# What You Need to Know About SIBO Transcript

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## Introduction to Crohnu2019s, Colitis, and SIBO

Welcome back. We're continuing our conversation on Crohn's and colitis and reversing chronic conditions. I'm your host, Sinclair Kennally, and today I am joined by my wonderful friend and colleague, longtime, very dear friend Shivan Sarna, who is the bestselling author of healing SIBO, a TV host also as well, and the creator of the SIBO S. O. S Summit and Community the digestion S. O. S.

documentary series, the Gut and Microbiome Rescue Summit. Actually, so many summits the liver and gallbladder Rescue Summit, the Lymphatic Rescue Summit, the Dental Health Connection Summit, the Fashion Chronic Pain Rescue Summit, the Gut Rescue Summit, and chronic Condition Research of 501c3 nonprofit to further research underfunded medical conditions.

Shivan is a true advocate in every sense of the word, and after a lifetime of struggling with health issues herself, she made it her mission to demystify her own health struggles and to share that that information with others who were struggling themselves.

Her personal mantra is S. O. S. save ourselves. And that's what she has helped thousands of people to do. So I really wanted her to come on and demystify Sibo for you guys, because it's becoming better and better understood that Sibo is actually more prevalent in people with Crohn's disease.

You are more likely to develop it because the self protecting mechanisms that are present in the gut against SIBO are hindered when Crohn's as present.

So I really wanted you to understand is that Crohn's? May it also be SIBO and are there other factors in play? The same is true for colitis. So we want to learn more about SIBO today.

Let's demystify this. Welcome Shivan. Oh thank you Sinclair.

## What SIBO Is and Common Symptoms

I love your work, as you know. And thanks for being on all my summits. It's pleasure to be here. Let's talk SIBO okay. What is secret? Small bacterial overgrowth.

You also may hear it as IMO like IMO in my opinion, but it's actually intestinal mass antigen overgrowth. Those are being referred. Those are referring to the kinds of gases that are being produced like hydrogen or methane.

And then there's a third which is hydrogen sulfide producers. And when these met I was going to they hold on when these microbes, they're not all microbes.

So I'm getting technical, but when these organisms overgrow in the small intestine, you have small intestine bacterial overgrowth I ama intestinal moth antigen overgrowth.

And then you could also have hydrogen sulfide. So not an infection. It is literally an overgrowth of actually organisms that are naturally found in a healthy microbiome.

But then they become disproportionate bad players and then they wreak havoc causing bloating, constipation, diarrhea, alternating diarrhea and constipation.

Things like rosacea, restless leg syndrome, malnutrition, brain fog, and on and on. So if any of those symptoms sound like you, then listen up. That's such a great list.

I mean, not a fun list, obviously, but I wish that I had understood more about Sibo and that could have shaved years off of my gut journey. Right? Right.

For both of us. And now it's so much easier to understand whether or not this is a part of your health picture. So how can people get tested for SIBO?

So you can do a breath test. And there is zero diagnostic labs, which we love. and there's the QuinTron equipment. So if you're one of these trying to figure out it, was this a good, good test, maybe you can say what kind of equipment is a QuinTron?

Then you're in good shape. There's also the Trio-Smart test with Gemelli Labs that Dr. Mark Pimentel created, and he is the premier researcher in the world of Sibo.

Him and Dr. Ali Rezaie out of the mast program at Cedars-Sinai. And they, I believe, will find a cure for it in our lifetime. And they're making breakthroughs every day and it's very exciting.

but the breath test is the gold. The gold standard is actually an ask for it during and ask happy colonoscopy. Okay. But for the rest of us, we're not.

That's really invasive. We have the and not everyone does it properly. we have the breath test. And then there's also some new devices like the food marble, which is a self at home breath test.

There's some nuances there.

## Testing for SIBO and Related Diagnostics

And then there's a blood test called IBS smart, which will tell you if you have antibodies from food poisoning, even as a child and now you're an adult, you can still have these antibodies, and they can cause a malfunction of the migrating motor complex, which is the sweeping motion in the small intestine.

Getting rid of. So we say food crumbs, but also in these organisms, so they don't overgrow. And if that's whacked out, then you have a much higher chance of getting SIBO.

yeah, that's a great point. And you mentioned something that really caught my attention that I'd like to unpack further with you. The you mentioned brain fog and other mental and even national symptoms that may be signs that Sibo is impacting you.

