



Reverse Autoimmune Disease Summit

Dr. Keesha Ewers Interviews Shivan Sarna

Dr. Keesha: Welcome back to the reverse autoimmune disease summit. This is Dr. Keesha Ewers and I'm so happy to introduce you if you don't already know her to my friend Shivan. After being diagnosed with small intestinal bacterial overgrowth in 2015, Shivan Sarna set out on a mission to heal her gut and get her life back. She quickly was frustrated by the lack of accurate and reliable information and she made it her mission to bring SIBO experts from around the world together in one place to get help to people who needed it. She founded SIBO SOS to support others on their journey to understand, treat, and manage IBS, SIBO, and other digestive issues. Through live workshops, expert led courses, a podcast, a blog and free Facebook community, SIBOSOS, she's now helped thousands of people heal their SIBO. Welcome to the RAD summit. I just realized like a little while ago that reverse autoimmune disease actually was the acronym RAD and I thought, Oh, that's cool.

Shivan: That's so cool. You're so cool. Hi everybody.

Dr. Keesha: So when we talk about small intestinal bacterial overgrowth. A lot of people that have autoimmune disease have that. So I love for you to tell you about your own personal journey because of course I think of all things, SIBO manifests in different people in different ways and there's such a wild range of information around it. So we're going to, we're going to tease all that out, but I want to hear about your personal journey first with it.

Shivan: Well, thank you for doing this work and hi everybody. I'm Shivan as Dr. Ewers just said. So, I am a fancy TV lady, I guess is the way of saying I've been on TV for 20 years and I used to get these Facebook messages going, when are you expecting, you're glowing? I wasn't pregnant. I had a skinny body and then this little poofy belly and sometimes the Spanx and the girdles and the compression garments systems didn't do enough. And it's because I was bloated and it was from SIBO, small intestine bacterial overgrowth, which is one of those symptoms of SIBO is bloating and constipation, diarrhea, alternating constipation, diarrhea, pain, anemia, malnutrition. The list goes on. And I didn't know what I had for decades until just recently, but I probably had it since I was five.

Shivan: And it turns out it was probably from food poisoning when I went to India as a little girl. I also in about the same range, went to upstate New York and did a field trip and drank unpasteurized milk that we milked from the cow right there in this upstate New York farm. And then it was this farm experience from a city girl, for my school and got not deathly ill but really sick. So I want to talk to you guys about how food poisoning impacts

our autoimmune system and can cause IBS and SIBO. And a sidebar here is that if anybody's ever been diagnosed with IBS, it is a diagnosis of exclusion. Meaning you don't have IBD, you don't have Crohn's, you don't have....

Dr. Keesha: Lets tease out some of those two acronyms. So IBD meaning inflammatory bowel disease and IBS, irritable bowel syndrome.

Shivan: Yeah. Oh yeah. Interpret. Please help me out. Thank you. Yes. So when I finally was diagnosed with IBS, irritable bowel syndrome, the very nice gastroenterologist said, you know, really running three miles a day, that's really the best thing for your gut. Said that. And then he said, well, I can give you this anti-depressant. Okay, now he was probably trying to help my serotonin and my gut but didn't say that. So I just thought, what's going on? Do I have a mental health issue? Does he think I'm, off my rocker? Maybe I do. It was just very, very upsetting. Turns out this very nice guy, good GI doctor, he was about to retire and it was nothing wrong with that, but I hadn't been keeping up and was very popular for scoping.

Shivan: So I thought that was a very frustrating moment. I decided to leave that doctor of course, and found someone who I lovingly call my digestion detective. I now have a whole committee of them, but he was the gentleman who said, you know what, Shivan I think you might have SIBO. And I was like, SIBO, right? That breath test, which I'll explain, that came back negative. That was it. And he's like, I really think you have a couple more appointments. He's like, can I see the results? So I got ahold of the other doctor's office to get the results cause all the transferred records just said no or negative. Well we looked at the test results and he's like, Shivan, that's a positive report. It says negative. And actually what happened was it said the word positive, someone hand scratched through it and wrote negative.

Dr. Keesha: Oh.

