G.I. Infections:
Getting Rid of G.I Infections Quickly and Effectively
Steve: Hey everyone, welcome back. Welcome to the G.I. Infections Call 2014. We’re rocking and rolling. So we’re going to start with the presentation and we’ve got a lot of material that Jordan and I have compiled over the last few years and now we’ve distilled down to actual items that you can learn about today and take notes on. The cool thing though is that everything is going to be transcribed for you and this is recorded so you’ll have both of those. What I really want to urge you to do is in today’s day and age of constant interruptions, things that we didn’t have to deal with as humans 60 years ago, I really want you – you did pay money to attend this so I want you to be present with me as much as possible. It’s over two and a half hours, no doubt your attention is going to change often and you might be losing it right now. Stay with me; keep your attention to this because I really think that we can save you thousands of dollars today on the phone. And if you’re a practitioner, which according to the questions, the Q&A’s, there’s going to be a lot of practitioners on the line today, hopefully this is going to help lots of your patients or clients or whatever your situation might be.

So, really just want to urge you to put your phones away, put them on silent, close the rest of your Internet browsers, turn the TV off, lock the door from the kids for a little while, tell them you’ll come out every hour for five minutes or something like that, but really try to give as much focus and attention as you can because this is a lot of info. Like literally years of two people kind of two spins on this, distilling it down to two and a half hours. So, no way that you’re going to retain it all on the first listen, which is why it’s being recorded and transcribed, but as much as possible turn everything off, stay present with us right now and that way we can really deliver the value that you expect from us. So Jordan is going to kick it off here and rock ‘n roll with the call and just, you know, hang in here; it’s going to be an exciting day for us. This is stuff that I don’t think has ever been talked about openly anywhere. And so I think it’s pretty cool to be part of a first here. We’re talking about information sharing on a level that is very unprecedented and very cool. So very excited to be on the call with you today. Very excited to hear about what happens after you get this info in your hands and Jordan, take it away man.

Jordan: Yeah. Thanks. I’m excited. We’re going to have some fun today. We’re going to talk about poop, which is always fun. Recently we were speaking at Paleo f(x) and I shared the fact that I just read that on average kids laugh 300 times a day and on average us adults laugh five times a day. And I think it’s an important part of healing for us to laugh and have a little bit of fun. So hopefully we’ll make some bad poop jokes and get a little laugh too. And as we dive in I got a couple of logistical things here. So as Steve brought up we are doing this call one time only. This is not something that we’re going to be doing again. And the reason behind that is primarily when you’re dealing with G.I. infections and doing these types of protocols it’s
really important to be working one-on-one with a skilled practitioner. So everything that we’re talking about today is intended for you to use along with a skilled practitioner. Just one example is that these protocols we are going to share with you are kind of based on weight. So if for example if you’re under weight or you’re under 100 pounds and things like that they need to be customized a little bit. So we’re going to be sharing a lot of information here and just know that it’s meant to be a guide and a roadmap for you and your practitioner to follow.

And the reason that we’re doing the call was because back in February we shut down our consulting practice. We got 500 clients. We were overwhelmed. We had a three to four month wait period. People that have been working with us for 18 months they couldn’t get back in for returning appointments so we shut it down. And from that place we were able to stop and pause and say how can we give you the information that we needed five to seven years ago when we were sick? How can we share this information with you that we needed to have back when we had G.I. infections? And so we brought out this call and we decided to do this call in honor of the fact that right now our consulting practice is closed. And we have some exciting news to share with you at the end, which is that over last two and a half months we’ve been interviewing some world class international candidates and we’ve hand selected some Kalish graduate functional medicine practitioners to come back and open our practice up and we’ll be talking more about that at the end, but that’s the real reason we’re doing this call is to give you the information that we would’ve needed five to seven years ago in hopes that you can use it along with a very skilled practitioner.

Now I’ve got, of course, a disclaimer. We got to put our disclaimer here. We’re talking about G.I. infections, we’re talking about protocols and so it’s important for me to read that. Before I do I want you to make sure that if you’re live on the call right now you have your Gut Infection Handout. We sent it out about an hour ago and it’s in your inbox if you haven’t checked it yet. We’ve got a PDF for you that is a handout that we’re going to be working through today. It has all the protocols in it. And if you haven’t downloaded it yet you can go to [http://scdlifestyle.com/wp-content/uploads/2014/04/SCD-Lifestyle-GI-Infections-Handout-4-16-14.pdf](http://scdlifestyle.com/wp-content/uploads/2014/04/SCD-Lifestyle-GI-Infections-Handout-4-16-14.pdf), or check your email. It should be in your email. If it’s not there check your spam folder. We will be sending it out again along with the transcript and audio about a week later probably after we have that transcribed. So let’s dive into this disclaimer I mentioned. So, of course we’ve got to do the legal stuff, got to get that out-of-the-way here. And so this call and the corresponding handout is not and should not be considered medical advice. It’s important for you to know that each individual situation is very unique so use proper discretion in consultation with a healthcare practitioner, like we talked about, before using these protocols that we describe. Like I said before your weight can dramatically affect the dosages you need to be using for each of these protocols and only a skilled practitioner can support you with proper supervision in doing so. So by saying all that I want to say that we expressly disclaim responsibility for any adverse effects that may result by use or application of the information contained herein.

Okay, we got that out of the way, got the disclaimer out of the way here. So let’s dive in; let’s have some fun. I gave you a little background here about the fact that we’ve been working with 500 people over the last few years and Steve and I have shared with you that 80 percent roughly of the people we work with have G.I. infections, and that’s a huge number of people. So if you’re listening to this call there’s a huge percentage of a chance that you have an infection, or if you’re a practitioner listening to this call there’s a big chance that a lot of your patients have a G.I. infection. And it all started years ago when Steve and I both struggled with our own infections. And I’ve talked a lot about it as being one of the primary roadblocks for people. You may have heard us talking about this idea of a limiting factor, and we’ll get more into that here later on in the call. But at one point in my healing journey my gut infection was my limiting factor. Now initially when I started the diet
many of you know I used to have diarrhea 15 times a day. Once I started the diet my diarrhea finally stopped for the first time in years. However, it only got me so far and I was only eating about seven foods and I was pureeing my fruits and vegetables.

So my son was one at the time, I’d be up there pureeing some apples and then I give my son some baby food and then I’d eat my baby food and that’s all I could tolerate. And this went on for about a year where I was eating literally about seven foods, pureeing my fruits and vegetables, it was a nightmare; I was cooking constantly. And one of the main thing was that I just reached this point where I was ready to give up. I was losing hope. Like I couldn’t continue on if this was the way I had to live my life. And not only that but I still had diarrhea and it was just random diarrhea it seemed like. And later on as I looked back at it I realized that it really was cyclical to that extent but it just seemed so random and it just seemed like it was out of nowhere.

I’d make three or four steps forward and then I’d make three or four steps back and I was stuck.

And so that’s when I finally reached the point where I found a skilled practitioner to do a stool test. I had never done a stool test up to that point. And fortunately for me it was an integrative practitioner, he knew what he was doing and we found a parasite called Strongyloides. And once I killed that Strongyloides with a powerful antiparasitic that cyclical diarrhea went away and I made a huge leap forward in my health. So it’s one of the biggest steps that you can take if things are not working for you right now. And that’s the real important meaning of what I want to say today.

And so as we go forward today just know that people who are stuck that are your patients or if you are stuck in where you’re at, a G.I. infection could be the limiting factor for you right now. And once I treated mine I made a huge leap forward. I had a lot of other work to do like adrenal fatigue and other things like that, but I made a huge leap forward there. So now I want to kick it back over to Steve so that he can share a little this about his gut infection story.

Steve: Yeah. So Jordan and I have much different stories regarding both our symptomology, the way in which our bodies responded to our lifestyle in genetic and epigenetic and infections and everything. And so it’s really awesome I think for me to have attracted in an awesome friend like Jordan so that I could always have the opposite knowledge of what it’s like to be underweight for instance or to have an infection like Strongyloides because I didn’t have that. I had a different type of scenario so I was the one who gained all the weight, and at the same time I was also the one who didn’t get as sick as what he did. Most of my symptoms were at a level that six different doctors over two years told me that they weren’t – I wasn’t sick enough. I don’t know if that’s just because I have a high pain tolerance or – I really hope that other people out there who are at the level of health that I was aren’t told by all these different practitioners over and over again that they’re not sick enough to get any more testing, to get anything except for a few drugs. No one offered me a colonoscopy. No one would give me an endoscopy. The only thing they would give me is Flagyl and tell me to eat more fiber and take more grains.

And at that time I was in stage III adrenal fatigue. So fast forward like five years. So here’s what I know about at that time in 2008/2009. I was in stage III adrenal fatigue. I had neurotransmitter imbalances between serotonin and dopamine. I had three infections. What else did I have? I had high estrogen versus kind of lower testosterone so I have an inverse male ratio there and I had a sub-clinical hypothyroid but no antibodies to my thyroid. And my symptomology was one of cystic acne, depression, anxiety, sort of cyclical in those types. I had IBS, and would alternate all the time; lots of gas and bloating so much so that you’ve heard the stories. I was nicknamed the Gasman and it really affected my entire life. But where I’m going with this is it wasn’t until I actually – I mean diet really helped me with my G.I. symptoms and it is the foundation of healing.
Without changing your diet it’s our belief, it’s my belief that you will not get your health back, you will not sustain your health. So real food is always first step.

But real food did not do it for Jordan and I. It gave us our life back from nothing to something but it didn’t really give us everything and there’s no way that we would be here talking to you at now if we hadn’t gone farther. And so the biggest pieces to further for us were these infections, finding them after we’ve done all of the different supplements, after we had done all the different diets. And for me I didn’t have the knowledge that you’re about to get. So the order in which the infection I was treated for and the timing over two years in which they were found likely could have been sped up significantly and I would have gotten healthier way faster. I would’ve had less acne way faster. I probably would’ve lost a little extra weight way faster. And so I’m pretty passionate about this type of call and getting you this information as long as you act responsibly and follow the disclaimer, like work with somebody who knows what’s going on because this stuff is serious.

So, I had Candida, these are all, you know, via stool testing and different test. But I have test results that show that at one point I had Candida Albicans overgrowth, I had Endolimax nana and this entire time for five years I swore I had H. pylori because I had low stomach acid and I couldn’t digest any protein and I had acid reflux. It took five years to get a positive test for H. pylori after I had five or six negative tests on very advanced stool tests that I don’t necessarily think are bad companies or anything. So that’s going to be very important. My story is different than Jordan’s and it brings an extra dimension to what we’ve seen personally than what we’ve seen with a 500 clients now. So that’s kind of some background on where we’re coming from from this thing. And the truth is that personally each one of us has invested over $35,000 in the last five to seven years between supplements and tests and practitioners. We didn’t see the same people and we didn’t try the same things and sometimes we aligned on our thoughts. And as we were sitting probably on a call like this and investing in products like this we were fighting the entire time. And that five to seven years doesn’t need to be that long. That $35,000-$45,000 doesn’t need to be that high. And all of that lost time and frustration and mental fatigue that we were in, that doesn’t have to be like that either. It can be much, much faster if we can start getting this knowledge shared. And the people who get it and take action on it and find people to help them with this and do it in a responsible manner.

So please know that when we’re talking about this stuff it comes from a very knowledgeable place as far as we attempted some of this stuff without practitioner help and really set ourselves back. We have done, you know, in a way been a little bit hypocritical when we’ve heard disclaimers like this before and it’s hurt us. And therefore with an open heart and really trying to infuse you with the honesty that this is not something to joke around with. There’s lot of supplements out there that you can get access to, there’s lots of tests that you can get access to. We’re going to talk about that. So we’re going to give you access into a world that you may not have known about. And with that comes great responsibility. And I don’t mean to like call out Spiderman or reduce the sincerity here, but it’s true. So just hang with us and really please heed that.

So, let’s kind of move into the risk factors with who could be having a G.I. infection. So we’ll kind of start with an outline here. We’re going to talk about what are the risk factors, if you’re having these things this is a good time you should dig deeper. We’ll talk about digging deeper; how do you dig deeper? What are your options both for testing, for not testing? Then we’ll go into how could you have picked up parasites. We’ll talk about what happens if the parasite protocol that you choose or the infection protocol that you choose doesn’t appear to be working or doesn’t work, what are the common themes that we think are happening in that scenario. And we’re also going to talk to you about again who should not take action on this right away, who should be in the care of – I think everybody should be in the care of a advanced physician, practitioner, somebody who gets this. But there are several risk factors other than just your bodyweight that could put
you in a very compromised situation. I’m not sure that it’s going to be life or death, but it could be and who wants to go - even if it is not life-and-death who wants to be chained to a toilet for seven to ten days straight? Nobody wants that.

So, with that said that’s kind of the outline. We’ll finish with Q&A at the end. So let’s talk about risk factors. So, if you’re on this call obviously that’s one risk factor I think right there. I mean seriously if you follow SCD Lifestyle you have essentially have some chronic health issues that’s going to be my assumption and so therefore you do have a risk factor. Your health is not where you want it and the number one that we see holding people’s health back at this point in time is chronic G.I. infection. Jordan and I see about 80 percent of our clients having positive test results. Other practitioners like Dr. Tom O’Bryan have said that they see 70/80 percent of their patients as well.

So there are very specific symptoms and patterns that scream in my opinion hey, you have got to get your gut checked for a G.I. infection. So I’m going to run to those right now. So the first one is cyclical diarrhea. Jordan talked about his story. What he didn’t mention is that he had been doing like everything right, like everything we knew how to do. I knew he had like one every six weeks I think it was and he can obviously elaborate, but once every six weeks – he was just having a week of diarrhea. That’s why he doesn’t have any hair; he just pulled it all out. No, I’m just kidding. But literally, it makes you want to pull your hair out because he couldn’t figure it out and it made me want to pull my hair out because I was trying to figure it out for him. So if you have cyclical diarrhea there’s lifecycles to these bugs and so that could be a huge risk factor. If you’re constipated at all there just seems to be a high association with constipation and G.I. infections. Constipation seems much more tied to gut infections then for instant diarrhea in specific people.