Can you talk about the relationship between SIBO and the, you know, neurological disruptions that we're getting from. Well, I guess, requirements? Yeah, I can speak from my own experience.

When I had, this episode of Brain Talk that was so bad. That is here, by the way. Hello. Okay, so this is seen as the good stuff. I had an episode of Brain Fog that was so bad I couldn't speak, and I, like, was trying to say something to my husband, and literally, words could not come out.

It was just like this massive disconnection. It was like a stuttering. And then it was like no words came out. it terrified me that I. I went to bed. Unfortunately, it cleared.

That was the worst of it, but it definitely, you know, like all the microbiome research is showing the, you know, gut brain connection. It's bidirectional.

And actually, I did have a recent episode of food poisoning and not even the one that I had yesterday while ago. And I woke up without joy and it was horrifying.

And I thought, okay, this needs to pass. I, I think it will pass, which was very hopeful thing to say considering how I was feeling, but I was in a state of observation.

I was like, oh, other people feel like this all the time. God bless these people. My gosh, I did pass. But, yeah, it's it's no joke. It's really, really no joke.

This microbiome and this is a, you know, disorder of the microbiome and the functional, mechanical, chemical aspect of the intestines going back to the migrating motor complex, etc..

It's the number one underlying cause of IBS. Like that's the mic drop moment here. It is the number one underlying cause of IBS. Yeah. This is so important for us to unpack because of course it is solvable.

That's the good news. You know, even though it can be a journey. Yeah, yeah, yeah. And one third of the people that get it get one treatment and it's gone like that.

God bless these people. It's amazing. Like, whoa, you're you know, everyone else is like, I'll have what you're having. but the rest of us may have those antibodies that could be revealed from the IBS smart test.

## Brain Fog, Gut-Brain Connection, and IBS

And, that I do. I also have mild Ehlers-Danlos, which is a collagen disorder. I don't know if you can. And this is one of the tests. Can you take your thumb and touch this part of your wrist?

a lot of people can. I was like, what? You can't do that. No. Yeah. It's a it's like think silly. So there's there's like a laxity. There's a collagen disorder.

and that can also lead to an impairment of the migrating motor complex being from a variety of reasons. it could be adhesions. so we've had, caesarean section adhesions as internal scars that are incredible holding us together, but also can disrupt the migrating motor complex, maybe have endometriosis and it's pulling the tissue of your small intestine in a way where you're migrating.

Motor complex may even be strong, but the plumbing is out of whack. Here's my t shirt showing you the plumbing. Thank you very much. my flower intestinal t shirt.

Yeah. Little, little swag. And, so there are a lot of reasons why one might have this, but it is treatable. There are three types of treatments that are clinically shown to be super successful.

The first one is the elemental diet. they're coming out with better tasting ones all the time. What is it? It is a liquid. diet for about 17 days. And it is amino acids.

Now, the amino acids like viven x. there's a couple of brands. It's for feeding tubes. Right. Tastes like vomit, by the way. That's what especially back in the day.

This was not. In the day exactly. Now there are things like integrative therapeutics. Doctor Michael Ruscio has and Biore is the new one. That was developed and tested in Cedars-Sinai with Rezaie and Pimentel.

So there's an I've just tasted it the other day. It's it's lovely. So it's lovely. And this is because I've tasted the other ones like back in the day.

So anything that's like not guys. Shavon is picky with taste. So she thinks it's lovely. It's actually lovely. I'm not kidding. It was good. It was good.

but the reason why the elemental diet works is because it feeds you and not the organisms. It doesn't make it to the small intestine because your body absorbs it so quickly.

So it's almost like starving them. that is it. Actually, it's not almost. That is what happens. It starves the overgrowth. The overgrowth. Yeah. Right.

So your gas levels reduced because the overgrowth reduces. I mean, a lot of people say that they wish I had done it sooner because it's so effective. it's hard, but it's effective.

And there are other people that have so many symptoms from food. They're like, oh my gosh, I want to stay on this forever because I feel so good because I'm not, you know, having all of this.

Actually getting nutrients. Yeah. Yeah. Exactly. Exactly. That's exactly it.

## Treatment Options: Elemental Diet, Herbs, and Rifaximin

And then the other two treatments are herbs, antimicrobials, which I know you and I are huge fans of and including things like neem and allicin and, oregano and very specific, doses and, combinations, depending on the kind of gas you have.

And then the third is pharmaceuticals with a very unique antibiotic called rifaximin that I used to be petrified of. because antibiotics are bad, even though they can save your life.

