



# Healthy Moms Podcast

BY **Wellness Mama**<sup>®</sup>  
simple answers for healthier families

Episode 96: Using Natural and Traditional  
Medicine to Fix the Microbiome with Dr. Ken  
Brown

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Katie: Welcome to the Healthy Moms Podcast. I'm Katie from [wellnessmama.com](https://wellnessmama.com), and today is going to be such a fun episode. I'm here with Dr. Ken Brown, who is a board-certified gastroenterologist, and he's been in practice for 15 years with a special focus on Inflammatory Bowel Disease and Irritable Bowel Syndrome. And I'm really excited to talk to him today because I get a lot of questions about those and I have no personal experience with them or any way to help people, so I think he's going to be an amazing resource.

So for the last 10 years, he's been doing clinical research for various companies, and during this time he realized there was a big need for something natural that could help these type of patients with IBS to find

relief. So after working on this, it's called Atrantil, hopefully I'm pronouncing that right, and now it launched in 2015 and he has this product that helps naturally with IBS and we're going to talk about that and SIBO and all kinds of digestive stuff. So, Dr. Brown, welcome. Thanks for being here.

Kenneth: Katie, thank you so much for having me on your podcast.

Katie: Oh, this is going to be so fun. So, to start, I feel like, at least from my end, I'm definitely not a doctor who deals with this on a daily basis, but just based on the questions I'm getting on my blog, it seems like there is kind of an uptick in digestive problems kind of across the board. I don't know, are you seeing that as well, and why do you think this is?

Kenneth: So I'm still a practicing gastroenterologist and myself and all my colleagues we are super, super busy, and there is certainly no shortage of people having digestive issues in the world right now. I think you can speculate a lot of different reasons, but our lifestyles in the Western Hemisphere really predisposes to a lot of gastrointestinal issues. We've got diet things, we've got stress, we've got toxins, everything that we're exposed to. All health begins in the gut; all health begins in the intestines. And if that's not working, then other problems start actually developing. So, I think that the reason why we're seeing so much is a lot of different reasons of combining all those different things: food, lifestyle, toxin exposure. And, you know, one of the things that I specialize in is irritable bowel, and then we're seeing a lot of irritable bowel and we know that now it's probably related to bacteria growing where it shouldn't.

Katie: Yeah, I've read a little bit about that but can you like delve deeper into that? So, for someone who is not familiar, what is IBS? Like a definition. And then also, I believe in some of your research you've found that it could be related to SIBO, which my husband actually struggled with. So can we talk through that?

Kenneth: Absolutely. So, we were talking a little bit about how your husband has been through some health issues where he had the appendectomy and has been through a few other things, and when that happens, people get exposed to a lot of different stressors and antibiotics. So let's talk about first what Irritable Bowel Syndrome is. So IBS actually affects 20% of the U.S. population. It's a massive number.

And we're in this paradigm shift that's actually going on right now because in the past we used to think that people that had Irritable Bowel Syndrome, which the symptoms are really vague. We call them trashcan type symptoms, meaning, if we can't figure it out you just get labeled as something. This means that anybody that has pain or a change in bowel habit, with bloating, if you'd had that for over three months, then you're just gonna get labeled as Irritable Bowel Syndrome. Now, we used to think that Irritable Bowel Syndrome was caused by stress, or you were anxious, or you were depressed, so even now a lot of my colleagues will actually treat IBS by giving anti-depressants.

So something took place about 10 years ago, and this is where I really got involved in this Irritable Bowel space. I was doing clinical research, as you had mentioned, for lots of pharmaceutical companies. And at that time I came across a researcher who was doing some novel work, named Mark Pimentel out of California, and he figured out that actually it's not that IBS is in your head or that you are just stressed out, it's that bacteria is growing where it shouldn't. So if anything affects the motility of the intestines, meaning if you go through a stressful situation, if you have antibiotics, if you have an infection, then you can actually shock your intestines and bacteria can start to grow where it shouldn't. The interesting thing is, this is exactly where we were 30 years ago when we used to think that people developed ulcers because they were stressed, and then it was

determined that ulcers were actually caused by a bacteria called H. pylori. That same paradigm shift is taking place right now.

So this massive 20% of the U.S. population may actually have bacteria growing where it shouldn't, and that's called SIBO or bacterial overgrowth. It isn't so much that bacteria is good or bad, it's that the bacteria is growing where it shouldn't be. And that's where our research kind of went and that's when we realized that this is a huge hole that needs to be filled. When I was working with different researchers back then, it was determined that to treat this, if we just give antibiotics we could be making the situation worse. Antibiotics got people into the problem and giving more antibiotics could just cause more issues like C. diff, which is an overgrowth of bad bacteria and causes other problems. So that's when we went on our path to try and figure out if we can fix this naturally.

Katie: I love that. So, yeah, from a personal perspective, my husband had an appendectomy about five years ago, and during this surgery his appendix actually ruptured, so I know that's a pretty dangerous situation.

Kenneth: Man, yeah, that is tough.

Katie: So he had all the bacteria in there and they, basically like, they think it wasn't flushed out well enough, like, they didn't clean the area after the appendectomy. So he came home, he started spiking a fever. Three days later we went back to the hospital and they found out he had an abscess there and he had an infection of C. diff and then some other kind of bacteria as well. So obviously like lots of IV antibiotics for a long time, 10 more days in the hospital. And since then he's been pretty much like...as he says, "It's like I haven't felt right since the appendectomy," and we found out he did have SIBO. So, I'll say that's one of the tougher things I've had to try to fight, it's a tough one to get rid of.

