Intro and guest background

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We do, yeah. If you can keep your gall bladder, that's better. Obviously, there's many cases in which it's got to go. A person with recurrent biliary pancreatitis, it has got go, I'm not going to argue with that.

Yes, yes. But I would say a large majority of the patients that I've had and what I do, of course I'm not a surgeon, but in what i do we have looked fun to see if we can get the gallbladder healthier so it doesn't have to go or is it really something else that's causing the symptoms because I have had so many patients where their symptoms were exactly the same before and after gall bladder surgery.

And so, you know, and it's not that the surgeons are trying to be malicious. It's just that that's the tool that they have. And, so they try to help patients, but it is not always the right intervention.

Welcome to Take Back My Brain with Lori Hammer, where real healing starts in the brain. I'm Lori, a functional nutritionist and mom who's walked the path from anxiety and burnout to clarity and calm.

Each week, we're going to dive into brain-based tools like amino acid therapy, gut health, fasting and faith to help you reclaim your energy, emotions and sense of self.

Hello, everyone. Welcome back to Take Back My Brain. I'm your host, Lorie Hammer, and today we are going to dive into the gut. And we're going talk a lot about SIBO and all sorts of other gut stuff today.

is a specialist in internal medicine from LSU. She's board certified in Internal Medicine. she is functional practitioner and so much more. Dr. Monica, welcome to the podcast.

Hi, thanks so most for having me. It's something that I've been looking forward to. Awesome. Yeah, I've been excited to have you on. I was on Dr. Monica's podcast, what, like two months ago or something?

I can't remember, but it was just released. So everybody go ahead and look for that and that'll be in the show notes as well. But how did you kind of switch from traditional medicine into this world of gut health?

So I, as you said, was trained as an internist. Finished my residency in 2011 for the first decade of my practice. as a real doctor, I was a hospitalist.

So I took care of, you know, the sickest patients that would come in through the ER, be it or pneumonia, hip fractures, acute gut issues. And I loved what I did because I definitely seen patients at the point where they needed medical help the most.

It was somewhat glamorous, let's say, to be able to turn people around so quickly and be to discharge them. They did a 180, they got so much better. But what I realized is that most of these patients just ended right back in the hospital.

A lot of patients with COPD that continued to smoke or uncontrolled diabetes, they didn't know what to eat. So I really wanted to change my professional approach to something that I felt more was healing and not just temporarily making things better so people could go back out in community.

At the same time, in 2019, I started suffering from multiple symptoms like fatigue, GI symptoms, pain all over my body that my doctors just couldn't figure out.

And they did quite a few studies on me and finally they just told me to go to a psychiatrist. So I wanted to understand how to make my own body healthier.

But at the same time, I also knew that there was so much more to helping patients than just what we do day to day in conventional medicine. found functional and integrative medicine.

I got certified through IFM, started seeing my own patients and my practice. And since then, I've continued to take lots of different courses because when we start going into functional medicine, yeah, we do get some patients that are pretty straightforward, like, okay, these are the lifestyle things you need to do, but there's other things that have been very chronically ill and it's a lot more complex to figure out.

root causes and how to help them eventually heal. So I've been through quite a few courses. One of my favorite things to treat is the gut. It's not the only thing.

IBS, SIBO, and gut diagnosis

I see patients with anxiety, with hormone issues, and with toxicities, but the got is something that it's extremely common and Even in patients that come to me, let's say for a migraine, I'm still gonna talk to them about their gut and their good health because that is where most healing starts.

Hey friend, just a quick break to remind you if calming your brain is the missing piece in your practice or in you home, my Mind Thrive certification course teaches you exactly how to do that with targeted amino acid therapy.

So it's real science, real results, no band-aids. Enrollment is now open. Link is in the show notes. Back to the Show. Oh, absolutely, for sure. There's so many different labels we put on like gut dysfunction.

So there's like SIBO and IBS and leaky gods and like Crohn's, colitis, you know, celiac, all those different things. I would love to tease some of those out so you can like really define those for people so they understand kind of what's the difference between SIBo and IBs.

