



## IBS, SIBO and Your Genetics

Guest: Shivan Sarna

*The contents of this presentation are for informational purposes only and are not intended to be a substitute for professional medical advice, diagnosis, or treatment. This presentation does not provide medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.*

**Donna Gates:** Welcome to The Genius of Your Genes Summit. This topic that we're going to be discussing right now is just an enormous topic. And I think many, many people listening are either dealing with SIBO, so we'll go into what that is. Or they're practitioners and they work constantly with people that have SIBO, they may or may not realize that it's the problem.

But the more I looked into SIBO and the person that we're interviewing today is Shivan Sarna, and she's really a master in this topic. And it's because she started off with SIBO, dealing with it herself, then she went on and took it to a whole new level and has interviewed every top expert in the field, so there's literally nobody better that I call and say, "Shivan, would you please do this summit with me?" And she said, "Well, I'm not into the gene part of it." And so, I'm going to sprinkle some of that in to the talk. But she's really an expert. So, I'd like to welcome Shivan Sarna.

**Shivan Sarna:** Hi, Donna, thank you for having me.

**Donna Gates:** Well, I'll just let you tell a little bit about yourself and your story, because I didn't read the bio, so.

**Shivan Sarna:** Don't even worry about it. All right. The reason why it's really exciting to be here is because I want no one to go through what I went through, which was not knowing what was wrong with me for most of my life.

And it turns out I do have SIBO, and it stands for small intestine bacterial overgrowth.

And when I first heard those words I was like, “Oh, heck no. I don’t have that. That sounds disgusting.” And I totally was in denial and disavowed. And it’s the number one underlying cause of another sexy term, irritable bowel syndrome.

That’s what has plagued me most of my life and it came from me, my underlying cause was food poisoning. We’ll talk a little bit about that. But it is a condition that can lead to diarrhea or constipation or both. And it is very uncomfortable. It also can lead to bigger health issues.

And I’m a TV lady. I’ve been host and a guest on the Home Shopping Network, we’re cool now, so it’s HSN, which is a show, for those of you not in this country, it’s a shopping television station. And I’m a journalist also by nature.

I finally got a proper diagnosis after false starts, thousands spent, the whole tricky patient journey. I swore that I would take all that I had learned and share with the world, the people that I had met, so that none of my experience would be wasted. And that’s why Donna is saying, while you’re kind in saying I’m an expert, it’s I have accumulated a lot of knowledge from interviewing the true clinicians, practitioners, nutritionists, researchers, and I act as a patient advocate to help people get connected and get informed.

**Donna Gates:** I think, honestly, every single person listening that isn’t perfect health, doesn’t have perfect digestion, should seriously consider following the advice that we’re going to give them. Because I really think people go undiagnosed all of the time from this.

It’s so easy to cause SIBO. There’s so many different reasons, like myself, for example, millions of women like me – my skin broke out when I was a teenager. Back in those days they gave you very high doses of an antibiotic, and then they threw in the birth control pill for your skin. That stood true. Most of us that started taking it continue to take it for many, many years, 15/20 years. So, anybody with that history definitely should just say, “I’ve got SIBO.”

And they end up with gas and bloating. We should go into all of the symptoms. I don’t care whether people get tested or not. I think everybody should follow the advice that we’re giving people right now. So, let’s start with how did you finally begin to realize that this was your problem, because it’s kind of just recently come on the forefront as a problem? And most doctors know nothing about it and don’t even consider it as a potential problem.

**Shivan Sarna:** And that is part of the mystery that I want to have revealed is because, you're right. First of all, there's not formal training that is expansive on SIBO in medical school. Hopefully that's changing. It's a mention, it's a page or two in a textbook. They're definitely gaps in the knowledge-base out there in medical schools, and hopefully that's getting better.

The way I found out about it was finally after about a very, very severe stress, and having all of my symptoms get much worse and just hearing that internal conversation that I try to listen to, but I'd been ignoring for a long time, "Shivan, you have to go to a doctor, talk to someone about this" which I had talked to my GP about it.

But like, it got louder and louder because I was really struggling, and I finally went to a gastroenterologist. And he told me if I walked three miles a day, I would probably become regular. And he said, "It's a tricky situation." He gave me a prescription for an antidepressant. And he doesn't say it was all in my head, but that's what I took from that. He wasn't a great communicator. Well meaning guy, don't get me wrong. But I think he was probably trying to help my serotonin in my gut, but didn't explain that to me.

So anyway, I then met a girlfriend who was talking about her gut health. And that's why I want to encourage everyone to talk to their friends about their gut health because that's the way this is going to get solved and helped, is to get the word out. And we don't like talking about it.

But she told me she was on this amazing wild antibiotic, and she had gone and had this test where she had drank this stuff and she blew into this tube and it was all very vague. But I couldn't get that conversation out of my head. So, I went back and talked to her, and I was like, "Okay, what?"

And she told me a little bit more and I got a script from the GI doctor and went to the University of South Florida to do a SIBO breath test, 24-hour lactose breath test. Where you drink this – basically sugar that the bacteria that are in the wrong place in your gut have overgrown. They love it and then they fart either methane gas, or hydrogen gas, or hydrogen sulfate gas, and it shows up a graph of parts per million of that gas. I way oversimplified it, but that's the basics of it.

