



**Transcript: #504 The Truth about SIBO and The Best Ways to Heal Your Gut
with Dr. Michael Ruscio**

Dr. Wendy Myers:

Hello everyone. I'm Dr. Wendy Myers. Welcome to the Myers Detox Podcast. Today we've got a great show for you. We have Dr. Michael Ruscio, and he's the author of *Healthy Gut, Healthy You*. And we're talking about all things gut health, but focusing on SIBO, on small intestinal bowel overgrowth, what that is, what causes it, some of the solutions, some of the issues with testing, and maybe focusing more on your symptomology and just be proactive. There are very few simple things that you can do to address SIBO because this is a very, very common cause of gut issues, and it also doesn't always cause just gut and digestive issues. It can cause skin issues or fatigue, brain fog, and neurological issues that aren't readily apparent in the gut even though you have a gut issue. So we talk about all those things and more.

We also talk about the emotional trauma aspect of SIBO because emotional trauma can impact your nervous system, can impact and cause poor vagus nerve tone, which innervates your digestive tract. If you have emotional trauma and poor vagal nerve tone as a result, you can also have SIBO and other health issues, a big underlying root cause of SIBO. And so a permanent resolution may be some emotional trauma work. So we dive into a lot of these different issues, including solutions like the elemental diet where you're just eating a predigested nutrients diet, going into some microbial, natural microbial for SIBO, and then also really breaking down the pros and cons of probiotics and that you can actually take probiotics when you have SIBO. That's a myth that Dr. Ruscio dispels very, very clearly on this podcast.

So a great show for you today. So tune in. So I know you guys listening to this show are concerned about heavy metal toxicity or concerned about your body's burden of toxins. So I created a quiz at heavymetalsquiz.com. Only takes a couple minutes to take it. And when you're done taking the quiz, you get a free video series that answers all of your frequently asked questions about how to

detox, and how long it takes. All of your questions about detoxification are answered by taking this quiz at heavymetalsquiz.com.

Our guest today Michael Ruscio is a doctor, a chiropractor, a clinical researcher, and an author working fervently to reform and improve the fields of functional and integrative health. With his clinical and research teams, he scours existing studies to inform his ongoing clinical research, patient care, and guidance for health seekers and fellow clinicians around the world. His primary focus is digestive health and its impact on other facets of health, including energy, sleep, mood, and thyroid function and optimization.

Dr. Ruscio's book Healthy Gut, Healthy You has paved the way for a start with a gut philosophy that has enabled doctors and patients to see improved outcomes with minimal expense and effort. And since 2011, Dr. Ruscio has pioneered the way to providing practical cost-effective functional medical care by pragmatically applying evidence-based therapies to thousands of people with real symptoms. Dr. Ruscio's ability to objectively analyze medical literature has made him a trusted voice of reason, which he shares in this top-rated podcast and blog and in a newsletter for functional medicine practitioners. You can learn more about Dr. Michael Ruscio and his work and work with him in a clinical setting at drruscio.com. Dr. Ruscio, thank you so much for coming on the show.

Dr. Ruscio: Hey, thanks for having me.

Dr. Wendy Myers: Yeah, so why don't you tell us a little bit about yourself and how you got so passionate about gut health.

Dr. Ruscio: Sure. Yeah, I'd love to. It wasn't necessarily by choice. When I was in college, I was planning to go into conventional medicine, likely orthopedics and just trucking along. I was also a college athlete, felt great, high energy, high technician, all the things. I was also living a very healthy lifestyle. And then all of a sudden the wheels fell off. I had crippling insomnia, brain fog, fatigue, for the first time in my life, bouts of depression, and had no idea where this was coming from. So I saw three conventional doctors and they all tried to help, ran some tests, and said, "Yeah, everything here looks good. You're fine." Insert platitude here, "It's probably stress," or "You're probably not sleeping enough," or whatever. I spun my wheels with its adrenal fatigue or it's this thing or it's that thing. I tried the protocol from Whole Foods or the online protocol for detox, well-intentioned, but just off the mark because when you have such nonspecific symptoms like fatigue, brain fog, depression, or insomnia, it could be one of many, many things.

So you WebMD your symptoms, you try an online protocol, you spin your wheels. What happened to me? It turns out there was an issue in my gut that was driving all of these symptoms. What was interesting was I didn't have any digestive symptoms, so I didn't mention anything like diarrhea or constipation. So it was a real learning opportunity for me to see that you can have an issue in

the GI that's not manifesting gastrointestinally, but rather is only manifesting neurologically with your sleep, what have you. And so that diverted my path into alternative medicine. And when I got into that camp, there was a lot of stuff I liked and a lot of stuff that I didn't like. There was an equal, I would say, amount of dogma as you would see in conventional medicine where conventional medicine might scoff at, "Oh herbs. There's no evidence for that." This dismissive pompous dogma on the one side.