But after getting rid of the SIBO we realized he also has an umbilical hernia that was getting worse. We were kind of trying to ignore it and, you know, a lot of times they can just be left alone if they're not really causing problems and his was getting kind of progressively worse. So he just had that fixed a couple days ago.

Kenneth: Oh my goodness. He's been through a lot.

Katie: He has.

Kenneth: Poor guy.

Katie: But it made me really interested in SIBO, because it's one of those things that...like, I feel like there is a lot more awareness about now, but there's still not a lot of mainstream information about, so...

Kenneth: Yeah. So let's use your husband as an example. Let's talk about what actually happened to him. So, if normally if we weren't... You're so progressive that you already realized that this could be SIBO and you're starting to treat that and you're on top of that. And he's very, very fortunate to have you as a wife that can actually have that kind of knowledge. But a lot of people would go through an event like this, and then what they will end up doing is they will have chronic issues from then on. I see this, you don't just happen to have a massive surgery like this ruptured appendectomy, you can have so much as go to Mexico, for instance, and get sick. And then you come back...and I have patients that will tell me, "Oh, ever since I got Montezuma's revenge, when I went to Cancun, I've never been right."

So, let's look at your husband. A couple things happened; he went through a very stressful situation having the appendectomy. During the surgery and thereafter they gave him antibiotics, which is gonna disrupt his natural microbiome. So during this period in the small bowel where it normally should be sterile, something shocked that area. Whether it was the stress of the surgery, the actual surgery, or the antibiotics that follow, and then it allowed bacteria to start growing where it shouldn't, which is in the small bowel. So whenever your husband tried to eat, specifically starches, then that bacteria will break down the food before he could, and then that would create a lot of gas and discomfort. And then, if enough gas gets built up, other types of bacteria actually start growing, one of them being an archaeobacteria, which is a very primitive type of bacteria and it can produce methane. And what methane does is it slows everything down, allows more bacteria to grow, and now we've got a factory where we have a group of bacteria which are producing their own gases to keep themselves alive. And every time we eat we're feeding them first before we can get the nutrients from it. Hence now we've got a chronic situation. And that basically is what SIBO really is; bacteria growing where it shouldn't, breaking down the food before you can, and then that results in all the problems.

Katie: That makes total sense. I feel like from the questions I'm getting a lot of people with some of these symptoms are maybe going to their doctor and the doctor is either kind of like, "Oh, it's not that. You just...you know, just need to take tums, do whatever." There doesn't seem to be as widespread of an understanding about it, even in the medical community. But is there a way to actually officially diagnose SIBO, and what are the factors that make someone more likely to have gotten it. You mentioned antibiotics. What are some of the other...?

Kenneth: So I'll go ahead and address the factors that are more likely to make somebody have it. So, anything that can affect the motility of the intestines. And so this could be either a neurologic situation, it can be a physiologic situation where you may have a diverticulum or a little pocket in the small bowel. That can always predispose to bacteria growing. So that's gonna be the type of people that have a predisposition to it, people with autoimmune diseases like scleroderma and things, people with diabetes, they all have to...you have to have a high index of suspicion for those people.

Now, the other big group of people that I typically see much, much more of are the ones like your husband, that something happens and when that shocks the intestines and bacteria start to grow, anything that can affect the motility will do this. We now know that if you end up with an infection, for instance, if you get *Campylobacter* or salmonella and a few other things, your body can actually produce antibodies that go to try and kill the bacteria but they end up actually affecting the pacemaker cells in the intestine. And if you were to think of it this way, we have, let's call them cell towers or power lines along our intestines, and it is an electrical signal from point A to Point B and that keeps your intestines moving very freely sort of like a clear stream. Think of it like a little beautiful creek that's crystal clear and it's moving along. Something blocks point A to Point B, and we convert a clear stream to more of a sewer pipe, and then that's what creates the chronic problem. So if you go through a very stressful situation, so, unfortunately, it's like insult to injury, I've had patients that have come to me that went through a very tough divorce or they have lost a loved one. Following that, they've ended up having bacterial overgrowth or SIBO. Or somebody has an infection, or they could actually have a very, very poor diet. And diet's a whole separate discussion, but we now realize that diet's playing a big role in creating some of this.

So if you eat a lot of refined foods, if you're not paying attention to the amount of sugar that you're taking in, you're gonna set yourself up for a potential bacterial overgrowth type situation. You also mentioned that a lot

of times your listeners, your friends will go to a doctor and they kinda get dismissed. And I think one of the reasons is, first, there's a little bit of lack of knowledge. It's a fairly novel concept to think that bacteria is causing Irritable Bowel Syndrome.

But something to keep in mind is that a lot of the research that has gone in with it, with pharmaceutical companies, they have a lot of pitfalls to the therapy. Almost everything is just some form of laxative. So when we talk about different drugs that are out there, they all just get you to go to the restroom, or get you to stop going to the restroom by working on the colon, so they're not even focusing in the right area. Nothing is helping the bloating. And I did mention that one type of bacteria called an archaeobacteria, well, there's really nothing that gets rid of that using antibiotics. So when patients go to a doctor and they say, "Well, we're going to treat you with this product that somebody just gave me samples of," it doesn't get to the root cause, which is the bacteria growing where it shouldn't.

