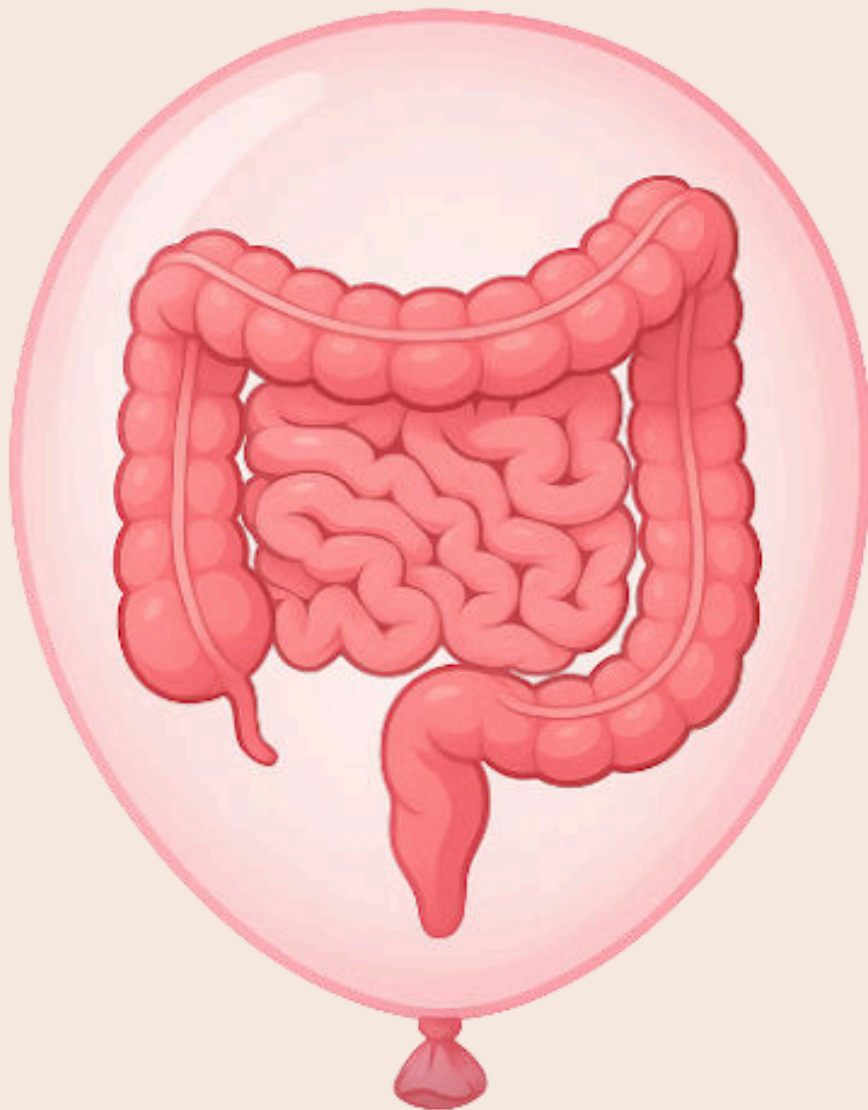


# WHAT IF IT ISN'T **SIBO?**

Why SIBO Keeps Coming Back — And What Else  
Could Be Driving Your Gut Symptoms



**Written by:** Angela Pifer, FMN, LN CN “**SIBO Guru**”

# Introduction

If you're holding this guide, you've probably wondered: Why do my symptoms keep coming back? Why does every new protocol work for a while, then fail? You're not alone — and you're not broken.

I've seen it all: people misdiagnosed for years, told "It's just IBS" or "Try another round of antibiotics." But your story is more than a breath test result. It's your timeline, your exposures, your stress, your environment — all of it matters.

Over the past twenty years in clinical practice, I've focused my work on looking deeper — listening to what your body's been trying to say all along. I help my clients untangle the real root causes behind SIBO-like symptoms — whether that's mold, motility, histamine, stealth infections, or hidden stressors you've been living with for years.

This eBook is your first step toward answers that make sense. Inside, you'll find real stories, root causes that often get missed, and the first questions to ask to finally break the cycle.

Let's flip the script together. It's time to find out, *What If It Isn't SIBO?*

**With Love**

*Angela Pifer*

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*"It's just stress."*

*"Your labs are normal."*

*"Try more fiber."*

*"It's probably SIBO. Take this antibiotic."*



## **You're Not Crazy. You're Just Not Being Heard.**

If you're feeling defeated and frustrated after dealing with bloating, constipation, food reactions, fatigue, or that awful end-of-day belly swell that makes it impossible to button your pants... you're not alone. For many of my clients, this has been going on for years.

