



**Transcript: #453 The Microbiome Part 2: Top Tips to Build a Healthy Gut and Address SIBO  
with Spencer Feldman**

**Dr. Wendy Myers:**

Hello, everyone. How are you doing? I'm Dr. Wendy Myers. Welcome to the Myers Detox Podcast. And we have a really good show today. We have my friend on again, Spencer Feldman, and he's such a wealth of information. I wanted to have him come on again to talk about digestive issues and all the different reasons why we can have digestive issues. We just did a podcast not too long ago about microbiomes. So it's just like the microbiome part two. There were a lot of questions I had. A lot of things that Spencer wanted to discuss that we just didn't get to. So real treat for you again if you have digestive issues. And on this show, we're going to be talking a lot about SIBO. What SIBO is, its small intestinal bowel overgrowth, and what causes it. We'll talk about the test to do for SIBO to find out if you have it.

And he estimates about 60% of people have SIBO. It's just a lot of people because there are a lot of different things working against your small intestine and the wrong bacteria. The wrong amounts of bacteria get into that small intestine. We'll talk about if you need to do a FODMAPs diet, which is getting rid of all the foods that can cause fermentation and further irritate your small intestine. We'll talk about zonulin. What is that, and how to lower it. He talks about LPS and how those damage your guts and cause problems. We'll talk about how cancers are cloaked diseases, how things like Lyme are cloaked diseases, how they hide from the immune system, and how to combat that. We'll talk about Candida and how Candida fits in the overall conversation here regarding your digestion. We'll also talk about fecal transplants. So what are those like? Why on earth would you want to fit someone else's poop in your gut?

And we'll talk about when somebody needs that and how to do a fecal transplant. And we'll also touch on diets like extreme diets like the carnivore diet and if those are healthy to do, or when is the right time to do those? So lots of really good info on the show today, and I'm talking more and more about

emotional trauma. It's estimated that 95% of people have one or more of what are called adverse childhood events or ACEs. And so, in just my years and years of working with clients, working with patients, and trying to help them. And over the years, I just found that addressing things on the physical level, just trying to find a physical solution, is not always successful. It certainly helps, but many times, so many of you guys listen to the show and are doing everything correctly.

You're eating an amazing diet. You're taking amazing supplements. You really pinpointed what type of diet works for you. You're trying to sleep. You're reducing stress. You're exercising, you're getting sun, and you've checked all the boxes, but many of you still don't feel well or just don't feel great. So it's one thing to be like homeostasis. It's another thing to wake up and just feel amazing mentally. And that's one thing that, for me, had always eluded me, even though I took really impeccable care of myself physically. And so I've been interested in psychology and emotional trauma my whole life. And so I've developed what's called the Emotional Detox Program, and there's a masterclass where you can learn all about the statistics and information behind how emotional trauma causes our physical health issues and what kinds and how much. It's really fascinating.

It's astounding how much of our physical health is reliant on past emotional traumas that we've experienced. And I talk about all that and more in my Emotional Detox Program. There are a lot of very, very simple tools I have in the program. You can actually pretty easily, at home, successfully release your emotional trauma. And I talked about in the course the difference between PTSD or post-traumatic stress disorder and childhood development issues or traumas you suffered at the hands of your caregivers. And it's a 30-hour course. It's very, very thorough with everything I say in it backed by conventional medical research so go check it out. There's a free masterclass you can watch at [emo-detox.com](http://emo-detox.com). It's [emo-detox.com](http://emo-detox.com). Check it out. You won't regret it. So I guess today, Spencer Feldman is a multiple patent-holding inventor with more than 20 years of experience formulating and manufacturing detoxification products for doctors and their patients.

So his trailblazing use of suppositories to deliver ingredients that would otherwise require intravenous therapy or IV therapy has changed the way many doctors do detoxification. So he's the owner and formulator of the Remedylink brand of products. And he's now in his 50s, and he lives with his partner completely off the grid on a hundred-acre farm, where he spends his time tending his orchard and garden while continuing to design new products to help detoxify people in our ever more toxic world. You can learn more about Spencer and his amazing products, which I highly recommend at [remedylink.com](http://remedylink.com). Spencer, thank you so much for coming to the show.