If you have any G.I. complaints after you’ve gone to SCD, Paleo, GAPS, FODMAP, if you made these massive real food diet changes and you still have a G.I. complaints, there’s a high likelihood you have a G.I. infection. If you have any autoimmune conditions, pretty much all of the top chronic health practitioners, we just had a few meetings with them this past weekend in Austin Texas while we were speaking at Paleo f(x), they all talked about how if you have an autoimmune disorder typically you will have a G.I. infection. That’s what they see in practice. In fact I was on a panel talking about gluten in the gut, Dr. Kalish, one of our mentors, talked about a story where he met a physician in San Francisco area and that physician was having a lot of trouble with the gluten sensitive population of patients and he expressed interest that he wanted to help them and he would take all of her referrals. So she referred him 400 patients over two years that were gluten sensitive. In this story that he told onstage at Paleo f(x), which you can get the recordings to, he shared that 400 out of 400 had a G.I. infection. So I think again, that’s pretty stout clinical experience that if you’re gluten sensitive there’s probably something else going on deeper than that.

If you have Fibromyalgia, chronic fatigue, multiple chemical sensitivity, any of these massive syndromes, and I’d throw, you know, IBS in there as well, if you’re having any of these syndromes that medicine can’t seem to figure out, it’s a very, very high likelihood that you have some sort of infection. And there are people those who - like for me I just feel a little crazy, they felt off, a little fatigued, skin issues, hormone issues, you are still at risk, especially if you change your diet and you still having those issues, they’re not going away. And the other thing that you should know about is that these infections they should be taken pretty seriously. There’s some like H. pylori that are extremely highly linked to things like gastric cancer. So, it’s our opinion that it seems, from an evolution standpoint, that humans grew up with these infections. That there’s this thing called the old friends hypothesis. And so there’s some level of realities here that as humans we evolved with infections. Everything is switched in the last 150 years due to sanitation and antibiotics. And so the world that we live in now is way different. And I think unless we’re all kind of washing our hands from technology and
getting rid of antibacterial soaps and antibiotics in general, we need to take these infections seriously because this is all evolving. Every year there’s more science that comes out and if they’re starting to link bugs like H. pylori to 50/60/70 percent chance of higher chance of gastric cancer, there’s got to be more of these bugs that are contributing to other chronic diseases and other very bad diseases that people just don’t want.

So, I think it’s really important to take it serious even if your symptomology is one where you’re like “I kind of want to wait.” “I’ll come back around to that.” “I’ll just try reducing my stress a little bit longer.” I think that sort of mentality is a little nervous for me. It’s a little scary for me to think that people listening to this might adopt that kind of mentality. I really think this is something serious and it’s been something serious for us. So with that Jordan I’m going to turn it over to you and let you keep rolling with it.

Jordan: Yeah, and in terms of risk factors too I mean you’ve got up some great points there, some great symptoms, but in general if you feel stuck, if you’ve done everything you can like I did and you are just not getting ahead, if you’re in stage III adrenal fatigue you need to get tested for G.I. infections. And keep in mind when we say G.I. infections we’re talking about parasite and bacterial infections in the large intestine, and we’re talking about small intestinal bacterial overgrowth in the small intestine. And H. pylori can occur throughout the G.I. tract so keep in mind that we’re just not talking about large intestine here and we’re just not talking about stool testing and we’ll get more into that in a second. But in general, you know, one of the main things that I see with people is they’re in full-blown stage III adrenal fatigue and that is a huge risk factor for a G.I. infection. And the main reason is you’ve been hearing us talk a lot about this cortisol inflammation epidemic, how 80-90 percent of the people have extremely low cortisol and they’re in stage III adrenal fatigue. And the question becomes why are they in adrenal fatigue? And there’s stress happening in the body in multiple places, multiple ways. And we commonly think about emotional stress, job stress, relationship stress, abusive relationship, loss of a loved one, you know, traveling for the job, whatever, new moms, things like that but we often forget about the physical stressors. Like people who eat gluten every day for 20 years who are gluten sensitive or have celiac disease. That’s a chronic stressor on the body everyday. And then having an infection, having a G.I. infection anywhere, mouth to anus, is a chronic stress on the body. It’s a chronic drag on the immune system. So when you’re talking about just trying to get somebody out of adrenal fatigue you have to go on like a stressor hunt. And we’ll talk to people about their emotional life, but then we’ll talk about their physical stressors as well. We’ll talk about their diet obviously; we want them to be eating an anti-inflammatory diet. We don’t want to diet to be a stressor. But then we also have to hunt for other stressors like G.I. infections.

So what I can tell you is that many, many, many, I can’t even think of the percentage right now, many, many of the people who have stage II/stage III adrenal fatigue have a G.I. infection. I would argue that it’s probably higher than that 80 percent number that we typically see. If we find first they’re in adrenal fatigue they typically have a G.I. infection so that’s another risk factor for a G.I. infection. And so as we transition here - the other thing I want to say too is before I move on is about Candida. So Steve and I both struggle with that. I forgot to mention it earlier. We did Nystatin, we did Diflucan, I did these Humaworm herbal cleanses and I’ve done Candida stuff and tried to get rid of it and I never felt like it would go away, I still felt like I had the symptoms, you know, white tongue, all that stuff, all the good stuff you’ve heard about with associated commonly with Candida and it just wouldn’t go away. And it seemed like it was there forever until I finally did a stool test, discovered that I had this parasite. Once I killed the parasite my Candida was kind of just gone.

And it was just gone after trying to treat it all those other times. And that’s what we’re seeing with our clients as well. A lot of times Candida will not go away if there’s some kind of underlying infection that’s behind it. We know that it’s a normally occurring thing in the body so the question becomes well why is it overgrowing,
especially if you’ve already change your diet, if you’re not really “feeding” it anymore why is it still there? And many times there’s an underlying infection like a parasite or SIBO or a bacterial infection like H. pylori. And once you treat that – a lot of times the Candida will go away. Now, there are occasions where we do need to come in and do a protocol. And that protocol is included in the call today and we’ll go over it. There is a protocol for it it’s just that I wanted to mention that a lot of times it goes away. Like in my case where I didn’t have to do anything specifically for the Candida it’s just gone after I treated my parasitic infection. So I wanted to share that for many of the practitioners and people on the call who maybe have been chasing Candida for years and can’t get rid of it. There might be an underlying infection there to keep digging for. So that’s another big risk factor.

So, as we transition here the question becomes how do we get parasites and bacterial infections? Where did it come from? And obviously one of the normal questions to ask is have you traveled to a lot of foreign countries? Have you ever got traveler’s diarrhea or gone somewhere like Dubai or Mexico or the Caribbean or a Third World country? And that’s obviously pretty well known in normal today’s culture as a place to ask about when we’re talking about infections. But what I really want to drive home about that point is to share a stereotypical case study in functional medicine. So when you’re learning functional medicine they teach a stereotypical case study about getting a gut infection. And I want to kind of blow away some myths about gut infections here.

So, as we look at this not everybody that goes to Mexico is going to pick up an infection. Not everybody who’s been to Dubai is going to pick up an infection. And also a lot of people who don’t even leave their house very often can get infections. So there are kind of myths on both sides. And this functional medicine story I want to share with you is kind of the situation that sets up the conditions for you to pick up infections. The case study I keep talking about is you have an investment banker Joe. He works on Wall Street. He works 15 hours a day. Maybe he’s on the floor trading or something like that or he’s an investment banker; he’s got a really stressful job right on Wall Street. He goes to the bar every day after work, you know, him and his buddies and his clients and everybody they connect at the bar everyday after work so there’s a lot of alcohol, there’s a lot of late nights. He probably gets on average five hours a night of sleep and he’s just working tons like 70/80 hours a week. He’s super stressed out. When he goes through that kind of chronic stress it really weakens his immune system. As you go through these stages of adrenal fatigue it weakens the secretory IgA in your gut and causes a weaker immune system in your gut. So the kind of a functional medicine case study is that he finally is so stressed out he decides to go on a vacation. He takes his wife who happens to be in really good health and she’s relatively happy and she doesn’t work that much, does yoga, takes care of herself, eats a healthy diet and they both go to Mexico together, they both drink the same water that happens to be contaminated. And his wife might have a little bit of G.I. discomfort, maybe she has a little bit of diarrhea, maybe she has a little bit of diarrhea, she doesn’t think anything of it because her body, her immune system is healthy in the gut and she flushes that infection right out. The body takes care of it; it does its job no problem.

Now, Joe, the stressed out investment banker guy, he’s drinking the same water as her but his immune system in his gut is a wreck. He’s in chronic stress; he’s in some stage of adrenal fatigue. He drinks the same water with the multiple infections in it and he’s a great host for an infection. He is not going to put up much of a fight and bam he’s going to pick up maybe two or three infections just from that one glass of water, whereas the same person next to him, his wife, drinks the same water and she flushed them out; the body did what it should normally do and she was fine. They go back home, he’s got G.I. problems, she doesn’t. Eventually he’s going to have to get some help from a functional medicine practitioner.
And there’s another story Dr. Kalish told about this couple who had been really healthy and they retired and they were doing some kind of a rafting trip on the Nile River by Egypt or something like that and their boat happened to overturn right by where a local village dumped their sewage into the river. And so they took in a bunch of bacteria and parasitic infections by drinking some contaminated water from sewage that was draining into the river at that place. So that’s a story again where maybe somebody who is relatively healthy can pick up an infection when you’re literally drinking poop water. But then there’s the other side of the spectrum where not everybody who goes to Mexico and has a glass of water, has some ice on accident, is going to get an infection. So I wanted to share those two kinds of stories to give you an idea of yes traveling is the first place to look, but it’s not always the right place. And in my experience I actually didn’t do that much travel. The most extensive travel I did is I was in South Padre Island for spring break in college and I could have picked up my parasite there, not really sure but I didn’t actually leave the country at all during my 20s when I got the infection. So I just wanted to debunk that myth a little bit. If you’re at home, coming into constant contact with these types of infections and you have a weak immune system in your gut, you’re very susceptible to picking them up and that’s the important point to take home here.

There’s other things like fecal-oral contact when you have babies and you’re doing things like that, you know, Giardia when you’re in the mountains backpacking, something I am cognizant of here in Montana. I’m going on big elk hunts and I have water filtration systems that I use to try to make sure that I don’t get infections like Giardia from animals that have pooped or died upstream in the river in the mountains somewhere and infected the water. So those are common infections that you can pick up. Swimming pools that are not sanitized well are great places for kids to pick up infections and then spread it to the rest of the family. Those are also really common frequent places that you can pick up infections. So it’s important that you’re cognizant of these things, but just know that it’s a unique thing. Not everybody’s going to get an infection, if a whole group of people swim in a contaminated pool it’s more likely that those that have some kind of a susceptible immune system in their gut are going to be great hosts and more probable to pick up the infection.

Steve, did you have anything else to add in terms of the picking up the infections piece?

Steve: No, yeah, I think you kind of hit the nail on the head there. I think the take-home message is that our human body is designed with a system of defenses that with like almost knowing that we’re going to come into contact with these types of bugs. Like we have stomach acid, we have the immune system, we have the gut microbiota, all these things are built to protect us from infections. So it is normal in Western life, in Third World countries, in every country to come in contact with infections, diseases infectious, G.I. infections, all these types of viral infections, everything and it becomes an issue, it appears, where your health going into that encounter with the bug seems to be linked to your ability to fight it off or become infected. And so as you mentioned like if you have pets, if you went in a swimming pool, if you went to the beach, if you ate undercooked meat, if you went to an airport like all these places are high risk factor places where you will come in contact with bugs, but the biggest question is what state of health were you in when you came into contact with them. So I think definitely you kind of covered that and hopefully that’s the take-home message.

Jordan: Awesome. Now we’re going to transition a little bit, right. We’re going to dive into what to do if we think we have a G.I. infection. And so like we said, if you’ve got a lot of these symptoms and if you are somebody who’s maybe done some traveling and you feel stuck and you feel like you’ve got a lot of the red flags, it’s important to take the first step and really get some quality testing done. And the worst thing that we’ve see in our consulting practice, I would literally say most of the people, the majority of the people that come to us have already had some stool testing done somewhere along the line and it was all clean, negative. Whether it was, you know, the local stool testing company that your insurance will pay for, your primary care
doctor ordered it or you into the hospital and the hospital did a quick stool panel, they’ve often times always
got this testing done and it was clean. And I was the same way. I’ve had stool tests done in the past over the
years when I was first struggling with this stuff, when I had my endoscopy and colonoscopy and they found
the celiac. But all that stuff was clean. It wasn’t until I used a specialized highly reliable lab that I finally found
my parasite. And many times people come to us and say I don’t have an infection; I’ve already had one done.
And we have to say no, it’s time to do stool testing with a different type of lab, a reliable lab. Because there’s
a huge variability out there in the stool test quality and any kind of lab testing quality, not just stool tests. Not
only quality but liability, the types of infections they look for, the type of technology they use, the amount
of samples they take. There’s so many variables out there in many of the stool tests we do and most of the
stool tests we do, your conventional stool test you get done through your primary care doc or at the hospital
it’s going to be one single stool sample, for example in the case of stool tests. And when you start to get into
these higher quality companies they’re taking four stool samples over four days. I mean look at the difference
there. You’re taking one stool sample versus four stool samples.

These infections have life cycles. They might shed skin today but they don’t shed skin tomorrow. They might
have cysts that show up today and not tomorrow. It really depends. They’re all different and it’s important
that you understand that just getting one stool sample done a few years ago at the hospital that they scanned
real quick does not mean you don’t not have an infection. So when we approach testing we’re going to use the
most reliable lab companies that are out there and we want to use the most reliable techniques that we have
available to us.

