



Is This The Real Cause Of IBS?

Understanding SIBO/IMO

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What if there **is** a way to resolve the **real cause** of your IBS?

Do you suffer from Irritable Bowel Syndrome (IBS)? Are uncomfortable digestive issues like constipation, diarrhea, bloating, pain, or nausea your norm? Has IBS taken over your life and prevented you from doing the things you love?

You're not alone.

Millions of people struggle with this frustrating condition that can leave you feeling bloated, uncomfortable, and generally miserable.

But did you know that **up to 84% of people diagnosed with IBS could also have Small Intestinal Bacterial Overgrowth (SIBO)?**

That's right - there's a hidden culprit that could be causing your symptoms- and SIBO is manageable and beatable with the right help.

SIBO occurs when there's an overgrowth of bacteria in your small intestine, which can lead to excess gas production, bloating, abdominal pain, and more. Not fun! But the good news is that you don't have to suffer in silence anymore. By tackling the real cause of your IBS - SIBO - you can finally get relief and reclaim your life.

There's hope!




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This free ebook is packed with **expert insights** and **practical tips** on how to identify and test if your IBS is really SIBO so you can finally get to the bottom of your symptoms.

Treating SIBO/IMO is possible – so you can beat your IBS and transform your life.

If you're tired of living with IBS and looking for a solution, read this free ebook for more information on SIBO and IBS, how to get tested, and the next steps.

**you
deserve
to be
well...**

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Introduction

Meet **the Problem**

Embarrassing gas, painful bloating, constipation, diarrhea (or both) – these are the symptoms of a condition as much as 20% of the world’s population suffers with:


Irritable Bowel Syndrome

Compared to Celiac disease (just 1-2% of the population) and diabetes (6-7% of the population), IBS is a **MUCH** more common condition. It affects men and women, young and old, rich and poor. In fact, estimates put the number of people worldwide with IBS at **ONE BILLION PEOPLE**.

And yet... doctors don't know WHAT causes it or HOW to fix it!

If you've been diagnosed with IBS, you know how frustrating it is to have doctors throw their hands up and shrug over symptoms that at times feel like they are ruining your life.

Why is so little known about this incredibly common condition? Why are millions of people suffering without hope or relief?

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I knew there had to be a better answer... and I wouldn't stop until I found the truth.

It might just be because what we call IBS is actually another condition altogether.

It hasn't reached mainstream yet... but the best doctors at some of the best hospitals in the world haven't given up hope of discovering the TRUE cause of IBS... and solving the condition.

What they've learned about this "medical mystery" will surprise you - but it will also give you hope.

There is a real cause for IBS, a proper name for the condition you're experiencing, and most importantly... solutions. Yes, it is treatable, manageable and in many cases, curable!

I know, because for most of my life I thought I had IBS.

*Hi, I'm **Shivan Sarna**, and you might recognize me as a longtime TV host.*


But here's what you don't know: all those years on camera, **I was hiding my bloating in shapewear and constantly thinking about where the nearest bathroom was.** I made the best of it, to be sure, but by 2014 I was completely fed up with my "IBS."

I knew there had to be a better answer... and I wouldn't stop until I found the truth.

After trips around the country... working with medical doctors, naturopaths, and dieticians... I finally found the real cause of IBS (and I NEVER would have guessed it).

This information has transformed my life and my health...and sharing it with as many people as possible has become my life's mission.

If you feel like there is no hope - I can relate! But I hope by the time you're done reading this, you see that there is SO much to be hopeful about.

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Here's what you're going to learn

- ✓ Exactly what IBS is
- ✓ How IBS gets diagnosed
- ✓ What scientists think REALLY causes IBS
- ✓ How that leads to the condition known as SIBO...
and why that is GOOD news!

I'm so excited to share this information with you, and I hope it is as transformative for you as it has been for me.

Fair warning: we're going DEEP to really understand the truth. Be prepared to learn a lot.

But don't panic - I am going to break it down into bite-size bits so that no one gets overwhelmed or left behind.

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What is IBS?

Irritable Bowel Syndrome (IBS) is the most common functional gastrointestinal disorder. It is chronic and symptom-based.

What does all that mean? Let's break it down part by part.