Like, let's start there. Yeah. That's a great question. And I will start by saying that when somebody goes to a conventional doctor, because I hope everybody out there has their primary care doctor is somewhat in contact with medical care, cause it's necessary, right?

They will, if you go with a gastrointestinal symptom, sometimes they'll get to diagnosis and be like, oh, you have Crohn's disease, You have ulcerative colitis, And that is a diagnosis that we know exactly what's causing the symptoms, be it diarrhea, pain, bloody stool, bloating, whatever.

And the commercial medical model has quite a bit of things they can do. If you have one of those diagnoses and come to us, integrative functional clinicians, we have even more that can we can just to make sure that your nutrition is good, that the immune system, microbiome, but at least you're getting some sort of real diagnosis from a conventional doctor.

Whereas there are a whole set of diagnoses that aren't really diagnoses, they're just describing symptoms like functional dyspepsia and irritable bowel syndrome.

Those are not their diagnosies because that's the only thing the doctor can put in the chart because they don't know what's causing it. But it just means something's wrong and I don' know it is.

And to me it kind of feels like victims saying, well, it's like, your gut is irritble, right? What do you want me to do for you? And so it' extremely common even in those patients who haven't heard the term or been told that they have irritible gut.

uh, or irritable bowel syndrome. You know, it's estimated that 30, 40, 50 per the population probably would meet the criteria. They, if they look for criteria, but we're not all, you know always telling our doctors, like I have some

abdominal issues.

If it is not something that's severe, sometimes we don't really discuss with the doctor or we always get that diagnosis, that is extremely common. And it has become more and more common as our food source is less natural, has more pesticides and all that stuff.

So, again, you get a diagnosis that's a real diagnosis, great. Please follow what your doctor says. If you want to come to an integrative functional doctor, we have more that we could add on to that and sometimes even put people in remission for diagnoses that are severe like ulcerative colitis and Crohn's.

if you've been given a diagnose or you suspect that you have a a real diagnosis like irritable bowel syndrome, which just means the doctor's like, I don't know why you're having symptoms.

It could be constipation, it could diarrhea, could bloating, It's basically anything that goes on in the gut that we can't nail down the specific reason.

There are some criteria, but in general it's just a wastebasket. When those patients come to us who are root cause clinicians, trained in functional integrative medicine, be it an MD like myself or a naturopath, a nurse practitioner, there's a lot of different people who practice this type of functional medicine.

We will sit down with the patient, take a much deeper history and not only nail down exactly what the symptoms are, because obviously if somebody's presenting mostly with diarrhea or mostly of constipation, They'll, they'll both be called IBS and conventional medicine.

But it probably is a very different. Yeah. And so we, we take a long history as far as when did this start? What's triggering? Were you eating? Uh, what's helped?

It hasn't helped, but we'll also try to pin down like exactly what part of the, the GI system is messed up and everything's integrated, right? Like you have to be, you'll have be chewing your food enough to digest it.

Your stomach has to work. The stomach, has make enough stomach acid. The small intestine has to ensure that it's absorbing everything and the large intestine also absorbs mostly the water, has the most of the microbiome in there.

So most the time we can determine what part of GI system is affected. And what we see extremely, extremely on almost a daily basis in the type of practice I see is that When somebody comes in with the diagnosis of irritable bowel, many, may times we find out that it's SIBO.

And SIBo is one of those diagnoses, it is a real diagnosis. It means small intestinal bacterial overgrowth. Actually, this is very well accepted in conventional medicine, but it extremely underdiagnosed.

SIbo might present in many different ways, so that's why it so difficult for conventional doctors to think of this diagnosis sometimes. So sometimes it's just diarrhea, sometimes just constipation.

Most of the time there is some bloating. And so when we figure out if it CBO, then we don't just say, hey, it is herbal bowel, I don' know what to do about it, or maybe take something for gas, right?

