

# GUT MICROBES AND DIGESTIVE HEALTH

## FAST TRACT DIET 101

Relief  
Without  
Drugs

A Revolutionary Diet Approach to  
Treat and Prevent Functional Gut  
Disorders and SIBO Related Conditions

Norman Robillard, Ph.D.

Founder – Digestive Health Institute

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### **Dr. Norm's 4 Pillar Approach**



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- Heartburn / Acid Reflux / GERD
- Laryngopharyngeal Reflux Disease (LPR)
- Irritable Bowel Syndrome (IBS) / Small Intestinal Bacterial Overgrowth (SIBO)
- Small Intestinal Fungal Overgrowth (SIFO)
- Intestinal Methane Overgrowth (IMO)
- Leaky gut and Autoimmunity
- Celiac and Crohn's disease
- Diverticulitis
- Histamine / Mast Cell issues
- Weight loss and weight gain
- Asthma
- Rosacea
- Other issues related to digestive health

***YOUR HEALTH DEPENDS ON THE  
MICROBES IN YOUR GUT***

**- Norm Robillard, Ph.D.**

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## ABOUT THE AUTHOR



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**Dr. Norm**, one of the leading gut health experts is a microbiologist. He is the creator of [Fast Tract Diet](#), a science-based holistic dietary solution for Functional Gastrointestinal Disorders (FGIDs), Small Intestinal Bacterial Overgrowth (SIBO) and related digestive and general health issues.

The [Fast Tract Diet](#) was presented at [Digestive Disease Week](#) in 2013 to give researchers and gastroenterologists a drug-and-antibiotic-free option for treating SIBO related conditions.

The [Fast Tract Diet](#) has been endorsed by numerous health experts including **the New York Times Best Seller, Co-author** - Dr. Mike Eades, **GI surgeon** - Dr. Alan Hu, **Osteopathic doctor** - Dr. Lisa Vaughan and many certified nutritionists and healthcare providers.

Dr. Norm [consults](#) with people around the globe via phone and Skype providing holistic, dietary, behavioral, root cause and supplemental solutions based on his 3-pillar approach to digestive health.

# INTRODUCTION

**This free ebook covers:**

1. An overview of healthy digestion
2. What happens when healthy digestion is damaged or disrupted
3. How most digestive problems relate to an imbalance of bacteria in our gut
4. How changing your diet and behaviors can dramatically improve your digestive health

Digestive health issues often lead to painful and debilitating symptoms of functional gastrointestinal disorders (FGIDs), nutritional or mineral deficiencies, and even systemic or autoimmune health problems relating to leaky gut.

This guide offers an introduction to a science-based dietary and behavioral solution for a wide variety of these digestive, systemic and autoimmune illnesses involving dysbiosis, which is an imbalance in intestinal microorganisms.

The most prevalent form of dysbiosis is small intestinal bacterial overgrowth (SIBO) where bacteria from the large intestine migrate to and overgrow in the small intestine. SIBO is generally diagnosed by a non-invasive test called the Lactulose breath test.

When SIBO is detected, many doctors recommend powerful antibiotics, but this approach should be viewed with extreme caution because of:

- Side effects and health risks
- Bacterial resistance
- Risk of increasing dysbiosis
- Risk of Clostridia difficile (C. diff) infection
- SIBO recurrence

As an alternative to drugs (proton pump inhibitors, H2 blocker, IBS medications, etc.) and antibiotics, I have developed the safe and effective [Fast Tract Diet](#) system based on solid scientific evidence backed by extensive research and the latest developments in medical science. Before jumping into the heart of the matter, let me give you a history behind how a microbiologist (me) became

involved in SIBO and how I developed the [Fast Tract Diet](#) system. It all started with my own case of acid reflux.

## MY JOURNEY TO THE FAST TRACT DIET

As I look back, it has been 15 years since I proposed **a new evidence-based theory** on the underlying cause of acid reflux. The idea is based on how our gut bacteria process carbohydrates.

My first clue came in 2004 when I was experimenting with low carb dieting. Within one or two days after starting the diet, my chronic heartburn dramatically improved. I was amazed and shocked. How could GERD (Gastroesophageal reflux disease), a chronic condition that had plagued me over 20 years be addressed so easily?