Katie: Gotcha. So you mentioned, and it makes sense, that people kind of suffer with kind of chronic problems typically after this and it seems like it is a pretty tough thing to get rid of. What are you doing to address it in your patients?

Kenneth: So, thinking about that, I had some...I was privy to some knowledge. I think that you'll find this a little bit interesting about how I even came up with this, and this is where we were. I knew that I had all these people that were suffering. A lot of these people were coming in and they were on antidepressants because their other doctor had given it to them. That's when I was speaking with these doctors around the country including Dr. Pimentel. And he said, "Well, the problem is, is that we can't get rid of this acetobacter because it produces methane, it's a very old type of bacteria and our modern antibiotics don't work on it."

So I was sitting on a dry erase board, we were doing lots of research, and my research manager Brandi Scott was helping me, and she had a very unique background. She was an attorney and then got her master's in political science, and at one stage in her career was a policy writer for a senator in Iowa. And in my office I had written the equation that the archaeobacterial produces methane. And I said, "Wow. If we could figure out a way to fix this we could really help millions and millions of people, and it was like an 'aha' moment. She went, "You know, when I was working for that senator in Iowa, they were trying to mandate decreasing methane production from cattle by using food products." And I went, "Aha. That could be a total game changer."

And we went through over the next several years and really tried to look at which things could get rid of the methane, could actually decrease the bacterial production in these cattle, and all the research had already been done with us and animals, so we just had to move it over to the humans. And that's what we did and that's how we developed Atrantil. And we put it through two clinical studies, one of them being a randomized trial and we had bloating relief of upwards of 90% and constipation...relief improved 35%. And then we just had another study published in the "World Journal of Gastroenterology" where we took people that had failed everything. And they had to have failed all pharmaceutical agents, they had to have failed all over-the-counter-agents and we had very similar results. We had a quality of life improvement of 88%.

And that was a couple years ago and that's when I realized that we really had something that would be the ideal product. It was organic; it worked where it needed to work and it could get rid of the methane, and that's how we developed Atrantil and got these studies published.

Katie: That's really fascinating. And I'm sure for people who are suffering...like, when he had SIBO, the bloating

was really, really uncomfortable. And I think if you haven't experienced it, it would be hard to understand. Like I think all of us maybe have been bloated after a meal, but to understand what like long term bloating feels like, it's very uncomfortable. And I believe it can also cause things like weight gain and other health problems. Are you guys seeing what the Atrantil that, like, over time it actually decreases the bacteria, and like are the long-term results good as well?

Kenneth: We are having great results with that, and what we did find is we developed it to do it like a course of treatment. So in the clinical studies we did two weeks of treatment, two tablets three times a day, we had those kind of results. What was very interesting is that we have now treated well over 100,000 people, and most of my patients that get a response, they actually stay on it as a overall digestive supplement, so they'll just take it daily.

We started looking more into this and it really makes total sense now because the molecules that we use in Atanril are three things: it's *M. balsamea*, which is Peppermint Leaf, and we use the leaf, not the oil, because we want the polyphenols in it. And then we use Conker Tree and Quebracho. Now the Quebracho is our workhorse. What it does is it's also a polyphenol, a tannin, it's a very large molecule that doesn't get absorbed. And these three ingredients work together to get rid of the bloating, number one, because they soak up all the gas. Number two, the *M. balsamea* calms the area down. And then the third ingredient, the Conker Tree, shuts off the methane production.

So, what we've found is by the three ingredients working together they get rid of the bacteria and put it back to where it should. The super cool thing is that since they're polyphenols, they end up going to the colon and then the bacteria, your own microbiome, or your genome within your genome... I try to explain to my patients that you have to work with your own microbiome to make you better, you guys make each other better, your bacteria and you, these go into the colon where they're broken down into beneficial things and that your body uses it. So one of the reasons why people continue to stay on it, which we've learned since we've launched, is that they just feel better staying on it. So, yes, the short answer is, we can get you to feel better, but most people choose to stay on it because overall these are the polyphenol molecules that you'll find in the Mediterranean diet that I think do very good job of letting your own bacteria figure out what you need.

Katie: Gotcha. So, to make sure I understand right, so not only is it addressing the bacteria, it's helping the methane, but then these polyphenols are breaking down almost like a prebiotic would to feed the good bacteria as well, is that right?

Kenneth: Exactly. I love that you use that term prebiotic, because I think that when we talk about prebiotics and probiotics, they get thrown around a whole lot and it confuses the general public, but you're exactly right. Anything that you eat that makes it to the colon, in other words: fibers, these polyphenols, they are all prebiotics, and if you have the right microbiome, they will convert them into beneficial things.

I came across a study recently... So this is a very, very exciting area right now, and a lot of research is shifting over to these polyphenols because we realize that the bacteria in our colon are doing some cool things. And I just came across a study recently where it looked at these epigallic tannins, which is what Quebracho is, and they have shown that bacteria in the colon convert it to a molecule called urolithin, and they're showing that to be an anti-aging product. And now we're starting to see why that Mediterranean diet is so beneficial.