Now, let’s talk about stool testing first. So again, stool testing is generally going to look for infections of the
large intestine. So common parasites and bacterial infections that you might find there can’t really find a lot
of stuff going on in this small intestine per se, and that’s a different type of stool test or a different type of
testing that we’re going to talk about after stool testing, how to look for those type of infections. But when
we start talking about stool testing we used to always have everybody do two tests at the exact same time,
two different technologies, most reliable being the 401H Stool Test from Bio Health. And again this panel
is included in your handout. If you don’t have your handout yet check your email. The handout is going to
include an example, a screenshot of this stool test. The 401H is nice. It has an H at the end because it looks
for that H. pylori antigen that’s really important. Don’t get the 401, get the 401H. And that stool test takes
four samples, one each day for four days. And we used to couple that with a 2105 from Metametrix who
was a bought out by Genova and that was a totally different technology. The Bio Health test is a stool culture
technology where they take it and they go and culture it in the lab, and the 2105 was a DNA PCR technology
so they were literally looking at the DNA inside your stool sample and trying to find specific infections. And
since Genova has taken over that test has really changed, it’s very different now, you can’t actually use the
DNA technology to look for infections anymore; it will only look for, as far as I’m aware, it will only look for your
good bacteria distribution so that’s changed, the whole games changed. All of last year we were doing the
401H and a 2105 together; always two different technologies; two different labs; two different ways to collect
stool samples.

Now, since that change has happened we can’t do the 2105 anymore, we are still using the 401H and we’ve
moved over to now using Doctor’s Data Parasitology X3. So now all the people that we work with we have
them do both stool tests together, Doctor’s Data Parasitology X3 and the 401H from Bio Health. Both have
screen shots in the handout to go with it. And again, now we’re using similar culture technologies so we’re
kind of limited there but we have two different labs, two different reliabilities, two different experience levels
and we’re getting different results. I will tell you, after seeing a lot of these panels, they find different things,
straight up. And they find different things and Bio Health will find a lot of things, in some cases Doctor’s Data
will find a lot of infections in other cases but they work together. And so it’s important that you acknowledge that we do have some variability, we do have some reliability questions here and we’re going to go ahead and get two stool tests done together because if there’s something there we want to find it. We don’t want to keep getting these false negatives and thinking nothings going on and yet you have an infection here that’s causing symptoms and causing stress in your immune system in your body.

Now, there is a couple of hacks that you can do with these types of tests. And we haven’t really experimented too much with them but a lot of our practitioner friends and mentors around the industry are doing these types of hacks to get more reliable results and so I wanted to share them and pass them along to you. So, the first is in the 401H for example there are four stools samples that you collect. Ideally one sample a day for four days, which is better than one of course. But a lot of practitioners like to take it up to the next level and they actually have you collect eight samples, one sample a day over eight days and just put two different days in each vial. So you’re sending four vials back but it has eight days of samples in it. And Bio Health doesn’t know and that’s okay and that way you’re sending it back in and you’ve actually known that you’ve taken eight days of samples rather then four so they double it. So that’s one hack that you can do if you’d like if your practitioner supports it. And we may begin to test that out a little bit with people as well.

Another hack that used to be pretty common in the industry that’s kind of going away, and I just talked about this with Dr. Kalish last weekend at Paleo f(x) is that a lot of times on the fourth day of the test people will, and practitioners will do a kind of diarrhea flush. So you use some kind of a flushing agent, whether it’s a lot of vitamin C, a lot of magnesium or something like that, something to give you diarrhea on the fourth day if you’re not already having it and so that fourth sample really cleans you out and you can get a good spectrum of your whole large intestine being kind of emptied out. And the theory was that it will really, if you’re constipated or you got an infection that’s really burrowed in there you can kind of force it out better or flush it out was the idea. So they would take that fourth sample, you know, days 1/2/3 are normal and then day four they have you do some kind of a diarrhea flush, trigger some diarrhea. Really make sure you get a lot of stuff out and get a sample from that. So that was an accuracy tool. It was kind of a checking tool to make sure you really flush the system on that last day. And honestly the reason they stop doing it is people hate doing that. Nobody likes to do the colonoscopy prep where you’re just having diarrhea all night. It’s horrible; everybody’s miserable. And in this case they were trying to do it for accuracy but people hated it and people didn’t want to do the test anymore because of it so they’ve moved away from it. But if you’re really serious about getting these types of infections figured out either of those hacks might be something that you can incorporate into any of the stool tests that you getting done, hopefully the 401H and the Doctor’s Data Parasitology X3.

So those are my high-level overview thoughts about stool testing in general. Steve, before you move on to other types of testing did you have any other thoughts on the stool testing piece?

Steve: I think again you covered it pretty expertly man. I think something that everyone needs to always remember is that these tests are not perfect. The tests are not perfect so that sucks. That sucks if your insurance company covers the generic one that is so not perfect that it’s only right, you know, I don’t know what the percentage is but well less than what the rest of them are. So let’s say for instance those ones are only right 30 percent of the time, the advanced ones we don’t know what percentage of the time they’re right, maybe it’s 80 percent, I don’t know? But it’s worthwhile to remember that medicine is not as advanced as you think it is and testing, while it’s really, really important and we’ll get into the importance of this later because you can’t just assume every infection is killed by the same protocols because they’re not. So getting data on what infections you have and treating them expertly with the right protocols I think is very important. But just
remember that this process is not as clean and simple as it should be or that we would wish it would be as humans. So sometimes it takes, in this case we are recommending it always takes multiple tests at the same time and that it might take multiple tests at the same time several times over the course of you getting your health back. So I think this is something to remember and also remember that this stuff is always changing. We had mentioned over a year ago that the 2105 from Metametrix, which was then but out by Genova, you know, something that we couldn’t foresee happening. We didn’t know that one company was about to sell to another company and then the company that bought them was going to change the way the test was done and in our opinion create a test that was less than perfect than other ones on the market, which is why we are now recommending the Doctor’s Data along with the Bio Health.

So these are things that we can’t control. The market and the systems are always changing, which is another reason why this call will never be offered again in this same format because it’s always changing. So I think if you invest in one figure out how to invest in the other, don’t skimp on them. And I’ll let Jordan continue to run with this but don’t do just these two tests. Like if you’re going to go this far and you miss a couple other infections you could be kicking yourself if you’re another year and a half down the road and you’re not feeling as good and you like me, I’m the prime case study for this. No one told me that I should be doing multiple stool tests. No one told me that I should check for other infections like Candida and SIBO and that stool tests are not accurate for those infections. And because of that I went on suffering for years trying to well it’s got to be diet or it’s got to be this. And the reality was that I just still had an infection. So just remember that and if you’re starting down this path and you’re committing to the tests, which I think you should, which is the only way that Jordan and I got out of our sort of a downward health spiral and then backwards up to getting really amazing health was through this. So we are big components of it but we also want to be very clear with you on just transparency. Like what is the transparency out there on what is possible and what’s not possible?

**Jordan:** Why don’t you keep rolling man, roll with the SIBO. Let’s go into the SIBO testing and Candida testing and share your thoughts on that.

**Steve:** Okay. Stool tests great in our opinion for a lot of parasitic infections and worm infections, amoebas. And we also think that they’re worthwhile tests for bacterial infection in the stomach like H. pylori. That’s a pretty debatable point and we’ll talk about that a little bit later when we talk about H. pylori specifically. But stool tests, as I mentioned, are not accurate for small intestinal bacterial overgrowth and they are not accurate for Candida overgrowth. Now, some of the tests on the market will show those markers and that would lead you to possibly believe that they are an accurate result. And I think if you were to call the lab and really get in a debate with them you’ll find that the lab will skirt those questions because they too know that just based on how they choose to collect the sample, the solution that’s in the sample, how long it takes to collect the sample, the transport time, the culture in the lab, it’s very hard to culture yeast and it’s very hard to keep them straight. And small intestinal bacterial overgrowth happens in the small intestines and it’s typically gone – like other bacteria and your body absorbs most of those bacteria.

And the other thing with SIBO is that it’s commensal. Both Candida and small intestinal bacterial overgrowth are commensal flora so they’re not pathogenetic, it’s just that if they go in a higher population in the wrong area of your body it may become pathogenetic. So that’s why stool testing is really not an option in our opinion to the findings for those two infections. So that begs the question well, what the heck do we do then? Because if you do have either one of those conditions you are going to want to treat them. You’re going to want to get rid of them. So when it comes to small intestinal bacterial overgrowth the golden standard, and this test is much more proven then stool tests, then anything else we’re going to talk about, like the one gold standard test that we’re talking about today is a three-hour lactulose breath test for SIBO. That test is proven
in the research to really give a yes/no whether or not you have SIBO and then it gives you a range on the type of bacteria, the amount. And those are all very important pieces of data for a practitioner to help you with your protocol in getting rid of it. There’s other forms of SIBO tests out there and they are not as accurate as the three-hour lactulose one.

So if you going to invest the money, if you’re going to invest the time to work with a practitioner and push them to get this test, do it right. Don’t compromise because he wants to use glucose or don’t compromise because unfortunately when you do look at the solution for the lactulose breath test you’re going to look at it and say oh man, I really don’t want to swallow this sugar load. I don’t want to swallow this junk. And I get that but we speak with Dr. Allison Siebecker, one of the world’s leading researchers of SIBO and she runs the SIBO Clinic in Portland Oregon at the Naturopathic school up there. And we’ve talked to her about this over and over again but the benefits outweigh the drawbacks here. Definitely only do that one and unfortunately the load of the solution sucks but I think you should definitely go for it because the amount of information you’ll gain from it is worth it.

So the last test, so essentially we’re recommending that you do four tests to completely clear or try to clear with the most accuracy that we know about this point in time in history is to do four test. The last test is the Genova Organic Acids Profile. So you can do just the dysbiosis this profile from Genova or you can do the full organic acids profile. Jordan and I love the full profile because it gives you a lot more data on things like liver function and brain function and mitochondrial function and methylation and all kinds of awesome stuff that’s really, really important for healing from chronic diseases, for beating G.I. infections all together. So if you’re going to spend the money I really recommend you just go all the way and get the full panel, don’t just get the dysbiosis. But if money is the number one factor here at least get the dysbiosis profile. The dysbiosis profile, what it’s looking for is it’s looking at metabolites in your urine. And metabolites is just a fancy word for byproducts. So, as I mentioned, small intestinal bacterial overgrowth and the byproducts of the microbiota that live inside of your gut, like all the different species, they give off byproducts all the time. Those byproducts are absorbed by our body; they do go into our bodies and sometimes they’re toxic and sometimes they’re beneficial like short-chain fatty acids are something that some bacteria make that they’re really good for us. Other times they’re toxic. They’re lipopolysaccharides or some other toxic byproduct and so we need to get rid of them.

And so the cool thing is with the Organic Acid Profile what they’ve done is they figured out which classes of yeast and fungi and their byproduct and they measure how much of that byproduct you’re excreting in your urine. And so for measuring an overgrowth of yeast in the G.I. tract we think the most accurate thing on the market right now is one of these Organix profiles. Now, there’s a lot of speculation on whether or not these Organix Profiles can also tell you if you have a small intestinal bacterial overgrowth. And for a while we were really hoping that that was the case that we didn’t have to do a breath test, that this one test alone could cover both what were essentially our commensal microfloras that are overgrowing and causing infections. Because that would simplify things; it would save everybody money and make everything faster. But I don’t think we can make that case at this point in time. Just based on talking with a few practitioners, the amount of accuracy that we are hoping to see for SIBO out of this test hasn’t shown up yet. That doesn’t mean it’s not completely 100 percent valid. I do think if you come back positive on that test for SIBO that’s something you should take into consideration and talk with your practitioner about, but in general I think when it comes to the gold standard, the way to get this done and to get the most information use the Organix Profile for Candida and use it for the rest of the things I mentioned. Do the breath test for SIBO. So Jordan, anything to add there?

**Jordan:** No, I think it’s good. I mean coupling that with the Organix Profile sometimes can be a nice double
way to test as well.

**Steve:** Yeah. So we just talked a lot. So like I’ll just take a break and get some water here, just rambling here. I’m not rambling but needing some water to keep on powering through here. I’m about to stop beating around the bush and talk about the elephant in the room, which is that Jordan and I got into this as DIY-ers, doing it yourself-ers, right. We’re engineers, we thought we could figure this out. We got pissed off at the level of care and results that we were receiving from the conventional medical system and so we said well fine, we’ll figure it out ourselves. And at first we didn’t even know - if we would of had a bunch of money we didn’t even know who to hire that might have been able to help us with this. So not going to be guys that just sit around and are in pain, we just started taking action. And so that’s where we were able to make a lot of progress but also had a lot of ups and downs because of that; because we made a lot of mistakes, which is the downside of DIY route.

It wasn’t until we actually started to figure out who were respected professionals who had got results and then gave them money to help us with our health, to help us with these types of issues that our DIY plus their information really is what turned around our health and got us to where we are today. So we could of never have done this without some of the top chronic health practitioners in the world. But at the same time the elephant in the room here is that sometimes people are going to DIY it. Some people are just going to look at their symptomology and some practitioners practice like this. They don’t believe in testing. They don’t believe that it’s worth your money. And that’s your own call. That’s a call for you and your practitioner. That’s not a call for us. I can just tell you that we’ve tried stuff without knowing what infections we had as Jordan mentioned and it didn’t work. And then once we found out what they were and did so specific protocols that worked for us.

So, you can choose to treat without knowing exactly what’s living in you, which I think is kind of irresponsible but a lot of people do it. If you go down this route know that you potentially are wasting your time, money and causing yourself pain because you don’t know the infection type, you don’t know whether or not you need a biofilm buster or if it should be heavy on one certain herb or if you should actually be using pharmaceutical options like antiparasitic drugs or even an antibacterial option because there are some infection that you shouldn’t try to – this whole natural idea, throw it out the window anyway. There’s no such thing as natural. We just are humans and it just is what it is. So when it comes to getting healthy choose the option that works the best. So if you don’t know what the infection is you can’t choose the best treatment option so that’s a big thing there.