While the revelation itself was a great reward, I really wanted to know why!

### ***Did carbohydrates actually cause acid reflux and if so, how?***

As I studied the digestive process for each of the three food groups (carbohydrates, fats and proteins), I had an “aha” moment, which had something to do with bacteria in our intestines.

You may have read about these gut bacteria collectively referred to “gut microbiota”. Like all animals, humans evolved in a complex partnership with bacteria. Some 100 trillion bacteria comprised of over 1000 different species form an ecosystem like a tropical rain forest in our intestines. These friendly bacteria help develop, train and maintain our immune system and out-compete unhealthy disease-causing microbes.

But most importantly, this diverse collection of bacteria combines forces to help us digest foods that we can't through a process called fermentation. Using a wide variety of digestive enzymes that we don't possess, they can break down tough fibers, resistant starch and other complex carbohydrates. From these complex carbohydrates, gut bacteria produce vitamins to keep us healthy and fats that nourish us.

This relationship is mutual for the most part. We get more calories that would otherwise be lost. Bacteria have access to a food source, a warm safe place to live and reproduce in our intestines. Through thousands of years of evolution, this partnership helped us survive during lean times when food was scarce.

***But here is what was interesting to me!***

As a microbiologist, I had studied various intestinal bacteria throughout my career, and I recalled two important properties:

- 1. Most bacteria get the bulk of their energy from carbohydrates**
- 2. Most bacteria produce lots of gas**

Depending on the strain, bacteria produce copious amounts of hydrogen and carbon dioxide gas. Also, intestinal Archaea, which look like bacteria under the microscope but are actually a separate branch of life, produce a third intestinal gas, methane.

Carbohydrates are the best fuel source for gas formation. According to Suarez and Levitt,<sup>1</sup> 30 g of carbohydrate that escapes absorption in a day could produce more than ten liters of hydrogen gas in the intestine.

Imagine how much pressure this amount of gas can create in our intestines?

Intestinal bacteria produce so much gas that there have been well documented cases of explosions during intestinal surgery.<sup>2,3</sup> And this gave me an idea:

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***“What if some of the carbohydrates I had been consuming were not being efficiently digested and absorbed into my blood stream, and instead they were persisting in my small intestine?”***

***Wouldn't there be a chance that my acid reflux was the result of intestinal gas pressure from a bloom of gas-producing bacteria fed by these unabsorbed carbohydrates?***

***I.e. “Mentos in a coke bottle”***

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As it turns out, there is lots of evidence that supports this theory, and this is documented in two of my books, [Heartburn Cured](#) and [Fast Tract Digestion Heartburn](#).

I believe in time, this new idea will replace the 60 year old scientific dogma that acid reflux is caused simply by weakness or relaxation of the lower esophageal sphincter, the valve at the top of our stomach.

## BEYOND HEARTBURN

Perhaps the most exciting aspect of this new theory (carbohydrate malabsorption and bacterial overgrowth) is that it has much broader implications. I realized that many other disease indications involve the same problem, which I will talk about in the Dysbiosis and SIBO section.

At the same time, I became deeply interested in determining which types of carbohydrates are the biggest culprits in driving this overgrowth of gas-producing bacteria. The idea was that finding the responsible carbohydrates to limit their consumption would be a more targeted approach compared to cutting out all carbohydrates.

Based on this premise, the drug-and-antibiotic-free [Fast Tract Diet](#) was born to treat not only acid reflux and IBS, but **a wide array of other digestive health conditions** based on modulating our gut microbiota to improve digestion.

Special thanks go to a couple of smart people in this effort:

- Dr. [Mike Eades](#) asking me a critical question, “what carbohydrates are most offensive?”
- [Gray Taubes](#)’ contribution to my research on fiber.

**PART I**  
**GUT MICROBES AND YOUR**  
**DIGESTIVE HEALTH**

## HEALTHY DIGESTION

Now, let's turn our attention to digestion. What is digestion and how does it work?

Digestion is the process of deriving nutrients from what we eat.

Humans have a highly advanced digestive system that can extract energy from literally any life form (food). We can digest nutrient-dense animal-based foods as well as a broad variety of plant based foods including complex carbohydrates.