Shivan: So for 18 months I had the wrong diagnosis. That's a year and a half of a long time anyway. So...

Dr. Keesha: Of being pregnant and not birthing a baby!

Shivan: Right. And still like not knowing what was going on and having it get worse. It's so frustrating. So anyway, bottom line is I got to the bottom of it. I have then been on this crusade to help other people get to the bottom of their situation and really helping folks figure out their underlying cause of why they might have SIBO because SIBO has its own symptoms and is caused by something else that has its own symptoms.

Dr. Keesha: And let's talk about that.

Shivan: Yeah. So it could...

- Dr. Keesha: Let's talk about the symptoms. First, all symptoms of SIBO.
- Shivan: Bloating, abdominal pain, constipation, diarrhea, alternating constipation and diarrhea, anemia, malnutrition...
- Dr. Keesha: Malnutrition because it is in this area of your intestinal tract that you are actually taking up and assimilating and absorbing a lot of your vitamins, including your B vitamins, your fat soluble vitamins. So, you can be eating them through here and then not absorbing them.
- Shivan: Exactly.
- Dr. Keesha: Really important.
- Shivan: And most people think that the folks in first world nations are nourished and if you have some conditions, that's not going to be the case. And of course, if you're not eating high quality food, it's not the case either. But, what happens, the definition of SIBO is when bacteria that is in the large intestine ends up in the small intestine. And in the small intestine, it's fairly sterile by comparison to the large intestine, which is where that famous microbiome is located.
- Shivan: And then in the small intestine, this bacteria can get trapped and overgrow and it becomes like a Petri dish. And if that bacteria, much like a brewery or a microbrewery, ferments your food, and that's what causing the bloating and that bacteria eats your nutrition before you get a chance to absorb it. And there's a whole cascade of implications. And there are three kinds, that they know of, of bacteria that overgrow and one produces hydrogen and one produces methane like cattle, right? Methane and one produces, and I'm saying one, I'm over simplifying it. Hydrogen sulfide, and they have tests for the hydrogen test or the methane back producers. And then they're working on tests for the hydrogen sulfide.
- Dr. Keesha: So you had said, fermentation like a brewery, but I actually want to put in another words that people get a really good visual.
- Dr. Keesha: It's called putrefication.
- Shivan: Nice.
- Dr. Keesha: When I first learned that word I went, Oh, that's a good word. You know, because purification happens instead of absorption and assimilation and the proper breakdown of your food, right? It just kind of rots in there using your fiber that you eat. Those little guys make a lovely nest and then set up a brewery. Right? And if you've ever made bread and you put yeast and warm water and sugar, it grows. And then in your intestinal track, it's only about that big around, right. And the only place it has to go because if you

take out all of your intestines and you put them out, they actually fill up a doubles tennis court, which is just remarkable to think about. Right. Then the only place for that gas to go is out, which is why you become pregnant. Right?

Shivan: Right. It's a partially chemical problem, partially physical problem,

Shivan: And an orchestration problem there. There's a lot of moving parts to it and diet with a low fermentation diet, the SIBO specific food guide is really helpful for that. It's SIBOinfo.com. One of my doctors, Dr. Alison C Becker has a great free site. So you want to reduce your fermentable load, right? Then you hear about the low FODMAP diet, which is a diet that is lower in fermentation, and is what a lot of IBS people, with irritable bowel syndrome go to to help control their symptoms and they stop there and it reduces the diversity of the microbiome. So it's really not designed to be a long term diet. And when you work with someone who's really educated about that, they're always trying to get you to expand your diet, which is great because then you get more prebiotics to feed your microbiome, however, and it's going to reduce your symptoms.

Shivan: However, you've got to really get to the root cause of why you have this overgrowth in your small intestine. And SIBO is the number one leading cause of IBS. Now here's where the autoimmune part comes. Circling back to that whole idea about me going to India and getting food poisoning. I'm drinking the cow milk that wasn't pasteurized. You can get IBS from food poisoning and this is only now getting out there in terms of education. And so, it's part of my mission too, Dr. Mark Pimentel at the Mass Program at Cedar Sinai has been leading the way in this research and he's been very gracious to spend time with me and my community to educate us. And so it's not, the only reason why you could have IBS it's not the only reason why you would have SIBO, but it's one of the big autoimmune pieces and it is the majority of the reason.