Functional - this means there is no obvious disease causing the symptoms. In functional diseases, the symptoms are real... but doctors can't find a cause. (Compare this to something like the pain caused by an ulcer - the ulcer is the disease causing the symptoms.)


Gastrointestinal disorder - this just means the disorder affects the GI system - which starts at your mouth and ends at the anus and includes the esophagus, stomach, gallbladder, small intestine, and large intestine.

Chronic - this means the condition has gone on for at least 6 months and occurs at least once a week (according to official guidelines).

Symptom-based - because there is no obvious cause, doctors really focus on the symptoms of IBS: abdominal bloating, abdominal pain, and changes in bowel habits (constipation and/or diarrhea) are the markers they are looking for.

The Rome Criteria

The Rome Criteria is **the official guidelines used by doctors to diagnose IBS**. Why is it called the Rome Criteria? Because the doctors who came up with it met in Rome. (Don't over think that part.)

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There have been four versions of the Rome Criteria, but here is what the most current say (Rome IV):

Recurrent abdominal pain, on average, at least 1 day/week in the last 3 months, associated with two or more of the following criteria:

- Related to defecation
- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool

Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

Some doctors use the Rome criteria to diagnose IBS, but others use the more broad definition I described above. Ultimately it is a decent way for people to give language to bowel patterns and quality. If your doctor stops here and pronounces you an IBS patient and tells you to simply exercise or take fiber, you may need to find someone more well-versed in this condition. **There is so much more to it!**


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I Feel Like Cr@p?

Now that we have the official explanation of what IBS is out of the way, let's talk about what IBS feels like if you have it:

- ⊕ You might have bloating (the feeling of pressure in your abdomen) or distension (visible expansion of the abdomen)
- ⊕ You might have excessive gas (burping or farting)
- ⊕ You might have constipation OR diarrhea, or a mixture of both
- ⊕ You might have overall pain in your abdomen (called visceral hypersensitivity) or more occasional shooting or stabbing pains
- ⊕ Certain foods might make your symptoms worse - or it might not seem to matter at all what you eat
- ⊕ Your symptoms might happen every day - or they could wax and wane and even seem to disappear for weeks at a time
- ⊕ Your symptoms might get worse during times of stress or when you're not sleeping well

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Common IBS Symptoms Checklist

- Gas
- Bloating
- Food intolerances
- Diarrhea
- Constipation
- Alternating diarrhea & constipation
- Abdominal sensitivity
- Abdominal pain
- Sudden need to use the restroom
- Stress makes symptoms worse
- Depression/anxiety
- Skin issues like psoriasis, eczema & rosacea
- Restless Leg Syndrome

Does this sound like you?


If you're nodding your head, exhale and relax that tension in your neck and shoulders, you are in the right place...finally!

One thing you'll notice is that there is nothing in the diagnostic criteria about what causes IBS or brings it on. Some people can remember when it

all started and track their IBS to a specific life event... others have lived with as long as they can remember - and for others, it seems to start "out of nowhere."

The symptoms of IBS are both common and very life-disrupting. Try as you might, they are hard to ignore.

If you suspect IBS, how can you get diagnosed?

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How IBS is Diagnosed

AKA It's Not That So It Must Be This

IBS is a syndrome of symptoms without a clear cause. That means diagnosing it isn't as simple as a positive or negative test.

IBS is a **"diagnosis of exclusion"** – that means IBS is only diagnosed when all the other possible causes have been ruled out.


Instead of "testing for IBS" your doctor should test for other disease that have similar symptoms like:

- Celiac Disease
- Parasites
- Candida
- Ulcerative Colitis & Crohn's Disease
- Pancreatitis
- Gallstones
- Ulcers
- Endometriosis
- Food allergies/intolerances

Testing may include:

- Blood tests
- Skin prick testing
- Imaging
- Endoscopy
- Colonoscopy
- Stool test



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Hopefully your doctor leaves no stone unturned and tests for what it “could be.” Let’s say the tests show nothing. You should be happy, right? But if you still have symptoms and no diagnosis and no treatment plan, it is discouraging (but not hopeless)! This is what happens a lot – the doctor has ruled out a variety of likely causes and conditions to announce: you have IBS.

