



SIBO SOS® Presents

Live Q&A with Dr. Ken Brown

Recorded March 2020

Shivan Sarna: Hi, everybody. Welcome to SIBO SOS®. I'm Shivan Sarna. I am here with Dr. Kenneth Brown, double board certified internal medicine physician and gastroenterologist.

He is an incredible healer. He has an extraordinarily busy practice. He takes the information that he experiences every day with his patients along with the research like from Dr. Mark Pimentel and all these brain trusts that he's friends with. And he reads and reviews their research and then applies it in the clinic. And he then often shares his experiences in the clinic with his friends or the researchers. It's a beautiful thing!

You may know his work from being the one who created [Atrantil](#), the only clinically found supplement to impact bloating that is all natural and is a fascinating series of compounds—which we're going to talk about.

The purpose of this is to educate everyone about Covid19. And he has compiled a huge list (along with his grad students) of studies about the impact on people like us who have gut issues, along with anyone who's on the planet breathing. And we're praying for all of everybody that they continue to breathe with ease and grace and health.

I think everyone needs to hear this, whether they have a gut issue or not.

It's a pleasure to have you here, Dr. Brown. Thank you so much for spending some of your valuable time with us today at SIBO SOS®.

Dr. Ken Brown: Hey, Shivan, thank you so much. I mean, first of all, thank you for taking the time to do this. Thank you for reaching out to your people, your tribe. Your team has been amazing. You guys are continually trying to do this when we first set this up. Of course, it was pre-SARS-CoV-2/Covid. And now we all had to pivot. The whole world has to pivot and change. And we're going to do that same thing.



And so, right before everybody got on, I had to run to the restroom really quick because I've spent all day looking at data, looking at research, doing different things. We're all changing hour by hour. And as a gastroenterologist, I feel a moral obligation to make sure that we discuss gut health and immune health because that's where we're at right now.

And this is not going to be a big, heavy—what would I say? Normally, you and I would talk about my product a whole lot. I want to talk about disease states. I want to talk about what's going on. And I know that I'm wearing the scrubs. But that's just kind of the standard. This is what I wear to work. But I want to go wherever this wants to go. But I've got so much information to share—like how ACE2 receptor that's in the lung is actually in the gut, and how over 48%, or *now* we're learning that 48—I'll take that back, 30% to 48% of people contract this through their gut, and they have gastrointestinal symptoms. I'm going to blow your mind on this one.

I've been reading studies, it's been crazy. I've got studies showing that we have viral shedding through your feces five weeks after they have viral shedding in the lungs.

So, why I'm so excited to talk to you is because **the gut plays such a role in this pandemic and nobody's talking about it**. And this is not my opinion. This is just study after study that I've just been trying to digest. A lot of it is happening from what we've learned in China. We're just starting to get some data.

Dr. Ken Brown: I have this incredible graduate student who is a patient of mine. She is a nurse. She went on to get her certified nutrition degree. And her and I collaborate all the time. Her name is Angie Kirk. And I want to have a shoutout to her...She is amazing! This is a list that she has compiled for me in our Mendeley account called coronavirus related to some sort of GI thing or related to polyphenols and different things.

Shivan Sarna: What's a polyphenol before we move on because it's so basically important.

Dr. Ken Brown: A polyphenol is what makes vegetables colorful. But Shivan, the stuff that I got will blow your mind.

Shivan Sarna: Okay, bring it on!

Dr. Ken Brown: It's so funny how you go from, "Oh, I've got this really good job. I've got a couple companies" to "We have to save lives!" I mean, we can't just sit here and panic. What started out about SIBO, **everybody that has SIBO, you're at risk**. Let's start with that. We need to fix that. Everybody else that doesn't have SIBO... we've got some really cool things.

So, it's a dark period that I'm going to tell you about how many people are being affected and then I'm going to end with the fact that there is hope. And research.

The problem is these are stressful times. I don't want to make it more stressful. We know that if you can reduce your stress mentally, physically, any way you can do it, we know that stress affects the gut. There's the brain-gut access. And if we can help your audience learn how to do that, then we will protect our first line of defense... which is the gut.

Shivan Sarna: Share with us some practical solutions and tell us about some of the evidence. First and foremost, when I hear you say that, if someone has small intestine bacterial overgrowth—which is the number one underlying cause of IBS (and I'm going to cover a couple of definitions that half the audience already well knows because I'm hoping to really get this to a huge audience of people who are not really overly familiar with this gut condition)—if you have an issue with your gut, maybe it's diverticulitis, it's *H. pylori*, it's constipation, you don't know why, what is it that we need to be doing to help us to reduce our risk of exposure and maybe a little bit about the mechanism about why.

They say all disease begins in the gut... therefore, all healing begins in the gut. But why is that gut connection so particularly important. And we don't need to get into this, but the other part of my brain is like, “And why is no one talking about it?”

Dr. Ken Brown: Oh, I shouldn't be touching my face. Sorry! Every time we get on a Zoom call, I realize how much I touch my face.

Shivan Sarna: Sit on your hands. Sit on your hands. No seriously, sit on your hands literally.

Dr. Ken Brown: All of those questions are right up there with “what is the meaning of life... why are we here?” because what you're actually describing are very complex questions.

Shivan Sarna: Do your best.

Dr. Ken Brown: Alright, let's see where we're going.

Shivan Sarna: Bring it on! Bring it on.

Dr. Ken Brown: Well, I'm going to start with this. **We now realize that 30% to 48% of people diagnosed with Covid19 have gastrointestinal symptoms.** This is something fairly new that we did not realize. And now China is publishing data. Here's something really scary, **those that present with gastrointestinal symptoms, 28% being diarrhea, they have a worse outcome.**



So, we know that if you contract this virus through your gut, you have a higher likelihood of having a bad outcome.

I'm talking about cutting-edge stuff, I've spent the last two days reading pre-publication research because my graduate student is able to find things that nobody else can find.

So, what I'm talking about is all backed by science. It's all backed by studies. I am so passionate about this that I feel like everything that we've done has led up to this where I feel like we can change things.

Shivan Sarna: Okay. Bring it on in terms of everyone's wanting to know how can we get it more easily than somebody else?

Dr. Ken Brown: It appears that the virus binds to what is called an angiotensin-converting enzyme 2 (ACE2) receptor. ACE2 receptors are predominantly in the lung, stomach and duodenum. They're the most common places where these are on the cells.

So, if the ACE2 receptor is there, and if the virus is taken in orally, then it will bind to the ACE2 receptor.

If you happen to have underlying conditions like hypercholesterolemia or you have high cholesterol, you will have more ACE2 receptors because, as it turns out, they get up-regulated with two things—high blood pressure and high cholesterol.

