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# ***Is Mono Responsible? Why Testing is A Must for Anyone with Digestive Issues***

**an interview transcript with Dr. Kasia Kines and Patient Advocate, Shivan Sarna**

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**Shivan Sarna:** Dr. Kasia Kines is here. Now, I found her on the Internet ages ago and was really impressed with her and her approach. And then, I started talking to her. And it turns out, we have so many things in common. She is indeed a Doctor of Clinical Nutrition (DCN), which means she has a doctorate in functional nutrition! She teaches practitioners as well—Epstein Barr virus—if it's chronically active, if it's in the test you can do for that, if you're not sure, you don't want to take the tests, she's going to really help you find out whether or not you should take the test. [We have a questionnaire for you](#). You can go through this laundry list that she's provided for us as well that I think is going to be really profound. Now, I never thought that I had it. Read this list. I'm like, "Oh, my gosh! I must have it." But even prior to that, Dr. Tom Messenger had suspected that I had it. And so, I did get one of the tests. And lo, and behold, darn it there it was. So, I just am saying... maybe you do, maybe you don't. The other thing is that is Epstein Barr virus directly related to SIBO. That is the question. And here she is to help us figure it out.

Thank you so much for being here. Hello, hello.

**Dr. Kasia Kines:** Hello, hello, Shivan. I'm so delighted to be here. Thank you for having me. Thank you, thank you, thank you. I'm honored.

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**Shivan Sarna:** I'm very excited to have you share your knowledge with everyone.

So what do you think? First of all, what is Epstein Barr virus (EBV)? People see it abbreviated EBV. What is it? And then, let's dive into a possible relationship, things to be curious about.

**Dr. Kasia Kines:** Alright! EBV is one of the oldest viruses we've had. It goes way back when. And it's become really virulent in the last decades is my understanding. And so what is it? It's a virus, herpes family virus. But it seems to be the worst in that family. It can be really devastating. It can really do damage. What people probably recognize it from is infectious mononucleosis. We call it *mono*. It's like the kissing disease, right? College, puberty, when you have this terrible flu, and it lingers for a couple of weeks, sometimes, you have to skip a whole semester out in college because you're debilitated. It's like a short-term chronic fatigue, the worst flu that you've ever had. And then, you go on with your life. Some people get diagnosed with this, some people just weather it. And supposedly that's it. The problem is, like with SIBO, it's not just the ones I'm seeing. It keeps rolling sometimes. It's opportunistic. So, depending on your life timeline, what happens, it can reactivate. So there's a concept of chronic reactivated Epstein Barr and even *severe* chronic reactivated Epstein Barr which can actually be lethal. And so, the interesting thing is that people can have complications of some autoimmune disorders. But I feel like if we track it down, and really, if we were to test these people ahead of time, we may have found in some cases that, really, Epstein Barr was the causative factor. And these are just—You know, it's very complicated. But the solutions are easier than the Epstein Barr itself. The best part is I think it's easier to get results than SIBO actually. That's my theory so far. And how it does fit into our SIBO world, the biggest

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problem is that viruses your enervation, the central nervous system innervation—the big vagus nerve, the wandering nerve. Everybody talks about vagus nerve, right? In SIBO, the motility can be impaired because the vagus nerve is not working. Dr. Datis is teaching us to reform the brain, the guided breathing exercises, all that, just to reform it. That's probably the closest of possibility theoretically. Have I seen the correlation very closely? I'm not sure. I'm not sure what I'm seeing. What happens is people come to me—and there's a population that come to me that has SIBO obviously—and so we look at the whole picture, the whole timeline, the whole person. And any little component of their life, I can piece together with them to see where that SIBO plays into their life and how and why. The cause, we always want. [05:14]

But because of circumstances, we start asking patients to test for Epstein Barr. And the more we test, the more we see it. Sometimes, it's reactivated. And so, sometimes, it is actually part of the picture especially when we go backwards and look. There are no studies because it's not something obvious. But again, a few years ago, nobody was talking about Epstein Barr. A few more years ago, nobody was talking about SIBO or Hashimoto's or Celiac. Especially with the Medical Medium now and his bestseller book, there is a global awareness I think with his book, the first one to the point that patients are asking, protesting. But the problem is, okay, if you actually get your doctor to test, what do you do with that and how do you interpret it? So I'm very excited to share this little freebie with you guys because it has like little explanation of everything, so people can maneuver it and see what it is. I'm very excited to share. [CLICK HERE](#).

**Shivan Sarna:** Very good! When you say that Epstein Barr is actually probably or possibly easier to treat than SIBO, explain. How do you treat Epstein



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Barr? There must be a difference between treating active Epstein Barr and non-active Epstein Barr.

