What to do next to resolve your IBS & SIBO? with Dr. Allison Siebecker and Shivan Sarna PART 1, 2 & 3

Shivan Sarna: Hi everybody, welcome. I'm Shivan Sarna. This is the SIBO SOS™ Webinar, to talk about what is next when you have IBS and SIBO? Maybe you've been diagnosed, maybe you have a theory that you have it, maybe you've diagnosed yourself. Maybe you've done the breath test, maybe you haven't. Maybe you're an expert. Maybe you're a doctor. Or you're like me and a patient expert. Or you're like Dr. Allison Siebecker who is our speaker today, and my colleague in this project for so many aspects [00:00:30] and so many ways. She is a world renowned SIBO expert. She is the person who has put together the SIBO-specific food guide. She works closely with so many of her colleagues and peers in this area.

Shivan Sarna: She's a naturopath as well as a researcher, and a SIBO patient herself. I am lucky enough to call her a friend, as well as my doctor. Didn't start out as friends, we were just patient and doctor when I told her "Hey Dr. Siebecker, I want to do a summit on SIBO because the world needs to know about this." She's like "That's a good idea, Shivan. [00:01:00] I want to help you." As a result, over this past year and a half, two years, she and I have helped to educate literally millions of people around the world about SIBO, much of it at no charge, which we're very proud of. Some of it there is a charge for, but believe me you can learn so much from all of our free content as well, including today.

Shivan Sarna: Dr. Siebecker and I also created the SIBO Recovery Roadmap™ course, which is going to be something we're talking about today. It's no obligation, but we will be [00:01:30] highlighting ... it's cool because you're going to get a sneak peek into the action of this course. It is an algorithm, which we'll explain what that is, but what also it does is it tells you what to do next. It's based on Dr. Mark Pimentel's research, Dr. Steven Sandberg-Lewis' research, Dr. Allison Siebecker's research and experience. I even helped a little bit in the most recent iteration. I'm very

proud, personal point of pride. We're going to go over all of that. [00:02:00] If you are an expert, I'm glad you're here because hopefully you'll be able to share the word, and also get some nuances. If you are brand new, or you're in the middle of your journey, welcome everyone. Dr. Siebecker, are you ready to go?

Shivan Sarna: Oh, Karen did the SIBO Recovery Roadmap™ Course. It was amazing, so much info. Yeah, a lot of people wish their doctors could take it. We hope so too. Okay. Yes, we're going to be talking about diet. Yes, [00:03:30] we'll talk about the candida.

Dr. Siebecker: Perfect. Okay, so now you're seeing the whole algorithm in. Basically, this is what we're going to do. We're doing ... this is an introductory webinar to our course we made for patients called SIBO Recovery Roadmap™ course as Shivan was just saying. Today, we're just going to give you a really shortened version of the course, the whole course. Really, the course and today's class goes over this map. It's [00:04:00] just so important for patients and doctors both, for us all to have a roadmap of where we're going, where we're heading and what's involved. I want to just bring you through this whole thing today. That's basically it. We're going to talk about this and that's my little intro. Shivan, you can ... by the way, Shivan's going to ask me questions today instead of me just lecturing straight because that's [00:04:30] what we do in our roadmap course anyway. I like it that way. I like when we interact.

Shivan Sarna: About 45 minutes of the class, however, know this that they're going to be a lot of the answers to your questions taken care of in this 45 minutes. [00:05:00]

The disclaimer ...This is not medical information that you should just go out and go willy-nilly with and change your whole routine or change your medication. Please use this information in conjunction with your qualified healthcare professional and get the support that you need both by being an empowered patient, SOS, part of the SIBO SOS™, stands for Save Our Selves in conjunction with our brilliant, wonderful, well-meaning practitioners.[00:05:30]

Shivan Sarna: Please do use common sense. How long is the webinar today? The content is going to be about 45 minutes and then the Q&A.

Shivan Sarna: The slides are not available for print in the free webinar, Terry. They are in the courses. This is literally an excerpt of the course. It's fine now, Robin. Cool, very good. Okay. All right, Dr. Siebecker, take it away.

Shivan Sarna: Okay, Dr. Siebecker, what is SIBO, Small Intestinal Bacterial Overgrowth?

Dr. Siebecker: It's when there sounds like its name is when there's too many bacteria in the small intestine. Actually, I do have a little anatomy slide here.

Dr. Siebecker: Okay. Anyway, just to say what small intestine bacterial overgrowth is, right here in the middle is the small intestine. We go stomach, then, small intestine and then, this thing around the edge is the large intestine. Anyway, bacteria normally live in our large intestines here.[00:08:00] The flow is you come down here. You go all through this and then, you come into the large intestine. The bacteria live at the end of the digestive tract. They're not supposed to be in the middle, in the small intestines. SIBO, small intestine bacterial overgrowth is just when the bacteria that normally would've lived up in the mouth, down in the large intestine, even those that might've lived in the small intestine in very small amounts, when there's just too many of them in the small intestines, they're not supposed to be there so it's a problem.[00:08:30]

Dr. Siebecker: That's what it is. Too many normal bacteria, not what I guess the most official definition of bad bacteria would be pathogenic. It's not Salmonella. It's not cholera. It's our normal intestinal bacteria, too many of them in the small intestine. Actually, before we go on, let me just say what the symptoms are because that's the key thing. What everybody really cares about, it's abdominal bloating, abdominal pain or discomfort, constipation or [00:09:00] diarrhea or some sort of mixture of the two.

Dr. Siebecker: A lot of food sensitivities, a lot of other digestive problems, farting, burping, acid reflux, nausea, food sits in the stomach and feels like it won't go down. Then, we have all, besides all the food sensitivities, we can have

anxiety, sometimes depression, fatigue and unfortunately, the list goes on. It's very, very troubling situation. It's not fatal. We live with it but we don't [00:09:30] want to live with it.

Shivan Sarna: I had a question for you, which is based on other people's questions. That is is it curable, Dr. Siebecker?

Dr. Siebecker: Yes. It depends on what it's from and that's ... I'm not really planning on going over the causes really today. I want to just really bring through [00:10:00] the roadmap. We'll probably go over the causes in a Q&A session but just depends on what it's from. I will say that the most common reasons people get it is they get after food poisoning, which is just a remarkable thing that we have figured out, that Dr. Pimentel figured out. It's an autoimmune problem. There is no known cure for that at this time. What I can say is while, yes, it's curable [00:10:30] for many people depending on what they have. For instance, what if it's from an adhesion, which is like a scar band in the intestine. Then, they get that result.

Dr. Siebecker: There are ways to get rid of adhesions, then you're cured. The person from food poisoning as of yet, we don't know how to cure it. One other thing on that is it's that about half the people who get it from food poisoning do spontaneously just recover. Then, the other half don't. Even within the well, there's no cure, well half the people get better anyway, so there's that.

Shivan Sarna: [00:11:00] If they don't get better, there are reasons, autoimmune reasons and all kinds of reasons like we were just saying. We'll get more into that.

Dr. Siebecker: That we haven't all figured out.

Shivan Sarna: Yeah, yeah and that are in the process, which is good news. From there, how does SIBO relate to IBS and do people with IBS automatically have SIBO?

Dr. Siebecker: Right. I'm just going to take that screen up because it's not as pretty to look at. This is such an important question because there could be a lot of people listening [00:11:30] who just think I have IBS, why do I care about SIBO? The situation is that on average, 60% of IBS is due to SIBO. SIBO is a cause of a IBS. IBS, which stands for irritable bowel syndrome is a

condition that is based on symptoms only. Although, that's changing now because of this information, from SIBO. If a person has symptoms that I described, the [00:12:00] main three are abdominal pain or discomfort, bloating and either constipation or diarrhea, or mix.

Dr. Siebecker: Then they can be said to have IBS. Okay, so then you don't want to stop there. Well, why? You can go looking and there are a lot of diseases with those symptoms like 35 or 40. The majority 50% to 70% of people who are said to have IBS [00:12:30] have SIBO. That's how they're related. SIBO causes IBS in a majority of people. That's why it's so important that we're talking about it because IBS is the most common GI condition, digestive condition in the whole world. That's easy to see why if you have those extremely common symptoms I just mentioned and then, it's called IBS. If we start sorting through it and figuring out what people really have, well, then maybe that number gets [00:13:00] lower.

Dr. Siebecker: Problem is a lot of docs don't do that and a lot of patients don't get that. They're just instantly told they have IBS and that's that, and not much is offered to them. That's no good. That's why we're talking here today.

Shivan Sarna: Let's start at the beginning. We have symptoms and don't know if we have SIBO or IBS, so what should we do first?

Dr. Siebecker: Let's look at the roadmap. [00:13:30] Let me just tell you a little bit about the roadmap and give you a brief overview as Shivan said this is a variation of Dr. Pimentel's work. I've got noted up here. He created an algorithm for IBS and SIBO. He published that in 2006. So many doctors and patients don't know that that's been out for what is that, 12 years now. Well, I found out about SIBO [00:14:00] and his work, myself and Dr. Sandberg-Lewis got together and we created a variation of his algorithm and this is the most updated and recent form of it. It's extremely similar. By the way, he spent more than eight years validating this algorithm in his clinical practice and with research studies.

Dr. Siebecker: It's validated and proven. It's not just based on something someone decided they like. Okay, so here's the deal. First of all, [00:14:30] you suspect you have SIBO. You have IBS and you're like, "Well, maybe it's SIBO. One way or the other, I've got digestive symptoms." Okay, there

you are. This is what I want to talk about next but I'm going to just quickly give you the overview. First thing to do is to try first and second line therapies. I'll describe that in a minute. If those fail, you move on to getting a diagnosis. Do you have SIBO or not?

Dr. Siebecker: IBS, until recently has had no test at all for it. The test that is now available for it is really a SIBO test. [00:15:00] IBS is symptoms only. You try some more simple measures, first and second line therapies. If those don't work, now it's time to do some testing and figure out what you have. Do the SIBO breath test. If you have it, then we move on to SIBO treatment. There are three main antimicrobial options plus diet, which is incredibly helpful and supportive is one of the key treatments as well. Antibiotics, elemental diet and herbal antibiotics, so those are the main treatments.

Dr. Siebecker: After you do those, antimicrobial [00:15:30] treatments, then you do a prokinetic when you finish your round of that, which could be anywhere from two to four weeks. Go on a prokinetic and I'll describe those. Until you figure out what's going on now that you've done your treatment. There could be two things. Over here, let's go to this side first. Maybe you're not better. Maybe you're partially better or you're not better at all. Now, it's time to do another breath test and the reason why the key time to do a breath test, a [00:16:00] retake test is when you still have symptoms after treatment.

Dr. Siebecker: What if your test going over here is negative, which happens. You did have SIBO, it was treated successfully and now, it's gone but you have no idea that it's gone because you still have symptoms but it is gone. That means there's something else there causing those symptoms, incredibly important to figure out. Now, you have to consider another diagnosis. Another one of the 35 to 40 things that could be causing those symptoms. Over here, [00:16:30] let's say you're test is still positive. This happens more commonly. Then, it's time retreat. You follow this big arrow up and around and you treat again.

Dr. Siebecker: This is the situation where it's not a pathogenic bacterial infection. It's a commensal, meaning normally lives within us, bacterial overgrowth. When we use antibiotics in whatever form they're in, it's not the same as

treating [00:17:00] like an infection. We can't just get it gone usually within one course like seven days. Very often, we meet multiple rounds. We do two weeks and then, we see how we're doing. Or maybe we do four weeks, we see how we're doing. Then, we do another round. That's vitally important to understand, this big arrow around. Its a different thing than a typical infection.

Dr. Siebecker: All right, now so if that happen, you just keep going through until you get over to this side. What's over here? [00:17:30] You feel better. What am I looking for? My goal is 90%. A lot of doctors will shoot for 80% better and that's fine. The reason that I shoot ... By the way, 80%'s great. The reason that I shoot for 90% is that in my experience, when someone felt 80% better, if I would do another round of treatment, I could get them to 90%. Then, can I get them better from 90%? Not often. Usually, about 90% is where I'm going to peak out with a lot of people. Why 90%? [00:18:00] By the way, 90% is incredible. Why 90%? Well, because a lot of people have an underlying cause that causes symptoms of its own. There might be 10% of symptoms left. 10% of symptoms is almost unnoticeable for most people, especially when you had 100% before. All right, so now we're better. We move on to the prevention of relapse stage. That includes some options here. Diet prokinetic, meal spacing, some other things. [00:18:30] Now, hopefully you're done but what if you relapse? Because that happens for a lot of people. The statistics are about two thirds of people unfortunately, the majority of people with SIBO, they have underlying cause that needs addressing or might not be able to be fixed. It depends on what that causes.

Dr. Siebecker: They're going to relapse. Meaning, the reason why they have the SIBO hasn't been dealt. We dealt with the SIBO but we haven't dealt with that. If they relapse, now is the time and this [00:19:00] is what Shivan helped us get into the ... help me figure out where to put this in the algorithm. Now, it's the time to really start looking for what that underlying causes if you didn't already. Then, you need to retreat. Those are the two things to do. Investigate underlying cause and retreat. Retreat the condition because of relapse and so you just go back on it.

Dr. Siebecker: That's the roadmap. That's the overview. Now, I want to go back to your questions, Shivan, and talk about what you do first back at the top but before I do, just one pause. See if there's [00:19:30] anything you want to say or add.

Shivan Sarna: Well, that sounds great. When we're saying retreat, we don't mean runaway like retreat! Retreat!

Dr. Siebecker: You go back and treat again. Just like you did before. You're right back up here because you have relapsed.

I will say one thing that actually. Usually, you're not right back up there. What I simply mean is within the steps but the person [00:20:00] usually does not relapse worse than they were before. Usually, we've made an improvement. A relapse but not back to where you originally were. That doesn't happen that often. Usually, we have progress and progress, and progress. Also, when we retreat or treat again, sometimes it goes easier. We might know how to need to give them as long of a treatment round. That's important too.

Shivan Sarna: BJ wants to know “how do you measure that percentage of improvement? What's 10% or 80% et cetera?”

Dr. Siebecker: That such a great question BJ. I was even thinking of mentioning it. It's subjective meaning it's the patient. The patient gets to say. They get to say. Sorry, my camera keeps flipping. That's really important. [00:21:00] It's not like some objective measure. I simply ask the patient, do your best to decide what percent better you think you are. Try and think about compare yourself to what you were before if you're having a bad day today, try and think about did you have some good day last week and mesh it all together. Honestly, the person gets to say. I have found this to be an extremely accurate way of assessing the situation really [00:21:30] very accurate and extremely clinically useful. I write down every time I ask, "Okay, what percent better improvement do you feel you are and we just go by that," and it guides me very well.

Shivan Sarna: Excellent. W. Hoffman is saying that, "Absolutely, false negatives are possible with the SIBO breath test. We know that. We agree. I've had false negatives for sure 100% possible for sure." Dr. Siebecker, can [00:22:00] we address that for a second. Just what your experiences with false negatives and then, we will move on.

Dr. Siebecker: I've certainly seen false negative. I will say that they're rare. That doesn't mean they don't happen just as this person is saying. I've seen them but what I mean is when I look at all the amount of breath test I've done, thousands, it's a small amount. There's two things to think about here. One is just a pure false negative, honest to god [00:22:30] because it happens with every test. I remember a case I had where a teenager, she had just been traveling on a school trip and to a third world country, had gotten food poisoning with perfectly fine in her digestion. All up until that point, came back, had exactly the symptoms started some weeks after, which is classic.

Dr. Siebecker: She had a negative test. We treated her and I believe we treated her with her Rifaximin. I usually give [00:23:00] my patients all the options and they get to choose. If they don't have a choice, I'll choose for them. She chose that, which is notable because it really primarily works in the small intestine. It doesn't go systemic. It's an antibiotic. It doesn't work in the large intestine. She got completely better so we know, she has bacteria so ... We know she had bacteria overgrowing in her small intestine and so that proved it was a completely false negative.

Dr. Siebecker: Now, the other thing to think about is interpretation [00:23:30] so did your doctor interpret it negative when another doctor would interpret it positive? That happen to our hostess here, Shivan. That had happen to you. That's tough. Just go for a second opinion. Then, the third thing which is really part of this is what if it was hydrogen sulfide. Soon, we will have testing for that available. It's not yet commercially available. That produces a flat line, a very low looking test. It's much easier to [00:24:00] have had a hydrogen sulfide positive, not know it if you had a two-hour test, which is why I always recommend the three-hour test.

Dr. Siebecker: If you had a two-hour breath test that's negative, go back and get a three-hour. Honestly, two hour's acceptable but I as a specialist and clinician, I find it too hard to work off with a two-hour. It's just not enough information for me to do my job properly. Usually, if somebody comes to me [00:24:30] for two-hour, I send for a three-hour anyway because I just am too in the dark. Anyway, the point is, in the third hour, that represents the large intestine more so. We need to see some hydrogen positive there and if we don't, that's hydrogen sulfide.

Shivan Sarna: Say that last part again, if we don't see hydrogen in which hour?

Dr. Siebecker: In the third hour, so we should see some level of gas of hydrogen in the third hour, that means hydrogen sulfide.

Shivan Sarna: If you still have symptoms and all that [00:25:00] and you're presenting as you have SIBO, right?

Dr. Siebecker: Yeah.

Shivan Sarna: I'm just going to ask you this other question because it's totally related and it's perfect to ask right now, which is better to do. The lactulose, which is not lactose you guys, the sugar and milk, this is lactulose or glucose.

Dr. Siebecker: Okay, or the glucose.

Shivan Sarna: Yeah.

Dr. Siebecker: Let me just point where we would be on the algorithm, would be right here in the SIBO breath test. Right now, we're skipping for some second line therapies. That's fine. We're going to come back. I just want to keep us organized. Now, let me bring you to [00:25:30] my PowerPoint and show you ... let me get to the right slide on the breath test.

Shivan Sarna: If anybody's just tuned in, these are all slides from the SIBO Recovery Roadmap™ course, which is what you are seeing portions of right now.

Dr. Siebecker: Yeah. You get a full PowerPoint. We go through in the course with lots of slides and explanations.

Shivan Sarna: 36 lessons.