Certain things need to occur for healthy digestion. Each type of food must be fully broken down as shown below:

**Fats** → Fatty acids

**Proteins** → Amino acids

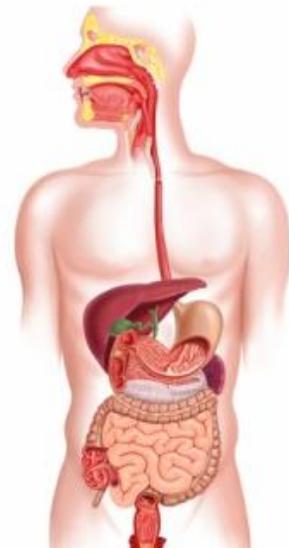
**Carbohydrates** → Basic sugars (mostly glucose)

This is the only way these nutrients can enter our blood stream from the intestines to nourish our bodies.

## KEY ELEMENTS FOR HEALTHLY DIGESTION

Let's take a moment to understand how our foods are digested step by step.

1. Chewing helps to break food into smaller pieces that are easier to breakdown.
2. Enzymes in our saliva, stomach and small intestine including amylase (for starch), lipase (for fats) and various proteases (for proteins) help digest each type of food.
3. Muscular contractions in our esophagus, stomach and intestines help keep food moving through the digestive tract. Also, these muscular contractions



in the stomach and intestines help mix up the food as it is being digested.

4. Stomach acid helps digest protein, protects our body from ingesting too many live bacteria and facilitates the absorption of vitamins and minerals including vitamin B12, calcium, magnesium and iron.
5. Mucus secretions protect and lubricate the surfaces of the intestinal tract and support (feed) our healthy gut microbes.
6. Bile helps fats mix with water to aid digestion with lipase enzyme and also kills or inhibits a variety of pathogenic bacteria.
7. Gut bacteria breakdown complex carbohydrates that our bodies can't and produce fats and vitamins that our bodies can use.

All of these elements are essential for healthy digestion. In addition, our digestive tract is lined with a mucus-covered gut barrier (mucosal barrier or brush boarder) that is normally impermeable to undigested foods and bacteria.

To help guard the mucosal barrier and maintain the order of our microbiota, our digestive tract is armed to the teeth with a highly evolved immune system.

### **WHAT HAPPENS WHEN THINGS GO WRONG**

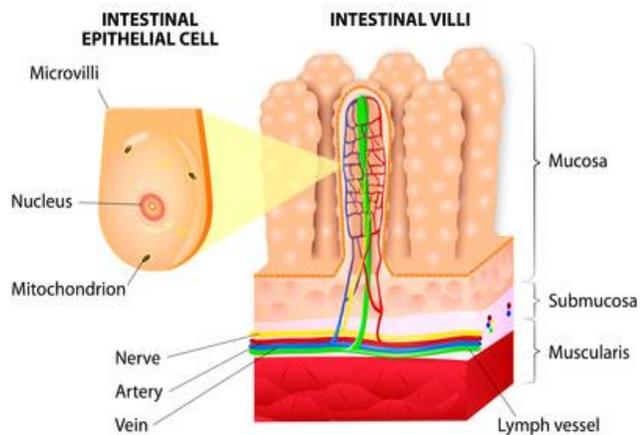
All is well when our digestive process works as it is supposed to. But predictably most digestive health issues stem from a breakdown of one or more elements of healthy digestion.

1. **Mucosal barrier and villi damage.** Food or water poisoning and gastrointestinal infection exposes our digestive tract to disease causing bacteria, viruses, fungi or parasites. Toxins and other virulence factors produced by invading organisms damage our mucosal barrier and trigger a vigorous inflammatory response. This inflammation often results in more damage and can bring about imbalances in our own healthy gut microbes.

Diabetes, Crohn's disease, coeliac disease, multiple sclerosis, SIBO and irritable bowel syndrome can also damage the mucosal barrier.

Damage to the mucosal barrier can lead to leaky gut, a condition where food particles and bacteria can leak out from our intestine and come into contact with our systemic immune system. The results range from allergic reactions to conditions such as rosacea, chronic fatigue syndrome, fibromyalgia as well as autoimmune conditions including diabetes, rheumatoid arthritis, Hashimoto's thyroiditis, Graves' disease and ankylosing spondylitis (similar to RA, but affecting cartilage in the spine).