**Dr. Kasia Kines:** I'm not a medical doctor and I can't treat disease. So I can't say, "Oh, I treat Epstein Barr." But this came through my literature research that I did. I was blown away especially with Dr. Vasquez and his work. He systematized a lot of viral information. And when I went after it, I was blown away. I've taught a program, a detox program, for years. And people did so well. Of course, I didn't know about Epstein Barr. But now I understand that my program was an antiviral program. So, there are millions of things as a patient that you can do every day that are antiviral—basically, that's what it is. The foods that you eat, the stress, the electromagnetic field, heavy metals, crappy diet, oxidation—any of these factors can have a trickling effect of reactivation. And there's a tipping point. And the modulation, you have so many tools as a person to modulate that. And so, what we teach is to expect the behavior. Now, what is the viral behavior? How do you modulate? How can you expect the behavior? And then, you can zap it and put it in the inactive state again. The bottomline is some people say you can't cure it. I'm not after cure. And I can't cure anyway legally. But you can put the virus in latent state for perpetuity if you know how to understand it and thrive and have your life back. We wish we could do it with SIBO what is possible with Epstein Barr. And 95%+ global population have the virus, and 95%+ do not get sick. It's the people that are compromised, that are really under a tremendous amount of stress, like life-changing stressors. Corticosteroids, sometimes, they suppress the immune system. So, basically, the body knows what to do with it to keep it out of your way. Some people say, "I don't know if I have it or not." You have it in your system, but it doesn't



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really mean anything. And so, that's the beauty of it. I mean, we're on to something really special. So I'm very, very excited. And today, actually, we were starting our first clinician group. So this is a very special day.

**Shivan Sarna:** Congratulations! Congratulations. So you're teaching other clinicians how to deal with Epstein Barr.

**Dr. Kasia Kines:** Yes, because they're asking. Both clinicians and patients are scraping by piecing things together. And medical doctors, functional medical doctors, are telling me, "I can do antiviral medication. I can do antiviral herbs. And some people do okay, and some people get mediocre results. It's hit and miss." Its like, "No, it's not hit and miss. That's not good enough." There are things in place. So it's exciting. But really, I wish we had something like that for SIBO. [10:05]

So, here's the connection, the loop, from SIBO and having more likelihood of SIBO recurrence and possibly Epstein Barr. If you look at the enervation or signaling for motility, it's the vagus nerve. But also, the thyroid is stimulating the motility. The thyroid also stimulates hydrochloric acid. And hydrochloric acid has trickling effect on the rest of the gut. Well, there's the communication with the gallbladder, the intestinal digestive enzymes. It's like an orchestra. And different players start playing at a different time. They're reading the scripts and they're saying, "Okay, fat is coming. This is coming. Hydrochloric acid is coming," confirming that there's new coming and so on and so forth. So, that modulation is important also in preventing yeast overgrowth. SIFO/SIBO, we see that a lot. So if you don't have that pH modulation or signaling, the yeast may start growing a little bit out of proportion. And so,



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if the thyroid is the one that is emulating the hydrochloric acid, and it is tired because the person has been diagnosed with so-called *hypothyroidism*, much of that is Hashimoto's actually. And up to 95%, if you look at research, all Hashimoto's is actually autoimmune. It's not just low thyroid. So, it's not a matter of improving the thyroid hormones because you're not addressing the cause. The cause is that the body is fighting. So, we had this concept in functional medicine that autoimmunity means that the immune system is confused. I don't agree with it, absolutely not. Hashimoto is just that Epstein Barr is one of the pathogens that is mostly implicated in Hashimoto's. That's like number one. H. pylori, I think you're seeing it as another one. But it is actually up there. And that's why I'm testing because my patients, they have SIBO, lo and behold, they bring me antibodies that they already tested, it's the thyroid, they have Hashimoto's—or I ask them to test. We're going through the loops. It's like, "Well, next step is Epstein Barr. Let's take a look." So, undeniably, we have a Hashimoto or hypothyroidism epidemic—undeniably. The women that come through my door, I have to check, "Have you had testing? Show me what you have" or test properly. So yeah, that's a big loop. Any nodules on thyroid, inflammation on the thyroid, it's probably a virus is sitting there and living in there. Epstein Barr, it doesn't live in the bloodstream. You don't really detect it much in the bloodstream. It's somewhere in the liver, the spleen, in your central nervous system inflaming the brain or in the thyroid. In the thyroid, it's common. So, big loop, all connected.

**Shivan Sarna:** Well, I have a lump on my thyroid. That biopsy is not fun. Think of the big needle this size coming at you. That's what that's like.



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**Dr. Kasia Kines:** I could not do this. I have a patient, I was like, “I couldn't be a doctor either. I'm so sorry.” But yeah, it's really possible that if we look there, we're going to start finding it.

