The Gut-Thyroid Loop: How SIBO Sabotages Thyroid Healing With Dr. Rajsree Nambudripad Transcript

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Podcast Introduction and Guest Background

Hey, and welcome to this episode of the Thyroid Pharmacists Healing Conversations podcast. I'm your host, Isabella Wentz, the thyroid pharmacist. And today we're going to be doing a deep dive on SIBO.

As you may or may not know, SIBo is a very common pattern that occurs with hypothyroidism, Hashimoto's, as well as irritable bowel syndrome. This is something that's been found to be present in about 50 percent of people with hypothyroidism.

One of those things that doesn't necessarily go away quite easily and can lead to a lot of consequences. I'm really excited to have a guest with us today, Dr.

Rajshree Nambudrapad. She's going to joining us from Orange County, California to get to the root causes of SIBO and what we can do about them. Dr. Ratri, it's so nice to have you here with us.

I'm so, so excited to you. Oh, thank you so much. It's such an honor. It's wonderful to interview you. You're a practicing physician and founder of OC Integrative Medicine in Fullerton, California, and you're board certified in both internal medicine and integrative holistic medicine.

So you went to Northeastern Ohio Medical University and did your residency at Northwestern University in Chicago, my hometown. And I love that you really combine the best of conventional medicine with functional medicine and integrative medicine.

I am curious, did you come into integrate medicine because of something personal in your life or what made you kind of get into that? Oh, yeah, great question.

So, you know, all my training was very traditional medicine, internal medicine residency, and then I also did GI fellowship training at UC Irvine. And then actually, when I got married, my mother-in-law, her name is Baby Nambudrupad, she's actually also a physician, acupuncturist, chiropractor, She has a lot of titles, but she is really big in the alternative medicine world.

She developed her own technique for allergies called NAET, Numbudrupad's allergy elimination technique. And so she, I kind of opened my eyes to the whole more holistic way of healing.

And so I got to see firsthand how she was healing so many patients. I think intuitively, too, I kind of always sense that some of the things we were doing in conventional GI didn't make that much sense to me.

And I always knew there was a powerful role of a diet. A lot of medications I saw that were used in conventionally GI, like proton pump inhibitors, for example, to suppress acid, intuitively just didn t seem to really fix the root cause of what was going on with patients, And so that's kind of how I shifted more into integrative medicine.

That's fascinating. I wasn't sure if there was a relation. Can you tell us a little bit about the allergy elimination technique? Oh, absolutely. Yeah.

So it's basically, it is an energy medicine technique. Where you desensitize the body to different allergens. Some of the allergans can be like ingestible allergen like foods.

But in the N. A. T. philosophy, even like you could be allergic to a person. You could have an allergy to an emotion. So it's very, very expansive. The technique works for food sensitivities, allergies, headaches, fibromyalgia, you

name it.

And it is done globally now around the world. So my mother-in-law has online courses where she trains other doctors and healthcare providers. And she has written a lot of books that are on Amazon.

Fascinating. We'll definitely add to that because I think that's always a fascinating. I Think it's Always wonderful to have many tools in our tool belts and we do know that people with hypothyroidism Hashimoto's and irritable bowel syndrome a lot of times food sensitivities are going to be a part of that clinical presentation and Do need to do something to help help people, right?

Dr. Nambudrapad's Integrative Medicine Journey

Sometimes elimination diets can be helpful, but when we get to a point where we're so sensitive to everything, we really need to think about how to bring back a lot of foods.

Absolutely, yeah. It works great for that. I will definitely have to look into that for myself. I've been very fascinated with gut health and I have been fascinated of it with food sensitivities pretty much since before I got my Hashimoto's diagnosis because I actually had a diagnosis of irritable bowel syndrome that happened during pharmacy school and then within a few years I noticed that I started getting more and more symptoms and eventually I ended up with a Hashimoto's diagnosis.

And you know, as you, know gut health is so, so critical when it comes to thyroid dysfunction and you actually have your own gut healing journey, is that right?

Yes, exactly. I think the same way that you became so passionate about Hashimoto's from your journey, I became, so passion about SIBO because years ago I suffered quite badly from SIbo myself.

And that's really my own journey is what helped me learn so much about it and help patients. It's really interesting because I felt like when I learned about hypothyroidism in pharmacy school, I just thought it was really boring and they just needed one drug for it.

And that's it, right? And then you go through it as an individual and then, you have your healthcare background and training, and you realize that this isn't necessarily as simple as the quote unquote experts would like to claim, right?

There's a lot of different nuances to potentially what causes SIBO, what kind of symptoms it could present with, the testing, as well as some of the treatment protocols.

Have you found that? Absolutely. Yeah, I think, you know, in traditional GI, they're still treating SIBO just with antibiotics, with Zifaxin, but just killing the bacteria might only give you temporary relief.

But usually after a few weeks or months, usually people have relapse because it's not really targeting the root causes of their SIbo. So yeah, my journey with SIBO was actually very interesting.

It was like seven or eight years ago that I started having like significant bloating and abdominal pain after eating. And I'm not really sure why I got it.

I think maybe it was food poisoning or something like that, because I had never really been on antibiotics. So I always ate healthy. Maybe food poison affected the motility in my gut.

but also I was like a huge snacker. I would eat like every two to three hours. So I like sabotaging my own motility in the gut, you know? So, but the pain and the discomfort was quite severe and I struggled with it for months, maybe over a year.

