



Do You Have These SIBO Blindspots? 3 Mistakes A Top SIBO Practitioner Sees

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Shivan Sarna: Three, two, one... it is official. We're going to get started. Hi everybody. I'm Shivan Sarna with *SIBO SOS*. And I founded this idea, this project, in order for people who are just like me, patients, to get direct access information, *proper* information, about SIBO and IBS and have a plan to fix it because I was clueless and have had probably SIBO since I was five years old. My underlying cause is post-infectious IBS.

Dr. Siebecker, who I'll formally be introducing to you in a second... Dr. Siebecker, have you probably had SIBO since you were five too?

Dr. Allison Siebecker: Five!

Shivan Sarna: Since you're five... argh, it's another one of the things we have in common. We need to have a support group where we go around the circle and we say, "Hi, I'm Shivan. And I'm a SIBO patient" and sing Kumbaya.



Anyway... today, what we're going to do is talk about how you all can help yourselves with dealing with blind spots. It's also a big message of hope. This is about hope and answers. And it is the SIBO Recovery Roadmap webinar for patients (if you're a practitioner, we've got something else going on for you). And we're so happy that you're here.

And Dr. Siebecker, it is such a pleasure to work with you. And I want to introduce you properly. You are a SIBO advocate, a SIBO specialist—which is a big deal because very few people on the planet are SIBO specialist. There are a lot of people—thank god—who are getting more and more educated about SIOB, *small intestine bacterial overgrowth*. However, there are not that many people that strictly specialize in it.

And I've come to understand that that can make a really, really big difference.

And Dr. Siebecker is my doctor. And back in 2015, when I started working with her, after I stalked her appointment book online for months, we have come into wonderful collaborations together.

She is our curriculum advisor here at *SIBO SOS*, and in many ways, beyond even just our friendship—thank goodness that I have you as a friend, Dr. Siebecker—you're an inspiration to so many people. And today, I know you're going to be inspiring so many of us. And we're going to be talking about three blind spots that many of us SIBO patients have, how they hold us back from healing, but most importantly, I know you're going to help us learn how to overcome these blind spots and fix them and get us going on the right path.

Dr. Siebecker is not just a SIBO specialist, but she's also a world-renowned expert recognized by her peers in SIBO. She has been called the *Queen of SIBO*—not a title she's overly thrilled about, but one she wears with pride.

Dr. Allison Siebecker: I want the crown! I want the crown.

Shivan Sarna: I know, right? She's one of the leading researchers, a professor at NUNM (which is one of the most prestigious naturopathic colleges medical schools in the world) and a clinician with more than 10 years of experience working with every possible scenario you can imagine.

And today, we're getting direct access to her... which is part of the whole goal of SIBO SOS.

Remember, **SOS stands for save ourselves**. It's not just "somebody save me!" It is about empowerment which is also what Dr. Siebecker is about.

So, this is designed for patients. Later on in the day, we have a webinar for practitioners. I think you're in the right place. If you're a patient, you don't need to go to the practitioner webinar. And if you are even



just SIBO curious, maybe you just have IBS, and you're like, "I don't know, I've heard about SIBO. What's up?", we're going to talk about that.

03:50 | The New Clinical Guidelines: Updates

Shivan Sarna: Dr. Siebecker, are you ready? I know you have a few announcements that you wanted to make about what Dr. Pimentel has recently been sharing with their new clinical guidelines?

Dr. Allison Siebecker: Yes, yes. So, thank you so much for all of you for showing up to the webinar and being interested in hearing what I have to say. It's an incredible honor and pleasure for me that so many people are interested in this. You know, it might be for maybe a bad reason in that so many people have SIBO. So let's see if we can do something about that.

First off, Dr. Pimentel just did a—so, for those of you who may or may not know Dr. Pimentel, he's our leading researcher in SIBO. He's on a personal mission, a career mission, to cure it basically, cure IBS. And SIBO has been shown to be one of the main causes of IBS. And so that's why he's all over it.

So, he just did a research update actually with Shivan a couple weeks ago. And there's a few things I want to mention about that.

So, first off, he said they'll be coming out with some guidelines for SIBO. And they just came out a week or so ago. And there's something about kind of exciting in these guidelines. Actually, if you want to see what the article looks like, let me share my screen for a second. And I will show you—just a minute here...

Basically, if you've been listening to my lectures for a while, you'll know that we've been having sort of like a nomenclature or a classification situation coming down the pipe.

So here, I'm just going to share my screen for a second. So here, can you see it, Shivan?

Shivan Sarna: Yes. Now, I can.

Dr. Allison Siebecker: This is the article that just came out. So, Dr. Pimentel and Dr. Rao worked on this with some other doctors.

And so, what's very exciting for me is that there has been a proposed name change for the methane type SIBO. There are three general types of gases and types of SIBO—hydrogen, methane, hydrogen sulfide.



And now, what they're wanting to do—they've known this for a while—is they sort of wanted to take the methane type of SIBO out of SIBO and have us all think of it as a different disease and give it its own name. And the proposed name has been *methanogen bloom* for about a year or a year and a half.

And I have not liked that name. And I've made that known. And I've been lecturing like—well, let's just wait until it becomes official. Now, I'm not sure if this is completely official, but it kind of seems like it is because this is an official paper. And they have a different name... and I'm so glad because I didn't like bloom. And it is—here it is here, you can see my cursor—*intestinal methanogen overgrowth (IMO)*.

So, the thing is not to get too confused about this. It's still the same entity we've all been thinking of. It's the same thing we've all known about when thinking of the treatment. The treatment is the same. The testing is the same. There's just a new name basically.

And it makes sense to have a new name for this—I'm going to stop sharing now. Let me just get out of that view—because we've always known that we need a different treatment for methane. And I'm actually going to talk about that as some of our blind spots today. But we need a different treatment for methane-type SIBO—or now, IMO, methanogen overgrowth—because it's not bacteria, it's archaea. Archaea are similar to bacteria, but a different type of microorganism. And so we need different agents, treatment agents, that will work on them.

So, that is the exciting news. I've always wanted it to still have the name “overgrowth” because it's what made sense to me and most of my peers. And I'm glad they kept that. That's one thing. It's kind of exciting, right?

Shivan Sarna: That is very exciting! And I know Dr. Pimentel has been alluding to this for a really long time. So, I really feel like progress is being made. And on the other side of that, of course, I asked him, “Well, do you have any information about possible new treatments?” He's like, “Not yet...”

Dr. Allison Siebecker: The biggest thing coming down the pipe for new treatment is SYN-010, which he's been having in research for a while. It's an experimental drug that stops methane gas production. And he's been working on that for years.

And by the way, **he has that study open for participants**. I don't know how many of you get my newsletter, but that information is in there. **You can just call the Cedar Sinai Motility Center to see if you might want to participate in that study**. And they'll give you the guidelines there.

So that's number one.



Now, the next thing that he talked about in his update with you, Shivan...

And by the way, if people wanted to see that, is there a way for them to watch that if they missed it?

Shivan Sarna: Yes, we have an event coming up where we're going to be giving that away as a goodie! So, watch your email in February for that. And somebody's asking about how to join the Facebook group. Just go to Facebook and look for the [SIBO SOS Virtual Summit Facebook Group](#). It's definitely worth getting in there. There are 13,000 highly active, really smart, lovely people there.

Dr. Allison Siebecker: Okay, so in this research update, something that he said was he was clarifying the way that we can use the IBS blood test.

I don't know how many of you are familiar with this, but this is the test. It's the blood test that checks for CdtB auto-antibodies and vinculin auto-antibodies. And this has to do with the fact that **the most common cause of SIBO (and actually IBS) is food poisoning.**

We can go into this in the Q&A if you're not familiar with this whole pathophysiology and all of this. But this is a test, a fairly new test developed about four years ago by Dr. Pimentel, that we actually use as a test for IBS and also as a test to identify the underlying cause of SIBO if it came from food poisoning.

Well, one thing that he clarified is this wonderful way you can use the interpretation of the test. So, for those of you who've had this test and ran it on yourselves, there's these two markers. If they're both positive, then you fully have this situation, and it's autoimmune. These are autoimmune antibodies.

But if the CdtB is positive only, just that, that means you do not have the autoimmunity going on. And he said you are likely to heal, to resolve, within maybe up to two years—before or up to two years.