There’s also risk factors like where are your hormones at? Where is your detoxification at? If you don’t kind of know those numbers or you don’t have help with that, again you might be stepping into an arena when you DIY this you’re going to cause yourself some issues. So, just our warnings, the other thing to do here is if you do go down that route you must retest after you go down that route. You have no idea the amount of people that we talk to all the time that have done, I don’t know three, four different Candida programs, they own every book or every program on small internal bacterial overgrowth. They know more about Blastocystis hominis than the 19 doctors in the world that specialize it and they’ve tried half their protocols and they’re still sick. And a lot of times the reason why is that they’re not retesting and they still think they have Candida. Just like Jordan and I kind of thought that for a while, or they still think they have Blasto, but they don’t because they don’t even actually know. They’ve done a program; they’ve waited a few months; they’re not feeling better so they just decide well it must not have worked so they try to treat again. And I think you’re wasting your time because you really don’t know what you don’t know, which is did you kill it or not. So I really think at some point in time you need to ante up and figure out how to get this testing done because it’s going to be -
Arguably is going to be the breakthrough for you for figuring this out.

**Jordan:** Well said. I think it’s a good time to make sure we all stop here and talk a little bit about things you need to address before you do a gut infection protocol. And if you have the handout that we sent out, it should be in your inbox, we go through the test we just talked about. There’s samples screenshots of all of them. But then we really want you to stop and realize that there is no one-size-fits-all protocol. And there’s some instances of people that we do not have them do killing protocols yet. We’ve talked before on the podcast about how it’s this idea that you’re getting ready for a boxing match here. You’re going to go in, you’re going to bring some firepower and some strong immune aspects of this table and you’re going to try to kill this thing. And a lot of times people have to train for that boxing match and they’re not ready.

And you may have seen our post about limiting factors, which is this idea that there might be something in the way that you need to work on first before you’re ready for this fight. And we saw this as a problem in the beginning because we had people who were, for example, in stage III adrenal fatigue who were extremely low energy, their immune system was extremely poor and they tried to go in and kill an H. pylori infection and they ended up in the bed. Their body wasn’t ready for it. It triggered a flare and that type of thing and they just weren’t ready to kill this thing yet. And so the two most common limiting factors that make it so that you’re not ready to fight an infection is first having a sluggish liver, having backed up detox, you know, phase I or phase II or phase III detox being backed up and just general toxicity, poor glutathione status type things. And those types of red tags will show up on that Metametrix Genova Organic Acids Profile, the comprehensive one, it will show if you have poor glutathione status, if you have toxicity, if you have phase I, II or III detox issues. And if you can’t detox well, if your body’s already toxic, if your liver’s already struggling to remove toxins from your body on a daily basis you’re not in a good place to go ahead and kill a bunch of things, which flood your body with toxins when they die. When these things die they release ammonia and other LPSs that just flood your body with toxins and you need to be ready to handle that and able to flush that crap out of your body. And if I have somebody I’m working with, and this is important for practitioners that are listening to this as well as somebody’s who’s thinking about doing a protocol, if they have signs of poor glutathione status or a phase I, II, III detox being backed up, their garbage is already backed up in their body and they are not ready to flood their system. So we’ll put them on a liver support protocol and we’ve included that in the handout. And we used to use a lot of different herbs that you’ve probably all heard of for liver support. And over time we ended up transitioning over to using S-acetyl glutathione. And the specific form of S-acetyl glutathione that really seems to work well is this Ovation brand of that we can offer. And there’s a link to grab some bottles of it in the handout if you want it.

This S-acetyl glutathione is one of the first times we’ve been able to give to just people straight glutathione in this form and have it work, have it absorbed through the gut and actually increase their glutathione levels and help them detoxify a little bit. And so if somebody has it as a red flag your limiting factor is your detox ability and you need to be on a liver support protocol sometimes for a month or two before you’re ready to fight the fight. So that’s one thing. The second thing is if somebody’s in stage III adrenal fatigue they have really low cortisol, like 40 to 50 percent of the cortisol levels of a healthy person throughout a day, they’re not ready for this fight. And that is a common play that we see. We see people with stage III adrenal fatigue and one or more infections, sometimes three. And it’s like, you know what, we need to work on this adrenal fatigue first for three months before even try to kill this stuff. So often times we’ll put them on a stage III adrenal fatigue protocol and get them to kind of naturally produce more cortisol on their own and get their natural cortisol level production up so that’s going to help their immune system. We know cortisol influences over 2000 epigenetic on/off switches in the immune system. It’s also the body’s main anti-inflammatory hormone. Also when people are in stage III adrenal fatigue Dr. Kalish likes to say that there DHEA gets very low which impacts
secretory IgA in the gut. Those two are very closely correlated so if you have stage III adrenal fatigue you’re not ready for this fight yet. And it’s important to do probably a three-month wait period where you’re working on that stage III adrenal fatigue before you try to do the killing political. Okay and those are two of the most common limiting factors that we see in the way of just diving right in and doing a killing protocol.

But, along with the detox, there’s two specific things to talk about. One is constipation. If you’re extremely constipated, and this ties back to the detox, remember the best way we detox everyday is to poop, pee and sweat. And if you’re constipated, so if you’re not having bowel movements every day, at least one to three times a day, you’re by definition somewhat constipated. If you’re really severely constipated it’s not a good idea to do a G.I. infection protocol yet until you can get things moving a little bit. Sometimes you got to use a nice little cocktail of vitamin C and magnesium citrate, you know, Natural Calm in the evenings that type of thing to get things moving and work on your constipation before you’re ready to do a detox protocol. Because if you flood your system like I said, and your body’s not able to flush that stuff out you’ll reabsorb a lot of those toxins, it can make you feel really, really bad. So constipation is another one that you’ll want to make sure you address before you do a protocol.

The other thing is if you have a ton, a ton, a ton of food sensitivities, chemical sensitivities, multiple, multiple chemical sensitivities, environmental sensitivities, those types of things, you need to be really careful about doing these types of protocols. And we have a lot of clients like – not a lot, probably a good handful of clients who have extreme sensitivities to any supplements they take. Like they can’t even do a vitamin C or a liver support protocol. And if they’re the type of people who will say I react to all my foods or I react to every supplement, I react to all additives in my supplements, that type of thing. So if you’re extremely sensitive like that that could be a red flag for toxicity issues in the body. It could also be a red flag for just a really overactive immune response, but it’s a good sign that you’re probably not going to tolerate a G.I. protocol very well and you need to do some work. Step one being get on that liver support protocol we talked about.

So our really standard liver support protocol that we use is in that handout and you’ll see it at as line item number two as things to look at before you start doing a protocol. And again, I can’t really stress this enough but these protocols are specific for people 100 pounds or over and they need to be customized. So it’s important that you’re working with somebody who is a skilled practitioner and who can see your limiting factors. Who can help you if you’re a little constipated. Who can help you if you have somebody with multiple sensitivities that needs to start to be addressing those things before they can do a protocol. If you’re in adrenal fatigue you need to work on that a little bit before you start your protocol. It’s all about this kind of fine unique experience where it’s kind of a thing like are you ready for the protocol? Are you ready for the fight? Do you need a little bit more training? And just be okay with the fact that if you’ve had this infection for years it’s okay if you wait another three months getting your body ready to get rid of this thing. And I think, and we’ll talk more about that at the end is what happens if the protocol doesn’t work? I think those limiting factors that I just shared with you, constipation, toxicity or sluggish liver, multiple sensitivities, adrenal fatigue; those are all common reasons why gut infection protocols fail.

If they haven’t worked for you in the past that’s another sign that you need to work with somebody who can look at what are the limiting factors that made that not work for you in the past? Were you in the stage III adrenal fatigue and you tried a protocol with a practitioner, either antibiotic protocol or an herbal protocol and it didn’t work? Because it might be the same limiting factor that’s going to stop it from working again. And those are common mistakes that we see when people just dive in and try to kill something, whether they’re using prescriptions or not, and why it doesn’t work on a regular basis. So I want to kick that back over to Steve and see if he had anything to add that I missed.
Steve: You know, I just wanted to wrap it up incase anybody had any misconceptions about some things that Jordan just covered. The first thing that if you’re constipated and even if you don’t do a G.I. infection protocol it just means that you figure out a short term aid to start pooping on a regular basis before you undertake the killing protocol. And typically my advice is to try vitamin C powder like two to six grams a day. You can try Buffered Vitamin C Powder. You can try magnesium citrate like 150 mg to 700 mg. You might have to mix in a little bit of magnesium gluconate, maybe up to 600 mg of that as well, it can be kind of a one-two magnesium punch. Other people will need to use something like potato starch or what’s called resistant starch so you can Google that and try some of those formulas. And if it all comes down to it, whatever else you’re doing like you have to be going like every other day. Until you get to the place where you’re going every other day I think that’s when the risk factors high for a G.I. infection. And actually, as we mentioned earlier in the call, constipated people seem to have a ton of infections. So you just need to make sure that you’re pooping, peeing and sweating on a daily basis before you begin to cause more toxic burden on your body.

And then the other thing is that we get a lot of questions about glutathione and liver support and all of that. And let’s just say that Jordan and I have pumped a ton of money personally into almost every single type of glutathione out there, liposomal, S-Acetyl, regular, all these different types of over-the-counter forms of glutathione and none of them worked for us. And then when we were in our consulting practice and we’re trying to work with people who have a limiting factor of a detoxification issue and they were up for it, then we started testing all these different brands again. And these are brands and things like liposomal brands, liposomal glutathione that have been reped’ by us publicly before before we’ve gotten a little bit smarter and had a lot more test cases. And the reality was is that we just weren’t seeing results. Only about 20 percent of people were getting help from liposomal glutathione.

And so after more conferences last year and more talking with other chronic health practitioners, Dr. Amy Myers, who’s a functional medicine graduate, she runs a very successful very chronically ill patient practice population down in Austin Texas, she’s the one who really shared this Ovation Glutathione with us. And the Ovation Glutathione is at this point in time the only thing that seems to be able to get about 80 to 90 percent results for our clients and what gave myself results. So they have a different delivery mechanism for the S-Acetyl and you’ll also noticed that the dosage is like enormously high compared to other S-acetyl brands and so yes the price is high, but unless you have access to IV glutathione or nebulized glutathione there’s nothing else on the market that we’ve tested nor found and that other practitioners are using as well that gets results. So that’s just some backstory because I’m sure people have questions about it.

Jordan: All right. Let’s keep rolling onto the next section Steve. Why don’t you take us into the nest section and then we’ll start to actually go over the actual protocols that we’ve got here.

Steve: Yeah, yeah. Sounds good. So Jordan alluded to this with the boxing match about understanding where your general health is in regards to beating infections and turning around your health. And so I want to drop kind of a bomb, maybe it won’t be a bomb for you but it’s like a little paradigm busting bomb. Here’s the bomb, ready for it? What if the protocols that you’ve heard about, or done in the past, whether they be pharmaceutical or herbal, were always correct? So what if the protocols, whether they be antibacterial, antiparasitic, if they’re antifungal, they’re all pharmaceutical or if they were herbal, what if they worked? That would be weird wouldn’t it because there’s so many people out there, including ourselves, who didn’t always recover our health after we did a protocol. I mean I don’t know how many percentage of my clients have done Rifaximin at least three times. A large percentage, 40, 50 percent, I don’t know; I never try to keep a statistic on it but I know I’ve heard this story over and over again. So people are doing the same protocols over and
over again and when you start to hear about the protocols in just a minute you’re going to notice that they might not be all that extraordinarily shining gold rainbow busting off of them. You notice in the handout that there was no magic supplement or something that you’ve never heard of. And so this is something interesting that I think it’s worth us spending a bit of time on.

And so I think that it might be a little mind blowing for all of us if a large percentage of the time, as long as it’s a well-designed protocol and the protocol is actually attacking a known bug that you have, I think that it might be working. I think that the protocols get the job done. Unless it’s like super underdosed, or again design to kill something you don’t have, in which case then I get it that the protocol didn’t work. But what if we thought about it in this analogy. So let’s say that the herbal or pharmaceutical program that you choose are like the Navy SEALs. There are some people on here that aren’t Americans so they’re the best warriors that American have. They sneak in under the cover of night and they take out whoever whenever. You know, they went in and got Saddam in Iraq. And I’m not trying to cause any beliefs here let’s just talk about what happened. So they are the number one people and think about them as like your herbal or pharmaceutical option. They’re going to go in and they’re going to get the job done no matter what happens. They were designed and sent in there for a reason. They’re going to get the job done. Now, the problem in my opinion, in our opinion on what’s happening is that sometimes the rest of the military doesn’t get sent in. So sometimes the police, or in this case the Marines were sent into Iraq to keep the peace. Sometimes the police or the peacekeepers aren’t up to the task to securing the G.I. tract after the pharmaceutical or herbal options go in and do their jobs.

And so what if you’re just getting reinfected, I don’t know, a couple weeks right after that program is done? Because the amount of stories that we’ve heard about people who felt better for a couple months and then immediately got worse again seems to suggest that these options that are being given across the world are predominantly probably pretty decent but there seems to be a breakdown in the peacekeepers and there seems to be a regression in health after that. So, if you think about the SEALs and the Marines, the Marines are your immune system. That’s the peacekeeping part of this equation, it’s also your gut flora but mostly your immune system. The gut flora is very resilient. It will bounce back very quickly. It’s like the gut flora is its own environment just like the ants on a sidewalk. If you throw some bread on a sidewalk all of a sudden ants are coming, birds are coming like nature just response to a source of food. The same thing is always happening in our G.I. tract. The gut flora will respond over time. So I think it’s more important to focus in on the immune system. And so if you’re getting this reoccurrence or you have a story or something that you tell people in your life like I’ve been infected; I’d tried these things; they don’t work for me. I think you should stop again and pause and first focus on your hormones and your immune system. Because I don’t think that the protocols are not working, I don’t think you have some superbug, some super strain or you’re something crazy case, I think you’re just missing part of the equation that helps make these protocols work. I’m sure those things exist but we’re talking about what is the 99 percent of the case not the one percent that breaks all this.

