppers (red and green), potatoes (red and Russet), raw salad greens, radishes, snow peas, spinach, sun-dried tomatoes. **Fruits** cantaloupe, honeydew, kiwi, lemon, lime, papaya, peach, strawberries, watermelon. **Fats** all fats. **Nuts** Brazil nuts, peanuts, pecans, walnuts. **Meats** all meats, eggs. **Sweeteners** agave, aspartame (NutraSweet® and Equal®), erythritol, honey, maple syrup, saccharine (Sweet and Low®), sorbitol, sucralose (Splenda™), sugar, xylitol

✘ Avoid/Reduce this:

Grains buckwheat flour, coconut flour, durum wheat (pasta), oatmeal, quinoa, and whole kernel wheat. **Dairy** ice cream (fat free), milk (chocolate) yogurt (certain types). **Vegetables** beans (most all), carrots (raw), corn, parsnips, peas, winter squash (cooked), yams. **Fruits** all dried fruits, grapefruit, plantains. **Nuts** chestnuts, pumpkin seeds. **Meats, Fats, Sweeteners** no restrictions



3. FODMAPS Diet

This is the most popular SIBO diet and the most well studied in the IBS population. FODMAPS stands for fermentable oligo-, di-, mono-saccharides and polyols. Now that's a mouthful! It was developed in Australia at Monash University by a group of researchers who noticed a pattern of food intolerances with IBS patients. Foods are grouped into categories based on the types of carbohydrates (excess fructose, lactose, fructans, galactans and polyols) that are present in the food. FODMAP foods are categorized based on the amount of FODMAPS per serving. A food considered low FODMAP could change to high FODMAP if it exceeds a certain serving size.

WHERE TO FIND MORE INFORMATION ABOUT THIS DIET:

Download the Monash App (approx \$13):
www.monashfodmap.com/i-have-ibs/get-the-app/

Books:

The Complete Low-FODMAP Diet: A Revolutionary Plan for Managing IBS and Other Digestive Disorders by Sue Shepherd and Peter Gibson

The IBS Elimination Diet and Cookbook: The Proven Low-FODMAP Plan for Eating Well and Feeling Great by Patsy Catsos

The Low-FODMAP Diet Step by Step: A Personalized Plan to Relieve the Symptoms of IBS and other Digestive Disorders by Kate Scarlata

Free websites:

www.ibsfree.net
www.katescarlata.com
www.alittlebitummy.com

✓ Eat this:

Grains gluten-free bread and cereals, oats, quinoa, rice. **Dairy** cheese (hard cheese), milk (lactose free or non-dairy). **Vegetables** bell pepper, bok choy, broccoli, Brussels sprouts, carrot, celery, eggplant, ginger, green beans, lettuce, okra, potato, spinach. **Fruit** bananas (firm), blueberry, cantaloupe, grapes, honeydew melon, kiwi, lemon, lime, orange. **Nuts** peanuts, pecans, walnuts. **Meats** no restrictions, eggs are allowed. All **Fats** including butter. **Sweeteners** aspartame (NutraSweet® and Equal®), saccharine (Sweet and Low®), sucralose (Splenda™), sugar, maple syrup (pure), stevia.

✗ Avoid/Reduce this:

Grains rye, wheat (crackers, cookies, pasta). **Dairy** cow milk, evaporated milk, goat milk, other products high in lactose. **Vegetables** artichoke, asparagus, beans (most), beetroot, broccoli stalks, cabbage (savoy), garlic, leek, mushrooms, onions, peas. **Fruits** apples, apricot, avocado, bananas (ripe), blackberry, cherry, dried fruit, mango, nectarine, peach, pear, plum, watermelon. **Nuts** almonds, cashews, pistachios. **Meats** no restrictions. **Fats** no restrictions. **Sweeteners** agave, high fructose corn syrup (found in many products like soft drinks, ketchup, salad dressing, etc.), honey, molasses, sorbitol, xylitol, other sugars ending in “-ol.”