So, this is a really important thing. You might want to run this test to get a sense of your prognosis, what is your situation.

On the other hand, **if the CdtB is negative, but only the viculin is positive, that means you have autoimmunity. And it certainly indicates that prokinetics are needed.** And I'm going to talk more about that in the rest of this class.

So, that's just very brief. We can go into this more in the Q&A. But it's more layers of information we can get from that test. I thought it was really, really helpful.

So, that's all I want to mention about some of the things he said.



Shivan Sarna: And that was the first time I'd ever heard him say it and explain it so much... which was really exciting.

He also said that if you have Giardia—this was really interesting to me—that that creates a response with the vinculin... which made a lot of sense!

Dr. Allison Siebecker: He did! Let me see if I can bring out my notes quickly about what he said about it because we've known for a while. Giardia is a parasite. And we've known for a while that parasites, at least Giardia, could lead down this pathway to give you what's actually called post-infectious IBS (which is SIBO in this scenario). Let me see if I can find it. He said that it has a lot of vinculin, so the autoimmune antibody, the vinculin, can develop from the parasitic exposure. He said in particular—this is very interesting—“as your body is killing them, or if you're taking medicine to kill them, the Giardia, the parasite basically explodes, so to speak (it's broken apart). And the vinculin inside of the parasite now can be seen by your immune system, and it can get confused.” That's how autoimmunity happens. It's like friendly fire. So, something our immune system was targeting, the parasite, now they also see the vinculin, and so they target that. And we also have vinculin. So we target our own vinculin.

Vinculin is a protein on the small intestine nerves that are responsible for the migrating motor complex. If I'm speaking too fast, and this is too much, we can get into it later. But just for those of you who are aware, that was very, very interesting.

Shivan Sarna: Very interesting!

And just so you know, we are going to be sending out this replay. So, don't worry if you miss something. We probably already have so many questions that we won't be able to get to everybody based on the timing that we have.

And the name of the test, however—I do want to say this—is the **ibs-smart test**.

Dr. Allison Siebecker: And it's Dr. Pimentel's most updated version of the test. He made an original version. And now he worked for several years to make it more effective in its specificity particularly. And that's ibs-smart.

Shivan Sarna: Very exciting! And it's a very easy test to get. When you go to the website, it's super clear. I also have videos of people who worked at the ibs-smart test in the video section of the [SIBO SOS Facebook Group](#) where it's like massively explained.



13:18 | Blindspot #1 – Diet

Shivan Sarna: But let's go ahead and get into the content about those blind spots, Dr. Siebecker.

Dr. Allison Siebecker: Okay, blindspot #1 has to do with diet. And the blind spot is eating from the most restricted form of whatever SIBO diet that you're on and not trying to expand your diet... meaning staying within that super limited area and not checking out any of the foods that are in what you think are sort of the not-okay groups.

So, for instance, if you're doing the SIBO Specific Food Guide, my food guide, this blindspot would be only eating from the green column, only eating the foods in the green column; if you're on the Biphasic Diet, only eating from phase 1 semi-restricted; if you're on the FODMAP diet, eating only low FODMAP foods or the green traffic light; if you're on SCD, eating only from the legal list and never progressing past that.

So, you may or may not know. I don't know how many of you are familiar with all these diets. But the Specific Carbohydrate Diet is meant to be expanded. **All of these diets are meant to be expanded.**

So, this is the truth. **All of the diets are actually meant to be progressive, even SCD with that legally-legal language.** But often patients have a blindspot for this (and also, practitioners have a blind spot for this), and they don't try expanding.

But really what I'm what I'm talking about here is thinking that it's black and white, yes and no. Like the most restricted is the yes and everything else is a no. And that's not actually how any of the diets were meant to be utilized.

So, basically, just because it's on the page in a higher fermentable listing doesn't mean it's going to be a problem for you. And I've had many patients, believe it or not, many SIBO patients, who can actually eat onions and garlic that have SIBO.

And I mentioned onions and garlic because those are some of the most common trigger foods for SIBO. And they're listed in the red or avoid columns.

But I'm just thinking since we have all these people listening, let's take a quick poll. Just type in yes how many of you can tolerate either onion or garlic or both... maybe even in a small amount? How many of you? Let's have some proof here. Is there anyone listening who can tolerate onion or garlic?



Shivan Sarna: Go to the Q&A box. Go to the Q&A box. Oh, you guys are all in chat! Well, anyway...

Dr. Allison Siebecker: Will it show up in chat?

Shivan Sarna: Yeah, I'm in there.

So yes, no, yes... somebody can tolerate a whole green onion. Yes, yes, yes...

Dr. Allison Siebecker: Okay! Look at how many yeses! Do you see how many yeses we have, right? So good! We're proving my point. Those things are in the red, red, "Oh, my gosh! No, avoid," and we've got yeses, yeses, yeses.

So, you guys are doing great. You already knew. You didn't have this blind spot. You knew, "I'm going to try this out. I'm not going to stick just to the red," right?

Shivan Sarna: If somebody's scared to try, what would you say?

Dr. Allison Siebecker: I'm totally going to address that in just a second.

Shivan Sarna: Okay, good. Okay, good.

Dr. Allison Siebecker: So, let me just speak on this a bit more because there's a thinking that I've encountered with a lot of my patients—and honestly, for myself too. I think it's human nature. When there's like a diet and it's written, or there's an app, it seems official, I think there's a tendency for us to take it as like a Bible and not a guide. So it's as if it's like from on high, like word of God. And that's it! It cannot be experimented with.

And I want to dissuade us from that kind of thinking because no diet or app on your phone can know what will or won't work for you exactly, but they can get really close. These diets get really close. They're really effective... except that this is like a bit of a trap we can fall into.

The diets can really eliminate symptoms greatly. They're really amazing at that. But the issue is, which I think I've made clear, is that what you may not realize is that there are going to be foods in let's just say red or avoid column that will give you no symptoms at all, that you could eat.

So, the issue is being too strict for too long now needlessly, which can—here are the problems. It can decrease nutrition. It can decrease food pleasure obviously and your quality of life. It can encourage eating disorder, like thinking and behavior. And it can actually increase your suffering.

And the thing of it is is that the restrictions are often not needed to the degree that you might be thinking if you have this blindspot.

Okay! So, now just a minute on why we might have this, and then I'll give some solutions.

So, first off, it's basically just what the question was that you brought up, Shivan, it's a conditioned response to food, a fear of food, because it's tied to the symptoms that come from eating these foods like pain, actual *physical* pain, or other very unpleasant symptoms. And so, the fear of food is really common in SIBO because of this.

And it's unconscious. We can't actually really control it. I mean, it's like if you ate something, and then you had an episode of vomiting, you instinctively want to avoid that food. It's like that. It's conditioned, right? So, don't blame yourself for that at all. It's just we want to raise some awareness about it.

And the other thing is it's the way that diets are presenting it with the colors and the language—including the diet I created. So, like with the red traffic light, red column is like “Stop! No! Don't!” and the word *avoid* and the word *illegal*—which everyone who thinks about it wishes that SCD didn't use those words, *illegal*. It's making us have this kind of thinking. It's encouraging us to have that kind of thinking.

So, I guess one thing I want to say is that there is no legal/illegal for SIBO. That does not apply for the condition of SIBO. So, even if you're using SCD, that part of it doesn't apply to SIBO, the legal/illegal. Why? Because **SCD was created for Celiac disease where people who have Celiac must avoid gluten in even microscopic amounts. And that is not the situation in SIBO!**

In SIBO, what's going on is the symptoms are primarily coming from gas that's being made by bacteria as they eat carbohydrates. Carbohydrates are their primary food. And then, that's called fermentation. When bacteria eat carbohydrates, a byproduct is gas. And then, the gas goes on to cause a lot of symptoms, including the pain, constipation, diarrhea, bloating, et cetera.

So, the difference is that it's really about the amount of carbohydrate and the bacteria, and how it's going to utilize it, how fast it can turn that into gas, et cetera. It's not something where we can't even have a microscopic amount like in Celiac disease. It's not like that. So, amounts or portion sizes of food can make a difference.

Some people can tolerate a small amount of something, but not a large amount. And we just need to keep that in mind.