Another major problem is damage to tiny structures that line the small intestine called villi. Villi and microvilli, small hair-like cells located on villi, create massive amounts of surface area (if flattened out our villi and microvilli would cover a tennis court) for absorbing nutrients.



Microvilli also contain sensitive carbohydrate-digesting enzymes on their tips. Bacterial enzymes, toxins, inflammation and autoimmune reactions (in the case of celiac disease) can damage these structures and their enzymes severely limiting our ability to complete digestion and absorb nutrients.

One important result from villi damage is malabsorption that floods the intestine with undigested food. Too much unabsorbed food, particularly carbohydrates create an environment where bacteria can flourish in the small intestine. This is the beginning of SIBO which can turn into a vicious cycle<sup>1</sup> of bacterial growth, damage to the small intestine, more malabsorption and more bacterial growth. SIBO is discussed in detail in the next section.

2. **Altered motility** is another major problem affecting digestive health. Normally, coordinated muscular contractions keep food moving through the

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<sup>1</sup> Elaine Gottschall was the first to describe the "vicious cycle" of carbohydrate malabsorption and bacterial overgrowth in her book *Breaking the Vicious Cycle*.

digestive tract. The term, migrating motor complex (MMC) describes this process which is particularly active during fasting between meals.

Both diarrhea and constipation are often motility disorders. In diarrhea, food is not being fully digested and passes through the digestive tract too quickly for the body to process. Nutrients are lost and water is not adequately removed, so that stools don't adequately form. In the case of constipation, the slow movement of food can allow excess fermentation to occur while blocking or slowing down healthy digestion.

3. **Low stomach acid** is another condition that impedes digestion. Loss of stomach acid is most commonly associated with chronic use of proton pump inhibitor drugs (PPIs) but can also arise from a long term stomach infection with *H. pylori* bacteria, **abuse of NSAIDs**, or an autoimmune condition that damages the stomach's parietal cells which produce stomach acid.



Stomach acid is essential to digest protein, absorb vitamins and minerals, and to kill disease-causing bacteria, viruses, and parasites. This acid barrier also protects our lungs and sinuses from bacteria from our own gut that otherwise might cause problems via gastroesophageal reflux (GER). This is the reason GERD is linked to pneumonia and asthma. Lastly, low stomach acid increases susceptibility to serious diarrhea-causing *C. diff* infections and SIBO.

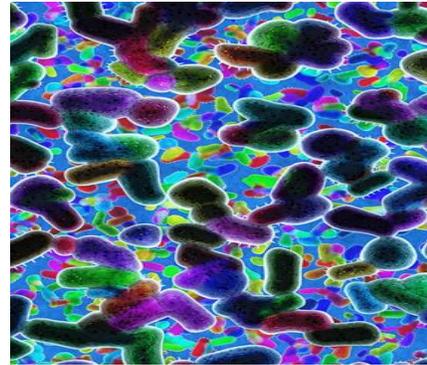
4. **Digestive enzyme deficiency** can also impair digestion. Reduced amylase (some people have fewer copies of the gene for salivary amylase), lactase, protease or lipase enzymes result in maldigestion and malabsorption flooding the intestines with even more undigested food for bacteria.
5. **Dietary excess.** Though not a breakdown in our digestive system, consuming more food, particularly carbohydrates, than our digestive system can manage represents perhaps the most important single cause of malabsorption that floods our small intestine with too much undigested food. Age likely plays a role and helps explain why we tend to suffer with more digestive problems as we get older.

## DYSBIOSIS AND SIBO

As we have discussed in the previous section, certain events can throw our digestive system out-of-whack.

These problems commonly lead to dysbiosis, a condition where the microbe population in our gut becomes unbalanced often times involving too many gas-producing bacteria and dramatic symptoms.

The most prevalent form of dysbiosis is small intestinal bacterial overgrowth (SIBO), defined as the presence of more than 100,000 bacteria per milliliter (mL) in the small intestine. Most of the bacteria in SIBO originate in the large intestine. Large intestine bacterial strains such as *E. coli*, *Klebsiella*, *Proteus*, *Bacteroides*, and *Clostridia* have been recovered from the small intestine of people with SIBO.



