



EPISODE #205  
 BANISH THE BLOAT  
 WITH DR. KEN BROWN

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Wendy Myers:

Welcome to the Live to 110 Podcast. My name is Wendy Meyers. You can learn more about me at [Liveto110.com](http://Liveto110.com) and check out my healing in detox program, [MineralPower.com](http://MineralPower.com).

Today, we have Dr. Ken Brown on the podcast to talk about his breakthrough supplement called Atrantil. This is a supplement that is really helpful for bloating, for addressing leaky gut, and IBS, which is an issue that many people suffer from today. A lot of people suffer from digestive issues of various kinds. And four out of five people have been found to be helped with Atrantil.

And so, I want to have Dr. Ken Brown on the show today to discuss his breakthrough find.

But before we get into the podcast, please keep in mind that this podcast is not intended to diagnose or treat any disease or health condition and is not a substitute for professional medical advice. The Live to 110 Podcast is solely informational in nature. So please consult your healthcare practitioner before engaging in anything that we suggest today on this show.

My book, *Limitless Energy*, is out on Amazon. And it's really the culmination of my work over the past decade and the research that I've done into toxic metals and minerals and the underlying root causes of health issues including fatigue.

In working with thousands of clients, I found that the number one complaint was fatigue, and I set out to understand why. And in my research, I discovered that toxic metals interfere in our mitochondrial functioning. And our mitochondria make our bodies energy. They make our ATP. And certain toxic metals, including arsenic and thallium and tin and aluminum actually poison enzymes that transport nutrients into our mitochondria.

And so that's why many of you guys listening may have been trying mitochondrial supplements in vain and finding that they don't work because you're not able to transport those nutrients into the mitochondria for the supplement to work.

And so, these are the types of topics that we discuss in my book, *Limitless Energy: How to End Exhaustion and Chronic Fatigue by Detoxing Toxic Metals*. You can learn more about that on Amazon.

## 02:32 ABOUT DR. KEN BROWN

Wendy Myers:

Our guest today, Dr. Ken Brown serves as Atrantil's spokesperson. And he participates actively in new product research and development and ongoing testing of existing products.

He is board certified in both gastroenterology and internal medicine and has been licensed to practice medicine in Texas since 2000. Ken earned his medical degree from the University of Nebraska Medical Center with Magna Cum Laude honors. He completed his residency in internal medicine and fellowship in gastroenterology and hepatology at the University of Texas Health Science Center at San Antonio.

Ken is Director of Clinical Research at Digestive Health Associates of Texas where he served as principal investigator for many randomized double blind studies of gastrointestinal pharmaceutical medications. Ken is a member of the American Medical Association, the American College of Gastroenterology, the American Society for Gastrointestinal Endoscopy and the American Gastrointestinal Association. That one nearly broke my mouth.

He serves on the Practice Management Committee of the American College of Gastroenterology and the medical advisory board of AMSURG.

In 2010, 2011 and 2012, D Magazine named Ken the top gastroenterologist in Collin County, Texas.

You can learn more about Dr. Ken Brown at [Atrantil.com](http://Atrantil.com).

Today, we have Dr. Ken Brown on the podcast to talk about his supplement, Atrantil, about how it addresses IBS and bloating and leaky gut. It's a very interesting podcast because a vast majority of people today have issues with digestion, with bloating, various issues in their gut. And it's a growing problem. And so Dr. Ken Brown has developed this breakthrough supplement to try to address these ills today that he's seeing in his patients as a practicing gastroenterologist.

Ken, thank you so much for coming on the show.

Dr. Ken Brown: Wendy, thank you so much for having me.

Wendy Myers: Why don't you tell the listeners a little bit about yourself and how you came to do the work that you're doing?

Dr. Ken Brown: Well, my name is Ken Brown. I'm a board certified gastroenterologist in Texas, the Dallas area in Plano, Texas. And I've been doing clinical research for the last 10 years with big pharmaceutical companies. And that's when we actually discovered that—we're working with some different researchers, and there was this big paradigm shift. There's a disease in my field that affects 20% of the US population called IBS or irritable bowel syndrome. A lot of your listeners have probably been labeled as having that.