And what I always like to bring up is, for anyone who's dealt with reactions to food for a long, long time like I did growing up, there's always some relative where you would go to their house for holidays or

something who'll say, "Well, can't you just have a little?" and then, you'd get all frustrated thinking, "They don't understand!" But that actually applies to the scenario of SIBO and the foods.

And then, just one more thing I want to bring up about this before I go into the "how to do it/how to expand." There's also a common human way we all seem to think because we want things to be easy. Who wouldn't want things to be easy? And so, we just say, "Tell me what to eat." We're always saying that to our doctors. Everybody says it to each other. "Can someone just please tell me what to eat?"

It's overwhelming. We're already sick and tired. And who would not want that? Everybody would want that.

But the thing of it is, **it turns out that in SIBO, this particular condition, the reactions to foods (basically like what is going to trigger your symptoms) is very individual.** It varies from person to person. That's actually one of the hallmarks and patterns we recognize of SIBO.

So, it might be different for other conditions. But for SIBO, that is one of the patterns—what bothers one person doesn't bother the next person (meaning within the category of carbohydrate foods).

So, within vegetables, I always give the example of a carrot because carrots are usually very well tolerated. But guess what? I've had patients who... that is their worst trigger food! And then, what would typically happen for me when I was in-office is it would just go back and forth throughout the day with patients. It's like first person say, "I can't have carrots," the next person would say, "Well, the only food I can have is carrots. But I'm really bad with coconut." And then, the third person would say, "Well, coconut is great for me..." That is the pattern!

So, that's why someone just can't tell you what to eat like.

And that's why I'm saying use the apps or the diets, but understand that what they're doing is they're narrowing down the field what could bother you. And they're probably going to get really close. **Most people get anywhere like 60% or 70% or even greater percent symptom relief when they go on these diets, but then you have to tweak it around.**

See, the problem is you get that symptom relief and then you don't even want to try the foods in the red column because you assume they're going to give you symptoms when they might not.

So, they're good at reducing. But now, after that, it's our job—and I'd like to encourage you as patients—to now try and figure out if there's food you are avoiding that you don't need to be avoiding.

So, now let me go into the solutions. Shivan, did you have anything else you wanted to pop in there?

Shivan Sarna: Nope! I think that's good. I think that's good. You're doing great.

23:39 | Solving the Diet Blindspot

Dr. Allison Siebecker: Okay! So, obviously, the first solution is knowledge (which I've pretty much just given you) and attitude, attitude adjustments, just not thinking that the red, avoid or legal foods are bad and the green, low fermentable foods are good. Switch that thinking. Try and be kinder to all foods. And know that you may be able to tolerate some or even many foods in the red or restricted columns with no worsening symptoms.

And like I said, view the diets as like a helpful guide, but not a 100% perfect match for you. Just give yourself permission to try to experiment. I'll get to that in a second.

One other thing is timeline. What most of the diets are recommended for and how most practitioners use them is you want to be on the restricted part—the low fermentable, the green column, et cetera—for a limited amount of time typically to be able to see if and how much it helps reduce your symptoms, or to just help you through the period of your antimicrobial treatment while that's taking time to have effect.

And so, I would say, generally, any time after the initial reduction of anywhere of two to four weeks typically—**these are meant to be done for anywhere for two to four weeks in the most restricted form—typically, generally, any time after that, we can begin experimenting.**

Of course, you'd have to check with your doctor and your particular circumstance and plan. So I'm speaking generally, not personally for each case.

But almost everyone, even forever SIBO patients with really chronic SIBO with underlying causes that are incurable, even those people will find foods that are tolerated, especially as they progress with their treatments.

Okay, **the portion size matters**, both in the amount of that you're eating in a meal, and in how many times a day or week you're eating it... which can be really frustrating to think about, but I bet, if you think about it, you have some examples of that, like some foods might be tolerated in a small amount, but not a

larger amount, and other foods might be tolerated in a very large amount, and others might not be tolerated at all, so then there's no amount.

So, some examples would be like one clove of garlic that's cooked into let's say a stir fry, and then it's being served out to a whole family, and you, as the patient, is eating a fourth of that, that might be absolutely fine—I'm giving examples of small amounts—or a fourth of a cup of applesauce might be fine, but not a cup (maybe a half a cup is okay, but not a cup).

So, this is also something to think about. And then, maybe if you had half a cup of applesauce, it was fine. But if you had a half a cup of applesauce at every meal every day, it wouldn't be fine. But if you had it every other day, twice a day, it would be fine. So that sort of thing... Some of us have experience with that. We just start eating something a little bit too much, we get a sense, "Well, maybe I'm having it too much."

The thing to do in the thinking though is not think, "Now I can't have it!" Think about amounts and exposure, and it's not all-or-nothing. It's not black or white. We tend to be black and white, and that's the blind spot.

27:00 | How to Expand Your Diet

Dr. Allison Siebecker: Now, finally, to how to expand, the concern with the symptoms...

The best thing you can do with that is two things: **start with a very small amount of the food.** So, think in fourths, either like a fourth of a teaspoon or a fourth of a cup. And then, **you want to wait about 24 or maybe 48 hours—but I'd say 24 hours—after eating it to see if you have a reaction.**

And why we're waiting the full 24 hours (and it might be a little longer) depends on when in the day you tried it. If you are a constipation patient, it's going to take until the next morning for it to show up.

And this is something that everybody wonders about: "I have symptoms all the time, like I'm bloated all the time. How can I tell if something makes me worse?"

So, what you are looking for is a worsening of your current symptoms or new symptoms. So, if you're bloated all the time, you're looking for maybe now there's pain with the bloating when there wasn't, or maybe now the pain is worse, or maybe the physical distension is now sticking out farther, so bigger



swelling, even your biggest, stretchiest pants aren't fitting now after you've tried the food. You do have to bring your awareness to this to see.

If you have diarrhea five times a day, you know have it seven times a day, or there's urgency with the diarrhea, or it's more watery.

So, you're looking for a worsening of the symptom you already have or something new, like a new pain or something like that.

So, if you start with a small amount of food, that will lessen the chance of getting symptoms. So that's the first thing if you're afraid to try. That's the first thing... just this teeny spit.

You know, with people who are very sensitive to supplements—which a lot of SIBO patients are, supplements and medicine—sometimes, we actually will put like a drop in a glass of water of something and have them start with that. So honest to God, you could do something like that if you're really afraid because that will calm you. And that's very important, to calm that down.

The next thing is to know about this [Symptomatic Relief Suggestions Handout](#). And actually, I can show it to you. So, if you don't know, I have a handout. Let me share my screen.

Shivan Sarna: And what she's about to show you is also in the course too. It's a whole lesson.

Dr. Allison Siebecker: I think we spent an hour or more going over this handout and specifically explaining. These are all basically over-the-counter items you can buy on Amazon or the drugstore. And they're items to help with the symptoms. So, we've got bloating, pain, constipation; and on the second page, diarrhea, nausea, the feeling that food sits in the stomach, acid reflux and general indigestion.

So, this handout is always available on my website, [SIBOinfo.com](#). I think I have that up. Here we go. So, on *Resources > Handouts*, here you go. If you don't know about my website, this is a free informational educational website. I created it because I'm a SIBO patient. And as a patient and a doctor, I wanted everyone to be able to get some help.

Obviously, in the course, I explained through how to use these symptomatic reliefs very thoroughly.

But what I would say is that probably **the two items I would recommend the highest to just make sure you have in your medicine cabinet or prepared in case you're going to be starting to do your food experiments would be Iberogast and charcoal** because those covers so many symptoms.

Charcoal helps with pain, bloating, diarrhea, indigestion, acid reflux. And actually, the concern with charcoal for some people with SIBO is that it can constipate. But in studies that used massive doses of charcoal—which we're not using massive doses of charcoal, we're using minute doses—only 50% of the study participants got constipation. Lots of patients, constipation patients, constipation SIBO patients (so now, methanogen overgrowth patients) do not get constipation from using charcoal.

I mean, if they took two pills every two hours all day long, maybe they would. But we usually don't even need to do that.

So, use that handout and start with small amounts of food. That can help you decrease the fear.

And what would you start with? This is the last thing I'll say on the subject. **I recommend starting with the foods you most desire.** Isn't that a lovely thought? What are you missing the most? That'll bring you the most pleasure. Let's find out if you can have any of it.