Anyway, I did that and I got a false negative. I was told it was negative, I got the report. They had written positive and crossed it out and wrote negative. But I didn't realize that until 18 months later they did not know how to read the test. So, I actually was positive. That is another story.

However, what happened for me was I lost so much of my life to this, it's definitely draining from a lifestyle perspective. It's uncomfortable, of course. You can have other things come from it; rosacea, restless leg syndrome, anemia, so many things have been linked to it.

But here's the thing. This is very important. What it is, it's not an infection. It is when bacteria is overgrowing in the small intestine. And the small intestine compared to the large intestine is quite sterile, which is bizarre to think about. But by a comparison it's quite sterile. And when bacteria isn't swept out of the small intestine, it overgrows. It becomes like a brewery, your own little microbrewery, and that's when you get SIBO. And that's also why the bloating comes is because it's in that confined space and all of this bacteria is releasing this gas.

So why do you care other than you're uncomfortable and you're bloated, you have constipation, diarrhea, alternating constipation and diarrhea? Well, it's because it could lead to malnutrition eventually. It's a condition that I also just want to say about – also I know a lot of you have Crohnic conditions – is that when you get a Crohnic condition managed.

And it's maybe not curable for you because of your underlying cause or whatever your situation is, know that you can feel 100 percent better in many cases. So please don't be discouraged if you have a Crohnic condition, because I'm living proof, for me, I know everybody's different, but I have felt now 100 percent better than I did before when something was unmanaged.

**Donna Gates:** And the reason that malnourishment is because the small intestine is really where nutrients go in from the small intestine into our body. So basically, you're not absorbing things properly, and the sugars in our diet – like lots of people are eating a ton of sugar, they're absorbed in the small intestine. You're really feeding any microbes that are up in the small intestine. There is a microbiome in the small intestine. But Shivan would you explain that – basically, it's that the microbes are necessarily bad they're just in the wrong place?

**Shivan Sarna:** It's a misplacement of them. And then there's something called the migrating motor complex, MMC for short. It's a sweeping motion out through the small intestine in particular is what I'm referring to. And they call it the crumb sweeper, you know when you go to a fancy restaurant. The analogy I love when I've heard from other people is it's a white table cloth, and the waiter or waitress comes over with this little crumb cleaner and sweeps the bread crumbs off the table and now it's clean again.

The migrating motor complex when it's not working will not do that last bit of sweeping of the bacteria out of the small intestine and that's when it can overgrow. It's one of the ways that you can get SIBO. There are so many others, including diverticulitis where in those little pockets they're going to have the bacteria living and it just can never get fully cleaned out.

You could have extra loops in your intestine. You could have something called Ehlers-Danlos, which is a genetic situation. It is a genetic condition where you have a lot of laxity. I have that also, a mild case. And I can do this, if you can do this, if you're like a cirque de soleil yoga teacher person, always flexy, gumby, please look into Ehlers-Danlos. Some people have it very severely and can't even walk, but it's a collagen disorder. And your organs can tend to go lax, and so they can get misplaced in the body and that can mess with cleansing waves.

And think about if you're familiar with ileocecal valve, which is the valve between the large intestine and the small intestine. And when that's not functioning you can get a backwash of the bacteria into the small intestine, that's another one of many ways that you could get SIBO.

**Donna Gates:** Even endometriosis I know is part of it too. There are many, many causes basically. Liver not working properly. Bile problems. Many people have bile problems. And I did an interview with Ann Louise Gittleman. We talked a lot about bile and the liver, and there's 50 or 60 genes in the liver, 52 or something. I'm sure the exact amount, but right in there. And there's a whole bunch of genes there, so you can have gene problems in your liver and it's contributing to this, too.

So, I'm going to talk a little bit more down the road about genes. But I wanted to – I know stress, I honestly think stress is an underrated cause of SIBO. Can you talk about some of the emotional factors around it?

**Shivan Sarna:** I definitely see it as a contributing factor. So, let's say you have a little bit of a slow motility, let's say you do have some migrating motor complex issues, or something else that's already like a compounding factor. And then you put stress on top of it, which is going to impact your stomach acid. It's going to impact the energy stagnation in general in your body. And you're going to be out of rest and relax and into fight or flight.

And I think it's really important to, obviously I'm going to say something that's silly like it's really important to take good care of yourself. But that's one of the things that's so easy to say and so hard to do. It's like me saying, "Hey, Donna, be enlightened." Right? It's a great idea. It's not easy to do. But it's

super important that we're all on our journey and trying to – whatever our biggest goals are.

So, I do think the parasympathetic which is the nervous system that is the one that controls your fight or flight or rest and digest, and when that is in sympathetic more than parasympathetic it creates a lot of difficulty in the communication between the brain and gut. And that can also lead to that slow motility, that cleansing wave not working as well.

**Donna Gates:** Well, I think it's pretty easy to understand because if you were – back to the early days when man was very primal, if you sensed that there's a lion or some danger around you, you're going to become very alert. Your whole digestive system shuts down completely so that you can put that energy basically into running away from whatever that danger is. So that right there is constipation. You've just stopped. And we're under continual stress.

Also, there's a lot of research showing that stress does basically alter the microbiome significantly too. So, I think it is a factor. And then we live in a time right now where we're just bombarded with stress. And young people being born into this time, they don't even know what it's like to sit on a porch in a rocking chair in the summer time and have nothing to do. It's just unheard of. I'm old enough to remember those days, and I was super bored then, but there's something to say for the days for when the days were much more slow.