Well, really cool when I was working with Dr. Mark Pimentel, helping him do some research on a drug that is now available called Xifaxan, he had all these models where he showed, "Look, IBS is not something that's in your head, and it isn't something that's caused by stress or anything. It's actually because bacteria is growing where it shouldn't be. And that's called bacterial overgrowth."

So, that was 10 years ago that we started looking at something like this. And this is just like a paradigm shift. Where we were 30 years ago where we thought that stress caused ulcers, we learned that actually *H. pylori*, a different type of bacteria can actually cause ulcers, the exact same thing was happening then. And so, we said, "Wow! This is a really, really cool opportunity to help 20% of the U.S. population."

And that's when I was working with my research manager, Brandy Scott. She has a very unique background where she was a former attorney and a policy writer for a senator in Iowa. She said, "You know what? There's was a lot of research going on in cattle about trying to decrease bacteria in cattle because they were producing methane." She had all this information on natural products or basically foods to give cattle to decrease the methane production for the ozone greenhouse effect.

And that's where it all started. Ten years ago, we went, "Wow! If we could figure something out that was natural to get rid of the methane and get the bacteria to go back to where it should, then we would really be on to something." And that's my background.

06:53 WHAT IS LEAKY GUT

Wendy Myers:

Yeah, a lot of people have digestive issues. I mean the majority of my client population has digestive issues. And so many people are suffering for various reasons. And one of the reasons is leaky gut. Can you tell us exactly what leaky gut is and what causes it?

Dr. Ken Brown:

Leaky gut is very funny because if you go into a traditional MD and say leaky gut, then they're going to look at you like you're crazy. A lot of my partners really just stick their head in the sand, and they just ignore that aspect of it.

But we're now seeing that leaky gut, which is in the medical terms "intestinal permeability" were saying the same thing, all it means is that our bodies are meant to share the world and you have these what are called "tight junctions."

So, you take in the outside world, it goes into your stomach, into your small intestine, and we have these very intricate type junctions that really allow nutrients to come through, try and block certain things, and then try to determine if something is friend or foe.

Well, what leaky gut is is, through a lot of different reasons—diet could be one of them, infections, bacterial overgrowth, gluten sensitivity, food sensitivities—it actually causes these cells that are the security guards that are right there to sample the outside world, hand it to another type of cell called a b-cell and those b-cells will overreact and produce inflammatory markers.

Then what happens is they send out a bunch of soldiers to go out and fight what they think is an attack, and that creates more intestinal permeability.

So, essentially leaky gut is really anything that allows too much of our body to react to the outside world.

I was just in Florida. There's really, really good doctor, his name is Alessio Fasano, who has done a lot of work in Celiac disease. He had a slide—and I think this is such a beautiful quote—he had a slide of the intestinal barrier, and he said, "There's a general rule in biology that the more complex something is, the more important it is."

And when you look at this, there is so much going on. Your body wants to make sure that it gets what it needs and keeps what shouldn't be there out. So it's this exquisitely sensitive and delicate barrier. And I think that's one of the reasons why there's so much disease in the world right now—is that we don't have gut health. All health starts in the gut.

## 09:31 CAUSES OF GUT DYSBIOSIS

Wendy Myers:

Yeah! And there are so many things working against our gut. I mean we've got chloramine that we're absorbing when we take a shower that kills gut bacteria and in the water we're drinking if it's improperly filtered. There's also glyphosate pesticide which is the number one pesticide that's used that also kills gut bacteria.

There's so much working against our gut integrity, our gut lining integrity.

Do you have any comments about that, about glyphosate and other things that kill our gut bacteria promote gut dysbiosis?

Dr. Ken Brown:

I just have one comment which is I've been following your podcast and reading some of your blogs and I'm learning from you on those aspects.