I saw that reflected just in a different way in alternative medicine. There was a lot of, "Well, you got to double down on this extreme diet" or "This one vitamin is the reason that you have all of your symptoms," whatever it may have been specifically. So this led me to start performing some of my own clinical research to also function as I do now as an adjunct professor at the University of Bridgeport and try to find that balance between, yes, on the one hand, I'm open-minded and I'm naturally focused regarding my paradigm, I'd rather use tools that are dietary, lifestyle, nutritional and supplemental, but I'm not going to assume just because they're natural, they are always the best, they have the requisite evidence or they're effective and trying to really pick and choose from both camps effectively.

This is why I often take positions that are counter to what you may hear in a lot of the natural community because I don't care about what the main paradigm is in the community. I care about what's going to be the most effective, and what's the most helpful for the individual. And that brings you to where I am today. I own and operate a small clinical practice. I do adjunct professor work, I perform and publish research, I have a podcast and I wrote a book.

Dr. Wendy Myers: Fantastic. And you wrote a paper on this recently as well on small intestinal bowel overgrowth, correct?

Dr. Ruscio: Yeah.

Dr. Wendy Myers: Can you tell us a little bit about what that was and maybe also tell us first what SIBO is and maybe why that's such a problem?

Dr. Ruscio: Sure. So SIBO stands for small intestinal bacterial overgrowth, S-I-B-O. This is where there's too much bacteria in the small intestine, and this can lead to a whole array of issues locally. It can lead to immune reactivity, leaky gut, inflammation, and malabsorption. But then, as you can imagine, second order to that, you can have implications in the brain with depression, and cognitive impairment. There's some evidence tying this to thyroid health, some evidence tying this to skin health conditions like rosacea or even restless legs, some connections to immune health, and having a high degree of food or environmental reactivity. And of course, there are the corresponding symptoms that you'd expect to see like constipation, diarrhea, abdominal pain, gas, and bloating.

And there was a paper written, this was just on someone's blog, but this was maybe three or so years ago, and it was questioning if SIBO is a real condition, which I appreciate, hey, if something's not well validated or established, let's discuss that. Let's call that out because it's all about patient betterment. However, when I read the paper, it was very, very, very poorly done. Just a handful of references. And you could tell that this was more of a clickbait article than it was something that was a careful examination, in my opinion, of the literature. Maybe it was done with good intentions, but if you have good intentions yet you don't do a thorough analysis, that's almost as bad as having bad intentions and doing a thorough analysis because if you had bad intentions and you cherry-picked all these references to support your misleading case, that might be even worse.

So in any case, this was a response to that paper to help people see that yes, SIBO is a real condition, it has a validated form of diagnosis, a handful of treatments that have shown to be helpful, and most importantly, that people, when treated, will see improvements in their symptoms that tend to correlate with their labs on the one hand, however, there's always this balance because we want to be careful not to put all of our eggs in that SIBO basket. And so that's what I attempted to help people to see that two things can be true at once. This can be a real condition. However, we should be careful not to get this tunnel vision where now all of our decisions are squarely made around this one condition and try to have a healthy respect for a lab finding and make sure that we use that in the context of the individual. But yes, SIBO, small intestinal bacterial overgrowth, too much bacteria in the small intestine, and it can cause a number of symptoms.

Dr. Wendy Myers: Yeah, but it certainly is something that's overlooked, I think, very frequently. One, because a lot of conventional medical doctors aren't really looking for that. And then also the testing can be challenging to diagnose, correct?

Dr. Ruscio: Well, the SIBO breath test, it's fairly easy to administer. You can send someone home with a kit, and it's not very expensive. It's between 200-\$300. It does take a one-day prep diet to do so, which is pretty easy. It's just essentially meat and rice for a day. And people usually have a problem with that. Then on the day of the test, you drink some solution and do a serial, repeat breath testing every 20 minutes for three hours. So it's a little bit consuming, meaning if you're working, you have to set a timer every 20 minutes and then blow into the tube, but really, it's not too challenging. Now, the traditional method of diagnosis, to your point, is a bit invasive or quite invasive where you have to stick a tube down the nose or throat into the small intestine, sample what's known as aspirates directly, and then culture those. But that's not typically done. Usually, it's the at-home breath test, which isn't too challenging to do, thankfully.

Dr. Wendy Myers: Well, I heard that there could be false negatives. I mean, any test, but I heard with the SIBO test specifically that there can be some issues with it giving negative results.