Conversely, some doctors forge ahead and instead of excluding other diagnoses they assume symptoms are IBS from the start. They only test further if symptoms don’t resolve with symptomatic relief treatments like over-the-counter anti-diarrheals or laxatives. They both have their pros and cons in terms of the approach.

Even if your doctor does finally diagnose you with IBS, many experts consider it to be a “wastebasket diagnosis” – meaning it’s something doctors diagnose when they can’t come up with any other answers.

Here's What You **Don't** Know


Getting a diagnosis of IBS doesn’t tell you:

- ✗ What the real cause of symptoms are
- ✗ What you can do to feel better
- ✗ How long to expect symptoms to last

I know that for me, getting an IBS diagnosis felt worse than wondering what was wrong with me... because to me it meant the doctors didn’t know what was wrong, either!

I felt hopeless and alone. I *knew* that the symptoms I was experiencing were far from normal, and I couldn’t imagine living the rest of my life this way.

That’s when I really dug in and discovered that there was a doctor at Cedars-Sinai hospital in Los Angeles had discovered a surprising cause of “IBS” – and even more importantly, a definitive way to test for it.

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What if... **This** is What Causes IBS?

For years, people have been diagnosed with IBS without being given a reason WHY... but finally now that is all starting to change thanks to some brilliant doctors who have dedicated their lives to researching a condition most doctors have little interest in.


At the world-famous Cedars-Sinai Hospital in Los Angeles (the same hospital where many celebrities are treated), **Dr. Mark Pimentel** has been studying IBS for years.

In the past few years, he has made major breakthroughs in the diagnosis of IBS, including finding what many believe to be the primary cause of IBS - it is known as Post-Infectious IBS.

Listen to this! That trip to the salad bar could have changed your life.

In short, Post-Infectious IBS is an autoimmune reaction that occurs after a bout of... wait for it... **food poisoning.**

Let's just take a moment to take that all in... yup, food poisoning.

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Here Comes The Science Download!

Here's how it happens from a scientific perspective: bacteria that cause food poisoning contain the toxin **cytolethal distending toxin, CDT** for short. There are 2 parts of this toxin: A and B. The B portion of the CDT toxin **looks very similar** to a protein within the cells of the small intestine, called **vinculin**.

What happens next is a simple case of mistaken identity.


Essentially, the immune system gets confused between the CDTb and vinculin, and starts producing antibodies (which are like the "soldiers" of the immune system that fight off infection) not just for CDTb, but also for the vinculin.

That means, not only is the CDTb getting wiped out by your immune system - the vinculin, which is part of the small intestine and not a threat to your body - gets hurt, too. The damage to the vinculin causes a cascade of events that can lead to the symptoms of IBS (more on exactly how in just a minute).

This is a BIG deal - it means a simple bad batch of potato salad (even from 20+ years ago) could be the "trigger" that sets off the symptoms of IBS... but even MORE importantly, any information that suggests a CAUSE can also lead to a CURE.

Dr. Pimentel thinks as much as 60% to 70% of IBS is caused by past food poisoning.

The culprits are E. coli and klebsiella (for hydrogen & hydrogen sulfide SIBO), and Methanobrevibacter smithii (methane SIBO/IMO).

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What if I've **Never** Had Food Poisoning

Think you've never had food poisoning? Think again!

Food poisoning is very common, and not all cases are severe. Food poisoning does not have to be severe to cause Post-Infectious IBS, either.


What many people refer to as “the stomach flu” is actually caused by food poisoning. “Traveler’s Diarrhea” is also typically caused by food poisoning. Symptoms can be mild and short-lived, or severe and last several days.

Bottom line: most people have had food poisoning at least once in their life.

Try and think back to when your IBS symptoms started – can you remember getting an upset stomach, food poisoning, or the stomach flu around that time? Even if you can't, you shouldn't rule out the possibility of Post-Infectious IBS, as it can take as long as 6 months after the food poisoning for IBS symptoms to develop. Oh, and once you have food poisoning you are more likely to get it more easily in the future. Sorry.

And oh, by the way, if you have Lyme disease, that may be another underlying cause (but more on that later!)



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Happy, Sad, Mad, Glad: Now What?!




Learning about Post-Infectious IBS was a major step forward for me... finally I stopped wondering “why me?” and felt some closure and a new beginning.