And initially I thought, I actually didn't know it was SIBO initially. It was food sensitivities and allergies. So I even had an IgE food allergy test done and it showed a lot of like class one, class two allergies, like low level allergies.

So, I thought, you know, maybe I should just cut out all these positive foods. Wheat, dairy, soy, almonds, avocado, but there were just so many foods and I noticed I couldn't eat any whole grains or legumes that would cause so much discomfort.

and then every day I'd come home from work and I was in so much pain that I would like have to massage my abdomen with that essential oil from doTERRA Digest Zen just to get some relief.

And it's now that i realized like you know when your small intestine stretches out from gas it can be very debilitating pain because the small intestines really isn't designed to stretch.

It's like smooth muscle so it was quite debiliating and slowly by slowly, it actually got worse. My food sensitivities, what I thought was my food sensitivity, was really SIBO, just expanded.

All of a sudden, I couldn't eat fruit anymore. Fruit is healthy, so that was devastating. I could not eat fruits. Now I understand that SIBo causes a secondary fructose intolerance because it's basically eating up those enzymes in your small intestine, So I got like a secondary lactose intolerance.

So before I could eat cheese, now I couldn't. And in addition to bloating, because we always think of bloated as the primary symptom of SIBO, but there were other interesting symptoms I had.

Like I a lot of nausea. I was constantly sipping water with peppermint oil to kind of soothe that nauseam. and I have early satiety, meaning like I would just eat a few bites of food and felt so full.

And that was very, very uncomfortable to experience because I was hungry, but there was just like no space for food. And in addition, things started to escalate to the point where I would eat certain things and I wouldn't feel like inflammation in my fingers within a few minutes of eating.

Now looking back, I realized that the SIBO had probably escalated to the point where I had leaky gut, and hence foods affected me so quickly, that I would feel that joint pain, my elbows and my fingers.

And then at one point I even became histamine intolerant. Now, looking, back I understand it all, but back then I was so confused.

Personal SIBO Symptoms and Misdiagnosis

I one night had kombucha for dinner. It was like my first time ever trying kombuchas. and I basically was up the whole night. I think like because it's so high in histamines like it like made my brain hyper alert.

And another time I went to like a Christmas party and i had a little bit of cheese and a few sips of a cocktail and immediately I my nose was all congested I had like, a sore throat, post-nasal drip, my voice changed, I felt like I left the party with a cold.

So now looking back I'm like that was So the symptoms were pretty bad. And then on top of that, I really understood the emotional toll of SIBO. On top all these physical symptoms, you develop almost like a fear of food.

You just get afraid to eat because everything causes you discomfort. I'd go to dinner parties and I would just always eat before going because I was afraid.

Like I can't eat any of the food that's provided to me. And even going to a restaurant, like having to make so many specifications, no butter, and no breadcrumb.

And then the food would always end up coming out incorrect anyway. So I kind of went through all of that. I really can relate to patients who are really on such restricted diets and afraid to eat and how painful that can be.

It's really challenging because it really limits your life when you have gut issues, health challenges, food

intolerances. And with SIBO, it's kind of confusing because you're like, is it histamine intolerance, right?

So you are experiencing anxiety and you experience runny nose symptoms, sometimes flushing when having alcohol or kombucha, aged foods, fermented foods things that are supposed to be good for us and then with SIBO, it's like you become sensitive to a lot of the things that you're eating.

And I know, when I first started on my healing journey, I went through an elimination diet process myself, where I was like, okay, i'm just going to eliminate these foods, and then I felt better.

But then symptoms would kind of creep back up. and Then I Was like oh, I would be like, oh, this food's bad. This food is bad, but we want to look at what's going on within our bodies.

To your point, it's like if you have SIBO, your digestive enzymes are going to be damaged because of that. small intestinal bacterial or microbial overgrowth, the small intestine is supposed to be relatively sterile, but if we have bacteria growing there, they're going to really damage our infrastructure, for lack of a better word, and they are going cause us to sensitive to whatever we're eating.

And it's like you could be the person eating the cleanest, most beautiful, organic, grass-fed diet, But you could still be struggling. What are the diagnostic tests that you would recommend for somebody that perhaps suspects that they might have SIBO if they haven't really considered that as a diagnosis?

Yeah, I definitely recommend getting tested because I think so many people are just labeled as having IBS. But really, SIBO is the root cause in up to 70 percent of cases of IBS, and it's so treatable once you identify that.

We diagnosed it with a lactulose breath test. You can get it through your GI doctor, or you can even self-order the test online, you could work with the functional medicine provider.

It's basically a test where you drink a solution of lactullose, it is a sugar your body doesn't absorb, But if you have the SIBO bacteria, they're going to ferment it into gas, either hydrogen or methane or hydrogen sulfide.

And then you basically collect your breath over 20 to 30 minute intervals for three hours and it graphs out your gas levels. So if the hydrogen rises like over twenty parts per million in the first 90 minutes, that's positive for hydrogen SIBo.

And then methane is a little bit interesting. If you have methane that's over 10 at any point during the test, that is considered positive for methane.

We now we call it intestinal methanogen overgrowth. So those are the two primary types of SIBOs that I commonly see. The final type hydrogen sulfide is little less common.

I don't see it as much. but that's the third type also associated with diarrhea. What's interesting, the hydrogen SIBO is associated more with loose tools and diarrhea, and the methane is associate with constipation.