But what happens when the antibiotics don't work — or they initially work briefly, then symptoms return with a vengeance? What if continued SIBO treatments are making you worse over time?

That's what happened to Elena.

# Meet Elena

## A STORY THAT MIGHT FEEL A LITTLE TOO FAMILIAR



Elena came to me exhausted — emotionally and physically. She'd been told she had SIBO and she had **seven positive breath tests to prove it**. Seven. Initially, the antibiotic offered a little relief, only for her bloating, burping, and constipation to roar back.

"I feel like I'm unraveling," she told me. "I've been constipated since I was seven. Now I can't sleep, my anxiety is through the roof, and I don't even know what to eat anymore."

She had already tried low-FODMAP, low-carb, low-everything. Her supplement drawer was overflowing, her confidence in her body was gone. So, I did what most practitioners skip:

I slowed down, and I **listened to her story**.

**When we walked through her health timeline, a pattern emerged:**

At age 6, there'd been a massive water leak in her childhood home. Years later, a water tank in her adult home had flooded a storage room. Neither home had ever been tested for mold.

I ran a mycotoxin test on Elena. It lit up like a Christmas tree.



## WHEN SIBO ISN'T THE ROOT CAUSE

What most people don't know is that things like heavy metals, environmental toxins and especially **mold toxins** (mycotoxins) can:

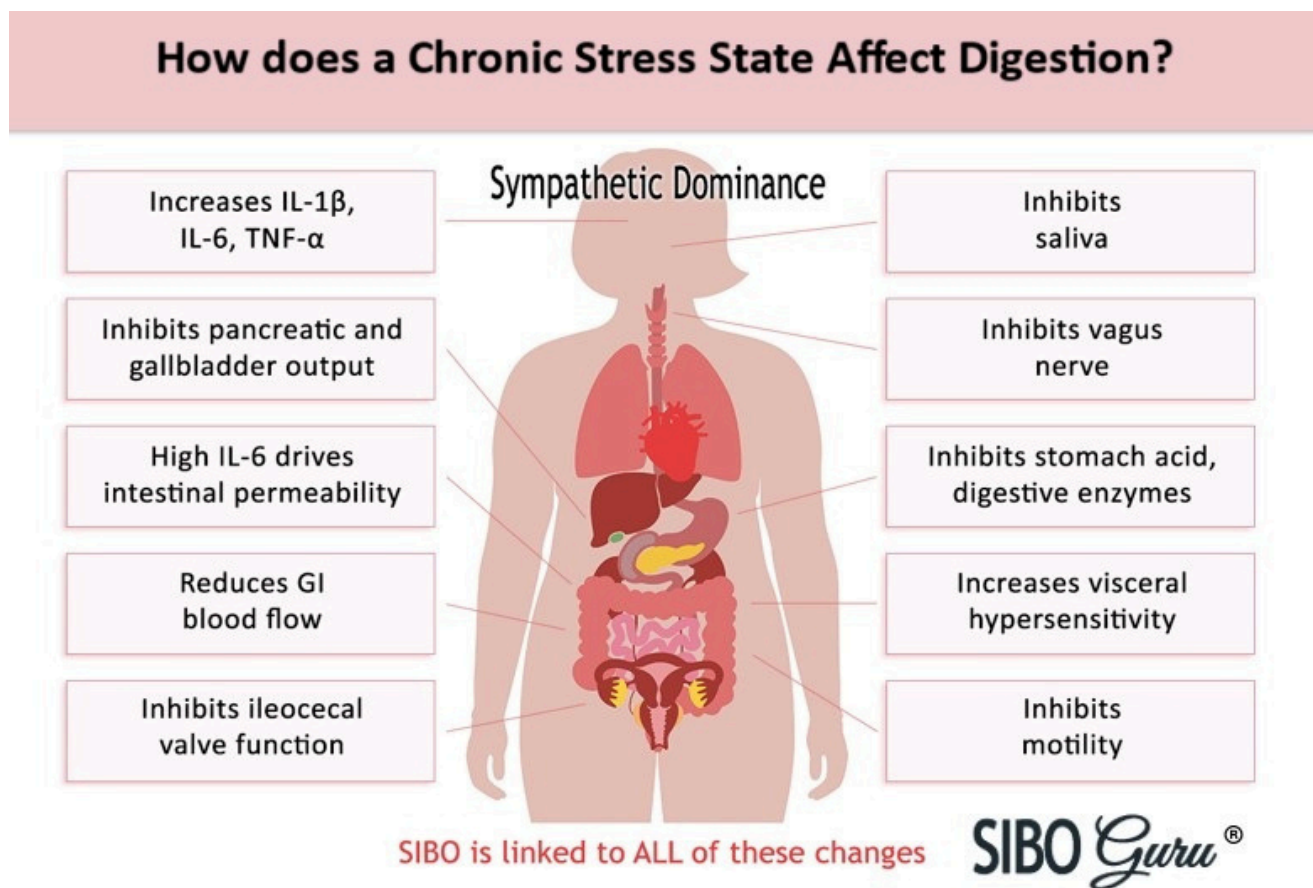
- » Damage the gut lining and increase food sensitivities
- » Trigger **neuroinflammation** (think: anxiety, insomnia, brain fog)
- » Suppress immune function and make bacterial overgrowth more likely
- » Disrupt bile flow and digestion
- » And — maybe most importantly — **shut down vagus nerve function**

