SIBO Diet

Starve the bacteria in the wrong place, in phases, without starving yourself.

MAINLY USED FOR	CORE RESTRICTION	EFFORT
Small intestinal bacterial overgrowth, bloating	Fermentable carbohydrate, staged and time-limited	4 of 5

01 How it works

In small intestinal bacterial overgrowth, colonic-type bacteria colonise the small intestine, where food arrives before you have absorbed it. They ferment carbohydrate on the spot, producing hydrogen or methane, which shows up as bloating within 30-90 minutes of eating rather than hours later.

Diet does not cure SIBO. It reduces the fuel supply so symptoms drop while the actual treatment — antibiotics such as rifaximin, herbal antimicrobials, or fixing the underlying motility problem — does the work.

Most protocols run in phases: a strict reduction for two to six weeks, then structured reintroduction. Staying restricted long term reduces microbial diversity and tends to make the gut more reactive, not less.

02 Nutrition at a glance

SIBO eating is deliberately time-limited — the diet controls symptoms while treatment addresses the overgrowth.

Restriction phase	2–6 weeks	Longer rarely helps and starves the good bacteria too
Fermentable carbs	Heavily reduced	Lactose, fructans, GOS, polyols
Meal spacing	4–5 hours	Lets the migrating motor complex sweep the small bowel
Meals per day	3, no grazing	Snacking interrupts that sweep
Fibre	Low, then rebuilt	Reintroduced as symptoms settle

Nutrients that often run short: Fibre · Calcium · Iron · B12 · Fat-soluble vitamins (A, D, E, K).

ELECTROLYTES

A word on electrolytes

Diarrhoea-predominant SIBO loses sodium and potassium faster than most people expect. During a flare, an oral rehydration solution is more useful than any supplement. If you have kidney disease, heart failure or high blood pressure, or you take a diuretic, ACE inhibitor or ARB, set your targets with your clinician — and avoid potassium-based salt substitutes unless told they are safe for you.

03 Key cautions

The things that most often catch people out — worth raising at your next appointment.

TALK TO A CLINICIAN

Diet alone rarely clears SIBO

Antibiotics, herbal antimicrobials or an elemental formula usually do the clearing. Diet manages symptoms and reduces relapse; used alone it can look like progress while the overgrowth persists.

WORTH TESTING

Malabsorption shows up in bloods

B12, iron and fat-soluble vitamins are worth checking if symptoms have run for months.

KEEP AN EYE ON

Restriction has a shelf life

Beyond about six weeks the microbiome narrows and food fear grows. Reintroduce systematically even if it feels risky.

KEEP AN EYE ON

Look for the underlying cause

Adhesions, hypothyroidism, diabetes-related motility problems and structural issues drive relapse. Recurrence is a signal, not a personal failure.

04 Conditions it is used for

- SIBO confirmed by lactulose or glucose breath test
- IBS with bloating that begins soon after eating
- Post-infectious IBS and slow gut motility
- Scleroderma, diabetic gastroparesis and other conditions causing stasis
- Recurrent SIBO after adhesions or bowel surgery

05 Your food lists

Eat freely

Protein and fat

- All plain meat, poultry, fish and eggs
- Olive oil and butter
- Hard aged cheeses
- Lactose-free dairy

Low-fermentation vegetables

- Carrot
- Zucchini
- Spinach
- Bok choy
- Cucumber
- Lettuce
- Bell pepper
- Green beans
- Tomato

Fruit

- Blueberries
- Strawberries
- Kiwi
- Orange
- Cantaloupe
- Unripe banana

Starch, if tolerated

- White rice
- Quinoa
- Sourdough spelt
- Potato

Eat with care

Test one at a time

- Small servings of oats, sweet potato or plantain
- Hard cheese versus soft — lactose load differs
- Coffee, which speeds motility for some and irritates others
- Fibre supplements — partially hydrolysed guar gum is usually better tolerated than psyllium
- Fermented foods, which help some people and inflame others

Best to skip

High-FODMAP carbohydrate

- Onion and garlic
- Wheat in quantity
- Beans and lentils
- Cauliflower
- Mushroom
- Apple, pear, watermelon
- Dried fruit

Sugars that ferment

- Honey and agave (fructose)
- Sugar alcohols — sorbitol, mannitol, xylitol
- Inulin and chicory root
- High-fructose corn syrup
- Milk if lactose intolerant

Habits

- Constant snacking, which blocks the migrating motor complex
- Alcohol during the treatment phase

06 Three days of meals

Day 1

Breakfast: Two eggs with spinach cooked in garlic-infused oil, a few blueberries.

Lunch: Grilled chicken over lettuce, carrot and cucumber, olive oil and lemon.

Dinner: Salmon, white rice, green beans.

Snack: A small orange. Leave four hours between eating occasions.

Day 2

Breakfast: Lactose-free yoghurt with strawberries.

Lunch: Beef and zucchini stir fry in garlic-infused oil over rice.

Dinner: Roast turkey, mashed potato with lactose-free milk, roasted carrot.

Snack: Handful of walnuts.

Day 3

Breakfast: Omelette with bell pepper and aged cheddar.

Lunch: Rice noodle bowl with prawns, bok choy and ginger.

Dinner: Lamb chops, quinoa, sauteed spinach.

Snack: Kiwi.

07 Getting started

- Test before you restrict. Bloating has many causes, and an empirical low-FODMAP diet before a breath test can produce a false negative.
- Pick one framework — low FODMAP, SIBO Specific Food Guide, or Bi-Phasic — rather than stacking all three into a diet of six foods.
- Space meals four to five hours apart so the migrating motor complex can sweep the small intestine between meals.
- Treat the cause: adhesions, hypothyroidism, opioids, PPIs and diabetic neuropathy all cause relapse regardless of diet.
- Set a reintroduction date at the start. Two to six weeks strict, then structured challenges.

08 Common mistakes

- Staying in the restriction phase for months and ending up with a fragile, narrow diet and a less diverse microbiome.
- Grazing all day, which prevents the cleansing waves between meals.
- Taking prebiotic fibre or high-dose probiotics during the strict phase without a plan.
- Retesting endlessly rather than tracking symptoms.
- Assuming methane-dominant overgrowth responds like hydrogen — the treatment and the food triggers differ.

09 Questions people ask

Can diet alone clear SIBO?

Rarely. Diet controls symptoms; antimicrobials plus motility support usually do the clearing. Diet without treating the underlying stasis tends to relapse.

Elemental diet — is it worth it?

A two-week elemental formula has high reported eradication rates but it is expensive, unpleasant and hard to sustain. It is usually a last resort after antibiotics fail.

Why did I feel better then worse?

Symptom relief in week two followed by relapse in week six is the classic pattern when the motility problem behind the overgrowth has not been addressed.

10 How it overlaps with other diets

- SIBO and low FODMAP overlap almost completely; low FODMAP is the best-evidenced backbone.
- SIBO plus keto is very compatible — both cut fermentable carbohydrate — but keto's inulin-sweetened products are a trap.
- SIBO plus histamine intolerance is common; overgrowth raises histamine load, so treating SIBO often relaxes histamine limits.

> This guide is educational and is not medical advice. Therapeutic diets can change how medication works and can leave gaps in nutrition, so please plan any of this with your doctor or a registered dietitian.

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