But here’s what it DIDN’T answer:

- ❓ Why was I having gas, pain, bloating, and constipation?
- ❓ Why did some foods make the symptoms worse?
- ❓ Would I have to deal with this forever?
- ❓ Was there a CURE for Post-Infectious IBS?

And so I kept digging... going deeper and deeper, until I learned the answer to ALL those questions. But before I could do that, I had to learn WHAT was actually happening inside my body when I ate.

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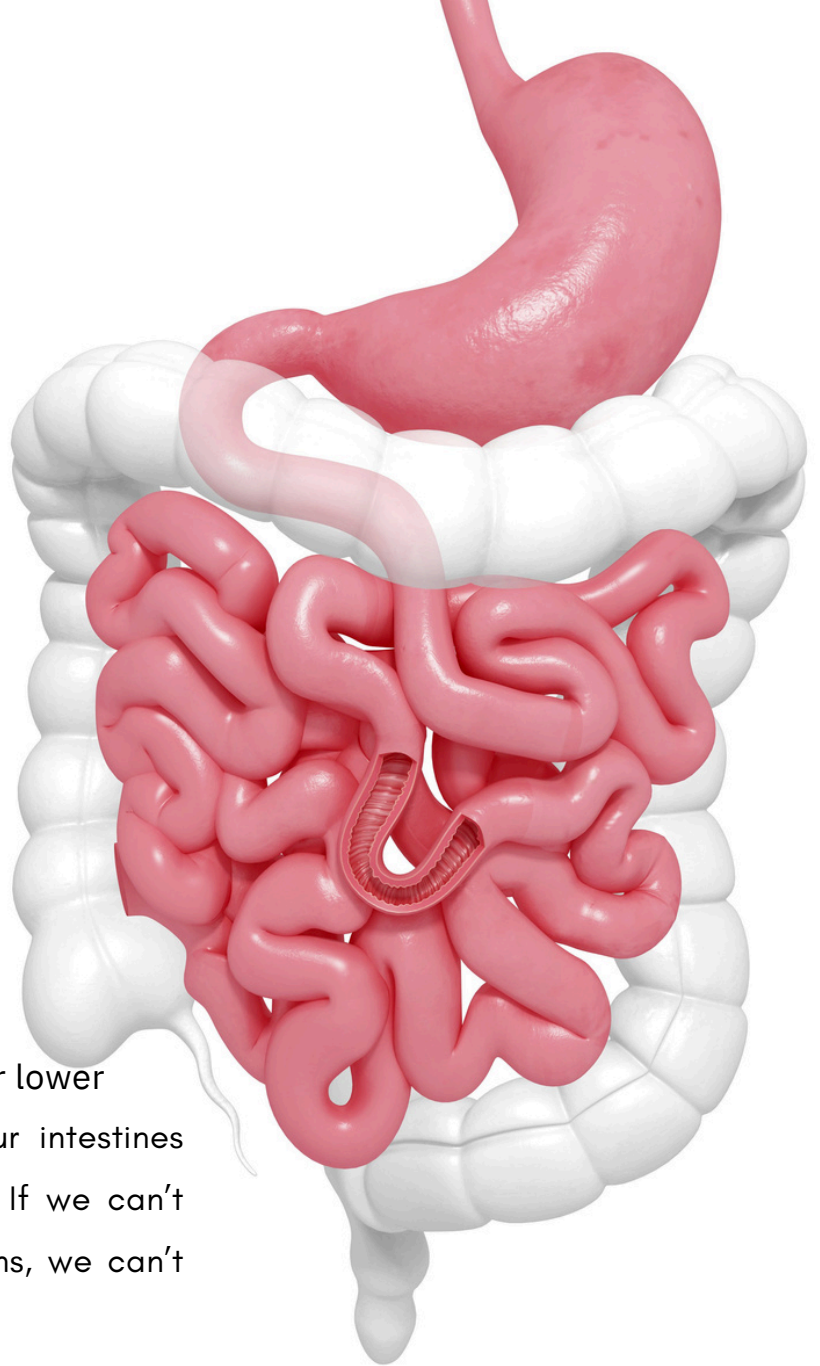
Anatomy 101: Down the Chute


The reality was I didn't really (really) understand what happened once I chewed and swallowed my food. Once I really learned about it and understood how the digestive factory of my body truly worked, I was able to take that learning and turn it into thinking that really helped me get better.