4. The Specific Carbohydrate Diet (SCD)/Gut and Psychology Syndrome (GAPS) Diet



These diets eliminate all carbohydrates except for very simple sugars. The SCD diet was developed in the 1950s by Dr Sidney Haas, a doctor who discovered that children with severe intestinal disorders showed a remarkable improvement in their symptoms when following the SCD. It was later popularized by Elaine Gottschall, a scientist and the mother of an 8-year-old daughter whose health was declining due to ulcerative colitis. Dr. Haas placed her on the specific carbohydrate diet and within 2 years her symptoms had disappeared. Dr. Natasha Campbell-McBride, a medical doctor and also a parent to a child with a learning disability, took the SCD and enhanced it with gut healing protocols. There are a handful of publications on the SCD to treat inflammatory bowel disorders and one study to treat IBS (conducted by yours truly). Both diets are combined in this resource for simplicity's sake. What makes these diets unique is they start with a restrictive introduction and move through various phases-ranging from easiest to digest to the most difficult to digest as healing occurs.

WHERE TO FIND MORE INFORMATION ABOUT THIS DIET:

Books: Breaking the Vicious Cycle: Intestinal Health Through Diet by Elaine Gottschall

Gut and Psychology Syndrome (GAPS): Natural Treatment for Autism, Dyspraxia, A.D.D., Dyslexia, A.D.H.D., Depression, Schizophrenia, by Natasha Campbell-McBride

Free websites:

www.pecanbread.com
www.gapsdiet.com
www.scdlifestyle.com

✔ Eat this:

Grains not allowed. **Dairy** aged cheese, fermented dairy. **Vegetables** all but starchy vegetables. **Fruits** should be natural, whole fruits. **Nuts** no restrictions, including almond flour, coconut flour. **Meats** all unprocessed meats. **Fats** no restrictions (except for margarine). **Sweeteners** honey in moderation, saccharine (Sweet and Low®-not allowed on GAPS diet), stevia.

✘ Avoid/Reduce this:

Grains not allowed. **Dairy** American cheese, buttermilk, cow milk, goat milk, heavy cream, processed cheese and spreads, soft cheese, commercial yogurt. **Vegetables** arrowroot, beans (most), bean sprouts, black-eyed peas, chickory root, corn, jicama, kohlrabi, okra, parsnips, potatoes, sweet potatoes, tapioca, turnips, yams. **Fruits** fruit juices. **Meats** processed (hot dogs, luncheon meats, sausage). **Fats** margarine. **Sweeteners** agave, corn syrup, date sugar, high fructose corn syrup, maple syrup, molasses, sorbitol, sucralose (Splenda™), sugar, sugars ending in "-ol" like sorbitol and xylitol, turbinado.



5. There are two SIBO diets that were developed by naturopathic doctors with a huge amount of experience treating SIBO patients. These diets have combined FODMAPS and SCD to provide the best of both diets. They are the most restrictive of the SIBO diets.

SIBO specific diet by Dr. Allison Siebecker.

Bi-Phasic Diet by Dr. Nirala Jacobi.

WHERE TO FIND THIS DIET:

www.siboinfo.com/uploads/5/4/8/4/5484269/sibo_specific_diet_food_guide_sept_2014.pdf

Download the free SIBO diet App:

<https://itunes.apple.com/us/app/sibo/id940664367?mt=8>

This app also cross references with the paleo autoimmune protocol

WHERE TO FIND THIS DIET:

www.thesibodoctor.com/product/sibo-bi-phasic-diet/?v=7516fd43adaa

This diet organizes the SIBO specific diet into phases for maximum healing.

I've had patients respond well to all of these different approaches. One of my patients had diarrhea so bad that she could barely make the 10-minute drive to work without having to stop at a gas station to use the bathroom. She tried the FODMAPS diet for six weeks and really didn't find much relief. Then she tried the SCD and wow, her diarrhea was gone. I had another patient who was just the opposite-did great on FODMAPS and didn't need to even try other diets.

There are many other diets that have been reported by patients to help with SIBO. This just shows how different everyone is-and isn't it wonderful that there are so many different options out there to try?

So Many Diets-How Do I Choose?

OK, so how should you get started? Look at the foods on the avoid/restrict lists for all of the diets mentioned above. Do you notice any foods that bother you? Maybe you don't tolerate watermelon, garlic, onions and mushrooms. Then check out the FODMAPS diet. Maybe you have an issue with starches in general, like potatoes, rice and sugar. Then look at the SCD diet. If you don't have any idea at all, then pick a diet that fits your lifestyle at this moment in time and keep reading for some suggestions to help get you started.

How Ready Are You to Change Your Diet?

Now that you have briefly reviewed the different SIBO diets, what diet from the above list best fits into your lifestyle at this point in time? I knew about the SCD for 6 months before I even started it. Why? Because I wasn't ready to give up grains and sugars! I decided to go gluten free first and I was loving my new baking skills. You mean, I can still have chocolate chip cookies on this diet? Yes! Cheetos® are gluten free? I didn't just admit that!