We're like, okay, we know it what it it. We'll try to figure it out the subtype. There are several subtypes and depending on that, We have very, very well studied, targeted treatments that have extremely good prognosis, very good outcomes as far as how they respond to treatment.

So, you go from having a diagnosis of who knows about irritable to, hey, I know exactly what's going on. I knew exactly how to treat this. And so, to a lot of patients that suffered sometimes for decades, it's such a breath of fresh air to be like, oh, finally getting some answers and I have a plan.

I know, right? It's not just in your head that your gut's all messed up, because some of these patients will have diarrhea one day, constipation the next, and so it's really hard from the conventional model to figure out exactly what they have.

There are other intestinal issues that can be the cause of irritable bowel syndrome, but I focus a lot in SIBO when I'm educating patients just because that does seem to be one of the most common reasons.

And until we address that and rule that out, Um, we typically don't go hunting for other things. A lot of people say, Oh, I think I have parasites. Well, you know what?

I'll most of us have. Parasites because they've been part of the human ecosystem for millennia that just cause you have a parasite doesn't mean that you're necessarily having symptoms from it.

So just out of how common things are. People having subjects from SIBO is a lot more common than people having something from parasites, let's say. That's, that's usually where I try to.

talk to the patient, do tests, and see if it's SIBO. If it is not SIBo and they have gastrointestinal symptoms, there are plenty of other things that we can look at.

Right. So you were talking about SIbo, small intestinal back, bacterial overgrowth. You said there were some subtypes. What does that look like? Clinically, most people, not everybody, but most will have some bloating.

That is because what SIvo is, is exactly what the name says. The bacteria, which are usually good bacteria. They're supposed to live mostly in the colon, but when some of them migrate up from the coolant into the small intestine, there's a lot more.

raw material there, meaning our undigested food for them to thrive off of. And so they're just going to start growing like crazy.

Understanding leaky gut and inflammation

Because that food that we're supposed to be absorbing, the bacteria are like, ooh, it's a… Thank you very much. Yeah. I know, right. Hey, give me all this extra food, that I don't see in the colon.

So they really have a party in people's belly, like my kid used to say when they were little. Why does that migration happen, Monica? There's different reasons.

What we've seen most commonly is people who have damage in the nerves that innervate the small intestine. So the smaller intestine, just like the stomach squeezes and the stuff goes down, the smallest intestine also has to squeeze for everything to go down.

Let's say if somebody has had long-standing diabetes, this is something very well described in conventional medicine. The nerves, they can get nerve damage to their feet and other places, and nerves and intestines can also get damaged.

And so the intestine isn't squeezing as much. And so stuff builds up, the food particles build up a little bit of bacteria that were able to migrate naturally, just stay there instead of being squished out.

So damage to the nerves, damage the wall of the intestine. I've seen patients with chronic infections like chronic Bartonella and other chronic infection where these organisms actually get into the walls of intestine and they just can't function like normal stuff, builds it up there.

A lot of times we don't know exactly, exactly what caused it. But in the steps that we have to treat it, it addresses different things. The excess bacteria there, the motility, making sure that were not giving the bacteria a lot who that they like to eat.

We kind of starve the bacterial type of diet that put patients on. So we do not always find the root of the route, but we had a a way to do treat even if we did not completely know every time why the SIBO happened in first place.

Yeah, fair enough. So where does gut permeability fall into here? Yeah. Gut permeabilty, people know it as leaky gut, but I do like to educate patients that it's called increased intestinal permeablity because when you say leakey gut somebody that thinks they're very scientific might say that's not true.

But when say increased intestine permeabity, it is like, oh yeah, there's like multiple journal articles on that every single day. That's the proper term just so that we understand each other better.

And so that means that between the inside of your intestines where all the food and then the poop is right. And your blood, which are trying to absorb the right from inside the intestine to inside.

There's only a one, one layer of cells that's doing like that absorbing of the nutrients. So as you can imagine that layer cells, if it's damaged, then it just kind of opens up that barrier, either the cells.

let stuff in within the cells or between the cell, and that is increased intestinal permeability. So as you can imagine, stuff that's inside your gut is not, doesn't belong in your blood.