I do respect Anthony William because when I first picked up his book with an open mind, but being skeptical, as a clinician, I was finding a lot of relevant details. And basically, I decided, I'm going to go forward with literature review and look at the medical literature. And some of the claims that I thought were important, I wanted to validate. That was part of my job, to see if half of it is true and what do we see in the research. And I was really pleasantly surprised that I was finding a lot of confirmation.

So, I cannot describe what he's saying because, clinically, when I work with patients, I see things. And we're really on to something big here I think. [15:02]

**Shivan Sarna:** So, the name of his book is the Medical Medium. And he is a medium, an intuitive, who is sharing information that he's received from the universe with people. And it's really fascinating. Whether you believe it, whether you don't, whether you're into it, whether you're not, it is fascinating to see what his concepts are.

I would never say that lightly, but it really is—for me anyway and for most of the people that I talk to about holistic and functional health. They're kind of like, “Wow!” It doesn't necessarily mean that they're totally in, but it's sparking ideas which I think is very helpful of course.

**Dr. Kasia Kines:** Yeah, you have to look at everything with a grain of salt through your lenses. I read that book because a couple of patients urged me to. And you



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know how it is. Patients are the best teachers. And I was flying on a plane, I couldn't go anywhere. It's like, "Okay, this is where I'm going to read this." And I was surprised!

I don't agree with everything, but it opened my mind and gave me the aptitude to look into it deeper, add that to my toolkit, add that to how I look at patients. It helped me a lot in my practice helping patients.

And that kind of started along with Dr. Vasquez and his work into saying, "Wait a second! Why isn't anybody saying it?" Dr. Vasquez is all medical research.

Dr. Vasquez has a couple of degrees—MD, I think chiropractor. He's a Bastyr graduate. Just to show you, this is all research that he pulled together, 1200 pages. And we had the pleasure of having him in our doctorate program. And so we actually studied this, the neurology, working with that.

It really gave me a backbone because I realized there's so much impact we can make on people's lives when they're ill.

So, who knows? You have to use your judgment every time you look at something new.

**Shivan Sarna:** So true! Let's talk about the tests that you recommend people take in order to find out if they do have Epstein Barr, if it is active. It sounds like Alphabet Soup everybody. So just hang in there. Go ahead and lay it out there.

**Dr. Kasia Kines:** Oh, man! I have a whole chapter in my book. I haven't finished the book yet as of now. There are four markers basically. But there's a lot of

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complications behind whether they're positive, negative, false negative, people whose antibodies dissolve. The more you read, the more convoluted it becomes. But there are certain regularities. And so it's going to be great, that freebie, for everyone. So, the ones you want to test is—I'll just list it—VCA-IgG, and then VCA for IgM, NA-IgG, and then EA-D, and that's also IgG typically. These are the main ones. And there's a little table. For the [freebie](#), I think I picked the table from Dr. Vojdani because I really like it. There's a fifth one he tests, but any other lab will test those four. Here's a little cheat sheet that I always have. I have a little table in that freebie, so that it's easier to see. [20:15]

But then, again, you have to look at any lab. We say, “You don’t work with the lab. You work with that person.” So you want to look at the lab in the context of that person, not just black and white. That’s why I’m teaching, because I want people to do it properly for their patients.

**Shivan Sarna:** Fantastic! Let’s say someone does have Epstein Barr, active or inactive, what do you usually recommend?

I know you recommended for me—I was not having a good day—some licorice tea.

**Dr. Kasia Kines:** Have you ever tried it?

**Shivan Sarna:** Yeah, I did! The kind that I got was actually quite delicious.

**Dr. Kasia Kines:** Did it change how you felt?

**Shivan Sarna:** I don’t know. The thing with me is I don’t know.



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**Dr. Kasia Kines:** Some people don't know. Some people, they can't. No, that's true, yeah

**Shivan Sarna:** So, you said three tea bags—very, very strong—of licorice tea. And what are some other things that people at home can do to, if they have it (maybe they already know) or if they're curious and are trying to help themselves? What else can they do?

**Dr. Kasia Kines:** Well, the licorice tea is a little iffy. That's why I'm writing the book because everybody is asking me about these details and I have to qualify. **Licorice can raise blood pressure. Licorice can be contraindicated. Some people have sensitivities to it. You can have heart palpitation, increased blood pressure, hypertension.** So it doesn't agree with everyone. And so, sometimes, I work with supplements. Teas seem to be safer, but you can overdo it too. With that, I've seen some interesting things anecdotally. Again, I'm working on some studies that I can publish. But I need more time for that. But anecdotally, I've seen some interesting correlations of, generally, somebody drinking that licorice tea prevented totally and not contracting a flu from a daughter which normally would always happen. It's like, well, you know, little things like that where there are maybe two supplements, and that was it, she wasn't willing to do anything or she didn't believe in it. So, licorice, I actually have a huge chapter on it in terms of research review. It's a very heavy hitter for Epstein Barr. It's a very heavy hitter for viruses. I wouldn't take it later in the night because it may keep you up. Early in the day, do you tolerate one, two or three? And it's also good for the gut. It's also good for the gut lining, for the inflammation. It might help a little bit with SIBO. So we'll have to use things that are versatile and do a lot of jobs. And another thing



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that does a lot of jobs is going to be selenium. I think everybody's familiar with selenium, right?