Dr. Siebecker: Yeah. [00:26:00] Six hours. Right here at the top, you can see what is recommended, a three-hour lactulose breath test, the test for hydrogen and methane. The difference between lactulose and glucose, they both diagnose SIBO. They both have their benefits in their drawbacks. Lactulose is good because it can diagnose SIBO in the whole small intestine. It travels through the whole small intestine. It's available for bacteria to eat. That's what we're doing in this test. Bacteria [00:26:30] are consuming even the lactulose or glucose, fermenting it into gas. The gas then diffuses the across intestines into the blood, then into the lungs. You expire it in our breath samples and were then seen.

Dr. Siebecker: It's an indirect test we're seeing. Okay, how much gas is there? Hydrogen and methane are only made by intestinal bacteria. They're not made by humans. If it's there, we know they're there. We use the timing to get essential to where they are located. [00:27:00] Lactulose can figure out ... yes, Shivan?

Shivan Sarna: No, keep going.

Dr. Siebecker: SIBO anywhere in the small intestines. Glucose, the negative with glucose is that it absorbs within the first ... most of it, absorbs within the first two to three feet of the small intestines. Really, it can only diagnose primarily SIBO within the top two to three feet of intestines and SIBO is more common in the middle and especially lower part of the small intestine. This is another way actually that [00:27:30] a person can get a false negative. I didn't mention it so I'm mentioning it now. If you had a glucose breath test and it's negative, you cannot stop there. You must then go on and get a lactulose because it's only tested three feet of our small intestine and there's somewhere between 18 and 25 feet of small intestine.

Dr. Siebecker: What glucose is better at is all the bacteria eat it. They call consume it. Not all bacteria consume lactulose. That could maybe [00:28:00] be a way you get a false negative is ... Although, I don't believe I've ever seen that. I've not suspected that. Anyway, that would be a possibility. Between the two, what would be best? In a perfect world, run a glucose and then, you

wait a day. Then, you ran a lactulose then you have all the possible information you can have and you would satisfy everybody who has every opinion out there. However, in a real world, I'll going to choose one, it's going to not be as expensive. I and most of my colleagues would recommend lactulose because [00:28:30] you are just not testing those super small intestines when you do a glucose.

Shivan Sarna: Dr. Siebecker and Robin, I just gave a thumbs up to you in the Q&A. I want to make sure that that's clear. I just wanted to say I gave you a thumbs up by saying yes, I see your question. I was not saying that your question was yeah, that's the right thing to do because here's the question. Robin's doctor has diagnosed her with SIBO with stool test.

Dr. Siebecker: No, no, no. That is a medical non-fact. [00:29:00] I'm so sorry. You cannot diagnose SIBO with a stool test. It's a medical unpossibility. What a person could do is they could run a stool test and there's a few things you could learn that might make you think somebody might have SIBO. The main thing would be if you see fat malabsorption. You see fat malabsorption in stool test, one of the reasons why it could be SIBO. There are other reasons though. For instance, pancreatic exocrine [00:29:30] insufficiency. Meaning you're not putting out enough enzymes from your pancreas. Probably the two main things you would think, the fat malabsorption would be found, if you see a lot of commensal regular bacteria in excessive amounts, that large intestine bacteria overgrowth.

Dr. Siebecker: We should just call that dysbiosis but we could call it LIBO. That is an entirely different organ from the small intestine. Now, a person could say well, wouldn't they be over grown here because they were overgrown up above and they're shutting down, and moving [00:30:00] out? Maybe. Now, go and do a SIBO breath test and figure out if that is true. I have seen it where lots and lots, and lots, and lots of times where people have nothing wrong with their small intestines but they have an overgrowth of bacteria in their large intestine. You cannot diagnose SIBO with a stool test. You also cannot diagnose SIBO with a urine organic acid test. By the way, your inorganic acid test and stool test are wonderful tests that are used but you just cannot [00:30:30] diagnose ... that's not the official diagnosis for SIBO.

Dr. Siebecker: The official diagnosis for SIBO is either a breath test. The gold standard which is not a gold, it's a standard is endoscopy. I'm so sorry that happened. Now, you need to go get the breath test.

Shivan Sarna: Okay. Also, Lakeshore Art Studios, I just want to say Dr. Siebecker, the question is will you be switching to the new blood test for SIBO? Can you just clarify that [00:31:00] because I know we're talking a lot about that new test called IBS smart. What is the difference between that new blood test and the lactulose breath test because I can see why this would be confusing. Like, "Oh, okay. We're not going to test anymore with the breath test because there's this new IBS smart, which we're very excited about but it's different." Right, Dr. Siebecker?

Dr. Siebecker: Yes. I don't have a slide to show you on that. I didn't include that for today. I'm just going to talk about it. [00:31:30] What IBS smart does is it diagnosis SIBO or IBS. In this case, they're one and the same. Now, I'm just going to say SIBO from food poisoning. Since it's the most common cause of SIBO and IBS, it's an excellent test to get. It's a blood test that should be covered by insurance, I cannot say whether it would be or not. I know other countries are different. I don't know if it's available in other countries yet besides the US. [00:32:00] It's a wonderful screening test for IBS because this test is positive. You now know you have IBS and it's extremely unlikely that you have another disease like celiac or inflammatory bowel disease because that's how Dr. Pimentel worked on this test, the way he arranged and validated it is it means you don't have those particularly IBD.

Dr. Siebecker: You don't have those but you do [00:32:30] have IBS from food poisoning which is called post infectious IBS and post infectious IBS is SIBO, the same thing. Now, to create test to get for all sorts of reasons that I'm not even fully describing here, which is you'll need the breath test because you use the breath test to help inform your treatment and your duration, your prognosis. It helps you incredibly in your clinical treatment of all those treatments. It helps you guide which one [00:33:00] you're going to pick and how long you're going to do them for. You can project how many rounds you need. That big arrow around with the ... let me bring that up

again, big arrow, the breath test helps you figure out how many times you're going to need to do that and to pick which ones of these.

Dr. Siebecker: You would still get the breath test. By the way, will I be switching? Yes. I will order that one and not his older test because I made it better. Of course, I want the most accurate one. In fact, [00:33:30] Shivan and I, when we've been talking after I spoke to Dr. Pimentel about it, I talked to Shivan and we're both like ... because Shivan has had this test. She only had one of the antibiotics positive so a test for cytolethal distending toxin B, CDTB and vinculin antibody, which was part of the autoimmune situation from food poisoning. She had one of them positive and that's what happens for a lot of people. We would suspect that with this test, it's possible that she might show both antibodies. It's more accurate [00:34:00] now. Sorry, more specific. Anyway, yes, I will be excited to use that test. Should I move on in the algorithm?

Shivan Sarna: Yes, please move on.

Dr. Siebecker: Okay. I'm happy to keep getting questions but I just want to get a good pass for this. Okay, so first and second line therapies. Let me bring you to a slide on that. You see it's before you've gotten a diagnosis and it's before you've moved down here. I would call this little part down here a third line therapy. Let me explain what those differences [00:34:30] are. There we go. Wait. I don't want to do that. Sorry, I'm going to get to the right slide. I want you to be able to see it as I talk about it. Here we go.

Dr. Siebecker: First and second line therapies are diet. First line therapy would be ... or first line treatment would be diet and lifestyle. Second line would be supplements and low risk modalities. Then the third line [00:35:00] therapy would be a very specific condition treatment. That's what most of that roadmap is, quite specific to SIBO. First and second line therapies, you don't need to have a diagnosis to try them because they're very low risk. Same thing with these low risk modalities. Let's talk about diet for a minute. This would be things like stopping to eat as much processed food, so much processed food if you do eat them. [00:35:30] Cleaning up your diet, cut out the crap. Don't eat junk food. Don't eat snacks. Don't eat processed food. Don't eat bad food.

Dr. Siebecker: I was attending this conference, one of the lecturers shared, an amazing statistics. The average American, US citizen, she said, "How many times do you think they eat at fast food and restaurant for a week?" We were like, "I don't know." Just think about it, how many times do you think the average person eats at a fast food restaurant? Okay, the answer is seven [00:36:00] times a week. I don't ever eat a fast food restaurant. I'm in a different world but you have no idea, maybe you do. I'm sure some of you do.

Dr. Siebecker: How much better a person would feel if you will do simple cleaning of the diet? Switching to organic, also at this conference yesterday, Dr. Anne said, "If you're not eating organic, you're eating antibiotics in your food." [00:36:30] Very interesting theory. If you haven't made that **switch to a higher quality diet, it is one of the most basic things a person can do with one of the most powerful impacts.** I'm not suggesting starting to now in this first line, some doctors do but I'm not even suggesting, "Oh, cut out gluten. Cut out dairy." We can get to that later. At least just start with this, if you haven't done it. By the way, what if you've done it but you've been flipping? [00:37:00] Just think back to keeping your quality good. That's diet.

Dr. Siebecker: Second would be lifestyle. These are the basics. For instance, in terms of food or eating hygiene, it would be are you **chewing thoroughly? Are you taking a moment to appreciate your food and have some gratitude? A lot of people, for them that would be great. You take a breath and so, eating, chewing your food can make remarkable [00:37:30] difference, remarkable.** I really do need to talk about it almost every time we have these webinars, it's just so important. What Dr. Sandberg-Lewis always like to say is there are no teeth in the stomach. They're in your mouth so you have to chew the food in your mouth. You can't just swallow it whole and expect the stomach to do the job of the teeth and the mouth. Enough said on that.

Dr. Siebecker: The other things would be **stress reduction. Are you getting exercise?** If you're in pain or you have some extremities, [00:38:00] just do what you can do. My mom's in a wheelchair and she does arm exercise and breathing exercise. The other thing is **fresh air**. A lot of us are

hermetically sealed in our cubicle business buildings or in the summer, we're air conditioning in our house. If we work at home or wherever you work, and the winter you're in heat. **We've got to get outside**. Remember that. These are the basics. I hope you understand how important these are. [00:38:30] **They're the number one things to do. They're life-changing. They're powerful.**

Dr. Siebecker: Now, moving on from that second line therapy would be all the supplements we noted in for digestive troubles. Probiotics, prebiotics, fiber, digestive enzymes. Things to support hydrochloric acids and various herbs like enteric coated peppermint oil, leaky gut healing herbs, digestive tonic like Iberogast. This is so important and can [00:39:00] make so much difference. You have symptoms. You don't even have a test to make. You don't even have a diagnosis. These are the things to do. Often, this is very naturopath and many doctors will start. Even many MD doctors, peppermint has been studied. There's this one now called IBgard. Really expert studies for IBS and they'll start with things like that.

Dr. Siebecker: The statistics are very good. On success rates for probiotics, for enzymes, [00:39:30] for all of these things. Fiber for IBS and if doesn't work for you, then you try another one, or maybe you do multiple of them. I want to talk a little bit more about that but I just want to mention other modalities. Then, there's things like homeopathy, acupuncture. I'm in acupuncture. Hydrotherapy and all kinds of body works, so much more. There's chiropractic. There's visceral manipulation. There's everything you can think of [00:40:00] out there that can make incredible impact on the digestive system. Shivan and I both have gone for lots of body work. You talk quite a lot about body work how important it is.

Shivan Sarna: Oh, my gosh, if you've never done acupuncture, just simply in terms of a constitutional support and benefit, and central nervous system support, please try it. I'm a girl who's very afraid of needles, a phobia.[00:40:30] Let me just say, it's been a miracle in my life. I just recently went back after not doing it for several months. I thought to myself why, why, why? Why have not been going Shivan because I instantly felt so much better.

Dr. Siebecker: I'm not trying to stand on a soapbox here. It's just these are important. Now, here's the thing. Maybe here's what I am. I'm a person who had tried

all of these things. [00:41:00] They haven't given me enough relief and that's why I went on to third line therapy. If you're listening to me and going like, "Stop talking. You're irritating me because I've tried. Been there and I've done that." Okay, there's another step we're getting to. However, what if you're a person who tried one probiotic and you're like, "Yeah, that didn't help." There's a lot more to do. It's worth doing. It's worth doing.

Dr. Siebecker: I want to show you that these second [00:41:30] line therapy ... By the way, homeopathy. Dr. Megan Taylor gave a wonderful case on one of our SIBO symposiums on a child who would come in and had SIBO. She did homeopathy before she really did anything else and she's pretty much 90% better. She didn't need to do anything else. That's why I'm mentioning these other modalities. Okay, now there is a handout that I have made that you can get from my website. It's called the SIBO Symptomatic Relief [00:42:00] Suggestion handout and you have it in the course as well. We spend, I spend, we spend an hour and 15 minutes going over this handout. These are the mostly second line therapies that are quite specific to SIBO.

Dr. Siebecker: You can get this. I'll show you where you can get it on my ... pardon me, on my website. Here's my website if you don't know about it. It's a free educational website for SIBO. [00:42:30] If you go to resources and you go to handouts, there's all sorts of things to do there. If you have not taken the time to look around my site, it lives right here. What we do in a course has been a lot of time going over it. I want to just mention it briefly. We already have the categories. We have bloating pain, constipation, diarrhea, nausea, acid reflux and general [00:43:00] indigestion. I showed all that for you here in this PowerPoint. I just want to briefly mention some of these remedies for you in second line therapy because you can try them in two ways. You can try them for symptomatic relief like occasionally but many of these can be used for treatment for suspected IBS and SIBO, and might do [00:43:30] the job.

Dr. Siebecker: By the way, I have more colleagues who are primary care physicians, so they see the first time a person's going to ever go to somebody when they have these symptoms in IBS. Most of them will do this. They will try new sorts of things and they tell me 70% of their patients recover and never

need anything more again. That's why these are so important. Just briefly for bloating, we've got activated charcoal. There's Gas X. There's Iberogast. Now, Iberogast is mentioned in [00:44:00] almost every single one of the categories. For the pain, anti-inflammatories don't usually work because this is more muscular contraction pain, not so much an inflammatory pain.

Dr. Siebecker: The best to do is to try muscle relaxants. Peppermint is a smooth muscle relaxant. That's that IBgard I was just mentioning or you can just buy enteric coated peppermint. If your pain is quite high, a peppermint tea might be good. Kava kava or black Cohosh, herbal leaf can be used for this. [00:44:30] Also, charcoal and Simethicone, and Iberogast, the same things I mentioned for bloating. There's a position suggestion as well. For constipation, if you don't already know that there are osmotic laxative such as Magnesium and also vitamin C as well. It will be a life changer for you because you don't need to take stimulant laxative most of the time.

Dr. Siebecker: Some people do need them but magnesium oxide or citrate is so helpful. [00:45:00] If you do have chronic constipation, you do need to take something to have a bowel movement. It is not recommended or healthy to just stay constipated. Magnesium were a safe thing that you can take. You can also try Iberogast and fiber. Now, fiber can be tricky in SIBO. Honestly, it can be tricky in all sorts of situations but many people get benefits. Fiber as well probiotics, which is the next thing, both of those can [00:45:30] help both constipation and diarrhea. What you'll notice on that Symptomatic Relief handout and what I have here is that in terms of probiotics, there are some that have been studied that are seem to be a little bit better for constipation and others that are a little bit better for diarrhea.

Dr. Siebecker: Here, I have listed a Biogaia Protectis Baby Drops and Align. Honestly, they tend to use for either condition but they just have some really good studies and some good clinical feedback, but more so for constipation. Some other suggestions [00:46:00] for constipation like just drinking warm water in the morning. I've had doctors around town use my SIBO Symptomatic Relief Suggestion handout with a patient, some gastroenterologist and call me and say, "Just a warm water in the morning

with either some fat taken ahead of time or probiotic has done the job." It's just incredible how powerful these are.

Dr. Siebecker: By the way, Shivan, I remember the story I told you. I'm going to move on here to diarrhea, about charcoal. That patient having [00:46:30] charcoal and diarrhea.

Shivan Sarna: Yes. I love it if you would tell that and also people want to know if there's a charcoal cancer connection? What the dosing timing is for charcoal, how often can you take it?

Dr. Siebecker: Okay. I'll there in one sec. For diarrhea, the most important thing to know right off the bat is you do need to electrolyte replacement if you're having a lot of watery diarrhea because you're moving electrolytes. That can become serious. You need to replace that and if you [00:47:00] haven't done that and you do it, you'll be surprise at how much better you feel. Honestly, most human beings can benefit from oral rehydration and electrolytes. I'm not kidding. They really help with adrenal fatigue as well, which is basically a chronic stress. This is a recommendation for pretty much everybody. The homemade WHO stands for the World Health Organization. This is a homemade recipe. Of course, you can buy things out and about but please be careful when you work out about the sweeteners that are used can be bothersome to people or patients if you already [00:47:30] know you have SIBO. That's why I have these recommendations here.

Dr. Siebecker: Probiotics here ... before I should talk about charcoal, see here I've got Saccromyces boulardii, Bio-K, these are not on the constipation one and Culturelle. Now, Culturelle, you can find that on a lot of drugstores but not this one, Natural Health & Wellness. The difference here is it doesn't have prebiotics. Prebiotics can often bother people with SIBO. We don't know necessarily at this stage whether a person has SIBO or not. [00:48:00] We just want to be careful with those. Here's the charcoal. Charcoal and cancer, I have not read research on that. Somebody might have just read something and wanted me to comment on it but I have not read that.

Dr. Siebecker: Used temporarily for symptomatic control, I have not ever heard anyone be concerned. I think the concern would be if you're using that all the

time. That wouldn't be such a good idea. You want to use it until you can get something else figured out. The case I have [00:48:30] is a man who had explosive diarrhea. Explosive, like it's the kind that coats the walls ... I'm sorry to be so graphic but there it is, for 25 years. I expected he had IBD and he did. I don't treat that. I had referred but in the meantime, until we could get in to that doctor, I suggested charcoal. The way you dose it is usually [00:49:00] it's two pills every two to three hours. It needs to be taken away from meals and your other medicines and supplements because it will not only absorb gas and absorb fluid, but it will also absorb whatever else is in your stomach too.