And your vagus nerve is the master communicator between your gut and brain. It controls motility. It helps you shift out of fight-or-flight and into rest-and-digest.

If it's dysregulated, bacteria overgrowth is likely to keep recurring in the small intestine — even if you nuke it with antibiotics.

Vagus nerve dysfunction directly contributes to many of the hallmark features we associate with SIBO. It inhibits the production of saliva, stomach acid, digestive enzymes, bile, and blood flow to the gut. It also slows motility and disrupts the function of the ileocecal valve (IC valve), which separates the small and large intestines.

Chronic stress can further compound this by increasing visceral hypersensitivity—heightening pain perception—and elevating pro-inflammatory immune markers such as IL-6, IL-1 $\beta$ , and TNF- $\alpha$ . Notably, IL-6 has been shown to increase intestinal permeability, contributing to leaky gut.



She wasn't broken. Her system was dysregulated. Her immune system was overloaded. Her environment was toxic.

# THE AFTERMATH — AND THE HOPE

We didn't start with another protocol.

We started with **removal**: identifying mold sources and helping Elena remediate her environment.

*Then we supported detox — slowly and gently.*

*We calmed her nervous system.*

*We supported bile flow and motility.*

*We rebuilt her microbiome.*

*And slowly... her constipation lifted.*

*She started sleeping.*

*Her anxiety dialed down.*

*She even started eating fruit again without bloating.*

*9 months later, she was mold-free, medication-free, and finally healing.*

I'm telling you Elena's story so this doesn't become *your* story. You may not have a mold issue, but you may have a toxin load, heavy metals, leaky gut, fatty liver, Candida/ yeast overgrowth, a pathogen or parasite, etc., that is driving your vagus nerve dysfunction and these root causes are driving your symptoms.

Before you jump into another SIBO protocol, ask the question:

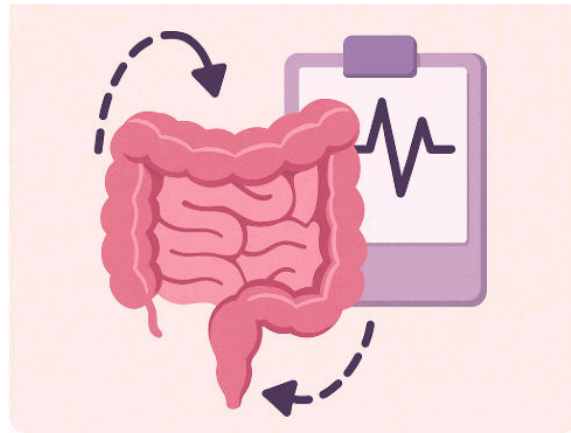
## What if it isn't SIBO?

SIBO is typically diagnosed through breath testing — but breath testing isn't perfect. In fact, studies show that 10–20% of healthy, symptom-free individuals test positive for SIBO. **That's a false positive rate of up to 1 in 5!**

So, if you're experiencing bloating, gas, or abdominal discomfort — it's time to ask: What else could be driving my symptoms?

# 1. Impaired Motility

Your small intestine harbors a lot of bacteria, but the load of bacteria is kept in check thanks to a system of wave-like contractions that sweep debris and bacteria downstream between meals.



