

Gut Testing Modalities — Comparison

What each test measures, and what it can't tell you · reference for Lesson 2.3

Modality	What it measures	Strengths	Limitations
Stool analysis (16S rRNA / metagenomic)	Microbial DNA in stool: which organisms are present and in what relative abundance	Common, accessible starting point; snapshot of colonic community	Reflects the colon, not the small intestine; no single agreed 'normal' reference range — results vary by lab
SIBO breath testing	Hydrogen and/or methane in breath after lactulose or glucose — fermentation in the wrong part of the gut	Widely used, non-invasive, genuinely useful screening tool	Indirect proxy, not visualisation; positives occur without symptoms; diagnostic thresholds debated
Gut permeability ('leaky gut')	Whether the lining lets unwanted particles into the bloodstream, typically via blood markers	Adds one data point on barrier integrity	Younger, less standardised field — not definitive on its own

Also asked about: comprehensive stool panels (e.g. GI-MAP, GI Effects) add calprotectin/elastase but carry the same reference-range caveat. IgG food-sensitivity testing mainly indicates exposure, not a clinically meaningful reaction, and is not endorsed by major allergy bodies. H. pylori testing is well-validated — a positive result is a referral trigger. Colonoscopy/endoscopy are medical, referral-only investigations.

Practical point: no single test tells the whole story. Use results as one input alongside a thorough history and timeline. Before ordering, ask: what would this result actually change about the plan?