Dr. Siebecker: It needs to be pace apart and that can be tricky but you just do your best. You might have to get out a piece of paper and write it all down and set a time. If you're taking it for a couple of days, it's not a big deal in terms of your meals and maybe your supplements. [00:49:30] It would be a big deal for essential vital medicines. If you've got a heart medicine, thyroid or something, you do need to space it away from that. For a couple of days, we're not really worried that you're going to become terribly harmed by this. Anyway, it stopped this gentleman's diarrhea right away and he was just over the moon. He said, "Okay, one dose and then, 25 years of diarrhea." I will tell you what happened is that he had IBD and the referring doctor [00:50:00] asked about his lifestyle. Found out that he was a heavy drinker. Alcohol is a massive trigger for inflammatory bowel disease. He showed him a study. He was convinced. He stopped drinking and he is symptom free.

Shivan Sarna: Wow! I didn't know the rest of that story.

Yeah. That's fantastic.

Shivan Sarna: Then, also the transcript will be shared. The slides are actually part of the SIBO Recovery Roadmap™ course, which you are seeing the excerpts of for free today. We hope you're enjoying it and taking advantage of this incredible moment with Dr. Siebecker who is not taking patients because she is on sabbatical, which is unpaid.

Dr. Siebecker: [00:51:30] That's right.

Shivan Sarna: Sabbatical doesn't mean that she's getting foot rubs and eating bonbon. She's actually working on her book.

Dr. Siebecker: No, I'm working so hard you guys. I'm working harder that I've ever worked but I've been working on most recently is finishing on my online course for professionals, I call SIBO Pro Course. What we've got coming up for you right now, this excerpt of is the one that we've done for patients, SIBO Recovery Roadmap™ course. Practitioners, you're more than welcome to take that and then in January we will have an online course for practitioners ready.

Shivan Sarna: We're glad you're here. We're going to give you our 110%. If you do want to take your learning about SIBO and get more in depth information and the 28-day approach, that you can repeat over and over again, as you get better and better. That is what the course is design in line with and also, there's a lot of extras like the fundamentals course, which was usually $99 course. That was just included in the previous two summits and [00:53:30] is very, very popular and hard to get a hold of. Dr. Siebecker takes you through. There's a Masterclass included I think. There's a cooking classes and Q&As that have been recorded from the inaugural course with the SIBO nutritionist. It's all really fantastic.

Shivan Sarna: Just wanted to let you know about that. We're going to continue Dr. Siebecker. I'm actually going to go step away for a second while you carry on and you guys will have all the information about the SIBO Recovery Roadmap™ in the Q&A and you can pop over and check it out.

Dr. Siebecker: Okay. [00:54:00] Continue with diarrhea, we've got bismuth. A lot of people have tried things like Pepto-bismol. That works. Immodium. For nausea, some of the best things there are ginger. That comes with all kinds of forms and Iberogast again. Iberogast shows up in almost all of these categories. Iberogast, you can get from Amazon. Ginger is something you can get ... most of these things you can get either online or in drugstores or in health booth store. For acid reflux, you can home made [00:54:30] your own little antacid using some baking soda. Iberogast again, bitters can help. Hydrochloric acid support so bitter, apple cider vinegar and

hydrochloric acid capsule so HCL down there at the bottom stands for hydrochloric acid. That's stomach acid.

Dr. Siebecker: The situation here, if you haven't heard is that about 60%, maybe more of people who have acid reflux have it because [00:55:00] their stomach acid is too low actually. We need the stomach acid to tone and tighten up the sphincter that is between our esophagus and our stomach. If we don't have enough acid, it becomes ... the tissue becomes lax. It opens and the acid, what little acid there is there can come up and burn, even a spec of acid burns. Now, some people, somewhere maybe it's 40%, maybe 30% have too much acid. The [00:55:30] funny thing here is that there's a split within the profession. It seems like very naturopath thinks that if you have acid reflux, you have some little stomach acid. In every MD or you gastroenterologist thinks you have too much and the truth is it could be either but it is more so too little.

Dr. Siebecker: There is a test for that officially that is the Heidelberg machine but its not too easy to come by. You can try some of these things and certainly, if they [00:56:00] aggravate your acid reflux, then you would just stop them. Sometimes they can aggravate a little bit at the beginning so you can just start small and see how it does. Give it a day or so and if it's bothering you, well then it's not for you but so many people get help from that. Then, lastly general indigestion. Iberogast again. Iberogast is a nine-herb combination. With all those nine different herbs.

Dr. Siebecker: It's liquid and all those nine different herbs, they have a lot of different properties, which is why it can show up in every category because it's a broad spectrum symptom reliever. It's been studied for IBS, both in children and in adults with excellent results in the 70 to 80% good or very good improvement. It's a treatment unto itself for IBS, also a symptom reliever. A few other things on this slide but that's basically [00:57:00] what I wanted to share you so then, now we're finished with first and second line therapy. Again, if you haven't tried them, please think about it. If you have tried a lot of these things and they failed. That's my situation. It's probably one of the reasons why I went on to a study what I did and learned what I have because I didn't get enough help from the more simple measures. Then, we have to move on. That's first and second line therapy.

Shivan Sarna: Dr. Siebecker, while you take your sip, I just wanted to show you guys, this is what Iberogast looks like. It's the nine different herbs. [00:57:30] We have some questions. Terry, what if I can't take it because you react to it? Hollizana, I don't know if I'm pronouncing that right. Sorry.

Dr. Siebecker: Is that about Iberogast? What if she can't take it?

Shivan Sarna: Yes.

Dr. Siebecker: Well, did you see all those other things I have recommended for each and everything. There's multiple options [00:58:00] for everything. If you're taking that as a prokinetic, it also has prokinetic activities. Prokinetic means it stimulate the migrating motor complex in the stomach and small intestines. Actually, a prokinetic help the coordination of gastrointestinal motility throughout mostly the upper digestive tract. Some of them can help the lower digestive tract. Anyway, if you're taking it as a prokinetic and you can't take it, there are also other options for those and I will share you those.

Shivan Sarna: Okay, a quick [00:58:30] question because we have been talking about constipation. Is Miralax safe for constipation? What's your take on Miralax because it's such a popular over-the-counter.

Dr. Siebecker: Yeah. I should've listed it there. It's another osmotic laxative. It is safe. There are some people with SIBO who might react to that but wouldn't to magnesium. It's absolutely safe and you can take it. I could see there's problem with Miralax is polyethylene glycol is that I've seen people become tolerant [00:59:00] to it, meaning that it stopped having those lasting effect. You have to keep increasing. Magnesium, I haven't seen that. I've actually never seen that it loses its effect.

Dr. Siebecker: What I have seen is that when people relapse or they go through a flare, well then they have to increase their dose. I test very frequently because I'm a specialist so I have to know what I'm doing. I'm not [00:59:30] saying everyone needs to test as often as I do. I can correlate that with tests, so I have evidence to say what I'm saying here that you don't become magnesium resistant. Also, I like that magnesium has the benefit. These

are cofactor in over 300 enzymatic reactions in the body and it's natural. Polyethylene glycol doesn't give us that.

Shivan Sarna: Okay, guys we're going to keep going through. If you're just tuning in, [01:00:00] hello. If you missed the beginning, know that we are going to be sending you the recording. If you're watching the recording, thank you for being here. We do have a lot of questions still to get to and what you're seeing here is excerpts from the SIBO Recovery Roadmap™ course, which is a course that is based on that protocol right there. It is also something that I originally wanted to do a book based on Dr. Siebecker's, Pimentel's and Dr. Steven Sandberg-Lewis' work and my experience because I've had SIBO and IBS since I was five from food poisoning but didn't know what it was. [01:00:30] Hello, I'm not five anymore. I'm not even close to being five and I only found out what was going on with me in 2015 after 18 months of a false negative. Prior to that, being told to take antidepressants, run for miles, that was a really great way to get your gut moving.

Shivan Sarna: Look, it's not cancer. I know that. I know what cancer is. My mother had cancer. I cared [01:01:00] for her. I know what is horrible. SIBO and IBS is for me and for so many of you as I can tell really weighing and constant in so many cases. I call it a lifestyle ailment. Not like, "Oh, I can't afford cable." I'm talking about really being a detriment. Long term.[01:01:30] This is a course that was based on what I learned from Dr. Siebecker and Dr. Pimentel, and thank you to Dr. Steven Sandberg-Lewis. I thought I want to put all this in a book and to talk about what I did at each different juncture and what I wanted to think about at that time.

That's what's been put into this course, thanks to Dr. Siebecker's brilliance of organizing the course and supplying all the content and just answering my bazillions of questions, much like you all have. That's what the course is and I will show it to you in a few minutes so you can see what it looks like. [01:02:00]Know that this is all excerpts from there.

Shivan Sarna: [01:03:30] The main thing is get it to today because we are limiting enrollments. We don't have overwhelmed for us as well so we can support you during the course. Thanks Julia. Okay, Julia's doing the home study.

Dr. Siebecker: Okay. Let me show you the main algorithm here. We talked about first and second line therapy. We already talked about breath test. Now, I want to talk about the treatment. Again, there's three options, pharmaceutical antibiotics. There's elemental diet, herbal antibiotics and diet. I'm just going to take you through those briefly because we're heading up to an hour now of lecture. I want to finish up, so we can get to all your questions. [01:04:30] Let me show you. There's three main antibiotics we use for SIBO. Rifaximin which is sold in, I think, most countries, called Xifaxan as its brand. As the dose listed for you here 550 milligrams three times a day. Now, that is what you use, then rehears a protocol. That is what you use if you have hydrogen positive only on your test and the symptom of diarrhea. [01:05:00] If you both gases present or if you have only positive for methane, and if you have the symptom of constipation. Even if you have both gases present, you have a mixture of constipation and diarrhea and you are more constipation prominent, then you add either Neomycin or metronidazole for the Rifaximin. That's the double therapy. The reason we need to do that is because the methanogen that makes methane, [01:05:30] they're a different microbe. There are actually archaea, not bacteria. They just need different sorts of agents to affect them. Rifaximin alone won't be enough to do the job. That's what we do.

Dr. Siebecker: Now, a lot of people run into the trouble of where their doctors or their practitioners are not up to date on all of this information. You want to prescribe something else like Augmentin or Cipro, or Bactrim or whatever. The darn thing is just that is what was all looked at for years and years. I think I have some of this information I do in the course. All the other antibiotics in the statistics was what else was use? Then, they found rifaximin and this combo, with Neomycin and metronidazole. Anyone in the know has never looked back. It works so much better. Also, rifaximin does not have a harm that regular antibiotics [01:06:30] do.

Dr. Siebecker: The darn thing is that, if the doc wants to give that, there's more risk. First of all, it may not work as well and there's some risk to the antibiotic effect. What we do in the course is we'll give you some studies that you can actually print out and take to your doctor. That's a tricky one because they might get mad. What, you think you know more than me but in this case, I

suppose you do. Hopefully, you can find a way to be kind about it and just say, "If you could look at this, I'd really like to have this regimen."[01:07:00]

Dr. Siebecker: Sometimes what works, it depends on what kind of a doc they are. I'm only mentioning this because they hear from so many people. If you say, this is my entire specialty and if somebody's a more primary care doctor and then, you say you took a course from specialist and this is what they recommended. They're usually are open to that. Anyway, I want to show you that here. [01:07:30] Here is the amazing attributes of rifaximin. The main thing is that it doesn't harm the microbiome in the same way that regular antibiotics do. It doesn't cause yeast overgrowth the way regular antibiotics do. It actually increases bifidus and lactobacillus in the large intestine. It's anti-inflammatory. Anti-inflammatory is very important pathway that affects the intestines and the whole body, also the liver.

Dr. Siebecker: It's really [01:08:00] astonishing. It's safe. In studies, side effects were no worse than a placebo. I mean anybody can react to anything but it's very, very low. Antibiotic resistance haven't yet developed technically in this. Now, I will say I do see people who are tolerant to it but at least technically, officially, there isn't antibiotic resistance to it. The list goes on and on. It's real boon for us who have this condition that we if we did need to resort to [01:08:30] an antibiotic, this one is not atypical antibiotic. It's actually called an antibiotic with eubiotic effects because it's so different. That's very important to know about.

Dr. Siebecker: By chance, if you're a practitioner listening and you didn't know, I'm so glad that you heard this now. Neomycin and metronidazole, they are typical antibiotics. Neomycin, primarily just works in the intestines. Rifaximin is more specific to the small intestine but rifaximin and Neomycin don't absorb out in to the blood. [01:09:00]That does limit some of the side effects. However, I will say that I've seen Neomycin and metronidazole being really quite well tolerated in my patients. I think that might be because it's just the appropriate remedy for the situation. Of course, I see side effects. I just don't see side effects ... I have people who react to everything, are very sensitive. I just don't see it any worse than anything else. [01:09:30] That's good.

Dr. Siebecker: Logistically, if you're in the US, it can be quite expensive. Here's some information for you about that. Basically, trying to get it on insurance. If it doesn't work, Dr. Morstein likes to use this Canadian pharmacy to get one of the forms of generic Rifaximin that she finds to be successful. Okay, now let me talk about herbal antibiotics. I'm going to just switch over in the algorithm a tiny bit. We have two main approaches. [01:10:00] You can use just a few herbs together. Single herbs together or you can use this through the whole combination formula with a lot of herbs. Those big combination formulas will usually target yeast and parasites as well. It's really just a matter of the type of patients that you have, which strategy you're going to use.

Dr. Siebecker: If you're wanting to cast a big net and you suspect the person might have yeast as well, or maybe parasites that you don't know, a big combination formula is great. [01:10:30]That's not the typical patient who is referred to me because I'm seeing them down the road, usually a little bit. I know they're very sensitive. They react very strongly so when things are going to be killed and they react to supplements. They react to herbs and also, they've already tried a lot. I don't want to use the big formula because what am I going to use next? I see people become tolerant to what I give them commonly and I like to have things in reserve to give them. It's really just a matter of what type of practice you have and who you're seeing. You might use one for one patient and the other strategy for another. [01:11:00]

Dr. Siebecker: In terms of combinations, we had a great study that came out, Dr. Mullin from Johns Hopkins. It validated the use of herbs. This is an herbal combination, a very huge combination that released in this study, a small combination so two things were used. Either Metagenics Candibactin AR and BR or biotics FC-Cidal and Dysbiocide were used in this study with effect were the diarrhea types. They didn't study the methane of constipation type. I like the Metagenic formula quite well. I haven't had two greatest excess of biotics formula. I reserve that for people who are unusual and that they don't respond to the normal cell. Then, they might respond to them. Those are options a lot of people use. [01:11:30]

Dr. Siebecker: What I do is I use single herbs. That's what works better for my practice. The main ones we use are berberine containing herbs or combo of

berberine containing herbs. [01:12:00] Neem and oregano, and then, we have Allimed or Atrantil that we add in and if a person has methane. I think the berberine, neem and oregano, they're more like the rifaximin and that they're using the hydrogen type. Now we need something else when someone has methane. Then, we add either ... Allimed is Allicin, it comes from garlic but it's not whole garlic. We find it's very well tolerated in our patients or we might use Atrantil. Those are more specific against the methanogens.[01:12:30]

Dr. Siebecker: I will use berberine and Allimed, or neem and Allimed, or oregano and Allimed. I use two herbs at once. So many people use three and I have tried that. That's what I tried in the beginning and I see no better results with three herbs than two. Why would I use an extra herb if I don't need it. It's more expense and it's something someone else could react to. [01:13:00] I think two herbs is enough. That's what I do. Those are our options there. The duration for I didn't mention specific duration for antibiotics, it's two weeks. That's one course. The duration for herbals is four weeks. It takes longer with herbs.

Dr. Siebecker: Now, if somebody has high gas level, which you would know if you did their test and high gas levels to me is starting to get up in to the 55 or above. [01:13:30] They're probably going to need more than one round. What you could do is you could extend a little farther on your treatment and go to three weeks for pharmaceuticals or six weeks for herbs. That is an option. Why I don't go more than that is I'd just be a point of diminishing returns. You don't get much more benefit after about three weeks for pharmaceutical and six to eight weeks for herbs.

Dr. Siebecker: Okay, now I want to talk to you about elemental diet. This is a different way of cure and the herbs. [01:14:00] It's a drink and what you do is you drink that to feed yourself but it's absorbed so quickly into the body that hopefully it doesn't get the chance to feed the bacteria and then, they starve. Instead of directly killing, killing by starvation of the bacteria. This is a common drink in practice for people who have serious digestive complaints where they need a rest from the function of digestion like inflammatory bowel disease or have some cancer situation. [01:14:30] Dr. Pimentel figured out it's been used to starve the bacteria in SIBO and he

validated it with a study. It's just been option. Why it's so fantastic is because it can lower gas much more than in one course, than antibiotics or herbal antibiotics. That's why we like to use it.

Dr. Siebecker: Now, here I've listed some options for you. There's all different types. There is a new one that's been flavored. [01:15:00] There's a new one by Integrative Therapeutics was flavored. A lot of people like that. What you do is you do this for two weeks or three, and then you retest. The way he did the protocol was he re-tested right away to see if it's gone. And you get those results right away because if it isn't gone, then you want to continue for a third week until it is gone. Now, a lot of people are not willing to do a third week. In this process, you're not eating, you're just drinking your nutrition for strength. That's not easy.[01:15:30]

Dr. Siebecker: The reason why people do it because it's so effective. It has the ability to bring gas down by a huge amount. Usually, I see 70 parts per million on average. That's why the test is good. If you do a test and you see you got really high gas, then you might want to change the elemental diet. Whereas you might not have chosen it if you didn't know how high their gas was. [01:16:00] You might go, "I'm not going to do that." Now, I want to show you diet. There are a lot of diets for SIBO. I've listed a bunch of good formulas here. We've got a SIBO Specific Food Guide. What I put together is a combination of a low FODMAP diet and the specific carbohydrate which are those are also great diets for SIBO.

