

Patient Digestion Evaluation

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Almost every lecture you listen to, whether it's about brain or pain, contains the caveat, "of course, assess and heal the gut". Do you have a system to evaluate digestion quickly and efficiently? Do your patients know you are an expert in GUT issues? Everyone has their own style of treating digestive issues, but I'll outline what I do, and perhaps give you a few insights as you assess gut health.

Dr. Blaylock shared a recent survey that showed 74 percent of Americans suffer from some sort of GI discomfort, and gut issues have been linked to virtually every major disease. The research continues to show how a leaky, inflamed gut starts or maintains the inflammation cascade.

So to get started, I'd like to share 2 forms that can help gather information about your patient's digestive health. The first form called "Patient Digestion Evaluation" is a quick down and dirty questionnaire to assess digestion. Give this form to every patient as they sit in the waiting room.

The second form, Functional Evaluation Digestion (FED)



was developed by Jamie Belz. It's used to record initial physical exam findings and results from neurolingual taste testing supplements. The Functional Evaluation Digestion is also used as a follow up form so you can chart the progress on follow up visits.

The Patient Digestion Evaluation form comes from the Balancing Body Chemistry group, although I've added a few questions as well. The top section will alert you if they are taking medication. Side note, you will be surprised how many of your patients are taking one or more pharmaceuticals. It's important to give them the nutrients to counteract the deficiencies that the drugs cause. See a Tuesday Minute

called "Drug Induced Nutrient Deficiencies" for a nice chart.

The second section will help you discover what dietary factors may propel and underlie their digestive issues. It's essential that they eat food that will generate life. I use the anti-inflammatory diet with ALL digestive issues. There's a link on this page for the diet.

The next section has questions regarding gluten sensitivity; and if circled, consider the need for Gluterase, especially when patients eat out. If they have problems with Chinese foods, salad bars, or get hives/headaches when drinking wine, they are probably sensitive to chemicals and will benefit from a clinical trial using a product

called ScentArest [Now called TolerAid]. ScentArest was developed by Dr. Mark Force to treat chemical sensitivities and is very effective.

Section A: Scores high in this category indicate a need for HCl. Dr. Harry Eidenier and his Balancing Body Chemistry group have correlated blood tests, stool tests, and other comprehensive tests on over 10,000 patients between 1978 and the present. Often included was the use of the Heidelberg radio telegraphy machine to measure stomach acid. Interestingly, they found that symptoms are often the best rationale for a clinical trial regardless of the lab tests. If two or more of these symptoms are present, a clinical trial of hydrochloric acid should be considered. The higher the score, the greater the need is for HCl.

You can click to the right and see a Tuesday Minute called "The Importance of HCl" for dosage recommendations and further lab tests. As the article mentions, always take HCl in the middle of the meal. If for some reason, warmth or burning occurs at the onset of therapy, stop the therapy, and heal the stomach for 30 days before proceeding. HCl-Ease and/or GI-Resolve would be the products to initiate healing.

Section B: This section pertains to Liver/Gall-bladder problems. For scores high in this category, consider beet juice as in Beta TCP or Beta Plus to thin bile and assure healthy bile flow before and during liver gall bladder treatments. Also, consider or test with Livotrit Plus, MCS-2, Cytozyme-LV, Phosphatidylcholine, etc.

A major piece to healing small intestinal bacterial overgrowth (SIBO) is returning the bowel to physiologic pH. A mildly acidic small bowel (due to PPIs, fermentation, etc.) will allow bacteria that

should live in the large bowel to migrate north. Change the pH back to mildly basic, and the bacteria can't survive. And one of the big keys to pH balance is restoring proper gallbladder function. See the link "Digestion Clinical Pearls."

Section C: Colon. Always treat north to south. Remember the pH of the small and large bowel will determine what will thrive and survive. Once upper digestion has been addressed and the proper pH of the bowel restored, test for restorative nutrients like Colon Plus, GI resolve, BioDoph-7 Plus, Chlorocaps, IAG. If that still doesn't bring relief as you palpate both large and small intestine points, check for bugs, i.e. A.D.P., Dysbiocide, FC-Cidal, Berberine HCl, Garlic Plus. Take a look at the Functional Evaluation Digestion form to the right. Also, watch the video "My Five Minute Gut Exam" for instructions and a demonstration.

The more you use the Functional Evaluation Digestion form, the more you will love how it summarizes data from visit to visit. Remember, your patients have digestive issues whether they are talking to you about it or not, and 3 out of 4 of their friends do too. Make sure your patients know you are an expert by using the digestion evaluation and performing a digestive exam. And then ask them to send friends and family members to you for the exam as well. It's important to remind patients that you are offering natural solutions that enhance life rather than create problems down the road.

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