
# Optimizing Elimination: Introduction and How It Works

## Transcript

Hello and welcome to *Optimizing Elimination*. I'm Dr. Ritamarie Loscalzo and I'm excited to take you through this final part of the digestive tract where everything is going to be getting out the things that don't belong, so it's going to be an exciting presentation.

Before I begin I want to make sure that you are aware that the information I'm presenting here is not intended to replace a one on one relationship with a qualified healthcare professional and it's certainly not intended as medical advice. It's intended as a sharing of my knowledge, information and clinical experience and research over many years, decades in fact, in working with lots of people.

But everybody is unique, so I encourage you to listen, take it all in, and then if you are under the care of any kind of medical professional, on any medications at all, being treated for any kind of condition, then I recommend that you have a discussion with your practitioner about the protocols that you are feeling called to do.

### Gut Repair & Alkalizing Nutrition for Digestion – Program Flow

Let's just do a quick summary, so far we've been through the first four parts of our digestion program and now we are on to *Part 5***.** We started out back at the beginning, in ***Part 1,*** really looking at how digestion works, what are all the parts, an overview of how they are all put together, and we started off with some basic protocols for optimizing digestion.

Next, in ***Part 2*****,** we went into looking at the upper part of your digestion including things that most people don't even think about as being part of the digestive tract, but are very important for optimal digestion, and that is the mind and the mouth. We also looked at the esophagus and the stomach, went into a little bit more detail about the anatomy and the physiology and the biochemistry of those things. And not to scare you, the whole reason for that was to lead to you having a really good understanding of what kind of things can go wrong so you can recognize them and know how to do things to correct them. In ***Part 3,*** we looked at the small intestine and we looked at ways to repair it and cleanse it from things like parasites and funguses and candida and bacteria and viruses that don't belong there and to really restore the microbiome or the gut flora as it's often called.

We looked at possibilities of how to do repair. We also introduced recipes; recipes to soothe and heal your digestive tract while you are going through this process. In ***Part 4,*** we went through specific implementation protocols and special strategies, things to look at when these common and everyday things we've been talking about may not be working as well as you believe.

We looked at the specific carbohydrate diet (SCD), we looked at the FODMAPs diet, and we also looked at SIBO, which is Small Intestinal Bacterial Overgrowth. We talked about ways to determine if you are a candidate for any of those strategies and gave you resources to help you to put those things into place. Now we are going to look at ***Part 5*****,** *Optimizing Your Elimination*. How do you get what doesn't belong in there, out, so it doesn't get reabsorbed and cause problems in your system?

## Elimination

This is a picture of your large intestine and we'll be going through what that is in a little bit of detail, we'll go into the structure and the function, we'll be talking about the physiology, how the large intestine works, what it does and how it does it, we'll go into a little bit of what happens when elimination slows down and this is really important because a slowdown of the elimination can affect you throughout your entire body.

It doesn't just affect you with bloating and gas as we would think, you can get things as headaches and skin breakouts when your body is not eliminating all the toxins. I'm sure you've all experienced that from time to time; sluggish elimination, constipation, temporary constipation or maybe you have chronic constipation. I want to teach you how to identify when it's sluggish and how to correct that, and how do we intend to detox while doing so?

## 3 Main Functions of the Digestive System Review

Let's review the three main functions of the digestive system. Number one, digestion, that's to break the food down into molecules the body can use. We have the mechanical breakdown, which is done by your teeth, and then we have the enzymatic breakdown, which is done in your intestinal tract and in your stomach.

Then we have absorption which is when the molecules get taken from the intestinal tract and put into the blood so that they can be carried throughout the body to provide nutrition. And finally we had elimination which is what this part of the module is all about which is when the wastes are eliminated and removed out of the body.

## Assessing the Digestive Tract

We need to be able to assess your digestive tract and I've given you some tools to do that. We've got an online assessment; I recommend that you do the online assessment that's recommended in the module. There are some laboratory markers for malabsorption, there are some physical signs of nutrient deficiencies due to malabsorption, and there are elimination and allergic reactions.