Dr. Siebecker: Dr. Nirala Jacobi made a variation of my [01:16:30] SIBO Specific Food Guide called SIBO Bi-Phasic Diet. She just put my food guide into phases. Then, there's Fast Tract Diet for IBS, which would be for SIBO by Dr. Robillard. Dr. Pimentel have Cedars-Sinai Low Fermentation Diet. He developed and actively used after antibiotics or elemental diet for prevention of relapse. Then, at the bottom, there's just all different types of Paleo. Some people will try those. There are a lot of options to choose from. Sometimes people find this overwhelming. What they get hung up on is well, which one is best? Which one is right? Which one should I do?[01:17:00]

Dr. Siebecker: It's not really like that. The reason why is because ... by the way, here are the resources available for those diets. All of it, you can just be on my

website underneath treatment diet. Anyway, the situation is that people have very different reactions, different carbohydrates. [01:17:30] We need to customize the diet to a person to get the best results. It's really one of the main principles. Therefore, it just matter which diet that you pick either for yourself or for your practitioner because you're going to have fiddle with it. Whatever rules the diet have like it says you can't have this, you probably should try that. [01:18:00] You need to be flexible in customizing it.

Dr. Siebecker: Pick any. Start with any and then, begin to experiment. Now, the experimentation aspect freaks people out because they're worried that they'll get their symptoms. I understand that. If you work with somebody who is familiar with SIBO and diets or a doctor, they can guide you on what things to try first that are less likely to be bothersome or why they want you to try this one. [01:18:30]All of these diet, I think the most important thing to know is that all of these diets have very high success rate in terms of reducing symptoms. Between like 60 to 90%, in my experience, my SIBO Specific Food Guide or the Bi-Phasic diet have a highest symptomatic relief and there's a reason why. It's not because I put it together. Not because I'm being egotistical and bias. I put it together because I wasn't getting good enough symptomatically from my other diet I was following. [01:19:00] The reason it works ... the best for symptoms is because it's the most restrictive. All these diets, we should cover hydrates because that's to feed bacteria. Their food that they then turn into gas and gas is what the primary driver of the symptom. If you reduce carbohydrates, you reduce the symptom. Maybe reduce the bacteria a little bit too. The more restrict, the better symptomatic relief we can get. That's just [01:19:30] a quick and easy over the diet. Now, there's a lot of different ways you can use diet for SIBO. You can use it for symptomatic relief. You can use it for all sorts of support. I like to use it most of the whole way through but not everybody doubt that. A lot of people wondering like when should they start.

Dr. Siebecker: Honestly, you can start it any time. My main suggestion would be at least get the breath test first because I do think it can lower the score a little bit. Now, it might [01:20:00] be nice to see what we're really working with before you start diet. If you go ahead and started it, no biggy. Do the test.

Shivan Sarna: Okay. [01:20:30] A couple of things, there is some controversy, confusion about does rifaximin cause C. Diff and then, a lot of the Facebook forums and online forums, by the way somebody asked, Do you have to be on Facebook in order to participate in the SIBO Recovery Roadmap™ course? The answer is no, you don't have to be on Facebook to take the class. There is a community that we've built for people who are in the course but all the Q&As are done on video using ZoomMeeting. It is not essential. Although, the private group on Facebook is really cool and a lot of people have found community. You don't have to do anything else on Facebook but just are be in the private group. Dr. Siebecker, have you found that rifaximin leads to C. Diff? [01:21:00]

Dr. Siebecker: I think I've seen one or two published cases of that. It's extremely rare. It's possible I might've had one patient report that they have that. That's good because I have seen a lot of patients. Well, what you can gather out of this is it's extremely [01:21:30] rare for Rifaximin use to cause C. Diff. However, there are some published cases. I think what's very good to know is that rifaximin is used as a treatment for C. Diff actually.

Shivan Sarna: Oh, very interesting. Christine however took some and metronidazole for SIBO and ends up with C. Diff and somebody also wants to know what is C. Diff?

Dr. Siebecker: Yeah, okay. C. Diff stands for Clostridium Difficile. It's a bacteria that lives within our intestines [01:22:00] normally and it's continued to be an opportunistic bacteria. It's not a really super friendly bacteria like a typical as a probiotics. It lives there and doesn't cause any trouble. I don't really know what it's doing but it lives there in our intestines but if the balance gets adjusted so that it gets more than normal, it causes an infection. It's an infection. That actually happens after antibiotics. That's really the main way people get it is they take [01:22:30] antibiotic. They antibiotic kills all the things, all the bacteria, normal bacteria but not the C. Diff. Then, it's into the ratio, it's way higher now. It flourishes. Then, we get diarrhea. It causes diarrhea.

Dr. Siebecker: You might've heard the term antibiotics associated diarrhea, that's C. Diff infection almost always. If you get that, you can go to the doc, they run a

test. They take the diarrhea stool. They run it and they could see the C. Diff [01:23:00] in huge amounts there. It's a serious problem. It causes a lot of people a lot of problems. We really want to avoid it. My guess would be it was the metronidazole that caused the C. Diff in that case, not the rifaximin. I can't say that I know that but just that's my clinical guess because it is so uncommon for rifaximin to do that. The metronidazole, sure, yeah. Any normal antibiotics because the thing is rifaximin does not work [01:23:30] too well in the large intestines.

Dr. Siebecker: It's much less likely to do that. Yeah. I'm very sorry that you got that. By the way, this person may or may not know that one of the main treatments for recurrent chronic C. Diff is fecal microbiota transplantation. I have amazing results with that because what that's doing is just putting back in the proper ratio. Instead of just trying to [01:24:00] kill the C. Diff with an antibiotic.

Shivan Sarna: Ingrid is what about Neomycin and its possible side effects. Glad you're here Ingrid.

Dr. Siebecker: Meaning that C. Diff or just what are the side effects?

Shivan Sarna: I think she's just ... if rifaximin doesn't cause C. Diff typically, a lot of times if you have methane, you're adding Neomycin or something else to the rifaximin, have you seen in your practice Dr. Siebecker those antibiotics [01:24:30] leading to C. Diff?

Dr. Siebecker: I have to say I haven't in my practice. I am extraordinarily fortunate that I have not had a patient develop C. Diff on my watch. I'm really surprised I haven't have that happen. It might be because we take measure to make sure that doesn't happen. C. Diff is common enough, it can happen to the best people with the best of intentions. I have not seen that.

Shivan Sarna: BJ, [01:25:00] C. Diff can also get displaced by bacillus spores, bacillus ... BJ, I don't know if you're a guy or a gal, I'm here talking about some of the strains and Megaspore which I know a lot of people love. If you can't find Megaspore probiotic guys, you can try Just Thrive probiotics. We're going to be doing some give ways on Just Thrive Probiotics.

Shivan Sarna: Okay, that sounds great. [01:25:30] It's called just Thrive and if you can't find a place to get Megaspore, Just Thrive is the same strains of the probiotic and you can get that on Amazon. We're going to be doing some giveaways of it actually in the Facebook group, the SIBO SOS™ community group. Yeah, Anna's saying she's been using Just Thrive and it's been fantastic. That's very cool. I've just started it and know the formulator, [01:26:00] which leads me to this. If you're watching this, go to our Facebook group. If you're not watching it life, SIBO SOS™ community, we're going to be doing a Facebook live tomorrow with Krishnan Kiran, who actually is the formulator for Megaspore. I've been also speaking with the formulator for Just Thrive. It's very, very cool. The studies that they've got going and the experience they have with people with SIBO using those formulations.

Shivan Sarna: One of the things that [01:26:30] I've heard while Dr. Siebecker's on a little break, thanks Nancy. Glad to have you on the course, is they just take a little bit and open a capsule and sprinkle it on their food to get started. Christina loves Megaspore too. Can you end up with nutrient deficiencies by being on SIBO diet? It's long term. See, that is a great, great question. There are some controversy around that. Some people say that if you're on the low FODMAP diet and the SIBO-specific all these reduced fermentable diets for [01:27:00] a long time, that it does change your microbiotic. It does change your microbiome. That being said, other people there are some studies showing that there is not a major change.

Shivan Sarna: There's some controversy I think, all the SIBO and nutritionist and practitioners that I've interviewed all say that goal is to expand the diet. Start with what doesn't cause the symptom and keep going and going, and expanding. Thank you BJ. His name is Kiran Krishnan, [01:27:30] just reverse the first and last name. You're talking to Shivan Singh Sarna.

Dr. Siebecker: Are you talking about Kiran Krishnan? I just heard a lecture from him at a conference. Just wonderful.

Shivan Sarna: He's amazing. We have interviewed him a few times.

Dr. Siebecker: You guys, you have to watch him. He is so, so good. In fact, Kiran told me about this study. I did not read the whole study and then, I talked to Dr. Mark Davis, a lot of you know he's an Fecal Transplant specialist. He was there also. [01:28:00] We were all having a fun time talking about the same study, that Kiran was saying, "Look, there was a study down at this town that's on the border of Finland and then, the other town's right on the other side in Russia. Finnish people have sky high allergies and Russians don't. While Dr. Davis is telling me, there was a lot to the study. What Kiran shared, this is an interesting fact that the folks in Russia kept their windows and doors open quite a lot. Fresh air, Dr. Fresh Air.

Dr. Siebecker: The idea really here is more exposure [01:28:30] for things to help your immune system and your microbiome be exposed and have diversity, and have challenge as opposed to the medically sealed. We always have our windows and doors open. I was just like oh, fresh air.

Shivan Sarna: Yay, for fresh air. Very interesting.

Dr. Siebecker: Shivan, I know we've gone on longer that we wanted to in our class. We have one thing left is to talk about prokinetics.

Shivan Sarna: Okay, good. There is a live question about that.[01:29:00] Just one thing that I think is valuable to clear up right this second and that is Dr. Pimentel does typically advise against probiotics. Jane is commenting on that. She said I hope you had success with the probiotic, Jane. That's an interesting way to go. Definitely, personally I think it's worth a try. How can we, when we hear this conflicting information between world renowned experts and even fellow patients who are saying this really works for me. It took some months but is Anne saying, it worked for her. How do you advise us to deal with those, what appear to be opposite approaches? [01:29:30]

Dr. Siebecker: That's so tough. I think what I can say, for instance, my opinion on probiotics is quite flexible and open. Basically, what I think is it's about the person. [01:30:00] It's not about the condition of SIBO. That is where I differ from Dr. Pimentel. Dr. Pimentel does have a belief that look, if you have SIBO, you shouldn't. The problem is I really understand because

clinically, we see a lot of people have trouble with probiotics with SIBO. The thing that underpins this that really makes sense for anyone, you can understand, you got too much bacteria in the small intestines. Why would you want to put more down in there?

Dr. Siebecker: Of course, that makes perfect sense. The thing is probiotics have all these abilities [01:30:30] to do things, trigger our body, they have better motility and they also secrete antibiotics. The probiotics secrete antibiotics. They have effects that could be quite beneficial for SIBO. The thing is there's been quite a lot of research on probiotics for SIBO and it's extremely favorable. Here we have the clinicians going, "Not so great. Sometimes great but sometimes not." The research going great. I'm not sure. We have more to learn here. [01:31:00] I guess what I would want to say is try not to get too upset when you hear experts disagree. Honestly, what I really think that means when you hear that is different patient population. What that means is they're seeing different types of patients. This happens to me all the time because I see people who have failed a lot of treatment and so, they have a more challenging circumstance. Things that work wonderfully for other practitioners for SIBO don't work for [01:31:30] me. This just happens. I think that's really what you should think when you hear people disagreeing. You should think they're probably seeing a different kind of patient.

Dr. Siebecker: The second thing to think is look, if they're both saying ... if they're saying this works and this doesn't, that means it could work or it couldn't. Just understand that world ... there's different people and they react different to different things. That means it's not black and white. It's not that they work or that they don't. It means it might work in you or it might not. [01:32:00] You just have to be a little flexible there in your thinking. When it comes to probiotics, I've seen the spectrum. I see a spectrum of responses. I see a small amount with the miracle response. I see the good size amount with a poor response and then, I see the largest amount although only by a fraction where they get moderate benefits.

Dr. Siebecker: Enough that we want to use it [01:32:30] but not responsible. It's a spectrum. You talk to another practitioner and they're going to say, like Jason Hawrelak. He's a person who believes every single patient should

get a probiotic. Dr. Pimentel's on the other side. You see, there's going to be a spectrum that the truth is and maybe the reason that although I can't say that. Let's just say maybe the reason I could say that I can be a spectrum because it seems so many people patients that's still with Dr. Pimentel. I don't know what the deal is there. The truth, [01:33:00] the real truth is there's benefit and not benefit depending on the person.

Shivan Sarna: Okay, couple of quick questions as we get into prokinetics. We're fulfilling our missions by helping you so I am going to extend it to the home study courses. Well, what's the difference? Is that in the live course, you're getting support emails. You get the live Q&A sessions with Dr. Siebecker in the first week of December 2018.

Shivan Sarna: [01:34:00] How do you sign up for the SIBO Recovery Roadmap™ course? If you have [01:34:30] to go, we understand. It's a long webinar. We're very proud to be able to share that with you.

Shivan Sarna: [01:35:30] We can get started early. There's a lot to it. It's 36 lessons. It's six hours of action pack information. We'll probably have to take a nap after you watch some of it because you're like, "Oh, my gosh. That's so dense. That's so dense with information." The name of the SIBO support group, Facebook page is SIBO SOS™ community. Okay, you don't have to be on Facebook by the way to be part of the courses. Okay, [01:36:00] Dr. Siebecker, we need to get to prokinetics.

Dr. Siebecker: Let's do it. One of my favorite subjects.

Shivan Sarna: Okay, are they addictive? We're going to start out with that hot, hot question. One doctor has said that prokinetics are addictive. Oh, my gosh.

Dr. Siebecker: I've never heard that in my life. If only I could talk to your doctor, I could ask why and what they are thinking of because I've got nothing new, nothing. [01:36:30]Nothing. I'm scrolling through. There are two prokinetics that have extrapyramidal and neurological side effects. Of course, addiction isn't part of their profile. I'm sorry. I got nothing on that. They're not addictive. They're actually not addictive.

Dr. Siebecker: Let's talk about prokinetics. [01:37:00]Where I was in this roadmap was we just talked about the new treatment and then, I've got prokinetics here and I also have prokinetic over here because what you do is when you finish your antimicrobial round, then you need to start prokinetic. The reason why is so many people will back slide because very often, we're going to need a whole another course and we don't want you to back slide while we're figuring that out. Now, I thought you might be having this. Why would you stop? Why don't you just continue the herbal antibiotic, or antibiotic, or elemental diet [01:37:30] longer? Well, have to stop it at some point. We have to see if you're better.

Dr. Siebecker: The other reason is like I said, we did a point of diminishing returns. You go so far in it and then, it's like now what it's going to do? Now, it's time to stop. We are going to switch to something slightly different. Look, if you are ... let's say you're on rifaximin and Neomycin and you've been on it for three weeks, and you feel great. Every day, you're feeling better. Report that to your doctor [01:38:00] and you might want to be honest. There's some concerns there to be on something like Neomycin that long because it's possible yeast overgrowth. I might do it in that case. I would do things to protect the person from that.

Dr. Siebecker: Okay, but putting that aside, you do need to stop them and assess what happened. That's where you go on a prokinetic in between courses. Now, let's say you go on a prokinetic and you feel 90% better that you're over here. Well, then great. You're already on your [01:38:30] prokinetic that you would been growing on anyway to help you to prevent from relapse. I think we have here ...

Shivan Sarna: Can you explain what a prokinetic is Dr. Siebecker?

Dr. Siebecker: Yeah. Prokinetic stimulates the migrating motor complex, which is a form of movement or peristalsis in the small intestine and also the stomach. It also helps to coordinate the movement. For instance, food and gas, and acid, and any content in the small intestine is [01:39:00] supposed to move down. Well, acid reflux is an example of acid moving up. That's a case where the sphincter between ... I'm holding my throat but it's actually lower. It's right here. The sphincter between the esophagus and the

stomach is open. A prokinetic can help acid reflux because what it does is it enhance ... it just make sure that there's movement going down. At the same time, it would be something like close the sphincter that's at the top [01:39:30] of the stomach and opens the sphincter that's at the bottom of the stomach so the contents can leave. They don't come up this way.

Dr. Siebecker: A prokinetic does two things. I don't know if I have it on here. It's amplified. That's number one and then, coordinate, number two. Gas don't have some motility but the key thing to know is that most of them do not have an action on the large intestine. Well, not most. Actually, not most but most [01:40:00] doctors know about. We've got a whole bunch of natural items that can also might have some effect on the large intestines. This scares people with diarrhea. They think they can't take it. In fact, you can because most of the time, the effect really is in the small intestines and not the large intestine.

Dr. Siebecker: Also, for particularly in pharmaceutical agents, we're using them a fourth of the normal dose, so very low dose. By doing that, we get that prokinetic effect without any effect on the large intestine. [01:40:30] Now, my disclaimer here is that anything could cause diarrhea in anyone at any time. I'm sure people have experience to take a certain medicine, they get diarrhea. If it was, it could be diarrhea. You either lower the dose or you stop it and you switch to a different one. For the big thing I want you to know is if you're afraid of these because of diarrhea, please don't be because I've used them in literally thousands of patients [01:41:00] who've had diarrhea with no trouble at all.

Dr. Siebecker: Don't be afraid of the category. If you tried one and it gave you a reaction or something, think of all the things you tried that you might have reacted to but other things in that category are okay. People can't take Tylenol but they could take ibuprofen, or whatever as an example. Okay, so that's what a prokinetic is. Now, the reason we want to use it after we're done treating [01:41:30] entirely, so now you're 90% better. You've got a negative test is because we want to help prevent relapse and the thinking is that we know that two thirds of SIBO patients are going to to relapse. Reason being because they have underlying cause that we have not addressed or maybe

we've tried and we can't, and then you get in trouble, a lot of people have that.

Dr. Siebecker: Then, we know that we have ultimately fixed the underlying cause so you might just get your SIBO back again. Two thirds of people do. [01:42:00] How often do they do that? It's a big time frame here. It might be years until they relapse. A lot of people will relapse just from the beginning, around two and a half months. If you get a prokinetic, it pushes it way out. Dr. Pimentel's studied this and that's why he's the one that came up with that. He studied ... let me show you the prokinetics. He studied erythromycin, this one and he studied a version of, the older form of prucalopride. [01:42:30] The one that's similar to prucalopride work the best. It brought relapse out, I think it was something close to five months.