So on a continuum I think most of the time what’s going on here is you have an immune system that’s not ready to stand up and fight the fight after the infection has been knocked down and then you have a reoccurrence of that infection or something else steps in and takes over. So if that speaks to you, if you’ve heard about that, again, sometimes it’s best to do some pre-work before you jump into these things otherwise you could be on this cycle for the next couple of years or you’ve already been on that cycle where you’re trying to treat, feel a little better then trying to treat and feel a little better and just never happening. You just feel like you zoom out in the last few years you really haven’t gotten worse, which is good, but you also haven’t gotten better. And in that case adrenal support programs, female hormone support programs, male hormone support, thyroid support, they’re really, really important. In our opinion, Jordan and I’s opinion adrenals is where you start. The cortisol and some of the other adrenal response hormones control a large percentage,
the converging of thyroid hormone T4 to T3, every cell in your body needs T3, needs a thyroid hormone. So thyroid hormone is extremely important. So you definitely want to check into that and make sure you don’t have any autoimmune issues there. But in general if you can optimize your adrenal glands and their hormones, it’s going to begin to optimize your thyroid as well, as well as your sex hormones.

So, I just wanted to pause and just talk about that because it’s been our experience that if there’s tests results or there’s symptomology that suggest that you have one of these limiting factors, your immune system turns off, your hormones aren’t working properly, your inflammation is out of control, your detoxification is just not working and you decide to attack it all at one time, I think the likelihood, as Jordan said, of success goes down because you didn’t really prepare for the boxing match. So I just want to share that before we actually now break into the protocols. So Jordan, do you have anything to add on that before we really start to dive into these bugs?

**Jordan:** Just the fact that what you said really struck a chord with me because we gave our talk at Paleo f(x) this weekend, we were both there down in Texas giving different talks on digestion. And there was a lot of people in the hallway afterwards asking us questions for a while. And some of the women there that were asking me questions where women who have worked so hard to clear infections like SIBO and it keeps coming back and it keeps coming back and it keeps coming back. I think one had done three or four rounds of antibiotics. Like their insurance company wouldn’t cover Rifaximin anymore and that type of thing. And like Steve said I mean it didn’t matter in her case if was Rifaximin versus an herbal protocol versus a crazy cocktail of other antibiotics together, it just kept coming back. It kept coming back. Even though she was eating a really strict diet and doing a lot of other things and I just said, “Look, you probably are in stage III adrenal fatigue.” And she’s like, “yup, I am.” And I said, “That’s what you got to fix. That’s your limiting factor right now. Go work on that. Go work on that and fix that. And it might take six months, it might take 18 months but go work on that and as that improves then come back and try another protocol and see if it doesn’t actually lick it for good this time.”

And again it’s just as somebody who struggled with this myself, you know, my SIBOs gone. And I used to think I had fructose malabsorption and I had SIBO really bad and all these other things and it’s gone now. And the bottom line is I had a lot of other stuff to fix. Other gut infections, adrenal fatigue, you know, these types of things that I had to work on in order to make sure I stopped getting these infections coming back over and over and over again. I think that’s an important point to drive home.

**Steve:** Awesome man. Good story. So let’s keep rolling into the bug now. So you have your handout. You’re going to be walking through that handout now. Before we get into it this, it might seem redundant but hopefully you’re getting it by now. These protocols are for people over 100 pounds. If your body weight is under that you need to work with a physician to customize them. If you have any limiting factors we already talked about and you begin to undertake these protocols without any additional support it is likely that you are going to experience unpleasant side effects and you may be doing serious damage to yourself. Do not undertake these protocols without supervision from a medical practitioner. This in and of itself is not medical advice other than to go get support. We’re sharing this knowledge because we’ve learned it and because we know that if we can give you good information you can get good supervision and handle this for yourself. But be responsible with this information because if not – the reason why it doesn’t get shared on the inter-webs and the reason why this stuff has not been available before is because there can be serious problems here. So take that to heart please and then let’s get into this.

As we begin to dive into your handout, I think based on the questions, which you guys submitted over 225
questions. That’s been quite a bear to try to par down to be able to help you guys today. So please know that if you submitted a question we’re very grateful. Everyone on the calls is going to be very grateful, but there is no way we can answer – that would be like a five hour Q&A in and of itself to answer every one of those questions. So we did our best to cover - the structure of this call was designed to cover as many of those questions as what we could so that we don’t have to go individually. And then of course we kept as many as what we could fit into this call to go question by question. So we’ll get into that later, but one big thing that was coming up a lot in the Q&A, it was another thread that I wanted to pull out here, which is that there seemed to be some sentiment or confusion about whether to use pharmaceutical options or herbal options. And some people were staunchly saying in their question I am not willing to do a pharmaceutical option, what is a herbal way to beat this? Other people were just basically saying I know I have this infection, what do I do? Do I do an herbal program? Do I do a pharmaceutical option? And so I think we needed to spend just a few minutes kind of talking about that before we dive into the obviously herbal option that we’re giving you knowledge about right now.

So, where Jordan and I come from on this topic is we’re all about getting results. We’re engineers; this is about getting you better, it’s not about debating what is more natural, it’s about what works and has the least amount of side effects and is least risky for your long-term health. When those things lineup, you know, the least amount of risk, the best typical reaction to it and it gets the job done, that’s what you go with. If you were stuck with the scenario where you have a very good option pharmaceutically, for instance like an antibacterial, let’s say we’re fighting a bacteria for instance. This is probably one of the most common things, so for instance H. pylori. We’ll talk about it a little bit more in a second but you have a conventional program that’s typically called triple antibiotic therapy and then you have a bunch of herbal programs that are not three antibiotics at once for a set number of days. So on the risk scale, three antibiotics at the same time over a course of a few days is pretty risky knowing what you know about the gut flora.

So, in our heads we would typically lean towards trying to do an herbal option that we know causes less collateral damage and has less like load on the body, less potential for destruction first, if that fails then maybe you try the higher strength alternative. And I think that applies, in most cases, except for when it doesn’t apply. And so there are lots of other drugs that are not antibacterial, they’re other things like antiparasitic or antifungal that don’t typically cause the same side effects. So Jordan, why don’t tell them about things like Strongyloides, what you’ve dealt with and then we’ll kind of talk about first what are some things that maybe you don’t even want to mess around with this whole idea of natural – you just want to get this handled.

Jordan: Yeah, you know that’s a good point. And when we went through the Kalish mentorship, Dr. Kalish, you know, he’s been doing this for 20 years. And for the most part he always talks to his patients about, you know, do you want to pursue prescription drugs to lick this infection? Do you want to pursue an herbal approach? And most of his patients at that point wanted to pursue an herbal approach but there is kind of a do not herbalist, if I can say it that way. There’s kind of this list of infections, it’s like if you find out that you have these type of infections herbs typically don’t work. And modern prescriptions of some type are the first place to look. And an example is a lot of different parasites like giant roundworm. I’ve had quite a few people show positive – more people that I want to think about will show positive for giant roundworm. I had Strongyloides another parasite that typically herbs don’t work on. There’s other infections like C. difficile. If you have a positive test result for that primarily actually the best route for C. diff is to go get a fecal transplant. And unfortunately the FDA has really cracked down in the United States to use fecal transplant therapy as an option for that but the Taymount Clinic in the U.K. is the best option that you can really go get one of those done at this point. There are some hospitals that are doing it for C. diff but the catch is you’ve got to show positive on their stool testing, which is not as good. So if you have a positive test result on a Bio Health panel
for example they won’t necessarily admit you and give you FMT for that unless you show positive on their type of stool testing. I’ve had a few clients run into that problem. So you have to go overseas or pursue other options there.

But in the event that herbs are not going to really work for your type of infection, and I just mentioned a few of them, there are some cases where you have to pursue a good practitioner who can write you a prescription. In my case Strongyloides was one that herbs don’t really work for us so I had to take a prescription antiparasitic. Antiparasitics are different than antibacterial antibiotics and that type of thing. Antiparasitics are like extremely targeted missiles. You take them; they go in and they just totally destroy the nervous system of the parasite and render it useless and it dies. And so the prescription I had to take is called ivermectin, that's the antiparasitic that I had to take. It’s a broad-spectrum antiparasitic agent and it’s used for quite a few different types of worm infestations. So it’s really important to, when you get a positive test result, look up the infection you have. After I did a lot of Strongyloides I started Googling prescriptions for Strongyloides, I started Googling studies on Strongyloides and found that ivermectin is very, very effective for Strongyloides and the side effects were more minimal than what I normally run into with antibiotics. So I decided, as a personal decision, to actually use ivermectin to kill my infection because herbs weren’t very successful in a lot of the people I talked to for my type of parasitic infection.

That’s a question many of you might face as you work with your practitioner. Maybe they’re not open to herbs or maybe they’re more open to herbs and not to prescriptions. Maybe you have a type of infection that’s kind of on the do not herb list. That’s important for you to understand and try to make a personal decision about. SIBO can go either way. I mean Dr. Siebecker, our friend, she uses both types of protocols. It’s on a case-by-case basis really. And I think that there are cases like giant roundworm, like Strongyloides like C. diff where do you need to go out and get a prescription in a lot of cases and it’s a personal decision you have to make. And like Steve said, these herbs and the herbal protocols that we have here they've been passed down to us through our mentors and they’ve been used and we’ve shared them with people. And yes they have name brand of the supplements, for example Paracid Forte is a name brand of a supplement and we have no affiliation with them. We’re not trying to sell you that supplement. It’s just a specific blend of killing herbs that work really well so we like it and it works.

So it’s important to understand that if you’re in a country where you can’t get Paracid Forte, look at the herbal blend. They’re common killing herbs and you can find similar blends in your country. Use it as an example if you can’t get it. If for some reason you can’t get it here in the states look at the herbal blend and try to work with a practitioner who can find a similar blend for you and just be careful with these things. These are strong things. Oil of oregano is in a couple of these and oil of oregano is used by food manufacturing companies to clean their equipment because it’s more powerful than things like bleach in killing. So oil of oregano is a dangerous herb and you’ve got to be really careful with it and work with supervision on it. And again, as we look at this it’s just important that you get that kind of a background context as you start to look at these protocols. And the context that Steve shared that they work pretty well as long as you’re ready for the fight.

Steve: Yeah. And I would just add in if you’re looking for like the go/no go list of infections like we don’t have it. I don’t know if anybody has it. So maybe at some point in time that would be something that we could put together but there are so many infections in this world there’s no real way to give you a resource that says for this one specific infection here’s all your options and here’s the herbal go/no go list. So again, why you should be working with a knowledgeable practitioner because they will have seen these types of case studies before or seen these types of infections before. If they haven’t they have people in their network they can call and figure out who’s seen it and what they did for it. So, one other thing that we’ll talk about a little bit later but
I just want to bring it up right now. One of the nastiest, nastiest infections, actually some of the most famous people in the chronic health space they have all had this infection is Entamoeba histolytica. Entamoeba histolytica is one that you will use antibacterial drugs for a long time for. So again, some of these infections you wouldn’t even think if you say that to any physician or even a functional medicine practitioner, that is a prescription only protocol. There are some infections out there you just don’t even mess around; C. diff is another one of those. So that’s why we’ve only shared the protocols we’ve shared because we feel there is a high demand for these and we feel that there’s a need for info out there, but for the ones that we didn’t share there’s kind of a reason why and most of the reason why is that it needs to be dealt with on a case-by-case basis.

So, let’s jump into the first infection H. pylori. H. pylori is near and dear to my heart because it used to live near and dear to my heart in my stomach and it was the cause of my acid reflux and low stomach acid for a long, long time. It probably caused a lot of other things. Once you have H. pylori you remove your stomach acid so now you’re having low stomach acid. You just removed your biggest line of defense like the fortification, like the moat with the alligators and the castle, you just removed that because that acid typically kills a lot of these infections. So, once you remove that that’s going to allow you to gain co-infections so that’s another thing that we haven’t really talked about yet. We’ll talk about a little later. After we get through the protocol we’ll talk about co-infections. But co-infections do happen a lot with H. pylori. They’re also very common for Candida and SIBO so just be aware of that. The H. pylori infection, you can go Google and read up on it, use Wikipedia. It’s going to be living in your stomach; it’s going to be shutting down acid around it so it can continue to live and create the environment that it lives in. It is a bacteria and so the conventional – typically the conventional option that you’ll be presented with is triple antibiotics therapy with a PPI or some sort of acid suppressing option along with those three antibiotics. If you look at the research studies are 50-80 percent is a range of studies that we’ve looked at on their success rate with triple antibiotic therapy. Unfortunately you have the downsides of all of those antibiotics. So the therapy seems to work but there seems to be a high risk factor with using the protocol.

So, therefore what I used to beat H. pylori, my own H. pylori infection after I had already done Nystatin for Candida and done a similar herbal protocol for Endolimax nana, I did the program that sitting in front of you and I got rid of it and I have tests to back that up and this protocol has been very successful from what we know for other practitioners and in our own experience. So there’s always going to be a point in time when a protocol fails, they’ll always be exceptions, but I think for H. pylori this has the right amount of different herbs, as well as the other things that will help boost the protocol. So you’ll see in the protocol there’s acetylcysteine, NAC. If you Google that with like in NAC and H. pylori you’ll probably come up with some Pub Med studies about how NAC helps with essentially busting the biofilms to get rid of H. pylori. H. pylori lives in a biofilm. So that’s why there’s Interfase Plus in there too. Interfase Plus is a biofilm buster so there’s the probiotic, there’s the actual killing herbs in the Pyloricil and then there’s Monolaurin, which Monolaurin is an extract from Lauric acid from coconuts and so it’s very antibacterial. So overall this protocol is kind of built all around, you know, giving some probiotics support, some biofilm busting support as well as some herbal support to go ahead and kill off the H. pylori.