Another way to do it would be to **start with onion and or garlic** because they're ubiquitous in cooking. So, if you find out you can have some of that or a good amount of that, wow, that's a great thing to know.

Or another thing would be to **just start with something that would make your life a lot easier if you could have it**, like for within your family life or something, or your work life.

So, those are those are my suggestions. And that's the blindspot. So, I hope I'm encouraging you to try foods in the moderate, avoid, illegal, red columns.

Shivan Sarna: Dr. Siebecker, one quick question which I think is just perfect to talk about right this second because it dovetails to this. Laurel is asking (but a lot of other people are asking too): when it comes to a reintroduction, how long before you reintroduce, the whole reintroduction, that whole thing? do you wait three days after the whole...?

Dr. Allison Siebecker: 24 to 48 hours. That's what I was saying. You want to wait 24 to 48 hours.

What you're looking for is you're needing to give some time to observe if symptoms worsen.

And it's different for different people. When somebody has leaky gut—which at least 50% of SIBO patients do according to studies—you can have other symptoms that can even be delayed that are not the gastrointestinal symptoms. Just some classic examples are joint pain, nasal mucus or congestion, headaches, skin rashes, difficulty breathing, like asthmatic-type symptoms or things like that. There's all kinds of symptoms that are not gastrointestinal that can come when you have that.



So, I'm not actually really talking as much about that. If you are a person like that, you may want to wait longer. And I will say that there isn't any one, right way to do this. I've asked my colleagues all how they do this. I've asked nutritionists, dietitians. Everybody has a different answer. Some people swear by 24 hours, some people swear by 48, some people swear by three days, some people swear by a week. By me telling you that, hopefully, that will make you realize **you can't do it wrong**. It's like... don't worry!

What I'm concerned about with SIBO is just getting a chance—usually, the gas symptoms are within the same day. And then, for constipation, it's like the next morning. So that's why I'm saying about a day, about 24 hours, just to get a chance to see did the symptoms worsen.

Now, here's the thing. If the symptoms worsened, that's when you now need to wait. You need to wait until they calm down. How long will that take is dependent upon each person. So, in general, it's usually about three days when things are pretty bad. If things are not that bad, it can be even within the same day that the symptom goes away again.

So, that's why I can't give a set number. But the key is **wait until the worsening has calmed down... then you can try another food**. It wouldn't make sense to try something again or a new thing when you're still reacting to the old thing.

And by the way, this is really, really hard because, once you unlock that blindspot, and you're like, "I can try things," then...

So, here's another common mistake. It's like in the first meal, people will add in four new things.

Shivan Sarna: Thank you! Because so many people are saying, "Yeah, the tough part is if I combined..."

Dr. Allison Siebecker: Yeah! It's like you're making a special meal, you're looking at a wonderful recipe, and it's got four things you haven't tried before... try not to do that.

But here's the thing. What if you did do that? This is life. This is *real* life. We're not science experiments. So what if you did do that? What if you didn't react? Whoa! Then you know, "Oh, my God! Those four things that were in the red column that were in that recipe... I did fine with that!" Good!

Now, if you reacted, alright, well then you go off, "Geez! Okay, it could be any of these four things. So I guess I have to get a bit more methodical about that."



But you know what I'm saying? It's real life here. You're not going to mess it up. Just use your mind here. Now, you understand the principles.

And this is where customizing the diet takes time obviously. You have to wait days, or you've tried many things. But what also happens for somebody is they're like, "Woo-hoo!", so then they try one thing at breakfast, they don't get symptoms within say three or four hours, it's time for lunch, and then they try something else. And then, maybe then the symptoms would have started to come. But then, at dinner, they try something else because it's so exciting.

You know what? So what?! That's going to happen. You'll just dial that back if you have a reaction, and you'll get more methodical.

Shivan Sarna: And you know, people with SIBO, myself included, have a lot of anxiety around food. That's part of what I love about Dr. Siebecker, is that she's totally focused, totally smart about it. But there is a relaxation that needs to come around this rigidity.

And I know—and I know she knows—it is a balancing act. And so, just know you're not alone. We're in it with you. And just take a breath. I think that's so important.

And I don't mean that in a trite way, just like phew... I can even just see it in your questions because I had these same questions. That's why I started this whole project. It's because I was freaking out constantly.

Dr. Allison Siebecker: You know, Shivan would have sometimes two appointments with me a week to discuss her anxieties. And that is not abnormal. That's actually pretty normal for SIBO because there's just so many fears and concerns.

And she did a smart thing! She came to somebody who could calm those down and answer her questions.

But I just want to say that I'm a SIBO patient too. I have fear of experimenting too. And my husband, of course, he's seen me through this process our whole lives or for whatever we've been married—what, 26 years or something like that. So, he's well experienced. And when it's time for me to experiment, I get scared. I get scared too, okay? And I asked my husband, and he goes, "Oh, just try it..." He's calm. He's like, "Okay, you know, you've done this before." He calms me down. He encourages me. I try it, and I'll tell you what, 70% of the time, the things I've tried—because of course, I've had a lot of treatment now, and I'm kind of on the other side of the bad period—it goes fine, and I'm so glad I tried it.

And even if it doesn't go fine, I'm glad I got the information I did and I can still move forward.



Shivan Sarna: Okay! Now, we're going to start getting crammed for time.

Dr. Allison Siebecker: I know! I've only done one point.

Shivan Sarna: So, I'm going to move you along. And just know—guys, you have a lot of great questions obviously. If we don't get to them today—and I can tell you right now just to adjust expectations, there's no way physically to get to all of these questions today. We could be here for the next 30 hours. But do find the Facebook group! And also, check out the course.

Dr. Allison Siebecker: And that's the whole reason we're doing this course!

Shivan Sarna: That's exactly right.

Dr. Allison Siebecker: It's like six or eight hours... I don't know how many hours it is. I mean, we really go into it.

And also, we're going to be doing a live Q&A for participants, so we can get to more of your questions if you join.

38:55 | Blindspot #2 – Testing & Retesting

Dr. Allison Siebecker: Okay, blindspot #2 is not testing or retesting. Many patients want to test, but their doctors won't order the test or won't order the proper or the best test (and I will address that), but this blindspot is for when a patient doesn't want to test.

And pretty much the main reason that anybody, a doctor or a patient, wouldn't want to test is to save money, right? Now, there's another reason which is because we're afraid of the symptoms because it is a challenge test. I'm going to address all this. I'll try and go more quickly.

Alright, so let me explain briefly why testing and retesting is so important. I would like to try to convince you.

First off, it's to diagnose the condition. SIBO has 40 or more other conditions that have the same symptoms. That's called the *differential diagnosis*. It has been studied and actually published and reported and proven that you cannot diagnose SIBO by symptoms. And that's because of this really huge differential diagnosis list.

So, the symptoms that SIBO has are the same symptoms that 35 or 40 other conditions have.

So, why would you think it's SIBO? Why wouldn't you think it's one of the other 40? So, we will not know if you have SIBO unless we test for sure.

And also, there is a medical risk of not testing because what if those symptoms are something else that is more serious. The differential diagnosis list goes from very benign things like improper chewing (that can actually cause the same symptoms of SIBO when you just go [munch] like a dog and down it goes. That's not good for your digestive tract) all the way up to cancer. Tumors, particularly in the gastrointestinal tract, can cause these same symptoms. And I'm not trying to scare you, but you should have a little bit of that because you do not want to miss something serious. And that's why, as doctors, we test. So there's that.

The second thing is the treatments for SIBO are going to be bacterial-killing type items. And that means we're messing around with someone's microbiome. And with all of the information that's come out about the importance of the microbiome and not messing it up...

Not all the treatments for SIBO mess up the microbiome, but some do. Therefore, it's a good idea to know that that's the appropriate treatment for you. Do you have this condition? And is that the call for treatment? What if it's not?

Here is the classic example. These exact same symptoms of SIBO occur in genetic primary lactose malabsorption, lactose intolerance, lactose malabsorption. So, it's the symptoms—constipation or diarrhea, bloating, pain, et cetera. And studies actually show that the majority, meaning four-fifths, of these patients don't know, don't link the symptoms with lactose-containing dairy product items. They don't even know that it's milk doing it to them or whatever, ice cream or something. So, they don't know. You don't know anything about it. I'm saying you don't know as a practitioner.