Dr. Ruscio:

Yeah, I would argue there are both false negatives and false positives. And so this comes to, there are two sides to this conversation, which is, is this a legitimate condition? Is it validated? Are there accurate tests? Yes. But then on the other hand, what tends to happen is, as I alluded to earlier, all eggs in SIBO basket syndrome where people now stop listening to their body, stop listening to their symptom response, and they just chase this number of the SIBO test, and they miss the fact that while yes, this does exist, there are a number of people who will have a negative test and still have symptoms or people who have a positive test, they get treated for SIBO and their symptoms don't go away, which is why we advocate for really using the individual's symptoms to better apply the tools because if we zoom way out, all doctors and clinicians, we essentially have access to the same tools.

Let's say there are 12 different tools. There could be the low-FODMAP diet, elimination diets, probiotics, antimicrobials, antibiotics, immunoglobulins, elemental diets, laxatives, prokinetics, and antispasmodics, just a short list. So we all have access to the same tools. If the testing doesn't help you demonstrably use those tools better, then the testing gets in the way. And this is what is a very frank problem in the field right now: people are just treating the labs. And so we have, again, these 12 tools, but the SIBO test only tells you to use two of the 12. And so the patient is really short changed because the clinician is saying, "Well, it's SIBO, SIBO, SIBO, so all we are going to do is just keep using these two tools back to back to back. And if you don't respond, it's because you're a chronic case."

And this snowballs very quickly wherein now the individual, not feeling well, starting to feel some of the emotional weight of not feeling well, starts to form this picture of themselves as chronically ill, a chronic case, can't improve, and that couldn't be further from the truth. So if you zoom out again, we say, okay, we can use tools one and two, but there's also these other 10 that aren't necessarily for SIBO per se, but we know can help your exact symptoms. So we're not going to limit the selection of the 12 to the two that are just for SIBO, but rather, we're going to have this wide breadth of therapies and personalize them to you, your symptoms, and your history. And this tends to be so much more effective. But the crucial thing to take home is people think they need a lab test to improve.

And in the area of functional GI care, I would argue that is not true the vast majority of the time. Now, sure, if we're talking about blood pressure, diabetes, colorectal cancer, what have you, that's when testing certainly has merit. So I'm not making a blanket statement that, "Never do any testing," but if you had these somewhat chronic GI symptoms, food reactivity, food reactive brain fog, skin breakouts, and you can't figure out why, this is where put the testing aside, look at the tools and master applying these tools to the individual. That tends to be the most expeditious.

Dr. Wendy Myers: And so when people have symptomatology, say they have a lot of symptoms of SIBO, couldn't they say do an elemental diet for a couple of weeks and then just starve out the bacteria? What approaches do you like?

Dr. Ruscio: Yeah, an elemental diet is one great therapy. I'll give you another example similar to that. So I was consulting with someone two weeks ago in the clinic and they had worked with what I feel to be one of the best, one of the better clinics in functional medicine. This was in California, and they had seen some results. They had had SIBO in the past, and so they were given herbal antimicrobial therapy. These are similar to antibiotics, they're just herbal. So an oregano pearl in a somewhat high dose can have a similar effect on SIBO as this antibiotic known as rifaximin. So many providers will use herbs instead of antibiotics and rightfully so. He noticed that he improved from herbal antimicrobials, but then when he was off them for three to four weeks, his symptoms came back.

So his provider said, "Well, you're going to go on rotational antimicrobials. You'll take one formula for a month, then you'll switch to the other formula. You'll take a month off, and then you'll go back to the first formula, the second formula, take a month off." And so he was doing this for a couple of years. Now he was probably at about 70% resolution of his symptoms. So he was happy, but he still had some fatigue. He still had some, I believe, fatigue, brain fog, and gas were the main symptoms that hadn't fully responded. So he comes in and because we listen to people and we really study them and their history, I'm saying to myself, "Okay, so you're not using probiotics?" "Well, no, my doctor said I have SIBO and probiotics might not be good for SIBO," which is absolutely incorrect, by the way. And there's incontrovertible evidence scientifically to support that. So I said, "Okay, this happens sometimes. There's still this canard circulating, so let's have you stop the antimicrobials and start on probiotics."

We see him six weeks later, so he's now six weeks off antimicrobials, which is usually clearly when he would relapse if he wasn't on the antimicrobials, just on probiotics. And he finally hits this 90% improvement in his symptoms. The fatigue, the brain fog, and the gas have improved, he's off antimicrobials and he's on probiotics. So the point I'm driving at here is coming back to these tools, if the SIBO test tells you, well, you can use antibiotics and antimicrobials, the two tools of the 12, but you can't use probiotics, which A, is incorrect scientifically, but B, to my earlier point, it shoehorned someone into this narrow paradigm of applying the therapies. So just this simple exercise of treating the person, using all of the tools, bringing all of those to bear, we were able to get him off chronic long-term antimicrobial therapy and lead to better symptomatic improvements in how he's feeling.

Dr. Wendy Myers: Because there are so many different types of probiotics and ways of taking probiotics, fermented foods in specific therapeutic strains. So it's ridiculous, I agree, that someone with SIBO can't take any beneficial bacteria whatsoever. It just doesn't make any sense on its face.

