



THE

FATIGUE

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CONFERENCE

**Understanding and healing SIBO
(Small Intestinal Bacterial Overgrowth)**

Guest: Shivan Sarna

Alex: So welcome to this interview of The Fatigue Super Conference. For this interview I'm talking with Shivan Sarna. Hi Shivan.

Shivan: Hi, thanks for having me.

Alex: It's great to have you. Shivan is an expert in Small Intestinal Bacterial Overgrowth (SIBO) but an expert for a very particular reason, which we'll come into. That she's had a lifetime really of experience of difficulties around digestion and that's inspired her to not only go out and find answers for herself but to share those with many other people and I'm fascinated to not just get into Shivan's story but also what's come from that, what's she's learnt and having now interviewed and worked with so many experts in this fields, how that knowledge has been synthesized and come together.

Just to give Shivan's biography, or do a bit of background. Shivan Sharna is a host on the home shopping network who after a lifetime of digestive symptoms was diagnosed with SIBO in 2015. She set out to get answers about SIBO and along the way met hundreds of other people who had the same problems. She went back to her roots as a teacher and focused on bringing the experts together in one place, that's how SIBO SOS was born.

Each masterclass and Q&Q gives you the opportunity to learn from an expert practitioner directly and then ask your unique questions. It's like attending a medical school class and having an office visit all rolled into one. Shivan is alongside you for support, guidance and a shoulder to lean on.

So Shivan let's just jump into your story.

Shivan: I'll send you a shorter bio next time (laughs).

Alex: (laughs) Alright well I enjoyed your story and I'm looking forward to getting into the details of it. So when did you first start noticing that you, perhaps how your digestion or your body was functioning was different to how it might be?

Shivan: Well it was actually when I was 5. My Dad's from India so I'm half Irish, half Indian, from India, it's a very unusual mix. But you know they're much more tuned in to Ayurveda and cleansing and the balance of the body than I would say westerners and so I remember when I was 5, it's odd to remember this, that he asked my Mom like how often I was going to the bathroom and then I started to get interviewed by my Mom about what was going on and I wasn't ashamed but I realised that there was something amiss. They were observing it and then it became obvious as I carried on in life that something was not quite right with me but I didn't know that until I lived in a sorority house in college and was around women and their every single day cycles and how they behaved. So I just thought things were pretty normal but I was actually, I was uncomfortable a lot. I didn't realise that I was not in the healthiest of cycles with my elimination.

Alex: And were you having particular symptoms in terms of bloating or fatigue or just it was that you were aware that things weren't as regular perhaps as they might have been?

Shivan: Well we called it the Sarnabelly at my house, so that's my last name Sarna, and we love all aspects of God at my house including, you know, Christ and Buddha and Krishna and we very lovingly called it the Buddha belly, so all due respect to Buddha. Because it was, you know we all had these little bloated bellies. My family is not obese but we had these poopy tummies.

So if I really back track it to when I was 5 I had gone to India with my parents, my family, and had consumed some unpasteurized water Buffalo milk and definitely did not do well and definitely had, they travelled a lot so I got sort of pulled along on these trips and typical sort of food poisoning overseas, and then I would recover but I always seemed to get hit with it.

(18.28)

Then I remember going to, on this field trip when I was about 8, we went to a dairy farm in upstate New York, drank the unpasteurized milk, got totally sick. So in retrospect in my older years I was thinking oh maybe I'm lactose intolerant. I don't really know what happened but I do know I had a lot of food poisoning as a young person, a lot of antibiotics in Junior High, High School, College, and what I came to discover was that I had Post Infectious IBS, which is this breakthrough result that Dr Mark Pimentel out of Cedars Sinai hospital in Los Angeles, whose amazing, has been able to educate the world about.

That if you have food poisoning there is a high percentage that you will get IBS and that you can develop SIBO, Small Intestinal Bacterial Overgrowth.

So, keep in mind I knew non of this until 2015, OK so I'm going through my life with these cycles of constipation, diarrhea, discomfort, bloating, wearing pregnancy tops, having people ask me if I'm pregnant, trying to be on TV for 20 years wearing, like you know, the girdle's and the Spanx trying to look pretty and happy and you know, what do they call it, they had this word at work – trying to look attainable, approachable but still elevated.