For instance, some people say “my stomach hurts” while pointing to their lower abdomen - that's actually where your intestines are! The stomach is much higher up. If we can't even accurately describe our symptoms, we can't hope to find effective solutions!

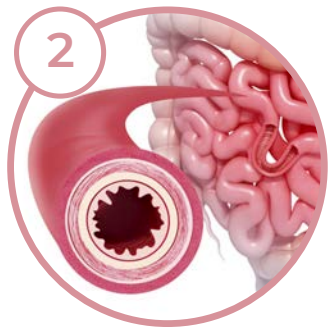
Start with me here: you smell the delicious Italian food wafting in from the kitchen. Your digestive process has already started! you put a bite of food into your mouth. And as you chew, it mixes with your saliva, which contains digestive enzymes which immediately start breaking down the food.

From there, you swallow and the food travels down the esophagus and into the



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stomach. In the **stomach**, stomach acid and bile secreted by the gallbladder break down the food even further and kill any pathogens that are present.

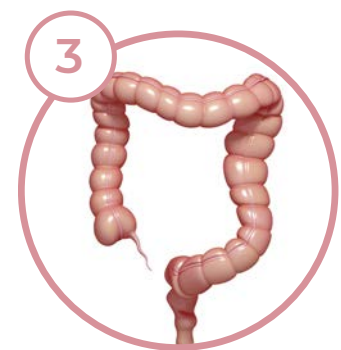


Then, partially digested food moves from the stomach into the small intestine. The **small intestine** is more than **20 feet long**, and it's there that the nutrients are absorbed from the food we eat so that they can be used


by our bodies. Little shag-carpeting-looking projections called **villi** line the small intestine and help break down the food into tiny, digestible bits.

However, some things can't be broken down by the villi - like fiber in plant foods. Anything that can't be digested and absorbed in the small intestine moves from the small intestine to the large intestine.

The **large intestine** is where the friendly bacteria that make up your microbiome live. They act as a sort of garbage disposal for your body, consuming anything leftover that the small intestine couldn't digest - especially indigestible fiber (that's the bacteria's favorite food!).



Any waste from here eventually winds up in the toilet, and digestion is complete.

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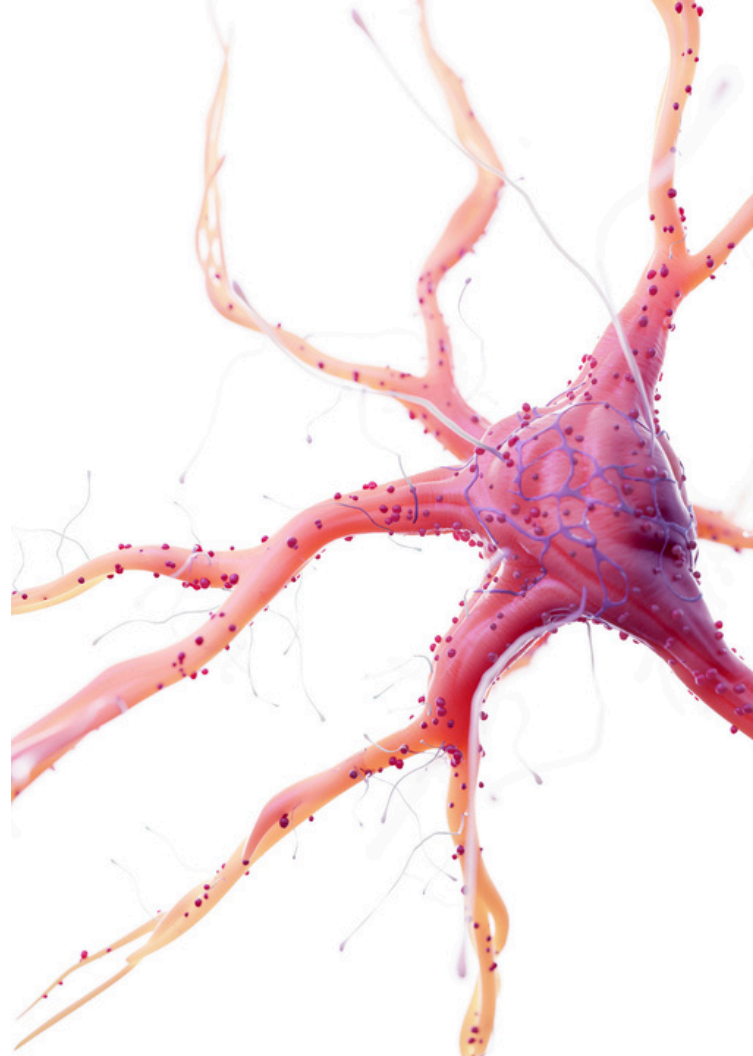
But this is what's really important: it's not just gravity that moves food through the digestive system - it's actually a special kind of electrical wave called the **Migrating Motor Complex**.