Dr. Ruscio:

Yeah, and I think one of the underappreciated components of probiotics is they are active antimicrobials. Probiotics secrete antimicrobial peptides, which are antibacterial, antifungal, and anti-parasitic, and they also perform what's known as competitive exclusion, where the probiotics take up some resonance in the lining of your gut, they prevent other bacteria or fungi, or parasites from being able to establish a niche. Now, what matters the most, is because this is just a mechanism, and I always criticize. The mechanism is interesting, but show me the outcome data. There are over 22 clinical trials that have taken individuals with SIBO, given them probiotics versus placebo, and they've shown a demonstrably higher resolution rate of SIBO in those taking the probiotics as compared to placebo, the gold standard of scientific evidence with a very low or pretty much null negative reaction rate.

So when we have data like this, it's very simple to answer the question, "Well, geez, why don't we use probiotics?" And then we come back to another, I guess, more epistemological issue in the field, which is how do people make decisions? How are people analyzing data? And unfortunately, and this is something that just makes me want to pull my hair out sometimes, people are making decisions more so based upon I have this preconceived notion, let me find a study that reinforces that, but I'm going to disregard the larger body of scientific evidence and use that to inform how I make decisions. Because in any body of scientific literature, you're going to have a whole array of findings.

Now, the issue is if people have a preconceived opinion, they can cherry-pick, and this is definitionally what cherry-picking is, They can cherry-pick a study that found probiotics are bad for SIBO, but maybe that was a study in four individuals and they didn't actually show it caused SIBO, they just found after probiotic administration there were slightly higher levels of hydrogen gas. But you could look at that and say, "See? Probiotics are bad for SIBO," while ignoring a randomized control trial in 100 people, again, placebo-controlled, that found resolution of SIBO and resolution of symptoms. Both are scientific evidence, one is much higher quality, but you can cherry-pick. Healthcare consumers don't have the background in most cases to pull up the study and say, "Oh, this was an observational study that just looked at gas levels, not the test, not the symptoms. And it was in 21 people, so an observational small study as compared to randomized specific controlled trials in 50, 100, 200, 300 people." So yeah, that's part of where we get into this quagmire of differing opinions online about many things, but probiotics and SIBO namely.

Dr. Wendy Myers:

What kind of probiotics would you recommend for people? Are there specific strains or brands that you really like that you'd recommend for people with SIBO?

Dr. Ruscio:

Yeah, yeah, great question. So this is something I've been following quite closely for five-plus years, and what it nets out to is this, the strain or species specificity does not seem to matter. Now, this is another area where you will hear people making the opposite claim that we must have specific species and strains. The

way I would allocate how the data falls on this is that about 60-70% of the data supports my hypothesis, and maybe 30-40% of the data supports the other hypothesis. Here are a few examples. Maybe going back five years, there was the first study of its kind that found probiotics could improve constipation. So when the only data we have is that one study, I think it's reasonable to say that it is a probiotic to use for constipation. However, six months in the future, another study was published using a different formula, also finding benefits for constipation.

Then you go a few more months forward in time and a comparative trial using two different formulas in a side-by-side comparison in the same study found that either formula led to similar benefits for constipation. And as more and more data is coming in, you're seeing meta-analyses, let's say, for depression, finding that across different formulas, they all show benefits for depression. So the way I look at that is probiotics aren't drugs with a very narrow mechanism of action that will affect one thing, but rather if probiotics reduce leaky gut, help to spur or balance in the microbiota can reduce immune reactivity, now, it's very logical to conclude that as a probiotic improves someone's gut health, it will help with whatever secondary issues poor gut health is leading to. So it's not about the probiotic species or strain having this narrow mechanism of action, but by healing the underlying cause, let's say, for someone like me, my brain fog, depression, and insomnia would go away, but for someone else who has diarrhea and abdominal pain, that will go away.

And one thing I feel is very important for consumers to be aware of, we all likely to some extent, have heard how pharma funding has contorted some scientific research. I'm not saying that's always a problem, and I think there are many cases wherein pharma funding led to the development of helpful drugs, but there's also this steering of outcome that money can lead to. This same thing is likely occurring with probiotics wherein a pharma house or a nutri house funds a study, and that's great, but it leads to this incentive of, "Let's make sure that in our conclusion we state that this specific formula is good, is the best one," what have you, and then that gets parroted and the consumer is inundated with all of these claims. "This is the best probiotic for constipation, this is the best one for whatever." And if you trace it back, it comes back to the different companies that have funded the research.