Now, high cholesterol is something nobody's talking about because we found an article that talked about lipid rafts. And what that means is that the virus, when it binds to the ACE2 receptor, has to be taken into the cell so that it can replicate.

Those people that have these co-morbid conditions, meaning that if you have underlying diseases like hypertension, hyperlipidemia, and diabetes, you are more likely to get infected because it's easy to get there.

As it turns out, the stomach and duodenum have equal amounts, or at least we think, of ACE receptors as the lungs. So people have completely forgotten that the gut is there.

Now, the reason why I am really aggressive treating my SIBO patients and warning them about this—washing hands, cautious about eating out and all these other things—is because we know that SIBO actually will produce a protein zonulin which will create a leaky gut. **So, if you have intestinal permeability and leaky gut, that will allow easier entrance of this virus.**



In addition to that, what will happen is that your immune system gets turned on. When your immune system gets turned on, it's fighting SIBO which allows the virus to come in the back door.

That's why it's so relevant that you're doing this particular thing. And we talked about trying to incorporate this—not only is it so easy to incorporate, it's completely relevant, absolutely relevant, that we discuss this. **Your gut is your first line of defense. You're always taking in the outside environment.** And as you're taking the outside environment, then you have to be able to defend it. And if your gut is already compromised, I'm worried about my SIBO people, I'm worried about my IBD people, and I'm worried about all these things.

Shivan Sarna: So, what are some of the things that we can do? Maybe some people have some Allimed at home—which is the garlic, allicin extract. A lot of people I think have some DIY herbs at home that they can maybe pull out and start treating their SIBO. Does that make you more vulnerable? What about die-off?

What is it in polyphenols (which could you define for me please)? How is that impacting people who are trying to fight the virus—which is everybody?

Dr. Ken Brown: Before we end this, I will give you my gastroenterologist's take on what supplements to do for this.

Shivan Sarna: Great! Okay, great.

Dr. Ken Brown: Okay, knowing that your first line of defense is your gut, let's talk about something that is really important that everybody has. You need to take in zinc.

Zinc is a mineral that is really important for your immunity. What people don't understand is, when you take an oral zinc—we know that zinc lozenges and things like that have antiviral activity. Nobody's really talking about why. Let's talk about why really quick.

[15:17]

Dr. Ken Brown: **As it turns out, zinc has to be absorbed into the cell.** Once it's absorbed into the cell, it becomes intracellular zinc. Taking zinc doesn't necessarily mean that you're going to get it in the cell. To get it in the cell, you need something called an **ionophore**, a vessel that allows something to get through.



So, the cell is impermeable to standard zinc. It needs something to help it, which in philosophy, is very common because you always need some transporter to get it in.

Now, let's shift gears and talk about polyphenols. Polyphenols are these complex, beautiful molecules that make vegetables colorful. It's what makes fruits and vegetables colorful. It is the most prominent thing in the Mediterranean diet.

So, that being said... holy cow, I found a study that shows the polyphenols work as an ionophore, meaning they drive zinc into the cells. So then you go, "Well, what does that do?"

What zinc does when it's intracellular, it turns off the RNA polymerase enzyme in SARS-CoV2.

Just to clarify for everybody... it's impossible not to make this just a total Covid-type thing. Covid is the disease. Covid19 is the disease. SARS-CoV2 is the virus. Corona is the family of viruses. I believe that one of the problems from the very beginning was the media described it as the "coronavirus." They did not differentiate that it was a *novel* coronavirus. What that means is corona is the family. SARS-CoV2 is this new, super virulent virus. It is a thousand times more infectious than SARS-2003. **And the way that people are dying is 1) the way that the influenza kills us which is it attacks the lungs and 2) it has a similar effect as the Spanish Flu of 1918 which creates a [cytokine storm](#).**

This is no joke. I'm extremely passionate about this right now. I'm going to make sure that everyone is informed.

So, SARS-CoV2, when I say that, we're talking about the virus. When I say Covid19, that's after you've been infected—very similar when it was HIV or AIDS.

Shivan Sarna: Got it!

Dr. Ken Brown: Okay. So, what we know is that when zinc is in the cell, if the virus can get into the cell, zinc blocks the enzyme that allows it to reproduce or allows it. So, the virus gets in the cell, and it goes into the ribosome (which is where the cell does this), and then it hijacks the cell. As far as the parasite, it is the most fantastic parasite. This particular virus takes over your cells. That's what ends up happening.

So, long-winded explanation of why you need intracellular zinc, one way to get it is to eat polyphenols. Have a colorful plate... very colorful plate.



We know that the molecules in [Atrantil](#) are polyphenols. But I don't really want to talk about that. I want to talk about how to prevent getting this, how to make sure that you protect your immune system. And so I hope you don't mind that we're going to get a little off topic of SIBO.

Shivan Sarna: Oh, my gosh, no! This is a holistic conversation.

Dr. Ken Brown: Okay, cool.

Shivan Sarna: This is holistic, okay? We're mind, we're body, we're spirit, we're gut, we're lungs... we're everything.

Let's say we were to take a supplement of zinc—because I know a lot of people have little bottles of zinc at home. They have like the Cold-EEZE lozenges and that kind of thing), is there a particular form if they were doing it in isolation that would help?

Dr. Ken Brown: Wow! I am not an expert in that. I know that I did a Summit interview yesterday. And I think they had multiple experts discussing the difference between zinc gluconate, zinc glycinate, whatever. I will just say that my bandwidth is only so big.

Shivan Sarna: No, I don't expect you to know everything. Oh, my gosh, no! I'm just wondering.

But we'll move on because if it's a polyphenol, if it's your veggies, I think, yes, vitamin C in high doses is amazing. Vitamin C in an orange, we've always been told is more bioavailable. But you can't eat a hundred oranges. So it's just something to think about, getting it from a food source.

Dr. Ken Brown: Yeah, the short of it is, in case everybody has something to do—and this was repeated by the experts on the summit panel as well—what I'm doing and what I'm telling my patients to do is vitamin C, vitamin D, melatonin, n-acetylcysteine, Atrantil for gut health and... let me check my notes real quick.

Shivan Sarna: What do you think about quercetin?

Dr. Ken Brown: Oh, my! The thing about quercetin has been studied a whole lot. Quercetin is a polyphenol that is the one. So quercetin luteolin and [turmeric](#) are polyphenols that get studied all the time. They get studied all the time because they've already been studied.

The thing about it is that I've got data to show that the proanthocyanidins (which are large polyphenols), they all have similar antiviral, antibacterial, and antifungal effects.



I mean, you're going to have to prevent me from geeking out completely, but we can get into all of this. I've got study after study after study that I've been diving deep because I had no idea how much scientists, after the SARS-2003 outbreak, became an obsession of theirs to look at—they're much more open to natural treatments.