My particular researches really come down to that intestinal barrier and what bacteria do to it. I've blown open doors and I'm learning a lot. I've been listening to your podcast, listening to some of your guests. And that is a whole other aspect that I'm going to be getting more into, the toxicities and things like that from people like you educating people like me.

I'm a traditional trained medical doctor, MD. I think I am a little out there from my colleagues just discussing dysbiosis and leaky gut. I'm working my way through these things that you're talking about right here, which I'm going to learn more about that. So, I'm going to leave that. You're the mineral and toxicity expert. And so I'm just going to ask you to teach me on stuff like that.

Wendy Myers:

Yeah. Well, it's just simple. When you have too much glyphosate in your gut, it kills a lot of good bacteria. And then the bad bacteria can overgrow (which is what you study). But there's a lot of different bacteria that can cause bloating.

If you have an overgrowth of a particular bacteria or "bad bacteria," so to speak, people can experience bloating when they eat.

Can you talk a little about that and what are some of the causes of that?

Dr. Ken Brown:

So, what I basically tell my patients is that I have a lot of people that will come in. They'll come in for second opinions. And they'll say, "Listen, I was absolutely perfect. And then, about five years ago, I went through a really horrific divorce. And ever since then, I haven't been right" or "I went to Mexico and I got Montezuma's revenge, and I've never been right since then."

And what we've learned is that, normally, your stomach and small intestine should be relatively sterile. In other words, there shouldn't be much bacteria there. Our microbiome or our genome within our own genome really should be residing in the colon. It is extremely important to keep that microbiome healthy.

But what you don't want is bacteria growing where it shouldn't be, which is the bacterial overgrowth concept.

So, when somebody goes through a stressful situation or they have an infection or diet affects it—and now I'm going to throw in toxins like you're actually talking about—you essentially shock the intestines. And then you go from this beautiful, clear stream to a little sewer pipe. And bacteria can start growing.

Then whenever you eat—and specifically starches (bacteria love starches)—when you eat that, the bacteria start to break it down before you can. And then it produces hydrogen gas.

When enough hydrogen accumulates, it's the perfect environment for a type of bacteria called archaeobacter. Basically, these bacteria are very, very primitive. They're in their own kingdom. And our modern antibiotics don't work on them.

And so, what these archaeobacter does is it absorbs the hydrogen, and then through an enzymatic process, it produces methane. Well, methane slows everything down.

So basically, you have a little sewer pipe, and now we produce methane, and it slows it down, it allows more bacteria to grow, and you end up with a bigger sewer pipe. And now we've got our chronic situation.

So, what my patients say is that every time they eat, if they go and have a little pizza or if they have bread or crackers or anything, they blow up like they're four months pregnant. And they were normal five years ago this all happened.

And so that's what causes the bloating. It's the bacteria breaking down the food before you can actually do it.

## 13:37 WHAT IS ATRANTIL

Wendy Myers:

And so, you developed a product based on your research called Atrantil. What does this do and what exactly is in it? I'm sure it's going to bring relief to a lot of people that are literally not

able to broach this subject with their typical gastroenterologists or internist or with the typical supplements that are given by functional medicine doctors.

Dr. Ken Brown:

So, that's where we were when we were doing the research. And then, we realized that if we could come up with something that was natural that worked in the right area, then we would have the panacea and be able to help a lot of people.

The name is a little difficult to say (and there's a whole story behind that). But it's actually Atrantil like "Ah, my belly's better..."

Wendy Myers:

I knew I was going to mispronounce it.

Dr. Ken Brown:

Everyone does!

Wendy Myers:

But I did a pretty good job.

Dr. Ken Brown:

And everybody asks me, "Why did you name it that?" The sidenote to that is that the big pharmaceutical industries, they actually pay people to trademark names both phonetically and visually. And if you want to come up with anything, you literally have to make something up, and it can't be anywhere near anything that they do.

So, we wanted to go with 'trantil' like thinking "tranquility," and then we realized, our attorneys said, "Hey, you're going to have to add another letter to it." I went to A. And it became sort of our product.

But eventually, it will be normal. "Xerox" sounded funny at one time, so did Nike, Kleenex, all of the above.