It's really fascinating, and I know a lot of people do have this when they have IBS. So you said up to 70% of the people with Ibs actually have SIBO. That could be a powerful driver of their symptoms.

And typically you could tell if you're more towards diarrhea, this is probably the type of SIBo you have. And if you tend towards constipation, you're more likely to have the methanesebo.

And this has to do with the bacteria that over go in your small intestine. I know myself, I had methanecebo at one point, and it was strange because methaencebo like the bacteria makes you extract more calories from that you're eating.

And so it was very odd because I would be eating the same diet, but all of a sudden I was gaining weight and I Right? Absolutely. Yeah, and I think with hypothyroid patients also, you know, SIBO can be a big driver of nutrient

deficiencies and malabsorption.

So we're already struggling to optimize, your iron, zinc, selenium, magnesium, vitamin D. But if your gut is compromised, no matter how much you're supplementing, You're just not going to absorb those.

And that can continue to affect your thyroid. It's very interesting. I've looked at the statistics and it was around 50% of people with hypothyroidism were positive for SIBO just through research.

Are you seeing that clinically as well? Absolutely, yeah. It is very prevalent in patients with hyperthyroid. I think with hypothyroidism, there may be some issues with the motility in the gut that may predispose patients to SIBO.

Also, if there's more constipation, even the production of pancreatic enzymes, bile, stomach acid, they may all be a little bit on the lower side, especially if the patient maybe is not on optimal treatment for their hypothyrotism.

So I think you've spoken about this a lot, but a lotta patients are only offered T4 medications. And I there is a segment of patients that maybe they're not converting great from T-4 to T3.

Interestingly, 20% of that conversion is happening in the guts. If their guts already compromised, they're not getting a great conversion. What I've seen in my practice is that sometimes adding a tiny bit of T3 does help the gut motility and helps the symptoms quite a bit.

Yeah, it's been very interesting because a lot of the times people that are on levothyroxine tend to more commonly have SIBO compared to people who are unnatural desiccated thyroid, in my experience, or a little bit of T3 on board, and potentially it could be just the motility issue or the lack of conversion of t4 to t3.

And then we also know that people with hypothyroidism can have low stomach acid or no stomach I know for me, I had acid reflux and I thought this was too much acid and was on PPIs and medications to suppress that.

Can you tell us a little bit more about perhaps acid reflex as it may relate to hypothyroidism or SIBO? Absolutely. So interestingly, like a lot of patients think they have acid reflux, you know, kind of similar to what you were saying.

But when I asked them more details about what exactly are you experiencing, they're telling me to have phlegm in their throat after eating. And actually phlemon in the throat to me is like you're not digesting the food very well.

You know microscopic amounts of food are coming back up the throw. It's creating that inflammation in your throat. So distinguishing, is it really acid reflux versus non acid reflex?

What I find in hypothyroidism and Hashimoto's and in the IBS patients in general, the non-acid reflex is far more common than the acid. So, and one way we can figure it out is we try betaine and pepsin.

In addition to digestive enzymes, I feel like patients with hypothyroidism benefits so much from digestive enzyme just for bloating and to enhance their digestion.

SIBO Testing and Breath Test Interpretation

But adding the V-tain and pepsin, it can be a game changer if that's the root cause and they have low stomach acid. I have patients telling me they used to feel food was like a brick in their stomach.

And now they're digesting and now their bloating is gone. It also enables them to expand their diet and eat more foods that they previously couldn't digest.

So now the opposite can also be the case. People with SIBO, because of the back pressure, the gas under the diaphragm, sometimes that can actually trigger true acid reflux.

And usually, you know, patients will say they have like burning in the chest or they like a sour taste in their mouth or

throat pain. So it's really helpful to make that distinction.

But I've had a lot of patients where we just treat the SIBO, we clear the CIBO and their acid reflux is permanently gone. It's really amazing because I feel like proton pump inhibitors, their intention was initially to be used very short term, right?

just to help with a bleeding ulcer, right, or healing. But people are put on these medications for many, many years to treat, quote unquote, acid reflux.

And sometimes it's actually low stomach acid that they have, and other times it might be food sensitivity, another time it may be SIBO. You really want to figure out what's driving that instead of putting a person on medications for a long time.

These days, I know nutrient deficiencies, ton of nutrient efficiencies from proton pump inhibitors, but also recently they've been connected to dementia and all kinds of health consequences.

Very scary. Yeah. I think that's good that there's more awareness now that needs to be an endpoint as far as use of proton-pump inhibitor. What exactly are you treating with that?

There's so many, as you know, natural ways to treat acid reflux. In my practice, or DGL like the licorice capsules and also digestive enzymes because the better you digest your food, the less likely it's going to come back up.

There's so much we can do for acid reflux rather than completely shutting down the acid in the stomach. that just leads to this whole domino effect, because then now you can start having bacteria overgrowing, you're not breaking down your food properly, and you've got nutrient deficiencies.

It can affect your calcium absorption, your risk of osteoporosis, the risk for dementia, even chronic kidney disease. There are just so many risks with long-term PPI use.

And interestingly, I think it also can lead to SIBO too. So it's like a vicious cycle. Like you have SIBo and it is causing these symptoms and then you take proton pump inhibitors, which then allow the SIbo to like further grow because you can have degrees of SIbO, right?

Totally. Yeah. If someone's on a proton-pump inhibitor and we diagnose SIBO The first thing we really have to work to do is see how can we wean the patient off the proton pump inhibitor, because otherwise, even if we treat SIBO, there's a very high risk of relapse.