**Spencer Feldman:** Oh, thanks for having me, Wendy.

**Dr. Wendy Myers:** Yeah. I always love having you come on. You're such a wealth of information. We did a podcast before on the gut and everything about gut and bacteria, oligosaccharides, and things like that. So there was still so much more to talk about and so much more left in this conversation that I wanted to have you come back on and talk about different types of gut infections. And different kinds of diets that are supposedly beneficial for your gut. So let's get into it. Let's talk about SIBO. So SIBO is one of the number one gut infections that people have. I think it goes largely undiagnosed, and people suffer from all kinds of digestive issues. So what exactly is SIBO? What are the symptoms of that? And why do so many people have it?

**Spencer Feldman:** Sure. So we have various parts of our digestive tract. The mouth uses digestive enzymes and chewing, and then the stomach with acids to disinfect and break things down. Then there's a small intestine where most of the absorption is taking place, and then there's the large intestine where the fibers and oligosaccharides we can't digest are fermented to create a good short chain, fatty acid, and things we can use. That's the way it's supposed to work. Now, a lot of people are familiar with having a large intestine that gets out of whack, where you have the wrong things growing in there. People may not be aware that it can also happen in the small intestine, and it's called SIBO, which is small intestine bacterial overgrowth. So the colon is not the only place where you can have putrefaction and fermentation. It happens in the small intestine.

Now, the amount of bacteria in the small intestine is supposed to be on the order of 1,000 times less than in the large intestine. There's not supposed to be a lot of bacteria there, and it's also not to have not supposed to have a lot of genetic diversity. So there's supposed to be a few bacteria in there, but not much. But when you start to see large amounts of bacteria, like E. coli, Klebsiella, Micrococcus, and things like this, you start getting people that are bloating and have other inflammatory issues. They could be dealing with SIBO, and if you do a lot of stool tests, you'll see that something like 70% of the population has some degree of SIBO that's actually bothering them. I would say everyone who's had antibiotics and lives on a modern diet has some degree of SIBO. Whether or not it's symptomatic or causing problems is another matter, but certainly, a lot of people do.

So SIBO is when you have the wrong type and the wrong amount of bacteria in the small intestine, and they're creating toxic, short-chain fatty acids and gasses. So first, let's talk about the protections you get from SIBO. The natural protections that you would have for SIBO, and then we could talk about what you can do protocol-wise. So one of the first things you're going to want to do is do a transit time. I know I initially said blueberry powder in the last episode, but chlorophyll actually works much better. If you do a tablespoon of chlorophyll once with a meal, count how many hours it takes for your stool to turn green. It should be around 18, and the longer, the more problematic because, the longer food spends in the small intestine, the more likely you are to have things fermenting there that shouldn't be there.

Food should be in the small intestine for seven hours and move along. I wouldn't do a lot of chlorophyll because the chlorophyll you buy in stores isn't actually chlorophyll; it's chlorophyllin. It's actually sodium copper chlorophyllin, and most people already have too much copper. So if you're copper sensitive, you can do the chlorophyll, but maybe take a little EDTA to bind it afterward. Okay. So let's talk about the natural protections for SIBO. The first protection you have would be what's in the food itself? So primitive food would have things like bitter elements, tannins, phenols, essential oils, and all those things are anti-fermentative. They slow down or stop fermentation from happening. Now what happened with the agricultural revolution is we learned how to selectively breed our plants to make them sweeter, with more sugar, more fermentation, and less bitter. That's less medicinal.

That means fewer anti-fermentation compounds. So our food ferments a lot more because there's more sugar for the fermentation and less of the elements that stop the fermentation. And so we end up with fermentation problems in the large end of the small intestine. In terms of the essential oils, unless you have a spice garden and you go and collect some oregano and then cook right up with it or put it right in your food, the essential oils are gone within a few hours. And so essential oils are virtually gone from our diet. So we have that Zoiben product. It's got bitters and essential oils. Because you can't really recreate a primitive diet even if you try because the carrot of today is not the carrot of 5,000 years ago. Carrots today are very sweet and hardly bitter at all. It's true for all the plant-based foods we eat.