Anyway I'm doing all of this and what happened is from 2013 on it became very bad. There was a lot of stress in my life and I had taken an additional round of antibiotics and it really got worse and worse and then came the fatigue. So I'm a cheerful person, I'm a happy person with energy, however, I peter out and what happened over this time is Fibromyalgia, Chronic Fatigue, I discovered I have EBV, Epstein Barr Virus, in different staged of activity, Lyme and toxic mold exposure for 20 years also.

Alex: That's quite a package.

Shivan: And my DNA is I don't clear things quickly so one of the doctor's that I've worked with calls me a collector and so I could be exposed to something, you now, 10 years ago and still have remnants of it in my body because I just don't clear things quickly.

So there's a lot of fatigue in my sort of makeup unfortunately but here's some things that really worked for me, in terms of let's talk about the solution not just the problem, and then I'll tell you guys about IBO because if you don't know what it is you may have it and not know about it and you really need to be aware of it because it can be associated with so many other conditions.

But I got into Low Dose Naltrexone and so that really, LDN you'll hear about that I'm sure somebody's talking about it on the summit as well, and it within I would say 6 months eradicated my Fibromyalgia. Alex do you know how much money I spent trying to fix my Fibromyalgia? Thousands.

Alex: I would imagine we're talking in the tens if not the hundreds of thousands and certainly US healthcare costs.

Shivan: Oh I mean the steroid shots, the body work, the raw thing, the postural integration, all the names for it, I mean it goes on and on, and the time and the energy.

Alex: And that's interesting that the LDN had an impact on the Fibro because also, I guess we're jumping ahead a bit here, but there's also potential as a prokinetic for SIBO. But I guess that's something we can come back to.

Shiva: Right. So I just wanted to mention that because it was such a huge discovery for me. I also had psoriasis and it is the only thing that cleared my psoriasis from my scalp. Now if you don't have it and you don't know what that really is like move on, but for anyone that has that experience you know your ears just perked up so go talk to someone about Low Dose Naltrexone. (22.37)

Anyway so SIBO, Small Intestine Bacterial Overgrowth, you can get it from a lot of different things. It's when bacteria that would normally be in the large intestine part of your more famous microbiome get's in the small intestine, which is actually quite a sterile environment by comparison and it overgrows. So you become your own little brewery and there's fermentation that happens because it ferments your food and it doesn't have a final sweeping out of the small intestine. There is a anatomical action called the migrating motor complex and what that is is that it is the crumb sweeping motion within the small intestine to clear out the final little crumbs of bacteria. And it happens during the 4 or 5 hours we are not eating, so intermittent fasting does help with people with SIBO and when you're sleeping you often take a prokinetic, which I'll explain what that is, right before you go to sleep so it helps with this cleansing motion of migrating motor complex.

If you have had food poisoning and if you have SIBO and the IBS combination chances are you have an interior nerve reaction in your small intestine that is not helping to activate the migrating motor complex. If that migrator motor complex isn't working chances are you have SIBO.

OK so that's one of the ways you can get SIBO, right. That overgrowth will create bloating, will rob your body of nutrients, will be related to a lot of other conditions. OK that's one thing. You can also have other underlying causes other than this food poisoning IBS combo. It could be adhesions from surgery, which is when the collagen grabs your organs in an effort to support the scar tissue and it can pull your intestines into a direction and so the flow of the migrating motor complex and the bacteria out of the small intestine isn't efficient. You could have diverticulitis so you have these little pockets within the small intestine where the bacteria can hang out and it never leaves. You can have all kinds of underlying conditions.

So you need to find that out and there are tests and ways to find that out. You need to find that list so you can go through it. There is a test in the United States. It's called the IBS Smart Test, which Dr Pimentel developed, and that

will help you determine if you have the IBS/SIBO continuum and if it's a result of the food poisoning. Now the reason I'm mentioning is because to get that migrating motor complex working you need a prokinetic and a prokinetic is something that is not a laxative but it does coordinate the intestinal processes so that you do get that sweeping motion. And there are a variety of them including ginger, but you can get ginger burn from that it depends on your valves. There is a variety of them some are becoming legalized in the United States that had not been legal like Resolor, I think it's a different name in the US but in Canada it was called Resolor. There's a list so go online to siboinfo.com and sibosos.com and you can find the list there but what happens is you'll get that migrating motor complex going and so you'll have sweeping motion so chances are your SIBO and your symptoms will be diminished.