Shivan, it's crazy! I think we're sitting on something that we can help naturally. **We don't need to just run immediately trying to find like hardcore drugs and stuff. I think we can actually mitigate this with diet and a few supplements.**

So yes, quercetin has been studied. [Quercetin has been studied in the binding of the virus.](#) **Studies have shown that it is effective in preventing the binding.** It has been shown that it is protective in driving the zinc into the cell.

So, what you're saying is it's like saying lemon versus orange when we talk polyphenols. They're citrus fruits. They're complex, beautiful molecules.

The biggest thing is when we're talking to everyone that's watching this, **we need to have a healthy diet. And we need to make sure it's a very colorful plate.**

Now, one of the problems with SIBO people is that I have found that many of them take out some of these amazing foods out of their diet. And if you're doing that, if you're on a FODMAP diet, if you're on an SCD diet, if you're on an elemental diet, you need to feed your microbiome. You need to make sure that you can fight this thing. Those are the people that I worry about.

I was thinking about it. I talked to some Crohn's patients and ulcerative colitis patients. And then, I started thinking, "You know, the people I'm most worried about are my SIBO people because they're so limited in their diet. And they're very obsessed about trying to control that."

So, we need to make sure that that gets expanded.

Shivan Sarna: Absolutely!

Okay, one more time from the top, the alphabet of the supplements and the vitamins that you were talking about.

Dr. Ken Brown: My gastroenterology recommendations based on science—

First of all, I'm a fan of fermented foods. As it turns out, if there is a *Lactobacillus plantarum* or *bifidobacterium*, then it has been shown to be protective there.

So, probiotics in the SIBO population, I try and steer people away. I know that maybe the fermented foods. But I'm going to ask you to start doing some sauerkraut.

If you look at the data right now, Germany has one of the lowest death rates from Covid19. Why? I don't know. Is it the beer? Is it the sauerkraut? Who knows! But we're going to learn all this as a world. For the first time ever, the world is collaborating. People are putting science out minute by minute. Every time I wake up, I end up with 100 new articles I need to deal.

Zinc... if you are low, your immune cells will not function as well. So we need to get it intracellular. So take a polyphenol. My suggestion is a polyphenol supplement that will block that can actually drive it intracellular. This will block the enzyme that allows the virus to replicate. This has been shown in multiple studies. My recommendation is 25 mg. a day. If you take too much, then you can deplete your copper and a few other things can actually happen.

Vitamin C, everybody's talking about this. It's an essential micronutrient that will work as an antioxidant. Studies in humans are conflicting. So, what you'll see is experts talk about how "in this study, it did this." But what I want to talk about is the in vitro study. They have shown that it actually blocks, and it downregulates NLRP which is an inflammasome. An inflammasome turns on your cytokine storm. So I'm having all my patients take vitamin C.

So, my rationale to the human studies is that they did knockout mice in one study, and they showed that those mice that genetically could not produce vitamin C, when they inoculate the mice with the influenza virus, all the ones that did not have the ability to produce vitamin C had horrible outcomes and died; those that did had decreased inflammation and decreased inflammatory cytokines.

So, there is no joke. If most doctors are saying... well, the evidence is kind of out there. I'm looking at **if there's a mechanism of action, and the harm is very low, do it.**

So, zinc, fermented foods, vitamin C...

Vitamin D... vitamin D is another one. In a systematic review, vitamin D appeared to protect individuals from acute respiratory infections. Vitamin D is expressed on all immune cells, B- and T-cells. And it can modulate the innate and adaptive immune responses.

Low levels are associated with increased autoimmunity and increased infection rates.

So, no-brainer here, vitamin D is super important. And at least 1000 mg. a day. On Chang's report yesterday, a lot of these functional medicine doctors were talking more than that.

And then, I'm trying to encourage my patients to eat a diet high in **phytosterols**. And this is super wild. Phytosterols are plant molecules that look a lot like cholesterol. And there may be some evidence that it will tie up the lipid raft at the ACE2 receptor. [30:07]

Dr. Ken Brown: Evidence has been shown in vitro. These are not human clinical trials. The problem that we're running into right now, Shivan, is that this is a novel coronavirus. This is something that has never hit us since the 1918 flu. And we're dealing with this hour by hour. And people are gathering data.

And some researchers have shown that if you eat a lot of legumes, some grains, fruits and veggies—we keep getting that to the same thing, fruits and veggies. So the fruits and veggies may plug the ACE2 receptor so that the virus has no place to attach.

The recurring theme here is... healthy diet, healthy gut, healthy protection.

And then, **n-acetylcysteine** has some mucolytic properties. In a meta-analysis in 2017, they found that treating patients with n-acetylcysteine led to shorter duration stays in the ICU with ARDS patients (patients that have severe acute respiratory disease in their lungs).

And right now, Chinese hospitals are using n-acetylcysteine as a standard protocol for this. I like it a lot because what it does is it increases glutathione levels. The glutathione is a potent antioxidant, so it prevents the cytokine storm.

Alright! **Fermented foods, zinc, vitamin C (reasons above), vitamin D, a diet with a lot of fruits and vegetables, nuts, n-acetylcysteine** and then two more things...

Melatonin, it's a potent antioxidant, but those researchers that are going, "Why don't kids have a bad outcome from this? Why are kids spared?" One of the theories is that kids have a much higher melatonin level naturally than older adults.

I looked deeper into this. As it turns out, melatonin also blocks this NLRP3 inflammasome. So, kids 1 to 5 have huge levels of melatonin. And it may be that the melatonin blocks the cytokine storm. So take melatonin.

And then, the final thing which nobody seems to be talking about is something called [sulforaphane](#). Sulforaphane, this is my new favorite thing.

Dr. Rhonda Patrick who's a PhD that I follow occasionally, she did a lot of research on this. Cruciferous vegetables in the sprout form—not in the big plant form, in the sprout form—have super high levels of a molecule called sulforaphane.

Sulforaphane turns on a pathway called the NRF2 pathway. You don't have to remember that. All you have to remember is this, that the NRF2 pathway is a potent modulator of inflammation and anticancer. It also crosses the blood brain barrier to decrease neuroinflammation.

So, I was listening to a lecture by a Johns Hopkins professor. It was discovered by Johns Hopkins in 1992. His group of doctors, they figured this out. Then they discovered the NRF2 pathway. And then, all of a sudden, he started talking about the antimicrobial effects of sulforaphane.

I've been using it in my SIBO people—[Atrantil](#) + **sulforaphane**. It's some product called [BrocElite](#). I've met with their scientists. I've met with their CEO. Super cool stuff!

And once again, it all comes down to science. I'm willing to try a whole lot of things on people, on myself. Everything gets tried on myself first, by the way. So, in case anyone's wondering, I'm on all this. My patients are on all this. My family's on this. And hopefully, we are being protected here.