A very common question is again do we use – should you use probiotics? This protocol has been successful typically using Klaire Therbiotics. So in our opinion, and according to the research on the effectiveness of trying to kill this as well as clinical anecdotal reports, in this case this infection it seems like probiotic usage is a very good idea. A common question for H. pylori is do I stop taking my acid improving, my low stomach acid improving supplement? Whether that’s Betaine HCL or digestive bitters or apple cider vinegar? The answer in our opinion is no. You continue to take those. Do not stop taking them. I know there’s lots of very
smart people out there recommending that you do stop taking these acid helping drugs, they’re not drugs but supplements, but there’s never been any study on that, there’s never been any study that suggest that they lower the effectiveness. Personally I never stop taking my Betaine HCL because if I do, or back then when I had H. pylori, when I did it really sucked. So we think that actually continuing to digest your protein and continuing to digest your food while you’re fighting an infection is much more important than the small remote theory that by taking an acid helping supplement you’re driving the infection deeper into the stomach lining, which is a theory there. So we would encourage you and what I did is continue to take the Betaine HCL. Jordan, did you have anything else to add to H. pylori?

Jordan: Yeah, a couple of things. We’ve talked about biofilms a couple times. I just want to give some context for what a biofilm is. Biofilms are protective coatings that lot of bacteria will create to creep keep them safe and protect them. An example of a biofilm is plaque on your teeth. So that’s an example of a biofilm that gets created in your mouth by a bacteria in your mouth. So keep that in mind as you think about H. pylori having some kind of plaque down in your gut. It’s not really like that but it’s just a good analogy to think about. You’ve got to go in and break that stuff up. And I think that can really help support the initiative of killing and getting those herbs in there to kill once you’ve broken that up. The other thing to say is that Interfase Plus is an extremely potent, potent supplement. That’s again why we think it’s important to work with a practitioner to supervise these protocols.

And with any of these protocols as you gradually ramp into them it’s really important that you take it a step at a time. So, one of the things that I tell a lot of people to do that are sensitive is to start with supplement one for 24 hours then bring supplement two in so you’re taking one and two for 24 hours and then one/two and three for 24 hours, and then one/two/three and four for 24 hours. And a lot of times when they bring Interfase Plus in there’s a lot of reaction to that. And what I wanted to really say is as you’re working with a practitioner and they’re walking you through this, one of the things that a good practitioner can do for you is just tell you to hey look, if you have a reaction to this protocol drop it down to half dosage of everything until you feel better for three/four days then ramp back up. And that could be really helpful. And of course, at any time if you’re working with a practitioner and the protocols not going well, stop it and then give them a call and just know that there are people that do react pretty strongly to Interfase Plus specifically, as well as a lot of herbs that are in the supplement Ortho Pyloricil. So as you’re using these type of supplements Ortho Pyloricil is just a brand name, it’s a blend of herbs and just look at that brand and if you can’t get that supplement just find another one that is going to work similarly.

Steve: That’s what happens when you have like three mute buttons you start pressing mute buttons all over the place and you forget which one you pressed. Yeah, all good stuff. I think that kind of covers H. pylori. And again take home points here are biofilm busters are really important, NAC also helps in this protocol because it’s going to help with detoxification. And in general H. pylori is pretty common to have a co-infection so just remember those things. Let’s move on to our next protocol Blastocystis hominis. Jordan, do you want to take this one?

Jordan: Yeah, I’ll run through Blasto and Crypto and then I’ll kick it back over to you for SIBO.

Steve: Okay. Well, just so you know I think probably, I don’t know like 75 out of 200 questions were about Blasto. Apparently people are not having success out there getting rid of this infection. And so it would be really interesting to find out from listeners if this protocol is much different than the protocols you’ve been doing or using. And if it is maybe it was a political issue in the past for you. If it’s not, remember that talk we just had about limiting factors and Navy SEALs and the Marines because I think that’s where the issue lies.
Take it away man.

**Jordan:** Yeah, you know, I was surprised going to the questions how many people struggle to get rid of Blasto because I just haven’t seen it be a problem to get rid of it specifically. There are certain people that had trouble killing it but in those cases specifically they had a limiting factor like stage III adrenal fatigue that was, you know, making it so they had extreme gut inflammation and poor immune system in their gut like we talked about, or they had extreme problems with detoxification that we had to work on. So the protocol that’s here is effective. We’ve seen it work before and after test results, that type of thing. So like Steve said there’s probably more going on there so I was kind of surprised to see that. Blasto is a microscopic parasite. It comes typically with more overt G.I. symptoms, whereas H. pylori there’s a lot of studies on H. pylori and symptoms. And some studies show up to 80 percent of people with it don’t have symptoms with it so that’s kind of interesting. I think there’s a big wide range there but Blasto specifically usually has more overt G.I. symptoms like diarrhea/cramping/bloating/gas/fatigue and anal itching is a big red flag if you’ve had experiences with that it’s really annoying and it’s kind of embarrassing and it’s one of the more common symptoms of Blasto.

Honesty this is one of those ones where people typically do notice a big improvement once it’s killed off. And typically it’s transmitted by fecal or oral transmission through animals and humans so we talked about that. If you’ve got pets, if you’ve got livestock, if you’re out in the mountains like I am in rivers and streams and lakes or contaminated pools is often where Blasto is transmitted. Those are all places that it can commonly come into contact with you. And again, whether or not you get infected a lot of times has to do with how well the immune system in your gut is doing, how well your health is and that type of thing.

So you see we’ve got Paracid Forte, oil of oregano, Artemisinin and then the probiotic. You know, Paracid Forte again just a great blend of herbs there to come in and do a lot of the killing. And we talked about how strong you need to realize that oil of oregano is. And as you’re looking at this it’s important that you realize that you need to ramp these up very slowly so that you can be cognizant of how powerful that is. And that herb specifically is probably the herb that needs to be adjusted for your weight the most. As we talk about this, oil of oregano is really, especially if you’re under 100 pounds you need to be very careful about how much of that you take. And so I just want to call that out specifically out of all these supplements, oil of oregano is the one that you really need to customize. Artemisinin is just the active constituent of the herb Artemisia so sweet wormwood. And if that’s just another really powerful herb and it’s effective; it works really well. And again, all these protocols are going to be 60 days and that’s a good time period. They probably could work well at 30 days, but again when we’re dealing with parasites specifically they have typically a 30 day lifecycle depending on what they are, where they’re moving from eggs to adults and the goal is to kill off the adults, stop the new eggs from happening. Then when the new eggs come up you kill them too so that’s why we typically do 60 days and then again leaving 30 to 60 days after that before you retest because you want to give time. If you missed some eggs for example or you get reinfected you want to give that time for those to repopulate into adults and show a positive on a test results again.

So again, like I said in our post last week last Blasto, Crypto and H. pylori are probably the most common that we see. I’ve also seen a lot of C. diff as well and recommend those people out for fecal transplants and that type of thing. But as we roll into Crypto, which is the next one that we see, it’s again another parasite and this one specifically typically infects in the small intestine and burrows into the walls. And it can really be problematic for people who have compromised immune systems. This is another one where drinking unfiltered or untreated water from swimming pools and stuff like that is a common place for people to get infected. There are some strains of Crypto that are chlorine resistant. Very few of them have been found in city drinking water; most commonly happens in pools. So I just wanted to circle back and let you know that
that’s some of the common places people get infected. A lot of times when people have infections the first thing they want to ask is where did I get it? Where did I get it? And I can give you some general information from the web, but the bottom line is a lot of times we don’t know and a lot of times it has more to do with the weakened immune system and your weakened health has to why that infection took hold. And if it were you five years from now when you’re super healthy and you get in the exact same situation wherever it might have been on the mountain or the pool and you get infected again, a lot of times you wouldn’t have been infected long-term like you were the first time.

So again, in this protocol, as we look at this, this is going to share Paracid Forte, why? Because they’re both parasites. And oil of oregano again because it works really well on these two parasites. And remember what I said before, there’s a lot of antiparasitic drugs out there like the one I took Ivermectin and Blasto and Crypto both herbal protocols work pretty well on these guys. So you have options in this case where this is not a do not herb option with Crypto and Blasto. You can actually kill these things pretty well. The only difference here is that we have the supplement AP Mag in here, which is a little bit different. It helps a little bit better with the Crypto side of things. So it’s important to know as you look at the two differences in these two protocols in how they’re slightly and a little bit subtly different.

So again, pretty straightforward. We’ve seen these works pretty well as long as people are in a good place to go and do the killing and the retest show that it works pretty well. So again, work with a skilled practitioner to customize those dosages a little bit and make sure they’re right for you before you just drive in. So Steve, let us know if you have anything else to add and let’s dive into SIBO if not.

Steve: Another thing I would just add in because this was brought up several times in the Q&A questions as well was people are looking to be able to use their symptoms to diagnose their parasite. There’s lots of reports on the Internet and again some of them are from very credible experts of a certain strain of G.I. infection causing a certain problem. So for instance, like you mentioned anal itching or whatever, and while it is correlated you can’t just have that and assume that it’s always Blasto. And so when it comes to us sharing what are symptoms directly related to a G.I. infection, we’ve mentioned the ones we feel that are strongly correlated and we’re not talking about any other ones because it’s just like acne or constipation, there’s so many root causes to what your symptoms is that it’s just not a smart idea to try to treat off of those symptoms. So a lot of people out there are going to be asking different things in the toilet and different body symptoms and if that was totally correlated to this parasite or that parasite or this or that. And the reality is that you just don’t know. We don’t know. Most people don’t know they’re just taking a position. So I just wanted to make that clear.

Jordan: Yeah, good point. Really rely on test results, reliable test results as best we can to tell you what type of infection you have.

Steve: Awesome. So let’s keep rolling so we got plenty of time for Q&A. So we have next up is small intestinal bacterial overgrowth. I mentioned earlier in the call that SIBO is a commensal flora. A lot of times it can be of the Lactobacillus family and it could be of many different types of families but Lactobacillus is typically found in a lot of probiotics. And so this is a case where you have bacteria growing in the small intestine in a population level that is not supposed to be happening and then they cause all kinds of problems. So SIBO is very related to constipation, very related to food sensitivities and gas and bloating. Those are all very common but as we mentioned earlier all of those things can be attributed to many other infections.

So, SIBO obviously living in the small intestine we have to use a different test to go after it, which is why we
do the three-hour lactulose breath test. And then with the actual protocol we end up kind of taking one of two routes. So there’s actually probably three I think really good methodologies out there. So there is the pharmaceutical option, which is typically Rifaximin or Xifaxan. And Dr. Siebecker has a ton of this on her website, SIBOinfo.com. And in general I think those antibacterial routines can be very, very effective and so that should be on your list of things to think about if you do have a SIBO diagnosis.

Now, what you see in front of you are essentially programs from two different chronic health practitioners and we’ve seen results with both and they take a little different of an approach. And so we’ve kind of given you both options to try to give you a range of what might be possible out there. And again, you’re going to have to make your own call, as you should with your physician. And what’s really common with these SIBO protocols is using a biofilm buster. While there is no actual evidence yet that you need to use a biofilm buster to get rid of SIBO we’ve kind of bought into the idea and have been having success with it at the dosages you see here so that’s why they’re still included. You can see here that Prescript Assist is on the first SIBO protocol and there’s not a probiotic listed on the second protocol. We feel that we probably should of just put Therbiotic on the second protocol just to really confuse you. And the reason why some of you might not really know what that means but I’ll just kind of fill you in. So right now there’s kind of a debate going on publicly about what’s called D-lactate forming bacteria. And specifically the most common D-lactate forming bacteria are Lactobacillales species. And there’s several other really healthy and good species of probiotics that produce D-lactate. And all of these species that do produce D-lactate have been shown in lots of studies to be very beneficial for all manner of G.I. infections.

And so at this point in time there’s kind of a debate raging about whether or not you should be using a D-lactate free probiotic for SIBO or not. And it appears that this point in time, which is this is new, this is all new stuff that there are a percentage of people who have a genetic defect that does not allow them to handle D-lactate very well. And we don’t know what that percentage is other than it seems very low, 20 percent of the population or lower. And for those people a D-lactate free probiotic is the way to go. For everyone else a lot of anecdotal reports from Dr. Siebecker, as well as other chronic health practitioners, they’ve used Therbiotic a lot and they did not have issues with this D-lactate thing and they see very good success with these types of protocols. So what does that leave us? Well, that leaves us with a decision to make. You can either choose something like Prescript Assist, which is D-lactate free probiotic, or one that includes other strains like Therbiotic that have been proven much further than Prescript Assist in the research as being beneficial for your health. How would I hack this personally if I had this decision on my hands? I would buy both of those probiotics right now and test them. Do ten days on one and then switch ten days on the other. If on one of them you feel not as good, you feel crappy, you might be someone who has that D-lactate problem. So just test them ahead of time. You can test those right now; you don’t need to wait for a practitioner to test probiotics. So I think that’s the best way to sort of hack this at this point because it’s all developing. And when I was thought to have SIBO and I was kind of trying to get rid of it I was always taking Lactobacillales. And so I think in general it’s just best that I share that with you, be totally transparent. You’re going to have to make your own decision. I think the best thing here is like it is with food, let your body be the guide. And you’ll notice between the two programs they’re both 60 days again as Jordan said. Length of time with SIBO protocols can be a big factor, especially if you have that lactulose breath test. Dr. Siebecker I know likes to use the amount of infection, the amount of gas that’s produced as a predictor for how long you’ll need to be on a SIBO protocol. So again, that’s why it’s good to work with a skilled practitioner rather than these tests.