The main problem with SIBO is that these bacteria though generally harmless and helpful in the large intestine, become harmful in the small intestine. They can disrupt digestion by producing toxins, enzymes and intestinal gases. They can also cause intense physical discomfort and damage the small intestine.

### **The symptoms of SIBO include:**

- Abdominal pain
- Cramps
- Diarrhea
- Constipation
- Gas
- Bloating
- Acid reflux
- Flatulence
- Nausea
- Dehydration
- Fatigue

### **More severe symptoms of SIBO may include:**

- Weight loss
- Failure to thrive
- Steatorrhea (the body's failure to digest fats)
- Anemia
- Bleeding or bruising
- Night blindness
- Bone pain and fractures
- Leaky gut syndrome
- Autoimmune reactions

Small Intestinal Bacterial Overgrowth (SIBO) is a common condition linked to a variety of functional gastrointestinal disorders (FGIDs) and other health conditions including:

- Irritable bowel syndrome (IBS)
- Gastroesophageal reflux (GERD)
- Laryngopharyngeal Reflux Disease (LPR)
- Celiac disease
- Crohn's disease
- Sjögren's syndrome
- Diverticulitis
- Fibromyalgia
- Asthma
- Rosacea
- Interstitial cystitis
- Autoimmune disorders (Hashimoto's, Rheumatoid arthritis, etc.)
- Cystic fibrosis

If you rounded up everyone in the US with these conditions, you would end up with well over 100 million people. To get a sense of where these high numbers come from, take a look at a sample of these conditions and how many people are impacted:

- Acid Reflux and LPR - 60 million
- Irritable Bowel Syndrome - 50 million
- Rosacea - 32 million

- Asthma - 26 million
- Autoimmune diseases (all) - 24 million
- Fibromyalgia - 5 million
- Interstitial cystitis - 3 to 8 million
- Celiac Disease - 3 million
- Rheumatoid arthritis - 1.3 million
- Sjögren's syndrome - 0.5 to 3 million
- Crohn's Disease - 600,000

**Here are three important things to keep in mind about SIBO:**

1. SIBO that often involves leaky gut is linked to each one of these conditions.
2. SIBO bacteria feed mainly on carbohydrates.
3. The best and safest strategy for controlling SIBO holistically without drugs and antibiotics involves:
  - Systematically minimizing carbohydrate malabsorption
  - Identifying and addressing all potential underlying conditions (1-5 in the previous section) that contribute to the risk of SIBO.
  - Leaning pro-digestion behaviors and practices that minimize malabsorption.

## CONVENTIONAL TREATMENTS

The [Fast Tract Digestion books](#) discuss in detail the numerous medical treatments for SIBO-related conditions along with their (in) effectiveness, side effects and health risks, but here are some highlights.

**Conventional medical treatments for acid reflux include:**

- Over the counter antacids
- Histamine antagonists (H2 blockers)
- Proton pump inhibitors (PPIs)
- Stretta, Fundoplication surgery, LINX® procedure



None of these treatments address the root cause (i.e. SIBO / dysbiosis), yet carry significant side effects and in many cases, long term health risks.

**Conventional medical treatments for IBS include:**

- Diarrhea medications, (i.e. Imodium, Kaopectate, Pepto-Bismol)
- Osmotic, lubricating or stimulant laxatives
- Prescription drugs, (i.e. tegaserod, alosetron, lubiprostone, linaclotide)
- Antispasmodic drugs
- Antidepressants
- Antibiotics

Based on my review of both over the counter and prescription medicines for IBS, I conclude that drugs to treat IBS have missed their mark. No single medicine effectively treats IBS over the long term. Even antibiotics are limited in their effectiveness, carry side effects and health risks and don't offer a permanent solution. They also kill the good bacteria, which often makes the problem worse.

There are many more drugs used to treat autoimmune conditions, asthma and the other conditions listed above. All of these medications have side effects and health risks. The best strategy is to control SIBO by holistic dietary and behavioral means and then see if medications can be eliminated (I believe you can in most cases), or at least reduced to minimal levels.

## **IN SUMMARY**

The process of digestion can be quite complex. But understanding the key elements one by one helps you gain a better picture of what is going on, especially when things start to go in a wrong direction.