Then I tried the FODMAPS diet. It was another step in my journey to help me learn more about what I could and couldn't tolerate. The SCD was just too overwhelming and difficult to process at the time that I learned about it. And you know what, that was okay. I needed to ease into diet changes before making the huge changes that the SCD required.

One of the biggest questions you need to ask yourself is how ready and willing are you to change based on your current lifestyle? The questions below will help you figure that out...

1. What have you already tried? Are you already gluten free? Dairy free? Or is this your first time to even be thinking about a special diet? Look at the diets again and determine where you need to start based on what you have already done.
2. Do you have time to focus on meal preparation? Some of these diets require a considerable amount of time to purchase and prepare foods. You may also need to learn basic food preparation skills. What diet do you have the time and the skills to put into action right now?
3. What kind of support do you have? If you have a partner that supports you emotionally and will contribute to the workload of grocery shopping, food preparation and cooking, then you will have more success with any diet approach. If your partner doesn't believe in what you are trying to do, is negative about special diets and tries to sabotage your efforts, then take this into consideration when choosing a diet. Once your partner sees your symptoms improving, you may be surprised at how they change from a non-believer to a believer!
4. Do you have children? If so, what will they eat? You do not want to have to cook two separate meals. It's fine to cook an extra side here and there, but you can't be a short order cook for your children while you are trying to prepare a healing meal for yourself. Keep in mind, the diet that you choose will also impact your family.
5. Are you the type of person that is all or nothing or do you like to take things slow? You can see by the brief list of foods to eat and foods to avoid, what diets are more appealing to your personality.
6. What is your level of motivation? This is typically determined by what you have already tried and the severity of your symptoms. You have to weigh the pros and the cons of making diet changes and how the changes might help with your symptoms and quality of life. You may not be ready to tackle going gluten free or eliminating sugar and grains yet. And that is perfectly OK. When I decided to go gluten free, it helped my symptoms by 50%. I was fine with that for 6 months, but then I wanted more. It was at that point that I was ready to take the next step and try a different diet approach. If you are not ready, don't beat yourself up, just make small changes. You can always advance later.

Once you find a diet that you want to start with, stick with it for about 4-6 weeks. During that time, it is very important that you keep a food diary listing the foods that you eat and any symptoms that may occur. The purpose of a food diary is for you to establish an awareness of what foods have a tendency to increase your symptoms.

Diet Is Your First Step but There Is More That You Must Do

The sooner you can find a diet approach that works for your particular SIBO, the quicker you can start feeling better and be on the road to recovery. But diet is just the first step. There are many more steps that need to be taken to heal from this condition.

You should not be on a restrictive diet forever. Why, because studies show that long term restriction of fermentable carbohydrates may be bad for the good bacteria living in your colon.^{2,3} You need good bacteria in your colon for overall health and well-being. I have worked with some patients who were only eating 6-10 foods per day. They were afraid to add back new foods for fear of creating more symptoms. It can be a catch 22-you associate a food with symptoms, then you avoid it, then you cut out more foods. Having such a limited diet over a long period of time can lead to malnutrition and make it much more difficult to heal from SIBO. Once you start healing your intestinal tract and improving your health, you will find that you can start eating a wider variety of foods, even if you didn't tolerate them in the beginning of your SIBO journey.

Diet Will Not Cure Your SIBO, It Is Just for Symptom Control

Yes, that's right. Diet is to control symptoms, it will not kill bugs. There is only one diet approach that has been shown to actually treat SIBO and that is the elemental diet. I did not mention that in my list of diets because it is very advanced and is usually used for those who don't respond well to the standard SIBO treatment of either pharmaceutical antibiotics or herbal antimicrobials. The elemental diet involves drinking a liquid only supplement made of pre-digested nutrients for a minimum of 2 weeks. I've done the elemental diet twice, so if you ever get to that point, just know I can help you find the right elemental diet approach for you.



Even if you find a treatment that eradicates SIBO, until you find out the cause, it will keep coming back.

Do Not Stress Over the Food Lists. Use These Diets as GUIDES, Not Absolutes.

Just because a food is or isn't allowed, doesn't mean that it is what you need. For example, the SCD allows pears. I have known for 20 years that I don't tolerate pears. I'm not going to start eating pears just because it is on the allowed list. I tolerate a little bit of corn in my diet, but it isn't allowed on the SCD. I found that out by eliminating it at first, then adding it back and watching for symptoms. There is no one perfect SIBO diet. The goal is to find your SIBO diet. Again, everyone is different in how they react to foods.