You’ll notice that the two protocols do differ quite a bit with Paracid Forte being a high blend of herbs. It’s very
common in a protocol like this versus Allimed, which is an Allicin extract from garlic that’s very potent as well. Allimed and Allicin are gaining a lot of traction right now in the research as well as with practitioners because it seems to cause less collateral damage. So berberine, you can also use just berberine not berberine sulfate and you want to use like three to five grams three times a day of berberine, which is different than berberine sulfate; completely different. So another reason why we want to be working with a practitioner to kind of get this stuff handled and know what different things could replace each other in the SIBO protocols.

So, that’s kind of all I’ve got on SIBO. We’ll roll on to Candida and then Jordan I’ll let you jump in and give anything that I missed here. So, the best for last, the most controversial of all, the Candida infection. So what if Candida is actually your friend? What if Candida absorbed toxic metals so that you didn’t absorb them? What if Candida was commensal and that marketing and some very influential experts have painted Candida as always a bad thing? Because I think that’s the actual reality here.

Now, the other part of that reality is that Candida can and does cause sickness and it can and will cause a whole host of really bad chronic health symptoms and complaints. So I’m not saying Candida is a good guy or a bad guy. I’m actually trying to make the case in point that it’s more neutral. It’s only when the conditions are right for it to express itself and overgrow and cause the rest of these problems. That’s when it becomes an issue and that’s when definitely need to go after it. So, you know, the common complaints of Candida are obviously tongue related, all manner of symptomology could be related to Candida, so again you don’t really know – everyone out there is assuming that they have Candida. The amount of people that come back positive for Candida when they do all these tests that we talk about here is way lower than what you would think it would be. People always think they have Candida and it’s actually not as common as what you think it would be, it’s a lot of these other infections masquerading potentially as Candida along with hormone disruption, immune system disruption, things like that.

So, I’ll get off my high horse and I’ll step off the soapbox, but this is again another reason why I think testing is so important. So this is again another reason why, just another reason why I think everyone’s having trouble with the Blasto, everybody’s having trouble with Candida, we’re not seeing that trouble and I think it’s because of the limiting factors and the stuff that we were talking a lot about. So anyways, the Candida protocol that we use is right here. You can see that the heavy lifters in there are the Candicid Forte and the oil of oregano. S. boulardii is actually another type of yeast and some people question do you include a yeast when you’re trying to kill yeast? And we think from just from a theory standpoint and from an application standpoint, because as far as we know there’s been no studies that including S. boulardii will help keep the yeast population in check, it will help you regulate the gut flora and generally it’s a good addition to this protocol. So you can use your probiotic of choice here whether it be Therbiotic or Prescript Assist, the two most common that we like to recommend. But in general do this for 30 to 60 days. I think it says 30 days there but actually those bottle numbers I think are for 60 days. So I think in general it’s probably a good idea if you’re going after it once and for all do it for the full 60 days.

And one thing I don’t know if that was totally covered earlier, and if it’s not clear enough it should be maybe clear now. If you deciding that you have a body system problem in the hormones or the detoxification, you know that you’re not ready for the fight yet, when you are getting ready for the fight you use those fight supplements all the way through the flight and after it. So you don’t just support the adrenals and then jump into a G.I. program. You support the adrenals before the G.I. program all the way through the G.I. program and after the G.I. program; same thing with the detoxification. You don’t just support it for a little bit before and jump right into it and jump off of the detoxification support. Stay on it all the way through the end, if not 30 days after the program is over. So Jordan, what did I miss? Fill everybody in.
Jordan: No, you did great. I mean sometimes it can make sense to – let’s say you have an Organix Profile showing you have Candida and then you have stool tests showing you had H. pylori and a parasite for example and you do the protocol to kill the H. pylori. Sometimes it can make sense to do a Candida protocol afterwards to kind of cleanup and that can be important. But I wanted to say it’s not always the case. More so if you have Candida by itself and you can’t seem to find any other type of underlining infection. But I just want to point that out that sometimes it can be kind of a nice cleanup protocol to use.

Steve: Awesome. So I think maybe we should just cover these next couple points Jordan real fast and then we’ll hop into the Q&A. If people are upset that the Q&A time got suppressed please know that the reason why is because we added more material to the top to address multiple questions of the same areas all the way through. So, I think people should be pretty impressed with this amount of knowledge. So let’s go over a few things really quickly. Number one, Entamoeba coli, that is an infection you want to get rid of. It’s a pretty common infection. Guess what, it masquerade as a much more serious infection called Entamoeba histolytica on lab results. This is a sort of a nugget that only your top of chronic health practitioners will have ever seen or even know about. If you have any histo you are not feeling good. Your life is not typically feeling good. As I mentioned E. histo is responsible for many of the people who actually get into helping chronic health patients because it is such a nasty bug. So if you get a positive for Entamoeba coli you do a program and you’re not feeling better, my first thought and your first thought should be Entamoeba histolytica. So write that fact down and never forget that.

Another thing that is something we’ll cover it really quickly that happened to me and can happen to lots of other people is a potential condition will call Crypt Hyperplasia. Crypt Hyperplasia I think is real but it could be multiple reasons why we see this. Essentially what Crypt Hyperplasia is it that you have villi in your intestine, which are like fingers, they’re like hairs, you have the opposite going downward called crypts. They serve two different functions and we don’t have time to get into what the functions are right now but just know that these crypts can get damaged from inflammation, they can get plugged by mucus and biofilms and other infections could be hiding in there. And so when you come through and you wipe out whatever infection you thought you had and you get rid of it and you’re really excited about how you’re going to feel and then you get a little better but you get sick again, one of the reasons why you could be getting sick again is you might have released another infection that had been sort of dormant and hiding on you in your crypts.

Whether or not it’s actually Crypt Hyperplasia or whether or not as you heal your immune system drives the infection closer to the gut and then we find it and we kill it, there’s multiple theories here but the take home point is that you have to retest after you do these protocols. You always have to retest if you’re not feeling like really, really freaking amazing. Because there’s lots of reasons why there could be another infection, a co-infection. It’s very common for people with very complex disorders like Fibromyalgia CSS, NTS, rheumatoid arthritis, if you have multiple infections. In fact in Dr. Kalish’s pretty famous functional medicine training he walks you through a case study where he had a Fibromyalgia patient who was in the 30s and I think it was over four years they had seven infections that they found. They would essentially every four or five months do a round of all of these tests, treat something, continue treating the immune system and the cells and keep working on everything else that this person needed but they kept finding infections for seven times. And it wasn’t until treating the last infection that this person literally does not have what’s known as Fibromyalgia. They don’t have any health complaints anymore. So it stories like this that get Jordan and I excited that anyone can recover. And it’s stories like this that are also a little disheartening because it might mean that this is a longer process than what you had hope for and it will require more resources. But I really want to impress on you do not lose hope. This is common; it does happen just keep going forward, keep digging for.
do you got?

**Jordan:** Well, they’re all good points. And I just wanted to add, you know, if you’ve been hearing a saying a million times work with a skilled practitioners throughout this call and you’re going stop saying that; I don’t have a skilled practitioner. There’s still hope. If you need help finding somebody the first place to start is to look for people who have been trained with Dr. Kalish who’s one of our mentors. He has this training program called The Kalish Mentorship. If you can find practitioners who been through the Functional Medicine Kalish Mentorship they’re going to be able to support you, they’re going to have experience in seeing these kind of cases. We are definitely no longer doing one-on-one consulting. We’re not taking new clients. We closed down our practice on February 1st of this year because of the long wait times. As you know that’s part of why we’re doing this call. But we recently spent the last few months interviewing world-class candidates and we finally have narrowed it down after a lot of time on the phone with these amazing people. And we’ve hand-picked two Kalish trained functional medicine track practitioners and they’re ramping up to join us right now. They’re training with us currently and they’re going to bring their valuable clinical experience to the table. They’re going to make our virtual practice even better and so they’re going to begin to start seeing new clients here in the next few weeks. If you still need to find somebody to help you you can join our consulting practice and book an appointment with our new practitioners here. If you go to [http://SCDlifestyle.com/practitioners](http://SCDlifestyle.com/practitioners) right now on the page you’re going to see it’s still a waiting list. If you’re listening to this a little later it may not be a waiting list still, it may have been converted over so you can actually book a time. It really depends on when you’re listening to this recording. If you see the waiting list jump on the waiting list. We’re going to be rolling those out here and bring people into work with these new practitioners over the next few weeks.

So I just wanted to cover that and make sure if you’re somebody who’s really struggling to find somebody that can support you in this stuff, start with a functional medicine people, then drill into Kalish grads, and if you need even more help you can join our consulting practice with the new practitioners that we’re bringing in.

**Steve:** Yup. Good point man. Our goal with this consulting practice is really to get you access to people who have these tools to get you results. So that’s why we’re sharing it and we do know that we struggled trying to find practitioners. So, start with the Kalish Mentorship, also you can check the institute of functional medicine. Sometimes the training program that those physicians go through, while I think is very valuable is not as step-by-step and strict in the protocol training as what the Kalish thing is. And so what you in up with is a lot of variability in the practitionership out of that. You never really know unless you can talk with them and see the results. And I would essentially ask these practitioners have they dealt with your type of case. That’s the best way to interview people just like you’re interviewing for a job. So if you have a consulting program that works for you great. If not, great. So we’re going to take a pee break. Jordan, if you need to take one go for it. I just want to deliver as much value as we can here so I am going to keep - I’m just going to start diving into these and you can just butt in on me when you get back and we’ll keep going.

**Jordan:** I’m ready. Let’s roll.

**Steve:** Okay, cool. So as I said over 225 questions submitted. Next time you ever do this with anyone please know the following things will always get your questions cut. If you try to get overly in-depth with anyone on a podcast or on something like this, including a bunch of your medical history we can’t answer it; we can’t give you medical advice, so never do that. Just to get to the point, the shorter your question is the higher likelihood that somebody like us could be able to answer it in the time that we have. So also we try to cover as many of your questions above as I mentioned before and now we’re just going to dive into the ones that are left and we hope that we’ll give them as much value as possible to the remainder of the people who are listening. So
I'm going to take the first one. Again, we’re going to try to blaze through these so this is not an in-depth sort of Q&A style. It’s like how can I deliver as much value to you whoever asks this question and other people who are wondering about this as much as possible. You’re going to have to just to run with that. So, the first one is all about Lyme disease so it’s really important.

So it says, have you worked with people over the years who have a G.I. infection as well as chronic Lyme disease? I have Lyme. Me and my fellow Lyme warriors all deal with gut issues. Can you say anything about this connection or any info about Lyme in the gut like gut issues? Lyme’s and epidemic and doesn’t get the attention it deserves. So, to all those with Lyme, I would agree Lyme does not get the attention it deserves. How can you get more info on Lyme? Lyme is a lot like G.I. infections. There’s some really decent tests out there, there’s not one that’s a gold standard. There’s not one that always tells you yes or no. I think what’s really important for Lyme disease is working with a practitioner who sees tons and tons of Lyme. If you have Lyme disease and you’re working with a practitioner, even if it’s your best friend or your mom and you’re the first or second or only the third or fifth Lyme case, probably not a good fit. They probably are not up on what’s working and not working. There’s a big issue with Lyme and co-infection. Always check for the co-infections. A lot of times that’s where the big issue with Lyme is is actually the co-infections. Going along with the co-infections typically RDI infections. So there’s a lot of complexity in this question, a lot of complexity in actually fixing these people. Yes we do have people in the practice who have Lyme and have G.I. issues. And physically what we do is make sure that they’re working with a Lyme practitioner and then they work with us on kind of the rest of the stuff. So that’s typically how we address it. In general what I think is missing from Lyme talk is adrenal fatigue. All of these people talking about Lyme and infections and that’s great and we do have to treat that, but again any infection if you have limiting factors with detoxification and hormones your treatments are going to not work as well. So if there’s any piece of advice that you could walk away with it’s take a step back and evaluate the rest of the body before you get back to focusing on what do I have to kill, how do I kill it, is it gone?

Jordan: Well said. And the only thing I’ll add to that Steve is that what you said with adrenal fatigue, if your cortisol is 50 percent of that of a healthy person your immune system is going to be functioning really, really poorly. So these types of chronic infections like Lyme or other type of chronic viral infections become difficult to handle when you have adrenal fatigue and you have extremely low cortisol. Also it’s kind of a vicious cycle because if you have an infection like that it’s going to be chronically stressing your immune system and keeping you in the chronic state of stress and support the adrenal fatigue too so it’s a vicious cycle that has to be addressed for sure.

Jordan: Alright. So, the next question comes up here. My question is can parasites cause excessive histamine, which brings debilitating systems and even now panic attacks daily. Cannot tolerate probiotics because of the histamine producing bacteria, cannot tolerate herbs like Slippery Elm because of the high histamine content in the herbs. How will I ever get well if I can’t tolerate all supplements recommended to heal the gut such as L glutamine, et cetera, you name it. I have tried it and my gut is so inflamed I cannot tolerate anything; so depressing and helpless.

So that’s a great question. You know, histamine intolerance in general is an interesting thing. We have some people that we work with that can’t even eat meat that has been in the fridge for more than a day because of the high histamine levels. So if you’re in a situation like this where you have a specific parasitic infection that you found in a test result that shows it causes excess histamine and you’re also struggling with histamine intolerance, it’s kind of a double edged sword against you. In terms of how to approach this, one thing would be to try to get a hold of your symptoms right now. One of the things you can do for that is to try a
supplement called DAOSin, which is an enzyme that can help support you with some of that excess histamine. So that’s the first place to start. Obviously eating low histamine is going to be important as well. And then as you begin to pursue the treatment of this thing some of the stomach healing protocols that can help that I know you talk about bone broth and L-glutamine and those are going to be really reactive to people with histamine so I would look at DGL, Deglycyrrhizinated Licorice Root, I think that’s how you pronounce it. DGL has been really effective for people to heal their guts up so that’s the first place I would look if you can’t tolerate L-glutamine and bone broth. And then you have to start to look for herbs that are going to be supportive for you. Like I said those name brands that we gave might have Slippery Elm in it for example. And if you can find a blend or get a custom blend compound for you that is a blend of killing herbs it can still work for you to kill that infection. Again, take it into your own hands and try to get a blend of herbs that’s custom compounded. Look for people that are familiar with Chinese medicine and other functional medicine practitioners who have more of that Eastern medicine experience that can find you other solutions that are going to be the killing herbs. Because the herbs specifically aren’t always that important, it’s more that they’re doing their job and there’s a blend of them and they’re working together. So that’d be my advice there. Steve, do you have anything to add?