Dr. Siebecker: Erythromycin went out right about six months. I can't remember at the top of my head. The erythromycin went out four months or something like that. That's why. So you don't relapse so quickly. Here are the prokinetic that we commonly use in SIBO. These ones are safe. They are prokinetics. They [01:43:00] have dangerous side effects. A lot of doctors are only familiar with those unfortunately. They're not familiar with these other options. We only use the big ones.

Dr. Siebecker: Pharmaceutically, these top three are pharmaceutical ones. They need a prescription within the US. Erythromycin, they're a low dose. Erythromycin is an antibiotic. At low dose, it's a prokinetic and not an antibiotic. Very important to know, it's a standard medicine that's given [01:43:30] more gastroparesis which is poor stomach emptying, an awful problem that leads to SIBO and many people with SIBO have it as well. The dose here is going to be listed for you here, 50 to 62 milligrams. That's the low dose. It's an adult dose. Children would be half dose using 25 milligrams.

Dr. Siebecker: Prucalopride is the one that ... it's the better form of the one Dr. Pimentel studied. He studied what was known as Zelnorm. Shivan, you have tried that right?

Shivan Sarna: Zelnorm is an amazing drug. [01:44:00]It was for me anyway. Obviously, everybody is different. It was taken off the market unfortunately.

Dr. Siebecker: It has safety concerns so it was taken off the market. Now, prucalopride is some its replacement because it stimulates the same receptor that Tegaserod did. It has the same action however, it doesn't stimulate anything else. It just stimulates this one receptor and that makes it safe because there aren't any safety concerns with this receptor, 5-HT4 receptor. This is safe. It's [01:44:30] the safe replacement for Tegaserod. It's the most effective prokinetic I think we have. I think most gastroenterologist feel that way. For the US, logistically, it hasn't come here yet but we believe it's coming. If you get my newsletter,I send updates quarterly, four times a year.

Dr. Siebecker: It's been submitted to the FDA to come to this country. You'll have a decision in December 2018. We think it'll go through. [01:45:00] By the way, the reason it hasn't been here is not because of safety reasons but because of political. It's extremely safe. Finally, the politics have changed. The leadership has changed so we think we're getting it. If you are here in the US, order it through Canadian pharmacies.

Then, we have low dose naltrexone LDN, amazing. Shivan has talked about how much she loved it. It is. It's amazing.[01:45:30]

Dr. Siebecker: Naltrexone in its full dose blocks opioid receptors and is used to help people get off of their addictive drugs, other opioid narcotic drugs. A totally different thing used in low dose. In low dose, it does not work for that purpose. What it does work by the same mechanisms but ever so slightly now. It helps the body produce its own opioids and opioids have myriad of beneficial effect. [01:46:00] When we make our own opioid, it's not like you're going to get high or anything like that. What it does is it decreases inflammation. People use it for body pain, joint pain, muscle pain, inflammation, gum inflammation in your mouth.

Dr. Siebecker: It also helps with pain and inflammation. It also helps with mood. If there's depression, it can help with that. If there isn't, it's not going to do anything odd to you. Then, the other thing is it helps balance the immune system. [01:46:30] This is wonderful for autoimmune. Now, one thing I just want to mention here and Shivan, I hope it's okay, we're going this

long. You stop me if you say ... If you think I need to speed up but hopefully I'm answering through those questions.

Shivan Sarna: You are. You are Dr. Siebecker. I do have a ton of questions about this topic. I think we should spend five more minutes here. Then, we'll get into some of these questions. Then, I don't how we're going to do this because we have hundreds of questions that we have.

Dr. Siebecker: We're going to work on it. We're going to do it you guys.

Shivan Sarna: We're going to do our best. We're going to do our best. I can't guarantee 100% answering [01:47:00] but we are going to do our best. Please I know what this like to go but my question is special and I can't learn from anyone else's questions. Trust me, I get that feeling because I've had that feeling before. However, there are a lot of things that you can learn from other people's questions that you can apply it yourself. I hope you will keep your mind open to all of that as well so thank you. Back to you Dr. Siebecker.

Dr. Siebecker: LDN therefore, you might be thinking and if you are, you get a gold star, can then be a good choice for the people [01:47:30] who have SIBO from food poisoning because we know that that's an autoimmune mediated situation. That's true. Also, so can prucalopride because that situation, the reason we get that situation, what the food poisoning triggers is actually nerve damage to the nerves that create the migrating motor complex. Prucalopride has been show to repair nerves, remarkable. Both of those are very good options for SIBO from food poisoning. Okay, now herbally, it's a little bit pharmaceutical but herbally through natural over-the-counter, in your drugstore more like probably in healthy store and online.[01:48:00] We have two main options. We've got Iberogast. I get kind of freaked.

Dr. Siebecker: Iberogast, which I've already mentioned and then, ginger root, just in and of itself, ginger root capsule. Then, we have a whole spoon of ginger-containing formulas that are formulated to be herbal prokinetics. I've listed them for you here. The one that I knew about first is Motil Pro. [01:48:30] I've been using that for eight or nine years now. Lo and behold, Prokine's been available for a long time too and I didn't know. Really

great. I've just been trying that. I'm really please with them. Motility Activator and SIBO-MMC are more new. Motility Activator actually has a study on so really great. All of these have ginger in them and then some other ingredients.

Dr. Siebecker: These are great options for people as well if we are able to obtain a [01:49:00] pharmaceutical for prokinetic. Remember, the place you're using the prokinetic is going to be right after you finish your antimicrobial round and/or when you're done with all your treatment. You need to be on a prokinetic. How long? Well, three months I'd say is a minimum good time. Because it's common for people to relapse around two to two and a half month at least in the beginning. Three months, let's see how you do and if at that point, you don't relapse, we can take you off. You can come off any time. [01:49:30] The only risk really is that you would relapse. If you didn't want to do it, you don't have to but if you relapse then, you know we probably have to treat you again now. It's annoying.

Dr. Siebecker: Now, you know you really do need to do that. For people who have more a chronic situation, they need to be on probably ongoing, maybe lifelong, maybe not. It all depends on what we keep learning and how well we do managing [01:50:00] your situation. Prokinetic is a key management strategy for chronic SIBO to make sure you don't get it back or make sure you don't get it back too often. That's prokinetic and the only thing I wanted to tell you ... I want to give you the summary. Do I have it in here?

Dr. Siebecker: All right. I just really think I have this ... yeah, yeah. Okay, so I just want to tell you that there are [01:50:30] some other things you can do for preventing relapse as well besides prokinetics and that is beyond a SIBO diet. However, you can now stand it. I will take a stand to your tolerance to what does not give you symptoms. Just be on somewhat of a lower carbohydrate diet for maybe what you used to be or maybe what standard American practices. In meal spacing, I'm not going to talk about it all but that's another option. I like to start that most people do right at the beginning. It really helps symptoms and what it is is you [01:51:00] just don't snack or drink caloric beverages for four to five hours between meals. If that's more that can bear, then make it as long as you can and it helps.

Dr. Siebecker: We could do things to support the hydrochloric acid because that kills bacteria that comes in. Visceral manipulation is amazing I think for SIBO, for both structural issues and motility. Stress reduction because stress inhibits a lot of the protective factors that help us to not get SIBO in the first place. Those are other things we [01:51:30] can do too for our protection. Let me give you an overview, a final summary and then, we're going to open for questions. Actually, I want to ... all right, so in the algorithm where we're just talking about third line therapy which is SIBO itself. You know you have SIBO. You've tried first and second line, they haven't worked or they've worked a little bit but not enough.

Dr. Siebecker: This is what you're doing to do. You've got four treatments. Antibiotics, herbal antibiotics, elemental diet, those are the antimicrobial. One of those and then, [01:52:00] along with diet. Those are your treatments. When you're done with that, your preventions are prokinetic and diet, meal spacing. Using that all together. Then, you just maintain from there. If you're having a terrible situation, which is medical treatments. That's a brief, brief summary and just show you the algorithm one more time. It looks like this. This is the roadmap. It gives you a really good sense of what's going to be ahead of you. If [01:52:30] you're somewhere in the middle, it shows you where you still have to go. This is the part that I didn't just summarize it. The first and second line therapies and go through each step of the algorithm. That's it Shivan.

Shivan Sarna: It's a lot you guys, I know. Okay, take a breath everybody because you guys have been hanging in there and it's been two hours of intensity and we have hundreds of you here. I really appreciate it. It means a lot because I have a whole [01:53:00] full time career that I love for this whole business on TV and stuff of being a host. I'm very mission-driven. People say to Dr. Allison Siebecker, "Why Shivan doing this?" Allison says, "She's very mission-driven."

Dr. Siebecker: Me to, we're mission-driven together.

Shivan Sarna: We are. We are and so is Karen and Mariel, and the rest of the team.

[continuing from Part 1 Webinar Training Video]

Shivan Sarna: Say hi to Casey, Loretta, Nancy, Dianna. Thank you very much. We have a lot of you, Julia, from all over the world, Brandy, April, coming in and joining us for the SIBO Recovery Roadmap™™ Course. It's a pleasure. It's a beautiful, beautiful course. I'm going to actually take you into it in a second, so you can kind of see it. Don't worry, I won't spend too much time there, because I know we're all anxious to get our questions answered by Dr. Siebecker.

Shivan Sarna: Okay, Genevieve is asking about the meal spacing and if you drink coffee or have anything during that four hours, she wants to drink some Bulletproof Coffee, does that count as four hours of not eating?

Dr. Siebecker: I've been asking Dr. Pimentel this [00:01:30] quite a lot, because I wasn't sure, and he knows. He said, it's anything with calories. So, the Bulletproof Coffee wouldn't work because of the fat that is in it. He said that you can have some black tea or coffee with no sweetener and no creamer, no fat. So, just black. A little bit of That is okay. It has to be noncaloric, and he also said that stevia and noncaloric sweeteners [00:02:00] do count as calories, because they stimulate the same receptors that the sweeteners would and stop motility. They indicate, basically, a meal to the stomach. So, sorry about that, but it's really going to be water, seltzer, black tea or coffee. I would expect some herbal teas would be okay, and That is what we got. He did also say that if you have a few bites of ... If you have like one bite [00:02:30] of something, it will stop your migrating motor complex during that time, but for a shorter period, briefer. So, There is that.

Shivan Sarna: Yeah, okay. Like if you're hypoglycemic or something and you're like, "I have to have a bite of something."

Dr. Siebecker: Oh, yeah. Now, look, if you're hypoglycemic, you probably can't do this, and you need to not worry about that, because you're doing a lot of other things to help yourself, okay? I really don't like hearing how people pack on [00:03:00] the stress to themselves. I just showed you a lot of options, a lot of things, a lot of treatment prongs. You know, even if you just do one of them, you're doing good. So, please remember that.

Shivan Sarna: In the SIBO Recovery Roadmap™ Course, we even have a section on tough cases and mindset. I know mindset is often attributed to ... Overdone. Like, "oh, it's mindset, it's mindset." And then, also, I think, it's underdone, where no one talks about mindset. But Dr. Siebecker and I sat down in one of the [00:03:30] segments of the course and talked about it. There are studies that show that SIBO patients tend to have more anxiety, and I certainly have had my fair share of it, and being very anxious about if I do one thing wrong, I'm going to set myself back. I just want you to hear how flexible Dr. Siebecker's being in this concept of, if you can't do meal spacing, then don't. Maybe later, you will be able to do meal spacing and That is going to be awesome. But right now, you just need just a little bit of [00:04:00] a relaxation moment to just kind of-

Dr. Siebecker: Yeah, you're going to be fine. Don't worry about it. We're going to treat you with some antimicrobials. It's okay. Do what we can do. You know, what it's really there for, is it makes a person feel better, because you get your migrating motor complex coming and you're not having fermentation occur at that time because you're not eating anything. It's really there to just help. But don't worry, we've got other ways to help.

Shivan Sarna: Lisa, can you take prokinetics [00:04:30] while taking herbal antibiotics following antibiotics? So, can you take prokinetics during the herbal or antibiotic treatment, and what about taking it afterwards? And what is the timing of that, in terms of fitting it into that whole retest window, Dr. Siebecker?

Dr. Siebecker: Yeah. You can take prokinetics during your antimicrobial treatment. You could take it during antibiotics, herbal antibiotics, elemental diet, but you don't need to. You don't need to. You could save some money, save yourself an extra pill [00:05:00] or substance you'd have to take.

Where I think it's helpful is two places, to take it during. LDN, we titrate that up slowly over time, so you don't want to now stop it. Say, we titrate it up to your dose in between your rounds. Now, you go on another round, whatever it is, antibiotics or herbals. Well, you don't want to now stop it, because then you going to have to titrate back up again, so That is one place I would stay on, for sure. The second reason I would stay on is if

you happen to notice a significant symptom relief [00:05:30] from your prokinetic, which some people do and other people don't. But if you were feeling like, "Oh, I feel so much better," you can stay on it during your antibiotic. So, you can be on them, your prokinetic during your antimicrobial round, but you don't need to be on them.

Oh, and the timing for retesting. So, the timing for starting a prokinetic, I did not say. I like to start it about two days after finishing the [00:06:00] antimicrobial treatment. The reason being is that I want someone on it, really, as quickly as possible, because I even see people who relapse day one. That is called a rapid relapser, when you relapse day one or two. But, the problem is, prokinetics is a new medicine. Most of the people I see are very sensitive and reactive. They react very quickly and easily and commonly to anything they put in their mouths. So, I need to see [00:06:30] if they're going to have a reaction to the medicine that I'm giving them, the prokinetic.

So, I don't want to start it right when they're finishing their antibiotics. If they're still on their antibiotic, herbal antibiotic, or elemental diet, I've got to give a moment or two for that to calm down or just so they can see the picture of what the antimicrobial did for them. Give it a day or so. Then we can start a new medicine. What happens is, what if the moment they got off their antimicrobial, they started something that they now react to? They'll say, "Oh, no better." [00:07:00] I need the chance to see. So, I don't want to wait too long, but a few days. Start it pretty quick.

Now, in terms of retesting, I like to retest within a week. I like to retest within, say, two to five days, three days, pretty quick. The North American Breath Test Consensus came out with a statement. There is a lot of guidelines now, official guidelines, and they say, you should not retest on a prokinetic. You should wait seven days being off your [00:07:30] prokinetic before you retest. They're concerned about causing a false positive, meaning pushing the lactulose or glucose through you so quickly that you're seeing the rise of gas from the large intestine back to fermenting really quickly.

But, this is what I have to say. I have never suspected that happening, ever. I'm not worried about it. I think if you want to be safe, wait two

nights that you're off. I do not believe you need seven, because the half life [00:08:00] of these herbs and medicines is very short. You have to take these every day, and sometimes you even take them, for some of these conditions like gastroparesis, you take them three times a day. The half life is 24 hours or shorter. So, if you are going to want to be extra careful, you can wait one or two nights off your prokinetic, but I don't actually think it's necessary.

Shivan Sarna: Okay. What about ... Hold on, I'm going back [00:08:30] here. Nancy, real quick, Dr. Siebecker, shouldn't you "not" drink fluids with meals?

Dr. Siebecker: That is true, but when she said, "shouldn't you not," does that mean that I had somehow indicated you weren't taking fluids with meals?

Shivan Sarna: I'm not sure. I'm not sure, actually. That is a very good point.

Dr. Siebecker: No, it's absolutely true. You're better off to not have fluids with your meals. You know, this is a really interesting point. If you try that, [00:09:00] if you try really not having fluid with your meal, so you don't take your pills, your supplements, right with your meals, or, if you do, if you have some things you have to take with your food, you just take the littlest that you can to get it down. My husband's amazing. He can just go like this with a handful of pills with no water and down they go. I don't know how he does it, but anyway. Do that if you can. Anyway, if you try that, and you wait a good 40 minutes to an hour, like an hour, to not even drink water after your meals, [00:09:30] a lot of people feel better. It's really interesting.

Shivan Sarna: That is very interesting. That is super interesting. LDN, go and look at the LDN Research Trust site and find out all about-

Dr. Siebecker: There is some really good website suggestions.

Shivan Sarna: Resolor has lactose. Is this problematic?

Dr. Siebecker: Such a good question. You know, lactose [00:10:00] is a fermentable sugar that a lot of people with SIBO, they have lactose intolerance, so the bacteria are going to ferment that, create gas ands cause symptoms. But it

is dose dependent, and this is a really important concept with SIBO in general. The symptoms that come from eating, that come from the carbohydrates that you've eaten because the bacteria are fermenting them, that is dose dependent. So it's not a Celiac situation, where one [00:10:30] speck of gluten that is microscopic, you cannot see it with your eye, will give you symptoms. That is not the paradigm here. That is not the situation here. This is not an immune allergy reaction like Celiac is ... An autoimmune situation here.

This is how much of that fermentable carbohydrate was there for the bacteria to then turn into gas. It's kind of like if there was a lot, they're going to turn it into a lot of gas. So, to answer the [00:11:00] question directly, it's not a problem. It's a minuscule amount. And also, if you look at the prucalopride. The recommended for prevention of relapse is a half of a milligram, so if you get a two milligram pill, you're cutting it into quarters. It's so small, it's like a speck. Think about the amount of lactose That is in that. It's one speck. It's not enough to get fermented into anything.

Shivan Sarna: [00:11:30] Yeah. If that little bit of lactose in that pill is your biggest variant in your diet, awesome. .

Dr. Siebecker: No, it's not a concern. And on that note, there are people who can have food with lactose a little bit and have no problem if they didn't have anything else that was particularly fermentable. So it really is important to understand the portion concept, that it's not all or nothing. For example, you could have a few bites of something with lactose in it and probably be fine. [00:12:00]

Shivan Sarna: If you were told to go off promotility drugs before a SIBO test, does that include LDN?

Dr. Siebecker: By the way, a promotility drug would be like a prokinetic.

Shivan Sarna: Right.

Dr. Siebecker: Yes, I would say it includes LDN, except There is an interesting caveat here, which is that LDN is [00:12:30] not technically a prokinetic.

However, it winds up having a ... It's like it's not in the classic medicines called a prokinetic, but it winds up having a prokinetic effect because of the opioids. Opioids have a prokinetic effect in some people. When we look at the studies, it was a majority. It was a majority, but it wasn't everybody. So, a good one third of people, it just did not act like a prokinetic in them at all.