Well, let's talk about – I have a billion questions, I kept thinking of things to ask you. So, one of the big issues is that people will start to treat SIBO and then they have a relapse, and that's constant. I have some thoughts about that, but I know that's something you know a lot about. So, what about these people that say, "I know I have SIBO, I've been going to a doctor. I've been trying different things." And let's talk about diet in a minute too, but, "I'm following a diet that's supposed to be good for me, but it goes away, two, three, four months it's back again." So, let's talk just about that. That's the biggest issue, I think too.

**Shivan Sarna:** Relapse is very common with this condition. But think about it if your ileocecal valve, which is a valve in your gut, if that opens or closes or gets stuck open, which would be fairly easy depending upon you and your anatomy. That could be leading to a relapse.

There's also, an underlying cause is overuse of antibiotics. Now of course they can save your life, so we're fans, but the over prescribing of antibiotics can also lead to a relapse depending upon the antibiotic.

There's so many reasons why. Some people who have SIBO by the way who get treated the first time they don't get it again. It's not a Crohnic thing, it's not relapsing. And also, not everyone who gets food poisoning or has some of these underlying causes gets SIBO. So, it's not like a sure thing.

But the other thing, Donna, that you're saying which I know I have SIBO, I just want to say it mimics other things. So that's why I am a fan of testing. But treating SIBO, let's say it's candida, right? Because my candida expert, they're very similar in the bloating in the change bowel pattern. They're very similar in symptoms. So, I know a lot of people who thought they had SIBO, treated it, it didn't go away. They finally got tested, it turns out they had candida, which is also hard to test for.

But that's why I like to – if you want to clean up your diet and you want to eat low fermentable foods, and you want to do some antimicrobials, antifungals, chances are if you already have some problems, depending upon the ones you use, that could clean things up pretty well. And you could actually probably start to feel better.

So, if you're really stuck and you're really trying to figure it out and you might be concerned that it could be something more serious. I was. I thought I had cancer. I insisted on three colonoscopies in period of five years. It was a lot, because I was sure that they were going to find something. And they, thank God, did not. But it's the weirdest thing to get a relief diagnosis of like, "Hey, you don't have cancer." Like great, but what is it? And I know a lot of people with Crohnic conditions they can relate to that feeling.

So, relapse is something to pay attention to. But that's why I do think it's important to get tested, so you know what you're treating. So, you know what you're treating.

**Donna Gates:** Well, as you said, the fungal part of it if it is from fungus, it doesn't show up very easily on the lactose breath test. But I think the best thing is history. Like if you talked to somebody and you find out that they have had antibiotics for a long time, for a reason. Either as a child they were constantly getting reoccurring ear infections, or as I mentioned before the skin, acne. Doctors prescribe that, they're still doing it today. But for some they're not unconscious about it.

But anyway, a history is another really good way to suspect that it's a fungal overgrowth. And both, it can be very easily both. It's so easy to create this condition in the gut. And it's finally what we've gotten clear about.

So, let's talk about diet, because it's very critical. I mean, that's the most important first place to start, in my opinion, is you have to change your diet. Have to get rid of sugars.

**Shivan Sarna:** And I have to give credit here to so many people, but certainly Dr. Allison Siebecker who is the creator of the SIBO Specific Food Guide, which is going to show people foods that they can eat that will help to reduce their symptoms.

This is the cool part about how food can help us, and quite quickly. If you do have SIBO, if you do tend to bloat, there's a series of foods in this SIBO Specific Food Guide that can help you feel better. Ultimately, you could probably feel better within like three days, that's fast. Because the food is low fermentable. And what that means is – you hear about low-FODMAP if you have IBS. This is going beyond that and not just saying, "Well, I have IBS, I'm just going to do this diet."

There are things you can do to treat SIBO and remember SIBO is the number one underlying cause of IBS, which I want to shout from the mountain tops. Because I know a lot of people with IBS who think that they just have to live with it forever.

But when you are on a low fermentable diet it does reduce the bloating. You're not feeding the bacteria the fuel that it likes to then become that microbrewery. So that can be a very quick change in how you feel.

**Donna Gates:** Well, I think that one of the things that when I'm working with people that have SIBO, even if they don't know they have it; I assume they do. Is that during that time when maybe they're taking either antimicrobials and they're on the diet, or they're even taking an antibiotic because like rifaximin, and another one because they're doctor prescribed it for them. During that period of time when you're really knocking back the bacteria, I think it's actually really important to work on establishing the right kind of inner ecosystem or microbiome.

And then that's where you're protected from the relapse, in my opinion. And one of the first foods that everybody says, just do not eat are fermented foods. And I think I would agree with that for most fermented foods, and all fermented foods initially. But the one fermented food that I've been working with for years and teaching people to make is fermented vegetables with the probiotic lactobacillus plantarum because it's not destroyed by most antibiotics.

Bacillus bacteria are very good to take, because they're not destroyed by most antibiotics. And then bifidus, which is destroyed by antibiotics, they are

beginning to provide some – they're helping to reestablish this microbiome, that you've really got to have ultimately in place or you'll never really have a healthy gut.

So I just wanted to – there are many fermented foods, like I'm not big on kombucha because it's got wild yeast in it. Well, actually most fermented foods. I would agree that you don't want to never, never have fermented foods because you've heard that they're bad for you because there's a big difference. Beer, wine, kombucha, they're wild fermentation, and maybe never want to go back on those. So, I just wanted to add that on too.

