KRESSER INSTITUTE FOR FUNCTIONAL AND EVOLUTIONARY MEDICINE

Gut Treatment Protocols - General Considerations

Hi, everyone,

In this section we're going to talk about how to treat the gut pathologies we've been discussing so far. But before we dive in, I want to talk about some general considerations.

There are a lot of models for treating the gut out there, like the "5 Rs"—remove, replace, repopulate, repair, rebalance. While those frameworks tend to work well for books and educational materials, in the real world of clinical practice, I haven't found them to be helpful.

At this point I've come to see treating the gut as essentially a two-stage process: addressing pathologies that are present and then rebuilding a healthy gut ecosystem. There's not a hard line between these two stages, and they often overlap at least to some degree. But the main point is that doing things to rebuild the gut ecosystem may not be as successful as you'd like if there are pathologies that haven't been properly addressed.

This is why I often get requests for help from people that listen to my blog or podcast that have been trying to treat things like SIBO or parasites by making dietary changes alone. This is almost always unsuccessful. While a healthy diet and the basic steps toward good gut health (like eating fermentable fiber and fermented foods) are essential, they're usually not enough to deal with gut pathologies like SIBO, parasitosis, fungal overgrowth, and H. pylori infection.

You'll find that many of the protocols I recommend involve taking antimicrobials. I typically favor botanicals and nutraceuticals over prescription meds, but as we'll discuss, there are certain situations where the meds may not only be more effective, but also better tolerated than the natural alternatives. Although I am an herbalist myself and trained in natural medicine, I do see a role for medication and I will generally recommend whichever treatment I think will be most effective and cause the least amount of harm. Most often that is not a drug, but sometimes it is.

If prescribing medication is outside of your scope of practice, you have a couple of options. Ideally you would team up with a physician that is trained in, or at least open to, functional medicine. You can then refer your patients that need medication to your physician partner, and he or she can refer patients to you that require whatever you specialize in.

Of course, another option is to simply refer your patient to their own doctor, but that often doesn't work so well because their doctor may not be up to speed on the condition you are treating or the treatment approach that you are educating your patient about.

I used the phrase "educating your patient about" very specifically because, as I'm sure you know, if you are not a physician you cannot tell a patient to start or stop a medication. That is considered practicing medicine, and you can get into a lot of trouble for it.

However, there is nothing preventing you from educating your patients about the various treatment options available for a condition. So, for example, in the case of SIBO, I will explain how I typically treat it with a botanical antimicrobial protocol, and then I will explain the conventional treatment with rifaximin (and neomycin if methane is elevated), and then ask the patient to choose based on my explanation of the pros and cons of each as applied to their particular situation.

The other advantage to doing it this way, above and beyond protecting yourself legally if you're not allowed to prescribe meds, is that you enlist your patients to take a proactive role in their own health care and you demonstrate a respect for their ability and right to choose their own path. You'll find that many patients really appreciate being included in the decision-making process like this, and I think it's a good thing for physicians that can prescribe to do as well.

Regardless of whether you choose botanicals and nutraceuticals or prescription meds, or a combination of both, you need to be aware of something called the Jarisch-Herxheimer reaction, or "Herx," for short.

This depends somewhat on the specific mechanism of the antimicrobial, but in many cases they work by destroying the cell membrane of the pathogen. When that happens, toxins like lipopolysaccharide (in the case of gram-negative bacteria) are released into the gut, and if the gut is permeable, into the bloodstream.

What this means is that patients will often feel worse before they feel better on these treatments, or they may alternate between feeling better and worse throughout the protocol. This happens

when biofilm that was protecting pathogens gets disrupted, and those pathogens can now be acted on by the antimicrobials and our own immune defenses.

Of course, not every negative reaction to a treatment protocol is a Herxheimer response. In some cases, patients are reacting to the treatment itself—perhaps a filler in the drug or a component of one of the supplements. Unfortunately, it's not always easy to determine the difference between a Herx and a reaction to the treatment, but there a couple of general things to look out for.

Herx reactions should pass or at least shift after a few days. Generally, the patient will start to feel better a few days after their reaction, or they may alternate between feeling bad and feeling better than they felt before the treatment. With a reaction to the treatment itself, patients usually feel bad continuously and do not improve even after several days or go back and forth between better and worse.

If your patient is having a reaction, what you do depends upon what treatment you are using. We'll discuss this more in the context of the particular protocols.

Before we finish, I want to remind you that while diet and antimicrobials are really important for fixing gut problems, there are other considerations that I think deserve more attention than they typically get. These include all of the lifestyle factors that we're discussing in the Exposome track: appropriate physical activity, getting enough sleep, and especially managing stress. Chronic stress will wreak havoc on the gut, and if your patient isn't attending to that, all of the antimicrobials and diet changes you can throw at them will not be successful. Remember, the gut is essentially an extension of the nervous system/brain, and in fact some researchers refer to it as the "second brain." This is why stress management and lifestyle/behavior modification should always be part of a gut protocol.

Okay, that's it for now. Let's dive in!