Remember this term. It will be critical to your future healthier self. Say it with me: Migrating Motor Complex, **MMC** for short.

Sounds a little out there, but it's true!

The Migrating Motor Complex is also called the **"housekeeping wave"** and I like to imagine it as a broom coming along to sweep food through the digestive process. It triggers the muscle contractions throughout your digestive system that move things along (called **peristalsis**). Without the Migrating Motor Complex (MMC) food could get "stuck" in one part of the digestive system.

Why am I telling you all this? I know it's a lot to take in, but it's necessary to understand all this to really get to the heart of the real cause of IBS.



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THE CAUSE & EFFECT MOMENT OF TRUTH

Food Poisoning & the Migrating Motor Complex

Let's back up a tiny bit and remember what we learned about food poisoning:


Bacteria that cause food poisoning contain a toxin called CDTb that looks just like a protein in the cells of the small intestine called vinculin. That "confuses" the immune system, who wind up mounting an immune response against the CDTb and against the vinculin.

And now is when you need to know that the role of those vinculin proteins is to "turn on" the Migrating Motor Complex.

When the immune system activates its "soldier cells" to wipe out the CDTb (and the vinculin, by mistake) it damages the "switch" that turns the Migrating Motor Complex on - the vinculin.

Without the MMC there to "sweep" food through, **things back up...** and some of the bacteria of the microbiome that belong in the large intestine can move up into the small intestine.

When bacteria overgrow in the small intestine, it leads to a condition called **Small Intestine Bacterial Overgrowth (SIBO)** and/or **Intestinal Methanogen Overgrowth (IMO)**.

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INTRODUCING SIBO/IMO

The Real Cause of IBS (IBS isn't just SIBO misspelled)

SIBO - short for Small Intestine Bacterial Overgrowth - is a condition most of us have never heard of, but hundreds of millions of people worldwide are believed to have. And the same could be said for Intestinal Methanogen Overgrowth (IMO).

Post-infectious IBS causes SIBO / IMO by damaging the Migrating Motor Complex... and it's what is at the root of IBS symptoms. BOOM!

According to Dr. Pimentel:

SIBO is IBS; and IBS is SIBO


IBS and SIBO aren't just different names for the same condition... SIBO is the TRUE cause of the symptoms we call IBS.

In other words, IBS is not a syndrome without a cause... IBS is actually a condition called SIBO / IMO.

And unlike with IBS, SIBO has an identifiable, testable cause - and more importantly: treatments that can solve the condition for most people! Cue the trumpets!

If you've been struggling with IBS, I hope this is a major dose of hope for you.

Your IBS may very well be SIBO / IMO... and once you know for sure, there are treatments that can heal it! (Not every single person with IBS has SIBO but the vast majority (I mean vast) do.)

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UNDERSTANDING SIBO/IMO

How Does It Make Me Feel THIS Bad?

Now you know that **overgrown bacteria** in the small intestine is called **SIBO** and that **overgrown archaea** in the small intestine is **IMO** - but that still doesn't explain how SIBO causes diarrhea, constipation, gas, bloating, and pain.


And if you're anything like me - a friendly skeptic - you want to know ALL the facts.

Here's how it happens: the small intestine should be relatively free of bacteria & archaea. That's because the small intestine is where your body gets a chance to absorb the nutrients from the food you eat - and bacteria there would just compete for the nutrients your body needs!