They've lost their medicinal, anti-fermentative qualities. So since we can't really do it with diet, you could consider, so we're adding some bitters and polyphenols, essential oils, and tannins to your diet. So that's the first protection. It's just actually what you put in. The second protection would be the disinfecting aspect of the stomach acids. So that way, if you are taking bacteria in, which you always are, unless you can pressure cook your food, you can break down some of the bacteria, so less of it arrives in your small intestine.

Another protection you get is bile. So bile is the fluid secreted by the liver to help emulsify fats, kill parasites, and stimulate digestion. But it also has a detergent effect. That same detergent effect that breaks down fats breaks down bacteria. So bile is naturally antibacterial for your gut. And if you don't have enough bile flow, we've discussed this on your show before. It's Glytamins. You could consider some way of flushing the stones and sludge out the liver and the gallbladder so the bile's moving properly so the bile can actually be there to kill the bacteria that's on the small intestine.

**Dr. Wendy Myers:** And so you just showed your product, Glytamins. And so that helps with your liver, correct? Your liver bowel flows.

**Spencer Feldman:** Yeah, the idea is to support the body. So a lot of people, as they get older, especially if they're on a lot around a lot of chlorinated water and have certain

dietary things going on, they're going to end up with sludge and stones in their gallbladder. This is coagulated bile. And so not only is that very painful if you have to pass them, but it also means the bile is not coming out. And it's not having that detergent and fat emulsifying effect and that antimicrobial effect on the small intestine. So one of the keys to your digestion is getting your bile going, and something, whether it's Glytamins or something else that you do to make sure that the bile is moving properly, is one of the main things you have to do for your gut, specifically, your small intestine. Another thing that bile does actually is it triggers something called an FXR receptor, which are these little receptors at the end of your small intestine at the ileum.

Now, at the base of the small intestine, there's a valve called the ileocecal valve. And that's where the food goes from the small intestine, large intestine, and it opens up, lets the food pass, and then closes again. Now, some people have the jammed-up ileocecal valve. If somebody has scar tissue from abdominal surgery, the ileocecal valve can get pulled out of shape. And it can be slightly opened all the time. And what that means is food can reflux back from the large intestine, and a large intestine has a lot of bacteria in it. So there's a natural protection, which is the ileocecal valve. And even with a healthy ileocecal valve, some bacteria are going to pop back up from the large intestine, and the FXR receptors are there to make natural antibiotics to kill that bacteria, but they require bile to be stimulated.

So bile has two roles to play. The ileocecal valve also has to be maintained properly. So if you feel a spot between the right front prominence of your hip and your belly button, and you are halfway between them. And rub around in there. If you've got an area that's a little tender, that could be a problem with the ileocecal valve. Another protection is the immune system itself. The small intestines have an immune system, but you don't really want to rely on that solely. Because if that's the only protection you've got against small intestine bacterial overgrowth against SIBO, then the small intestine is going to become a battlefield, and that's not really what you want for your gut. And then the last one would be what's called the giant migratory contractions, also known as the migrating motor complex. Paracelsus is the muscular contraction of the small, large intestine and the stomach to move food down.

But it turns out there are lots of different actions. One is one where it squeezes forward like a few inches, but it doesn't completely occlude the intestine. It leaves a little hole. It doesn't completely close, but only most of the way. So when the food goes through it, some of it back washes, which is part of the natural mixing cycle. Another is when it goes back and forth, and that's another mixing cycle. And then there's one like I said, the migrating motor complex where it starts at the top goes all the way down, and just moves all the food into the large intestine. Now, that's triggered by the hormone motilin, and it lasts about 12 minutes. You should theoretically get one every two hours, but you don't get them if there's food in your stomach. If you don't get the migrating motor complex, then what happens is the food moves through. But it moves

through very slowly. You have a slow transit time, and now you're setting yourself up a placebo because stuff's just going to build up in there and sit there longer than it should.

One of the ways to get the migrating motor complex to get activated is to make sure you have 13 hours between when you have dinner and when you have breakfast. So that gives you four hours in the stomach, and that gives you seven hours in the small intestine, and then two hours for the migrating motor complex to take place. If you have 13 hours between dinner and breakfast, you are likely to get at least one migrating motor complex in the evening. And that housekeeping of your small intestine is really important to keep SIBO at bay. Now, another issue is people spend a lot of time sitting. The only time you'll catch me sitting, I'm actually standing right now, is if I'm eating dinner or in a car. Other than that, I don't sit down because when you sit, you cramp up the blood to your pelvic region and the sexual organs and increment the prostate.