And that can be a lot of things that could be food particles that stimulate your immune system and cause an autoimmune reaction because let's say particles of.

Things like gluten and stuff and dairy resemble the particles inside our body a lots. It's our immune system is trying to attack these food particles that it doesn't recognize because they're not fully digested and ends up attacking our own body.

But also the bacterial particles. And that's what, you know, it sounds pretty gross and it feels bad too. So there's something called lipopolysaccharides, abbreviated LPS.

That's like the little fragments of bacteria after they've lived their life, they die. They're like sitting there in the intestine until next time we prove them, get them out.

But if your gut is leaky, those lipopolysaccharides can get into the bloodstream. And so LPS, we say little pieces of something, are in the, blood stream and they're extremely inflammatory.

So a lot of the diseases that are like, you know, even vascular disease can be traced back to leeky gut to some extent. a lot of issues with the brain.

The blood brain barrier does not let everything through. It's very closely guarded, right? Our brains are sensitive. And so when people get leaky gut, it just gets so inflamed in all our vessels that the brains sometimes is the first one to have symptoms.

So a lack of bad patients with brain fog, even if they don't have gastrointestinal symptoms, I will do things to make sure that we're optimizing gut health.

that's the main thing they needed, right? Not always, but sometimes that is the thing that they need. So that what leaky gut increase intestinal probability is.

Stuff goes from the gut into the blood that doesn't belong there and it causes inflammation and an immune response. That's amazing. The LPS then is that, am I understanding it correctly that there's basically like bacterial waste products?

It's like when you said the bacteria will die or is it something different? Yeah. So it's like the wall of the bacteria. I mean, bacteria, as you know, are replicating super fast, which means there's a lot of dead bacteria in our gut and our poop.

It's normal for it to be in the gut. Even if you have a bowel movement every day, you just don't want it leaking into the bloodstream. There's multiple tests for potential leaky gut, There's multiple tests for everything, right, in what we do.

One of them that I don't do on a regular basis, but it is kind of cool, is to see how your body is reacting to lipopolysaccharides.

Preventing SIBO recurrence

We'll check a blood sample of IgA, IgG, against lip polysacharides and see much inflammation is. And so ideally, your immune system would not even know what a lipopolysakcharide is, it's like, oh, that's in the gut.

I'm not going to be. maybe just my immunoglobulins that live within the gut take care of that. But when the immunoglobulin that are living inside your blood and all your organs know what lipopolysaccharides are and are reacting to an extreme amount, then yeah, those are typically our most symptomatic patients.

And again, it doesn't have to be a gut problem. A gut symptom could be fatigue, be fibromyalgia, could brain fog. I think that's what a lot of people just don't understand.

It can show up very different than… Some people with celiac disease, they'll have MS. They have zero symptoms of gut issues. Like they wouldn't suspect they have celiac, but then they're diagnosed with MS and then find out they had celia.

And they haven't autoimmune and so it's kind of triggered that whole process. But it was just fascinating. So how do you prevent the reoccurrence of like SIBO and IBS?

Is there some tips that you could give people and like kind of reassurance? Like we do this protocol and you stick to it, you're going to feel good 80% of the time.

Yeah. So this is something that is still growing. There's more research every day. But what we know until now is that SIBO is. Something that unfortunately does recur in a lot of cases in part because there could be multiple reasons that are causing it.

In part, because if patients aren't completely They don't understand what they should be eating. They shouldn't be. It's hard to stick to a strict diet.

And so sometimes it does recur over and over. So when we find it and we treat it, we typically, the first thing we do is tell people, stop feeding the bacteria.

Right. Bacteria like certain types of carbohydrates are called high FODMAPs. We put people on a diet that's called low FodMaps. That's the 1st thing. Try to start with bacteria if you're eating nothing but Let's say, I'm not suggesting this, but if somebody eats nothing but meat, there are no FODMAPs in meat.