So there's this tension between funding, wanting to say, "Well, we did this study, we found this species or this string was the best, therefore that's a proclamation we should make." Versus people like myself who are looking at the research on a meta-level and saying, "Well, if different formula species and strains are all leading to the same benefit, then it's actually not that complicated." And sorry if this is a long arc here, but the point I'm coming to now when we understand that groundwork is when you do look at the macro view, you see that there are generally three types of probiotics that are used in research. There's your traditional blend of lactobacillus and bifidobacterium. Now the specific species and strains differ across formulas and they all tend to be similarly effective. But

that's one type. If you just look at the label, you'll see various lactobacillus and various bifidobacterium.

There's also a healthy fungus, *Saccharomyces boulardii*. And thirdly, there are these soil-based or spore-forming formulas that oftentimes contain various bacillus strains. So what we recommend people do is get out of the weeds of the specific species and strain and try one formula from each category. We see this in *H. pylori* research SIBO research and different infection research that using more than one antibiotic leads to better outcomes. You've probably heard of dual or triple therapy for SIBO or for *H. pylori*. So this is a similar concept where we recommend trying one probiotic, adding a second formula to it, and adding a third if you're trying to get the most result out of probiotics possible. And what that may look like is you start one formula, give it a few weeks to a month, is it improving or are you improving? If yes, great, add a second, and give that a month or so. Are you still improving? Add a third?

And at least as we've been able to see clinically, and at some point, we plan on publishing on this, this seems to be more effective than one probiotic alone. Just like oftentimes more than one antibiotic alone is better for resolving SIBO, resolving *H. Pylori*, or whatever it is.

Dr. Wendy Myers: Yeah, I mean, that totally makes sense. Absolutely. I love that you-

Dr. Ruscio: It's simple.

Dr. Wendy Myers: Yeah, you clarified that.

Dr. Ruscio: The more information we have on a topic, the simpler the application becomes. And I think, and not to get too passionate here, but this is another crucial concept that I wish more people understood. If you're working with a healthcare provider or following a health guru, if their information is highly complex, they probably don't understand the problem clearly enough. Einstein said, "He who cannot simply explain a problem, does not thoroughly understand it." So the closer you get to mastery, the simpler the application is. And I've learned the same thing with various athletic coaches I've worked with. I've come into them with all these complicated theories, and the good coaches have said, "Not that complicated. What we need is simplicity and an ability to measure your response to tell us that we're doing the right thing."

So the key point is that I know when people aren't feeling well, the complicated sounds smart and scientific, and therefore the tacit implication behind it is it will help you. It's actually the opposite. If you have a mastery of things, it's usually a somewhat simplified path and it's really important to keep that in mind.

Dr. Wendy Myers: You can starve out SIBO with an elemental diet or you can give yourself lots of bacteria that can help to combat it or do both. And so, what are your thoughts on the elemental diet and can you explain what that is?

Dr. Ruscio: Yeah, the elemental diet is a predigested, hypoallergenic meal replacement. And to your point, that can starve SIBO. And I also think it can starve fungus because it absorbs in the first essentially, three feet of the small intestine. So just a quick refresher on anatomy, stomach, small intestine, large intestine, and the small intestine is really the most important, in my opinion, area of the intestinal tract. There are various papers that have commented, as an example, that you can live without a colon, without a large intestine. You can't live without a small intestine because this is where 90 to 95% of calories and nutrients are absorbed. So if there is, let's say, leaky gut or overgrowth or dysbiosis, part of what can fuel that is all the food coming through.

So an elemental diet is hypoallergenic. It won't be triggering, but secondly, it absorbs in the first couple of feet, so then the entire rest of the 22 feet of the small intestine, nothing is going into it. It's almost like if you sprained your ankle, you're going to be off the ankle for however long. We could argue that if you sprained your ankle and you're running three miles a day or eating three meals per day on a sprained gut, it'd be hard for the gut or the ankle to heal. But just simply taking time off of the ankle allows it to heal and repair. And this is what we see documented in IBS and overwhelmingly in inflammatory bowel disease with the use of elemental diets. Because it absorbs very quickly, the remainder of the GI gets a chance to rest and repair, and it can be very effective for calming things down.

And there's even evidence showing that kids who are underweight have better growth outcomes. People who are underweight, regain weight, not to say normal weight, people will gain weight, but underweight people get back to normal. And even things like rheumatoid arthritis have been shown to improve when using elemental diets. And it makes sense because if we trace from the joints to the GI, we know that the largest density of immune cells in the entire body is in the small intestine. So the elemental diet seems very much like a protein shake. You mix it with water and it's a complete meal replacement that can allow the gut a chance to rest and reset and can fairly quickly diminish symptoms.

Dr. Wendy Myers: Amazing. And so that's very simple things for people to do to address these problems with SIBO. Are you a fan of just fermented foods?

Dr. Ruscio: Absolutely.

Dr. Wendy Myers: For probiotics?

