

SIBO Food Guide Seasonings/Condiments

← LESS FERMENTABLE

→ MORE FERMENTABLE



SCD "LEGAL" LOW FODMAP

All spices (except onion & garlic)
Garlic-infused oil
Ginger (fresh & dried)
Mayonnaise, homemade or commercial w/ honey
Mustard- without garlic
Pickles/ Relish- no sweetener or garlic
Tabasco (McIlhennyCo)
Wasabi- pure
Vinegar: apple cider, distilled/white, red & white wine

SCD "LEGAL" MODERATE FODMAP

SCD "LEGAL" HIGH FODMAP

SCD "ILLEGAL"

Asafoetida powder
Chicory root (leaves ok)
Cocoa/chocolate-unsweetened
Gums/ Carrageenan/ Thickeners
Sauces or Marinades with High Fodmap/ SCD Illegal items
Soy Sauce/Tamari
Spices: Onion & Garlic powder
Vinegar: balsamic

Compiled by Dr. Allison Siebecker (www.siboinfo.com) with the following sources: (formatting thanks to Dr. Michele Bartlett)

- Gottschall E, and SCD™ Community. *Specific Carbohydrate Diet Legal/Illegal List*. <http://www.breakingtheviciouscycle.info/legal/listing/>. Accessed October 22, 2012, January 20 & December 6 2013.
- Gibson P, Muir J, Barrett J, Shepard S, et al. *The Low Fodmap Diet, Edition 3*. Central Clinical School, Monash University. Melbourne, Victoria Australia. June 2012. www.med.monash.edu/cecs/gastro
- Gibson P, Muir J, Barrett J. *The Monash University Low Fodmap Diet App*. Monash University. Melbourne, Victoria Australia. <http://med.monash.edu.au/cecs/gastro/fodmap/iphone-app.html>. Accessed January 13, December 6 2013.
- Hamdan, K. *Crystallization of Honey*. Bee World. Vol.87 (4) 2010 pp. 71-74. [PDF](#).
- Hebblethwaite C. *Your Low FODMAP Diet Plan*. *Dietary Specialists Limited*, Christchurch New Zealand. June 2012.
- Kajiwara S, Gandhi H, Ustunol Z. *Effect of honey on the growth of and acid production by human intestinal Bifidobacterium spp.: an in vitro comparison with commercial oligosaccharides and inulin*. *J Food Prot*. 2002 Jan;65(1):214-8. PMID: 11808799
- Siebecker A. *Clinical Experience, SIBO specialty private practice*. SIBO Center for Digestive Health at NCNM Clinic, Portland, Or. 2010-present. www.siboinfo.com.
- Wright S. *The SCD Diet and Alcohol: Part III – The SCD Guide to Liquors*. <http://scdlifestyle.com/2010/02/scd-legal-alcohol-part3/>. Accessed October 22, 2012.



URINARY TRACT INFECTIONS:
Prevention, Care and Treatment

CAUSES:

Bacterial organisms that invade the urinary tract, including urethra, bladder and kidneys. Frequently these organisms come from your own body when they are inadvertently 'transported' from the anus toward the vagina and urethra.

Two issues related to female anatomy are implicated: a short distance between the anus and urethra and a short urethra emptying the bladder allowing bacteria to quickly and easily adhere and cause infection.

WHAT TO DO:

Stay hydrated and void immediately after any genital contact (not just intercourse). The 'flushing activity' of voiding prevents microbial attachment to the cells.

Be aware of how any sexual activity can transport your own bacteria from your anus to your urethra and make some changes! If a partner's fingers or penis slips near the anus, **DO NOT RESUME ANY SEX NEAR THE VAGINA OR URETHRA OR CLITORUS** until the penis (condom or not)/fingers have been washed off. Keep a soapy washcloth at the bedside or change the condom. Use lubricant to prevent irritation (which opens up avenues for infection).

Wipe yourself from front to back to prevent bacterial transport. Don't hold urine for long periods of time—empty bladder when you feel the urge.

Stay healthy; get good rest. Drink 2 liters of water a day to keep the urinary system flushed.

Avoid drinking lots of coffee, tea, alcohol and cola drinks—they irritate the bladder. Herbal teas are great. Cranberry juice has tannin that decreases bacterial adherence (controversy about level of effectiveness) and, like vitamin C, makes the urine more acidic and less favorable for bacterial growth.

Preserve the normal vaginal flora that prevents colonization of bacteria by washing only with water and avoiding commercial wipe products or soap on the mucosal cells of the labia and urethra (limited evidence in UTI prevention).