Shivan: And so what happens is, when you get food poisoning, your body creates these antibodies and they are called anti C D T B and anti vinculin and they're elevated in the blood of patients with predominant and mix type of irritable bowel syndrome that I just talked about. And what happens is it inhibits your body's migrating motor complex and the migrating motor complex is this part of peristalsis and this orchestration of sweeping out bacteria from the small intestine...

Dr. Keesha: Peristalsis means the muscular contraction and moving things through.

Shivan: Yes. Thank you. No, I love it. Keep interpreting. Yeah. Thank you so much. It is, it's like another language for sure. So what happens is when your MMR or migrating motor complex isn't functioning well, you're not gonna sweep that bacteria out. It's going to hang out there, it's going to overgrow and you're going to have small intestine bacterial overgrowth, right?

Shivan: So when that happens, that's the autoimmune part. You get this food poisoning, your body has this reaction, creates these antibodies. And then this is the part that's like, I

had a really hard time understanding this because it didn't make sense, but it does now that I understand it, but I was like, I thought the body was smarter than this. Yes, body, I love you. But it's called molecular mimicry and the body gets confused by these antibodies, which impacts the reduction of the migrating motor complex working. There's now a blood test you can do to see if you have elevated levels of these antibodies and it's called IBS smart. And they don't give me any money to talk about it. I love these people. They have changed my life. I finally found out why I have this problem and it's called IBS smart. You can go find it online at IBSsmart.com.

Shivan: They have a way for you to even fill out a questionnaire and get the test. You can take it to a local, any lab test now or a lot more GI doctors are now carrying it. But it's very exciting. They're working on Medicare and insurance paying for it too. It's very exciting because now there is a direct scientific discovery of that yes, this is what causes this number one digestive disorder in the world. A billion people are impacted by this and 40 to 60 million people in the United States alone. So it's probably underestimated. But I just wanted to really share that piece of hope with everyone because I lived for so long with so much confusion. And then when I finally found out what I had, I didn't understand why I had it. Then when I found out why I had it, now what it's done is made me a lot more compliant.

Shivan: I've also gotten like 90% better. And you can do some things to address that overgrowth in the small intestine by really three main things you can do. Antimicrobials like herbals, you can do antibiotics. There's one called rifaximin that is usually I was afraid of it. I don't want to wipe out my microbiome but studies show that it does stay in the small intestine. It's a remarkable antibiotic. You can also do something called the elemental diet, which is a liquid diet of amino acids that are basically pre digested. So it starves the bacteria. I'm just giving you high level here, right? But those are things for you to talk to your practitioners about or to research on your own, on the web. And then also after you do this treatment, which by the way, may not work in the first round, but it may drop the levels of the bacterial overload.

Dr. Keesha: It rarely works in the first round.

Shivan: One third of the people have it work in the first or second round. The rest of us just keeps going.

Dr. Keesha: Or it might work in the first round and then later come back because they still some little critters there that take off as soon as you start giving them prebiotics. So.

Shivan: Exactly. Because you have to figure out that underlying cause. Is it adhesions like after surgery where you have the collagen like scar, like internal scarring.

Dr. Keesha: Together.

