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<u>DIETARY MANAGEMENT OF PERSISTENT INTESTINAL DYSBIOSIS:</u> <u>BEYOND GF/CF DIETS</u>

Intestinal Dysbiosis: the persistence of abnormal microbial overgrowth (bacteria, and sometimes yeast) in the intestinal tract that causes ongoing adverse effects upon digestion, dysregulation of the immune system, and neurological side effects. Medical research is increasingly identifying chronic dysbiosis (technical term: *unbalanced microbiome*) as a significant factor causing chronic illness. Outlined here are four steps describing increasingly aggressive treatment of dysbiosis, depending on a person's need.

FIRST STEP: METICULOUS CARE WITH GF/CF DIET AND AVOIDANCE OF SWEETS

Mild forms of intestinal dysbiosis usually clear up with taking probiotics and making basic dietary changes (i.e. cutting out junk food and reducing sugars; and for those who are sensitive to gluten, adopting a gluten-free diet). In more advanced cases of dysbiosis, these changes are not enough, and symptoms of dysbiosis can persist for years in spite of being on a GF diet. Unfortunately, it often takes months or even years for people in this situation to grasp how important diet is in improving their health, and they waste a lot of valuable time by stalling on making the consistent dietary changes necessary to restore a normal microbiome.

The first step in more aggressive treatment of dysbiosis is to determine whether other food intolerances are present and modify the diet accordingly. Very often, the diet needs to be gluten & dairy free (GF/CF), not just sugar-free, junk free diet. Many people come to realize how exquisitely sensitive they are to sweets, and see that the <u>slightest</u> exposure to sweets will sabotage attempts to improve their medical condition.

(See my separate file on how to limit sugars for more detail on this.)

SECOND STEP: INCREASING DOSES OF PROBIOTICS

In general, high doses of probiotics can help restore normal bowel flora. In sensitive persons, however, it is necessary to start with an average potency probiotic such as *Genestra HMF Neuro* (as capsule, so as to avoid added FOS that is in the powder format.) For the extremely sensitive, it is best to begin with fractional doses of this probiotic, such as 1/8 of a capsule. The dose of *HMF Neuro* can then be gradually increased, as the person tolerates. If the person can reach a therapeutic dose of *HMF Neuro*, such as 1-2 capsules twice daily without ill effect (caused by a die-off reaction from too high a dose of probiotics), one can then transition to a much more powerful probiotic (usually one of the high potency *Custom Probiotics* formulas), and to gradually but progressively increase the dose to as high as possible (sometimes up to 750 Billion CFU per day). I call this the '**probiotic python'**: squeezing out the bad bugs with increasingly powerful doses of probiotics.

THIRD STEP: ELIMINATION OF FERMENTABLE GRAIN PRODUCTS

Controlling the overgrowth of abnormal intestinal bacteria very often requires a diet more aggressive than just a gluten/casein free diet. There are many gluten-free products which contain highly processed carbohydrates (such as rice flour or corn starch) which are easily fermented in the bowel and so support the growth of pathogenic bacteria. More effective than a gluten/dairy free diet is one that restricts not only gluten and dairy, but also avoids all concentrated sugars and the more fermentable carbohydrates and grains. Avoiding concentrated sugars may mean avoiding all sweeteners except for stevia, and severely limiting fruit intake This is explained more fully in the file entitled 'Limiting Sugars' on this website.

The more fermentable gluten-free grains and flours include corn and rice, and most commercially produced gluten-free products, which are usually quite heavily processed and sweetened.

The grains that are less prone to fermentation within the intestinal tract are: quinoa, millet, amaranth, buckwheat, and wild rice. For example, pasta made from quinoa is usually better tolerated than pasta made from rice or corn flour. Muffins or pancakes made with buckwheat flour are usually better tolerated than those made from rice or potato flour.

The less fermentable grains listed above are best tolerated as whole grains, e.g., quinoa or millet cooked as whole grains and used as a breakfast cereal or in a casserole. <u>In other words, the less processed these latter products are the better</u>.

There is a bakery outside of Perth (Little Stream Bakery, 667 Glen Tay Rd, Perth, ON K0G 1A0; (613) 267-9712) that makes a heavy European-style bread from quinoa or buckwheat which is much less prone to intestinal fermentation than most commercial gluten-free breads. This bakery ships to places in Ottawa & Kingston, but you would have to call the bakery to find out where.

FOURTH STEP: ELIMINATION OF ALL GRAINS AND HIGH-STARCH VEGETABLES

The most extreme forms of this low fermentable carbohydrate diet are the SCD diet (Specific Carbohydrate Diet), the GAPS diet (Gut & Psychology Syndrome Diet) and the Paleo-type diets. The more expanded forms of these diets avoid grains and potatoes but usually allow nuts, seeds, and legumes to supply carbohydrates which are not as readily fermented as grains. It is possible to do these diets without a heavy intake of meat by using more vegetable sources of protein.