You know, there's something called the French Paradox that as Americans we've always looked over there and

said, "Now, why in the world can they eat all that cream and live that lifestyle and drink wine over lunch, and they actually have less Alzheimer's, they have less coronary artery disease." They actually live longer than we do, and we call it the French Paradox, but now we realize, no, it's probably because they're eating the right things and the body is adapted to it, and it can actually work as an anti-aging type thing as well. So, really exciting time to be in this space.

Katie: I agree. And I've heard that, you know, the old adage, "you are what you eat" but now I understand like, not only that, you are what you eat eats. So like if the cow you eat doesn't eat healthy, you aren't healthy. But also it's even like a deeper level than that, you are what your gut bacteria eats and what gets to it. So I've read that kind of stuff too, like with the "French Paradox" or the "Japanese Paradox," and how things...like the French eat so much butter and cream which can break down the butyrate which does all the things in your gut. So it's really cool...

Kenneth: Oh, I love it.

Katie: ...looking at what your gut's eating. It's really fascinating. Let's go a little deeper with probiotics though, because you mentioned that. So that's kind of the one thing that seems pretty mainstream. People think like, "Gut problems? I should take probiotics." So, what's your stance on that, and do you recommend probiotics as well?

Kenneth: Okay. So this is a little bit more complex, especially on my end. I realize that probiotics are extremely mainstream, if you walk into a Whole Foods or your local natural grocery and things, there's just a whole wall of them. From a science standpoint, when you look at all the aggregate data, and we call that a meta-analysis, so when you look at all the studies and you put them together and you look at them long-term; surprisingly, probiotics are no more effective than placebo, with the data. So this is something that I have a big interest in because obviously we know bacteria is good for you.

There is a doctor out of Houston who I've respected for many, many years. He's been a mentor when I was at University of Nebraska at that time. His name is Eamon Quigley, and he is the godfather of probiotics. This guy was talking probiotics 40 years ago before anybody even had any idea about it. I met with him recently and I said, "Where...you know, what we know that this are...that our bacteria is good for us, but tell me where we're at with this. And, you know, we have two sides of this, we've got the data side." And he said...he summed it up best for me with this. He goes, "Look, when I put this, when I do studies on it in a petri dish, it does amazing things. Good bacteria do incredible things. But when we give it to humans we cannot replicate what it does."

So my thought is that certainly if you get a benefit from it, continue to take it. I see people that fail probiotics, and in fact I see a lot of people that get worse when they take it. And if we look at the bacterial overgrowth component, it would make sense that if you have bacteria growing in the duodenum where it shouldn't and you're eating more straight bacteria, sometimes you can get worse. So that being said, my stance is, if you get better, then continue to take it. What I would prefer to do is change your diet and allow your own bacteria to proliferate in a very healthy way so that we're not trying to give 20 billion units of one type of bacteria.

So it's a very, very complex area, and I'm probably a little bit more on the fence of probiotics than most other gastroenterologists. Most of them probably just say, "Sure, take it. I heard it's good for you." But when you delve into the science and you ask these researchers that really know it, there is just a lot that we don't really understand. I don't think that we need to stop taking them, but my recommendation of taking them is to do it

after you've been treated for the bacterial overgrowth. But that's not a hard line by any means. So I have certain practitioners that I work with that have great response by using Atrantil plus a probiotic, and I have other ones that only use the Atrantil.

I am a big fan of fermented foods though, and my reasoning behind that is a lot of the fermented foods, like, let's say kimchi, that is a vegetable that happens to be a polyphenol, that happens to carry bacteria inside of it because it's fermented. That is a perfect delivery system. You know, we've got different kefir and yogurt, and I like to do it more through a diet standpoint. We know they're good for us, we just need to figure out how to dial it in so that it's the right combination with the right amount that will actually benefit our bodies. Does that make sense?

Katie: Absolutely. And I think there's so much...I hope there's gonna be a lot more research in this area, because I know some bio-hackers, like Dave Asprey, for instance, he doesn't like probiotics either because he's like, "We don't know why, but there's a higher correlation of this lactobacillary bacteria and in people who are overweight." He's like, "And until we figure that out, I'm not gonna take something that is like found in high amounts in people who are overweight." But the food thing is definitely my background and I think that's the key. Like, if we can get it from food and it comes with the delivery system, then that might be the key to getting it. Just like fruit juice can be really high in sugar, but if you eat the fruit, you're getting all the other compounds that are necessary to properly digest the sugar. So it's like nature's delivery system, which makes complete sense.

Kenneth: Yeah, totally. And so let's talk about a little bit of something that is really kind of on the cutting edge also, and may be one of the reasons why when we talk about why people gain weight from different things. So one of the things that we've mentioned about the SIBO, if you have bacterial overgrowth, I see a lot of people that actually gain weight while they're on this, even though they eat less. And there's a couple reasons for it, and I think it plays into what we're talking about here. When you have methane producing bacteria, number one, you slow everything down, which means that you absorb more calories per bite. The other thing that's going on, which is gonna be the...it's a whole separate podcast in itself but I think it's super fascinating, is the leaky gut topic.

And leaky gut...medical doctors typically will not use that term if you read about it on the internet, you've got some great...you have some very, very intelligent doctors out there like Chris Kresser, and I know that Dave Asprey talks about it, Robb Wolf has written about it, these are all guys that have really done their homework. And it really does exist, it just exists in a way that we probably don't fully understand. But when you have bacteria growing where it shouldn't, or if you eat certain foods like gluten which produce...then our bodies will produce a molecule like Zonulin, or if you eat a lot of genetically modified foods, lots of grains, things that are harsh to digest, it can actually cause a little bit of intestinal permeability, which is the medical term for leaky gut. But leaky gut is so true.