**Shivan Sarna:** Yes.

**Dr. Kasia Kines:** So, I want to qualify again to keep it safe. If you look at research, 800 micrograms a day should be the top safe level. You don't want to go over it. And so the supplement comes typically in 200 microgram increments. So during that acute place when you feel you're going down, you can do up to 800. If you're not sure, do 600. But ideally, if you want to do 800, you want to look at all your supplements because there may be some more selenium hiding, and you do not want to go over—not on my watch. So, short-term, higher dose is extremely effective as an antiviral, anti-EBV tool in your tool kit. Why I love it is because it also builds up glutathione. It also supports your detoxification pathways, your liver. It's hard to get in food. And it's one of the key nutrients for your thyroid for proper function. And if you look at studies, just 200 micrograms of selenium has been shown to normalize Hashimoto's, normalize the antibodies. That study, it doesn't necessarily happen like this over time, but that just tells you. They were not looking at Epstein Barr of course and what it's modulating. But it has a lot of work that it does for your body. [25:11]

So, it's really cool to have those little things in the kitchen. And you can maintain it at 200 micrograms just to support your functions. Have it in the kitchen cabinet. I just love it! I've done a few days here and there myself, higher. And I would be curious of the feedback. That's what we do in our clinic. So, these are just two things that could be done by anybody. And your question was if you are positive or if you have had it before, it doesn't mean anything! You shouldn't say, "Oh, my gosh! Now I have



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SIBO, and now I have Epstein Barr." Well, don't let it define you.

It's just a little virus. Most of us have it. And if we do well, if we take care of ourselves, it's latent. And if our immune system works, we have rest, we don't over-work, blood glucose regulation. If that's off, that can reactivate it. I mentioned heavy metal toxicity possibly. Toxins like dioxins are well-studied. Electromagnetic field, even conservative, has been studied. Anything that suppresses your immune system is a potential toxin. Over-exercise like athletes—there was a cool study where overtrained athletes actually reactivate it. I guess what they provide, they provide them with probiotics, and they zapped it, a little probiotics. So, it's really, really cool! Yeah, it's much simpler than SIBO, I'm telling you.

**Shivan Sarna:** Wow! That's really interesting.

**Shivan Sarna:** Wonderful! You're wonderful. Thank you so much for opening our eyes and helping us to be sort of medical archaeologists ourselves and for giving us all of your insight and all of your years of experience. So I know you're going to be helping a lot of people who listen to this right now. Thank you so much.

**Dr. Kasia Kines:** Thank you so much for having me. Good luck with the rest of the speakers. I'm very, very thrilled for you. Keep going!

**Shivan Sarna:** Thank you. Bye.

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Shivan - SIBO Patient & Founder of SIBO SOS®

My name is Shivan Sarna, and I've suffered just like you. And while I could have let my pain rule my life... I decided instead to find its root causes - so I in turn could help others. It's been a harrowing journey. I've seen it all and done it all - from acupuncture and Ayurveda, to colonoscopies and emergency room trips. I've always been 100% committed to revealing the truth about what really works in addressing our gut issues and what doesn't... the latest research and innovations... and who are the "best of the best" when it comes to gastroenterologists, naturopaths, functional medicine practitioners, scientists, nutritionists and more. As a TV personality for the last 20+ years, I gather all of this information and make it easier for patients and practitioners to understand.

And remember, there is always hope in healing.

XOXO, Shivan

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**Dr. Kasia Kines** holds her Master's of Clinical Nutrition from Harvard and earned her Master's of Naturopathic Medicine from Bastyr University in 2005.

A pioneer in functional clinical nutrition and Doctor of Clinical (and Functional) Nutrition, Dr. Kine's specialties include Epstein-Barr Virus, SIBO, thyroid/Hashimoto's, complex gastrointestinal, autoimmune disorders, and environmental medicine. She is the founder and CEO of Epstein-Barr Educational Institute that trains clinicians and educates EBV patients globally.

Dr. Kines is also the founder and CEO of Holistic Nutrition Naturally, a nutritional counseling firm that works with clients around the globe. Dr. Kines specializes in nutritional detoxification with her signature 30-Day Detox Program.