Dr. Ruscio: Yep. I'm a big fan of fermented foods in terms of a way of getting dietary probiotics in. Some people can be a little bit sensitive to fermented foods, but that usually is something that will improve as their gut health heals or improves over time. And yeah, I think things like kimchi, sauerkraut, kombucha, and fermented dairy of various sorts have a time and a place and are a good idea to try to incorporate into your diet daily if you can.

Dr. Wendy Myers: Okay, great. And then let's talk about emotional trauma because emotional trauma can play a big role in poor vagus nerve tone, which then in itself can lead to digestive issues, SIBO, poor motility, slow digestion times, and things like that. Can you talk about that?

Dr. Ruscio: Yeah, and I'm so glad you brought this up. This is part of the reason why I also take into and criticize putting all of your eggs in the testing basket because we'll see people who come into the clinic and you can just tell they're very taut emotionally. And every answer is a very long emotional answer. There's a lot of fear, there's a lot of angst, and you can tell clearly there's another component to this than just what's going on in the GI. And we know this is actually a legitimate thing. And I think about it a little bit differently than necessarily the vagus nerve but very similar, but just a touch further upstream, the amygdala. This is the center of the brain and the medial temporal lobe that's responsible for processing emotion and fear and for taking traumatic events from short-term memory and processing them into long-term memory.

And we know from some very elegant research studies that people who have fear, anxiety, trauma, let's say PTSD, tend to develop an overactivation of the amygdala. And this directly correlates with the immune system being hyperreactive. And so in cases like this, there are a few things that are crucially, crucially important. One is the healthcare provider has to choose their words carefully. And this is why in the clinic, I call it a psychological wedding. If someone goes, "Oh, my SIBO's flaring again." "Hang on, how do we know it's your SIBO? You had one test three years ago. It was borderline positive. So it's very likely that it's not your SIBO. There's not this thing inside of you that you have to be combative against, but rather there could be simple wear and tear on your gut. And with a little bit of support, we can get you back to balance."

So I want to short circuit this, "Every time I have a symptom, it's this thing," narrative that can grow, blossom, and snowball. So the language. And as a clinician, you also have to be very careful in not framing everything we do as, "SIBO. It's going to be a long road. It's going to be tough. And you can't have any gluten or any dairy. You've got to be strictly low-FODMAP." So now what happens is the person gets put into this dietary prison. This is very psychologically stressful. It further compounds some of the issues with fear and stress oftentimes leading to social reclusion, which we know is very antithetical to healing. So all these things cluster together in a positive way or in a negative way.

And then there are some really helpful tools. The two that we've been using are a limbic retraining program that helps to decrease the activation of that amygdala known as The Gupta Program. And more recently we've been referring to this app called Zemedy. It's a cognitive behavioral therapy app, and it's been shown to reduce food reactivity and fear around food. And what's nice about these two different programs, again, being a clinician who listens to people and tries to meet them where they are, Gupta is a little bit more robust, and for

some people that works. But let's say you are a single mom who's working full time, you may not have the time in the day for Gupta. So Zemedly being an app-based therapist in your pocket, can do it more conveniently with less time.

So we have to pick these tools because the worst thing that we could do, or one of the worst things we could do, is give you recommendations that are over your head. So we want to make sure that they're doable, but in either case, this can start to unwind a component that's very, very important, which is the amygdala, which will need to be retrained. And this is done essentially through cognitive behavioral therapy or some form of mindfulness. And as the amygdala is calmed down, the immune reactivity is quelled. And then you see less food reactivity, less supplement reactivity. And also you see less of this perpetuation of when someone has a little bit of bloating, now there's this PTSD flashback that can be very, very antithetical to healing.

And if this is you, that's okay. The good news about understanding this is they're very, very able to be supported, but just having this on your radar as a clinician is hugely important because all these things have to be taken into account together. We're not going to scare you with language. We're going to have a relaxed paradigm on diet, encourage you to have a healthy lifestyle, and then give you these tools, like Zemedly or Gupta, that can help to turn down some of that tone in the amygdala.

Dr. Wendy Myers: There are some people, they're born with a high stress set point and they're more sensitive.

Dr. Ruscio: Sure.

Dr. Wendy Myers: To different things going on with them, especially their health symptoms and more of a stress response and we're all very different in that respect. But yeah, I don't like those blanket terms either, where there are so many people out there, health influencers going, "You have to eliminate gluten. You have to eliminate dairy." And that just isn't the case for half the population. Not everyone is sensitive to dairy and gluten just because they have gut issues.

Dr. Ruscio: Yeah, and for gluten specifically, the estimates here vary, but they vary from about 3% to about 10% of the population. And this is looking at non-celiac gluten sensitivity. And that's really important to keep in mind because yes, this is something that can definitely help people. And there are comparative trials finding that, let's say, a low-FODMAP diet as compared to a gluten-free diet have a similar level of efficacy. So it's a tool, but you got to know the person in front of you, as I know you know.