So what happens is your body reacts to the outside environment and then this is the cause of both autoimmune disease but can also be the cause of low level inflammatory issues, that when your body is fighting that, then you lower the basal metabolic rate because your body is trying to fight this low level infection, cortisol levels go up, and we gain weight. So when you mentioned that Dave Asprey doesn't like using probiotics, it could very well be that as we feed the bacteria to those growing where they shouldn't be, you create more intestinal permeability, you create more inflammation. Once we get rid of that bacteria, then maybe the probiotics are effective again, because then they can make it all the way to the colon where they

can start doing beneficial things.

Katie: Very cool. And I've seen the research as well, and I love that we're having discussions about leaky gut now, whether or not some doctors like the term. I think, especially with the rising rates of autoimmunity, it's an important thing to talk about. Another thing that's on the rise is colon cancer. And this is also, it seems like a controversial one in the natural health community, because you have a lot of conventional doctors saying you need to do regular colonoscopies and all these things, but then you have the natural community, some of them say you don't. So, you're obviously an expert in this area. Where do you fall on that, and what do you advocate?

Kenneth: Okay. So let's just talk about colon cancer in general. Colon cancer is the second leading cause of cancer death in the United States. We know that all colon cancer comes from polyps, or I should say, almost all colon cancer comes from polyps. Polyps are abnormal growths in the colon. Our society, either through genetics and/or environmental exposure, Westerners tend to have more colon polyps than other areas of the world. In Japan they have stomach cancer, in the United States we have colon cancer. So your environment does really affect how your body reacts to it.

So knowing that it's the second leading cause of cancer death and knowing that colonoscopy is a cure for it, it's kind of a no-brainer to me. We have the second leading cause of cancer and we've got a cure, you just have to get in and do it. And so if you're age 50 with no family history, just go do it. If you have a family history of polyps or cancer, then you go in at age 40 and get it done. If you're African-American, you do it at age 45, even if you don't have any risk factors. So, I believe that there are...I could understand the natural aspect of it where it's an invasive procedure, you do this. Katie, I gotta tell you I, diagnose two to three cancers a month, and I remove polyps all day long on people all the way from age 20 all the way to age 70, and I'm removing very aggressive polyps, and it's a cure. So in my aspect, it's kind of a no-brainer, you just gotta go get it done.

Katie: Gotcha. That's a really helpful perspective. So, I wanna like nail down a little bit more on the solutions aspect. So, you have the Atrantil, which sounds like a great thing for especially anybody suffering from any kind of digestive issues to add, and I'll make sure we link to that in the show notes. But if a patient comes to you with some of these complaints or problems, and they were gonna be the perfectly human client patient, which I know doesn't exist, but if a patient was gonna do everything you said, what would you recommend them to do? What would that protocol be?

Kenneth: My protocol's evolving. You're gonna laugh at this, but if I had my way, I would see if they could go ketogenic diet for possibly...as long as they could go, maybe a month. Let's starve the bacteria, put them on Atrantil, and then when they go back, I'm not a fan of gluten, I'm not a fan of refined foods. I believe that our diet is creating a lot of these problems, so I am kind of a fan of a paleo-style diet. So if I had my ideal way, we would do a round of Atrantil. We would then take that as a daily supplement just to give the polyphenols to the colon. Ketogenic because bacteria love starch, you're just basically starving the bacteria. I will take a quick side note on this because there has been some other research that has come out that discusses that when you use antibiotics to treat bacterial overgrowth, in other words Xifaxan, some new evidence has come out that you get better results if you feed the bacteria lots of sugar and starches and such, and the idea behind that is, is that a modern day antibiotic has to be taken up by the bacteria because they block the RNA transcriptase.

Atrantil works very different. It actually works in a natural way to weaken the archaebacterial and cut off the methane production, so, with us, I prefer to incorporate a very strict diet. So in a perfect world, let's go

Kitogenic, let's starve that bacteria. And then when you get back to your normal lifestyle then we're gonna do a paleo-style diet. And beyond that, then we start getting into the other lifestyle issues like proper sleep, hygiene. If you have autoimmune disease, we really need to be aggressive and make sure that you don't develop other autoimmune diseases, and it could be because of the bacteria that has actually precipitated it. So, ideal world: diet, Atrantil, different diet.

But I don't have any clinical studies on that, that's just my practice now. I mostly get people that fail everything, so I'm treating the extreme of the extreme at this point. I get a lot of people also that have some other types of symptoms that come to me, not just GI, but they'll have like pelvic pain, they'll have Fibromyalgia, chronic fatigue, depression, migraines, restless leg, all these other terms that other doctors are calling trashcan terms. Even rosacea, skin issues, and when we treat the intestines, treat the gut, these other issues tend to get better. So we know that getting rid of the bacteria and then getting in a proper lifestyle including sleep, hygiene, diet, and such, I think makes all the difference.

Katie: I love that. And actually I'm incorporating a lot of that with my husband. I'm glad to hear you say that because since he's just had surgery again, and we had all the problems after the first one, I'm being super, super careful. He is actually taking your supplement to make sure hopefully that there is no recurrence of the SIBO.