Well, let's talk about some of the – I literally have four or five or six pages here, questions I thought about. But I do want to go into the genes too, but what about some of the herbs and things that you would recommend people taking, and then also have you kind of arrived at do we need antibiotics, and which antibiotics are being used most successfully?

**Shivan Sarna:** So, there are three main treatments for SIBO. And there's some more emerging, which is very exciting. But what you want to do is reduce that bacterial load, and you can do that through prescription antibiotics. Which I know we were just talking about antibiotics and you're saying, "Hey, that's an underlying cause." So, I want to explain something about that. You can do it with antimicrobial herbs.

**Donna Gates:** Such as?

**Shivan Sarna:** Such as I'm doing my little overview, and then you can do with the elemental diet. So, let's do the herbs first. A lot of people have great results, and these have been studied. Candi-Bactin-AR and BR, which are an herbal combinations. And you can find those on Amazon, believe it or not. And then also Neem, and the brand that I see most practitioners enjoying and using with those is called Neem Plus. There's a couple that are really good. And then oregano oil, people love that encapsulated. I did that one personally for a really long time.

And then allimed, which is the Allicin, which sounds like the girl's name, which is the active ingredient in garlic. But keep in mind if you have hydrogen sulfide you should not do it. And that's like they did a straight line on the SIBO breath test. Because it needs that sulfur, again oversimplifying it.

But what you can also do is something called the Elemental Diet, which I just want to touch on because it's a liquid diet.

**Donna Gates:** Yes, I kind of side-tracked you, let's go back to diet.

**Shivan Sarna:** So, we were just talking about the diet being the food that you eat to help reduce your symptoms, right? So, diet doesn't treat SIBO in terms of curing, it does help to reduce your symptoms. There's something called the Elemental Diet, which is a liquid amino acid diet that was originally designed for feeding tubes, believe it or not. That has been consumed orally and is disgusting tasting, because amino acids can really bad, but they've made better flavors and they've done some recipes now. Some commercial operations done on that, so they taste better.

And that actually starves the bacteria versus killing through an antibiotic or antimicrobial. It's literally starving them, and you are on this liquid diet for 17 to 19 days. So, you can do your research about that, it's called the Elemental Diet, and there's definitely a lot of literature online about it. It's not easy, but a lot of people end up doing it, it's the most effective of the treatments. And they end up saying, "I wish I'd done this first." So, I just wanted to mention that.

And then let's back it up to those antibiotics. There's an antibiotic called rifaximin, with the brand name Xifaxan. And it is used usually for hydrogen dominate SIBO, and that would be mainly diarrhea. And if you have methane dominate, which is the kind of gas that the little bacteria are producing, like cows produce methane, right? That is usually rifaximin and neomycin combined. And there's a couple of others they do with the rifaximin. So, there you go.

I've heard of people doing grapefruit seed extract, which has not been studied. And I personally, I've just not observed anybody having success with that. And then I've also seen people do other antibiotics that are sort of random, that have not been studied. Which doesn't mean they don't work, but I haven't seen great results from hearing from people and what they've been doing.

**Donna Gates:** And rifaximin is just local in the gut, it's not a broad spectrum getting everything, killing everything. So just to throw that in.

**Shivan Sarna:** Yeah, totally. That's why it's actually the preferred antibiotic for this is because it does just stay in the small intestine. If you ever had traveler's diarrhea and you were given an antibiotic chance are it was rifaximin. So that's what that has been very famous for.

**Donna Gates:** Well, let's talk about some of the microbes that could be there in the small intestine. Oh, and by the way I would also throw into that list that you had, berberine.

**Shivan Sarna:** Yeah.

**Donna Gates:** Berberine is really good too. At least for three or four months, and unfortunately high doses, like maybe five grams. That means you're taking ten capsules spread throughout the day. Berberine is really good too. I love berberine because it does other things too like help control blood sugar.

But back to these microbes that can live in the small intestine, archaea as you mentioned is overproducing bacteria. E. coli from the research that I've done can be contributed to very often 60, 90, 70 percent of the bacteria in the wrong place. And E. coli is commensal meaning that it's a normal resident, but I find that it's commensal bacteria's that's most easily to turn into a pathogen because when the gut healthy, basically, these commensal bacteria can turn pathogenic bacteria. But whether it's pathogenic or not it's in the small intestine.

So, I'd love to mention about phages, but let's talk about the archaea. I love finding information on the archaea. So, let's talk about what they are. And I know that the most important thing, as far as feeding them or getting them, you can't feed them, is fructose, which means...The FODMAP Diet, one of the F stands for fructose. So that's a must, you've got to get fructose out of your diet, so people are thinking, "Why don't I just have this apple, I read is was really good for fiber in my gut." Bananas, whatever, that's fructose. Fruit, fructose, so that's one thing I wanted to throw in there, and then I'll let you run with the rest of the talk.

**Shivan Sarna:** No. I love that reminder, because that happened to me, Donna. I was really obviously trying to be well, and I was doing everything that I thought was traditionally good for you. And I was hungry a lot of the time, too. Because I had ended up limiting my diet just intuitively.

**Donna Gates:** Yeah, good point. See this is so common. People will live in a little box of five foods that they can eat, because everything else causes gas, bloating, or pain, or something. Would you explain archaea too, like what it is, how it's different from bacteria?