One of the reasons they have so many prostate problems is they sit all the time, but you're also cramping up your intestinal organs. So you want to be either squatting, which is that primitive squat. If you can learn how to do that or standing or reclining, that'll give your guts the space and the need to be able to properly move things around.

**Dr. Wendy Myers:**

I thought that's a really, really good point. And another thing I wanted to mention is the migrating motor complex will be negatively affected by stress from emotional trauma as well. There are a lot of different issues around emotional trauma and digestive issues in SIBO. I talk a lot about that in my course, the Emotional Detox Program, but as far as SIBO, can you talk a little bit about testing for SIBO and how to go about getting diagnosed with that, or is the test accurate? What's the deal there?

**Spencer Feldman:**

Sure. So the best tests would be to pull some fluid out of the small intestine and analyze it, but that's very invasive. So the indirect tests would be stool analysis, where they check for the presence of some bacteria that typically grow in the small intestine. The other thing you can do is you can get a device called the FoodMarble AIRE 2, and that'll measure methane and hydrogen production in your breath, which would be produced by SIBO. And the last one is you can just ask yourself, do I feel bloated after a meal? Do I just feel like my abdomen is pushing out, and do I get gas, and it does just feel uncomfortable. That's probably some degree of SIBO. So I guess we could talk about gas production. The main gasses that are produced in the intestine are hydrogen, carbon dioxide, hydrogen sulfite, and methane.

So hydrogen is a normal thing that a normal gas is produced by the gut. You wouldn't want to have no hydrogen production because it means you're not having any fermentation, but if you have access to hydrogen production, that can combine with carbon dioxide to form methane, and it can combine with sulfur to form hydrogen sulfide. So you don't want crazy amounts of hydrogen,

you want the right amount, and again, that device, that test, can tell you because a small amount of hydrogen is not only required to make things like good short-chain fatty acids like acetate. It's also an antioxidant when it crosses the gut membrane into the bloodstream. Now, as I said, you can make hydrogen sulfide. If you have excess hydrogen and some sulfur around and you have these certain bacteria like Desulfovibrio and Bilophila Wadsworthia, you can actually make hydrogen sulfide.

So hydrogen sulfide is in small amounts needed. It protects the gut mucosa and inhibits phenotype drift of the bacteria, so they stay symbiotic and don't become parasitic. It inhibits trans locations. So they don't end up going into your internal organs. It's a fuel source of mitochondria, participates in tissue healing. It's actually quite good for you in small amounts, but in large amounts, leaky gut Parkinson's and obviously terribly smelling gas because hydrogen sulfide smells like rotten eggs. So the idea is to have the right amount. If you're getting a lot of that, you could try doing the herb Dang Shen, green tea. And then you might want to temporarily lower your sulfur and your diet. You do need to take sulfur in some form, so you could take Epsom salt pass as another way to get it in.

Carbon dioxide is also normal in production, but if you have a lot of it, it can combine with hydrogen to make methane. So if methane is a problem, one of the first things you want to do is get off carbonated water or beverages, sodas, beers, and stuff. So why is methane a problem? So there are these life forms. They call them archaea. They're basically bacteria. What they do is they can turn hydrogen and carbon dioxide into methane. And methane wreaks havoc with the peristalsis. It cramps the muscles, paralyzes the nerves, and methane toxicity is actually, I think, it's a pretty common thing. It's associated with memory loss, headaches, fatigue, blurred vision, rapid breathing, rapid heart rate, fainting, convulsions, and abnormal emotions. And I had a client that had every one of those things in a high methane level.

And she would just be breathing like a freight train every evening when she was at night. And that stopped when we got the methane down for her. You have to remember the lungs are a detox organ, so if your lungs if you're breathing really quickly, you might be trying to dump some toxic gas out of your body. In this case, methane and that test will actually tell you that. So if you think you're dealing with methane production, there are two goals. One is you want to back off the excessive hydrogen caused by fermentation because hydrogen and carbon dioxide are what make methane, and the other is you want to support the lactogenic bacteria like Blautia hydrogenotrophic, which actually makes the acetic acid the acetates. And then, of course, obviously, you want to knock down the methanogenic archaea. There's a product called the Atrantil, which is made up of, let's see, Butcher's Broom and Quebracho. You can do that to knock down methane temporarily until you can get it under control in other ways.