Kenneth: Oh, awesome.

Katie: But one thing I'd like to clarify as well, the keto diet has gotten obviously very popular lately, there's a lot of...I think even some celebrities are saying that they use it. The term is getting pretty well known. But the part that makes me cringe on the nutrition side, it seems like a lot of people think that means just eat a ton of cheese and dairy and fat and protein, and like the vegetables kind of get forgotten. And so you talked about polyphenols. At least my take on it is, if you're gonna do keto, you still need a ton of leafy greens and things that are gonna feed your gut. Where do you fall on that, because I know some people say, very little veggies on keto.

Kenneth: Oh, yes. Okay. So let me back up and get to the... So let's talk... So the ketogenic diet in itself, you know that it's a spectrum. So, you know, you can have the children that have severe seizure disorders, and that's where the ketogenic diet actually had all its research from. These kids that were med-refractory having continued seizures, then they would put them on a 90% fat diet and, you know, 5% carbs. And then you have the other end of the spectrum which is kind of a mild version of it, where you've got 60% fat and then you break up the ratios.

By putting people on a ketogenic diet, you've basically forced them to take out some of the refined carbs. I'm 100% all about the natural vegetables, natural fruits. We need to eat those things, your body will figure out what to do with that. In fact the carbohydrates in that, when we look...when I try and when people come to me for weight loss solutions and we start talking about different diets, when you eat those types of foods, they're nutritionally great for you. They actually make you very full because the stomach stretches, you know, the ghrelin goes down, the leptin goes up, you have all these different great hormone changes happening, and, ultimately, it's good for you. So, yeah, no, I'm all about making sure that your carbohydrates are still...in fact, just throw out the refined carbs, and if you can get your carbohydrates and veggies, I don't think you can eat enough veggies to even bump your insulin, which is all that we care about, whether or not your insulin bumps up or not. So, you know, I'm on board with that as well.

Katie: Exactly. Like I'm always saying like nobody got obese by eating zucchini. Like, don't be afraid of the carbs in vegetables. And I like that you also use it as a short-term tool, because, I think, certainly, like you just mentioned, epilepsy patients, there's definitely a time for a long-term keto diet. But it seems like at least in what I've read, the stronger studies show like short-term use and then maintaining a balanced but still processed-food-free diet long-term with a little bit more of fruits and vegetables maybe to like bring the carbs up a little more, seems to do really well for a lot of people. I know I feel best on that kind of approach.

Kenneth: Yeah, totally. And I think that there's a lot of other things as I've gone through my journey with this. And so my background being traditional medical doctor, I'm learning a lot. I'm learning a lot from people like you. I actually...whenever somebody recommends something, I'll start listening to a podcast. So I've been following you. And I listen to you and your friend talk about the Hashimoto's protocol, and so much of that made sense, and I'm like, "Yeah, that's brilliant. We need to incorporate a lot of that in mainstream medicine."

I went to a recent lecture, which I think a lot of your listeners would be interested in, where a doctor named Alessio Fasano, who is this guru in celiac disease. He's the guy that figured out that Zonulin is the reason why we have all these issues. Well, he just blew my mind because he hardly talked about celiac, and he talked about the epidemic that we need to really address, that is not getting enough attention, and he showed that it is probably due to leaky gut, and it's autism. He actually said that autism and obesity are the two biggest epidemics, and he showed some graphs about the exponential increase. And it really correlates with poor diet and things like that. But more importantly, he's got some data to show that we have some cerebral inflammation when people have leaky gut, or intestinal permeability.

So if you ask me what I think the greatest problem that I would love to solve, I love IBS, I like that, but I also happen to have two kids. And, I mean, you have five kids. You know, when your kids are in pain, not healthy, they don't have the same advantages, it cuts way deeper as a parent. So if we could figure out how to stop this autism explosion...and listening to him, I can't wait to get in touch with him again and figure out what he's doing in his lab, that would be really, really cool. And I think it could be done through diet. I really do.

Katie: Yeah, I'm very hopeful of that as well.

Katie: This podcast is brought to you by Four Sigmatic. If you follow me on Instagram, you've probably seen me mention them because I have been using and loving and Instagramming their products for years. They have an amazing instant mushroom coffee. Hear me out before you think it's weird. I know, mushroom coffee doesn't sound good. It's not only the best instant coffee I've ever tried, it's also pretty high up on the list of best coffee I've tried. It's cheaper than coffee shop coffee and it's so convenient because it's so portable and it tastes so much better. But it isn't just ordinary coffee. It has super food mushrooms like Lion's Mane, Cordyceps, and Chaga mushrooms. And these mushrooms have some big health benefits, and especially immune benefits. I personally, especially love them for the energy and the mental clarity without the jitters from traditional coffee. And did I mention how good it tastes? So I always take these instant coffee packets with me when I travel, and I also always drink it at home these days now that they have a big tin that lasts about a month so I don't have to open a little packet every day.

Some friends of ours recently traveled for three months carrying only the backpacks on their backs, and they brought an entire three months supply of this instant coffee in their bag that had limited space. In other

words, this coffee beat out a pair of jeans for how important it was to make it in the bag. It's that good. And, of course, if you aren't a caffeine person, they also have a variety of mushroom tea and other products that don't have the coffee so you can get the benefits without the caffeine. And I love them so much that I reached out and they agreed to give a discount to my listeners. So go to [foursigmatic.com/wellnessmama](https://foursigmatic.com/wellnessmama) and use the code "WELLNESSMAMA" to get 10% off. That's Four Sigmatic, F-O-U-R-S-I-G-M-A-T-I-C.com/wellnessmama.