So, that's my magic combo. So, one last time... **fermented foods, zinc, vitamin C, vitamin D, a diet high in phytosterols (which are nuts and healthy foods... just eat healthy is what I'm basically saying), n-acetylcysteine, melatonin**, and of course pages and pages and pages on the effects of how polyphenols affect this particular thing. If you do not have a healthy gut, you will be at risk. So that's my thing. The polyphenols, you can get it in a lot of different ways, eat a lot of food.

Shivan Sarna: I have a couple of questions before we move on. So, sulforaphane... that's like the whole broccoli seed thing? Is that correct or wrong?

Dr. Ken Brown: No, it's wrong. So, what it is... is that sulforaphane is a molecule that is produced when you masticate. When you crush the broccoli sprout, an enzyme called myrosinase comes in and converts glucuronidase into sulforaphane.

Shivan Sarna: Cool!

Dr. Ken Brown: So, up until just now, like just recently, there's a ton of broccoli sprout products. Johns Hopkins did a whole study where none of them had sulforaphane. A few of them have put glucuronidase with the enzyme, myrosinase, to hope that it happens. But then they realize that it's not actually happening.



So, I was so excited when I was contacted by the CEO of this company, [BrocElite](#). And he's like, "We've got data." I'm like, "Get me on with your scientists." So I did a Zoom just like this. You know what?

Dr. Ken Brown: The reason why he contacted me is because his scientist discovered that our polyphenols help their product get better absorbed.

Shivan Sarna: What?!

Okay, listen, we need to know what a polyphenol is. And then, for people who have not heard you before, I want you to do a two-minute version of how you created [Atrantil](#) because this is so important. I know a lot of people don't know that story.

But what's a polyphenol? This is what is in wine. This is what creates colors in food, right?

Dr. Ken Brown: Polyphenols are molecules in nature that are natural. They are the molecules that make vegetables and fruits colorful. They are the molecules that are predominant in the Mediterranean diet.

The science of polyphenols is just now getting off the ground. We now realize that polyphenols are these large, beautiful molecules that our own microbiome breaks down into something called *postbiotics*.

Postbiotics are the anti-inflammatory, anti-aging molecules that the Mediterranean diet is.

We have been ignoring this. The three ingredients in Atrantil are cabracho (which is a very large polyphenol called a Proanthocyanidins), horse chestnut (which is also a polyphenol. Well, horse chestnut has some saponin components to it. And there are reasons why. I would discuss that), and then peppermint (**not peppermint oil, but peppermint leaf, because when you get the oil, you're taking a lot of these natural polyphenols out**).

So, polyphenols are the reason why vegetables are healthy for you.

Shivan Sarna: Okay, that sums it up! That's perfect.

Shivan Sarna: And think about, if we're talking about color, chlorophyll is what makes plants green. Chlorophyll is so similar to human blood. This is what we're talking about here. Why do you eat the rainbow, all of that...

Dr. Ken Brown: That's so great! Several blogs written about just eat a rainbow every day, and you're going to be healthy.

Shivan Sarna: Love that! You know, I'm a huge fan of veggies.

And it's hard if you have SIBO, don't get me wrong.

Dr. Ken Brown: Okay, so let's just shift gears really quick and talk about SIBO really quick.

So, what I'm shifting to right now is I'm telling my patients, I'm like, "I feel like we're doing a disservice by you eating this FODMAP diet. It makes you feel better. But we're not increasing your microbial diversity. So Eric Rieger and I have a podcast called the Gut Check Project. We did a whole show on short chain fatty acids. And we did it specifically on how, if you have a narrow diversity, you can produce more acetate and propionate and lactate... which increases blood-brain permeability.

So, now all of a sudden, we're starting to put the science to the symptoms. When patients come and see me, and they're like, "I got really sick five years ago. And every time I eat, I bloat. But more importantly, I have a foggy brain. I'm anxious now. I've got these panic attacks." I can tell them, "I believe that you have increased your lactate production due to a lack of microbial diversity."

So then we need to have this hard conversation: "I'm going to ask you to be bloated for a little bit. We're going to treat you for SIBO. But we're going to put your ego on the shelf, and we're going to try and get your microbial diversity broader, so that you can start producing different short chain fatty acids like butyrate, which has been shown to heal the gut, which has been shown to close these intestinal barriers, stop leaky gut, stop leaky brain."

So, I'm telling a lot of my patients now I know. And now, six months, seven months later, they're like, "This is the best I felt. I was miserable!" And I played the game of FODMAP, SCD... and I'll play it while we're trying to treat. But at some point, we're doing more harm long-term by trying to treat your bloating than we are with trying to treat your total body.

Shivan Sarna: So, several things I got so exhausted from being on a restricted diet, especially as a vegetarian—I'm still a vegetarian happily. But I just was like, "Screw it! I'm going to be bloated." And then, I did start to feel better.

But there is a time and a place for it. If you're going on vacation maybe, you don't feel like bloating. If you've just had a flare, you want to bring that flare down.

These are just my experiences and observations.

And then, the other thing is... everything you just said is so exciting to me because if we do look at food as medicine, then you're going to maybe have a little bit of a side effect here and there. That's actually a

good thing because the bloating can be a side effect of the medicine you're taking... which is eating good rainbow foods.

Dr. Ken Brown: I had a plant-based doctor on my show... super brilliant guy! And we discussed that. And he said, "I've been trying to integrate this with my patients." But the problem that we as humans do, especially people that are trying to take control of their lives—and I'm it, I am the example of an extremist. If I decide to do something, it is way overboard. And I just want everybody to realize, "Hey, you can do this!"

So, right now, Shivan, after I've watched a few Netflix specials, I am slowly going to a whole food, plant-based diet. I'm from Nebraska. My dad was a butcher. Do you understand what this is?

Shivan Sarna: I do understand!

Dr. Ken Brown: This is a big deal. And so, I've decided to make sure that I have a whole food, plant-based dinner.

And then, I'm slowly realizing I don't particularly miss meat. The first thing I did is, when I watched one of these shows, I went all out vegan, and I got all the meat substitutes and stuff... I felt miserable! I felt horrible. And then, I realized they have all these fillers...

Shivan Sarna: Yeah, the meat substitutes are really tricky. They're not based on whole foods.

[45:12]

Shivan Sarna: Okay, we're going to run out of time. And I also want to ask you about [CBD](#) because people are asking about CBD which I know you also are a huge proponent of...

Dr. Ken Brown: Huge proponent!

Shivan Sarna: ...their health-positive effects or possibly preventing Covid. Let's start with the polyphenols. And then, let's get into the CBD. And let's take about five minutes to do this.