**Dr. Wendy Myers:** And that's Dr. Ken Brown's Atrantil?

- Spencer Feldman:** Yeah.
- Dr. Wendy Myers:** Right.
- Spencer Feldman:** Yeah. I like to mix it out with the Zoiben we make because that has the bidders, the essential oils, the polyphenols, and the tannins, which are the other aspects for dealing with, supporting the body, and growing our placebo. We were able to, with the Zoiben and the Atrantil. We had a client who basically went from 9.8 on the air breath tester, and it's a logarithmic scale, so that was huge. Got her down, I think, to two afterward, so that was pretty huge.
- Dr. Wendy Myers:** Awesome. Awesome. And then what about diets for SIBO typically, people recommend going on a FODMAPs diet. Can you explain what that is and if that's effective?
- Spencer Feldman:** Sure. So if you were to remove all the fermentative elements from your diet, then there'd be nothing for the SIBO to eat, but then you're going to end up having nothing for your large intestine microbiome to eat. So that's not a solution. I think the FODMAPs diet is a great idea temporarily. So what I did with one client is we put her on a FODMAPs diet along with the Zoiben and the Atrantil, but we also gave her a panacea. I don't know if I showed that to you. Okay, so this is the product. It's got the eight different oligosaccharides in it, recreating a primitive diet. So if you were the world's most successful hunter-gatherer and every day you were able to get a wide variety of insects and honey from without getting stung, and raw meat, and vegetables, and mushrooms, and all these different food groups that have all these very specific sugars that feed the gut.
- That's what that is approximating, but we couldn't give it to her orally because it would grow the SIBO. So we got her in a 35 CC catheter tip syringe, she mixed it up a little bit of water, took it rectally, and now she's able to feed the large intestine, the prebiotic oligosaccharides large intestine she needs without taking the FODMAPs or oligosaccharides in the small intestine that cause the small intestine to have problems. So that's the short-term solution. The long-term solution is I'm coming up with a version of that product that is an incredibly heavily compressed pill so that it survives all the way to the large intestine so that when it opens up, it opens up in the large intestine without opening up in the small intestine. So I can give the person all the oligosaccharides I need without having to give them in a rectal syringe.
- So that's the long-term goal, but if someone has SIBO, they should consider a FODMAPs diet. And that doesn't mean that they have to knock out every FODMAP. You might be fine with lactose, but not with fructans or vice versa. So you can do a little testing by challenging yourself with different things and seeing how you test out. And then you can figure out which ones you need to back off, and then slowly, you want to start working on the different things that

will protect you against SIBO until you can work those back to a plant-based diet. There are people that'll do a carnivore diet, and my hat's off to them.

They figured out how to feel better. Better to have a limited healthy microbiome than an omnivore plant pathologic microbiome. But the next step would be to have a healthy full-on omnivore microbiome because I don't want these people who are doing meat-only to find that in 20 years, they become meat sensitive, and now they can't eat anything. So I think of the carnivore diet as a transition diet, great temporarily, FODMAPs is just a diet. Great temporarily. Let's work towards repairing small intestines so you can eat the full complement of an omnivore diet that looks like we are designed to do.

**Dr. Wendy Myers:** For sure. I worry about people going on a carnivore diet, and certainly, some people love it. They love meat. That umami flavor, and it tastes great, and everything. But you can get too much of a good thing. Your body can develop an immune response, a food sensitivity reaction to anything you eat too much of.

**Spencer Feldman:** And umami is one flavor that accelerates parasites and cancer growth. It also makes certain enzymes and metabolites known across plaque in the arteries. So like I said, the carnivore diet's a fantastic transition diet for some people. The goal would be to avoid the problems with any extreme diet and work your way back.

**Dr. Wendy Myers:** So, any other thoughts on SIBO? Because it's certainly if anyone is listening if you have any digestive issues, gas floating, things like that after meals. Gas is normal after meals. If you're eating a diet rich in vegetables and have sulfur, beans, and things like that, you're going to have gas. But if you have a lot of really uncomfortable bloating and whatnot, other digestive issues, you want to be looking to rule out SIBO for sure.