**Shivan Sarna:** So, archaea is this ancient organism that is often just referred to as bacteria, even though it is not officially bacteria. And it is what causes the release of methane in the gut. So that's – what you're talking about, Donna, is the kind of that causes most constipation in SIBO and is a really fascinating organism.

**Donna Gates:** It is a microbe.

**Shivan Sarna:** Right. A microbe, but it's the one that produces the methane, and I'm not an expert on that. But that is the way that I think of it and that is a baseline for you. You're nerding out on that archaea, so you tell me about that.

**Donna Gates:** It's a really incredibly hardy one. It can almost not be destroyed. It's all over the earth. It's been since the beginning of time. But they look like bacteria until they started to be able to genetically, get at the DNA of these bacteria. And they realized, well, wait, it's not bacteria because it has to be moved into a different class because it has the outside wall, the cell wall isn't destroyed by antibiotics. It's totally different, so they moved it into its own classification.

Is it methanobrevibacter Smithii, something like that, is the really common archaea that we see. But other species of archaea are all over living in these terrible places in the Earth, and right beside them is a volcano. They can just survive everywhere. So, they do produce methane as you said, Shivan, and then that produces gas, constipation, the gas that causes constipation, basically.

I think that's such a major cause of constipation that goes unnoticed again, because people just don't know enough about this topic. So, they use laxatives in other words all their life, which weakens the adrenals.

Anyway, I think there's a product, and I know you know a lot about this and Dr. Kenneth Brown, that specifically targets the archaea. So, can you tell everybody about that?

**Shivan Sarna:** It's called Atrantil. And I used to call it antrantil, but there's no N there. It's Atrantil, because you're going to feel so much better.

**Donna Gates:** That's where the name comes? I always wondered where did Dr. Brown get this really weird name for it?

**Shivan Sarna:** They made it up, and it came from Atrantil. So, he, Dr. Ken Brown is a gastroenterologist who is also a researcher, but very busy in his practice. So, he often takes all the research and lab information and then puts it to good work in his laboratory of his clinic, you can call it. And I know this because I've done a master class with him, and I got to really pick his brain about this. And I've asked him about, of course, Atrantil, which I believe is the only studied supplement that shows, that's proven to help with bloating.

And what it is, is a derived from what cows were given to reduce their methane. And the way he tells the story is much more elegant. Basically, he

had someone in his office who had previously been with an organization that was trying to reduce like the gas of cows for the environment. And he kind of had this moment of where he was – like the lightbulb moment where he's putting everything together. It's like really, how would that work in people?

And so Atrantil was born from that, and with some of those natural ingredients. So, it's very cool. When people take it, they often experience a miraculous result, and when other people take it just doesn't do that much for them. But I have people who, absolutely, whose lives have been transformed by this supplement that you can get on Amazon.

**Donna Gates:** And can you take it with a meal?

**Shivan Sarna:** I talked about this, because everyone had these questions, how do many do you take, when do you take it? He's like don't worry about it. Take it with a meal, don't take it with a meal. Take it morning, noon, and night. Take it just at night. It's just one of those where it's so flexible, you can just take it with what works for you, but the main thing is to take it.

And they have the bottom of the bottle guarantee. I mean, I'm not a spokesperson for Atrantil or anything, I'm just very excited about this development because it has been so effective for so many people and it is natural.

**Donna Gates:** Also, the other thing that, again, the food. No more fruit. I like a product in addition to the Atrantil, I like a product that Gaia makes called Gas and Bloat, which is peppermint, which Atrantil has. And has some charcoal. You can get Gas and Bloat Teas. That could be good to drink some tea with your meal. It's not doing the same thing, because Atrantil has herbs. Can you talk about the herbs?

**Shivan Sarna:** They have. I can never remember the name of it. It's a bark of a tree.

**Donna Gates:** Quebracho or something like that. I can never pronounce it, that's why I was throwing the ball over to you here.

**Shivan Sarna:** We need to definitely do our Atrantil webinar.

**Donna Gates:** You have one. Well, you have one, and so I want people to know. Honestly, this is such an important topic, and Shivan has got these master classes that she does. You got to go to her and you've got to keep listening and listening. She's got the best experts in the world that will

fascinate you with how they treat people. So ultimately there's so much more to say about this, that the thing to do is go follow her and do the master classes.

**Shivan Sarna:** It's called sibosos.com, you can find us on the web. And what I've done in the past two years was three summits, I'm doing a fourth, and a ten-hour docuseries on this because my journey led me down so many rabbit holes, and so many people aren't diagnosed. Don't have any idea that food poisoning can cause trouble in your gut 20/30/40 years later.

And also, I've done these master classes where I interview world class experts, and they basically take slides that they've done for medical conferences and they don't dumb it down, but they'll realize that the audience is primarily patients. We get a lot of practitioners that come too, Donna, you've come to them. And they go over their expert topic. And then we often have a Q&A after. So, it's really cool because it's direct access to them, and it's also something I wish I had had when I started to figure out what was going wrong.

**Donna Gates:** Yeah. When you do these master classes you will have the tools you need to get well. We just don't have enough time here, but that takes time. It takes time to get well. It takes time to learn too. I can't say enough about following Shivan.

There's so many things, I wanted you to talk about iberogast, is another supplement. You probably need to use all of the ones we're talking about, really. And again, diet's key too. So, these enhance the diet and are really very important to take together. But what is in iberogast, where do you buy it, when do you take it, what does it do?