- Shivan: Yeah. Your intestines in the small intestine actually stick together and the migrating motor complex might be wanting to move but it can't because you've got an adhesion there. Do you have a traumatic brain injury that doesn't necessarily mean you had sirens and an ambulance, but that you were kicked in the stomach by a horse when you were little or last week and it's a sliding decline of your Vegas nerve and the communication between your brain and your gut and your gut and your brain.
- Shivan: Now let's say you do resolve your SIBO.
- Dr. Keesha: There's another one that I've seen a lot with my patients. I don't know if it's been what like what Dr. Pimentel and C. Becker are talking about, but low stomach acid.
- Shivan: Low stomach acid is so interesting. It's so interesting because if you have low stomach acid, the bacteria that's coming in through your stomach might just go and overpopulate is the thought pattern, right? So I know they just did a research study about people on PPIs and.
- Dr. Keesha: Proton pump inhibitors like Prilosec and Nexium, you guys.
- Shivan: I was on Nexium for seven years. Thank goodness I was able to wean off of it. But there's a lot of still exploration going on between this relationship for sure.
- Dr. Keesha: Yeah. Because I've seen a lot in my population that a very simple stomach acid challenge test with mesane and pepsin if someone's had SIBO, it's going to come back.
- Dr. Keesha: If you don't get your stomach acid bucket filled back up. And so I've seen really, and it's such a simple thing to do really amazing results. And I'm not seeing a lot of people talk about it or write about it, but this is just anecdotally in my practice.
- Shivan: No, that's great to know. So that's like a clue, right? Cause this is all like medical mystery stuff. We're all trying to figure that if you have low stomach acid and you've got all these symptoms, see if you can connect those dots...
- Dr. Keesha: It's low hanging fruit like you know. Yeah.
- Shivan: Right. Really, truly. There's something called a pro kinetic and a prokinetic is known to help prevent relapse and to also stimulate your migrating motor complex. There some herbal ones including ginger and a product called modal pro and there's some that are FDA approved finally in this country.
- Shivan: A lot of us, we're getting it from Canada before. It's called Mo Tegrity, little modal pro is that one. Right? And then MoTegrity is the prescription and there are a couple of others. But a lot of people I know don't put the pro or use to know. Like, now they know, cause I've told them, they dealt with the pro kinetic after they have treated their

SIBO and that is essential for helping with the autoimmune response and helping with the nerves of the small intestine so that they do create that sweeping motion to help.

Dr. Keesha: And then I put people on fresh ginger tea, which is so easy to make at home. For the rest of your life, please.

Shivan: Yeah.

Dr. Keesha: Because this is part of that hygiene for your gut that you need. You have to know once you've had SIBO, IBS, IBD, Crohn's, any of the digestive issues that you have to go tenderly with this little digestive systems.

Shivan: Yes. Tiptoe.

Dr. Keesha: Tenderly. Cherish it. Love on it. Just like fresh ginger tea every morning. So simple. Put it in thermos, take it to work. Yeah.

Shivan: Yeah. I mean it's amazing how all these ayurvedic herbs now. It turns out, Oh, ginger, right?

Dr. Keesha: That's what they were doing. Okay. Yeah.

Shivan: Exactly. It's a rabbit hole if you have IDS and if you have SIBO. But one of the things I want to do is just help everyone to understand it is an autoimmune condition. It makes a lot of sense once you read the research. And there's so many more resources now than ever before, including.

Dr. Keesha: Yours being one of them.

Shivan: SIBOsos.com and my 10 hour docu series called digestion, SLS rescue and relief for IBS, SIBO and leaky gut. I'm very mission oriented. I had yoga change my life. So I opened a yoga studio and ran that for 10 years. I did a yoga TV show and I, decades later, now I have the SIBO and IBS, I found out what it was and I suffered so much. I didn't want anyone else to suffer. So I, and I told God and the universe, look, I'm not trying to bargain with you, however, help help a girl out. And I promise I will spread the word. And that is what I'm up to so thank you for giving me this opportunity.

Dr. Keesha: Fantastic job. I don't want to go away too quickly.

Shivan: Oh no.

Dr. Keesha: I also want to talk about each of those three protocols that you were just talking about, like microbial, cause I'm sure our listeners have, you've had Zebo and you tuned into this talk, I know you know a lot and you're frustrated because you're like FODMAP for

the rest of my life or no FODMAP. What should I be eating? How do I decide, how do I test, what's the most accurate? And so I would like to actually talk a little bit about that, the diagnostics of it first and then treatment.