If Diet Only Treats the Symptoms, How Do I Successfully Get Rid of SIBO?

The answer to this question is this-you must find the root cause(s). In other words, why do you have SIBO to begin with? You can take antimicrobials and find the diet that controls your symptoms, but until you find the root cause(s), it will keep coming back. From my experience and training I've seen that most people have an average of 3-4 root causes. It can be as simple as just one of the following or as complex as 7+.

As you can see, SIBO is complex and takes a multi-factorial approach in order to heal from it. If you need help treating your SIBO from someone who has been there themselves and has helped many more patients, then schedule a free call. During this call, I can help you pick the right diet for you and identify a list of possible root causes for your SIBO.

Everyone is different and will have different root causes.

Here's a list of the most common root causes I've seen (this is not an all-inclusive list-there are many more root causes). How many of them do you think you might have?

- Low stomach acid, lack of enzymes and/or bile acid - digestive secretions provide protection against bacterial overgrowth.⁴
- Structural problems with the intestinal tract - like diverticula, ileocecal valve dysfunction (the valve that separates the small intestine from the large intestine).⁵
- Intestinal adhesions (usually from abdominal surgery).⁴ Adhesions can interfere with bowel function.
- Slowed motility - you need to have good intestinal movement to prevent bacteria from sticking around in the small intestine.^{5,6}
- Irritable Bowel Syndrome (IBS) (mainly due to motility issues). Studies vary on how many people with IBS have SIBO-pain, bloating, diarrhea and gas are good clues that you might have SIBO along with or instead of IBS.^{4,7}
- Crohn's disease - can cause motility issues, inflammation, and structural changes in the intestinal tract.⁴
- Diabetes- high blood sugar can cause nerve damage which impacts motility.⁴
- Fibromyalgia - one small study found that 100% of people with this condition had SIBO, this may be due to its association with IBS.⁴
- Post-infectious SIBO - usually related to food poisoning-toxins can impair the ability of the intestinal tract to have proper motility.⁸
- Dysbiosis (this is alterations of the microorganisms in the colon). SIBO is a form of dysbiosis in the small intestine - which is characterized by too many microorganisms. Dysbiosis can be caused by many factors, such as parasitic infections,⁹ psychological stress, physical stress, certain dietary components¹⁰ and many more.
- Gastric (stomach) surgery (for example, bariatric surgery).¹¹ This can alter the protective stomach secretions and intestinal function.
- Certain medications - recurrent antibiotics, acid suppressing drugs,⁵ drugs that suppress the immune system, steroids, levothyroxine.¹¹
- Hypothyroidism- this condition can alter motility.¹¹

About Darla



My name is Darla and I have a PhD in Nutrition, I'm a Registered Dietitian and Certified Functional Medicine practitioner.

I have been a Registered Dietitian Nutritionist since 1996. Prior to becoming a university professor in 2003, I practiced as a clinical dietitian in a large teaching hospital in West Texas. I graduated with a PhD in Food and Nutrition from Texas Tech University in 2003. I suffered with IBS for 25 years and then developed SIBO after the birth of my second child. After seeing numerous doctors over several years, I was told that nothing was wrong with me. I had to sort through all of the research to finally determine that it was SIBO that was causing so much pain and bloating. This led me to become certified in functional medicine from the Kalish Institute in 2015 so that I could help myself and other people struggling with SIBO. I believe in discovering the root cause of illness and not just treating the symptoms. I published a research study on using the specific carbohydrate diet to treat irritable bowel syndrome. During that time, I realized that there were a lot of people that needed help with their gut problems. As a result, I created the Gut Professor, www.gutprofessor.com, an online nutrition consulting business. I also work with an integrative physician in a face to face clinic, focusing on SIBO, gastrointestinal problems and autoimmune disorders. Outside of work, I love to cook, make and teach others about properly fermented foods, read, take walks, practice Taekwondo, and spend time with my family-including the four-legged variety.

I can help you in your journey to heal from SIBO. I've been there myself. I know how you are feeling and what you're going through. My training in functional medicine and my experience with the integrative physician has given me knowledge of both the pharmaceutical and naturopathic treatments. I can guide you to the best treatment to help you. You don't have to just exist, you can learn to live again.

**TO SCHEDULE A FREE CONSULTATION WITH ME,
PLEASE CLICK HERE.**

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