They don't have any stomach acid. One thing I wanted to kind of mention here is there can be different degrees of SIBO. So you can have like mild SIbo and moderate SIBo and severe SIBO.

And in some cases, I understand that people might use a treatment that will essentially like cut down the SIbO, but it doesn't get fully eliminated. Can you speak to that a little bit?

Oh yeah, absolutely. Yeah, so what's interesting is like when I see patients, I always like correlate their symptoms and their breath test results. Sometimes there's exact correlation, like they're miserable and the breath tests is very high.

So that was like me. I had severe symptoms. My hydrogen was super high, but sometimes we'll have patients who are miserable but their breast test isn't that impressive.

put them on a full SIBO protocol, I do a little bit more digging to see why are their symptoms so severe. We do full microbiome test, because maybe there's other aspects of their microbiomes that are imbalanced that're causing the severe symptoms, you know, cause maybe like their hydrogen is just barely positive, their methane borderline, but they're in agonizing pain.

So then we'll run the microbiom test and then will find, oh wow, they have extreme inflammation in their gut. or maybe they have a candida overgrowth or dysbiosis or a parasite.

So there's so much more to the microbiome. We really have to factor all of that in because the treatment for SIBO is very involved. Before I put someone on a comprehensive protocol to eradicate it, I just want to be sure that's the primary cause of their symptoms.

That makes a lot of sense because there can be exacerbating factors. If somebody has an H. pylori infection, for example, you can treat the SIBO over and over again, but it's going to keep going back because that H pyrori is there.

And I believe the same thing with certain protozoal parasites that can impact the microbiome, where if you only test for SIBo and if only focus on that, then you could end up being very confused because you're doing everything you could be doing, the medications and the FODMAPS diet, eliminating all of these foods, but there might be something else that's driving that inflammation and leading to that overgrowth.

Yeah, a lot of people I'm noticing are like missing key species of bacteria in their microbiome. And so we have to replenish that and strengthen their micro biome, their diversity.

That's a big part of treating SIBO too. So there's really a lots to look at. Usually if we treat SIBo and there is any lingering symptoms, then we definitely dig deeper with the full microbiomes test.

Do you have a favorite microbiome test that you like to use? I like the Genova GIFX stool profile. I've pretty much found their testing to be pretty accurate and consistent.

And so I found it to pretty reliable and easy to explain because it's really color coded as well.

SIBO, Hypothyroidism, and Acid Reflux

That's really nice and sometimes for people who have SIBO and maybe that's their diagnosis that they've received and even when the symptoms match, it might be a good idea for them to get another kind of gut microbiome test just to see if there's anything else contributing, especially if they had more than one recurring case.

I know with With Hashimoto's and autoimmune disease, there's always that component of intestinal permeability that we want to look out for, and we wanna see if we can treat that because if you treat the intestino permeabilty, a lot of times the symptoms, the inflammation, sometimes the thyroid antibodies can really start resolving themselves and Absolutely.

Yeah, I see that all the time. And I agree with you. Whenever I seen patients with Hashimoto's, we start with the basics. A lot of what you've always recommended, like maybe eliminating gluten, sometimes dairy, soy, sugar.

We try to clean up the diet, work on lifestyle things, exercise, sleep, give them the key nutrients, selenium. But if we don't see the TPO starting to improve, that's when we definitely look at the gut microbiome.

One of the biggest things we look for is leaky gut, which is increased intestinal permeability as a root cause of flaring that whole autoimmunity. Healing that can definitely help lower the tPO antibodies.

But interestingly, I just had a patient and I thought her case was really fascinating. I wanted to share it. She's actually like this 38-year-old woman, and she's had Hashimoto's for over 10 years.

And her antibodies have always been as high as the lab can report, like over 900. She didn't have any gut symptoms. So we started with the basics, but her TPO stayed the same, over nine hundred.

We did the comprehensive microbiome test, I was looking really for the leaky gut, that permeability issue. But she actually had no inflammation, no leaky gut, but she had some other issues.

She had like an absence of lactobacillus. So she has like no good bacteria in her gut. she Had dysbiosis. so an overgrowth of a couple organisms. And then she really low post biotics like the short chain fatty acids and butyrate, which are made by good bacterial in the gut they were like extremely low.

So I put on a protocol to kind of work on all these things. So, I gave her probiotics, butyrate, and herbal antimicrobials to clean up the dysbiosis. And three months later, her TPO antibody came down to 500. with like a 50% reduction.

And she even correlated, like even though she didn't have gut symptoms, a lot of her general symptoms improved. Like she said her mood was better. She had less anxiety, less brain fog, more energy.

So I was just researching that and it's so fascinating. They're saying that, you know, butyrate strongly influences the like the T cells and the whole immune system.

If you're low in butyrate, that could be a contributing factor in autoimmunity. So yeah, so I thought her case was unique because it wasn't leaky gut like we normally expect, but she still had such a great outcome.

Yeah, it's really incredible. I think butyrate can be a powerful tool in the healing journey. There are some research papers that talk about low levels of beneficial bacteria and short-chain fatty acids in Hashimoto's, and sometimes restoring the butyrite levels can incredibly helpful.

It is one of the tools I have in my toolbox for people with food sensitivities, too, because butyl butorate can very, very helpful for eliminating some of those reactions.