Digestive health issues stem from damage or disruption of the healthy digestive process as well as overconsumption. These issues commonly lead to dysbiosis / SIBO. SIBO affects over 100 million people in the US alone who have varied digestive, autoimmune and / or systemic illnesses. However, drug and antibiotic therapies are not effective because they do not address the primary underlying causes, which lead to carbohydrate malabsorption and / or alterations in motility.

# **PART II**

# **FAST TRACT DIET 101**

## FAST TRACT DIET STRATEGY

Treating SIBO without drugs and antibiotics involves recognizing the biggest offenders. What are the hard-to-digest carbohydrates that are most subject to malabsorption, therefore, most likely be the symptom and illness drivers?

The [Fast Tract Diet](#) addresses this question with a solution based on the molecular structure of carbohydrate-containing foods.

Based on a significant amount of research captured in the [Fast Tract Digestion books](#), I have identified the following 5 carbohydrate types:

- **Fructose, including polymeric forms** (apples, oranges, bananas, grapes, etc.)
- **Lactose** (milk, ice cream, etc.)
- **Resistant starch** (most potatoes, most rice, most grains, bananas, pasta, etc.)
- **Fiber** (whole grains, bran cereal, legumes, supplements, etc.)
- **Sugar alcohols except erythritol** (diabetic and sugar-free snacks, etc.)

For both celiac disease and non-celiac gluten sensitivity (NCGS), all wheat, rye and barley based foods and condiments that contain gluten protein must also be eliminated.

Controlling the amount of these carbohydrates in our diet, along with pro-digestion behaviors (such as properly choosing, preparing, and consuming starchy foods) offers the soundest means to prevent and treat SIBO.

The [Fast Tract Diet](#) is a flexible tool that quantitatively limits the 5 hard-to-digest carbohydrates in your diet so that it is adaptable to your own dietary preference.

Let me address one common question before the next section. Does the [Fast Tract Diet](#) starve both bad and good bacteria in our gut? The answer is **NO**. The Fast Tract Diet limits but doesn't eliminate dietary fermentable carbohydrates. Fermentable carbohydrates are those that are likely to escape digestion and absorption thus being available for bacteria to consume by the process of fermentation.

The typical Western diet contains approximately 100 to 150 grams of fermentable carbohydrates per day. The [Fast Tract Diet](#) limits this amount to between 20 and 45 grams per day. You can think of it as “putting your gut microbes on a diet” as opposed to a fast. Also, your own intestinal mucus secretions as well as some fermentable material from animal-based foods continue to feed gut bacteria even if certain dietary carbohydrates are significantly reduced.

The goal is to limit excessive bacterial overgrowth, fermentation and symptom-causing gas. Once overgrowth is controlled, your own body’s control mechanisms have a better chance of supporting good bacteria and eliminating bad bacteria. Also, as your symptoms improve, you can begin adding back each of the five carbohydrate types in a controlled fashion to determine your tolerance levels which likely vary by carbohydrate type and individual.

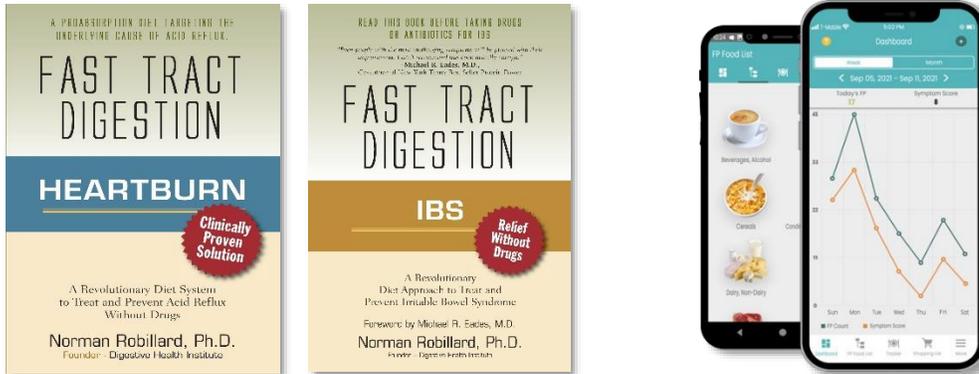
## FERMENTATION POTENTIAL (FP) IN FOODS

We now know that limiting the five types of carbohydrates will lead to a dramatic improvement in SIBO-related conditions. But avoiding these five carbohydrates can be quite complex without a thorough knowledge of their types and amounts in all the foods you consume.

