PATIENT GUIDE | VEROS HEALTH | IMMUNOe HEALTH & RESEARCH

Small Intestinal Bacterial Overgrowth (SIBO)

A gut immune disorder frequently misdiagnosed as IBS

SCAN FOR FULL GUIDE

THE IMMUNE CONNECTION

The gut is the largest immune organ in the body. SIBO is not just a digestive problem — it is an immune system failure that allows bacterial overgrowth to drive systemic inflammation, trigger MCAS, worsen hEDS, and fuel post-COVID symptoms. At Veros, we treat the immune root.

WHAT IS SIBO?

SIBO occurs when bacteria that normally live in the large intestine migrate and overgrow in the small intestine. These bacteria ferment food before it can be absorbed — producing gas, toxins, and inflammatory mediators that cause local and systemic symptoms.

Often misdiagnosed as IBS: Up to 78% of IBS patients have underlying SIBO (Ghoshal et al., 2017). If you have been told you have IBS, ask your Veros provider about SIBO testing before accepting a functional diagnosis.

COMMON SYMPTOMS

- Bloating — especially after meals or carbohydrates
- Abdominal pain, cramping, or pressure
- Excessive gas, belching, or flatulence
- Diarrhea, constipation, or alternating both
- Nausea, early fullness, or reflux
- Brain fog and fatigue (bacterial toxins cross gut lining)
- Nutritional deficiencies (B12, iron, fat-soluble vitamins)
- Worsening of MCAS symptoms after eating

SIBO IN VEROS CONDITIONS

- **CVID / Low IgA —** secretory IgA is the gut's primary immune defense; 40% of CVID patients have SIBO
- **MCAS —** bacterial toxins directly activate mast cells; a Mayo Clinic series found SIBO in 78% of patients tested with elevated mucosal mast cells on GI biopsy
- **hEDS —** collagen defects cause gut dysmotility and slow transit, creating bacterial stasis
- **Long COVID —** COVID devastates gut microbiome; post-COVID SIBO is increasingly documented
- **POTS —** gut dysmotility in dysautonomia slows transit, predisposing to SIBO

DIET & PROBIOTICS

- **Low FODMAP diet —** reduces fermentable carbs that feed bacteria; does not eradicate SIBO alone
- **Bi-Phasic Diet (Dr. Siebecker) or SCD —** more targeted SIBO protocols
- **Elemental diet —** 2-3 week liquid formula; non-antibiotic option, though data are still limited
- **Spore-based probiotics (e.g. OrthoSpore IG) —** safe during SIBO treatment; Bacillus strains survive stomach acid
- **Reduce PPI use if possible —** proton pump inhibitors increase SIBO risk

TESTING: BREATH TESTS

Breath testing is the standard non-invasive method. Bacteria ferment a sugar substrate and produce gases measured in exhaled breath. Test vs. empiric treatment is debated — testing helps confirm diagnosis and guides antibiotic choice.

Lactulose breath test:
Standard 2-3 hour test measuring H2 and CH4 gases. Tests the entire small intestine. Most commonly used at Veros.

Methane / IMO:
Methane ≥10 ppm is now classified separately as intestinal methanogen overgrowth (IMO), linked to constipation-predominant symptoms (IBS-C) rather than classic SIBO.

Empiric treatment:
Many providers treat empirically based on clinical picture, especially when testing is unavailable or cost is a barrier.

TREATMENT OPTIONS

Rifaximin (Xifaxan):
Non-absorbable antibiotic. 550mg TID x 14 days for H2-dominant SIBO. First-line; pooled eradication rate ~71% (Rao & Bhagatwala, 2019).

Rifaximin + Neomycin:
Combination for methane-dominant IMO — neomycin targets methanogens that rifaximin alone misses.

Herbal antimicrobials:
Allicin, berberine, oregano oil, neem — comparable to rifaximin in some studies. Good for antibiotic-sensitive patients.

Recurrence & prevention:
Recurrence occurs in up to 40% of patients even after successful treatment. Prokinetics (low-dose erythromycin, prucalopride) help restore motility and reduce recurrence — treating underlying dysmotility matters as much as the antibiotic itself.

HOW VEROS TREATS SIBO

At Veros, we approach SIBO as an immune system failure, not an isolated GI issue. Alongside antibiotics when indicated, we support gut mucosal immunity with serum-derived bovine immunoglobulin (SBI) — concentrated oral IgG/IgA/IgM that binds bacterial toxins and LPS locally before they trigger systemic inflammation (Wilson et al. 2013; Petschow et al. 2014; Camilleri 2017). SBI Protect (Orthomolecular) is one product we use. We also address the underlying dysmotility driving recurrence — particularly important in hEDS/POTS patients.

WHY VEROS HEALTH?

- We screen for SIBO in CVID, MCAS, hEDS, and Long COVID patients
- Breath test ordering & interpretation, rifaximin prescribing
- Treat SIBO as part of the full immune picture — not in isolation
- MCAS-safe treatment protocols for reactive patients
- 30+ years immune expertise — IMMUNOe Health & Research