It's a conversation you would need to have [00:13:00] with the doctor who told you to go off of it. I myself would not take a person off of LDN for a retest. I am not at all concerned about it causing a false positive. Especially if you know that That is what the concern is, you can analyze the test appropriately, but it's something you would just talk about with your doctor. I am not telling you it's okay to now not stop it, because I'm not going to contradict what your doctor said. I'm just giving information for you to have in your mind and talk with them.

Shivan Sarna: [00:13:30] You cannot do coffee with stevia. It will mess up your migrating motor complex, Nancy.

Dr. Siebecker: You can't have stevia, I'm telling you! Well, you can, but then you just won't be doing meal spacing.

Shivan Sarna: Right, exactly.

Dr. Siebecker: Yeah, you can do whatever you want.

Shivan Sarna: Yeah. Tamara, the answer to your question is yes. Okay, glad you are here, Julia, and that it helped you.

What's your opinion of Librax, Bentyl, or other IBS antispasmodic medications, doctor?

Dr. Siebecker: Yeah, they can help. They can help particularly with pain and diarrhea. [00:14:30] I wonder if this person has tried them. My opinion is they're worth a try. That is a second line therapy, a second line therapy, and so, you know, you give it a go. I will have to say that I don't believe ... I'm sure there have been people, but in my personal experience, I have not heard of an IBS patient getting full resolution with something like that, so

my opinion at this time would be, it would be for symptom management while you figure [00:15:00] out what really is going on. Do you have SIBO? And if so, maybe move on to treatment. Or if not SIBO, figuring out what's going on.

Shivan Sarna: A couple of things. I know we are not going to ... The fact is that we had so many more people come to this webinar than we thought were going to. We're really glad, because we know this information is so valuable.

Dr. Siebecker: Can I just say on that? Isn't that amazing to have a roadmap? Isn't it amazing to have a whole picture? It's what you were so wanting in the first place, of what's the territory here? Isn't it awesome?[00:15:30]

Dr. Siebecker: I think it's great. I keep it in my brain with everyone I talk to, my patients.

Shivan Sarna: You're going to be popped up onto the screen if you want, you don't have to if you don't want to, and you are going to ask Dr. Siebecker the question yourself, assuming there is enough time. That is going to be a little bit of a variation. It's one of the reasons we're trying to limit enrollment, is so people at the end can actually do that. It's an experiment. Otherwise, I will be doing the moderating. [00:17:00] I hope you can tell, I really am devoted to trying to get as many questions as possible done. Let me quickly share my screen with you guys, just to show you what I'm talking about.

Overview of the course is right here. Class notes and handouts. Studies to share with your doctors. Boom. Week one lessons. These are video courses that Dr. Siebecker and [00:17:30] I did together for you. Pretty music. What and where is SIBO? You've already learned about that today.

Dr. Siebecker: It's not an infection. It's not communicable. You're not going to pass it on.

Basically, it's an odd thing to think about, because it really is sort of unique, because it's just that it's sort of anatomical, because There is just normal bacteria, where There is not really a lot of them in the large intestine.

Shivan Sarna: That is some of our behind-the-scenes stuff. Click here to return to the handouts, lessons, course notes, roadmap overview, when to use the third line therapy. Getting it all together. This is one of the brand new lessons that Dr. Siebecker recently updated in the course. No charge to those of you who had taken it before.

Dr. Siebecker: Let's just start by talking about ... Because you had asked me, "how do you integrate [00:18:30] the first, second, third line therapy idea". How That is targeting a little bit more at the symptoms. Of course, if the Diet Coke or whatever was causing your headaches, you've identified the cause.

Shivan Sarna: So, you get the video. You get the audio. You get the transcripts. You can download it. You can mark that it was complete. In your email recently, you were sent the lesson on bloating, watch here. That was free. The online course shows how long each lesson is. Here's constipation symptomatic treatment plan. Click here to download the transcript. I just wanted to show you, because sometimes, we hear about these courses, and it's behind this big veil.

Shivan Sarna: Okay. You get the idea. I just wanted you to see it. It goes on and on and on and There is week two, there it goes on and on. Week four, there are also extras here. That is the Masterclass and Q&A with Dr. Megan Taylor. SIBO nutritionist, Riley Wimminger, answered questions, these are recordings. A five hour session. Part one, part two, part three, it's five frickin' hours of Dr. Siebecker going over the SIBO diet. That was a standalone masterclass that was $99, we sold it at $59, thousands of people attended. That is included in this. So, on and on we go. I just wanted to give you a view of the course itself, because we're not going to be able to answer as many questions as we want to. You do have three Q&As included with the live SRR course.[00:20:30]

Okay, last question, Genevieve, on this, because it's a huge, huge topic, but I do see your question and the point. I see all of the questions and points. LDN, low dose naltrexone, does that mean you shouldn't choose it as your prokinetic? How do you know if you don't respond correctly? Dr. Siebecker, is a prokinetic a laxative?

Dr. Siebecker: Well, we did go over that. It's not. Well, maybe I didn't exactly explain it, but it's not. A laxative and a prokinetic are two different things. A prokinetic is meant to amplify and coordinate gastrointestinal motility, [00:21:30] most especially in the upper portion. That is the esophagus, stomach, and small intestine. A laxative is meant to loosen and stimulate bowel movements, so there was nothing in the definition of a prokinetic about a bowel movement, but a laxative is totally large intestine focused, bowel movement focused. Prokinetics are not laxatives. They are different medicines, different class of medicines.

So to her question about LDN, [00:22:00] no, it doesn't mean that you shouldn't choose it. Thank goodness we have all these different options of prokinetics to target into the specific case, because everybody's different from each other. A lot of people get great benefit from LDN and feel it working as a prokinetic, and they have good prevention of relapse with it. Other people, it just doesn't work that way. How do we know? We know when they relapse. That is her other question. How do you know if it's working? This is a very [00:22:30] frustrating answer. You know how it's working when you see how somebody relapses or doesn't relapse. That is the only way to know right now. I'm very frustrated by this.

There were some tests that were in development, we were supposed to be getting, that we could use to have some more in-office, accessible ways to test how well a prokinetic is working, and that fell through, to my knowledge. I'm bummed. So right now, what do we do? We see how a person holds [00:23:00] with their remission, and if we think they've relapsed too soon, we maybe add a second prokinetic in. Often, LDN gives so many good benefits, we don't want to stop them from it because it's doing other things. Or if we need to, we switch it.

I will say this. For the more tough cases that I wind up dealing with in my practice, I find the natural prokinetics and LDN are not [00:23:30] strong enough for my subset of patients. I have to use erythromycin. In fact, many of the people I see are on at least two, usually two prokinetics. I want you to understand the level of spectrum there is, that there are challenges. On the other hand, I have people who have done MotilPro, That is all they do, and it is the miracle of their life and they don't need

another thing. MotilPro is a ginger formula. [00:24:00] And LDN, yes, there are people that they think it works well enough for them, in terms of their remission. So, hopefully that answers that.

Shivan Sarna: Okay. Somebody's asking to go to the copy and paste this into your browser for the page itself. I want to quickly go over everything you get, and then we'll get into those questions. I know it's a long webinar, but That is good, right? You didn't have to pay for it, you're just [00:24:30] here, we're having a great Sunday afternoon together here on the East Coast. We're live. You're watching the recording. Glad you're here. I'm going to share the link one more time, share my screen with you, because we have had a lot of people ask this, so we're going to get in there real quick.

This is what the page looks like. If you have gone and registered for the webinar, you may see a replay of, actually, an insight into the course itself.

This is what you're receiving, very important. You need to read [00:26:00] this. The 36 lessons, the printable handouts and guides, the recipes and the cooking classes, 12 hours of the past recorded Q&As with Dr. Siebecker. Just play them in the background, and then when you hear something that triggers you and you're like, "oh, That is me," then, you know, jot it down. Lifetime instant access-

Dr. Siebecker: By the way, Shivan, I had a doctor who trained and took some of my course, and said that he actually thought that the Q&As were some of the most valuable part of the whole thing. I just wanted to put that out there. Because [00:26:30] stuff comes out from your amazing questions that I might not teach in a set course. So, they're very good.

Shivan Sarna: I'm glad you said that, because I think people can pooh-pooh old recordings. When I say "old"-

Dr. Siebecker: No, don't. This doctor was listening to recordings of Q&As and said it was one of the most helpful parts.

Shivan Sarna: Okay, thanks. All right, so, That is some of the information I wanted to share with you. Whether [00:29:00] you're a beginner or you're advanced, I hope this webinar has been helpful for you. We're not done. We're going

to keep going. But, we are very grateful that you're here. This course has helped practitioners and people just like you in different stages of their SIBO recovery. That is why we called it the SIBO Recovery Roadmap™ Course. Even if you're not going to be able to be totally recovered, maybe you're going to be able to go into remission. Maybe you're going to be able to manage your SIBO in a way that you had never managed it before, allowing you to feel 100% better. That [00:29:30] is a huge, huge goal for the course. It's very organized. I hope you got a sense of that, but wait until you watch the content. It's extremely, extremely organized.

Dr. Siebecker: That is actually a really key point. I hope that you got that sense from us going through the roadmap today. **That is really one of the best ways to handle SIBO, I think, is methodically, methodically and in a organized fashion. It brings better success.**

Shivan Sarna: Okay. Yeah, and also, it reduces anxiety, because you know [00:30:00] what to do next, and you're educated. Also, here's the other thing, this is so important, especially for today, thanks, Ann. It's overwhelming. We know that. We know SIBO can be overwhelming.

Dr. Siebecker: The thing is, you don't need to know everything all at once. You just take it step by step.

Dr. Siebecker: There is no really wrong turns here. Like, for instance, what if a person is going, "you gave me three treatment options. Which one should I do?" It doesn't really matter. [00:30:30] They all have equal effectiveness. So, don't worry about it. Just take a step.

Shivan Sarna: Take a breath, take a step, exactly. Analysis paralysis is your biggest enemy. That is all there is to it. Doing nothing is your biggest enemy. All right, I need to continue with questions. Yes, the PowerPoint presentation does come as part of the course, for sure. I want to get into ... Okay, there are your Q&As, and I want to get into a couple of other questions that [00:31:00] are overlap from what you guys have been talking about in our Q&A box here. I just need to find that. One thing that I wanted to ask you, Dr. Siebecker, what do you think about this epidemic of SIBO? Do you really think it's an epidemic? I mean, so many people have it.

Dr. Siebecker: I suppose you could call it that, officially, specifically. I don't think it's ... Do I think it's new? No. I think it's been around for as long as humans have existed. Is it worse now? [00:31:30] It might be. I think, probably, the number one reason why it is worse would be because of travel, exposure for food poisoning. And, also, there are so many restaurants and so many people don't eat at home. I think we are exposed more for food poisoning. If any reason why it would be more, it would be that.

But epidemic, yeah. You know, what would that be about? I think it's because it's come into our consciousness to identify [00:32:00] it in the way we have as a condition, and we have tests for it. But I think it's always been here. We were just calling it IBS, and what were we doing for that IBS? Either not enough or we were saying somebody has yeast overgrowth. That was the classic thing. Or maybe we would say they have parasites. These are reasonable things to go to, and people have SIBO and yeast overgrowth together very commonly, they have SIBO and parasites together commonly.

But what was missing was the bacterial piece. We might have even thought, [00:32:30] well, maybe they have something wrong with the bacteria in their large intestine. We do a stool test and looking at that, but no one was thinking of a bacterial overgrowth in the small intestine. Now, That is new, and now we're catching all these people that were failing treatment before. A lot of people do have it. So yeah, I guess it is, statistically.

Dr. Shaver yesterday was saying if 1% of the population has a disease, That is common, and what percent do we have? I mean, at least [00:33:00] 6 for SIBO, at least 6. Yeah, you could call it an epidemic, I suppose. The thing about that is then we think about these strains of flus that come around and infect ... It's not an infectious disease in that way, where you think of an ... I just didn't want someone to think, oh, it's an infectious disease, epidemic. It's not like that.

Shivan Sarna: Right, because that is what people usually do say when we say the word epidemic, that it's an infection.

Dr. Siebecker: Yeah, it's not like the flu.

Shivan Sarna: Right. Thank God, thank God. [Arianne 00:33:30], we [00:33:30] talked about the effectiveness of antibiotics. Which are the foods that never worsen the symptoms and which are the foods that should be always avoided? Joe, That is one of your questions, man.

Dr. Siebecker: Okay, so, the problem here is that it's going to differ from person to person. That is a frustrating answer for a question like this, because this person [00:34:00] wants a definite answer, and there isn't one. I will do my best to give foods I see, I can say, more of a pattern, but the situation here is that I think people have different bacteria that are in them compared to the next person who likes to eat different foods. Then they have their whole body environment that it's in, which is different from the next person. So, it really is going to depend person to person.

My example [00:34:30] of this that I often tell docs who are training with me so they can get a sense of this is, in a typical visit day, this is what I would see. I would see this every day. 9:00 AM patient, "carrots is my worst food. If I avoid carrots, I do great. If I eat them, it's just the worst thing in the world." The next person comes in right after that and says, "well, the only thing I can really count on being safe is carrots. Or maybe carrots and coconut." And then the third person comes in and says, "the worst for me is coconut." [00:35:00]You understand what I'm saying here? So, how can I answer this question properly?

Having said that, I will say, I think onion and garlic are some of the most trigger-some, and actually also apples. Maybe not applesauce as much, but ... And pears. But onion and garlic, they're bad. Raw food. Raw, any vegetable, really, I mean. Not as much fruit, but vegetable, raw vegetable, so basically salad. Salad is very triggering for a lot of SIBO patients, [00:35:30] but not others, and it's also a portion issue. Had a little bit, and maybe you chose soft lettuce like butter lettuce, but the thing is, a lot of times, salad comes with a lot of other raw vegetables chopped on it and not just the lettuce.

I think the foods that ... Oh, I do find coconut. Coconut is very fibrous, so particularly coconut flour can be very bothersome to SIBO patients. And also, a lot of SIBO people do have histamine intolerance because of the damage to the small intestine villi, [00:36:00] and coconut is high histamine, so I think that plays into it. But I find, in my patient base, coconut bothers a lot. Now, There is a lot of SIBO patients it doesn't bother, okay? Anything that I'm going to say here is going to be like that. I also have SIBO patients that can eat onion and garlic. But I would say number one is onion and garlic that bother people, which is horrible, because it's ubiquitous.

The other thing is, I think, usually SIBO patients [00:36:30] don't tolerate some forms of winter squash, but then they will tolerate other forms. It's not enough to just say, "oh, winter squash bothers me." Let's just say you've tried acorn squash and it bothered you, now you need to try the next one and the next one. I actually am an example of that. I fit into this pattern. I don't tolerate butternut squash well at all, but I tolerate delicata squash very well. That happens to a lot of patients.

Starch is [00:37:00] an interesting one. Starch is right in the middle. There are SIBO patients who can't tolerate any starch at all. It's terrible trouble for them. By starch, I really mean white potato ... Well, really, it could be any potato, but yeah, sweet potato could fit in there, white rice, and white bread, so white pasta, white wheat. Some SIBO patients will find they can tolerate one of these forms of starch very well and it'll be a brilliant, safe food for them, [00:37:30] and then all the other forms of it are terrible for them. So, There is going to be some that can't tolerate any starch at all, none of those starch foods, awful. There is going to be some that can tolerate all of them, the spectrum, and then There is going to be the middle, where you can tolerate one but not the others. So, That is another thing.

Now, what goes well? Meat is the best tolerated food there is in SIBO, because it doesn't have carbohydrates. So, there it is. Meat, fish, poultry, shellfish, very well tolerated [00:38:00] in terms of the digestive symptoms. Fat is moderately well tolerated. Sometimes that can make diarrhea worse, it depends on the fats. Oils and fats, well tolerated. Cocoa

is well tolerated. Now, when it gets to sweeteners, I find sucrose, table sugar, is often well tolerated digestive symptom-ly speaking.

Now, if a person also [00:38:30] has yeast, then it is not good, and it gives them digestive symptoms. But if they don't have yeast, if they just have SIBO. Clover honey is well tolerated and also maple syrup is often well tolerated. So, the good news there is if cocoa is well tolerated and so is sugar, table sugar, then dark chocolate is on the list of well tolerated. Now, it's high histamine, so if you have a histamine intolerance, [00:39:00] then chocolate might be bothersome. Let me just think if There is anything else. In terms of the vegetables, it really is across the board. I would say in general carrots are well tolerated, string beans are well tolerated, maybe zucchini. But it gets really individual. That is the best I have for right now.

Shivan Sarna: That is why that Diet Masterclass was five hours, is because it was [00:39:30] individualized. It is a frustrating answer. Some people wrote us back, "you said that everybody's different and I don't like that answer". That is the truth.

Dr. Siebecker: It's the truth, all right? I didn't make up the truth. That is the deal. I sit here and I see patient after patient, and I'm telling you what I see. I don't get to decide how this SIBO thing goes, I'm just telling you how it goes.

Shivan Sarna: Claudia, just know that I'm a vegetarian as well, so yes, I cringe a little bit when I hear that meat-

Dr. Siebecker: It's awful, it's awful. If you're a vegetarian, Shivan knows this [00:40:00] intimately, if you're a vegetarian and you have SIBO, you're in a very tough situation. Life has not been kind to you, if That is the situation.

Shivan Sarna: It's not something I'm going to change, and I just do my best. I'm lucky enough so I can eat eggs. I also have a protein powder that I like. When you're talking about cocoa, Dr. Siebecker, do you mean unsweetened, 100% cacao or do you ... I always like saying that. Do you mean like Nestle's yummy?

Dr. Siebecker: Well, I don't [00:40:30] know what all is in Nestle's, so I can't say if there are other ingredients that would bother a person with SIBO. I mean

chocolate. I mean cocoa and chocolate, the substance itself, cocoa butter and cacao beans in the form of chocolate and cocoa powder doesn't seem to bother people in the amounts that people normally eat it. I'm not saying go crazy here. If somebody has a square of dark chocolate, [00:41:00] that seems to go okay, which is very important. People love their chocolate, you know? But the beans themselves. There is like, now if I have to put crumbled raw cacao beans on everything, that I would not be as happy with because it's more fibrous. Chocolate has a lot of fiber, the bean, and fiber is fermentable, highly fermentable, by bacteria, so you have to be careful with fiber.