To overcome this challenge, I developed a point system to derive “symptom potential” in foods. The lower the points, the lower the symptom potential and vice versa. **Fermentation Potential (FP)** is a mathematical formula I created that assigns points to each food, and it is the backbone of this point system. But you don’t have to do the math yourself.

To find out the FP points for your individual foods, you can simply use [the free online FP calculator](#) on the Digestive Health Institute website or refer to the FP food tables in the [Fast Tract Digestion books](#) and / or [Fast Tract Diet Mobile App \(the app now lists over 1,100 foods with their FP values\)](#). To give you an idea, I will show you samples of the FP food tables in the following section.

For more information on FP and the science behind the Fast Tract Diet to address SIBO and its related conditions, refer to [Fast Tract Digestion books](#). Ready to start the Fast Tract Diet? Try the [Fast Tract Diet Mobile App](#).



### FERMENTATION POTENTIAL (FP) FOOD TABLES

The [Fast Tract Digestion books](#) and [Fast Tract Diet Mobile App](#) contain the FP values of a huge number of food items. These tables will help you choose foods that are the most gut-friendly. The tables are broken down into food types such as:

- Beans and legumes
- Grains
- Pastas
- Breads
- Cereals
- Rice and potatoes
- Vegetables
- Fruits
- Dairy
- Beverages
- Snacks and desserts
- Sweeteners and condiments
- Eggs, meat and cheeses, etc.



You will see the excerpts from the FP food tables in the next section providing examples of low, medium and high FP foods. Keep in mind that the purpose of the tables is not to tell you what to eat, but rather to demonstrate the dramatic differences in the FP values of different foods to help you make better choices. Remember that 30 grams of unabsorbed carbohydrates (30 FP points) can result in 10 liters of intestinal gas!

I personally favor whole foods over processed foods and avoid wheat and most legumes (unsprouted legumes are low in points and a great option for vegetarians). I also favor organic produce from my own garden whenever possible and consume moderate amounts of low-lactose dairy while avoiding sugar.

But given that people have different dietary preferences, I wanted the tables to contain a good variety of foods that are available in the marketplace. Also, I want to repeat, ***“the [Fast Tract Diet](#) (FP system) is a flexible tool to limit the 5 hard-to-digest carbohydrates: therefore, you can use it regardless of your specific dietary preferences.”***

People with celiac disease or gluten intolerance must avoid wheat, rye and barley-based foods as I mentioned in the previous section.

The key is to choose the foods with the fewest FP points or to reduce the serving sizes of higher FP foods and stay within the recommended FP guidelines. Reducing serving size reduces the FP points by an equal amount. For example, if you consume milk, lowering the serving size (1 cup to ½ cup) will cut the FP points by half. Of course, consuming cream in place of milk is a safer choice because cream contains less lactose, and it will cut the FP points by even more than one-half. Adding lactase enzyme supplement is another option to reduce the FP value of dairy products.

### SAMPLE FP TABLES

**Comparing Foods for FP**

Food	Serving Size	Ferm. Potent. (FP)	Symptom Potential
Yogurt, plain	1 cup	4	Low
Yogurt, sugar sweetened	1 cup	24	High
Soy milk, unsweetened	1 cup	2	Low
Cream, light or heavy	1 cup	4	Low
Whole milk	1 cup	9	Moderate
Chocolate milk	1 cup	18	High

Property of Digestive Health Institute, Watertown, MA

## Comparing Foods for FP

Food	Serving Size	Ferm. Potent. (FP)	Symptom Potential
Cornflakes	1 cup	3	Low
Oatmeal	1 cup	15	High
All Bran	1 cup	36	High
Scones	1 scone	2	Low
Pop tarts	1 pastry	12	High
Blueberry muffin	1 muffin	24	High