But if the person is coming in and you can tell by their diet history and just the way they speak that they're already eating like seven things, then we need to coax them in the opposite direction and share with them, "Did you know that maybe 3 to upwards of 10% of the population has a problem with gluten, but I'm

not convinced that's you. And especially when you said you tried keto, you felt worse, your hair was falling out, and you weren't sleeping well. And looking at your current diet, fairly restricted, fairly low carb, and the fact that your hair's still falling out and you're still not sleeping well and that you said, 'Sometimes I feel the worse I eat, the better I feel.' And as we probed into that, it usually means you have tortillas or whatever that's a higher carb, it tells me you're probably vastly under-eating carbohydrate. So let's have you start eating grains, rice, fruits and see how you do."

And when that comes from a place of authority, people will usually suspend their fear of, "Oh, won't I develop diabetes?" Well, yeah, I mean, if you're eating absolute crap, then overconsumption of calories including, but not limited to carbs, can be a problem. But the issue is a lot of people get that messaging out of context. "Samantha, you're not 40 pounds overweight with high blood sugar. You're actually about 10 pounds underweight. So if anything, we need to get you less restrictive." So just these little things, the listening is so crucially important and why I always make this argument of over-testing tends to be more of an enemy than an ally because this same Samantha person, if we said, "Well, food reactivity, let's run the complete food allergy panel." And now we say, "You can't eat these 17 foods." We're going to actively make her worse without any question.

So yeah, I don't mean to keep monologuing on that, but I just see so many people who are harmed by it that I try to call it out every time I'm on an interview because it just breaks my heart. And we published on our YouTube maybe two months ago, someone who literally developed an eating disorder after doing a full panel, six tests, I think she spent \$2,400, two of which were for food allergies, background your point, anxious type. And that was enough to push her over the edge into an eating disorder. She spent all this money, exerted all this effort, got no better, actually got worse. And then she came in to see us and we said, "Okay, let's relax the diet, burn your food allergy test results, open things up a little bit, a couple of basic gut supports like elemental dieting and probiotics." And in four to six weeks, she was turning the tide so quickly, it was remarkable to see, but also disheartening to witness how tough a position she was in from her previous provider.

Dr. Wendy Myers:

Yeah, and the food sensitivity tests are tough because they're constantly changing. Your food sensitivities can change from week to week. So I think sometimes people do a food sensitivity test every six months or once a year, it's very expensive and can be limited information because it's changing so frequently.

Dr. Ruscio:

And we just went through a comprehensive review on this, which was actually fairly eye-opening for me. And this is one of the nice things about having a small research team who works on these things together because we can really fact-check. And for any healthcare providers watching this, I get the position that you're in. Earlier in my career, it was very hard to keep pace with all the labs and

then fact-checking their claims. And then oftentimes the labs, they only give you the couple of studies that are supporting and they don't include the studies that maybe contradict what they're saying. So when we did a comprehensive review of the IgG food test, this is different from IgE, so if someone has an anaphylactic allergy, this is a different story. I'm not saying if you know peanuts will close your throat that you can go eat. This is different from that.

But for IgG, there is an equal amount of food reactivity to the IgE food in those who have symptoms and those who are perfectly healthy controls, which is why major bodies in immunology have said IgG reactivity does not tell you about food intolerance. It's actually a normal part of immune physiology. And you see the same amount in healthy controls as you do in IBS or reactive cohorts. So if you're going by an IgG food allergy test, I mean, you're just spinning your wheels completely.

Dr. Wendy Myers: Wow, that's really interesting. It's almost the same as the herpes virus where people can have antibodies, but they don't have symptomology or genital herpes or blisters and things like that, even though the majority of the population has the antibodies, so the testing-

Dr. Ruscio: Yeah, I think Epstein Barr is also a really great example of that where 90% of people have EBV, and if you do testing, you'll see it registered on the blood tests. But you have to be very, very discerning before you say, "Well, I think you have EBV reactivation."

Dr. Wendy Myers: Yeah, absolutely. So maybe the question is more like if you maybe eat eggs and you have throat clearing or other symptoms of sensitivity-

Dr. Ruscio: Yes, it's so simple.

Dr. Wendy Myers: Maybe you can live with that. It's not that big of a deal as opposed to for some people they have very severe reactions and they have to reduce that food. Is that what you're saying? It really depends on-

Dr. Ruscio: Yeah, if someone has a problem with the food, it'll be fairly apparent. There are two aspects of this. If someone's gut health is so compromised, they're probably going to have some reactivity to a lot of the foods that they eat, but it's not the foods, it's their gut. And this is why in Healthy Gut Healthy You. I put out this thought of being careful not to force a dietary solution to what might not be a dietary problem. And that was me. When I had my gut issues, I actually had an amoeba. I reacted to almost everything that I ate. So that's one component. And the solution there is repairing someone's GI.