**Spencer Feldman:** Right. A person will have gas, but the gas one shouldn't smell. That's the sign of putrefaction, and yes, a person will normally pass some flatulence during the day, but if you're getting to the point where it's uncomfortable because you're bloating, then that's an issue. So one thing that happens when you've got SIBO is gut leaks, which translocate bacteria. Bacteria leaves the gut and goes, can get in the joints, in the internal organs, and cause inflammation. And one of the reasons it does that is because there are bacteria, there's a compound of gram-negative bacteria, part of the cell wall. It's called LPS or lipopolysaccharide, and the body knows that lipopolysaccharides are part of this bacteria, so if it gets in the bloodstream, it's all hands on deck, red alert. And all this inflammation because it thinks there's a bacterial infection that could kill it.

It doesn't really understand leaky gut because that wasn't something it thought we would have to deal with. So if you have a leaky gut from SIBO and lipopolysaccharides get into the bloodstream, you'll have a lot of inflammation and pain. So chronically, when that happens, you'll end up with low glutathione and low cytochrome P450. It can induce autism. It can mess around with nerves,

blood sugar, hormones, kidneys, mitochondria, and the liver. If you see alkaline stool, it could be from that because lipopolysaccharides can interfere with pneumonia detox, and pneumonia is highly alkaline. The first two things I mentioned, I think, were glutathione and cytochrome P450. So we have this product over here, Xeneplex, with organic coffee and glutathione in it to support the body and eliminate chemical toxins.

And it turns out that those are two of the things lipopolysaccharide will actually lower, so someone with SIBO might see if that helps them out. And then we could talk a little bit about cloaked infections. There are some infections that are able to hide and evade our immune system, and they do a lot of sneaky things. Some infections from dysbiosis, they can cause the good bacteria in your gut to become pathologic, so they occupy and distract your immune system. They can suppress the immune system, but one of the tricks they do is they'll actually become invisible to the immune system. So let's take cancer, for example. Cancer cells don't just look like human cells, like certain bacteria. They are human cells, so it's very difficult for the immune system to recognize them. The immune system has to be finely tuned to recognize cells from non-cell and destroy them.

And here's an example, tumors secrete a cytokine called tumor growth factor, and that converts regulatory cells to a form that ignores cancer. So they make the immune system ignore it and downregulate MHC. The major histocompatibility complex 1 is just enough. Now, if they were to down-regulate it more, the natural killer cells could see cancer, and if they don't downregulate it enough, the T cells can see cancer, but there's this window where if they downregulated just this right amount, it's like a chink in the armor. And then the immune system can't see cancer. And now, think about Lyme disease. Lyme disease is another one of these cloaked microorganisms. They have thousands of protein coatings they can rotate through so that every time the immune system gets used to fighting it, it changes its disguise. So one of the key things here is that the microbiome, the gut bacteria, can decloak cloaked infections.

And that's really important because it's so much harder to fight. It's almost impossible to fight an opponent you can't see. You have to see it to be able to fight it. So when your microbiome is running properly, it'll give the information to the immune system so that it can recognize things like cancer, Lyme disease, and other opportunistic infections that would otherwise hide. So I think that's a really important part. A lot of people want to stimulate their immune system, but it's not all about giving your army better guns. Sometimes, you got to give them night vision. Sometimes, you have to give them the ability to see what they can't see, and then it's a game changer.

**Dr. Wendy Myers:**

Okay. Awesome. Yeah. So what's so key, because I think people don't realize how much cancer is a function of your gut bacteria, or gut health, and your immune system health when your immune system is totally overwhelmed dealing with it, or gut infections, and opportunistic infections. Cancer can just run amok. Cancer

can grow unabated, so that's why many people get cancer from a lot of different infections. So let's talk a little bit about zonulin. So what is zonulin, and how do you lower it?

**Spencer Feldman:** So zonulin is the protein that controls how leaky membranes are. So we all know about leaky gut, but you can also have leaky mitochondria. You can have a leaky brain. Everything can leak, and everything needs to be able to leak because that's how it detoxes. So, for instance, when a person eats something toxic, they get diarrhea to flush the food out. That's a leaky gut in its proper form. Zonulin is released to bring water into the gut so you can flush out the toxin.