With regard to SIBO, a lot of times people are given, you know, rifaximin or another type of antibiotic as part of their treatment protocol, or in some cases, they're put on the low FODMAP diet.

I'm curious if you have thoughts about the Low FodMap diet? Okay, yeah. The Low-Fodmap diet, I feel like the interesting part about it, it'll help reduce your symptoms.

But I don't think that alone it will cure the SIBO because it'll definitely get rid of some of the food triggers that are causing a lot of gas. But unless we promote motility and address some the other root causes like how you're digesting food, it's going to kind of come back once you reintroduce the foods.

And I think a of people make the mistake of just going on a low FODMAP diet for a very long time. So then they feel like that's the only solution to their problem.

Whereas my philosophy is let's treat the SIBO at its root with all the different root causes so you can re-expand the diet because also being on a low FODMAP diet long-term could lower your short-chain fatty acids and butyrate production.

The other interesting thing is I think a lot of people go based on the app or lists online for low-FOD map and a lots of foods that are listed as low fod map are horrible for IBS.

and it's because they're high in lectin. So for example, they will list tomatoes, bell peppers, cucumbers, eggplant as low FODMAP. People who are trying to do this on their own end up eating more of those foods, but then they are still having a lot of pain and IBS symptoms because of all the lectins.

What I do is I typically, as part of my protocol, We actually do the diet at phase two of the protocol. So my protocol actually has like four phases targeting each layer of SIBO.

But when we get to phase 2 and we start the Diet, I remind patients to do both the low FODMAP and the Low Lactin. And our goal is always that this is going to be a temporary treatment because once we clear the SIBo that hopefully you can re-expand your diet successfully.

And the same problem with the antibiotics, I think sometimes patients are handed those without any guidance on the diet, about the meal spacing, they're not given a prokinetic, which is so important, something with ginger in it to activate those cleaning waves.

So again, the antibiotic give them the temporary relief, but then it pretty much comes back a few weeks or months later. Interestingly, when I was trying to figure out SIBO myself with my own journey, Originally, I tried to do the herbal antimicrobials and I just couldn't tolerate them.

So, because I wanted to treat it naturally myself, so I got some berberine and oregano and tried all different brands. But every time I take it, it felt so nauseous and sick.

I was like, what's going to happen? I can't tolerated these. Then I actually decided to try Zifaxin, the standard antibiotic for SIBO. But interestingly, after two weeks on the antibiotic, my breath test was higher than when I started.

Comprehensive SIBO Treatment Protocol

It was very crazy. And that was like a really low point for me because I had started to wonder, am I just gonna have to live with this? Because I can't take herbals, antibiotics don't work for my, what am gonna do?

And so that's what ultimately led to figure out that I was missing some component in the SIBO treatment. Out of experimentation, I stumbled upon the prokinetic, which I use the motility activator made from ginger.

That was a complete game changer that reduced my bloating so significantly. The gas that was trapped inside of me causing the sharp pain was finally passing.

For me, the second game-changer was the betaine and pepsin in addition to the digestive enzymes. So after I had figured that out, a few weeks later, I went back to the herbal antimicrobials, and this time, like I tolerated it just fine.

So that's why when I designed this protocol, there was probably a lot of people out there who are like confused. There's so much going on with SIBO treatment.

there's a diet, anti-microbial, they're just a lots. I was like, i gotta help people because i went through all this. so I actually saved the herbs for the very final step.

Because I feel like if you don't prime your system and promote the motility and do all these things, you might have more die off, more side effects from the herbs.

So that's kind of how I developed that the four phase protocol. And that makes a lot of sense because a of the protocols, if you do them too soon, you might react very poorly to them if your body is not ready for them.

So I love that you have the protocol and you guide people through phases of it. Can you talk about what the four phases are of your protocol? Because it's so, so important.

People oftentimes might want to skip to the end and be like, Okay, earthworms overgrowth, but like, actually, we need to put the other pieces in place so that you can successfully implement.

Yeah, and I think the beauty of the protocol is it helps people figure out understand their body. And maybe there's key components that their bodies missing, that they will be able to figure it out by just doing this week by week.

So the first week, what we do is we focus on promoting motility. That's like the very first step. So I have them do the meal spacing. So four to five hours between meals.

And if they can do 12 hours, between dinner and breakfast. Definitely cut out all the snacking. Then I start them on magnesium and motility activator at bedtime.

The magnesium is like a natural osmotic laxative, so many other good benefits for sleep and anxiety. They can adjust that to their bowels. Then that motility activator, that's the ginger pill that is going to help wake up those cleaning waves in the small intestine, we call the migrating motor complex.

So they can take that at bedtime. That's first week of the protocol. Then in the second week, we start reducing the gas levels and we do that with by starting the SIBO diet.

So that's the low lectin, low FODMAP diet and also starting digestive enzymes with every meal. And then if needed, betaine and pepsin is kind of an optional add-on.

Some people need it, some people don't. So if you take it after a meal and you feel burning, that means you don't need it, you're already making enough acid.

But if take and then you do not feel it burning and notice it improves your digestion, then I tell people to continue taking it. So that's the second phase of the protocol.

What's interesting in just these first two phases, patients often tell me their symptoms are like more than 50% reduced. Yeah, so usually that is what I will do on their first visit is implement phase one and phase two of Then phase 3 is where we start working to reduce inflammation in the gut.