This movement, often referred to as the "housekeeping wave," doesn't happen during digestion — it requires periods of fasting and a well-functioning nervous system. Bile is released at the same time. This acts as a detergent (it's antimicrobial) and is carried throughout the small intestine by the house keeping waves.

But for many people, especially those under chronic stress, recovering from infections, exposed to mold, or dealing with thyroid dysfunction, these waves can drastically slow down.

When motility breaks down, the small intestine becomes a breeding ground for microbes — and not just bacteria, but yeast and parasites too. This explains why many people experience brief improvement from antimicrobials or antibiotics, only to relapse as soon as the treatment ends. The root cause — sluggish motility — hasn't been addressed.

## Fix:

Focus on supporting your vagus nerve (the key communicator between your brain and gut), reduce stress through nervous system work (like breathwork, tapping, or vagus nerve stimulation), and consider a prokinetic to get things moving again.

## 2. Fungal Overgrowth (SIFO)

Small Intestinal Fungal Overgrowth (SIFO) is easily mistaken for SIBO because the symptoms are so similar — bloating, abdominal discomfort, fatigue, food reactions. But where SIBO is driven by bacterial overgrowth, SIFO is driven by yeast — and the treatments are wildly different. Giving more antibiotics to someone with yeast dominance can make them significantly worse. Sometimes people with SIFO will worsen while taking antibiotics and sometimes, things may improve for a short time and then symptoms strongly flare within a few weeks.

SIFO can also develop after antibiotic use, which wipes out protective bacteria and gives yeast the upper hand. It's especially common in people with sugar cravings, skin issues like rashes or fungal infections, or bloating that worsens with starches or alcohol.

Because standard breath testing doesn't detect yeast, many people are misdiagnosed with SIBO again and again. SIFO often presents with chronic symptoms — like chronic bloating, and I often think more about SIFO than SIBO, when I hear, "I'm bloated all the time."



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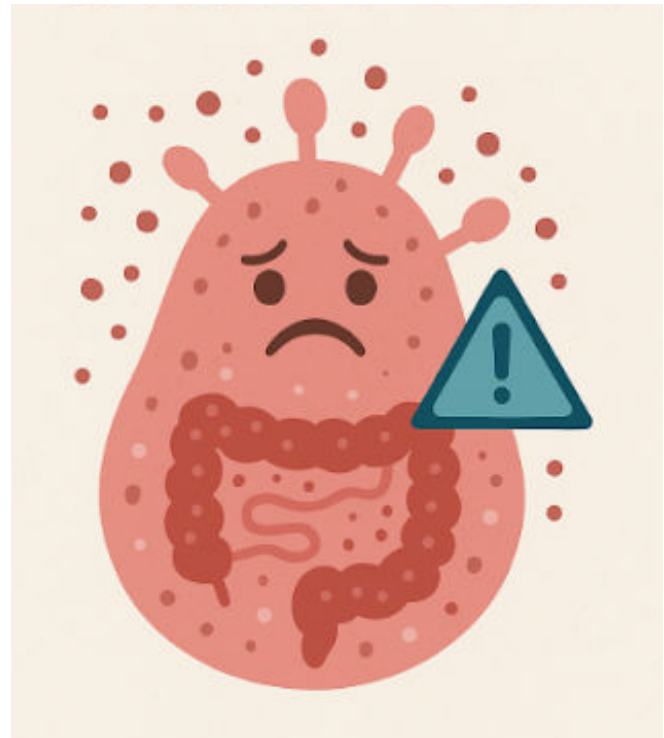
### Fix:

Improve bile flow (which has antifungal properties), rebalance the microbiome with spore-based probiotics, and use gentle, targeted antifungals like caprylic acid, undecylenic acid, or monolaurin — ideally under supervision.

### 3. Histamine Intolerance or MCAS

If you feel worse after eating leftovers, fermented foods, wine, or cured meats — this may be more about histamine than microbes. Histamine intolerance and Mast Cell Activation Syndrome (MCAS) are often overlooked in gut health, but they're major players in food sensitivity, bloating, and gut inflammation.

Mast cells live near everywhere in your body - in the lining of your gut, on your skin, in your brain, and around your organs and when they're unstable, they release histamine — even in response to “safe foods” or supplements.



They can dump histamine in response to stretching (bloating) and even from emotional stress!

