

Gut Review Case Assignments

(Case 1 Answers)

CASE 1, STEP 1:

Answer:

The small intestinal bacterial overgrowth (SIBO) breath test was positive for intestinal methanogen overgrowth (IMO) with a high CH₄ level of 40.45 ppm and a high hydrogen sulfide excess (H₂S) of 10 ppm at maximum. The stool test was most notable for low/normal pancreatic elastase of 220 and high fecal secretory immunoglobulin A (IgA) of 2700 with mostly normal short-chain fatty acid production. There was a 4+ growth for *Enterobacter cloacae* but no parasites, nematodes, etc. Her *Helicobacter pylori* stool antigen test through Labcorp was positive. She had never been tested for *H. pylori* before and does have an extensive family history of “gut issues” per her family history intake.

Treatment: Since this patient’s gut symptoms were more consistent with IMO and *H. pylori*, those are the parts of the treatment plan that we decided to focus on mostly. We recommended a 60-day antimicrobial protocol that included a combination of the core protocol with IMO and *H. pylori* add-ons. Her specific protocol included GI-Synergy, InterFase Plus, *Saccharomyces boulardii*, Ideal Bowel Support, Atrantil, and mastic gum for 60 days. We also had her do a Paleo reset diet during this time, removing gluten and dairy primarily.

CASE 1, STEP 2:

Answer:

After 60 days on the antimicrobial protocol, the patient reports improvement in constipation and bloating but still has feelings of discomfort after meals, dry skin, and fatigue. She is now having a daily bowel movement, as well. The follow-up SIBO breath test has normalized nicely with a normal result for all three gasses. The follow-up stool test showed a slight improvement in pancreatic elastase but still not in the 500s where we would like to see it. Fecal secretory IgA normalized, but the beta-glucuronidase went way down to < dL (detectable levels). We also saw some shifts in the culture section of the stool test with *Citrobacter amalonaticus*. Considering she was getting better and I have found *Citrobacter* to mostly cause diarrhea, we chose not to target this newly seen potential pathogen at this time but rather address the overall gut function and persistent *H. pylori*.

Treatment: We discussed how she was feeling and the results of her follow-up testing. She was still interested in continuing treatment because she was feeling better overall. Considering her family history of “gut issues” that was very persistent in her family and the continued positive *H. pylori* test result, we opted to treat with the triple prescription therapy of proton pump inhibitors, amoxicillin and clarithromycin with digestive bitters before meals, *S. boulardii*, Seed probiotic, partially hydrolyzed guar gum prebiotic fiber, and continued mastic gum.

CASE 1, STEP 3:

Answer:

After this next phase of treatment, the patient reported continued improvement in constipation and bloating, less discomfort after meals, and was able to eat larger meals without feeling full. The repeat stool test showed improvements in the pancreatic elastase levels and a negative *H. pylori* test. At this point, we continued to focus on rebuilding and supporting the gut with continued diet changes that support a healthy and resilient gut.