Shivan: So the diagnostics is, and this is kind of interesting, you wanted to do the IBS smart test first. It doesn't determine if you have SIBO. It does determine if you have IBS from food poisoning. It's high likelihood. If you want to find out first if you have SIBO, what you could do is a three hour lactulose, which is not lactose. It's lactulose, which is a sugar that feeds the bacteria, breath test. And there's a lab that I particularly like and it's called arrow diagnostics. They're out of Massachusetts. There are other excellent SIBO breath test labs. But Gary Stapleton who runs that lab is very generous. And even if you have your labs done somewhere else and you're confused about the results, he will talk to you. He gives out his personal phone number to my community. It's insane. So, what you do is drink a solution of lactulose and...I'm going to back up--24 hours before you drink that, you do a special diet for 12 hours and when you get the test, it's all listed.

Shivan: It's quite limited. But if you're a vegetarian like I am, it's even more limited. But you can do white rice and I do egg sometimes, so that would be what I would do. But other, you don't want to be feeding the bacteria during that 12 hours is the bottom line. Then you fast for 12 hours, which they usually recommend go to sleep, right? So you do this, you finish at night, you wake up in the morning and don't, there's controversy about brush your teeth or don't brush your teeth, follow the instructions. You drink the lactulose solution in water. You blow into a test tube. It records how much gas is being released, in hydrogen or methane, in your breath by parts per million, and then every 20 minutes for three hours you record. Or if you're a doctor's office that does this, they would be recording, your results. It's nice cause you can do it at home. Depending on the lab you work with and the scrip that you have from your doctor. There's pros and cons to each. If you're at home, I can sometimes get brain fog from the lactulose. So I really pay attention, have a timer. If you're in the doctor's office, you're sitting there for three hours doing nothing basically.

Dr. Keesha: So I always tell people that I have done this at work just to demonstrate it can be done at work. So I'm working with the patients and, my phone will go off with it. The alarm, Oh my 20 minutes, breathe in the test tube. Because I want people to know you can do this anywhere. You can do it at work too. It's just set an alarm on your phone. All you have to do is breathe in a little tube, set it aside.

Shivan: That's it. Make sure you label the tubes first.

Dr. Keesha: Label the tubes first.

Shivan: Trust me on that. Yeah. So then you get your results back and it shows maybe you have a certain level of hydrogen or methane or both. And that's what they call the gold standard of diagnostics. Is there controversy around this test? There is a moderate amount of mild to moderate amount of controversy around this test. I think that people

who work with it regularly who really are experts in this, all are pretty comfortable with the test at this stage. As long as you're going to a good lab that calibrates their equipment. And it's bizarre because then you can mail it, the test tubes and you're like, is this gonna work? And they totally justified. You know that even mailing the breath and all that, it works fine.

Shivan: So that's how you can tell what you have. And then let's say you do have SIBO. If you have hydrogen dominant SIBO, you can do the Rifaximin and there's a very specific protocol in terms of the milligrams and then you, that's pretty much what you use to treat hydrogen dominant.

Dr. Keesha: 550 milligrams twice a day, 10 days.

Shivan: There it is.

Dr. Keesha: And you can get it in Canada. If your insurance doesn't pay it in the United States, it's \$1500. So, yeah.

Shivan: I thought it was 14 days, just so you know...14 days, 10 to 14 days.

Shivan: It depends on also, there's another research study that had it put with nystatin and so there are different days on there, so yeah.

Shivan: That's cool. Yeah. So then if you have methane dominant SIBO, it's harder. And that one's the one that's usually associated with constipation and you can put your Rifaximin with neomycin or sometimes Flagyl and those are more systemic, whereas the Rifaximin stays in the small intestine.

Shivan: By the way, I'm not a doctor, I'm a patient advocate. So I'm telling you what I've learned from obsessing over this for the past two and a half years. So I just love.

Dr. Keesha: And knowing more than most doctors. I mean that's when you become your own advocate, that's usually what happens.

Shivan: It often is in my wonderful digestion Detective doctor looked at me one day when I would walk in with my studies, he goes, Oh, thank you. You're teaching me. You're helping other patients because of the studies you're bringing me. And he just looked at me very honestly and said they didn't teach me this in medical school, so let's do this together. It was great. I mean like ideal scenario. So those two antibiotics together in a special two week protocol are very effective for reducing methane. Now, sometimes, people, I've heard of this and I've done it myself as combined Allimed, which is the Alison, which is the active ingredient in garlic combined with the Rifaximin.