This episode is sponsored by Kettle and Fire Bone Broth. If you love the benefits of bone broth but don't love the time it takes to make and how tough it can be to find quality bones to make broth, Kettle and Fire is for you. Their bone broth is a regular staple in my kitchen these days and it's what I use to create the recipes in my new bone broth ebook. So they only use bones from 100% grass-fed pasture raised cattle that are never given hormones or antibiotics. Their broth is also unique because they focus on bones that are especially high in collagen, which is one of the healthiest things you can put in your body. You can find them at many Whole Foods on the west coast and you can also order online and get a discount at [kettleandfire.com/mama](https://kettleandfire.com/mama). Again, that's [kettleandfire.com/mama](https://kettleandfire.com/mama).

Katie: On a practical level then, you mentioned you have kids, and I do as well, what do you do on a daily basis yourself, and also with your children to kind of protect against leaky gut and to maintain gut health. Are there other supplements that you take or that your family takes?

Kenneth: Well, I probably should throw me out of the loop because my wife thinks it's borderline hilarious. I have become somewhat of a life hacker myself, just trying to play around. So if I read something, I'll Amazon-order something and try it on myself. So my supplement uses borderline obsessive, just trying to see what works, what doesn't and just have fun with it. My kids, they actually don't take any supplements. But we do eat dinner every night at home, my wife cooks. You know, we eat out on the weekends but that's it, and otherwise it's a lot of fish, it's a lot of vegetables, it's pretty much a fish, vegetable or meat, vegetable. And we do eat a lot of rice, which I try to avoid myself because I tend to gain a little bit of weight, but she's Puerto Rican and so it's pretty hard not to have a meal without a few rice and beans. So that kind of conflicts with my paleo style, but other than that we just cook everything. We just cook everything at home.

Katie: Yeah, totally on board with that. So, the supplements that you've biohacked and tried from Amazon, which ones do you feel like have been the most fun experimental that actually provided some results? Because I'm definitely an Amazon biohacker as well.

Kenneth: Oh, it is funny. Probably the worst thing I've ever done is, you know, like start reading like Tim Ferris's book, "Tools of Titan." You know, I'll read that and, you know, listen to...or I'll listen to a podcast with Rhonda Patrick or Dom D'Agostino, all those PhD's. I love it when they start geeking out, and then, you know, I'll order a few things. But I haven't had anything that's like dramatically changed myself, but they are all related to getting in more forms of flavanoids or polyphenols, because that's the research that I'm in. So if we're gonna look at stuff, I'll add a little berberine here, I'll try some turmeric, we'll do some fenugreek. Whenever I come across a study that says that it affects something, I'll try it, make sure there's no side effects. I'll check my blood before, check my blood after, and, you know, and just kind of see where I'm at.

I find that as long as I eat healthy...now, I myself, okay, I will say this, I'm gluten intolerant, and one of the

things is, is that I can eat as much gluten as I want as long as I take Atrantil with it. And that was sort of a side note that we actually discovered. And right now my research is trying to figure out, well...and so a lot of my patients that have celiac disease and autoimmune disease, they're all taking Atrantil and they say that they feel better, and they want to know why. And I said, "Well, like my knee-jerk would be that we're getting rid of the bacteria and you just feel better."

But then I started thinking about it, I'm like, "Well, there's some other polyphenol studies where it discusses how it blocks gliadin and possibly it blocks Zonulin. So I'm trying to figure out how to stop leaky gut and that's why I keep trying these different things. Making sure that number one, that there's no side effects associated with it. And then number two, I've got researchers around the world really, that I'm communicating with, and these people are doing some incredible work in vitro meaning, in, you know, bench research, not in humans yet, where they're showing that these natural compounds can actually allow your body to maintain the intestinal integrity or they can close the gates, We're learning that the pharmaceutical industry really cannot replicate Mother Nature. Mother Nature does it way better, we just have to make sure that we allow Mother Nature the right things into our body, and our body will figure out what to do with it.

So, with the gluten intolerance, we're learning that right now, celiac disease, autoimmune disease, I think that there is gonna be a combination in the future of a polyphenol compound that will actually protect the barrier. And once we do that, we're really gonna put the brakes on all autoimmune disease, and in fact all inflammation, because all disease is a result of inflammation, ultimately. And I'm talking everything from autism to Parkinson's and all autoimmune disease. So do you have certain life hacks that you've figured out that you'd like to share?

Katie: So for me it's just a couple that I kind of rotate everything based on season. So like right now I'm taking astaxanthin a lot because I don't burn at all. I'm very fair-skinned, I don't burn at all if I take it. I do take a lot of Omega-3s, especially when nursing a baby just because I feel like I get depleted pretty quickly. And I do get a lot of polyphenols from food, but I'm definitely gonna experiment more. I've taken turmeric and that kind of thing, but I'm gonna experiment more. I know I'm gonna get this question from listeners; a lot of my listeners are moms. So is there anyone who should not take Atrantil or is it contradicted in pregnancy or nursing? Any warnings there?