Now you can even have a negative SIBO breathe test, which I'll explain real quickly, and you can still have symptoms because SIBO also causes leaky gut. So the tight junctures of the intestinal lining can get wider and then you can have your nutrition leak out and your body can become allergic to itself because it sees this foreign invader and that's one of the problems with still having symptoms even though you have 'cleared' the SIBO.

Alex take it away.

Alex: That's why also often people will have food intolerances, which is one of the key pieces that can happen. For those that aren't familiar with SIBO it would also perhaps just be helpful to touch on a few of the specific symptoms people can experience. So you mentioned that you were calling the Sanabelly in terms of the kind of, there's a very specific kind of experience of bloating which tends to be lower down in the bottom of the belly.

Shivan: Yeah, some people can have high bloating actually they call it low bloat or high bloat. Some people have low bloat some people have low bloat, yes.

Alex: Yeah and maybe again without getting too far into necessarily the complex science around it but the difference between, there are different types of bacteria so there are people which can be hydrogen or they could be methane producing bacteria and without wanting to kind of steal your thunder here maybe also mention therefore, difference between people that tend towards diarrhea or constipation or constipation as a way of just identifying that.

(27.42)

Shivan: So good one. So the hydrogen tends to be diarrhea the methane producers tend to be mixed and constipating. Now I have talked to thousands

of people who have this condition and there are as many people I hear who have positive methane tests that have mixed and sometimes even constipation and a lot of people I know also who have hydrogen typically supposed to have diarrhea, they have constipation. So it's not clean cut but it's something to consider when you're trying to figure out what's going on with you.

The lack of awareness that has been in the United States at least and what I have observed around the world, because I have a lot of people coming in to learn from around the world, which is really exciting. The other day we had Russia and we have Japan and China, which were some of my big exciting guests like 'yeay it's really getting out there'. But there's some awareness but you know SIBO's been around for a really long time obviously, it's been called different things, they've made discoveries and done research under different names for many decades. Fortunately from people like Dr Mark Pimentel we're really making a lot of progress but if you eat and then bloat, if you have a flat tummy in the morning and then throughout the day, as you're going through your day and you're eating and your pants get tight throughout the day, you find that you need to unbuckle your pants or change your belt loops or remove your belt throughout the day because you're bloating throughout the day you may have SIBO. Because those bacteria are eating the food and then fermenting and causing this bloat to happen. So that's one thing, if you're constipated, if you have diarrhea, if you have mixed alternating constipation and diarrhea. If you have IBS and have bloating and find that eating an apple or garlic or onions makes you feel worse you should definitely look into whether or not you have SIBO.

There is a test, there are a couple of tests to see if you have SIBO. One that I prefer is the Lactulose Breath Test and there are labs around the world that do this test and you drink a solution, it's a very specific diet you do 12 hours before, a 12 hours fast, and then you drink this lactulose solution which is a sugar that feeds the bacteria and then you do a breath test, you breathe into these little tubes and it shows where the bacteria is eating through your intestinal tract and they can from that determine if you have an overgrowth of bacteria in the small intestine. And then you can take it from there, there are different treatments that you can do.

Go ahead Alex.

Alex: Yeah, no, I was just going to say it's a fascinating test and it's a very simple test to do actually. So you have to do some prep but you're then simply breathing into a tube for every 20 minutes I think it's for 3 hours or something, but then you get this result and you can then see as you say the progress as the solution moves down the digestive tract at what point, if you're producing gas and what gas, what's being produced.

It seems to be a very helpful way to get good clarity and I think it's also worth saying that it's starting to be believed, I think it's something like 87% of people that have been diagnosed as having Irritable Bowel Syndrome may actually have SIBO and it seems to partly because of the work of people like yourself who have been educating people and have been spreading the message around this, there seems to have been a significant evolution of understanding particularly in the functional medicine community but also starting to see the spread to the more conventional community. I'm not sure the average gastroenterologist yet would have this on this radar but we certainly seem to be making progress in terms of recognition and awareness.

Shivna: Yes. There are more papers coming out about it, there's more research being done, more generally accepted kinds of literature coming out. But it isn't what they taught in medical schools for the past several decades so they're having to play catch up and do their continued education to learn.

(32.00)

Alex: So if someone reaches the point of, perhaps they've recognised in what we are saying or elsewhere that they match this picture of symptoms, they've worked with a practitioner to do a breath test and it's come back positive, what are some of the things that can happen after that point? You mentioned prokinetics that's something perhaps we could touch on a bit more, there's obviously then, there's dietary things such as FODMAP, there's killing the bacteria and different paths to do that.