This can mimic SIBO perfectly. You'll feel bloated, gassy, reactive — but nothing you eat seems “safe,” and antimicrobials may even trigger flares. High stress, mold exposure, and trauma can all destabilize mast cells.

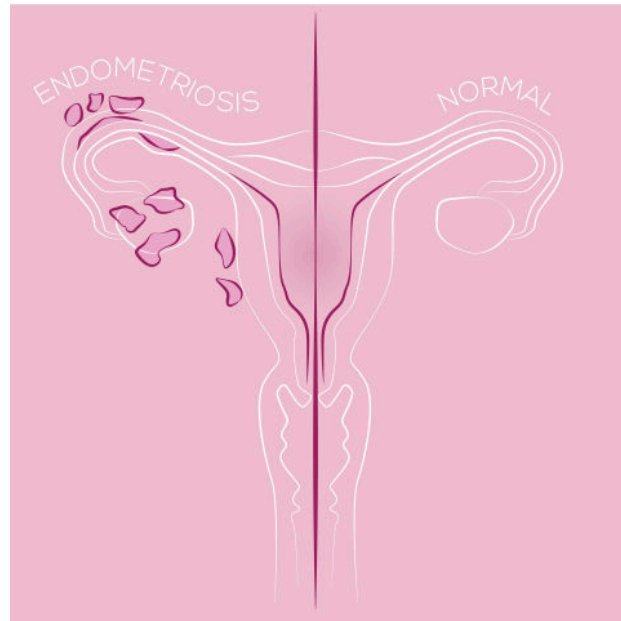
#### Fix:

Lower the histamine load in your diet temporarily, support DAO enzyme production (which helps degrade histamine), and calm the immune system with nutrients like quercetin, vitamin C, and gentle mast cell stabilizers.

## 4. Structural Issues

Sometimes, the issue isn't microbial at all — it's mechanical. If you've had abdominal surgery (especially C-sections), trauma, endometriosis, or even chronic constipation, it's possible that structural changes in your body are physically affecting how your gut moves.

Hiatal hernias, adhesions, lymphatic blocks (scarring prevents lymphatic flow through the area) and pelvic floor dysfunction can all slow or block intestinal motility, making it easier for bacteria to overgrow.



Endometriosis or Adenomyosis can also cause adhesions to the bladder, colon, small intestine, ovaries and elsewhere.

This is why a thorough review of root causes and identifying all the factors that are driving your chronic symptoms is important. In these cases, no amount of dietary changes or antimicrobial herbs will be enough.

The root of the issue isn't inside the gut — it's the pressure or distortion around it.

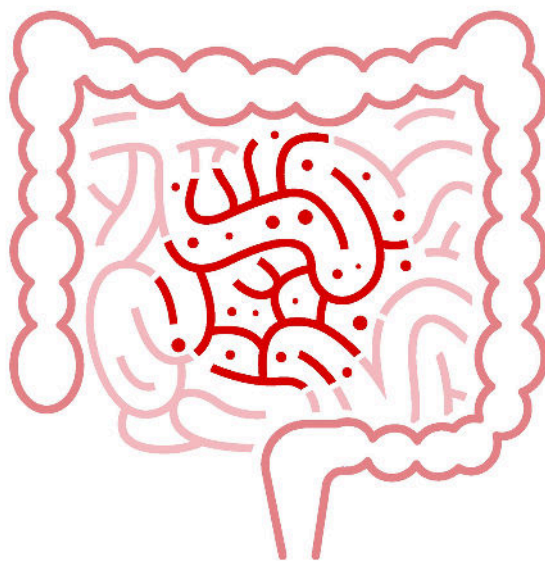
### Fix:

Work with a trained specialist in visceral manipulation or pelvic floor therapy. Discuss your concerns with your gynecologist. Clear Passage therapy is another option for adhesions. In some cases, surgical evaluation is warranted. You'll also need to support the nervous system and motility as you address structure.

## 5. Leaky Gut + Immune Dysfunction

When your gut lining is compromised, it's like having microscopic holes in a protective wall. This allows food particles, toxins, and even tiny amounts of bacteria to cross into your bloodstream — triggering immune overactivation and chronic inflammation. Leaky gut often stems from stress, a dysregulated vagus nerve, mold, toxins, chronic infections, and certain medications.

Once this barrier is weakened, even normal levels of gut bacteria can cause bloating, fatigue, skin flares, and more. This is why people with leaky gut often react to supplements, probiotics, or even previously well-tolerated foods — their immune system is on constant alert.