But let's say you don't want to get a test. And then, the doctor gives you antibiotics or herbal antibiotics that can affect your microbiome. Meanwhile, your condition is not going to get better because you don't have any bacterial overgrowth. What you have is an enzyme deficiency. So that treatment is completely inappropriate. It's never going to get you better. And now, you've messed up the microbiome, and you didn't have the proper treatment. So, that's another reason.

Now, also, we need to test because, for the doctor, it helps us know what is the right treatment. We need to know what the gas type is, the gas types. And we need to know the severity of the gas. There's different treatment for the different types of SIBO—hydrogen, methane, hydrogen sulfide—and the combinations that they can come in.



Now, typically, there's a bowel movement pattern associated with these types of gases—diarrhea for hydrogen and hydrogen sulfide, and constipation for methane. But the symptoms don't always match. And we can't test all three gases, but there's ways we can interpret and read the test to let us know what we need to know.

And so, basically, the treatment may change based on what gases we see in the test. And that's really important to know. We want to get the right treatment.

Also, it will let us know how many treatment rounds are needed because, **if we're using antibiotics or herbal antibiotics, typically, we get about 30 ppm of reduction in gas per treatment.** And this information is absolute gold that I'm sharing for any practitioners listening. For the elemental diet, typically, on average, it's about 70 ppm reduction. These are averages of course. There's differences that can happen.

But because of that, we can apply math when we get our breath test back and we can know, “Look, if you don't want to do the elemental diet, and you have really high gas, okay, we're going to need four rounds or three rounds of herbal antibiotics or antibiotics to probably get this test negative and get this condition gone.”

And then, the other thing that's very important to know is that **symptom relief may not happen within one, or sometimes even two, treatment rounds if you have high gas.** None of this, we would know if we just started treating and we didn't have the test in front of us.

So, this is particularly important for the patient perspective. It's very helpful for patients to know ahead when to expect to feel better. I mean, can you just imagine the level of confidence you would have if your doctor can say to you, “Okay, I can see by your test we're going to need three treatment rounds of herbal antibiotics. And I don't think you're going to feel that much better until midway through the second round” because then, let's say you do a month of herbal antibiotics, nothing's changed, if you didn't have the testing, you might now think the doctor stinks. But if they had this information and they tell you, you now are like, “This doctor is freaking awesome. I'm sticking with it here!”

Shivan, you're smiling. You want to put something in.

Shivan Sarna: I'm just thinking I wish my doctor had told me that. Before I found you, I took that first round and thought, “Oh, I'm going to be better in 14 days... this is amazing!” And I wasn't. It was very confusing and panic-stricken. And then, you think, “I'm taking this antibiotic, and I'm not getting better, but that's what usually happens when you take an antibiotic.” It's very confusing.



So, that's another reason why. I was so confused and so misguided and so misinformed that *that* is why I started this whole project (and also, someone read my test wrong which set me back 18 months).

Dr. Allison Siebecker: Argh!

Shivan Sarna: So, I was highly motivated to help other people.

Dr. Allison Siebecker: Alright! I'm going to address that, the interpretation, in the practitioner webinar for the practitioners.

So here's the thing. It also could change the treatment that you, as the patient, are willing to do because if you have very high gas, and you now know that the elemental diet—which is a more challenging treatment to do because you're drinking this medical food as a liquid and not eating. All your meals are just liquid, who wants to do that, right? It's challenging.

But if you have very high gas, and you can see that you know you have the possibility, let's say you get a 90 ppm gas, that in two weeks, you can do elemental diet and have this whole thing taken care of, that might really motivate you to want to do that difficult treatment. If you didn't have the test, how would you know? You wouldn't even have had that choice.

So, just briefly on this, what a lot of people will think is, “Well, why don't I just treat it and see?” This is called *empirical treatment*. “Why don't I just treat it without a test and see if it gets better?” But what about this scenario that Shivan just mentioned? So many people do have higher gas or they need multiple rounds. And so, what will happen is a person will do a treatment, they won't really get much better—maybe they'll get a little bit better—and then they'll just be like, “Well then, okay, I think it wasn't SIBO” when, in fact, it could be severe SIBO with high gas. How would you know?

Or they'll think, “Well, that treatment is not very good. That's not a good treatment. That treatment didn't help. I'm going to switch and try a different kind of treatment,” when, in fact, if you've done a retest, you might have seen your gas came down lots. It's just your symptoms didn't start to come down yet if the gas was high. That treatment was *highly* effective. You would have thought it didn't even work when, in fact, it might have.

So now that brings me into re-testing because this blindspot is about testing and retesting... **why do we retest? We need to see if the treatment worked or how well particularly if symptoms are still present.**



So, if you are partially better, we do not want to assume you still have SIBO. Now, in the majority of cases, you do because we need multiple rounds.

But what if you have symptoms but now the test is negative? This happens a lot too. People have more than one thing wrong with them. And so, this is very medically helpful because now we know, “Okay, we’ve handled the SIBO. Now I know there’s something else.” And as a doctor I have to figure out what that is and treat that.

So, we have to assess the diagnosis, and then it helps us guide the next treatment course. What if the gas didn’t come down with the last treatment? We learned from that. We can see that on the retest. And now we know to shift. We can be informed as to how to shift and what to.

So, these are some of the key, key things, alright?

Now, if you’re worried about symptoms—so hopefully, that will convince you why we test and retest. If you’re worried about symptoms, again, use that Symptomatic Relief Suggestions Handout. And also, the thing I’d want to let you know is it’s actually a pretty small percent of patients that react badly to the test. What I’m worried about is if you’re in like Facebook groups or something. When things go wrong, people usually share it. And I’m worried that *that* might be convincing people that more people react than actually do.

From the other side, as a doctor, I can’t probably even count the amount of tests I’ve run on patients. It’s thousands upon thousands. It’s a very small percent of patients who have a bad reaction.

I see this all the time, “I’m so scared. I’m so scared. I don’t want to do anything that’s going to…” They take it and nothing bad happens. So please know that.

If you did react, if you are a person who did react, the key thing to know is that, for retesting, it almost always goes better. I mean I can think of two cases where it didn’t in thousands. And that’s because we’ve treated and the bacteria has come down. And so now there’s less reaction that’s going to happen. So, retesting almost always goes better.

So again, keep charcoal, activated charcoal, or Iberogast handy to calm your anxiety, but you’re probably not going to need it.

Now, for cost...

And then, I’m just going to be done with this one, Shivan.



For cost, that's a big concern. If you do a cost analysis, it definitely saves you money down the road to do your tests. I mean, what if you don't even have SIBO, and then you start treating it and spending all this money? I mean, for goodness' sakes! And consider how much are you going to spend on a treatment anyway.

And also, it's just so depressing when you're not getting better. And if you have the tests, ultimately, as doctors, we can do a much better job with the test them without. So that's my whole pitch on that.

And one last solution... I recommend **the best test is the 3-hour lactulose 10-tube test**. And on my website, you can see *testing resources*. And I want to point this out to you. Let me share my screen again.

Shivan Sarna: Dr. Siebecker, while you're doing that, just quickly, how much time after treatment do you re-test because this is one of the blindspots, right?

Dr. Allison Siebecker: Oh, in fact, I'm going to show you the algorithm, and I will show you that.

So, on my website, I'm on Resources >> Testing. Here are all the labs that do it. Now, this is important. For patients whose doctors won't order them the test, you can order your own tests right here, direct patient ordering of lactulose tests without a prescription from Direct Labs, True Health Labs. And actually, I think Pivotal also offers this. So Direct Health and I'm pretty sure Pivotal does too. So please know that. Your hands are not completely tied as a patient. So, that's a solution there.

And then, let me show you the algorithm. This is the algorithm. You should've already gotten this from when you've signed up for this. Right here, "SIBO breath retest within 2 weeks," it's right on the algorithm.

So, the reason you want to retest within two weeks is because most people need multiple rounds and we don't want—so you're in the middle of treatment. We haven't gotten the condition gone yet. And it's very common to backslide. We could call it relapse, but basically it's backsliding before we're done. And the most common time for that is two weeks. So, **we need you to test before you backslide or relapse**. We need to see what the treatment did and what the progresses to guide our next treatment and assess everything before you've relapsed. You do not want to wait.