Steve: Just that again you might be focusing on healing the gut and diet only and you could have a deeper issue here of a G.I. infection and hormone imbalances, which would be something that I would be starting to fit that with you right away. We get really microscopically focused in one area on SCD, on Slippery Elm or DGL or something like that and be totally missing this other area of wellness. And so if that’s what your focused for a long time, there’s of several other people that have questions in here about I’ve been doing GAPS for this long, I’ve been doing SCD for this long and my diet keeps shrinking and I’m just not getting better. Essentially the thing is I’ve switched my diet and I’m not feeling as good as I want to feel or I’m getting sicker. Again yes, G.I. infections are a real issue so you get tested right away and start taking action in what we’ve talked about today.

So yeah, and I’ll just keep riffing off that as we’re running out of time here. Lots and lots of people in here are asking questions like I have Crohn’s disease, I feel pretty good but I don’t know if I’m feeling as good as I should. I have UC, sometimes I flare but overall it’s been very manageable without medication. What’s the role of G.I. infections and constipation? What’s the role of G.I. infections and any sort of disease? The role is is that they can always be at play here. And if you are wondering, if you are curious, if you are still suffering at all then yes remember 80 percent is what we see people who are testing positive for this. Not everyone that we see is like just feeling awful, a lot of them don’t feel that bad. Dr. Tom, another practitioner, 70 to 80 percent; Dr. Kalish, even higher potentially so G.I. infections are very real. If you’re trying to get your health back, and this is even just a thought in your brain, rule it out, just figure out how to get these tests and rule it out. The other thing we didn’t cover and it’s on here several times, you can get access to many of these tests on Directlabs.com. A lot of the other test like the Bio Health test you won’t be able to get access to without a practitioner. So there are some new sites popping up here and there you can get some direct access. So part of this info you can get yourself, the other part you’re still going to have to work with a practitioner.

Lastly, there’s people asking in here for instant I have Crohn’s disease, I don’t take any medications, maybe I have a G.I. infection, I’m curious about it. What are some other ways that I would know that I potentially have some inflammation? So, if you’re having perfect poops, your skin is completely clear, you feel really good when you wake up in the morning, you know, your hair and nails and eyes are really strong and clear, then you’re probably pretty dang healthy and you might not have anything going on. But if you do want to do some other inflammation markers, this goes for anyone with any chronic health problems. What I personally am looking at is things like HsCRP, I’m looking at HDL/LDL cholesterol seeing if it’s way out of range, not that it has
anything to do with cholesterol but it can indicate your immune system. You want to be checking into other things like sed rate. You want to check just your comp panel; see where your immune system is at. Check out - if you do have an autoimmune condition you can get even deeper levels of blood tests checking your CD4 and CD8 levels. You can get into that level of detail if you’d like.

But in general I think what Jordan and I, and this is something that will hopefully answer a lot of questions as well, Jordan and I run these panels as well as massive blood panels on ourselves every year. And if we had more money, if SCD Lifestyle, if these types of calls were attended by 10,000 people instead of 500 people, we’d be doing it probably every two to three months, at least twice a year anyways, I would be; I don’t know about him. The reality is that you really don’t know unless you test. And coming out of these infections there is a chance that you can pick up or uncover another infection in the first two years after sort of rebuilding your health. So I think the first two years are very critical for retesting for G.I. infections and very critical for monitoring the rest of your body, hormones, immune system, nutrient status, all those things. So when it comes to testing those are our beliefs. Obviously I wished this stuff all cost a lot less money then we could all do it every six months and it would be much easier.

Jordan: Awesome. I’m going to just keep it rolling because you hit like eight questions there. So a couple other questions here. People saying like I have Crohn’s and chronic fatigue, should I test for parasites right now? I would say first thing to do is look for both stool testing for parasites and saliva testing for adrenal fatigue. Bio Health 201 Saliva Panel, Bio Health 401H and then the Doctor’s Data Parasitology X3, those are going to be the first place I would start, those three tests to really going to get moving, and then also getting a breath test for SIBO and possibly an Organix Acids Profile if you want to keep going. But if you had to choose I’d say saliva and stool right out of the gate. It sounds like just based off that one sense that could be issues for this type of condition.

Are stool tests necessary if you have SIBO? In the case of SIBO, again, big point I want to drive home you need to be testing the small intestine through the breath test or urine panels. Large intestinal stool testing is not going to be effective there.

Another question here about H. pylori being in the upper G.I. tract, how is it detectable in the stool? The H - if you want to read more about it on Bio Health’s website the H in the 401H is meaning they’re looking for the H. pylori antigen. So you can read more up about that and why that’s actually showing up in your stool even if the infection is higher up in the G.I. tract.

Another story – there’s a lot of stories in here of people saying like I’m looking like I have pinworms in the toilet, and by the way pinworms is another one that herbs don’t work on a lot. I forgot about that earlier. Pinworms a lot of times you want to get an antiparasitic for pinworms.

A lot of people saying I have white rice indicating tapeworm. My stool has rolled tomato skins looking like liver flukes. I got to tell you I spent a lots of hours on Cure Zone seven years ago and looking at pictures of people’s diarrhea, looking at pictures of this type of thing. I had the same type of the rolled up tomato skin things looking in my stool. I swore up-and-down to Steve that I had liver flukes. I told him a million times I had liver flukes. I looked at them every day in my stool. And one day I finally didn’t have them and then the next day I did and I was taking like Humaworm and these herbal cleanses trying to kill it and I realized that it happened every day in the afternoon because my 10:00 AM morning snack was Craisins, those little tiny like raisin looking things, they’re dried cranberries. And what I was seeing these rolled up tomatoes skins in my stools was actually Craisins. And they would come and go when I ate Craisins. And I’m just saying that because
I was just doing a lot of stuff based off what I thought I was seeing my stool. And I’m not discounting that you might have legitimate liver flukes in your stool. What I’m saying is that if you’re having something that makes you suspect it, get a stool test done and see if you actually show positive for liver flukes on a stool panel in a reliable company. I just want to drive that point home I’ve been there and I know what’s going on there.

How to find a skilled practitioner? We talked about that. Functionalmedicine.org is a good place. They have a directory as well. If you want to get into see our practitioners or Kalish grads or functionalmedicine.org can help you find somebody locally.

If I could only afford one test what would it be? Oh, that’s so tough. I would say saliva panel. What about you Steve?

Steve: It totally depends. If you’re working with a Kalish grad or you’re in our consulting program go with a saliva/hormone panel. If you’re not go with a Bio Health Stool Panel or a Genova or a Doctor’s Data Stool Panel.


Steve: I’m going to jump in here and run with a few. So, a couple people are wondering about bentonite clay and diatomaceous earth and let’s see what else is on that typical list, charcoal. All three of those always asked about when it comes to parasites. Do you think that those are going to remove the parasites themselves? No. No I don’t. I actually don’t think that they’re going to remove them at all. I think they can be helpful if you take them during the protocols, during that window of protocols. So if you decide to do a 30 day or a 60 day program, whatever program you decide to do, if you want to combine bentonite clay and charcoal and these types of things with that protocol I think that seems to be a feasible option. You never want to stay on these things long term because they end up killing the microflora. You’re artificially suppressing your gut flora as well as they bind up everything, not just toxins, they bind everything. So you spend all of your hard earned money and time going to a farmers market and sourcing grass fed cows and blah, blah, blah and eat this amazing diet and then you take charcoal, you’re going to be binding up part of those nutrients. And nobody knows if it’s ten percent, one percent or 50 percent. I think those things are very helpful in certain situations like potentially during a cleanse; that’s it.

Also people want to know like what happens if I have a G.I. infection, I had brain fog, I treat the G.I. infection, it’s gone but I don’t have any more brain fog but I still have leaky gut. You’ll see more info about our solving leaky gut course as it comes out. What is known about essentially leaky gut, fixing leaky gut is that leaky gut is many factorial things. And a lot of what’s going on here is inflammation. So the other thing here is inflammation is present for any of these G.I. infections. If you treat the G.I. infection you don’t just automatically shut inflammation off the day that it’s gone. There is a whole cascade of oxidative stress, of signaling between cells, between mitochondrial in the cells, that stuff has to be reversed. So if you’ve been sick for many years and you treat one G.I. infection, your health’s not just going to pop up and turn around tomorrow. You’re still going to have to continue to work on calming down the inflammation and turning around the oxidative stress.

Last question I’ll answer and then Jordan you can hop in is that people are saying that they work on farms, they raise animals, they have pets, they’re worried about reinfection. They know that they have probably a G.I. infection and they live this healthy homesteading lifestyle and they’re not willing to go backwards. I get that. I truly get that and I don’t think you should give up that lifestyle choice because you’re working with animals
and you been infected. Even though you know those animals are going to have more infections with them, you need to focus on what we talked about earlier, go back and review the limiting factors, the Navy SEALs and the Marines. What you’re experiencing here is a body that’s not able to stand on its own two feet. So you’re likely to continue to get reinfected doing your lifestyle, I think you can live your lifestyle if you fix the rest of your body.

**Jordan:** Awesome. We got a couple minutes left. There’s quite a few questions in here about treating infections in kids like Blasto and stuff like that or a five-year-old who has gotten infections. And a lot of times like we said these things can get transmitted back-and-forth between kids and parents. And a lot of times families are together in the same pool when they get it; that type of thing. It’s really important that you work with a skilled practitioner to cut the dosages down for a child. Again, oil of oregano, Interfase are extremely strong supplements. Work with somebody who knows how to work with kids. Ask them have you done parasite protocols with kids.

Other people asking, you know, should I do a parasite protocol once a year, twice a year? People say I should do that. I did do like what Steve and I do and just get a couple of the stool tests kits and SIBO panels done once a year. I’ve been clean for three years straight now I think at this point. And it’s something that I do every year to double check that I don’t have infections that are creeping in or that have come back.

Other people are saying I have no test results showing I have an infection. Should I do a killing protocol? You could try to do another panel like a Bio Health 401H and do those hacks I told you about like doing eight samples in the four samples and maybe a diarrhea flush on the last day. And if you’re again negative I wouldn’t probably do a protocol, I’d be looking at other things. Like I’d be looking for SIBO. I’d be looking for adrenal fatigue and looking for other limiting factors, toxicity issues, those types of things. I’d be really focusing on that instead of spending money on more and more stool testing.

And I think that’s everything I got. Steve, did you have anything else to add before we kind of sign off here?

**Steve:** No. Something that we’re hinting at here is that health is an art and it’s a dance between science and symptoms and tests. And as Jordan just said let’s say you have a bunch of negative test in a row and you still feel like crap and your symptoms don’t lineup with the G.I. infection, go fix everything else first. Go verify that your hormones aren’t an issue. Go verify that your immune system is working properly. Go verify that your detoxification system is working properly. If all of those systems are working properly then you might have an infection, it just might not be one that can be caught on tests, or it could be something like a viral infection. So there’s lots of things out there that you can still dig for. The only time I think it’s appropriate to sort of treat because you think your symptoms line up with what’s happening is when you’ve already investigated and made sure that it’s not all these other problems we already talked about. Because the crossover between the symptoms here is very tight and so if you’re asking have we ever seen somebody who has everything that looks like a G.I. symptom, they have acid reflux and they have skin issues and they have joint pain, yes there are people that we’ve worked with that when you get them out of stage III adrenal fatigue and you fix their detoxification and their mitochondrial issues they don’t have those problems anymore. They never had a G.I. infection. But all these symptoms suggested that they might have them. So again, that’s why testing it is so important and looking at the rest of the body.

**Jordan:** Well said. And again thank you for being here. We’re really grateful. We had a great time. Like Steve said we tried to bake in a lot of the questions into the actual content that we went through. We passed on our most common protocols that we’ve had to use that have worked well. Please use supervision. Be smart about
this. You are unique and work with somebody who knows what they’re doing with these powerful herbs and powerful biofilm busters and things like that. Continue to work hard. You’re doing amazing. Don’t lose hope. We’re here to support you. And again thank you for being part of this community and we’ll be sending out the transcript, recording and again the handout as well in another week after this recording has taken place. That’s all I’ve got Steve. Thanks man. Another good one.

Steve: Yes. It’s been good Jordan. Thanks everyone for attending. Hopefully this information is going to help you a lot. As Jordan said you’ll get everything followed up in the next seven days or so. If you can’t find a practitioner our consulting practice will be open again very soon with people who know what they’re doing so that is always an option for you. We have all the hope in the world for you that you can beat whatever you’re dealing with otherwise we wouldn’t do this type of thing. And so we believe you’re going to beat whatever you’re struggling with. So we’ll talk to you again here pretty soon and we really appreciate you hanging out with us for the last two and a half hours.

If You Need a Skilled Practitioner...

We highly recommend working with a Functional Medicine Practitioner who was trained in Functional Medicine. They’re going to have experience using protocols like this and are well-suited to help you.

Need help finding someone?

We are no longer doing 1-on-1 consulting, but we have built relationships with two world-class Functional Medicine Practitioners. Here’s a special link to book an appointment with one of these amazing practitioners and start getting help right now:

http://scdlifestyle.com/practitioners/

In good health,

- Jordan and Steve