Wendy Myers:

So, how was it discovered? How did you come to develop this product?

Dr. Ken Brown:

What we realized is that when Brandy had all this research in the cattle industry, they were trying to give different barks to decrease the methane. So, we were going through everything and we realized that we needed something to get rid of this archaeobacter. And there's very few things that actually worked on both fungus and archaeobacter which is what we were looking for.

So, we discovered that there was some research that had been done using a product called Quebracho. And that's the thing that nobody's ever heard of before.

What Quebracho is it comes from the bark of a very, very old tree that has natural defenses against archaeobacter.

So, we knew that we were going to have to come up with something to use with the Quebracho. And we realized that if we could augment it and put three ingredients together, then they would work to get rid of the bacteria, and then be beneficial for the colon.

And what I mean by that is the ingredients that we're using—the Conker tree, the *M. balsamea* and the Quebracho—those three things work together, and they all happened to be polyphenols. Polyphenols are the good molecules in the Mediterranean diet.

So, the ingredients work like this. Basically, the first one is the *M. balsamea*. That's peppermint. But we use the leaf, not the oil, because we want the polyphenol component of it. That just slows everything down and allows the other two ingredients to work. I shouldn't say "slow," it calms everything down.

And the next ingredient is the Quebracho. It's a very large [00:16:39] that comes through and it absorbs all that hydrogen and starves the archaeobacter and it has a natural defense against it. It kind of weakens the cell wall.

The third ingredient is the conker tree. That one comes through, and it works like an antibacterial in the local area, but the important thing that it does is it actually shuts off the enzyme that produces the methane.

So, the three ingredients work together. It's the calming agent, then it comes in and weakens the archaeobacter, and the third one shuts off the enzyme. All it does is just make it so that these bacteria go back to where they should be in the colon.

Now, these ingredients are polyphenols, and so they don't absorb readily. When they get to the colon, your own bacteria will actually break it down for beneficial things that you need. And that's what we're seeing on a daily use. We developed it to get rid of the bacteria. But most people that take it then feel overall much better on it, and so they stay on it.

## 17:38 ATRANTIL FOR IBS

Wendy Myers:

Well, that brings us to my next question. What kind of results are people getting on it that are suffering from IBS?

I know a lot of people go to doctor after doctor, and they're suffering for years. It really damages their health in many different ways. So when people start Atrantil, what kind of results do they



see?

Dr. Ken Brown:

So, we have two studies which we published from actually developing this. One was a randomized placebo-controlled trial. We published that in the Journal of Gastroenterology and Hepatology. And we showed that people had a 75% improvement in their bloating scores—up to 91%. So it's truly a bloating product. And they had a 40% improvement in their constipation scores. So, that was our first study that we did.

And as we were developing it—I get a lot of second opinions. I get a lot of people that have failed everything. So the study that I'm extremely proud of is the one that we published last year which is in the World Journal of Gastroenterology and Hepatology.

We took 26 people that had failed everything. And by that, I mean all pharmaceutical options—Miralax, Linzess, all of them, Amitiza, probiotics and some herbal antibiotics. And what we did is we took those people, and we did the same study on them where we gave them Atrantil. And we had very similar results. We had four out of five people get markedly better.

So, since we launched—we've been out for a little over a year in a few months—we've treated well over 100,000 people now. And we have very similar results. I joke around when I tell my patients that I'm very realistic about the expectations. If you don't bloat, your likelihood of getting a whole lot better is a little bit less. But if you do bloat, I could say four out of five people are going to get better. It makes drastic changes in some people's lives.

We actually started a company for this. My CEO and I have to joke, I said, "Why don't we just say that we're a 4-star product? We're not going to help everybody." I'm still doing clinical research. I'm trying to find something that helps more people. But at least it's a good start. We're heading in the right direction.

Wendy Myers:

Well, there are so many different underlying causes of IBS. I mean definitely not one single product is going to address every client or patient because there are so many underlying causes.

