

My 5-Minute Gut Exam

“I’ve learned if you fix digestion from the north end first, problems down south will generally take care of themselves.”

Since there are direct links and a cause and effect relationship to the gut and the brain, shouldn't we be assessing every patient's gut? Well, if the gut affects the release of cytokines that turn on pain then we definitely assess it, right? Or how about if the gut affects blood sugar or allergies or heart disease or systemic inflammation or obesity or hormones or autoimmunity or skin problems like psoriasis or eczema, would that be enough evidence to assess it?

I apologize for bantering you by overstating the obvious, but I venture to say that even though you know many of these relationships, very few of you are doing functional tests with every patient that walks through your door. And if you do, I suspect you are not following up with their gut on a regular basis. I say that because I study this stuff every day, and yet I get lazy and take the short cuts as well.

The tests take less than 5 minutes. Several years ago, research reported we have around 25,000 genes, and that the genes in our microbiome number around 1,000,000. Now, researchers are saying our



microbiome contain somewhere around 3,000,000 genes that turn on and off important physiological processes like inflammation, immunity, and cognitive function.

If you can't tell, I am building a case for assessing digestion and gut health with every patient and then to monitor them on a regular basis. I say digestion, because unless you get the pH of the gut correct, you can take all the probiotics you like, but you will still have problems. If someone has a hot gut, the percentage of absorption of the nutrients you give for any condition will be significantly reduced.

I've learned if you fix digestion from the north end first,

problems down south will generally take care of themselves. So let's take a few minutes and let me demonstrate the exam I use and how you can use neurolingual taste testing to refine your choices.

I use a combination of reflexes by doctors Chapman, Riddler, and Bennett. The purpose of this exam is to find tender areas that you can use to assess the optimal nutrient therapy or to evaluate the effectiveness of a therapy that you are using. Depending on the way you schedule patients once you record the sensitivity from 1-10, you can taste test different supplements on the spot or schedule an extended visit to determine nutrient needs.

Dr. George Goodheart always used to say measure, measure, measure. Find something to measure, and then see if your therapy changes physiology. Pain should be less intense, tissue less guarded, range of motion should increase, and impaired neurological muscle function should increase.

Let's start by having the patient lie on their back with their knees slightly bent.

Find the xiphoid process and moving 1 inch down and one inch to the patient's left, this is a Riddler reflex for HCL. If we go down one inch and then one inch to the patient's right (gallbladder side), this is another Riddler reflex point that reflects pancreatic enzyme function. Record tenderness.

Shift to perform the Murphy's sign by slowly inserting your fingertips palm side down under the right rib cage where the gallbladder should be as the patient exhales. If the patient makes a face you know the gallbladder is swollen.

By the way, should we suggest a detox if the patient has a swollen gallbladder? Not without fixing the gallbladder first. Healthy bile maintains a pH that is suitable for the growth of a healthy microbiome. Let's move to the small intestine by assessing Bennett reflexes.

Create an imaginary circle around the umbilicus that has a 4 inch diameter and then break it into 4 quadrants. Slowly, I mean slowly, push your fingertips into the tissue to assess muscle tension, guarding or tenderness. If the gut is hot the muscle will remain tense to protect the inflammatory process. Ask the patient to rate the sensitivity on a 1-10 scale and record the score.

You can see a Tuesday Minute on neurolingual taste testing to the right.

Another way to assess the small intestine is the Chapman's reflex. Checking for tenderness, use the intercostal space between the 8th, 9th and 10th rib tips. Now let's move to the large intestine.

Start at the lower end of the ascending colon and slowly palpate up the ascending across the transverse and down the descending colon. You can palpate a little deeper than the small intestine, but we don't want to cause pain.

I draw a hand drawn diagram of the large intestine and the quadrants over the small intestine numbering response levels and highlighting numbers that I want to retest. Most of the tests respond consistently to neurolingual taste testing.

Chapman, Bennett, and other tender trigger points in the large intestine respond quickly. The Riddler reflexes are hit and miss, so I just use them for assessment. We've done videos on neurolingual testing in the past; I prefer it over energetic testing, because it is a neurologic connection from the nerves in the mouth via hypothalamus to the muscles.

Energetic testing has value; it just doesn't seem to work for me. You can see links to the right to get more training and some charts that will be helpful.

But with so much information about the microbiome and the extreme prevalence of reflux and digestive disorders, it just makes sense to start with the gut.

Thanks for reading this week's Tuesday Minute edition. I'll see you next Tuesday.