**Shivan Sarna:** It's quite miraculous. And what it is, is it's a combination of herbs. It's a liquid. It's German. And I just want to say that this is a prokinetic. And when you were talking about relapse, I should have mentioned it then. A prokinetic, think about those words. Pro, in motion, kinetic, they help to make a symphony of the digestive system. Is the way I remember from learning from Dr. Siebecker. It coordinates the digestive system and helps the migrating motor complex do that sweeping.

So, after you're treated you want to make sure you're quickly back on or get on a prokinetic to help prevent relapse. Because it doesn't take that long for this to gather in the small intestine and repopulate. So, a prokinetic is super important.

Ginger's a natural one. Motilpro is one that a lot of people use. It has ginger and other herbs in it.

**Donna Gates:** Who makes that supplement?

**Shivan Sarna:** I see it in my head. It's a white bottle with blue on it.

**Donna Gates:** M-o-t-i-l-p-r-o?

**Shivan Sarna:** Yeah.

**Donna Gates:** Right. I'm going to spell iberogast if you're taking notes. I want you to buy this summit, because there's so much information in every single one of my interviews. There's no reason... You have to listen to these interviews more than once. But just for people that are not going to and are taking notes, how do you spell iberogast and Motilpro, did I spell it right? I think I did.

**Shivan Sarna:** Mo-til-pro, and then it's i-b-e-r-o-g-a-s-t.

**Donna Gates:** And they can get that on Amazon? But can you get the Motilpro from Amazon, or where do you have to go to?

**Shivan Sarna:** So, you might have to find someone's full scripts. A professional that sells to practitioners, I mean, that practitioners could sell to you. I can't take Motilpro because I tend to have a – I'm going to call it a weak lower esophageal sphincter, so I tend to get that burn. Where you burp up the ginger.

But iberogast I just want everyone to know about this. It can help with nausea, it can help with constipation, it can help with diarrhea, it can help as a prokinetic. It's quite miraculous. Nausea, it's amazing for nausea. So, you can find it online. And just check into for yourself. It's one of those things that we all should probably have in our medicine cabinet to help with tummy troubles.

But I know some people take it maybe up to 60 drops at night to help with their migrating motor complex, which by the way only works when you do not have food in your stomach.

**Donna Gates:** Right. And it works about two or threes hours after you eat. So, you've got to have a period of time where – like someone who's eating all of the time, snacking, and grazing, they're hurting the migrating motor complex. That's important.

**Shivan Sarna:** Yeah.

**Donna Gates:** And as far as ginger goes, you can buy ginger, ginger/lemon tea bags. But I really found the most medicinal is to actually just take a little piece of ginger grate it, even with skin, just grate it and then pick up this little pile and squeeze it and you get the juice. You can put hot water over that, and you've got a true ginger tea. It's not brewed tea bag. I've just found that to be more medicinal to actually have the tea and the actual piece of ginger. Add some Stevia and it actually tastes great.

So, I highly recommend that. This is so true, that a little bit of tea, little bit of soup with your meal, something warm, it actually aids digestion too. So that's another useful tip.

Speaking of teas this is really shocking to me but I found out, because I'm always studying the genes, we'll go into that, but black tea, green tea, and coffee are probably the three most consumed besides water beverages in the world. They all suppress an enzyme in the gut called DAO, diamine oxidase, and that's a gene. And that one if it's suppressed it doesn't degrade histamine properly.

So, I think often histamine issues are coupled with SIBO but also, they're – so many people are having histamine reactions, but SIBO could be the issue, it's not histamine. So SIBO could be more of an underlying cause in my experience. Would you agree with that?

**Shivan Sarna:** I learned about mast cell activation syndrome from Dr. Leonard Weinstock, who did a master class with us. So that is definitely – there's a lot to connect histamines with SIBO and with mast cell activation, and if you find yourself constantly inflamed, if you find that you that autoimmune kind of, like I wonder what it is, please find out about what that is.

But the other thing that I just wanted to mention—I should have said it before—is that opioid use can also cause SIBO because it slows everything down in your body. So, I'm not even talking about the opioid crisis here in the states, but I am talking about if you go into deep sedation for surgery where you're deeply sedated and they're working on your internal organs and stuff, that will slow down your migrating motor complex. So, you could easily get SIBO from the pain meds that you then take after the surgery, because it just slows everything down. And the bacteria can hang out in the small intestine and populate.

So, the other thing that they've done studies, they found that alcoholics also have – the study of a very high proportion of the alcoholics they studied had SIBO. So, think about that. It's another depressant, it's slowing things down.

**Donna Gates:** It's harming the liver, affecting bowel flow too.

**Shivan Sarna:** Of course.

**Donna Gates:** So, it totally destroys the microbes. People who drink alcohol – like when they say a glass of wine a day to, they're talking about like a quarter of a cup as a probiotic. Anything over that is not a probiotic and it can kill the microbes in your gut too. And then pathogenic ones take over, so yes, that's another factor. I'm glad you brought that up.

But the part about the morphine and the opioids how they put you to sleep, and I honestly think that anybody that has any kind of surgery, right after the surgery as soon as it's possible, whether in the hospital or back home, immediately do an enema because you're constipated, seriously constipated. Everything's just stopped. And I've often wondered why do they not do colon therapy after they put somebody asleep like that and frozen their digestive tract basically. So, I'm so glad you brought that up too.