I was like, and we understand that, but Rifaximin stays safe with caution. Yeah, yeah, proceed with caution. And it stays in the small intestine versus nuking everything in the microbiome and actually can help your microbiome.

It's a phenomenal and fascinating drug. So. And it's also what happens to be given to, people with traveler's diarrhea. So, it's very effective on certain strains of E.coli.

So those are the three different types of treatments that are typically, turned to. And what's nice is you can, you know, if one doesn't work, you can go to another.

And then there's a pattern for retesting to see how well you've done the very first time I got treatment, Sinclair, I thought, oh, good. You know, oh my gosh, I finally figured out what it is.

I have the antibiotic and I'm going to take this for two weeks and I'll be fixed. It is. We're not there yet. It does drop the overgrowth. So then therefore on the Sibo breath test it shows a reduction in the gases.

But you may have to do multiple rounds. That's very different. It's not take two weeks and I'll call you in the morning. It's okay. I did the two weeks.

Let's see how it, how it went. Okay. I just dropped these you know big points of parts per million in the gas. I'm going to do another round. And there's a very specific pattern to go through.

But the good news as you said, is there is a lot of hope. And you can also have parasites at the same time. And if you have mold, it's very hard to resolve until you resolve the mold.

Oh, I'm so glad you said that. Yeah. We have got to talk more about mold toxicity and the relationship to these kind of gut conditions. It's just criminal that that is news in today's day and age.

So and it of course can contribute to Sibo. It can contribute to Crohn's and colitis like mold is no joke. Not only is it highly neurotoxic, but it's also extra good at suppressing the immune system, which means your body's not in the in fighting shape to, you know, have, regulate a healthy, happy gut microbiome or to protect you from parasites. So.

Right, exactly. Also once you. So I think, you know, I know we have mutual friends that say everybody has parasites. I don't know if that's totally true, but what I do know is if your immune system isn't up to it, you will have more probability of having parasites where if someone who does have a strong immune system can fight them off.

So you're more vulnerable right. And by the way if you've already had food poisoning you're more vulnerable to have it again and again. So that whole thing you're at the table.

Everyone has the same Caesar salad and you get sick. Well it could be food poisoning because no one else at the table got sick. Well, it actually could be.

They fought it off. You couldn't. Yeah. Yeah. And that that absolutely goes back to your terrain and the shape that your terrain is. And I'm so glad you brought that up.

I think another really interesting and we weren't planning on talking about this today, but another interesting contributing factor for Sibo and Crohn's and colitis is actually, you know, liver stagnation and gallbladder stagnation.

And so it can be a very supportive adjunct therapy to support the liver and dissected the gallbladder, because that's going to only assist in getting your gastric juices up and regulated again to ward off against parasites and support the upper GI and I, you know, get into chronic overgrowth mode, certain pathogens and also, to just support gut motility appropriately.

That's what it's all about. You got to keep things moving. So I want to ask Doctor Pimentel, like, look, if I had dental surgery and I, or let's say I had deep anesthesia, get a hip replace, let's say, and afterwards are on pain meds.

could that inhibit the migrating motor complex and actually lead to Sibo? And the answer was yes. Yeah. Think about it. You get all, you get the surgery and then you're on payments.

Basically opioids can lead to Sibo because it slows the motility so much. I have to talk about pro kinetics because there is hope and I sound very doomy and gloomy.

Pro kinetics help to prevent relapse, and pro kinetics are a way to harmonize and activate the migrating motor complex, the literally category of drugs.

There's a category of herbs like ginger that are pro kinetic.

## Mold, Parasites, and Motility Factors

You think of the word pro movement, pro kinetic. And so those are things you always have to do after treatment to make sure you reduce that overgrowth.

Now let's keep things moving. It's not a laxative. It is literally helping the migrating motor complex do that sweeping motion. So I want to make sure anybody who's like attempting this DIY, I see it every day in our Facebook group of 30,000 people going strong, obsessed with Sibo.

I'm with you 100%. But like, I literally have a t shirt around here that says, are you on a pro kinetic? Because I don't really know t shirt face because I, it's a forgotten step and it's really important.

Yeah, I appreciate that. It's this is complex, guys. But the good news is that in this day and age, these types of chronic conditions are no longer mysterious.

So I hope above all that what you're getting out of this is that, you are not allowed to accept anywhere your GI doc or your primary care doc saying it doesn't matter.