Because usually, again, SIBO is usually accompanied by some level of inflammation, maybe leaky gut, so I have them start the spore probiotics that have immunoglobulins in it.

The immunoglobulin's part works to heal inflammation. It also prepares the system because when we end up killing the bacteria, it'll bind the toxins so it reduces the die-off symptoms.

And I've seen great results with the spore-based bacillus in IBS and SIBO, because a lot of SIBo patients are sensitive to probiotics. Like if you give them a really strong probiotic, they just get more bloated.

But the Spore Probiotic IgG seems to be better tolerated, so that's phase three. And then finally, phase four is when we add the herbal antimicrobials.

So it's the final step. So for hydrogen, we're using berberine and oregano after every meal. And for methane we are using hydrogen. Sorry, were using Berberin, oregano and allicidin after everything meal and the treatment can be anywhere from four weeks if it is like a more mild case of SIBO.

Six weeks, if its a moderate case and then up to three months if is more severe. or if the person doesn't think they can really follow the diet that strictly, sometimes we do it up to three months.

Yeah. And then the protocol also has a prevention of relapse section two, which I think is key because as you know, the relapsed rate is so high with SIBO.

It's like 44% relapes in nine months, regardless of the type of treatment. So I'll have people continue the magnesium and motility activator continued digestive enzymes and then that's usually when I switch them to a more broad spectrum probiotic to kind of strengthen their microbiome and that seems to work pretty well.

And I think SIBO sufferers are often best not snacking and that's something that they may want to continue long-term. That's a lifestyle change that may wanna incorporate to allow their migrating motor complex to kind of do its job and clean things up.

And there's different schools of thoughts on diet and it's always important to tailor to yourself. So if you have a history of SIBo, you might not be the person that does best with snack, right?

Absolutely, absolutely, yeah. The herbal antimicrobials that you use, so you oil of oregano and berberine, and you used allicin, which is a type of garlic, you actually are providing a guide for people.

We're going to link to that in the show notes. Thank you so much for providing that. For the magnesium, do you magnesium citrate to help with the motility or do have a specific form that Yeah, citrate would work for working as a laxative, but I like the chelated one that has citrite, glycinate, and malate, mainly because it also gives them the sleep benefits, it helps with the anxiety and the muscle recovery, because a lot of patients with SIBO also have some element of anxiety.

So I find that combo magnesium really works really well. That's nice, so that you give them, the best of all three worlds, right? Exactly, exactly. What is the brand of the motility activator you like to use?

Yeah, so I have everything from my CBO protocol is kind of my own brand. So I haven't it's all on my on. My store and I. Have a protocol that they can download to make it very easy to follow.

It outlines each of. The phases and. I had a whole video on YouTube to that outlined the entire protocol in detail, So all that's available to. Make it easier for patients to Follow and even has explains the diet and detail as well.

Thank you so much for providing that. We'll be sure to link for that in the show notes. So for anybody that's been struggling with SIBOs, so that you know that there is a way out and sometimes it is stepwise approach.

It is covering your bases. If you've got the digestive enzyme issues and low stomach acid issues, you do need to cover those bases and of course, motility.

Another type of overgrowth that people might have in the small intestine is known as CFO, which is a fungal version. Can you speak to what you would recommend for that as well?

Yeah, so I think that's a lot of time under-diagnosed. So it's small tests and fungal overgrowth. It's like the fungual version of SIBO. And sometimes the clue is that if they have outward symptoms of fungo over growth, like they dandruff or thrush, or maybe they had fungle skin rashes like tinea versicolor, maybe you have toenail fungus, and they may have a lotta bloating, but maybe we do their SIBo test and it comes back negative.

So those are kind of situations where I think about CFO, or like maybe we do their microbiome test and it's showing certain fungal organisms like Candida are elevated.

Now the nice thing is the treatment for CIFO is very similar to the treatments for SIBO. The only change I would make is that I wouldn't recommend that a person eat rice if they have Cifo, the fungill version.

In my normal SIBO diet, I tell patients they can eat basmati rice, but for CFO I would have them avoid rice again because the carbohydrate load. I might also add saccharomyces boulardii, the probiotic yeast.

If they have C-FO as an antifungal probiotics, But the nice thing is the herbal antimicrobials, the three that I mentioned, berberine, oregano, Alzheimer's, they work for SIBO and CFO.

So that makes it very easy. Even if someone has SIbo with a little bit of C-FO, like an overlap, we still will be able to successfully treat it with the Herbal Protocol.

Well, that's amazing with herbal antimicrobials is oftentimes they have such a broad spectrum of activity compared to like antibiotics, which might be more specific for bacteria.

So that is wonderful because these also have antibacterial effects, anti-yeast effects as well as anti protozoal effects. That can be something that you can use and get all the things for your buck or whatever.

whatever the phrase is right that the kids use. And even it works for dysbiosis in general because a lot of people with SIBO have like dysbiosis in their colon so it kind of works.

For all of that thank you so much for developing this protocol and for sharing it with us. I think this will help a lots of important to note that if you are simply that is not reacting well to it, that you might want to start lower and starting

through the steps.

And then if you are somebody with something like inflammatory bowel disease, you're having active GI bleeding, then you would definitely want a work with a practitioner on that because sometimes the antimicrobial herbs can be aggravating if have inflammatory bowels.

Yeah, and you can't use the herbal antimicrobials if you're pregnant or nursing. We also, I don't have any data as far as use in children, so it's really for adults.