And so they're going to start the bacteria. A lot of people feel good on carnivore diet, even though it's not really that good for you. But that's one of the reasons.

There's other reasons, you can eat vegetables as long as you understand what are the high FodMaps, the low FodeMap. Once you have healed from SIBO, we do want you to incorporate those vegetables.

Again, they are high-FODmaps but slowly. Um, and so we started the bacteria, we can give antimicrobials, be it pharmaceutical or herbal, um, We help the gut with the motility.

So that it empties and the bacterial don't. Don't accumulate again, but there are a lot of people who have a recurrence. The number one reason that I see recurrent is because.

They only do the part where they starve the bacteria and kill it, but forget the motility part. And so there are medications. The one that has the best results in studies is called Procalopride.

But there's also a lot of natural things that we can do. Things that contain ginger will stimulate the emptying of our small intestine. Gazillions of different potential supplements out there with different combinations.

So making sure that If we've been treated for this or we suspect that we have it, not only do we need to watch what we eat for a while, but make sure that keep that small intestine empty.

And it has nothing to do with whether you're having a bowel movement every day or you have diarrhea or have constipation because that's your large intestine emptying.

Small intestine can be very stagnant and then you diarrhea. So you can't just tell by the symptoms. And so that's the mainstay is making sure that we do that final step in the whole treatment process, which is let's keep the small intestine moving.

If you have a recurrence, it's not the end of the world. It's okay. Each time we go through the entire process of, okay, let me put you on a stricter diet.

Let's give you some more olive oregano or whatever antimicrobial that decide each time the chances of you going into remission is a little bit higher.

But yeah, sometimes we do have to work with these patients, not just for a few months and do just one round of treatment. Sometimes we have do repeated treatments.

And if they fail two, three times, then I'm like, okay, we haven't found the root cause. We have not found their cause, yeah. It is hard to know that.

You have no idea how the patient's going to respond. Absolutely. Some people do come already with a diagnosis that I am like oh, well, until your diabetes gets better, it's not going back.

Right. But most patients. Most patients, we don't know the root of the route until we either do some more digging or until they failed and we're like, okay, let's go back to the drawing board and say, hey, do you have one of these chronic infections that's affecting the bowel wall?

And so we are testing things that we can do. But the good news is that compared to conventional approach of IBS, again, most of those people have SIBO.

At least we're telling you most likely reason why, what you can do about it and that there are a lot of people that completely heal from this. So it's night and day difference for those people who have IBS and they're just like, well, you know, the commercial doctor didn't give me a ton of stuff to do, maybe a medication to decrease my symptoms a little bit.

That's one of the main things that I love treating because a lotta people can completely go into remission from. Right. And I think a lot of people just think they have to live with it forever because that's what they've been told.

I wonder how many people out there don't even know that it's abnormal to life bloated or to not have just regular bowel movements. A lot people feel like it is just part of life.

You know, I eat and I get bloat and have a little bit of belly discomfort, but it isn't. That's not how your body is supposed to work. I know people get really surprised, like, I'm supposed to poop every day?

Yeah, ideally, that would be good. Or I am not supposed have diarrhea a couple of times a week. I just thought everybody did. Exactly, right? I even had people tell me that they had blood in their stool for a few years.

Never told a primary care doctor because they're like ma'am, I'm like, well, okay. Glad that we know that. Yeah. I had a guy one time and he literally had diarrhea every single day, multiple times a day.

Gallbladder health and root-cause care

His entire marriage and they'd been married, I think 21 or 2 years. And he came to me, he's like I just thought that was what my body did. I'm like, no, and his wife's like that's what I always told him that that is not normal.

You know, we changed his diet. We did some just like super basic gut healing. Within a week, he didn't have diarrhea anymore. Like we just removed the things that were that was causing it and clearly had other things going on.

But it was such a dramatic shift. He's, like I had no idea life could be like this because he did not do a lot of things because if I eat, I am going to have loose tools.

Yeah. It was affecting his quality of life. And then what I love about what we do is that we heal one part of the body, or not we healed, but we help the patients heal, right?