Dr. Ken Brown: Alright! So, five minutes, I'm going to freak you out here. As it turns out, the polyphenols have been really looked at. And I'm just going to say the titles of the studies that I've been looking at because it would take three hours to get through them.

But essentially, I already talked about how the polyphenols drive zinc into the cells, how zinc blocks the mRNA polymerase that the virus uses to replicate.

So, number one, step one, you're going to block that.

Number two, **bioflavonoids**. *Bioflavonoids Displaying SARS-CoV Inhibition*. The article looks specifically at how these bioflavonoids, which are polyphenols, actually help with that.

Number three, *Overview of Severe Acute Respiratory Syndrome Protease Inhibitors*. What is a protease inhibitor? This is what President Trump was talking about they're trying to fund. Protease inhibitors are anti-HIV drugs. And now, we realize that they can probably stop SARS-CoV2. And this article looked specifically at how powerful these polyphenols are as protease inhibitors.

Another article, *Identification of Polyphenols as a Novel Chemical Inhibitor of the SARS Coronavirus Helicase*. It's showing how it's blocking that: "Small molecules targeting severe acute respiratory human coronavirus, compounds like aescin"—what is aescin? It's horse chestnut.

Shivan Sarna: Whoa!

Dr. Ken Brown: These people are doing my research for me. *Identification of Potent Covid19 Main Protease Inhibitors from Natural Polyphenols*: "An in-silico strategy unveils a hope against the novel coronavirus." These guys looked and they showed that polyphenols block the coronavirus more than the HIV drug, Nelfinavir. Yeah... this is the kind of stuff I'm dealing with right now.

My team has agreed that we're going to give Atrantil as a prophylactic measure to every healthcare worker in my hospital. It's going to absolutely take us to the brink of bankruptcy, like everybody else. We have a moral obligation to do this. And I was thrilled that everybody on my team agreed!

Eric Rieger who is on the team and I are trying to set up a plan to figure out how to get free [Atrantil](#) to healthcare workers. I can show you how it blocks the virus. I can show you how it prevents it from replicating. I can show you how it helps with ARDS polyphenols. You can not take Atrantil and just eat a really great diet and probably do the same thing. But my healthcare workers that are working night shift, my nurses in the ICU, my ER doctors, my anesthesiologists who are intubating people, we're trying to develop a whole new business plan to just hand the stuff to them.

Shivan Sarna: Oh, my gosh! Thank you. Thank you.

What you guys don't know—just real quick, what you don't know is that I've been working with Ken's marketing team for years. And they have put together the lowest price in the marketplace for us for [Atrantil](#). You guys are getting the first dibs on it. Perfect timing!

Dr. Ken Brown: This is why I was so excited with my team to say, “I believe so strongly in this. We have to give it away to the healthcare workers at my hospital.” We can't give it away to everybody. If you don't take Atrantil —quercetin luteolin, [turmeric](#)... these are all other polyphenols out there.

The issue is I will send ours to one of these researchers and say, “Analyze this. Tell me what the antiviral activity is compared to these other things.” And if quercetin is better or if risperidone is better, they're all similar, then that would be the one that I would say, “Hey, do this if you've got these issues.”

I just don't want to come off as sell-y. I want to just talk science. That's my thing.

Shivan Sarna: Totally fine! That's what I'm here for, is to help people get the information they need and everyone can be smart and make their own decisions.

A couple of things... if you have a lower esophageal sphincter issues, GERD, whatever, and you can't do peppermint oil, is the peppermint leaf typically found to be more easily consumed without side effects.

Dr. Ken Brown: That is a great question! And yes, usually because the capsule gets released in the duodenum which is where we want it to go for SIBO people. Some people have complained of a little bit of reflux. I'm hearing a lot less of that because a lot of this is, they read about the peppermint, they can't take the oils and other forms, and then they see that it's there. We chose the leaf because it has to be digested first before the oil is actually even in effect.

And I don't even care about the peppermint for the other reasons why they're antispasmodic. I need those polyphenols. I need that leaf to get to your small bowel.

Now, getting back to CBD...

Shivan Sarna: Okay, wait, before you do that... they want to know are you going to run out. They're freaking out because a lot of people are already regulars with [Atrantil](#). Are you going to run out, one? Number two, what if you have the SIBO that is more diarrhea/hydrogen dominant. Can Atrantil help you?

I know a lot of people are new. But I know we also have a lot of people that are very familiar with your work and Atrantil. And it's typically for people with methane-dominant SIBO. Does it help with diarrhea or hydrogen dominant?

Dr. Ken Brown: So typically—it's interesting because my research was to try and find a solution for people that had no solution. So, when I was working with Dr. Pimentel, and we were developing Xifaxan—I was in those studies. So yeah, for people that haven't heard, really quick, I've been doing clinical research for many years. And I was involved. I was the leading enrolling site for the original



Xifaxan study that was published in the New England Journal of Medicine. So, Mark Pimentel and I were talking. He had animal models. And I was just so fascinated by that. And then, he said one day that we will never help the bloated constipated person. I asked why. He said it's because it's due to a bacteria called archaeobacteria that produces methane. I went, "Wow!"

And I wrote methane on the board. And then, my research manager, Brandi, came in. And she's like, "Why do you have methane there?" I'm like, "It's crazy! I just got off the phone with Dr. Pimentel. This is what it is." And prior to joining me, she was helping a senator in Iowa, and they were trying to mandate that all the farmers in Nebraska and Iowa put something in the cattle feed to decrease methane.

And that's when we started looking at these different products to do this.

So, it started out as a methane thing because that's what was missing. And since we've done that, now we realize that it's a bacteria thing, not necessarily just methane or hydrogen sulfide.

So, if you have diarrhea predominant, I still use a lot of Xifaxan in my diarrhea predominant. **I use Xifaxan + [Atrantil](#) and have incredible results with my patients.** So, I actually continue to do that.

The story evolves continually because then we started learning about the polyphenols. Then we started looking at anti-aging. It's just one of those really cool things—we developed it for one thing, and now, all of a sudden, I feel like we have something that can help people in this pandemic.

Shivan Sarna: See, when good people put out a lot of efforts, and they knew you were going to be doing this mission, and then it all came together... and then, we've been friends for so long. It's just a beautiful thing.

Ken, we need to wrap up in a moment. Please talk to us about your passion and why it's so important right now in particular about [CBD](#) and this virus?

Dr. Ken Brown: Yes, thank you!

The whole thing about CBD that people don't realize is that we all have an endocannabinoid system. In 1970 or '71, the Marijuana Act was put in or the Controlled Substance Act was pulled in, and then hemp was no longer used as a substance. Prior to that, we were eating CBD all the time. It was shown that a chicken fed hemp whole leaf would produce about 250 mg. of CBD.