The other is people may have a couple foods that they don't do well with. And if that's the case, it's usually fairly apparent. As an example, the only food I don't do well with is red peppers. And I'll get 24-hour delayed reaction joint pain. It'll be neck or hip, and it's like clockwork. And every time I retest it, it happens

again. So it's the same and it's reproducible. So if someone does have a true, let's say, intolerance, it's going to be fairly clear. And that's important because if we use this narrative of, well, the reaction could be really subtle, it may not manifest for many days, then people, they just start saying, "Well, it's a Tuesday and I'm feeling tired. It must've been what I ate on Sunday." So you can very easily lead yourself down this path of, again, being put in a dietary prison. If you have a food allergy or a food intolerance, you will most likely be able to tell.

Dr. Wendy Myers: Yeah, you'll know because your symptoms will be severe enough or uncomfortable enough to where you're like, "Maybe I shouldn't be eating that coconut yogurt," or whatever your problem is. Because we could be sensitive to anything. But yeah, we want to get to the underlying root cause of the problem. So tell us about your book. You wrote a book called Healthy Gut, Healthy You. What are some of the things people can learn from your book?

Dr. Ruscio: Yeah, thank you. What I tried to do with Healthy Gut, Healthy You is just take people through exactly what I do with people in a clinical setting, which is first giving them some sort of background context of how your gut works, what tools we can use to improve your gut health? And then a stepwise process to personalize coming back to those roughly 12 tools that we have, how do we personalize those to you? One of the things I'm most proud of in the book is the action plan at the end gives you one step. You reevaluate after one to two months, and then depending on how you're doing, you either go into this offboarding maintenance plan or you go to the next step. And yeah, I mean, it's been really nice to see people apply the protocol and be able to improve their gut health.

It's not meant to be a, here's a book about gluten, and you just go gluten-free, or here's a book about carnivores. It's a macro perspective of there's a few different diets, there's a few different lifestyle changes, there's a handful of gut therapies, and here's how we apply them in a stepwise fashion so that you have clarity on what's working or if it's not working, what to do next to continue yourself on this path of healing.

Dr. Wendy Myers: Fantastic. And can people still work with you? Are you still working with patients or do you have any programs that you recommend?

Dr. Ruscio: Yeah, I still see patients, and there are also two other doctors in my clinic. My availability is becoming progressively limited, but I still am in the clinic. And again, there are two other doctors in our office who are exceptional, and my family members actually work with them. So as a testament to the faith I have, my mother, father, and sister are working with the two other doctors in our office. So yeah, there are resources if people need help, definitely.

Dr. Wendy Myers: Right, and your clinic is in Austin, Texas, correct?

Dr. Ruscio: We are, although right now we operate purely telehealth, and that's just been a huge blessing because as you can probably imagine, we have more people outside of Austin who want to work with us and in Austin, just due to the fact that there are 50 states and just one us. So telehealth is something that we feel really strongly about making healthcare more accessible.

Dr. Wendy Myers: Okay, great. And do you work with people around the world? Can you work with people anywhere? Yeah,

Dr. Ruscio: We see people internationally also.

Dr. Wendy Myers: Okay, fantastic. Well, Dr. Ruscio, thank you so much for coming on the Myers Detox Podcast. Do you have any parting words or words of hope for anyone listening who's dealing with gut issues?

Dr. Ruscio: Hope is a good springboard into my thoughts. When you go online and you start researching your health, things often look worse than they are. And I include myself in this. When I've had issues, I've often thought it's colorectal cancer. At one point I thought I had myasthenia gravis. So you're not alone in thinking that things are worse than they are. Understand that. A good clinician can start you on the path to healing, and usually, within one or two months, you'll be progressing. And sure, there might be a speed bump or two along the way, but you should see this up into the right trend of improvement over time.

People who've been suffering from things for whether it be one month, six months, three years, or five years, can usually improve. You just need the right constellation of supports, coming back to those 12. And in some cases, it's not just hammering the gut or the hormones, it's understanding the emotional and lifestyle piece to this. So a good clinician with a holistic view can help you have hope. And again, just remember these things are not often as dire as they seem to be, and people every day will improve, including myself. So hang in there and stick with it.

Dr. Wendy Myers: Yeah, I agree with you on not taking your symptoms and going searching for a diagnosis on the internet. You will come away with a lot of fear that's just not correct. There's so many symptoms that could be attributed to so many different diagnoses, so don't do that. So Dr. Ruscio, thanks for joining us for the Myers Detox Podcast. And everyone, I'm Dr. Wendy Myers. Thank you so much again for tuning in. I love bringing you experts around the world to help you give you those clues, those tools, those missing pieces of the puzzle to help you with your health and upgrade your health because you deserve to feel good. Talk to you soon.