Can I talk for just a minute about genes, since this is a genes summit?

**Shivan Sarna:** Yes.

**Donna Gates:** First of all, there are a whole bunch of genes that are connected to irritable bowel syndrome. And that's what they've done all of the research on is not specifically SIBO, but IBD, and what 75 percent of IBD is SIBO?

**Shivan Sarna:** IBS.

**Donna Gates:** Oh, IBS, yeah.

**Shivan Sarna:** IBD is inflammatory bowel disease, which is much more serious, much more serious.

**Donna Gates:** Okay. So, all of this, IBS, IBD, Crohn's, colitis, there are multiple – it's called polygenetic, but they're many, many genes that definitely make you much more susceptible. So basically, in a nutshell, we're very susceptible to gut dysbiosis conditions.

Now, some of the genes I absolutely feel are critical to check are FUT2, and now, this gene just real quickly. We all have different types of sugar. Like I'm an A, did you say you're a B, Shivan?

**Shivan Sarna:** I haven't gotten it tested.

**Donna Gates:** I feel like you're a B, but anyway I thought you told me that. But anyway, whatever your blood type is B or O, your sugars are different and we secrete those sugars into our gut, into our mouth, where many microbes grow: into our tears and sweat, microbes grow on our skin too. If you're breastfeeding, you're secreting in your breast milk. These fluids that have the sugar they're feeding where these microbes live.

And so, if you have variance in the FUT2 gene, you're not secreting your sugars into these places. So that's a big deal if you're not secreting in your breast milk. And if you passed on this gene to your baby, he's not going to secrete his sugar or her sugar into his little gut. These sugars are critical for feeding the bacteria that live there, particularly bifidus.

So, it's not supposed to be a very common gene, but in my opinion and the genetic studies and everything, and the results that I've looked at – when I look at people's genetic DNA tests, I see it often. Because I think the people who come to us are people that have gut problems. So, I see it much more common than people realize, so FUT2 is a gene that needs to be checked.

Now there are two other genes MUC1 and MUC2, so their bacteria that are in the stool but some bacteria are nestled into the mucus lining, and it's so amazing this gene, because this just shows you perfectly the relationship between the microbes and the genes. This is a perfect epigenetic example that here's this gene, MUC1, MUC2, the microbes have to be in the gut to activate MUC1 and MUC2.

So, if you've got a mouse that's grown up in a sterile environment that has no microbes in his gut. Those genes are not activated so there's no mucus produced, so you can't have microbes actually living there. So that's a perfect epigenetic example. So, I always check for the for these genes because again, there really is a direct relationship between, a much more direct relationship than just looking at all of these other lists of genes. I could read them all off, but I'm not going to.

NOG2, however, is very strongly related to all of the IBD, Crohn's, colitis, all of them. So, it's something I think as time goes along, we're going to see a lot more practitioners doing genetic reports, checking them, and looking for these genes. Again, I just had to add that.

Because I don't want people to sign up for a gene summit and find out we talk about genes at all in that entire talk, so there's the gene part of it.

**Shivan Sarna:** So important.

**Donna Gates:** Yeah, they really are, they are really important clues. And really what they do is they help you predict what you want to prevent, so you can personalize your treatment or your diet. That's really what it's all about. Predicting, preventing, and personalizing, basically.

Well, Shivan, I haven't even been watching the time, but gosh, there's so many – we talked about your master classes and everybody, just, you have to know who Shivan is. You really, really have to go and learn from her because this is a very important topic.

One thing, you had told me a while ago, or maybe I learned it in one of your master classes. There's a new test out for SIBO?

**Shivan Sarna:** Lactulose, I'm glad you just said that. There are two things I want to just mention.

**Donna Gates:** Please. Please wrap up here, anything you want to say.

**Shivan Sarna:** I'm so bummed because I didn't mention this. So, there is a test coming, a breath test for hydrogen sulfide, which is the third type of gas that is produced or can be produced when you have SIBO. But there's another test that you need to know about, and it's called the IBS Smart Test. And it's a blood test that can tell you if you have IBS from food poisoning. So, it's not just a diagnosis of exclusion, like, "Oh, you don't have IBD. You don't have Crohn's. You don't have colitis. Oh, but you have irregular bowel patterns, you must have IBS."

So, it's IBS Smart and it tests for whether or not you have IBS from food poisoning. And you can go to their website. It's [ibssmart.com](http://ibssmart.com). and that is a breakthrough test that has just happened in the past like 18 months in terms of this newest iteration. And that was developed by Dr. Mark Pimentel and his team that MAST, which is at Cedars Sinai in Los Angeles. So that's a very important test to know about.

And you can really adjust your brain and reconnoiter or your focus once you know if that is one of the reasons why your migrating motor complex isn't working.

The other thing is, not to scare anyone --

**Donna Gates:** Oh, Shivan, before you go on though, what's the difference between IBD and IBS.

**Shivan Sarna:** Oh, inflammatory bowel disease is a much more serious condition than IBS, which is a diagnosis of exclusion, meaning you don't have IBD, and you don't have Crohn's, you have IBS, which is like in this category of like not other things. So, we call it this. You know when you get into those syndromes, that's tricky territory.