So, since then, we have seen an uptick, a *tremendous* uptick, in autoimmune disease and everything. **So, if anybody thinks that [CBD](#) is something that's obscure, we were eating it all the time. We took it out of our diet. And we've become sicker since then.**

So, the reason why I'm super passionate about this is that your endocannabinoid system is just like your gastroenterology system, your cardiovascular system, your neurologic system. It is super important. And when you, much like SIBO, go through stress, don't sleep well, have issues... it goes out of balance. Its job is to try and keep you in balance.

So, CBD is super important right now because it mostly affects your immune system and your neurologic system. If you are stressed and not eating properly, not only is your gut out of balance, but your endocannabinoid system is out of balance.

So, what CBD does is it allows your body to produce its natural endocannabinoids to get back to balance.

There's just as much science on this as the polyphenols I was talking about. And geek alert, the reason why I'm super into CBD is because the polyphenols allow your body to produce more of an endocannabinoid called **anandamide** because it blocks the enzyme that breaks it down. When you're stressed, you produce more FAAH which is an enzyme that breaks down your own endocannabinoids. You're literally trying to fight the world with one hand tied behind your back.

So, that's the passion. It's all Venn diagrams that come together.

Shivan Sarna: It's a beautiful, beautiful lotus blossom.

Somebody's asking about the shipping and handling. And one of the reasons why they've gone to Amazon—which I'm a huge fan of Amazon—to buy is because they have Amazon Prime. It's free 2-day shipping except for—I think it's Alaska and Hawaii.

Shivan Sarna: I know! So, continental US.

[01:00:06]

Shivan Sarna: People are wondering about Canada. Is it available in Canada?

Dr. Ken Brown: It is available in Canada. Yes, it is. And I'm going to overstep my bounds here. We're actually on Amazon Canada. But I want to make sure that they take advantage of your code. So contact

my team on that one. I'm sure that we've got a way to get it though. [< link for Canadian addresses coming soon]

Dr. Ken Brown: I'm pretty proud of the fact that I started this company, and I can focus on the science right now because my team is doing an incredible job of running the business doing this. And I'm so excited to find out what happens.

Shivan Sarna: I'm very happy about everything you're saying... except that if you have gut issues, you're more susceptible to Covid19.

Dr. Ken Brown: Protect your gut, protect your immune system.

Shivan Sarna: "Which [CBD](#)? There's so many fake versions out there," from Amir.

Dr. Ken Brown: That is one of the issues. I teamed up with a company called Elixinol. And they produced a specific batch just for me that we have a certificate of analysis on.

Which CBD do you want? You want to make sure that you check the boxes. You want to make sure that you get your CBD from an organic location. You want to make sure that it's naturally extracted with CO². You want to make sure that it has a certificate of analysis. And you want to be able to make sure that the actual milligrams are actually there.

And so, one of the reasons why I teamed up with them is that Consumer Labs did an analysis of this. They actually contacted me, Elixinol, so that we could team up and do a physician grade [CBD](#). One of the reasons why we did this is because they could show that they checked all those boxes. And Consumer Labs did a thing. They actually analyzed and showed that for price per milligram, it was the cheapest.

So, I had what I felt was a company that I found was the best CBD at this time for the most economical price. So that's what I'm doing.

But remember, for everyone that's doing this, you have to think about it as, if your endocannabinoid system is deficient in your own production of endocannabinoids...Think of it like this for everybody to hear. Let's do it GI wise. If you're not producing enough pancreatic enzymes to digest your food, that's the same thing as not producing enough of your own endocannabinoids.

So, what this does, what CBD does is it allows the anandamide to hang out longer. Right now, this is what the science is showing. So, all you're doing is getting yourself back to balance. It's not like this crazy drug or anything like that. You're doing what your body wants.



When we talked about how to improve your immune system—vitamin D, vitamin C, n-acetylcysteine, blah-blah-blah—they all have a mechanism of action. That's the exact same thing that's going on with CBD. All you're doing is getting yourself back to balance.

Shivan Sarna: I like it.

Okay! I've got to ask you some rapid fire questions. You know, I always do this with you.

Dr. Ken Brown: Do it!

Shivan Sarna: So, just as quick as possible with those answers. From Carleen—we love you, Carleen: “Dr. Brown, can you comment on the nurse in Kansas City who only had a fever of 99.4, lost her sense of smell and taste, was tired, but had no typical symptoms. And there are asymptomatic young people who are Covid19 positive and don't know it. Any ideas on how to improve that situation?”

Dr. Ken Brown: Carleen, so cool that you brought that up because I think I forgot to bring that up.

Yes, so now we're seeing that anosmia dysgeusia—which are the medical terms for “can't smell/can't taste,” those two terms—appear to precede all the symptoms. So, if you end up in a situation, and you can't smell for some reason...

So, when we were looking at data from China, they came up with—

In the American College of Gastroenterology, they talked about how 38% of the people had gastrointestinal symptoms, 49% had diarrhea. They excluded the anorexia people in China. They did a study of 200 people. And that's where they came up with the conclusion that 48% of the people had GI issues. Those people did worse. Then they looked at that... and 86% had anorexia.

So, then I took that and looked back—and this is a week ago before people have been talking about it. My graduate student and I looked at this, we're like, “Why would they have anorexia?” And then, she found this whole article where an ear, nose, and throat doctor said, “Hey, heads up! From the UK, I've diagnosed multiple Covid people, and they all presented with anosmia way before they had symptoms.”

So, the answer to her is, yes, regardless of the fever, the anosmia or the lack of smell could be the canary in the minefield.

Great question! So, she's doing her reading. That's cool.

Shivan Sarna: Whoa! Yes, Carleen is a student for sure. She's amazing!



Okay! Rachel has talked about how she knows how gut health affects overall immunity. Yeah, we answered your question Rachel. That was like one of the first things we talked about.

“The antimicrobial herbs often used to treat SIBO, could they actually be helpful?” She's thinking about Candibactin-AR which has sage, oregano and thyme.

Dr. Ken Brown: So, sage, oregano and thyme are polyphenols. So, short answer without looking at the data... yes, I did find some stuff specifically for you. A couple of studies looked at allicin from garlic—but not so much against the virus. That being said, a couple of small studies.

My encouragement is, if it's a polyphenol, take it.

Shivan Sarna: Got it! Got it, got it.

“About how much vitamin C should we be looking at for our guts and virus right now?”

Dr. Ken Brown: Oh, that's interesting. So, when I looked at it, I was thinking 200 to 500 mg. a day. Dr. Lundqvist was on the summit with me and he does a lot of IV infusions. Keep in mind that China right now is doing IV infusions of like 24,000 mg. IV. So, what he recommended—and I will go with him because he's done his homework on this—is 1000 mg. a day.