So let's just come through each of those and just give a bit of what you've learnt from both your experience but also what's come from you talking to so many people affected and practitioners specializing in the area.

Shivan: One of the first things you can do is change your diet and that's a very intimidating statement I know but to control symptoms that diet is key. Typically people do not feel that changing your diet will remove the overgrowth, however, it can remove the way that the bacteria are eating, right. So you're not going to be feeding a lot of easily fermented food into that bacterial overgrowth that's already teaming with fermentation. So there's something called the Low FODMAP diet but if you want to go even further there's the SIBO Specific Food Guide, which is a Low FODMAP version of the Specific Carbohydrate diet, I know it's a lot of words. But what it does it to help you reduce your fermentable load and as a result you often feel better more quickly. Like I was eating a lot of garlic a lot of apples, thinking I was really helping myself and I was really making myself worse because those

particular foods are some of the bacteria's favourite yummys. So to reduce that is really, really helpful.

Alex: Yes. In a sense, just to be really specific here, what you're saying is that there are certain foods that feed the bacteria and certain foods that will not be good food for the bacteria, and so if you can remove their food supply at least you're not giving them something to feed off and therefore you're going to reduce the production of gas even if you're not yet killing off the bacteria.

Shivan: Exactly and so remember they're called hydrogen producer, because that's the gas that they produce when they're eating, then there's methane producers because that's the gas they produce when they're eating. So it does help to reduce bloat and portion control is extremely important because maybe a quarter of an avocado would be OK but three quarters of an avocado would not and so that really does change the dynamic, there are different thresholds.

So controlling the symptoms through diet is huge and that can be done before you take on the phase of killing or, you know, really removing the bacteria. There are different treatments that have been shown to remove that bacteria, including herbal treatments that take about a month and then about two weeks for a prescription known as rifaximin, xifaxan is the brand name for it, and that is actually the drug that they give to people who are experiencing travellers diarrhea and, you know montezuma's revenge and all that. so it's really interesting to see how that's been used for these conditions. And therefore, you do have a chance to reduce the bacterial load, control it with diet and then take another SIBO breath test so you can make sure that that's actually what you had because the symptoms of SIBO also do mimic the symptoms of ovarian cancer and a lot of other conditions. That would probably be the most serious, I'm not trying to scare you, I'm just saying find out if it really is SIBO by doing these tests which you can do at home and are not overly expensive, they're not free but they're not crazy expensive. And then once you have killed the SIBO, the overgrowth, you need to get on a prokinetic so that you get that migrating motor complex going so that you don't relapse.

The physicality of it, if you have the migrating motor complex not work that's why you have the SIBO to begin with, it doesn't take very long for the small intestine to repopulate with the bacteria so you want to keep it moving as soon as possible after your treatment.

Alex: And just to comment on you mentioning about antibiotics and rifaximin, one of the things that I think can be a bit puzzling for people initially I think is that they're reading that one of the causes of SIBO can be taking a lot of antibiotics as a child and they're like 'so why would I possibly take antibiotics

as a treatment'. So maybe say a little bit about why rifaximin particularly is so effective with SIBO, for example, the fact that it has a very local effect and it's not something that gets absorbed into a broad impact on the body.

(36.47)

Shivan: Brilliant I'm so glad you said that because I fortunately I'm lucky enough to take that for granted. So, and studies have been done this is not a guess this is true, research has been shown that rifaximin does stay in the small intestine so we get it, the microbiome is blasted by a broad spectrum antibiotic, this antibiotic does stay in the small intestine and as a result it does not appear to wipe out the rest of the microbiome. So again studies have been done this is not just me talking or hoping or praying, this has been obviously a huge, huge question that has come up over time and the studies do show that you're OK.

And also what's cool about it is it looks like you can take multiple rounds of it. So when you take your first round of rifaximin or your first month of these anti microbials, I call them herbal antibiotics, what can happen is your parts per million of these gases, which is a reflection of how much overgrowth you have, can come down by maybe 20 parts per million. What happened for me is when I first took my first round of rifaximin I thought it was like taking it for like a flu like scenario. I thought I would take these drugs and I would be better, totally, instantly fixed but actually it just helps to reduce the load so it just depends on how high the levels of your bacteria are and then you take these rounds of the anti microbial's and it can reduce a certain % each round to the point of where you then can get into the normal range.