Dr. Ken Brown:

Yeah, it's very interesting. I think that you with your background, you see that how much diet plays a role. And getting people to accept that a lot of the things that they're doing in their daily life is affecting their intestines, which ultimately affects their health, accepting some of that...

So, what we can do is we can get rid of that bacteria in that subset of people that have bacterial overgrowth.

The other thing is that we're learning a lot as we've been out. I'm gluten sensitive. So any time I

have gluten, it's a bad day.

Dr. Ken Brown: Yeah, I'm sensitive too. I'm very sensitive to gluten.

Wendy Myers: So, what I have found is that I can take Atrantil with the food, and then I can eat as much gluten. So there's something to that. We're actually doing some clinical studies to figure out exactly how we're doing that, what component of it is doing that.

Are we blocking zonulin? Are we blocking glutadin? There are a lot of interesting stuff out there now.

You're going to see a big push of polyphenols in the leaky gut and intestinal permeability slowly be adapted to traditional medicine.

## 21:08 ATRANTIL FOR OTHER CONDITIONS

Wendy Myers: And so, is Atrantil suited for other patients besides one that just have bloating? Can other people that have other types of symptoms be helped as well?

Dr. Ken Brown: So, my other clinical interest is in inflammatory bowel disease which, as you know, is an autoimmune disease. And so I have had quite a bit of success just putting people on this. They don't have a whole lot of bloating, but they do have digestive issues, having Crohn's or also colitis. And we're finding that we can get people really start feeling better.

There are some clinical studies out there using different types of polyphenols in this group. For instance, turmeric and cacao powder have helped some people that have inflammatory bowel disease.

So, all autoimmune comes down to is, in my opinion, intestinal permeability because it revs up your immune system which is why we see all these people that have two or three different types of autoimmune disease—Celiac disease show up, and they've got Hashimoto's thyroiditis, and then they develop psoriasis.

Wendy Myers: Isn't that what Dr. Fassano said? He said that you have to have permeability or leaky gut as a prerequisite to develop an autoimmune disease.

Dr. Ken Brown: That is certainly his passion. And that's where he's going. I'll take it even one step further. Normally, he discusses Celiac disease which is an autoimmune GI disease (where I have a lot of

interest in). I was shocked that he is linking autism and obesity to leaky gut, the two biggest epidemics that we actually have.

Irritable bowel syndrome affects a whole lot of people. But everything being said, we consider it a functional disease, meaning you're not going to die from it, but it can make your life miserable. And so I think that's why there's a lot of pharmaceutical money in it. The Super Bowl commercials are trying to treat irritable bowel. But now we're talking about epidemics of obesity and autism being linked to leaky gut.

That's super exciting. It's a great space to be in to try and help people.

Wendy Myers:

And so many health issues are linked to poor gut health like you said. The majority of our immune system, we found, is in our gut. And so you really have to take care of your gut in every way possible.

## 23:26 CONVENTIONAL TREATMENT PROTOCOLS FOR DIGESTIVE ISSUES

Wendy Myers:

So, when you go to a gastroenterologist or a medical doctor, say one has IBS or they have gut issues or digestive issues, what are the typical protocols or treatments that they're going to be suggested by their physician? And what are some of the problems that people can run into?

I know when people have an autoimmune disease, doctors want to give Humira or other kinds of immune system suppressants. So what are some of the problems with that?

Dr. Ken Brown:

Well, I think one of the issues is that—and I think you'd agree with this, listening to some of your podcasts and reading some of your blogs—that a lot of the research has been driven by big pharma companies. And so we, as physicians, have really kind of been told, "Well, everything has to be treated with a drug."

And so when people go in with their doctor, the doctor says, "Well, I want to start you on this particular medication to treat this particular problem," there's always side effects to this.

A great example would be these different drugs that are out there for irritable bowel syndrome. Well, all of them that are out there, they really just treat the constipation in the colon for instance. So you have amitiza, you have Linzess, now we have Trulance. What they're there for is just to treat the end problem, not really the source of what's going on.