Shivan: There are couple of different combinations that you can do and that's been pretty effective for people with methane. Then there is the elemental diet and, often, sometimes people say they wish they had done this first. But you really have to have gone through it all because in order to mentally prepare in certain cases. I'm a wuss. So I have done other, the herbals and I've done the--which we'll talk about--and I've done the prescriptions. It is a liquid diet for two weeks.

Dr. Keesha: And that's all that you're drinking too. So.

Shivan: That's it.

Dr. Keesha: But it's based on your weight, so you're getting enough calories. It's all calculated very carefully. It's prescription.

Shivan: Yeah.

Dr. Keesha: So you're doing it with a healthcare provider. But usually sometimes I've had people actually say, wow, I wish I could stay on this forever. I haven't felt so good in years. And then I've had other people just like want to curl up in a ball and die.

Shivan: Yeah. There, it goes either way. And some people even just do a meal of the elemental diet just to help with relaxing their digestive systems and sort of resetting. So that's a whole nother idea, but it's not going to be resolution for your SICO. But what that does is it starves the SIBO. It starves the overgrowth. They do have some formulations now that you can buy direct. Dr. Michael Ruscio has a formula. It's a semi elemental, but it's got good results. Physician's elemental formula, which is also, they have a dextrous free formulation that is also now available. You do have to get it through your provider. So there's some ways you can.

Dr. Keesha: That's the one we use.

Shivan: Yeah. And you can even make a homemade version. It's a little bit more labor intensive, but there are options.

Dr. Keesha: Yeah. Dr. Allison C Becker has a recipe on her website for homemade elemental. It's expensive. So none of this stuff is cheap, so you just have to be prepared for that.

Shivan: Yeah, it's so true. And then last and certainly not least, you could do antimicrobials and there has been a study done to show how the antimicrobials and herbs, compared to the antibiotics, it was really interesting. They were slightly more effective and you're doing them longer. So you're doing that for four weeks instead of the two weeks of the antibiotics. And there's,

Dr. Keesha: I do it for eight weeks.

- Shivan: I don't blame you. I don't blame you at all.
- Dr. Keesha: I've had people on eight weeks of antimicrobials.
- Shivan: Right. I am not surprised. I'm not surprised. It's actually a great strategy. CandiBactin-AR and CandiBactin- BR are two that had been studied. They are herbal formulations combinations. There is the Allison that I was talking about sounds like the girls names spelled differently and it's the active ingredient in garlic. Usually people with SIBO and IBS react to garlic.
- Shivan: This is not the food part of the garlic, the carb part of the garlic, which usually causes the symptom. It's the active medicinal ingredient. And then there is oil of oregano that's really popular. That's great. In a lot of times practitioners will add ayush braneem which seems to be an enhancer of the herbs.
- Dr. Keesha: And it doesn't need to be ayush but neem is amazing. Amazing.
- Shivan: Yeah, it's amazing. I have a neem tree at my house.
- Dr. Keesha: Nice.
- Shivan: Yeah. So those are some of the treatments.
- Dr. Keesha: Okay. So in India and back in the day, they would break a branch off a neem tree, peel back the bark and use it as a toothbrush. So it has , like all the way, they've always been known to have this antimicrobial property to this tree. That would be what they would use to kill off the bad bacteria in their mouth.
- Shivan: It doesn't taste very good. I warn you now.
- Dr. Keesha: Yeah. And it doesn't smell good either.
- Shivan: No, it does not. And you can get neem powder for certain ailments and...
- Dr. Keesha: Oil.
- Shivan: Neem oil and even use it as an anti, like a insect repellent. And also if your plants have aphids, you can use it on them. It's quite a miraculous substance. And it's also the fact that I live in Florida and we were looking for a tree to replace a tree that had been damaged in a hurricane and there's a neem tree farm here and the tree can grow up to five, 10 feet in a year, which is very fast.
- Dr. Keesha: So it's sustainable. So you're not choking out something on the planet when you go when you use it. That's good to know actually.