So I don't want you to think it's a one trick pony, one two week round is going to fix it, it is probably multiple rounds.

Alex: Again what's interesting in the research I think is that they've shown up to 7 cycles and people don't develop antibiotic resistance. So what can often happen with antibiotics is if you take them a number of times you will find you have less effect, that doesn't seem to be the case with rifximin, which is really interesting.

Shivan: It's really interesting and it's pretty exciting really just to know that you have the tool there. Let's say you do have diverticulitis and you do have adhesions or maybe you don't have a ileocecal valve because you had to have it removed for surgical reasons, what's a girl abroad do to? Well if your migratory motor complex is still working you can still get some good sweeping motions out, with diverticulitis it's a little more difficult because of the pockets, but you still have hope, right, and there are a lot of people that just

do periodic rounds of the rifaximin maybe every 3 months or maybe a low level, more frequently than just this concentrated period of time.

Alex: Just again to summarise what we are saying so far. So the first thing is someone to look at their picture of symptoms, if it seems to match doing a test, then making some change in diet, then moving into a phase of killing off, be that with kind of traditional antibiotics or herbal antibiotics, looking at the prokinetics and there's different forms of prokinetics. You mentioned LDN, Low Dose Naltrexone earlier, there's also some herbal ways of people stimulating that as well. I don't know if that's something you want to mention as well?

Shivan: Ginger, and actually over time many people have observed that Low Dose Naltrexone is not a very strong prokinetic, so you can get other great benefits from it, but, I'm not a doctor but that is not where I found my biggest result in a prokinetic. And how do you know if the prokinetic is working because it isn't a laxative? It's tricky, it's have you relapsed but that's why it's so important to test right after your treatment so you can really have a baseline of knowing what the levels of bacteria are. It's a project, let me just say that.

Having SIBO, having fatigue, it is a full to part time job so for those of you who are out there struggling and you're like 'I can't believe how this has taken over my life' you're not alone OK. Everybody has that experience of wondering how in the world they are going to get their life back and I just want you to know there is hope. I am now managing my SIBO because I have the antibodies after the food poisoning, so it's not like I'm boxed checked a 100%. I still have some residual effects from the mold and the Lyme and the EBV.

(41.24)

Here's the deal. I hope you've heard of this more than from just me but listen to this. If you now have a condition, even if it's chronic, that you are managing you can still feel 100% better than you did prior to management. Of course I want to have completely, 100% you're free of EBV, Lyme, mold and SIBO, however, that doesn't look like that's the case for me this time around, therefore I can still celebrate knowing that I can manage it. Because I do I feel 100% better now than I did before I knew what I had and didn't know how to manage it. So I know it sucks and certainly it's tricky as we can tend to label ourselves and then that feeds into a whole other mental aspect of it, but just relish the fact that you can manage it. I know there are going to be some days that are worse than others, believe me I know. I may appear sort of perky right now, there have been days that I couldn't get out of bed, I had to have a friend come over and make food to feed me, I have had such bad brain fog that I literally slurred my words, other than just not even finding the words, when I

finally found it I could not speak. It didn't happen often but it happened enough to really scare me.

So I have been there, I have been in the trenches with you and there's such a persistence that you need to have if you have these chronic conditions and I just want you to know that there is hope so I'm glad you're hear and learning and please, please don't give up.

Alex: I think that's beautifully said and what's often challenging as well is when you have a number of these pieces together, and this is an odd comment to say, someone might be as fortunate as just to have SIBO and then dealing with that piece is, it may not be straight forward but it may be straightforward, but at least it's a single piece someone's dealing with. Or someone's dealing with just Lyme disease, or just toxic mold. Where it gets much more complex is where you have a number of these kind of factors happening together and then you have to be much more strategic and patient in terms of the process.

Something that you left as a cliffhanger that I just want to come back to. You said that LDN wasn't the thing that was the most effective as a prokinetic, which inferred there was something that was so I was just curious as to what.

Shivan: Not it was the prucalopride, it's the resolor. That has worked for me, that's what's now being approved in the US, it's under a different name, but resolor in Canada you can look it up. That works for me, there's also low dose azithromycin that doesn't seem to have a full antibiotic effect in a very small dose, but there's some controversy with the people I've talked to about that. If it works for you great, for me it made me hungry and made me gain weight, which was interesting. They do feed it I think the live stock to fatten them up, who knew, but it's been a life saver for other people. Ginger as I mentioned, there's a product called Motilpro that a lot of people like. A lot of people also if they have the vales and a lower esophageal sphincter issue the ginger isn't always easy for them to use because it can burn the esophagus.