Don't know I have this, you know, we're talking about, you know, maybe minimizing symptoms and that's it because that's just not the case. You know. They hand you that old Xerox copy of the low Fodmap diet and send you on your way.

No no no no no no no no no no no. Oh yeah I'm a pro practitioner. But I'm also pro keeping up with the research. And it's practically impossible to. But I hear people every day say my doctor doesn't believe in Sibo.

It's not religion. Okay. Yeah. Not magic. It's science. Yeah, exactly. Yeah, I could tell the same thing about that.

And mold toxicity and, you know, parasites like, oh, those aren't real or that that's only you know, and if you've been to the jungle and you've had rapid weight loss, it's like, okay, well then I guess you don't want to see our family photo album of thousands and thousands of parasites from our thousands and thousands of students and clients.

Because we do, we keep trophies, graduations. That's just fantastic. I'm really happy for you all. Yeah. I mean, we're laughing and we have to keep it light because it's it's it's nasty business and it's tough and it's real and it's frustrating and it's scary and it's I was in the airport, Sinclair, and I was getting some food at the, you know, you know, at the counter.

And this, woman was, like a kitchen worker. And there was her friend, fellow kitchen worker, and, you know, they were getting food and stuff, and they were kind of like just having this moment of talking between each other in between action.

And I heard one of the women say to the other one, she was talking to herself and the other woman like, yeah, my guts just never really been the same.

Can't figure it out. I, I, you know, I've just I'm really constipated, like, I don't know what it is. And of course, I wanted to go give them my book, but I didn't, but I've thought about her ever since.

Because I know that loneliness. I know that pondering this most intimate, one of the most intimate things you can do. No one else is in the bathroom with you most of the time, like.

And you're just in there and you're like, what is going on? Yeah. And you're either chained to it or you can't get it to move. And you think either either one you have your choice for the other end of it.

Yeah. Yeah, exactly. And and you don't talk about it typically. And there's shame around it. There's social norms around it. it's not that pleasant. And most and that's a whole psychological part.

And you don't feel well and you're not getting your nourishment and all, all kinds of other lipopolysaccharide are happening. That brain fog is happening and stuff.

But that internal, intimate questioning and suffering is what I experienced for so long. And then when I found out that I had a condition with a name, it was a little weird.

I know you and I was. It was a weirdest thing to get a diagnosis and be happy. Yes. Oh yeah. There's so much relief. Like, oh, finally, someone's not telling me I'm crazy.

It's all psychosomatic. As in, here's an SSL, right? Leave me alone. Get out of my office. Yeah, yeah. Yeah. Right. You're going to run three miles. So that's that's a really good comfort.

That's really good for constipation.

## Prokinetics, Relapse Prevention, and Advocacy

I call that doctor. Doctor run three miles in my book. Like that's the name. I told somebody that story the other day about you. Okay? Yeah. Doctor. Run three miles. Yeah.

Great listener. Wow. Yeah, yeah, he was really. You were exhausted. You can't. Lie. Down. You're more and more sensitive. Things are going really wrong.

Your body starting to break down. You should just run through more. Yeah. And you know what was he was really sincere about it. Like he was sitting there ponder.

He goes, you know, it's really the best thing for constipation. Like, let me get let me let you know. I think he was just

talking to you about his story and his constipation.

Correct? That is correct. That is exactly where he goes. I run I, you know, I run three miles. You should try running three miles. Do I, to get out of bed.

Yeah, yeah. Anyway. Read the room bro. Yeah I know dude, he was just. Yeah, it was interesting because he was at the end of his career. I found out later he was like, really into scoping and that was like his, his jam.

And he was on the way out to retirement and and I was like, I'm never under gastroenterol just before and I can barely pronounce it. And I was like, oh, what a disappointment.

And I wasn't going to go back to one. And we're like, we were friends. said I was having acid reflux at the time and she's like, oh my gosh, I found this digestion detective.

Doctor. She goes, yeah, doctor Michael Schulman, you got to get in. I'll call them and get you in. I was like, okay. She goes, yeah, I'll do that. And she actually did it.

And it actually worked, which like, I don't think it works anymore. Like, is that still happening these days? Is. No, I don't think it was the same thing. It worked.

And the man spent an hour with me and he looked at my Sibo breath test results, which was like on the record that I had transferred from Doctors Run three miles.

And it just said it wasn't the picture because there's a graph. It was just like Sibo breath test negative. He's like, I really want to see this graph.