Kenneth: That is that is a great question. So, the on-the-record statement is that we did not study it in anybody under the age of 12, and we did not study it in pregnant women or in nursing women. And that is strictly because this is generally recognized...it is a food product, but whenever you make a supplement, you'll see that almost all of them actually state, "Do not take it under the age of 12, do not take if pregnant, do not take if lactating." So, since we didn't study it, we really can't comment on that. I will say that I've had both...well, Brandi, Brandi is the funniest one. Brandi, the original researcher that I was talking about, in the process of making this, she became pregnant, she took it throughout her pregnancy and then she also took it while she was nursing, and she has a beautiful little daughter that's smart and sweet and everything. So RN of 1 certainly didn't affect anything, but my short answer would be, "Please discuss it with your doctor." On the record, we didn't study it, so we really can't promote it for that.

Katie: Gotcha. That makes perfect sense. I definitely am right there with you hoping that we do see some advances in leaky gut, and especially for autoimmune disease. Because I've been through the gamut with the Hashimoto's and definitely it's a huge focus for me to make sure, like you said, my kids avoid it. Because it's hard to suffer through it for me, it would be devastating to watch them suffer through it. So I hope that you're

right and that we're on the cusp of this.

Kenneth: Well, I think it's really interesting. So one thing, and one of the reasons why I say leaky gut, and when we hear, you know, the two different versions, the best quote that I've heard, once again was, Dr. Fasano, when he was discussing this, is that a term in biology that is generally used is the more complex something is, the more important it is. So as we learn physiology and everybody gets frustrated by, "Oh, it's so complex." Like the distal nephron in the kidney and how it filters electrons, it's very frustrating for medical students because it's really complex. Well, that's really important.

Well, as it turns out, the intestinal barrier is even more complex, probably the most exquisitely complex thing that we have going on in our body, which really means it's probably the most important thing. To selectively take the nutrients out of the environment and protect yourself from invaders and not overreact is huge. So the science of this is gonna run deep and it's gonna be a little bit more than what we probably think it is right now. The PhD's that I'm working with, I have PhD's that work on just one aspect of the intestinal junction, and they did their whole thesis on one part, and there's probably a thousand parts to it, so it shows the complexity. But the bottom line is it still seems to be that if we can eat right, the body will figure out how to do it itself. That's the cool thing.

Katie: For sure. I wonder if Hippocrates knew way back, all those years ago when he said all disease begins in the gut. Like, how right he was gonna be once we really understood all these levels. It's so fascinating.

So, a question I'd love to ask. I recently read Peter Thiel's book, "Zero to One" which is about startups and definitely not about health, but he asked a question in there, "What truth do you believe that very few people agree with you on?" Or, like... And so, a question I've been asking experts lately that I think is super fascinating is, what three areas of your area of expertise or research do people not understand or misunderstand? So maybe three things in your area that people would disagree with you on but that you have research on. And I'm sure you've already touched on a couple of them, but I love to ask that question.

Kenneth: Yeah. I think my knee-jerk reaction to this would be that we've already kind of talked about that, but I'm gonna say that all disease is a result of inflammation, and inflammation starts in the intestines. And so I'm working on how to prevent our bodies from starting that inflammatory cascade through natural products. I think that the future of health really lies in just protecting the integrity of this intestinal tight junction. If we could fix leaky gut, I think that this will bridge the gap between both natural and traditional medicine. And, unfortunately, I think that pharmaceutical research is actually rather behind what Mother Nature already has available for us, and we're not listening to her. So if we can bridge this gap and get back to something that incorporates both of what we know from a pharmaceutical science standpoint, and what we have available for us, and what Mother Nature can do for us, I think that we can change the world.

Katie: Awesome. I certainly hope so. And another question I love to ask, kind of as a wrapping up is, if you were gonna give a TED Talk, what would it be on?

Kenneth: If I were to give a TED Talk? Remember that old book, "How To Make Friends and Influence People?"

Katie: Yeah.

Kenneth: I would say that the talk would be, "How to influence and make friends with your microbiome," that

would be the title of the talk.

Katie: I love that. Hopefully you'll get to give that one, one day. That would be great. And I could seriously talk to you all day, I geek out on gut health. But I wanna make sure that we don't forget talking about where people can find you. I'm definitely gonna link to your supplement and to your website, but let people know where they can find you to find out more about what we've talked about.

Kenneth: Absolutely. You can go to [atrantil.com](http://atrantil.com). It's spelled A-T-R-A-N-T-I-L.com. I'm [kennethbrownmd.com](http://kennethbrownmd.com), and if you have any questions or want to see some other information outside of what we're talking about here, I have some other interests on my website. Those are probably the two places. And of course we're available on Amazon, we're available online, some retailers near you. In fact I think that I was...I just got an email that I believe we're giving your listeners a 15% discount if they use the code, "WELLMAMA" and they can get that online or Amazon or anything, so just because we're very impressed with the work that you're doing and we would like to offer something to your listeners.

Katie: That's awesome. I'll make sure to include links in the show notes as well in case anybody can't remember it. But I think we'll definitely have to do a Round 2, I know you've got a lot of other areas of expertise, but I wanna respect your time today. So thank you so, so much for being here. Again, the show notes will have all the links.

Kenneth: Katie, thank you so much, and I hope that your husband feels much better very quickly.

Katie: Thank you. And thanks to all of you for listening. I'll see you next time on the Healthy Moms Podcast.

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