Many articles say wait a month. What that's for is to check for eradication. But here, this is the multiple rounds thing here I wanted to show you. You come on through, you're not fully better. You test within two weeks because what if the SIBO is gone and that means you have something else? But if you have SIBO, still, we need to do multiple rounds. You come back around here, and you go through treatment again.



Okay, I got to stop on that.

Shivan Sarna: Okay. I just want to say that *that*, if you signed up for this webinar, you have that in one of the lessons that we sent you. That is the SIBO Recovery Roadmap Algorithm. That is the gold. The entire course is designed around that map. That's why we called it a *roadmap* because you go one way, you do this, that didn't work, you go back here. I mean, it is so organized.

So, in case you were like, "Wow, that was fast," you have it in your email. That is a huge, huge piece of gold we gave you and know that the entire course is designed around that if you are interested,

Dr. Allison Siebecker: Step by step to walk you through.

53:25 | Blindspot #3 – The SIBO Algorithm

Dr. Allison Siebecker: Okay! Last blindspot—and I'm going to try and go quicker—is self-identifying yourself as a tough case or a chronic case, but maybe you're not. **The biggest thing here is maybe you haven't really been through a complete treatment protocol.**

I hear this all the time. People do one or maybe two treatments that didn't help that much, and then they say, "Well, I'm a tough case. I'm resistant to treatment," or they say, "Well, I have chronic SIBO." From my perspective, I'm like, "Are you kidding me?! You've barely gotten going. And where were your retests? Where were your test and retests?"

So, first off, multiple rounds are often needed. That's the key thing that you do need to know here. It can be four or five rounds in some cases—in many cases, actually—maybe even six rounds to get your test negative depending upon the circumstance. Why? Because it's not an infection. Like Shivan was alluding to, we're conditioned with this model of acute infection like say a urinary tract infection. You take antibiotics for 7 to 14 days, it's gone. You never have the symptoms again. It's all handled.

This is not an infection like that. This is an overgrowth or colonization. We have to treat until we get effects. And it takes many rounds to knock that down. This is commensal bacterial overgrowth.

So, what I would say is work through it, see the treatment to its conclusion up to you are—**what is the goal? 90% better in your symptoms—like you're better—or a negative test.** So you may have given up too early.

So, chronic, by the way, means that you've gotten rid of it—90% better or a negative test and we're better for some period of time, and then it came back, you relapsed. That's what chronic is. That's how you define chronic.

So, did you completely get rid of it ever, and now you have it back? If that's the case, then your chronic.

And also, what's tough? Tough is when you've tried all three treatment types—pharmaceutical antibiotics (now, this is on that roadmap algorithm), herbal antibiotics, and elemental diet. Very often, people SIBO only reacts to one of those types of treatments, and we can't know ahead what you're going to react well to and not. We just don't know. Thank God we have all these tools in our toolbox.

So, the classic scenario particularly that I hear all the time is somebody tried two different rounds, one or two different rounds of herbal antibiotics—because that's what the patient can easily get their hands on, right?—and it didn't really help that much, and then they say, “Well, I'm a tough case” or “I'm a chronic case.” And there's no testing. Do you even know what type of gas you had?

The other huge thing is did you have the proper treatment for methane if you had methane? What do we use for methane? You need different herbs, different antibiotics.

Now, the elemental diet will work for all types of SIBO. For herbal antibiotics, you have to add in allicin. So we use Allimed at six a day. You could use NFH. They have a formula. Allicin SAP, you could use that, but you need double the amount. For Allimed, it's 6 a day; for Allicin SAP, it's 12 a day. So, that's allicin. Or Atrantil. And that's 6 a day. This is usually around four weeks.

For antibiotics, you need to have had neomycin or metronidazole added to your rifaximin or you didn't have your methane treated.

I just consulted on a case like this. It was a practitioner who had tried two herbal antibiotic rounds without much benefit. And she never had a proper treatment because, when I looked at her case, she had methanogen overgrowth, and she had never been treated for it. She never did the herbs for it. So, her prognosis was good, but she thought she was chronic SIBO.

And by the way, I didn't mention, for hydrogen sulfide, that's a sticky widget. But your best bet, there is bismuth at about 2000 mg. a day or high dose oregano. We go over all of this in the course.

So, this would be unnecessary if you're pegging yourself here as chronic or tough when you haven't had testing, you don't even know what your gas is, you've tried one or two treatments. You're not being methodical about it. You don't even know what's going on. And you're just giving up.



Don't give up that early. Don't do that. You don't need to. There's hope here. We can we can work this through. Let's work it through to its conclusion—90% better or a negative test.

57:54 | The SIBO Recovery Roadmap – Course Walkthrough

Shivan Sarna: Okay, we are at one o'clock, so we definitely need to wrap it up and do what is left on our agenda. I know you all have a lot of these questions. My heart is going out to you. She's also answered a ton of them within the content.

Dr. Siebecker, what else is on our agenda for today? Let's see...

Dr. Allison Siebecker: Well, I think we have to show people what the course looks like, don't we?

Shivan Sarna: We do have several people who are asking about what exactly is the course like. Now, we have different tiers of things. Dr. Siebecker has SIBOinfo.com which is obviously free. We have summits every year that I give so much information for for free. This is a paid-for course. It's \$197. Because you're here, I'm going to share a very exciting news with you because that is an introductory price. On February 6, it does go up. But before I even talk to you about any of that, we want to take you in and show you what is going on in that course because the step-by-step, following that algorithm, following this advice from Dr. Siebecker, we worked on the score so hard. It's so beautiful. I'm so proud of it. We just want to take you in and see. And if it's a fit, great! If not, cool too.

But if you would share your screen, Dr. Siebecker and just take us through it, it would be awesome!

Dr. Allison Siebecker: Here we go!

Shivan Sarna: ...and very organized! I know it's easy to go, "Argh, I don't want to do something that's going to overwhelm me," I get that. This is so...

Dr. Allison Siebecker: Oh, I'm all about organization. So, you can see we just start with here's your class notes and your handouts, studies to share with your doctor. And then, we have the lessons. And if you take a look at the times, you can see 7 minutes, 2 minutes, 5 minutes... we've kept it in small, easy, bite chunks—I'm not saying the right word there. But we were very efficient. We give a good amount of information, but in a concise way, very effective, so you're not going to get too overloaded. And you can easily go to.



We have it put into four weeks I believe. And so, here's week #2, more about diagnosis. I tell you about test interpretation. And we start getting into treatment, diet, antibiotics...

So, let's take a look at the herbal antibiotic lecture. What you have here is you have the video that you can watch. Let me just bring you in there and show you for a minute.

[video playing]

Dr. Allison Siebecker: So then there's the neem, bottles and things, you know? I mean, the herbs, we show you what all the herbs are, what they look like. And then, here we have the transcript or the audio. So if you want, you can just read it, you can just listen to it, or you can watch the video. Sometimes, we put notes in here when we have things we need you to know or updates. And here, you just see the transcript and the audio.

Down here, *mark as complete*, this is a wonderful way to help you get through the course. When you hit *mark as complete*, basically, over here, all the lessons have these little bubbles, and they'll get colored in. And so, that way, you'll mark off what you've already watched, and you can track your progress that way. So, I'm just taking it back down through. Here's week three. And then, week four, we've loaded you with a lot of bonuses and extras.

Shivan Sarna: That *SIBO Fundamental Series* right there, that's four to six hours right there.

Dr. Allison Siebecker: This is a lot of information for you, but we made it digestible... hahaha...

So listen, the whole reason we did this is because we're patients and I really want to get the information to people. I work so hard to get information to people in so many different ways, but I could see that there was a need for an actual class, something more than just an hour of what we're doing here.

This is a tricky condition... or it can be. It takes some time. So I've laid it all out in an organized way. And what a lot of our people have told us who've gone through it is that they just wish they did this right when they got diagnosed. It would have saved them money, spared them time, and a lot of these things.

Shivan Sarna: I want to answer a concern that some of you are all asking, and that is: do you need a doctor to take you through this?

First of all, nothing we've done today is a substitute for medical advice. So, take this great information and work with your practitioners, use your common sense. It's definitely something that you know. You know



there's a lot of things you can do in SIBO that's DIY... which is awesome! But you also need to make sure you're testing to Dr. Siebecker's point. What if it isn't SIBO? What's your underlying cause?