Yeah. It's always best to work with your doctor or provider for more personalized guidance. Yeah, yeah, absolutely. Although sometimes you do need to educate yourself.

Not even sometimes. I would say most times you need you to be able to have those conversations with your practitioner. And a lot of times, you might be working with a provider that is only willing to prescribe a type of thyroid med or is willing only to describe one type treatment.

for the SIBO, and they might not be well-versed in all of these other treatment options. So we always advocate for people to really, really educate themselves.

Could you tell us a little bit more about where we can find your work and connect with you? My YouTube channel is probably a great place to start. You can just type in Dr.

Rajshree on YouTube and it should pop up. It's actually under my full name RajShree Nambudra Pod, MD. And I've got a lot of videos on gut health there.

I got the one on SIBO, SIBo Herbal Protocol, IBS, Candida, so tons of gut-health videos. Also have two on the thyroid, one Hashimoto's and one Hypothyroidism.

That video on hypothyroidism, I go over all the different medications that are available for thyroid disease. It was actually part of my own experimentation when I was diagnosed with hypathyroidist a few years ago.

I tried every medication and so I learned so much about it and shared it in that video. You can also find me on my website, it's oc-integrative-medicine.com.

And from there you can find a link to my store that has the treatment protocol for download and has everything there that we ship throughout the United States.

And if you have any questions, you're more than welcome to send us a message and we'll do our best to help you. I also have a speedbo library, I forgot to mention.

CIFO, Relapse Prevention, and Resources

So on my online store, it's called a SIBO library. And basically there I share like the before and after breath tests of 10 cases of patients who went through my protocol and had great results.

What's unique about it is like all 10 patients are so different. like there's like some of them are elderly, some are young, have thyroid disease, autoimmune disease.

Some have a history of cancer. They're all over the spectrum. There was even a lady who couldn't even swallow pills. She opened up everything, put it in applesauce, but all of got excellent results.

I just wanted to share that. If anyone wants to see some stories and see the data, they're welcome to check that out. Well, thank you so much for sharing that because I know it's always so encouraging to find somebody that maybe had been as challenged as you were and hear some success stories and here's some hope.

I'm so grateful that you came on the show today. Before I let you go, I was hoping to ask you a couple of rapid fire questions if you have the time. Absolutely.

Some people say that all you need to treat SIBO is antibiotics to kill the bacteria. What do you say to that? That's probably not going to work. I mean, you might feel slightly better for a few weeks, and then you're going be back to square one.

So you need a comprehensive approach. What's interesting is sometimes patients can't do herbals for some various reasons, like maybe they're a transplant recipient, or maybe there are uncertain medications that would interact with the herbils.

Even then, if we choose to do the antibiotics, that's fine, but I would do a comprehensive approach, like make sure we're promoting motility, make we are doing the diet, giving the digestive enzymes, doing that full comprehensive approaches will probably give you much better success even if you choose the antibiotic route.

Some people say the carnivore diet is a cure for SIBO. What are your thoughts on that? Great question. So the carnivore diet, I think it eliminates all fiber.

Obviously people feel less bloated on it because there's nothing for the bacteria to turn into gas. But my thinking is that the prevalence of this carnival diet and the popularity has something to do with SIBO because people are having more and more intolerance to eating fruits and vegetables.

They are finding that by eliminating everything, their symptoms go away. But I actually looked at one of my patients who went carnivore for an entire year to treat SIBO.

And I put it in one my videos on YouTube. But essentially, after a year of being on carnival, she was still bloated. When I tested her microbiome, and I share all the objective data from her test, she had a ton of inflammation and dysbiosis, so it really wasn't addressing the root cause.

So again, I think it's carnivorous, kind of like it is just a starvation strategy, but we're not promoting motility, we are not addressing all those root causes, and usually when people resume trying to eat vegetables again their symptoms come right back.

It's more of a band-aid approach as similar to the FODMAPS diet. Exactly, exactly. Is all fiber bad for SIBO? That's a great question. I think that's kind of a myth I definitely want to dispel.

So when I choose SIBo, I want people to be eating whatever fiber they can tolerate because we want keep the bowels regular. And leafy greens are one of my go-to because they have no fermentable starch.

Whatever leafy greens, your body can tolerate. If it's cooked, you can saute down a bunch of greens. That's going to bulk up your stool, keep you full, stabilize your blood sugar.

Some people are able to eat it raw with olive oil and lemon juice. some people need to cook it or put it in soup. But I definitely think fiber is critical for the microbiome.

We just need identify which fibers are causing you problems. And that's the interesting is that every SIBO patient is really unique. Like some SIBO patients are fine eating sweet potato and certain vegetables while others aren't.

So it's really about, you know, understanding your own body and figuring out like maybe I can't tolerate these fibers right now and eliminating them temporarily.

But the goal is ultimately once we finish treating your SIBO, you should be able to reintroduce some of these fibers back into your diet. The only fiber that may be problematic for SIBo long term is the fiber from beans and legumes.

And this is something that Dr. Pimentel from Cedars-Sinai talked about as well. He was saying in one of his recent

books that they've done studies on rats where if they give them kidney beans every day, they develop almost like a SIBO-like picture.

And it's something about like some people don't have that ability to really break down resistant starch and legumes. So it not a universal thing, but I think SIBO patients are a little bit more prone to that.

Legumes and lentils, that's like the only type of fiber that potentially could be an issue long-term. Is having multiple bowel movements a day a sign of good GI motility?