Those are, let's see, there are a couple of others that are more difficult to get that have I would say a more concern associated with the side effects. So there's a list out there in the world, look it up, talk to your doctor but it's nice to know that you do have some herbals you can try. But you know what else was interesting I thought was that there are acupuncture points, they're just the basic motility points, that people when they do them everyday have had good results of moving things in the migrating motor complex. It was interesting, I don't have as much information on that.

(45.35)

Alex: This is not something I can flesh out but people have also been commenting around the vagal nerve as well as potentially a way of being a path for stimulating.

Shivan: Oh my gosh of course. So that's the other part of that whole brain gut connection, the vagal nerve. If you aren't familiar with this nerve please find out about it because it's controlling the sympathetic and the parasympathetic nervous system and, remember I'm not a doctor so I'm not totally saying that right, but if you don't have connection between the gut and the brain it's not going to go well. What are some things you can do to help with your vagal nerve and that whole, going to vagus is what I call it, that peaceful feeling after yoga class, that bliss of the shivasana at the end, getting into the parasympathetic nervous system state that's when things are connecting and your body isn't going to be in fight or flight, it's going to be in rest and digest. The more you can sort of live there the better it is for your digestion. Gargling, singing really loudly, I often do both of those in the shower to save people's ears, those are some of the things that can stimulate that. Dr Testiste Corrosion has been an incredible lead researcher on all this and if you have ever had a traumatic brain injury then chances are you're migrating motor complex is not working.

There's also this whole other issue about finding out about your traumatic brain injury that is not associated with being on a football field but did you get hit in the head with a baseball when you were 10, did you have your sister drop a staple gun on your head, yes I did (laughs) by accident.

So all of these injuries to our neurology can impact the gut so that's a whole other conversation but it is huge especially if you feel like I don't have diverticulitis, I've never had food poisoning, remember some person's gastritis is another person's food poisoning. Often we don't remember, we're like 'oh that was a bout of diarrhea, was that fish funny to you' and then we are luck enough to move on but there are a lot of injuries to the brain that can happen. Even seatbelts, you know when you get into a fender bender you know you go back and forth, that eat belt compresses that area of the body and you can form adhesions from that. The dodge ball that gets popped into your stomach 'oh man that hurt' you can have issues from that as well. We're incredibly resilient but also fragile at the same time.

Alex: Yes, yes. Couple of final questions Shivan. So firstly where do you see research and education understanding, where would you like to see this evolving in the coming years. I know you're working on a docu series at the moment but where do you see this evolving in terms of understanding and protocols?

Shivan: I think that what's going to happen is there's going to be a drug that comes out that removes the methane production. I think that's really going to help. Dr Mark Pimentel's working on that as I speak and I think that's going to be huge and help a lot of people. I think the IBS smart test is big because you can find out if your underlying cause is post infectious IBS from that food poisoning and I also think the world of adhesions is becoming more and more approached. And how do you deal with those? Visceral manipulation is one way, you have to know somebody really great at it, whose been really trained because this is not just about going to the massage therapists and then rubbing around that can make it worse.

I think most people don't think about brain injuries, I think most people think about adhesions. Again brain injuries are not just from the football field or from a tragic car accident, they can be from smaller events and I think that the accumulation of those events can lead to bigger changes in the vagal nerve. So I'd like to see more information and awareness about that and solutions.

Alex: Very cool, very cool. Final question how can people find out more about you and your website and, I don't know, great resources to get more information so tell us about that?

Shivan: Oh thanks Alex. Well of course go to sibosos.com which is my website, the sos is for 'save ourselves' of course working with your practitioner. So sibosos.com and then the docu series is coming out August 2017, I think it's going to be called Digestion SOS but I really am considering Digestion Rescue so by the time you're watching this everyone will know the name of it. Be on the lookout for that because it's going to be really educational and not just a docu series but also almost like a mini course so you will have action steps that you can take to help figure out and help yourself with your gut.

Alex: Yeah it sounds like an awesome project, I'm super excited to see it. Shivan thank you so much I really appreciate you sharing both your story but also I think you have a pretty unique view point having talked to and interviewed so many people in this area so thank you so much for sharing your experience and wisdom.

Shivan: Thank everybody, don't give up! Thanks Alex.