- Shivan: Yeah.
- Dr. Keesha: Unlike sandalwood.
- Shivan: Right.
- Dr. Keesha: Okay. Beautiful. All right. What else do you want people to know about SIBO that we haven't talked about?
- Shivan: Diet.
- Dr. Keesha: I think we have said like, I would like to say be patient. That's when.
- Shivan: You really have to be patient. You have to be a patient patient and I am an inpatient patient. It is a certain mindset dealing with any chronic condition. So take a breath, inch by inch, it's a cinch. There have been some studies to show that anxiety is higher with SIBO patients, which I can attest to. I got really, really focused on it as you can imagine and was afraid to put food in my mouth. Which is detrimental in so many ways. The diet doesn't cure SIBO, it controls the symptoms. So that's another big point of confusion that I really want people to know.
- Shivan: It's very, you can feel so much better quite quickly by eating these certain guidelines to help to reduce your fermentable load and.
- Dr. Keesha: Commonly called low-FODMAP.
- Shivan: So there's also the specific carbohydrate diet.
- Dr. Keesha: And the SCD.
- Shivan: SCD, and what Dr. C Becker did on her website and SIBOinfo.com is that she combined all of these diets and did a lot of research behind each food and it's the specific carbon, excuse me, it's the SIBO specific food guide and that's usually what I guide people to. Also, when you go there and you download it, look on the bottom because it says, and it's just like in this fine print to really not do anything raw in the beginning, but to steam your veggies, make things soft, think of baby food, you want to reduce the fibrous structure because that's what the bacteria feeds on is the fiber of the food.
- Shivan: And you want to go easy on that. The other big myth that I love busting is that you don't necessarily need a lot of fiber in your diet. If you're perfectly healthy, go for it. If there's a wonderful, wonderful set of options of fibers out there, but the question becomes, does it really prevent colon cancer? That's a hot topic. I'm not going to get into, but don't over obsess about getting fiber in there. And if you are constipated and you're thinking, I'll take more fiber, Oh, I'll eat an apple, those two things could backfire. And

so just keep looking beyond the obvious and dig a little bit deeper and know that it goes a little counter. I'm not gonna say intuitively, but it's counter education, common education. So there've been some myths that I've been really happy to help bust. So.

Dr. Keesha: I love having people, and this isn't in anyone's diet plan, but I love having them start their day with, juiced vegetables, six cups of juice, vegetables, right? Because you've taken the fiber out.

Shivan: Right.

Dr. Keesha: Better than coffee. The micronutrients can get absorbed quickly. So you're bypassing this whole system of putrefaction and you get your nutrients right? And so for a variety of reasons, not just for people with SIBO. I like people to have 10 to 12 cups of vegetables a day, which is very difficult thing to do to just chew and cook and chop. And so just juicing them, six cups right away and then you can eat the rest of them throughout your day. I've been starting my day like that for about four years. And my dental cleanings are amazing, that the dental hygienists and dentists just yesterday were like, wow, do you have veneers?

Dr. Keesha: And I said, no, it's just I don't drink coffee. I don't drink alcohol and I juice vegetables and all these parts of my body work really well doing that. And part of it is my digestive system. I had really bad SIBO too, and this was a big part of what I did to get better. It was get my stomach acid on track, have ginger tea every day. Juice, vegetables.

Shivan: Cool.

Dr. Keesha: Yeah, that's it. Just stuff that you don't really hear about a lot that I like to throw out there for people. Cause it works really well.

Shivan: And it's so good for you.

Dr. Keesha: Oh yeah. All of you. Yeah. So good for you. Well, Shivan, thank you so much.

Shivan: Thank you so much.

Dr. Keesha: And thanks for your mission driven personality. I love it, I'm the same way and it's just so good to know people are generously out there helping others, so I really appreciate you.

Shivan: Well, it is my pleasure. Thanks so much for inviting me. It's an honor and guys don't give up. Hang in there. I hope you don't have SIBO, but if you have a friend that does, trust me. So help them out, get them this information and definitely buy this summit, it's so cheap for what you're getting. You're getting so much information. Love ya.

Dr. Keesha: Until next time, everybody.