**Dr. Wendy Myers:** You know what drives me crazy? It is when people take Imodium or a supplement to stop diarrhea. And it's the opposite; your body is trying to get rid of the bacteria. You just end up prolonging the infection and the uncomfortableness.

**Spencer Feldman:** Right. But then what do you do with someone who's got so much zonulin that they're getting dehydrated and at risk, and you've got to keep the fluids in them. So yes, there's a medical application for that stuff, but using it as a patch or bandaide over SIBO is the wrong way to go. You have to figure out what's actually causing the zonulin to get it to go down. So gluten and gliadin will raise the zonulin, so you want to be careful if you've got SIBO. So how would you lower zonulin? Okay. So there are a couple of ways in which you can do it. Gluten and saturated fats increase zonulin, so temporarily, you want to back off the animal fats, the breads, and more towards the fish oils, and then DHA, and things like that.

Ellagitannins, I think you've seen our Ellagica product. Ellagitannins are really good at balancing the Firmicutes-Bacteroidetes ratio. Those are the two main bacteria in the gut, the Firmicutes, and Bacteroidetes, and when it gets out of whack, that zonulin goes up. So that can help balance that. There's also a bacteria called Akkermansia muciniphila, which you can purchase that helps maintain the gut mucosa and lowers zonulin. However, you don't necessarily have to purchase it if you've got it in your gut. You just need it to grow so you can raise it. Ellagitannins and the bacteria bifidobacterium animalis will raise Akkermansia muciniphila a hundredfold. So that shows you the network effect of the symbiotic effect of the bacteria in the gut where you'll actually get more of the bacteria by supporting a different one than by raising the bacteria directly. It's because one bacteria creates a metabolite that feeds the next bacteria. You can give someone all the Akkermansia muciniphila you want. If the bacteria that make food for it isn't there, it's not going to stick around.

**Dr. Wendy Myers:** And now, let's talk about Candida. So, that's the first thing they think of when they're having gut issues, and it's what they think about when they're eating too much sugar. They get maybe vaginal use infections, so they start thinking maybe I've got systemic or gut Candida issues. So why do so many people struggle with

Candida? And how does Candida fit into this conversation, the bigger gut picture that we're talking about here?

**Spencer Feldman:** Sure. So Candida's an opportunistic infection. You're always going to be exposed to it. So one question is, what's the body's natural method to deal with this? And that's caprylic acid. Now that is naturally made by breaking down certain oils. If you eat olive oil, you make caprylic acid if you've got good digestion. But if you're not digesting fat properly, if you've got a lipid-based issue, then what's going to happen is you're not going to get the caprylic acid, and you won't have the natural antifungal effect of that in your diet. So I'd rather get you digesting fat. You'll start making caprylic acid, and every meal will be anti-Candida or every oil-containing meal.

**Dr. Wendy Myers:** Great. Fantastic. Yeah. And then, so, anything else about Candida? How to bring levels down? How can people figure out if they have Candida, things like that?

**Spencer Feldman:** Yeah, If you look on your tongue and you see a white coating, that's typically considered Candida. There's a theory that Candida actually serves a purpose. Candida is just yet another one of those opportunistic infections. If your body is busy fighting off all these different bacteria, it may not have the energy to fight off Candida, but there's an ingredient in our Ellagica product. The ellagic acid has the Chitin synthase 2 suppressants. So ellagitannins will suppress Chitin synthase 2, and Chitin synthase 2 is the enzyme that allows Candida to build its cell wall. So if you can keep it from growing, its lifecycle is eventually over. So you might consider some kind of ellagitannins either in the ellagic product, in a raspberry extract, or something like that.

**Dr. Wendy Myers:** Okay, great. And then, let's talk a little bit about fecal transplants. So we're hearing so much about fecal transplants. I've heard about so many different podcasts. At least I have, maybe not the listeners, but I've seen stuff in the newspapers and things like that. So do people really need fecal transplants? And why do people want to do those in the first place?