But in SIBO / IMO, bacteria or archaea overgrow from the large intestine into the small intestine due to reduced activity of the "housekeeping wave" aka the Migrating Motor Complex - it's like trash overflowing when the can hasn't been emptied often enough.

The bacteria in the small intestine not only compete with your body for the nutrients in the food - they also produce gas as they consume the food they find. It is fermenting. Think of a microbrewery and you will get the idea. This gas is what causes symptoms like:

- ⊙ Bloating and distension
- ⊙ Gas (burping and farting)
- ⊙ Constipation and/or diarrhea

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Plus, other complications like:


- ⦿ Weight loss (due to nutrient deficiency)
- ⦿ Weight gain (as these bacteria can literally slow metabolism)
- ⦿ The feeling of food sitting in the stomach
- ⦿ Pain and hypersensitivity
- ⦿ Acid reflux
- ⦿ Nausea
- ⦿ Fatigue
- ⦿ Depression and/or anxiety (the struggle is real)
- ⦿ Food intolerances
- ⦿ Skin rashes (eczema, psoriasis, rosacea, etc.)
- ⦿ Restless Leg Syndrome (whhaat?)



There are 3 main types of SIBO, each named for the gas produced by the overgrowth of either hydrogen, methane or hydrogen sulfide producing organisms.

- Hydrogen SIBO - which correlates with diarrhea
- Methane SIBO (now also called Intestinal Methanogen Overgrowth or IMO) - which correlates with constipation
- Hydrogen sulfide SIBO - which correlates with a mixed diarrhea and constipation pattern

For most people with SIBO / IMO, the hallmark symptom is severe bloating and distension.

 **Footer Note: There is hope.** Do you have questions? Do you need more help? If you are not confident in your next steps dealing with your SIBO / IMO, IBS. [Clicking this link is your next step.](#) It is hard to stay motivated when you are not getting results and spinning your wheels. Knowing what to do and in the right order makes all the difference in your results.




BUT WAIT! THERE'S MORE: **FOOD POISONING** ISN'T THE ONLY CAUSE OF SIBO

Here's a twist: while food poisoning that leads to post-infectious IBS is the MOST common cause of SIBO / IMO - anything that disrupts the normal flow of bacteria through the body can also cause SIBO!

That includes:

- » Endometriosis (which can cause scars called adhesions that block the flow of bacteria)
- » Abdominal surgery or trauma (again, because of adhesions)
- » Medications like opioids (which slow down digestion and the MMC)
- » Parasites
- » Diabetes
- » Connective tissue disorders (Ehlers-Danlos, scleroderma, POTS, etc.)
- » Mast Cell Activation Syndrome (MCAS)
- » Traumatic brain injury
- » Lyme Disease

This helps explain why SIBO / IMO is so shockingly common and believed to be the major underlying cause of IBS symptoms.

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WHY IBS VS SIBO MATTERS SO MUCH

I consider it a real tragedy that so many people are diagnosed with IBS... and yet far fewer know about SIBO / IMO!

This is about much more than just calling IBS by the "right name" - IBS is a condition without a cause or a cure. Talk about hopeless!

On the other hand, SIBO is a condition that can be definitively diagnosed with the right testing, and more importantly...

...effectively treated!

I thought I would live with my IBS symptoms the rest of my life.... I never imagined I could feel this good again!

Now that you know the truth about the real cause of IBS, the door is open for YOU - it's time to get the help you deserve and start feeling better!

IS SIBO / IMO JUST A FAD?




If you've never heard of SIBO before, it's natural to wonder if it's a "fad" or a fringe idea that most doctors won't accept.

But SIBO has actually been documented in scientific literature since the 1960s. It was a known condition - but considered rare simply because there wasn't as easy and accurate way to test for it until recently.


As testing and diagnosis has improved over the last 15-20 years, leading doctors and researchers have discovered it is much more common than once believed, and data supports it to be the underlying cause of IBS in at least 60-70% of cases.

It's definitely not just a fad - but finding a doctor who is knowledgeable about SIBO / IMO can still be challenging. That's why becoming a self-educated and patient expert is KEY to taking your health back!