And that other things start to get better and they're like, oh my gosh, my doctor took me off my depression medication, anxiety medication. I've even had people come back from their rheumatologist and be like my rheutologist said, I don't need to take the rheumeatologic drug anymore for lupus or for, and so I, you know, manage those conditions primarily.

Patients continue to go to their specialist, There are a lot of cases in which people get so much better. Just this week, I had a patient that we were healing her gut.

And on follow-up, she had gotten off amlodipine and losartan, which are two blood pressure medications, and she'd gotten of glipizide, which is a diabetes medication.

We weren't starving her, we weren' putting her on a harsh diet, on doing a lotta exercise. We were just changing around how she was eating, making healthier choices, less inflammatory things.

Yeah, a little bit less of the simple carbohydrates. And, and yeah, she went to her primary care doctor, private care doctors like, oh yeah. Stop those, those three medications.

When she saw me, her blood pressure was perfect. Her blood sugar was off of those medications and she was feeling a lot better. Not only were her GI symptoms better, but other symptoms like her muscle aches were better Oh, that's awesome.

Yeah. It's so fun to watch people because you remove those interferences and then the body heals. Like, and sometimes it's just dietary. Sometimes we have to dive deeper, like if you have SIBO or IBS or something, but yeah, it can be really profound.

And so I love what I do and I know that that is why you love, what you do. What are some things about digestive health that you really wish everybody, including, you know, mainstream medical really understood a lot better?

Yeah, I think the main thing that I want to tell people is make sure you get a real diagnosis and not just walk away with label of IBS. Number two, not all gallbladders that have stones in them need to be taken out.

There are so many people, we have a gall bladder for a reason, right? We do, yeah. If you can keep your gall bladder, that's better. many cases in which it's got to go.

Person with recurrent biliary pancreatitis, it has got go, I'm not going to argue with that. But I would say a large majority of the patients that I've had in what I do, of course I am not a surgeon, but in I what do we have looked fun to see if we can get the gallbladder healthier so it doesn't have to go.

Or is it really something else that's causing the symptoms? Because I've had so many patients where their symptoms were exactly the same before and after gall bladder surgery.

And it's not that the surgeons are trying to be malicious. It's just that that is the tool that they have. So they try to help patients, but it is not always the right intervention.

I would say make sure that you've explored more options and don't just get a gall bladder surgery immediately. If we can save that gallbladder, and we cannot always, it does have its function.

It's going to help you absorb your meals better the rest of your life if you're able to keep it. And other things that I do think are important to make sure that everybody is aware is that everything does a root cause.

Sometimes, especially in the insurance model, both patients and doctors are kind of like in a hurry and they're like, okay, I'm just gonna give you something to manage the symptoms.

But doctors in conventional model just don't have the time. If insurance is paying them for 10 minutes of their time, they don' have time to sit there and try to figure things out.

So conventional doctors, if you can find a way, If you're in insurance models to get to more root causes either schedule a patient for a longer visit, send them to one of your colleagues, or send them to us, we're still your colleagues, so that we can sit down with them for longer and get to a root cause and not just manage symptoms.

I love it. Where can the audience find you? So my website is trulyhealthymd.com. Like I said, I'm an internal and functional medicine doctor. My practice is in Texas.

And so I can see anybody within the whole state to be a telemedicine. Um, but even if you're not in Texas, I do have a lot of educational material. I have my own podcast.

Uh, my social media where I love to educate. And I want to bring this kind of healing to everybody. Even those patients, even those people who cannot be my patients because of the healthcare laws.

Yeah. be their best advocates and that true healing is possible. I love it. Thank you, thank you so much for being on the podcast. This has been a fantastic interview talking about the gut, SIBO, IBS and all those good things.

So I really appreciate your wisdom and your knowledge and expertise on this area. Thank you so much. Thank Other than that, I will door. So until next time, remember you cannot medicate away a nutrient deficiency and healing your brain isn't just possible, it's powerful.