### Fix:

Rebuild the gut lining. Use gut-repairing nutrients like L-glutamine, zinc carnosine, and immunoglobulins to seal and heal — while calming the immune system and restoring microbial balance.

# THE REAL TRUTH? YOU DON'T NEED ANOTHER SIBO PROTOCOL

You need a new perspective.

Your gut is more than just bacteria.

It's your immune system. Your hormones. Your nervous system.

It's your story.

If no one has slowed down to *listen to that story* — and help you see the whole picture — no wonder you feel stuck.

But it doesn't have to stay that way.

# Next Steps

## LET'S GET TO THE ROOT TOGETHER

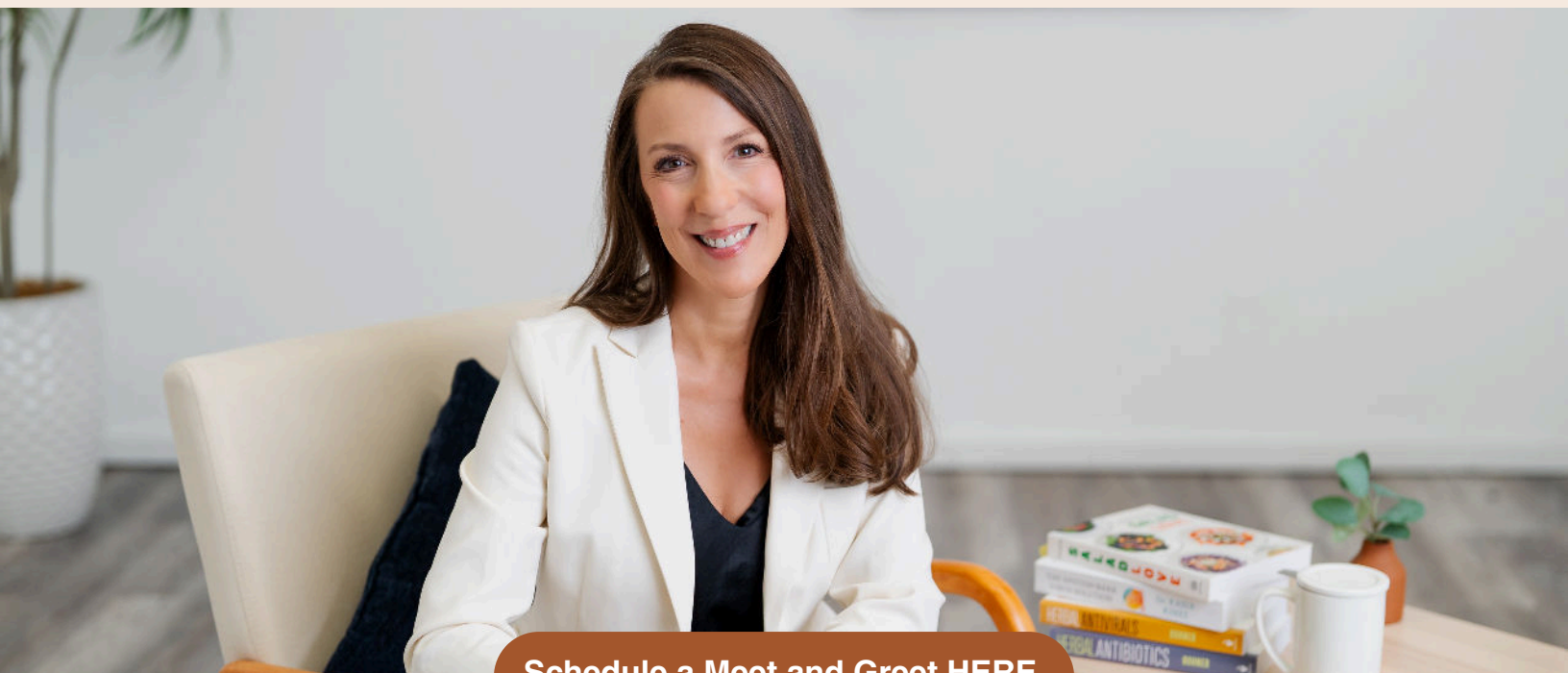
You're not broken. You're not crazy. And you're not alone.

There's a root cause behind your symptoms — and we're here to help you find it.

[Download the full “What If It Isn't SIBO?”  
Symptom Mapping Guide](#)

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*Work with Angela:*



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