[continuing from Part 2 Q&A]

Shivan Sarna: A few quick questions, "How to find the Five Hour Diet Masterclass?" click here or visit SIBOSOS.com and click Masterclass at the top.

Dr. Siebecker: That is actually what's so great about online learning like this, when the lessons are recorded, you absolutely get to go at your own pace, and we try to record them. Right now we're doing this massive long thing. Everybody's probably exhausted. We recorded them in smaller segments. You got to see some of those free lessons, which is so great, because you just watch one and think about it a little bit, and you don't have to go right on to the next. I'm just going to say another thing immediately right afterwards. It's really very helpful.

I've had other doctors who studied with me say that was one of their greatest tips for learning, is to not do it all at once.

Shivan Sarna: Okay, methane dominant SIBO ... I'm going to try to get through as much as possible, you guys. I want to answer a lot of questions at the same time, so here we go. By the way, Ann, on the favorite protein powder, I'll look it up in a second. I'll bring it out here. I just have to run to the kitchen and get it. But here's the thing about the diet. Dr. Siebecker, in your experience, does the diet, whether it is Dr. Jacobi's biphasic, which is based on your SIBO specific food guide, or SCD, is it designed to be long term, and can it cure SIBO, or is it designed to manage SIBO?

Dr. Siebecker: In my experience, I can only talk from my own experience, and those of several of my colleagues who I used to have regular meetings with all the time, I have not ever seen it cure SIBO. I always like to hold out hope for that, because I love diet as a treatment, as an intervention, and because why not? Why wouldn't we want that to happen? But I haven't seen it.

Now, the [00:02:30] reason I just give that disclaimer is because what if somebody tried it on their own. They didn't come to see me, and I don't know that they got all better from diet. I can tell you that I've seen people get 100% symptom relief. I have seen that multiple times, multiple times from diet. However, what winds up happening, why am I even seeing them then, why are we even caring, is because they can't stop what they're doing with their diet. They can't now [00:03:00] expand, like after some period of time of being on that.

For example, in the specific carbohydrate diet, the original model, which was for celiac and pediatric inflammatory bowel disease, but actually originally celiac, was that if you stayed on the diet for a year past when you had no more symptoms, 100% symptom relief, you would be cured, and you could then go on to expand your diet. That was my first introduction to a diet for what we were going to use it for, SIBO, [00:03:30] and I thought that could happen. It turns out that I was wrong.

Now, like I said, many people ... Wrong in hoping that it would apply to SIBO. Maybe There is people that that did work for, and I just don't know about them. But what would happen is I wound up seeing people who had been three years on, five years, seven years on SCD, or GAPS, and they were pretty much symptom free, but they couldn't go off one speck on the diet. We would test [00:04:00] them for SIBO, and they had rampant, raging SIBO.

In my experience, it does not cure SIBO. I do believe it can lower those bacterial numbers. I think That is why we're seeing the symptom relief we're seeing it from. I think it's a management tool. I think it's a brilliant management tool. I think it does all sorts of things, not just relieve symptoms.

When people don't use diet at all in their treatment course, it doesn't go very well. Dr. Pimentel, the lead researcher, the lead clinician on this entire condition, developed a diet right at [00:04:30] the get go. He saw it was needed. He's been having his patients do a diet since the year 2000 or before. It's part of what you do, but it's not a standalone, and neither is the antimicrobials. They are not a standalone either. It's all together. That is my experience.

Shivan Sarna: Okay, this is the name of the protein powder: the Clean Lean Protein.

Dr. Siebecker: What's in it?

Shivan Sarna: Dr. Jacobi introduced [00:05:00] this to me. It's vegan suitable for Paleo. What's in it is pea protein isolate, cacao powder, cocoa powder, natural vanilla flavor, natural chocolate flavor, and then, I don't know how to say this word, thaumatin.

Dr. Siebecker: I know what it is. That is okay.

Knowing that it's the pea protein powder, That is good to know, and you could try [00:05:30] it, and then if you find you react to it, it could be, "Okay, pea protein powder isn't a good match for me. Let me try a different one." Whey protein powder can be hydrolyzed whey. It can be good for some people who are not dairy intolerant. But, great, thanks for sharing that.

Shivan Sarna: Sure, yeah, Barb, peas are high in protein, so you were asking that, and That is one of the reasons why it's a protein powder. I'm not sure if I'm getting your question properly.

Okay, hopefully, Erin, that answers your question. There were a lot [00:06:00] of people with diet questions that you just cleared up.

Dr. Siebecker: I want to say one more thing about that diet thing. If you do the diet, and gives you 90% or 100% symptom relief, or whatever symptom relief you're satisfied with ... And you don't want to do anything else, and you're totally happy, and you're not too restricted, meaning [00:06:30] you're

getting enough proper rounded nutrition, and you don't think it's a hardship, you can just do diet. You can just do that. That is acceptable. Basically, you have to be happy, and it has to be medically sound, nutritionally sound. Because the reason I'm saying that is most people can't ... A lot of people, I don't want to say most, but a lot of people can't get 90% or 100% symptom relief on diet without being too restrictive. I mean, they're down to five foods to get that kind of symptom [00:07:00] relief, and That is not acceptable, and That is why we do the antimicrobials, so they can have a more normal diet, so they don't have to be like that restrictive.

Anyway, you do have that option, and I didn't answer the part where how long do you have to do it. You know, there are people, the one-third, who are not chronic, they can go ... They don't continue. They can go off. They do a lower carb diet for three months after, and they are not [00:07:30] relapsing, but they're expanding they're diet, and expanding. Soon enough, after you keep expanding, you're expanded out to maybe what you were doing before, and you're not relapsing, and those people don't ever relapse. They never relapse. They're done. Then they don't have to be on a diet. They're finished. One-third are not chronic. They're cured.

Two-thirds will probably need diet ongoing while they have the condition for some form of management.

Shivan Sarna: Okay. [00:08:00] The question ... I'm switching subjects here. NuZest is the name, and people are saying, "Pea protein, is it high in FODMAPs, Dr. Siebecker?"

Dr. Siebecker: I think peas are on the list, but see when you have a protein powder, they're supposed to be really isolating the protein out from the carbohydrate, and even the fat, so it shouldn't be an issue. But I just want to check.

You know what I'm doing right [00:08:30] now? I'm checking my low-FODMAP app, and if you do not have this, I recommend it. My diet, and then, of course, Nirala Jacobi's, because it's based on mine, is the low-FODMAP plus SCD, and I use this all the time. They don't print their results in scientific papers anymore like they used to. Their results come in

the app. I check all sorts of things in this app constantly. I don't know how I could make due without this.

Shivan Sarna: This is Monash University, you guys.

Dr. Siebecker: Oh, yeah, because there are imposter apps. It's Monash [00:09:00] University low-FODMAP app. Let's look up what they say.

They say that a fourth of a cup of regular peas, not pea protein powder, is fine. But then, as you start getting the higher amounts, they have some of the GOS. But I would assume that because pea protein powder is just isolated protein, it doesn't have the carbs.

But, you know, what you have to do, this is what you always have to do, you have to try it. You have to be [00:09:30] brave, because you're afraid. "Well, what if it bothers me?" Well, then you pull out that SIBO symptomatic relief suggestions handout, and if it bothers you, you take remedies so that you're not suffering, and guess what? Then you're going to have to try something else. **Because how are you supposed to know what's bothering you or not bothering you unless you do some experimentation?**

Shivan Sarna: Okay, we have two very important questions that keep coming up, and I get it. So, "Can Neomycin alone beat methane dominant SIBO, or does it have to be paired with rifaximin?" Several [00:10:00] people have asked this exact question. Rifaximin's expensive. Can I just do Neomycin?

Dr. Siebecker: I see. It has been studied, and I don't have it in my memory the stats. You can look that up on PubMed. It was way, way lower than rifaximin and Neomycin together. I would make an effort to get the rifaximin, and if it absolutely cannot be done, maybe pair it with a berberine, or oregano, or neem, [00:10:30] herbal antibiotic, in place of the rifaximin. Single Neomycin is not very effective. It has some efficacy, but it is so statistically significantly much lower, I would not recommend doing that, because the other thing is Neomycin has a very high antibiotic resistance rate. Rifaximin prevents the antibiotic resistance that comes to Neomycin, so if you take it without rifaximin, [00:11:00] and let's say you took it with an herb, you probably are never going to be able to take it again, because

now you're going to be resistant to it, because the resistance rate is that high. You might, might be able to take it again. But if you take it with rifaximin, then you can repeat it, because now you've prevented that antibiotic resistance. It's not a good option alone.

I will tell you what, another thing a lot of docs do, because of the problem of rifaximin being expensive, they do Neomycin and metronidazole together, and that is not something I've ever tried from the people [00:11:30] that I've mostly listened to. They say, "Why would you do that? It's doing the same thing. You either use one or the other. You don't use them together."

Shivan Sarna: What about yeast and SIBO? People are asking, "Do I take it at the same time? Can I address it at the same time?"

Dr. Siebecker: Yes. You can absolutely address it at the same time. The only concern there is the die off.

Die off is [00:12:00] when you kill something, and you get feeling exhausted, and sick, and maybe your GI symptoms even get flared, and it's just awful, headaches, brain fog. The problem is yeast has really bad die off. It has worse die off than bacterial die off. Bacterial die off is no picnic either. That would be the problem. But I do it all the time. I treat them at the same time, and so, yes. You absolutely could do it.

[00:12:30] There is no right answer. There is no formula, and maybe these people are asking. They want to know how should they do it. I would hope they have someone knowledgeable guiding them who would make a decision, but there isn't really a wrong decision, so please keep that in mind. There isn't one right way, and a wrong way. It's just a matter of if you're going to get bad die off, it might be too much, and you're just going to have to go low. If you get bad die off, you just bring the dose down of your medicine, or stop it for a day or two, and then just restart it really low, and just [00:13:00] really little. Just keep going, increasing as you can tolerate it. You just have to get slowly killed, get that killed before you bring it up.

Dr. Siebecker: Oh, by the way! By the way, there are die off treatments that a person can do to help them handle the die off. Like Lactoferrin is one of them, and actually Kieron Christian was just talking about how much he likes to use the, not for vegetarians, a serum bovine [00:13:30] immunoglobulins, and There is other things you can do to handle it.

Shivan Sarna: Okay, I just want to welcome Luke, who is joining us for the SIBO Recovery Roadmap™ course, very excited to have you.

Dr. Siebecker: Oh, wonderful!

Shivan Sarna: Wonderful! It is an intimate group, guys. This is not like thousands and thousands of people come do this course. It's hundreds, and Dr. Siebecker and I are really devoted to helping you along with the rest of the team. We know it's not free, right, but there are tons of free resources that we do provide for you, including this recording, [00:14:00] and so it's not for everybody. We totally get that.

Dr. Siebecker: That is why we did three summits, and we offered them all for free, and why we're doing this for free, and my website is all free. I have so many recorded podcasts there... I mean, the resources on my website are extensive, and they're all free, SIBOinfo. I mean, I'm saying that because we get it, if you can't afford it. That is why I do so much free.

Shivan Sarna: Right. Then, also, we have a series of about 18 masterclasses on different topics from Ehlers-Danlos, [00:14:30] to mold, to Lyme and SIBO, from these incredible doctors. We have one masterclass with two Q&A sessions with Dr. Pimentel, which I think everyone needs to hear about if you have IBS and SIBO. Go to SIBOSOS.com, and you can see them all there. $59 each!

Okay, what I want to do is get to a couple of other questions here that, you know, if you [00:15:00] can Google this, and it's covered in a basics of SIBO 101, kind of thing, I'm probably going to skip some of it, or if we've covered it already. "The contraindications of using berberine or neem in the treatment of SIBO," Dr. Siebecker, they use them all the time together, right?

Dr. Siebecker: Honestly, There is no, either way that I know. It's [00:15:30] standard operating procedure. The only things I know of would be berberine is metabolized through the same liver pathway as erythromycin, full dose erythromycin, so to be safe, even when you're using erythromycin at low dose, I would separate using ... Because That is going to be your prokinetic. You might be starting right after your berberine. Give it one day apart, just to be extra special safe, although no one's ... Honestly, There is some people who've been on them at the same time with no issue. But That is a contraindication, [00:16:00] and neem oil, which we don't use, has a lot of safety issues. We don't use that. We use neem leaf powder.

Shivan Sarna: Donna, your question, I believe ... Okay, guys if you have a bad reaction to a drug, you should absolutely talk to your doctor and get off that drug, and there are other things you can do. However, Dr. Siebecker, Donna is saying that she did try, rifaximin, [00:16:30] and had a terrible, terrible reaction to it, and she's done three rounds of herbals and still has no improvement. Any thoughts?

Dr. Siebecker: Ah, so sorry! Yep, that happens. I see people that react badly to rifaximin. I see people that react badly to everything. It's just it wasn't the right match for whatever reason. It sounds like you could tolerate the herbals, because I see people who can't tolerate just about anything I try and give them.

My suggestion, of course, I don't know if she's hydrogen or methane, but general suggestion would be elemental diet.

Shivan Sarna: She's methane.

Dr. Siebecker: Methane, she could try Atrantil. I don't know. She said she did herbs, but I don't know what she's done, so has she tried through all of them? That is another thing, in the course I have a whole slide, all about what are all your options for methane, and I don't even remember them all off the top of my head right now, but you can just work down that list.

But elemental diet sounds like one she hasn't tried.

Shivan Sarna: [00:17:30] AIP, let's talk about AIP quickly.

Dr. Siebecker: Auto Immune Paleo, I think.

Shivan Sarna: That or a SIBO diet, can AIP be used as a SIBO diet?

Dr. Siebecker: Yes, yes, it can. A lot of people use it. It's not really specific to SIBO, but you can use it.

Shivan Sarna: Okay.

Dr. Siebecker: You know, because what's going to happen is you're going to find ... You're going to start experimenting anyway, and figure out, customize and modify it to yourself. [00:18:00] You could start with any of those, and customize.

Shivan Sarna: And we answered your question, Hillary. Hillary is saying that she tried a full SIBO protocol. A round of goldenseal, which is berberine, a low-FODMAP diet, a round of probiotics. What should they do now if they can't successfully reintroduce high-FODMAP foods? What's the next course of action? Addressing potential parasites, leaky gut, et cetera?

One thing that I just want to say here is, remember, when you do these rounds of treatment, you are lowering that ... And then you test, you'll [00:18:30] see that you're lowering the amount of gas producing bacteria if it's working, and the reason why I say that is I think I did what you did, which was I took my two weeks of rifaximin and thought, "Why am I not better?" And the fact is that you're not going to be 100% better unless your gas levels are pretty low. But if you have an 80, Dr. Siebecker has taught us, you know, you're going to be going down about 20 parts per million as you-

Dr. Siebecker: Or 30, it depends.

Shivan Sarna: Yeah, 30, god bless, lucky.

Dr. Siebecker: [00:19:00] That is kind of what's missing here. Like, has she done a retest, and did she only do berberine, and does she have hydrogen? A lot of things I need to know to answer that question. I'm sorry.

Shivan Sarna: Right, so hydrogen, yep. I think we've addressed the C. diff question.

Dr. Siebecker, we have to talk about the hydrogen sulfide elephant in the room. People are asking, "How do you treat it? What's the deal with this new test?" Mike, I know you've asked this question. I know you're a regular.[00:19:30] Dr. Pimentel, when we asked him, the answer hasn't changed yet, was, "Standby, it's coming." Frustrating, but nevertheless, good to know it's on its way. Go ahead, doctor.

Dr. Siebecker: The test is coming. He has developed it, and put out a whole slew of studies. By the way, for any of you who like to look at the studies I include in my quarterly newsletter, if you sign up on SIBO Info, I'm sure a lot of you are, I include all the studies, and there were a whole bunch this spring on hydrogen sulfide validation. [00:20:00] So we don't know when it's coming, but maybe this year? We'll see. Hopefully.

Okay, so that is the gas we can't test normally now. That could make a person look like they have a false negative when they really have SIBO. That is a really, really important point. They get their test back, and a person does not know how to read, interpret the test for hydrogen sulfide. They're a doc, and then they tell them they don't have SIBO, and they do.

The treatment is, [00:20:30] really the best thing we have is bismuth, I think, for treating it in my experience. You can do that as a compounded remedy, or you can do it as an over the counter, and there are some supplements that have bismuth in it.

Shivan Sarna: Oh, are you there? Sorry.

Dr. Siebecker: Then there are all sorts of antibiotics that can be used. It sort of depends on if we suspect which organisms are [00:21:00] involved. Then there are things like some TENS probably are helpful we think, and also the antibiotic That is also very broad spectrum for anti-parasitic as well,

nitazoxanide, which is Alinia. That has activity against hydrogen sulfide, a big favorite of Dr. Alena Gurevich. It's non-toxic and safe. It doesn't mean you can't get horrible side effects, because you can from anything, especially when there are die off side effects, but That is an option.

There are options for treating hydrogen sulfide. But the first thing is to figure out do you have it. You would still just do the regular breath test. You can perceive it on a regular breath test. I think I mentioned before, was I not, with the whole false negative thing. You're looking for the hydrogen to be very, very low, like zero to six, in the [00:22:00] third hour of the test.

Usually, methane will be two. But it's possible to have methane there a little bit. I'd say up to three. That is hydrogen sulfide.

Shivan Sarna: What do you know about the Viome test for large intestine, or the stool test, by Viome?

Dr. Siebecker: You mean UBiome test?

Shivan Sarna: There is Viome, and then There is Ubiome.

Dr. Siebecker: I do not know about Viome.

Shivan Sarna: [00:22:30] Okay, so Dr. Michael Murray loves Viome. He is the one who has created...He is the one who is the formulator for Digestion Gold. What's it called? It's called Digest Gold, I think-

Dr. Siebecker: Oh, Enzymedica. Enzymedica.

Shivan Sarna: Yeah. He's brilliant. He loves the Viome stool test for your microbiota. I just wanted to address that.