*Property of Digestive Health Institute, Watertown, MA*

## Comparing Foods for FP

Food	Serving Size	Ferm. Potent. (FP)	Symptom Potential
Jasmine Rice	1 cup	0	Low
Uncle Bens Rice	1 cup	24	High
Rice Pasta	1 cup	6	Low
Spaghetti	1 cup	24	High
French baguette	1 slice	2	Low
7 grain bread	1 slice	9	Moderate
Soy beans	½ cup	9	Moderate
Kidney beans	½ cup	17	High

*Property of Digestive Health Institute, Watertown, MA*

## Comparing Foods for FP

Food	Serving Size	Ferm. Potent. (FP)	Symptom Potential
Spinach	3 ounces	3	Low
Tomatoes	3 ounces	3	Low
Broccoli	3 ounces	4	Low
Acorn squash	3 ounces	5	Low
Avocado	3 ounces	7	Low
Corn	3 ounces	8	Moderate
Plantain	3 ounces	18	High

*Property of Digestive Health Institute, Watstown, MA*

## Comparing Foods for FP

Food	Serving Size	Ferm. Potent. (FP)	Symptom Potential
Watermelon	3 ounces	2	Low
Strawberries	3 ounces	5	Low
Cantaloupe	3 ounces	4	Low
Grapes	3 ounces	10	Moderate
Banana, ripe	3 ounces	11	Moderate
Banana, green	3 ounces	15	High
Apricots	3 ounces	41	High

*Property of Digestive Health Institute, Watstown, MA*

## WHAT'S NEXT?

We have been endowed with a huge variety of helpful gut microbes through evolution. They perform a variety of important functions supporting our overall health and nutrition. We are just beginning to understand specific growth patterns of gut bacteria in response to diet, particularly fermentable carbohydrates.

These patterns will likely be different for different people, especially people who suffer from SIBO-related conditions. Further study on the many types of gut bacteria and their relationship with digestive and autoimmune diseases will help.

While carefully following new research in this area, I am convinced that the following three steps comprise the most comprehensive yet simple approach to control symptoms of acid reflux, LPR, IBS and all other SIBO-related conditions:

- 1. Limit the five types of carbohydrates discussed in this ebook**
- 2. Identify and address any additional underlying conditions**
- 3. Embrace pro-digestion behaviors**

Keep in mind that this approach does not completely “eliminate” fermentable carbohydrates: therefore, you do not need to be concerned with starving your gut microbiota. But it does impose limits that I believe are in line with our paleo ancestors. Unfortunately, our gut microbes have been impacted by the overuse of antibiotics, preservatives, western diet and caloric abundance. As a result, so many of us are not able to tolerate as many fermentable carbs as our ancestors may have consumed.

[This is an interesting article](#) on how foods used to look like.

If you suffer from functional gastrointestinal disorders and / or SIBO, I recommend you try the [Fast Tract Diet](#) before reaching for a pill bottle. There is nothing to lose, and everything to gain.

If you are already on medication, try the diet to see if you can get off it or reduce it to a minimum with your doctor's consent.

Not sure if the [Fast Tract Diet](#) is for you? Read the [professional reviews and genuine experiences](#) / [testimonials](#) of Fast Tract Dieters or join the [Fast Tract](#)

[Diet Official Discussion Group](#) on Facebook to inquire about people's experiences. This is a closed and supportive community of Fast Tract Dieters. All are welcome to join, except spammers!

Do you need help for your individual digestive and related health issues? You can make an appointment with me for individual consultation through the Digestive Health Institute. I serve clients around the globe via phone and Zoom. For more information, visit [our consultation page](#) or contact us through [our contact form](#) or call our office at **(844) 495-1151 US**.



**FEEL BETTER, LIVE LONG, ENJOY LIFE**

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<sup>1</sup> Suarez F, Levitt M. Textbook of Primary and Acute Care Medicine, edited by Gideon Bosker. Part VI, Section 107

<sup>2</sup> Dener IA, Demirci C. Explosion during diathermy gastrotomy in a patient with carcinoma of the antrum. Int J Clin Pract. 2003 Oct; 57(8):737-8.

<sup>3</sup> Bigard M-A, Gaucher P, Lassalle C. Fatal colonic explosion during colonoscopic polypectomy. Gastroenterology 1979; 77: 1307-1310.