And I was like, I don't want to call that doctor's office because I left them and I didn't want to hurt anybody's feelings because I'm a people pleaser. And, but I, you know, grew up and called them and I was like, hey, listen, do you have a copy of it?

Could I have the image? I sent it over, like, you know, took a, like a month for me to, like, get the gumption. And the nurse was like, oh yeah, no problem. Like, she didn't care.

And yeah. Yeah, they don't care. And, he looked at it. He goes, Shivan, this is a positive test. I don't care what the thing says. This is a positive test.

And someone had written positive, crossed it out and wrote negative. I have it floating around here somewhere so they didn't know how to read it. Yeah.

I lost 18 months. I lost 18 months to a misinterpretation. I feel like. I've always say always get the graph, always get the image of the results. It's not just positive or negative okay.

And then yeah. And then he goes I want to run another test. So we did. And and it was positive. And then that's what that's what started it. And and and to his credit, I walked in with studies after like a couple of visits when we kind of like started cooking with steam.

I walked in with studies and he was like, oh, great. Oh, great. Oh, here's the dosage. Okay, great. Yeah. Because his they they didn't teach us this in medical school.

God bless you, sir for being honest with me. Let's go. Wow. That's. Yeah. That is so cool. It's so cool. Yeah. See what happens when you become your own advocate.

That's amazing. Because you need to work with a practitioner. If you have chronic conditions, if the. If the picture is complex. Yeah, totally. A time and a place for 1 to 1 work.

Like I know that you and I in our group courses, we do the most to make sure that people can individualize their protocols and we empower you with information.

But we can only get so far in groups. And so there is a time and a place for working with the practitioner. And, that you just, you really want to work with somebody who can listen to you.

And if they can't, then you gotta keep looking. And don't be afraid to fire your practitioner. Yeah. The client. All right. Practitioners in the audience. I'm so glad you're here.

We're not picking on you. I want your. Number. I'm running the practice. The busy practice of, you know, are all of our clients are complex chronic illness.

And, you know, we're inheriting from other people. So I get it. And I'm not here to shame or blame anybody.

## Where to Start and Available Resources

It's just the tools we went to school to learn are no longer enough. And that's why we're so glad you're here to keep up on the latest information and, you know, just get inspired to do a deep dive on these secondary infections.

You know, let's see. Well, is not often the first thing that you think of. And it can take forever. Just to get a colitis or Crohn's diagnosis. And that's often by like process of elimination like well yeah, I guess that's pretty much what you have.

And, you know, here's some immune suppressive stuff. Good luck to you. And no diet doesn't matter. Like it's just the standard of care is appalling. Wait, we can do better.

And we have to because this is actually fixable. So anyway, rant over. But my goodness. Thank you for having me. Sinclair. Tell me, tell me. Oh, that's a heavy topic, where people can find you in a minute, but tell me where you would recommend people get started in their health journey if they're just discovering this.

This topic. you know, of course, there's your website. What would you have them do? First? Well, I would have them come to the website sibosos.com because there are free resources there that take you through the testing process that take you through the nine step protocol that was validated by Dr.

Pimentel, Dr. Stephen Samberg, Willis, Dr. Alison C. Becker, and, then if you need extra support, you know, we have of course, we also have a list of some providers who we know are SIBO specialists.

They're not a lot of them, but there are some. And then there's, you know, Dr. C Becker has a SIBO Pro course to help practitioners become Ciba literate.

That's right. Yeah. And it's not courses of course is amazing. And you have a podcast don't you. We have a podcast that is on hiatus, but the reviews are fantastic.

And the original episode is are tremendous and they're very, very helpful. So it stands as an evergreen. So yeah, that's a great place to go to. it's SIBO SOS is the podcast and all your usual locations for that.

My book healing SIBO. I mean, it's not like I'm getting rich off this book, but it is a great place to start. It's, you know, I don't know, it's like, you know, 20 bucks on Amazon.

I've seen to the target it's at the library. And it takes you step by step through everything. and there's recipes in here because there's specifics. You want to keep a low fermentation diet because you're trying to reduce the gas.

And then here's the, the protocol algorithm. So those those are great places to start. Some so many resources. You gave so many great actual tips today.

Helping people recognize is just a part of their picture. Different testing methods. You know what works, what doesn't, what's outdated and like this is just wonderful.

So thanks so much for being such a great advocate and for shedding light on this. Thank you and carry on Sinclair, you're doing a great job.