The problem with taking too much is it will create diarrhea, and you'll pee it out. But not taking enough...

So, I was erring on the side of 200 to 500 mg. And then, he said that the body can handle thousands and thousands of milligrams. That was a whole Covid thing. They just brought an expert in each field to discuss Covid treatment—1000 milligrams I guess. Split it up though because you can create a significant amount of diarrhea if it doesn't get absorbed. It works like an osmotic laxative.

Shivan Sarna: That could be good for a lot of people (depending on your SIBO situation).

Dr. Ken Brown: A lot of people do take high dose vitamin C to go to the bathroom.

Shivan Sarna: Right!

“Do you need copper to absorb zinc?”

Dr. Ken Brown: No, but too much zinc can lower your copper.

Shivan Sarna: Oh, interesting.

So Jen is saying that she's heard—"heard," there's a lot of that going on right now—that someone said that if they take [turmeric](#), it can possibly increase the cytokine storm.

And can you define what that is? People are throwing that term around like it's confetti.

Dr. Ken Brown: Yeah, so cytokine storm is this. When you think of it like this, it's your body's over-reaction to the invasion. So, the virus comes in, a virus. Now, we're talking cytokine storm with Covid19.

It can happen when you have SIBO, leaky gut and your body overreacts to the situation that leads to autoimmune disease. That's not a cytokine storm. That's a cytokine season.

Cytokine storm is when your body overreacts greatly to it and releases all these cytokines. And cytokines are released from white blood cells and T-cells to try and kill it, but it's so much that it overwhelms the body, and you end up having organ failure from your body essentially overreacting to it.

So, the cytokine storm, the Spanish Flu of 1918 was so deadly, 18- to 25-year old's died in that one because of the cytokine storm. What makes this Covid19 horrible is that there is a percentage of people that have the lung issue where it destroys surfactant and then they can't breathe. And then, there's a percentage of people that have the cytokine storm.

So, what is causing it... we don't know.

Now, regarding [turmeric](#), I have not seen any scholarly articles related to that. We do know that turmeric and curcumin is a polyphenol that, generally speaking, your body does very well with. The absorption is quite poor. So it's your microbiome that breaks it down into beneficial things.

I have not seen articles on that creating increased cytokine storm. But theoretically, the cytokine storm is an individual-to-individual thing. That's what I'm thinking.

Shivan Sarna: Okay.

"Can you take Atrantil if you have colitis?"

Dr. Ken Brown: 100%... all my colitis patients are on this. And the reason is because it does help. My combo for colitis and Crohn's... [Atrantil](#) + [CBD](#). And now I'm adding the [BrocElite](#). That's my three-combo thing. I can give science to it as to why I like all three.

Shivan Sarna: ...which is what you talked about in this session.

[BrocElite](#)... does that contribute to hydrogen sulfide SIBO?”

Dr. Ken Brown: I have not looked at that. I'll be honest. I haven't even thought about that. I do seem to have successful results combining them because it does have antimicrobial properties. I will look more into that.

Shivan Sarna: Cool! Cool, cool, cool.

[01:15:04]

Dr. Ken Brown: Remember, if you're a nurse or a doctor working shift work, not getting good sleep, and you're taking care of—I mean, look at our New York doctors or our Italian doctors. These guys are our heroes, total heroes.

Shivan Sarna: Anybody in the medical profession right now, thank you.

Dr. Ken Brown: I mean, you have the guts to show up to work and be lacking sleep and tired and all this and wear masks...?

Shivan Sarna: ...with bruises!

Dr. Ken Brown: I've seen pictures of Korean nurses where they're getting scars from the mask!

Shivan Sarna: Ugh!

Dr. Ken Brown: You know what? They're the heroes. That's awesome. And if I can protect them, then we're going to do that.

So, once Eric and I come up with that, what we will do on the front page is going to be this summary—brief summary, not geeky summary like I'm doing with you. It's just “it does this, does this, does this...” The back page is going to be a whole reference page. So, we'll get that to you and your tribe.

Shivan Sarna: Okay!

“Healthcare workers, what is the dosage of [Atrantil](#) for healthcare workers?” or someone who's really looking to boost versus the two to three times a day on the bottle?

Dr. Ken Brown: Yeah, that is a great question. And my team actually asked me that. And we don't really know. But if I'm using logic and I'm looking at this, I think that frequency is more important than dosing.

So, if I'm going to do this, then I'm going to take it frequently just in case I get exposed.

So, one of the things I say and that I'm telling all my patients is we're now in a time where people get a little cooped up in their homes, and they want to go and dabble in that takeout, the person making your food, there is a fecal-oral route of getting this. If you're going to eat any food that you're bringing into your home that you did not cook yourself, that you did not wash your hands for 20 seconds before doing it, then definitely take Atrantil.

I've been on at least 6 tablets to 10 tablets a day now for five years. And I got my blood work checked. I've done this. At least in me, it has been beneficial.

So, for everybody else, I would say maybe **one tablet three times a day just so that it's there.**

Shivan Sarna: You don't have to build up to the whole bottle. That's not what you meant. But just keep a baseline... that's what you're saying.

Dr. Ken Brown: The deal is, if you get exposed, you want to hit it.

Oh, in fact, vitamin D, they showed in the studies that sometimes we treat people with vitamin D with like 50,000 units once a week, that was not beneficial in preventing viral illness. Taking it daily was beneficial... which shows that it has that innate immune effect. And that's how I'm kind of viewing this also. Take it on a regular basis.

Shivan Sarna: "Can you take [Atrantil](#) and [Megaspore](#) together?" I love Kiran!

Dr. Ken Brown: Oh! Yes, yes, yes! My man, Kiran! So, in our subscription box, that's what I have.

I interviewed Kiran Krishnan, the CEO of Megaspore. And we geeked out on the fact that Megaspore as a sporebiotic uses these polyphenols to wake up when it gets to the colon. And then, it sends its signaling out. So, not only can you take it, we're trying to figure out how to combine...

Anyways, I won't get into that. That's a business thing. But I love the combo!

Shivan Sarna: One more question, Shannon: "What can I do while lactating and treating my SIBO?"

Dr. Ken Brown: Short medical-legal answer is I can't recommend anything.

Shivan Sarna: Okay.



Dr. Ken Brown: And I hate to say that, Shannon. I'm just sorry. It's just that, unless something has been studied in pregnancy or in lactation—meaning that you pay to see. And one day, I hope that we have enough money in [Atrantil](#) to do those studies. But it's extremely expensive. So, hopefully, we will be able to tell you that we can actually do that.

Shivan Sarna: ...that we've done a study on it, yeah.