All of that is gone over in this course. And you will also have a list of practitioners that are part of our speaker series and that kind of a thing, many of which do remote consultations. It is not essential. It is not where it's like, "Oh, you can only do some of this if you have a doctor." It's not like that. Instead, it's a very realistic approach about what a typical average—hello—SIBO patient runs into and what they need to do in order to navigate.

Dr. Allison Siebecker: There are things you can do on your own. In a perfect world, we would really love you to have a SIBO literate doctor to guide you. But like I showed you, you can actually order your own tests. I mean, you're going to need some help interpreting them obviously, but we talk about that in the course. There are herbs you can buy yourself.

We want you to have the help of a doctor. And we talk about that. But we're doing everything we can to empower you to help yourself.

Shivan Sarna: So, a lot of you are asking about the algorithm that we showed you, that pretty colorful roadmap. We will resend it as a special treat and favor for those of you who signed up. We sent it in the beginning. But I know what it's like, we lose track of emails. So, I will make sure that that gets re-sent to you.

And then, if you buy the course, is it available to you always? Yes, it is. When we say *always*, when I'm 90 years old, it might not be available guys. Okay, but it is yours for long-term. And you will be able to download much of it—not the videos, but the audio, the handouts, the transcripts. So you have access to that content.

If, for some reason, I decided to go off-planet, and I knew in advance, I would say, "Hey, everybody, make sure you've downloaded everything." I'm just very careful about saying *forever*, but this is not like a 2-year limit. I've seen a lot of courses that lasts three months, six months, two years. It can be done totally on your own timeframe. Great question, Judy!

And then, also, we are going to be doing a live Q&A for those of you who do choose to participate with Dr. Siebecker. And that's going to be probably in February or March. We would let you know about that in terms of timing.



So, Ramona is... God bless you, Ramona. By the way, Fred, please go see a doctor. You need to have a private consultation with a doctor. You have a lot of things going on. So please do that.

The cut-off... actually, we don't have one. But it is \$100 more after February 6. So, we've given you a fair amount of time to gather your shekels together. And I'm going to encourage you to sign up today as soon as possible because, that way, you get access as soon as possible as well.

Dr. Allison Siebecker: Didn't you have someone who went through the course you wanted to share what they said?

Shivan Sarna: I'm so glad you reminded me about that. We have a lot of people who sent us testimonials about this class because they've received such great results, and they know what to do now, and they've saved so much money. And all those questions that we see repeated in our emails in the Facebook group, they get answered. And you can watch it over and over again.

So Kate from California, I remember hers in particular, she didn't want to buy it... and I get that (you know, I'm very cynical in certain ways, and hesitant). But she decided to go for it. And she just wrote this glowing review about how she realized that she was doing it wrong, that she was not getting the proper care.

She was able to download the studies that are included in the class, take them to her doctor, convince her doctor to get the prescriptions. And now, she's SIBO-free which is so exciting because she went through that algorithm.

And hundreds and hundreds of people have written us telling us they found their underlying cause. They now had been missing taking the testing, the test in the right timing. They had just a lot of mistakes. They've been in it for a while. Some of you I know have just gotten started; some of you have been at it for ages. And they just removed so many mistakes and shortened the timeline of how long it took for them to get better.

And by the way, there's a couple of masterclasses here too, including Dr. Siebecker's treatment and prevention as well as guest lectures from Kristy Reagan, Angela Pifer. We have recipes. It's very, very comprehensive.

The course will be updated. Elizabeth, great question! We have already updated the course as a matter of fact from the first time that it was released. And yes, we will be updating it with new information as it is released in the future. That's a fantastic point. I'm so glad you mentioned that because I forgot to say that.



Where do you sign up for the course? I have a link. It's actually on the very top of the chat. Let me see if I copied it properly. And yes! I just posted it (I'm about to post it anyway in the chat right now). It's also in some of the emails that we've sent you. And we'll send you out in the replay email as well. So, that is the way that you sign up.

And what else? Okay, we have just a few more minutes. Ramona, I know you have that question still. I'm not ignoring you, my friend. I just don't I don't have the answer. I don't have the answer you seek... yet.

Okay, Sandra, great to have you. Rachna, you took the course the first time it was offered. Will you have access to the updated version? Yes, you definitely will. As a matter of fact, you go to your portal—it's in your portal with your username and password—we have updated some of that information already. And it continues to come on.

And let's see, is it the new course or the same one as a while back? It is the same one, Marcia, but it has been updated with some new information. Follow the link if you want to sign up.

Does the course properly address Lyme + post-infectious IBS? It's not a course about Lyme. We do talk a little bit about that. We talked about...

Dr. Allison Siebecker: Post-infectious IBS is the number one most common underlying cause of SIBO. And we have that all explained. But no... I mean, all we do with Lyme is mention that it's an underlying cause. And then you have to go and take a separate training, a separate course on Lyme because, like Shivan said, it's not a course on telling you how to treat all your underlying causes. There are, phew, something like around 150 underlying causes, and they're diseases of their own. So that is outside of the scope of what we're talking about.

What we're talking about is helping you to identify or know what your underlying causes and how to treat your SIBO... and what you need to know as a patient as you're approaching SIBO.

Shivan Sarna: So, Laurel is asking: "If you're technically challenged, is it easy to use?" We have had a lot of technically challenged people take this class... and yes. We asked that in our post-course "give us your feedback," and they did say it was very easy to use.

And we also have someone who is on call, so to speak, much of the day—give us time to get back to you—who you could ask and get help from.

Let's see... yes, John, you have a machine that you blow into. That is the SIBO breath test.



Dr. Allison Siebecker: We actually show you that in the course.

Shivan Sarna: In the course, yes. Sarah, reach out to info@SIBOSOS.com, and we'll take care of you.

And let's see...

"I've had the course, but my question was not addressed. Will the Q&A in February/March allow me to ask again?" You know what That's a good question. Go ahead, sure! I'm going to say yes to that.

Dr. Allison Siebecker: Oh yeah, definitely. Please come!

Shivan Sarna: Please come.

And can it be done in your own timeframe? Yes. And it is available to you long-term. We will send you out the SIBO Recovery Roadmap again, the algorithm. You will become so familiar with that algorithm. Or you know what, you don't have to memorize it. You print it out, you walk it around, you put it on your fridge... you know, it's something that...

I want to really reassure you that this is going to take as much brain capacity as you want it to take. I know what it's like! You're like, "Argh, another thing to do." But it does speed you up. It does in my experience and observation cut through so much confusion.

And because of that, because you have this guide and this guidance, the hope comes back, the stress gets a little bit more reduced, the anxiety goes down.

I literally give you tips and tricks too about keeping a question log. And as you go like, "Okay, I want to know about this, this and this," well, you get to download that onto your question log. And then, as you're doing the course, those questions so frequently get answered, but that's also why we give you a Q&A in case it didn't get answered in the course.

There's no pressure. It's not like you have to keep up. This is about you helping you.

And no, Dr. Siebecker isn't seeing patients right now. She is working on her book and working on some other projects. But this is also a way that she is still giving back to the community—one of the many ways. There are a few pros. There are only a few pros, you're right. But there is a guide to people who have been part of our Speaker Series in the course.

And what else? What else?



I know that you guys all had a lot of additional questions. So, what I want to say is consider joining the [SIBO SOS Facebook Group](#). It is free. Check out Dr. Siebecker's SIBOinfo.com—a lot of your answers are there—as well as come to the course. I think it's going to be one of the best investments you make in your health. I would never say that if I didn't 100% feel that way. I am a show host for 20 years. I'm very careful about what I say and making a promise like that. I know what's going into this course. It is made with so much accurate information, motivation.

We talk about mindset, but it's not just like a feel-good like “get your mindset right!” I appreciate that, don't get me wrong, but there's technical things that you guys need to know. And yes, your mindset can help you take action, but it's not fluff. I think that's the best way of saying it, right?

Dr. Allison Siebecker: Think about some of the things that I was talking about today and some of the technical stuff I didn't have time to go over and you'll get that explained in the course.

And also, I just want to say from the perspective of—it's so kind, people were asking if I'm seeing patients. I can't wait to go back! But from the perspective of cost analysis, the course costs less than one visit with me.

Shivan Sarna: Well, there's that. There is that.

Dr. Allison Siebecker: And it's hours and hours of me explaining things in a very organized fashion.