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Let's Recap

-  Until recently, doctor's didn't know what caused Irritable Bowel Syndrome (IBS)
-  Thanks to some amazing doctors and researchers, we now know that IBS is usually caused by a condition called Small Intestine Bacterial Overgrowth or Intestinal Methanogen Overgrowth
-  SIBO / IMO is caused by changes to motility - motility can be altered by food poisoning, brain injuries, surgery, medications, and more!
-  Unlike IBS, there is a TEST and TREATMENT for SIBO / IMO - which means people with SIBO have a lot to be hopeful about

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DO I? OR DON'T I? COULD IT BE? I THINK YOU COULD HAVE SIBO

If you have any of the symptoms of IBS, getting tested for SIBO / IMO is a must.

But be aware - most standard tests cannot diagnose SIBO - including blood, urine and stool tests.

In fact, there are only 3 ways to properly test for SIBO (and one is far better than the other 2).


If you're ready to find out what you REALLY have, then you need to get tested.

I've been tested for SIBO / IMO many times myself, and met with the brilliant people who make the machines and equipment used for testing too.

I have so much information on breath testing to share with you... this is essential knowledge to get an accurate test (so you can move on with your life!)

- ✓ How to choose the MOST accurate test (even without a doctor's order)
- ✓ How to follow the testing prep diet as a vegetarian
- ✓ What you can and can't do on testing day (Brush your teeth? Chew gum?)
- ✓ Tips and tricks to make testing easier
- ✓ The basics of interpreting test results (yes, YOU can make sense of it!)
- ✓ How to use your test results to choose your treatment

If you want to know more, and are ready to find out once and for all if your IBS is actually SIBO / IMO, I've got you covered.

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WANT TO LEARN MORE?

Check out some of the research on IBS and SIBO / IMO below.

Morales W, Rezaie A, Barlow G, Pimentel M. [Second-generation biomarker testing for irritable bowel syndrome using plasma anti-CdtB and anti-vinculin levels](#). Dig Dis Sci. 2019 May 31.

Pimentel M, Morales W, Rezaie A, Marsh E, Lembo A, Mirocha J, Leffler DA, Marsh Z, Weitsman S, Chua KS, et al. [Development and validation of a biomarker for diarrhea predominant irritable bowel syndrome in human subjects](#). Plos One. 2015 May 12;10(5):e0126438.

Pimentel M, Morales W, Pokkunuri V, Brikos C, Kim SM, Kim SE, Triantafyllou K, Weitsman S, Marsh Z, Marsh E, et al. [Autoimmunity links vinculin to the pathophysiology of chronic functional bowel changes following Campylobacter jejuni infection in a rat model](#). Dig Dis Sci. 2014 Nov 26. [Epub ahead of print].

Pylaris E, Giamarellou-Bourboulis EJ, Tzivras D, Koussoulas V, Barbatzas C, Pimentel M. [The prevalence of small intestinal bacterial overgrowth by small bowel culture: relationship with irritable bowel syndrome](#). Dig Dis Sci. 2012;57(5):1321-1329.

Shah E, Riddle MS, Chang C, Pimentel M. [Estimating the contribution of acute gastroenteritis to the overall prevalence of IBS](#). J Neurogastroenterol Motil. 2012; 18: 200-204.

When you're ready to take the next step...

Discover the Proven Steps to Treating & Beating SIBO + Coaching!

THE SIBO RECOVERY ROADMAP
HOME STUDY COURSE
TREAT & BEAT SIBO STEP BY STEP
WITH DR. ALLISON SIEBECKER HOSTED BY SHIVAN SARNA

40+ video lessons
(Unlimited access + Ongoing Updates)

The SIBO Recovery Roadmap Quick Start Guide

SMALL GROUP COACHING SESSION

SIBO Recovery Protocol

SIBO Breath Test

Complete Slide Deck
(All your class notes done-for-you!)

Bloating - with or without pain

- Activated Charcoal - absorbs gas
 - Dose: up to 2 every 2-3 hours, away from meals, supplements, medications if possible (for absolute maximum relief)
 - can cause constipation and dehydrated stool
- Simethicone (Gas X) - breaks gas into smaller bubbles, allowing better movement, does not remove gas
 - Dose: follow label dosing
- 'Tberogas'
- Dose: 200 drops with meals or as needed & for gas 400 drops at bed

Small Group Coaching Sessions (optional)

Downloadable audio
Listen on the Go!

GET MORE HELP!