So, we treat the symptoms. And each one of those has their own side effect profile. You can have severe nausea. You can have explosive diarrhea from these kinds of things. And then, we get out further ten years into it, then we realize, "Oh, no! It's not just that. We're causing heart attacks" like this Vioxx and these different pharmaceutical agents that really can have a lot of side effects.

So, most people when they go to a traditional doctor, I think they find that the doctor is really trying to say, "Okay, you need to take this to get better" instead of "let's change your lifestyle, and see what happens first."

And so I'm coming full circle ever since I've developed this. I'm meeting a lot of people like yourself, and I'm learning. You don't know what you don't know. And then, once you start breaking down these barriers, you go, "Oh, that makes a lot of sense."

I was just contacted by local news here to give a little thing on ketogenic diet. I just saw that you had a podcast on that. And I really had not looked it up. I'm Paleo myself just because of the gluten thing. I've evolved to having more of a Paleo-type diet. And then I taught myself a ton on the ketogenic diet.

Then when I went to my colleagues, I went to a cancer doctor, and I said, "Hey, buddy. Do you guys do any protocols putting people in ketosis when they have cancer?" He was eating a cookie, and he just basically said, "No, that's BS." I went, "Huh... okay..." He didn't even give it a second thought.

So, the same reporter that was interviewing me went to a cardiologist in my city for a different story. And she interviewed me on what were my thoughts on the ketogenic diet being a fat diet, but we're taught that fat is bad. I'm saying that, "No, you can actually be cardio-protective if you get into it." The cardiologist basically dismissed it and said, "Well, that's BS." She texted me, and she goes—it was really funny—there was an Almond Joy and a Monster on his desk.

Wendy Myers:

Oh, my God! Yeah, it's just amazing to me that people are—physicians obviously are very smart. They're going through eight years of medical school. But it's driven by big pharma and the sales of medications largely (the education).

It takes a special person, someone who questions—like myself who questions authority constantly since I was three years old—to question everything that you learn to seek answers outside of the establishment.

I think a lot of physicians can kind of get in a rut. They initially start out to want to help people. But I think physicians need to be more open minded.

And patients need to be hyper-aware that when they go to their physicians, they're not going to get the whole picture, the whole spectrum of treatment options that are out there.

Dr. Ken Brown:

So, I have found that with the Internet and the ability to really kind of teach yourself, a lot of patients—I love it when patients come in informed. I absolutely love it. They'll say, "I've been researching my own disease. Let's go ahead and come up with a plan together." That's completely awesome.

When I've launched this, I was a little bit shocked that even my own colleagues were a little dismissive of it. The beauty is that the drugs that we have available to treat this are just not very effective. You have these drugs, they've got FDA approval, and they're 8% better than placebo and they cost \$400 a month? Eventually, you have to try something like Atrantil because that's not going to help the 92% of the people that are still struggling.

So, when we have something that I truly believe after being out that—you know, we're helping a lot of people. It's making a big difference. And it's growing rapidly. But the bottom line is I just want people to get better. And that's ultimately what we're trying to do here.

## 28:49 MORE ABOUT ATRANTIL

Wendy Myers:

You had spoken earlier about the research that you had done with Atrantil. Is there anything else that you wanted to add about the research that you've done or anything that maybe we haven't talked about before about your supplement?

Dr. Ken Brown:

There's just a lot going on with that. We developed it for bacterial overgrowth, and we're realizing all these other benefits which come down to what I believe is leaky gut.

So, I've been talking with a lot of researchers around the country. We've been talking to people that are PhD's that are doing bench research. But nobody knows what they're really doing because there's nobody really funding it. We're meeting some incredible people.

And I really think that once this company kind of goes on its own a little bit, and I can get back to it—Brandy and I really want to get back doubting a little bit more and really figure out how to tighten that barrier. I think it all comes down to that. Let's fix leaky gut and really make a big difference.

I think that IBS affects more people which is why drug companies go after it like crazy. But to

really change people's lives...?

