

# ADAPT Functional Medicine Q&A with Tracey O'Shea

Wednesday, May 5, 2021

1. [The migrating motor complex was mentioned as a risk factor for \[small intestinal bacterial overgrowth\] \(SIBO\). How would a liver diagnosis and pancreatitis also be a risk factor? \(03:29\)](#)

**Tracey O'Shea:** Okay, I'll just let people flow in here, and we'll see if anybody has any questions. Sorry, we're running a little bit late today. I apologize. Sometimes these Q&As back up right to my appointments. So, as you all know, as practitioners and caregivers, sometimes those do overtake some of your schedule[s], so I appreciate your patience.

All right, I'll let people flow in a little bit. There weren't any pre-submitted questions, so I don't have any of them just yet to go over. Feel free to use the Q&A section if you have a question about the curriculum, case studies, things like that. I'll give everyone a little bit of time to work through those. And also, I'll [make a few] announcements. I think we've started doing a case study once a month, like a live Q&A case study, once a month for alumni and graduates of the program. So I want to mention it to you because as you work through this program, and finish and graduate, then I think you'll be able to attend those, and people will be able to submit case study questions they have. Two every month, and then we go over them, and we record it, and we talk about different options for treatment.

So I just want to let you know that that's something we have started doing, and we're really excited about it. We just had our first one in April, so we'll start to have them. And as you graduate, we'll be able to go from there. Let me see; it looks like there might have been a few questions that were submitted that Katie just brought to my attention. Let me see if I can find them here, and then we can go from there. But if anyone has any questions, please feel free. No pressure, but that usually is what guides our discussions. Let me just look back at the Q&A section [and] see what we've got here. Functional Medicine Q&A.

Okay, so this person did send me questions about the SIBO handout and SIBO questions. But you are past lesson three, so I think this is probably someone who has started in the rolling curriculum. And I already did answer this person[s] questions, but maybe I'll answer it here, too, just in case anyone [had] questions.

**This person was asking about “The migrating motor complex mentioned as a risk factor for SIBO and also how a liver diagnosis and pancreatitis may also be a risk factor.”**

So I essentially just pointed this person to Dr. Pimentel and Chris’s most recent podcast about the migrating motor complex and the connection between post-infectious [irritable bowel syndrome] (IBS) or post-infectious SIBO and the potential autoimmune activity that might be happening against the cells, the anti-CdtB and anti-vinculin antibodies that are tested on the IBS-smart test to assess if those cells are impacted, and those cells are controlling the migrating motor complex.

My interpretation of the idea is that if the migrating motor complex is impaired, that’s responsible for moving food through and moving bacteria off and sloughing through and keeping things moving, and this peristaltic wave of the small intestine. So, if those things aren’t working, and the migrating motor complex is impaired, slowed down for any reason, then you have the potential of more bacteria to then proliferate and grow and you also have the potential for the food to sit in the small intestine for a lot longer. And if there’s any kind of impairment in digestion because of pancreatitis or other liver issues, then you’re not breaking down the food, as well. And now you have these whole-food proteins that are now just like a feeding frenzy for the bacteria [that are] being overgrown because of the impaired migrating motor complex.

So these are all, I think, cumulative risk factors that can contribute to SIBO. And the question of why bacteria translocate from the colon to the small intestine is also a pretty big question. And I don’t know that we have [a] perfect answer for [that]. But I do know that I think the question is a little bit more about the potential reasons of SIBO. We know that gastric acid secretion is important, the bowel wall muscular activity, the migrating motor complex, immunoglobulins and the intestinal fluid, the valve control of keeping the flow of contents into the large valve versus refluxing. I think all of those pieces are potential reasons why bacteria can translocate up. I think that probably happens on a regular basis. But we have all of these pieces in place that keep the growth low. And through pancreatic enzymes that are antimicrobial, and keeping gastric acid secretion up, all of those things that even if you do have translocation of bacteria, if all of those things are working well, whatever does get up is either moved back down, or is killed, or the environment is not hospitable enough for that bacteria.

So I really do think it’s this large variety of different factors that can contribute to this perfect storm of an environment in the small intestine that allows for translocation and also [for] them to take hold and grow and not have the normal defense mechanisms that you have. So those were the questions about SIBO that someone had submitted previously. And that’s my take on how all of those things are connected. So I hope that’s helpful. If you haven’t listened to Dr. Pimentel and Chris’s most recent podcast, he talks a lot about the migrating motor complex piece and the immune dysregulation connection and how that theory came to be. And I am in the process of updating the SIBO section, lesson six, the gut lab interpretation; all that stuff is almost ready. So it should be published pretty soon. And then we’re going to start working on SIBO updates and talking about the hydrogen sulfide SIBO and the trio-smart test and the

ibs-smart test and different treatment options and mechanisms for interpreting that stuff. So [it's] constantly changing, [and we're] constantly adjusting and trying to keep the materials [as] up to date as we can.

All right, well, I don't have any other questions that have shown up in the Q&A. I don't want to end the session early if people have questions, so I'll give everyone a few more minutes to see if they have any questions about anything that might come up. Then, if that's it, I think we'll end it early if no one has any particular questions to submit. I'll give everyone a few minutes to think about it a little bit. You are probably getting into the lab interpretation section, or you're still in the HPA axis section. So in a few weeks, you'll probably be in the blood chemistry interpretation section, which I think is really fun, where you start to really get to connect all these pieces with the blood chemistry in the lab interpretation. So I'm looking forward to being able to look at all that.

All right, well, I will give everyone some time. If not, then I guess we'll just end early. Don't forget, if you have questions as you're going through the curriculum or going through the content or need to bounce ideas off of me, please feel free to submit questions through the student question portal forum area and I'm happy to answer those for you as we go throughout the practice. Thank you all for showing up. I really appreciate it. Sorry, we're ending early, but it just doesn't seem like there [are] any questions to cover today. So I'll be back here next month. Think about questions that you might have. Submit them early if you can, and if not, I'll be here next month to help with anything else that comes up. All right, everybody. Thank you so much. Bye.