This is also a multiple person question, and here we go, "How can you go from methane to just hydrogen?" One. Two is, "How can you have SIBO hydrogen and be constipated?"

Dr. Siebecker: Okay, so the first one is a classic scenario. What goes [00:23:30] on is methane is made out of hydrogen. I'm assuming that what happened here

was the person had methane only showing up on their test as positive, and it looked like they didn't have any hydrogen. It turns out, the hydrogen was just all getting converted into methane. The bacteria that produce hydrogen are all there. They're making hydrogen, and then the archaea that produce methane are there. They're taking the hydrogen, [00:24:00] and turning it into methane. We treat the methane. This is the classic scenario. We treat the methane with rifaximin and Neomycin, or maybe berberine and Alimed, and what happens is the methane goes down, and now the hydrogen goes up. We see this in at least a third of cases, if not more, maybe even a half. We sort of expect it to happen, and when it doesn't happen, we're like, "Yay!"

It's expected, really, because That is just the way I goes. So now you look [00:24:30] hydrogen positive. What do you do? You know go on and you just treat that hydrogen.

If the methane is zero, then treat it with hydrogen only remedies. If There is still a little bit of lingering methane, continue with some of those methane treatments in with your hydrogen treatment.

Second question, "How can you have hydrogen and constipation?" It happens a lot. We're just trying to talk about the main patterns, [00:25:00] but I see that a lot. I guess I ultimately don't know, but I'm not really that worried about it. I just treat the hydrogen. Very often what I'll do, is I'll treat it like it's a methane case, because constipation is a little bit more difficult, so I will give the Allimed for people like that. If they have constipation, I treat them like There is methane there, too, and we usually have success with that.

Now, what could be happening is ... Dr. Pimentel's talked about this quite a bit, [00:25:30] our breath test tests to parts per million, and There is a level that methane can be at that we can't detect. We would be parts per billion. Basically, he tested peoples' stool, and correlated it with the breath test and symptoms, and what he found was lots of people have methanogens there in their digestive tract. They're not all living in the large intestine. They could be in the small intestine, but if they were in the large intestine he found at a certain level they are there. They're normal. There is no symptoms.

Then, you get to another [00:26:00] level. I think this, I'm going to go from memory here, I think it was from ten to the four to ten to the sixth. At that level, you have constipation, but it does not show on your breath test. You will see no methane on the breath test. But you have enough of these organisms to be producing enough methane to give you constipation, but you can't see it on the breath test, because we're not parts per billion. Then, when the stool goes to ten to the sixth and above, at that level, you can see it on the breath test.

[00:26:30] That is one way you could only show hydrogen and have constipation. There probably are other ways, but That is one explanation.

Shivan Sarna: Okay, yeast, is there a test for yeast, Dr. Siebecker?

Dr. Siebecker: There are, and none of them are perfect. Most tests aren't perfect. There is three tests that I know of. There is the stool test. That would allow you to know if you have yeast overgrowth [00:27:00] in the large intestine. There is the urine organic acid test. That assesses both small and large intestines. So do you have yeast overgrowth in small and, or, large. You can't distinguish between the two.

Third, would be the blood test, and That is for candida antibodies, and then you can add candida immune complex, which is the antigen, antibody complex. The blood test isn't testing for [00:27:30] an overgrowth, a quantity. It's testing for the immune system's reaction. So does your immune system think yeast is a problem, and is it reacting to it? What's interesting about that test is it doesn't really matter where it is in the body. The problem with that test, That is good, right? The problem is what if your immune system is deficient, and you have an overgrowth of yeast and your immune system is not reacting to it.

There are problems with all these tests. [00:28:00] The large intestine one doesn't show if it's in the small intestines or anywhere else in the body. The urine organic acid test shows if it's in the small or large intestine, but nowhere else in the body. A lot of times you might run more than one of these. Then that starts getting into, "Well, should we? Or should we just go off history?" It's tricky.

Oh, by the way, another test would be endoscopy. That is what Dr. Roux has been using. He's [00:28:30] published articles on SIBO and SIFO, which is small intestine fungal overgrowth. We can use the word fungal, yeast, and candida interchangeably, basically, this that I'm doing. He did endoscopy. He put a tube down through the mouth, throat, stomach, into the small intestine, cultured out the fluid, see what what grew, and there was too many yeasts there. That is not going to be an in office test, obviously. That is a more complicated test.

Shivan Sarna: Big time. We answered hundreds and hundreds of questions today, so I'm really, really pleased. [00:29:30] Love to you all. Thank you all so much.

A lot of your questions are covered in the masterclasses that we have on SIBOSOS.com, and absolutely, thank you BJ and Nancy, in the course. It is an investment. I realize that. It is not for everyone. I realize that. But it is something that we're very proud of, and we that we treasure, because it is so comprehensive. Please, if you can, check it out. You'll see excerpts in the emails we've been sending. You're getting another free lesson on Saturday, which are also available at sibosos.com/roadmap-live. [00:30:00] No, yesterday. Every Saturday you're going to be getting another free lesson, I think, upcoming next Saturday. Also, there are excerpts of lessons within the big page that that link takes you to. Please check it out, even if you just learn from those excerpts, I know you're going to make progress.

Don't give up, one of my big, big anthems.

Is there anything regarding pregnancy and SIBO on the course?

Dr. Siebecker: There actually is, in the PowerPoint. I can't remember how much I speak to it, but I certainly have slides in there to let you know what medicines are okay to take and aren't for pregnancy and breastfeeding, and also children.

I also want to tell you one other thing. On my website, I showed you where you can go in and research those handouts. I have a handout on pregnancy and lactation, and pediatrics and SIBO. You guys, really,

particularly if you want something free, you've got to peruse my website, SIBOinfo.com. [00:32:30] It's dense with material for your health free.

Shivan Sarna: Now, enough about the free, okay? I'm bringing now, you guys, because this is something that Dr. Siebecker and I went deep into. There is tons of free information.

Because this is a life changer. [00:33:00] Dr. Siebecker had never done a course before like this, guys. This was the basis of what I was going to do my book on. I didn't write the book right then because of this course. If you build it, they will come.

Dr. Siebecker: What was so special about it was that we really honed it in for patients. Because I'm used to teaching mostly doctors, right? So we honed it in for patients, and sharing studies you can give to your doctors, and really thinking of your concerns. We're both patients. But Shivan particularly, because [00:33:30] I'm also a doctor, Shivan really had that in mind. That is what your book was going to be about. That is the whole point, is to guide the patient through.

Shivan Sarna: It's such a companion. It's such a comfort. Again, there are videos there that will help you with content and move forward. It's called the SIBO Recovery Roadmap™ course. You have [00:34:00] a home version, or you have the live version, and the live includes three additional Q&A sessions with Dr. Siebecker, where you get to ask her your question.

Okay, I love you guys. Thank you so much. You've got information. Shirley, do that charcoal. It's helpful for that. We talked about that earlier. Go back and watch this over again.

Dr. Siebecker: **I'm just so glad you were all here. I'm so glad you heard this overview of the roadmap. I really hope it helps stick in your brain the map of what to do. It can all seem overwhelming, but the steps are there, and it's not really ultimately that complicated. You test. You can pick from a few options to treat. You do a prokinetic after. Repeat if it didn't work.**

Shivan Sarna: [00:35:30] You make it sound so simple! And retest when you need to, right? Thanks guys. We love you so much. Thank you. I'll stay on for a few minutes.

Oh, oh, one last information update. This is cool. If you go to the Facebook group you can watch an infomercial I just did. I call it the infomercial, which is an interview on a product line, and it is the Biocidin from Bio-Botanicals research, and Dr. Rachel Fresco, who's the formulator of that, gave us a 10% coupon on the entire line [00:36:00] of Bio-Botanicals.

Dr. Siebecker: **It's a great product, and I particularly love her product for children. I just especially think it works. It works good for adults, too, but I just have a special place in my heart for using it with children.**

Shivan Sarna: That is good.

Dr. Siebecker: It's great. I've used it.

Shivan Sarna: Here's the deal. You might recognize this. It looks like this. It's Bio-Botanicals, Biocidin. From now until, I think it might by October 27th, you can get 10% off the entire order. Here's what you need to do. This [00:36:30] is super important. You have to make it a phone order. You have to go to the website, and it is 10%. Karen is just saying it just gave you free shipping, not 10% off. I emailed Dr. Fresco, because she and I talked about how you could get the 10% off on the entire site, and it was also a coupon that didn't work. It happens. She said if you call in your order and you say, "Facebook is your coupon, and you heard about it on SIBO SOS™," you will get 10% the entire order. Wohoo!

All right. [00:37:00] Thanks guys! We'll talk to you soon. I'll stay on for a few minutes if you guys have any questions about the SIBO Recovery Roadmap™ Course. Dr. Siebecker, thanks so much. Get some lunch, girl!

Dr. Siebecker: Okay, by everybody!

Shivan Sarna: Thank you.

We love having you guys. Any other questions about the SIBO Recovery Roadmap™ Course I can answer? I'm here for you on that. You do have 30 [00:37:30] days, satisfaction guarantee. If you're like, "It wasn't for me."

"Is it different from the earlier SIBO Recovery Roadmap™?" Mary, great question. It is the same. It has two additional lessons, I think, and if you were in that class, you did get an email recently with the updated lessons included for free. If you already have the course, meaning the first time we ran the semester, and you'd like to attend the live Q&A sessions with Dr. Siebecker, I think it's $99 to do that, [00:38:00] and that is also in a recent email you received, and if not, email Karen and she will hook you up.

Anything else? Welcome, Ari. Arianne, I'm glad it was helpful.

Thanks, everybody. Oh, good to see you, Dr. Pearlman. Lots of friends here I see from previous classes. Awesome. What a pleasure to share this [00:43:00] information with you, what an honor.

I'm going to really quickly show that video from Dr. Rachel Fresco talking about the Biocidin that we did [00:43:30] a little while ago, because a lot of you have questions about that product line. She's been a super duper supporter to this work, as one of our sponsors.

You're welcome, everybody. You're welcome. You're welcome. You're welcome.

This is a great video right here. If you're hanging out, you want to learn more about Bio-Botanicals, remember use SIBOSOS to get 10% off on [00:44:30] this product line.

Shivan video: Hi, everybody! [00:45:00] Shivan Sarna here with SIBOSOS.com, with the IBS and SIBO SOS™ Summit, the SIBO SOS™ Summits. I'm here with Dr. Rachel Fresco, and she has an amazing backstory, as well an incredibly helpful series of products for all of us. She's the founder and chief formulator of Bio-Biotanical Research located on the West Coast of the U.S. in California. Her company's found its claim to fame when Great

Smokies Diagnostic Labs, [00:45:30] now Genova Diagnostics, it's really famous here in the states, contacted Rachel to ask if Biocidin could be used as a candida treatment option on the comprehensive digestive stool analysis. As the test results on all yeast and bacterial types showed a very strong broad spectrum activity, as in it was killing all of these pathogens. At the time, it is a standard amongst integrative, functional medical doctors and practitioners looking to support their patients [00:46:00] in GI health, and also helping people with stomach infections.

I've been using the entire comprehensive program, with incredible results. I totally believe in this line, and love the new toothpaste. She's got a new dental rinse as well if you have dental issues, if you have root canals, something that you really need to pay attention to, and she has dental help made for you in that.

I would love it if you would take a few minutes, Dr. Fresco, to talk to us more about Biocidin, GI [00:46:30] Detox, Proflora4R, and other formulas. We've been talking about mold. We've been talking about IBS, dysbiosis, the immune system. So take us through this, because your products are so potent, so different, and so helpful and effective.

Dr. Fresco: Thank you. I've been very happy to be able to help some people in the last year. I love the feedback we had.

The Biocidin is [00:47:00] this liquid formula, and it's very, very strong. You start with one drop, and you work up to three or four drops three times a day. This is not like a tincture from the health food store you take a dropper full. You can really get die off, if you know what that is. It's as you're breaking down the biofilms, and killing the pathogens, you might ... Your body has to detox those remnants. It's really important to go very slowly with this, start slowly, and to use this GI Detox in between meals on an empty stomach [00:47:30] to help mop up those toxins that you're breaking down.

What we found with SIBO is that the Biocidin alone was able to reduce the levels of hydrogen producing bacteria by 50% without a change in diet, without any other supplements. If you do your proper SIBO diet, and you use this, and then you combine it with the Olivirex, which is the one

that seems to be helping as a support against the methane producing bacteria.

These two are kind of a one, two punch. In fact, not just in SIBO, but if I get a [00:48:00] cold or flu, I use these both together. If I have a bladder infection, I use these both together, because I think you get a broader activity with the olive leaf, and all of the antimicrobials in Biocidin.

Those are the two that are the standard for whatever you're addressing, if you think that there is a microbial component to it, or mold.

For mold, a lot of times, too, you can use a microsomal version of Biocidin, and that bypasses the gut and goes systemically. [00:48:30] Either of the Biocidins can be used in a nasal wash.

On our website, at Biocidin.com, There is a FAQ. You can read about some of these things, and how to use them.

The other one that I'm super excited about, I'm proud of, that we came out with this last year, is the Proflora4R. This is a spore based probiotic. The spore formares don't have any susceptibility to temperature, acid, antibiotics, so they can get down to your [00:49:00] gut and really proliferate, and they have immune modulatory and microbial effects all of their own.

Then we added 170 times more powerful type quercetin. This quercetin will help with mast cell response, and histamine reaction, and really help people feel more comfortable. We also added marshmallow and aloe, and those are great, as you know, for healing the gut lining, and as a prokinetic for gut motility, which sometimes is an issue in SIBO.

[00:49:30] Dr. Jill Carnahan did some research on the GI Detox, and found that it was very effective in microtoxins in before and after lab tests she was running on the trichosanthes, full time labs.

This is always helpful as a support. You mentioned the oral products, and I think That is really important, because if you have bacteria that you're constantly swallowing, and seeding your gut with, That is not helping. We

took the Biocidin microsomal, and we added [00:50:00] the quercetin, CoQ10, clove and myrrh, and this is kind of a suped up dental formula that will help combat the plaque, combat the biofilms in the mouth, and reduce inflammation in the mouth. We also put the Biocidin in a nice toothpaste.

This toothpaste is great because you can use it every day. It's got almost an ounce of Biocidin in this bottle, and I have found this to be much more effective for me than any other toothpaste I had used. By the end of the day, you don't feel like [00:50:30] anything forming on your teeth. Like, "Oh, my teeth are getting dirty. I need to brush them again." They still feel clean. That is a good sign that you're breaking up the biofilms. The dentists have told me that the combination of these two has dropped peoples pockets in half in six weeks. That is important if you're trying to take care of your gum health. When you visit the hygienist, they're going to tell you those numbers. You don't want to see fours and fives. You want to get those numbers down.

That is super helpful, and what else? [00:51:00] I think our whole protocol works well together, if you get the comprehensive kit like you're doing the feature on. You get the Biocidin, and the Olivirex, and GI Detox, the Proflora, as well as a free toothpaste, and you also get the Biotonic. I haven't talked about that, but this is Chinese herb formula supportive to the immune system. It helps you to have more energy. It helps combat bloating, which is very important in SIBO, and it supports the adrenals. This comes in the kit as well, [00:51:30] as an extra support.

That is what I recommend. I recommend that you work with your practitioner or your doctor with these, and let them know that you're interested in taking them. If they haven't heard about them, we're happy to help them get on board as a practitioner.

Shivan video: And if you need to go just directly to you, the name of your website, one more time?

Dr. Fresco: It's Biocidin.com. That is B-I-O-C-I-D-I-N dot com, and for those of you in the SIBO [00:52:00] SOS community, just put an SOS as the code, and you'll get free shipping on your order.

Shivan video: Thank you so much. Thank you so much. And you have other things on the website, too, some other products that we haven't even had a chance to talk about. So you guys can-

Dr. Fresco: Yeah, mostly this is the core of what we're doing, and for your listeners who are mostly concerned about SIBO, I say if nothing else, just at least get on Biocidin, Olivirex, [00:52:30] and the GI Detox. Those are the three must haves. Then the Proflora, it's pretty must have, too, That is why I put it in the kit all together. But That is a good start. If you go for like eight weeks, and then reevaluate, if you're careful with your diet, and you do this along with anything else that your practitioner has recommended, you'll see a huge, huge improvement. We saw 70% to 100% of symptoms were gone in eight weeks. That is big.

But some people continue. You need [00:53:00] to continue on a maintenance for this. It might be six months to totally get through everything That is ... It could be years that you've had these conditions, so you can't expect that it's going to go away in three weeks. It's going to be a process. You should see a tremendous improvement on your lab tests and how you're feeling at eight weeks.

Shivan video: Fantastic. Fantastic! Tell me one more time, the one box, because I know it's a comprehensive kit. How long does that last?

Dr. Fresco: If you're using a moderate level, it would ask two months. [00:53:30] You're getting two bottles of Biocidin, and then three bottles of the GI Detox and Olivirex. You're getting Biotonix for a two months supply, and you're getting the toothpaste. That should put together for two months. If you're doing it more slowly, it could last you even longer. If you get your first kit, say that lasts you two to three months. Then you get another kit. You're only using it at maintenance. That is going to last you twice that long. Now, in two kits, you probably [00:54:00] got through six months. You're probably feeling real good!

Shivan video: Yeah!

Dr. Fresco: At that time.

Shivan video: Do you ship internationally, Rachel?

Dr. Fresco: We have distributors internationally, so we have a distributor in Europe for the supplements. We distributors in Korea, China, New Zealand, and Australia. If you go to our website, you'll see the international distributors, and you'll see where to get them.

In Canada right now, we have a distributor who's drop shipping to the patient, and we're just about through the process [00:54:30] to get their NPN number so we can ship directly in Canada.

Shivan video: Perfect. We really appreciate you. Thank you. Keep up the great work, and we'll keep you posted about all the great progress everybody's having from the products.

Dr. Fresco: Thank you!

Shivan Sarna: [00:55:00] Thanks, everybody. If you have any other specific questions, just email us at Info@SIBOSOS.com.

All right, have a great day, everyone! Thanks for being here. Bye!