Okay. You know, Shannon, I just want to let you know that there's a Dr. Stephanie Hayes who I interviewed for the SIBO SOS® summits. She's out of Portland, Oregon. I don't know if she does telemedicine. But she definitely is someone who I would reach out to to see if she does do telemedicine now. We have so many people now doing it. She specializes in the kind of question that you're asking.

Dr. Ken Brown: Oh, that's cool. Stephanie Hayes is her name? I'd love to connect with her because I feel bad saying we haven't done the studies, so I can't answer. But that is essentially what I have to say.

Shivan Sarna: She's the one who told me about how her observations were that when people cleared SIBO and had infertility previously, they were able to conceive.

Dr. Ken Brown: Oh! Oh, okay. Let's talk about that really quick.

So, when I did the original Xifaxan study, one of the reasons why I lost a lot of patients from the study is that Brandi and I ended up losing patience in the study because they got pregnant during it. And every single one of them had been through fertility treatment and all that!

So, I was upset because we lost funding because the patient had to drop out. They were thrilled. We treated their SIBO... and they got pregnant!.

Dr. Ken Brown: That becomes an intention to treat analysis which means that they are considered a failure. And in my mind, there was a win.

Now, the person that developed [Atrantil](#) with me and Brandi, she took it the whole time she was breastfeeding. So if she wants, if Shannon wants to talk to Brandi, she can do that. But as a doctor, I got to say we can't recommend that.

Shivan Sarna: Okay.

Anonymous: "Why do I bring up clear mucus from my throat several times a day. I have bloating. I'm a veggie. I'm on FODMAP and IBS diets. Also, what is it/where is it that I can find a SIBO diet?"



Well, SIBO diet, you can go to SIBOinfo.com, SIBO Specific Food Guide, they're created by Dr. Allison Siebecker is my go-to; Kristy Regan's books on Amazon about the SIBO diets.

And then, Shivan Sarna, Random House, thank you very much... coming out next year, my book. And my diet in that is based on their work, based on Dr. Siebecker's work. And it is vegetarian.

Here's the deal, guys. You can always add the protein of your choice. If you're a veggie, it's much harder as we know. Therefore, I'm like, "Why would I do something that is easy? Or some people have done a beautiful job with it and I don't want to reinvent their wheel." So that's what I did.

That's coming out. I know it doesn't help you right this second.

But also Dr. Nirala Jacobi out of Australia who has created the Biphasic SIBO diet based on Dr. Allison Siebecker's SIBO Specific Food Guide, there is a vegetarian version of that. And you can also check out Rebecca Coomes, *The Healthy Gut*. She's also out of Australia and has cookbooks. And I think she has her vegetarian cookbook out now too.

Okay! So, what about this mucous, coughing up clear mucus from the throat several times a day?

Dr. Ken Brown: So, keep in mind that there's a couple of things that could relate to that.

Number one, post-nasal drip. So, post-nasal drip, when your immune system is inflamed, your histamine goes up. And if the histamine is there, then you're going to have post-nasal drip.

Number two, if you have bloating, your small intestine distends, tells your stomach not to empty, which can lead to reflux, specifically nighttime reflux that you're unaware of (which can also lead to post-nasal drip).

Number three, if you happen to have SIBO, there's a high correlation of SIBO with mast cell destabilization, meaning that you're going to produce more histamine in your body when you eat certain foods.

So, all three of those things can actually lead to that—two of them are in the gut, one of them is going to be more of an allergic-type thing. So that's how I treat my people with mucus.

Dr. Ken Brown: Really quick (because you're going to go off to a meditation thing), the other thing we talked about supplements, but let's talk about lifestyle... absolutely! I mean, mindfulness meditation is what I try and practice. Make sure everyone sleeps. Get rid of toxic relationships.



Now is the time to re-evaluate and practice self-healing.

So, I love that you're going to go do a meditation class right now.

Shivan Sarna: Well, I've been a yoga teacher for many, many years. I've been on the spiritual path a long time. I don't know what I would do without it. But that's me.

And there's so many cool meditations... Oprah and Deepak are doing their meditation program for free right now. Also, Self-Realization Fellowship, SRF.org I think, they have free online live meditations three times a day that you can just, through Zoom, go and meditate with them. And they also have a great site that teaches you how to meditate.

So, what is it Headspace?

Dr. Ken Brown: Headspace.

Dr. Ken Brown: Oh, you know what? For everyone, I'm a huge fan of Brain.fm. That's another little life hack, Brain.fm. I do that to go to sleep. And I do that when I want to focus. So check it out!

It essentially uses something called *neural phase locking* where they play music, but in the background of the music, it's set at a certain frequency. These are all things that I've talked to their PhDs about. Kevin Woods is their PhD, and I just went, "Okay, I get it! You're super smart. I'm just going to do what you say."

What it does is they've shown through functional MRIs with this science that, when a certain frequency is going in here and a certain frequency in this ear—it has to be headphones—your brain will adjust. And you can adjust it to where you need it.

So, if you need to go and stimulate the amygdala for emotion and calm down, if you need to stimulate the cerebrum and increase focus, they can do that.

And I do it, my kids do it. I just think it's really cool. And I do Headspace. I tried it in the sauna. And I will do my mindfulness meditation with that. And then, when I wake up in the morning, I turn on my *Focus Brain FM*. When I go to bed at night, I turn on my *Sleep FM* and I drift off.

So, sleep... take care of your brain. Love one another. Don't hug! Fist bump, elbow bump, whatever it is that you're going to do, yeah.

Shivan Sarna: We love you! Thank you so much sir. I appreciate you!



Dr. Ken Brown: Absolutely! Thank you for doing this, Shivan.

Shivan Sarna: Oh, yeah. It's my pleasure.

More from Dr. Brown in the near future. When the smoke clears, we'd love to get you on to talk about [CBD](#) and what that means.

Look for an email guys! The lowest price in the marketplace right now for [Atrantil](#) is through the links that

Yes, I get a little bit of a commission from it. And you know what that does? It pays people like Clarissa who's behind-the-scenes. It pays Cyndi who makes sure that the tech is going to work for SIBO SOS®. It pays for Mariel who helps me with my copy. It helps with Lisa who makes sure that we're all doing our jobs... because if I wanted to reach as many people as I am reaching right now, I cannot professionally do it alone. I could hack at it, and it would not be perceived or received as well because it would not be as professional (even though I'm very casual at the same time).

So, I do have a team. I have to pay them. They deserve every single cent. And I'm also very happy to be able to employ people in this marketplace at this time and economy.

So, support your local restaurants with gift certificates and the like; pre-advanced, buy some massages (so that your massage therapists can continue to feed her family or his family)... you get the idea.

We love you! Namaste. Thanks Dr. Brown.

Dr. Ken Brown: Bye Shivan. Thank you so much.

Shivan Sarna: Bye bye. Thank you.

[01:30:30]