All disease is due to inflammation. Inflammation can start in the gut. And we're talking heart disease, Alzheimer's, dementia, all these different things. If we can figure out how to protect the gut or to heal the intestines of people, then a lot of these—

The fact that we have more obesity, more chronic diseases than we did 30 years ago, we're doing something wrong. We have more drugs than ever, and yet people are sicker.

Fixing that I think is going to be my passion in the future.

Wendy Myers:

Yeah. There's something gravely wrong with this picture when you have so many sick people, such a high infant death rate in the United States compared to other developed countries, we take so many medications, yet we're one of the sickest developed nations...

## 30:53 THE MOST PRESSING ISSUE IN THE WORLD TODAY

Wendy Myers:

That leads me to my next question. And I apologize you for putting you on the spot beforehand. But what do you think is the most pressing health issue in the world today?

Dr. Ken Brown:

Well, I'm very biased and it comes down to this. The most pressing health issue if we look at just pure numbers, if we looked at overall health, if we look at effect on life, in my opinion, anything that actually effects somebody to a degree that it alters their life, then we really need to fix that.

And maybe it's because I just came back, but as a parent, if autism is growing this rapidly, forget the obesity, forget the dying early, forget all that stuff, when you see your child, and your child is suffering and everything—

It was like 1 in 5000 in 1985. And now it's 1 in 88 or even less than that. That is the most pressing issue. It really is because, as a parent, you look at that, and you just think, "Okay, protect the kids. If you protect the kids, get them healthy, then that leads to generations of health." So, let's figure out what's making these kids sick and do that.

The bias obviously is I'm a gastroenterologist. If all you have is a hammer, then everything's a nail. So it comes back down to the intestinal barrier. Let's fix that. Let's get people healthy from the inside-out. You break an egg from the outside, it dies. You allow it to break from the inside, and life comes out. We need to fix the in's.

## 32:32 WHERE TO FIND DR. BROWN

- Wendy Myers: And so, can clients work with you? Do you still see patients? How do people find you and your supplement?
- Dr. Ken Brown: Yes, I'm still a practicing gastroenterologist. People can contact me. I have an actual clinic, and so I still see people face to face. I don't do any Skype or telemedicine or anything yet. But I'm getting a lot of people that are calling up asking to do things like that. It's a technology thing. I guess I just haven't really figured out what the implications are of doing stuff like that.
- But you can go to [Atrantil.com](http://Atrantil.com) and you can see our store locator. We are located in a bunch of stores. You can also order off of Amazon and off our website. There's information there.
- Brandy, currently, she quit being my research manager. And she answers all the clinical questions. So if you have anything, you can contact her via email, and she'll explain some things to you.
- Wendy Myers: What is her email?
- Dr. Ken Brown: It's [brandy@KBSResearch.com](mailto:brandy@KBSResearch.com).
- Wendy Myers: Fantastic! Yes. So if anyone wants to contact Brandy or find where Atrantil is available, you have the website now.
- Thank you so much, Dr. Brown, for coming on the show. I so appreciate your knowledge and your research and in bringing this really important supplement to the world.
- Dr. Ken Brown: Well, thank you so much. And I appreciate all the work that you're doing. Congratulations on your new book. Limitless Energy, is that right?
- Wendy Myers: Thank you. Yes, yeah, exactly. Oh, I'm going to order it. I've made the mistake of listening to your podcast when I go on my morning run. I have an Amazon Prime One-Click. And all of a sudden, I'll have things like Rapid Release show up at my house. You did a podcast on that.
- Dr. Ken Brown: No, the Rapid Release is good. That is good. That is not a mistake.
- Wendy Myers: No, no, no. It is. I find it funny that—it's just you can order stuff. You can order Atrantil on Amazon.com. So hopefully, somebody will go out for their run and just order it, just one quick it also. So...



Wendy Myers:

Well, thank you so much for listening. I really appreciate it.

And listeners, if you want to learn more about me, you can go to [Liveto110.com](http://Liveto110.com). You can also learn about my healing and detox program at [MineralPower.com](http://MineralPower.com).

Thank you so much for listening to the Live to 110 Podcast.