That's another great myth that I want to dispel. That's kind of my own story. I never had a problem with bowel movements when I had SIBO because I would take magnesium.

So I didn't really think I have a motility issue to begin with. But the thing is the motillity in the small intestine, the mortality in a colon are kind separate.

You could be emptying your bowel multiple times a day, but you still have bacteria that are just sluggishly hanging out in your small intestines. If you have SIBo and you had bloating problem, we still want to give you that pro-kinetic.

And the prokinetic is not the same as a laxative. So that's the other thing people get confused. They're like, why do I need to take this ginger pill?

I'm already having regular bowel movements. But it's really not to move your bowels. It's to activate those cleaning waves in the small intestine. That's critical.

Are food allergies always permanent? So that's a very interesting question. I used to think that they were permanent, especially the IgE allergies, the medical allergies.

But what I learned from myself and from patients is that, they can actually change. So when I first did my IgTest during this whole SIBO journey, I mentioned I had a lot of class one and class two allergies So more recently, now I've been able to re-expand my diet.

I'm so grateful to be able eat food again. So I went back to the lab to Quest and I did my IgE food allergy test. And I even added on a bunch of things that I was curious about.

Everything came back zero. It was completely shocked. That's the same assay that did before like seven, eight years ago and now it's zero and it kind of correlates with my symptoms.

Like I am able these foods fine now. So I kind of also checked my patients IgE allergy tests, and many of them, a lot of the low level ones like class one and two, after their gut was healed and they're doing better, have gone to zero as well.

So I think there's something to do with when you heal your gut where 70% of immune cells are hanging out in the gut lining, it can definitely have an impact on food allergies.

Now I'm not sure about like severe anaphylaxis. I mean, those may be permanent and you definitely wanna check with your doctor before you try to eat those things.

Rapid-Fire Myths and Final Takeaways

But as far as these low-level allergies, I have seen a lot of changes in IGE levels and patient symptoms. The interesting thing is I've seen the opposite too.

I had a patient who was exposed to a lot of mold and had lot upper respiratory symptoms from the mold. When we checked her allergy test, it was like five years later, she had developed a new allergies.

It's almost like the mode had activated her immune system. There is definitely some room for improving your allergies if we heal your gut. That's really fascinating because a lot of times people struggle with food sensitivities, but they might also have food allergies and asthma or or they might have food allergies and asthma, and they're not aware that there's a gut connection, so they may be working on immunotherapy, whether it's the injections or sublingual, that can be really helpful, but in some cases, it sounds like maybe working the gut can help in that regard.

Absolutely. My last question for you, as a health expert that has also had your own healing journey, is there a wellness hack that you refuse to participate in?

Yeah, I think definitely like these extreme restricted diets. That's been my pet peeve because I just don't think long term it's good for the microbiome.

I'm seeing more and more people on extremely restricted diet missing key species in their microbiomes. We're seeing like oxalobacter disappear, that's a bacteria that breaks down oxylates.

I do think that every person is really unique and individual, so we can't make generalized statements about foods with oxalates being bad for everyone.

That's like spinach and almonds. It leads to a lot of food fear, and that's kind of what I want to help patients get over, not to be afraid of foods, heal their gut so that they can expand the diet.

There may be certain things that may choose to avoid long-term because they see true health benefit, like gluten in Hashimoto's, for example. But there's other things that we just can't generalize and say that it's bad for everyone.

Like even when I mentioned the beans and SIBO, that doesn't mean that everybody is like that because there are some cultures where they eat beans every day and they're fine.

So I think that's one of the main things is just putting foods into categories as being bad and then ending up on a very restricted like carnivore type diet.

That's something I would probably never do. Yeah, and I think that makes sense and elimination diets might have their time and place but it's not something that we want to necessarily do forever and we don't necessarily want histamine foods are bad, and it's like, well, if you've got SIBO, they can be a problem.

If you got certain protozoa or H. pylori that produce histamines, it can absolutely be problem, or with oxalates, like candida or mold overgrowth, they produce oxalates within your gut and so eating more oxaloids can be a problem.

But that doesn't necessarily mean that sweet potatoes are evil or fermented foods are even. It's like we want to really look at the microbiome. What's going on?

Why are you reacting to these foods? We don't want you to be so deprived that you have anxiety around your next meal because I know both you and I have been there where we're like, oh my gosh, I feel terrible.

Everything's triggering me. That's not a great way to live. Yeah, even with the histamine thing, the list of high histamines foods is so long. For a patient, we're trying to avoid all those histamin foods.

It can be really, really difficult. I always tell patients that everyone's reaction to high-histamine foods are different. Just because it's on the lists doesn't mean you're going to react to it.

We want to figure out what you are reacting to and then, like you said, work on healing your gut so then hopefully you can tolerate these foods again.

Yeah, absolutely. And elimination diet, again, is a great tool, but it's the only tool that should be used for your healing, especially if you're working on healing the gut.

Dr. Rachli, thank you so much for taking the time out of your schedule to be here with us. I really appreciate the work that you are doing in the world.

Thank you for educating us about SIBO and creating all the resources that have for people who perhaps need some help on their healing journeys. Really appreciate your work.

Oh, thank you so much, Dr. Wentz. I've learned so from you over the last 10 years, and it's such an honor to be here on this interview today. Everybody listening, I hope this conversation has been helpful on your healing journey.

Until next time.