Not to scare anybody, but the symptoms of SIBO can also mimic the symptoms of ovarian cancer. So please do try to figure out if you have this. There are some very sad cases, there are not a lot, but there are enough. One's enough, right? That people were diagnosed with SIBO without getting a breath test, turned out they had ovarian cancer. So that's what I would recommend.

**Donna Gates:** What are the symptoms?

**Shivan Sarna:** Bloating, pain in the abdomen, hypersensitivity in the abdomen, alternating bowel patterns, these things that we've been talking about. So, I think it is – there are tests available. Often insurance will pay for them. Aerodiagnostics Labs out of Massachusetts has wonderful breath tests. And they're wonderful customer service, and they can help you. And if you're trying to find a doctor that is SIBO literate, then come on over and see what we've got going on at sibosos.com, because we do have a list of speakers that are SIBO literate. There you go.

**Donna Gates:** And people have to travel, do they have to travel to these doctors, can they see people --

**Shivan Sarna:** A lot of people now are, thank goodness, doing remote consultations, and depending upon the state that you live in they can't be your primary care, or they can't be your doctor, but they consult with your doctor and they can certainly do a consultation with you or they can give you their insight on your case without taking on your case.

So, I used to think, "Oh, that's not for me, I would never do that." And then once I did, I'm so glad I did. Here comes kitty. I'm so glad I did because I just made so much progress when you finally get that hour with a true expert.

**Donna Gates:** Oh, my gosh. Yeah. Well, do you mind tell us about, not your kitty's name, you probably thought I was going to ask you that. What is

iberogast -- when I go out to a restaurant and something, and they come over and they say, "What do you want to drink?" And everybody's drinking wine, and drinks, martini's or whatever. I will just order either sparkling mineral water with bitters in it. And that's a really old-fashioned treatment. I even put a little bit of Stevia, a little tiny drop of Stevia in there. Tastes really good to me. But it works like iberogast. Is iberogast like a bitter? Do you know how they're different?

**Shivan Sarna:** I don't because bitters actually have that bitter taste. They're similar certainly in that they help to stimulate your digestion, and they're wonderful to use in conjunction with food. And bitters are incredible and super helpful, and probably good for everybody to help get those gastric juices going. So that and digestive enzyme are probably the most underrated digestive tools out there. Along with being properly hydrated. So, I definitely glad that you mentioned bitters because they're really, really important.

**Donna Gates:** And I forgot to mention I said I was going to talk about phages. Because we've literally entered into a phage stage basically that antibiotics aren't working for us anymore. Like drug companies aren't even developing them, because as soon as they do and they start to use them, the bacteria is so smart they outsmart the antibiotic. And then they don't work, the antibiotics don't work.

So now we're in the post-antibiotic era. And phages are appearing on the scene. Although, they were – before antibiotics were so popular, they were used, phages were used in Europe. They're basically viruses, and they're – for every bacteria on the planet there are ten phages, and the phages are specific, so they target one bacteria and only that bacteria or one group, like E. coli for example. Which is the phage we saw called EcoPhage. But it targets E. coli.

And I have found, because I don't know if E. coli is in the small intestine or not, but just taking it – in people and in animals too, animals can get SIBO by the way, right? There's something about this specific phage, they don't attack any of the good bacteria, they only attack, like in this case E. coli. But their finding them now, because this is a really important new therapy for Lyme Disease, different types of Strep. You take the phage that is going to target that particular bacteria.

And there are ten phages for every bacteria on the planet. And they go in and they attach to the bacteria, they inject their DNA right into the middle, right into little bacterial cell and they start to replicate it and then they expand into the trans, and then blow up the bacteria. The E. coli, the pathogenic E. coli for example.

And then they are out in the bloodstream attacking everything, all a bunch of other E. coli. So, I have really found – I know that phages are not mentioned, but I found it has a calming effect on people that are using it. So, I would add that to the list too. Why not try it? Because what I find is that people, they might see a difference right away, but they might not see a black and white difference. But there's a calmness that's happening. And I think that they're helping – they are like policemen gathering around the E. coli, so they can't become pathogenic.

And again it seems from the research that I've done that E. coli are often, not always at all, but are often an issue in SIBO too, so I wanted to add that part.

But Shivan, I don't want to steal the show here. Because you're the one that I want people to go to.

**Shivan Sarna:** Donna, thank you for all of your good work, and for sharing your excellent information. And everybody buy the summit, because you need to refer to it back over and over and over again. Genes are complicated. And Donna and her experts I know have done a great job for you. I can learn more about mine.

**Donna Gates:** Thank you. Shivan, thank you so much. How can people reach you and get signed up for these master classes? And even though they happened, they're all recorded, like you can join at any time, right?

**Shivan Sarna:** Such a good point. Yes, you can come on over to sibosos.com at first, I was come save me help, help. And now, I've come to learn we have to save ourselves. So, it's sibosos.com. I'll see you there.

**Donna Gates:** That is so true. We have to save ourselves by educating ourselves and that's what our summits are about. So, thank so much for the work you do. I want to say again very clearly, most people have SIBO. If they have any kind of gut problem, they should learn about SIBO, and start to treat themselves. And whether you get a diagnosis or not, this very, very wise advice basically.

**Shivan Sarna:** We definitely need to get people educated. It's probably one in ten people that have it. So, want you to be aware of it at the very, very least. So, you can pick up on the signs, and also help your friends who are suffering who don't even know the condition has a name. Because that was that was me for most of my life.

**Donna Gates:** Great. Thank you very much.