Shivan Sarna: Nancy, I see your question. We will send you out that again.

When does it start? It can start right away. They are not live sessions. It's not practical because the scheduling... we've tried. There's no way to schedule with time zones, Dr. Siebecker's schedule, people from all over the world trying to schedule... ooh, talk about stress Shivan out! No, we do not have it live. And we take that into account. And we do give you that live Q&A at the end.

This is a good question, Dr. Siebecker. What do you think about this from Aniya: “Should I test for SIBO positive before signing up?”

Dr. Allison Siebecker: I think that's a very good idea... take a test before you come. I mean I think it really makes sense to find out if you have this condition.

Shivan Sarna: Yes. And my thing is if you really think you have it, you'll also be able to help distinguish—do the test properly, you'll learn about that. But then also, if you don't have it, if you don't have SIBO, you will learn several things that you might possibly have. So, overall...



Dr. Allison Siebecker: That's true! And also, the whole *Symptomatic Relief* section. I mean, it's not like it's going to be wasted money for goodness' sake. There's so much information that can help you in so many ways.

But I do think that, practically, that's a good idea. Find out if this is what you're having. I gave you that information of how to get your own test today too.

Shivan Sarna: ...which is huge.

Okay! Rachna: "I've taken a lot of courses, and this is by far one of the best courses I took. For those who are still on the fence, the current price for the course is a steal." I did not ask Rachna to say that. I thank you very much for that. You know how much that means to me.

So, Candy didn't get any other emails or handouts either. You also didn't get an email to follow-up.

The thing is, to get to this webinar. I had to seek it out myself. That's so weird! Please email us at info@SIBOSOS.com if you had to do any extra legwork because you were concerned. A couple of people did tell me they were going to their spam folders. But if you email us at info@SIBOSOS.com, we will make sure that it all gets situated right.

Dr. Allison Siebecker: And Shivan, I have to go and use the restroom!

Shivan Sarna: Okay, bye!

Ruth Feldman, thank you very much for your kind words there.

Should you see a functional doctor or a traditional doctor? Fred, you need to go find somebody who is a fantastic gastroenterologist. That is my advice for you... which is not medical advice. That's just something that I definitely think you need to do as soon as possible.

The coupon is good until midnight, Pacific Standard Time. So we gave you that extra three hours for those of you on the east coast.

And you're asking great questions about good practitioners. We talk about that in the course. Go to the [SIBO SOS Facebook Group](#) too. There's a lot of people there who can give you referrals.

Legally, I cannot recommend a doctor. I can tell you that the speakers that I've had in the series, I feel very confident in. How's that? That's what I have to say about that. And a lot of them do remote consultations.



Okay... yup, we need to get... let's see. I'm just going to quickly, quickly, quickly, quickly...

Here's what I'm also going to do is...

Dorothy... hi, Dorothy. I see you. That's a great question. Bring that into the live Q&A for this next semester if you want to call it that.

Carol, I'm glad you liked the webinar. I'm glad you all came. Thank you so much. We do talk about the relationship between SIBO and autoimmune diseases, but it is not a Hashimoto's course. It is about post-infectious IBS and underlying causes.

And I want to also just wrap with this. You know, Dr. Siebecker was asked: "Do you need to heal the microbiome first before you can get rid of SIBO?" And while, theoretically, she said that—that is a great point. And I also have had that question many times. She said she just had so many experiences where you could get rid of SIBO without rebuilding your microbiome... which I just found fascinating.

Fred, we do not address leukemia in the course. This is really a SIBO course.

Yes, Carleen, if you bought the first SIBO Recovery Roadmap, or the second time we did it, yes, it's already updated in your system.

Let's see what else... I'm just going to...

Yup, we do talk about all of the testing.

Jenny, you're an MD. Is there a course for you? Yes, that is the SIBO Pro Course. And in 40 minutes, we're going to be doing a webinar for you. If you go to info@SIBOSOS.com, we will send you the link for that. I don't know why you didn't get that email. The emails that you originally got from us had two places—one for patients and one for practitioners. You could click on one. I think you clicked on the patient one—I'm glad you're here—but there is a Pro Course link for the webinar later today. Email us at info@SIBOSOS.com.

Bill and Mary Kay, I'm glad that you're not going to fear food as much. I'm glad you found this informative.

Yes, the tests are reliable. It depends on the lab that you use. Dr. Pimentel absolutely just—I think the word is *proven*, but I think there's a medical word for it. They just did something at Cedar Sinai that absolutely...

Dr. Allison Siebecker: Validated!



Shivan Sarna: Thank you... *validated* the SIBO breath test. Boom!

Dr. Allison Siebecker: Lactulose...

Shivan Sarna: The lactulose 3-hour, yeah...

Dr. Allison Siebecker: The 10-tube, very important. The tests are absolutely reliable, by the way. I just came back when I heard you saying that.

Shivan Sarna: Yeah, thank you.

Dr. Allison Siebecker: But listen, I'm going to say goodbye to everybody.

Shivan Sarna: Okay, yes.

Dr. Allison Siebecker: And I really hope that you'll find help with that... and some hope if you had given up or if you were too restricted. I hope it helped.

Shivan Sarna: Thanks, Dr. Siebecker.

There's a 30-day money back guarantee. Yes, we absolutely do that. This is not about like trying to get you; this is about trying to help you. So yes, I have that—we've only had one product at SIBO SOS that we ever didn't do that with, and no one wanted their money back anyway. But yeah, our returns are very, very low. It's like less than 1%, which I'm very proud of. But also, I'm very picky myself. So I want to make sure that our standards are very, very high in delivering things to you,

Jan, yes, salmonella can cause post-infectious IBS. It can cause SIBO.

Thanks, Carleen.

Do we talk about SIFO? That is a great question, Alex. Alex, if you're in the [SIBO SOS Facebook Group](#), be sure to look at Dr. Ami Kapadia. I did a masterclass with her about SIFO. And she does a little bit of a blurb about it in the SIBO SOS Facebook Group.

We don't go over it as much as the masterclass that we've done with her about that. I'm thinking about that, about something about that. That's me thinking. It's really about SIBO. It really is about SIBO. Let's see what else.



I know you guys have so many questions. This is what I'm going to do. I'm going to save these questions. And I just want to encourage you to go to the Facebook group to get as many questions as you can answer there for free.

I love you! I thank you.

Rachna said that the Dr. Rao SIFO masterclass that we did was excellent. You can find that at SIBOSOS.com.

Rom, I'm glad you're here. Get out of that food comfort zone... yes, yes, yes.

Can you order and use tests in Canada? The vast majority of these tests can be used in Canada, including breath test, ibs-smart test. There are labs in Canada that can help you as well.

I'm just trying to cram as many little questions as possible. And then, let's see..

Dharmesh, hi! Now, it was a 12 noon Eastern time today. You thought it was at 1 Central. We are going to send out a replay for sure... for sure.

Jan, somebody asked if they could buy the course for their son. I just want to say this. And this is why we stopped doing gift certificates as well. They were some of the people that returned—which again was very few. But if your loved one is not into it, and they have mom saying, “You should really do this,” you know that, often, that person is resistant—not if their best friend tells them about it. Often, they're like, “Oh, I found this great thing!”

It's just something psychologically that I've observed from doing this. But yes, of course you could buy this for your son. There's even, when you check out, a question that says: “Is this for you? Or is this for somebody else?” So sure, of course. But I'd get his buy-in first.

Yes, I can put up the website one more time... 100%. There you go! Oops, let's do that. And it's going to be in the email that we send later today.

Good, Diana, I'm so glad this was helpful for you. It's a fantastic course. And I'm so glad you purchased it in 2018. That's what she's saying. “I'm so grateful for what all of you have done and continue to do for us.” It's our pleasure. I'm so glad you all are here. Thank you so much for being here. It means just the world to me because that means that all of this work I've done—which I'm already a worker, and I already have another full-time job, and I'm writing a book about SIBO—that all of this work I've done has not been for nothing.



And I know we have now over a million views of the work that SIBO SOS has been doing for the past two years. I'm so excited about that. And then just to have this direct connection with you all means so much me and my family who has sacrificed so much. Well, I've been working on this pretty much non-stop for two years. So, I thank you very much!

I'm getting emotional. Love you! I'm going to wrap it up. I will talk to you later. And thanks again for being here.