**Spencer Feldman:** So it depends on how badly their gut microbiome was wiped out. If an average person took one, went to antibiotics, they might not need it. If it's someone who's taken Cipro, which will knock out over half of your gut microbiome and your appendix backup for your microbiome, yeah. If you were prematurely delivered in the hospital for the first month, a week of your life, and never got colostrum and picked up hospital-based microorganisms for your gut. Yeah, that's a good suggestion. Or if you're just the person that says, "Hey, how healthy can I be?" Well, okay. If you've ever taken antibiotics, then a fecal transplant could be something you could consider. And what you want to look for is someone your sex, but you're looking for someone between four and eight years old, who's never taken antibiotics and never been vaccinated.

So you're going to have to tap into your hippie community and find someone who's like that. If it's going to get a fecal transplant from someone who's past puberty, it should be the same sex as you because the bacteria are going to be set for breaking down the hormones of that particular sex. Optimally, someone that's not traveled internationally and what's really important is that they, the person who you're going to get a transplant from, they have a good mood, and they're in good health, and they have good digestion. No allergies. The healthier the person, the better. And what you do is you obviously, assuming that if you don't know the person, you could get it tested. Do a stool test. Make sure they're not loaded with parasites, but if it's like a four-year-old that's never traveled anywhere, I wouldn't personally be concerned with it. So you get some bright and cheerful four-year-old, and you get a sample of the stool, and time is of the essence because these are very sensitive once they're out of the gut.

So you want to put it immediately into a Ziploc bag, put a little bit of mild saline water and get all the air out of the bag, and then shake it around a bit. So you get a brown slurry. You can filter it if you want to, but you don't have to. And then, with a catheter tip syringe or with a retention enema, you take it back into the body directly. And there are some people that think, in the case of SIBO, you actually want to make pills out of it with enteric-coated pills that survive stomach acid to get into the small intestine. And it's very difficult to get these from a medical source because right now, the only approved indication that I'm aware of for fecal transplants is C. difficile infection.

And I don't know if you can even get the pills that were freeze-dried for oral use, so you might have to make those yourself. And it's difficult because the fecal matter is moist, and you put it in a pill, and it will make the pill break down. So sometimes you have to put it in a pill inside of a pill if you're going to try to get that bacteria into the small intestine. But remember, the small intestine doesn't need to have that much bacteria, so I think that for most people, just a rectal injection would be more than enough unless they've specifically got some bacteria that are tearing up the small intestine.

**Dr. Wendy Myers:** Okay, fantastic. So that's very, very clear, and anything else with regards to gut infections or any other digestive issues that we haven't touched on?

**Spencer Feldman:** Well, I think it's not a bad idea to be taking hydrochloric acid if you need it. That's a simple test where you take a little baking soda, I think, and see if you burp and how long it takes. You could look that test up, but also, by the time you're 30, or 35, maybe you start taking digestive enzymes because you want to break down the food as much as possible in the small intestine for absorption. Things that aren't absorbed, they're going to get into the large intestine intact, and that's going to give you dysbiosis and putrefaction. If you think you got SIBO, try a FODMAPs diet for a week and just see if you feel better. It's not that hard.

**Dr. Wendy Myers:** Well, fantastic. Well, Spencer, thanks so much for coming on the show and helping us demystify some of these different gut infections, what to do about

them, and what's causing them. Because one of the number one issues that people have are digestive issues. And I think there are the typical solutions people. Their go-to is taking probiotics. Maybe that's what they're supposed to do, and it's obviously much more complex than that. So thank you so much for shining the light on these different digestive issues and for all the different solutions to some of these issues. Go to Spencer's website, [remedylink.com](http://remedylink.com). You have an amazing line of supplements that I highly, highly recommend. You've got lots of great detox supplements, and now, you have a whole line of digestive supplements as well, and you have people that you consult with people as well, correct?

**Spencer Feldman:** Sure. If we have time, I'm happy to chat with people and see if we can put together a protocol for them.

**Dr. Wendy Myers:** All right. Great. Well, Spencer, thanks so much for coming on the show, and everyone, thanks so much for tuning in every week. I'm Dr. Wendy Myers. You can check out my site at [myersdetox.com](http://myersdetox.com), and it's such a pleasure every week to bring you experts around the planet to help you. I really want to help you find that missing piece of the puzzle in your health issue and find many pieces of the puzzle while listening to this show because I know it's very complex. So many different things can affect your health, so I hope today helped you on your journey. So thanks for tuning in. I'll talk to you very soon.