And if ever you get big, bloated belly, your pants size goes up at the end of the day, bigger than what it was at the beginning of the day, if you just notice that somehow you look somewhat pregnant after you've eaten, it's usually an allergic reaction, that's a sign you are having some allergic response to your foods. And then symptoms outside of the digestive tract that can be related to what's happening inside, and it can affect your skin, your gums, your nails, your lips, your tongue, your joints and your bones. We'll talk about what some of those are, related to some of the dysfunctions that can happen.

And finally there is transit time, and we talk a lot about transit time here in this module. We'll teach you how to assess your transit time which is how long the food takes to go from your mouth through the whole length of the digestive tube and out your anus, what's left over.

## The Parts of the Large Intestine

The first we have is the caecum and that's down here where the small intestines feed into the large intestine. There is also down, off of the caecum, this little tail here called the appendix. That's the first part. The next part is called the ascending colon, that's the part that goes up from the caecum and then turns at what's called the hepatic flexure, right underneath the liver, and hepatic means related to the liver.

It goes across the transverse colon, and then makes a turn here at what's called the splenic flexure, because it's near your spleen; and that's what makes it turn down, and goes down into the descending colon; then we go into this little S-shaped section, called the sigmoid colon, and then we go into a little repository, called the rectum, where feces can sit and wait until pressure builds up and you get the urge to go and release, and then finally the exit is called the anus.

## Large Intestine Details

Let's look a little bit more at the 'trivial pursuit' type questions about the large intestines, stuff you don't necessarily need to know but again really nice to know. On this picture all the parts are labeled; you can see the caecum and the appendix and the ascending colon.

They call it the right colic flexure here, but it's also called the hepatic flexure. Across the transverse, and then there is a few other pieces you don't need to know. The left colic flexure, which is also called the splenic flexure; the descending colon, the sigmoid colon, and then down and out.

We'll also talk about a few details like how long is the large intestine? Well it's about a meter and a half in length, which is about 4½ ft. Of course it's going to vary from person to person, little people are going to have smaller ones, bigger people are going to have bigger ones.

It's about 5cm in diameter, which is about twice the diameter of the small intestine, and 5cm is about a couple of inches. The large intestine contains bacteria that make Vitamin K and Vitamin B12. The large intestine also absorbs water and minerals, it's the last chance to absorb some minerals out of the feces, out of the foods, the last chance to grab some, and it also absorbs water.

As the food or the bolus of food, which is no longer food really, it's called chyme, is going through the large intestine. It comes in as a kind of liquid mass, like a smoothie consistency, and then as it travels through the large intestine, water is absorbed through it, so that by the time it comes out it's formed to the shape of the intestine. It should be relatively soft and conforming to the shape of the intestine.

If your transit time is too slow, and your stool is sitting in there for too long, then too much water gets absorbed and you end up with very small pieces and pellets and very hard stools. Sometimes you get very small and skinny stools if they are going through too fast, if they're soft and skinny. The last seven or eight inches, in the rectum, stores the feces for release so they can sit there for a while. You do not constantly have to eliminate, the stool gets moved along, and along, and when it builds up, the pressure builds up and you get the urge to release it.

## The Appendix

The appendix is this little guy here, right here is where the small intestine comes in to the caecum, part of the large intestine, and the appendix sits down here. You'll know the appendix from the condition called appendicitis; a lot of people have that, where the appendix gets inflamed. The appendix consists of lymphatic tissue and of course it's part of the immune system. A lot of people have talked about the appendix being a vestigial organ. We don't really believe it's necessarily a vestigial organ, meaning it's not used anymore, because it contains lymphoid tissue and it's really small it's barely four inches.

Whenever it's been taken apart and studied in the laboratory it's found to contain a lot of lymphoid cells, which does suggest that it indeed has immune system function. It's also believed to act like a bacterial factory cultivating good germs; actually being able to help you to produce some of that healthy flora.

## Ileocecal Valve

The ileocecal valve is a little flap, a little valve that allows passage of materials from your small intestines into your large intestine. We are going to look at what story does your poop tell? How do you know, based on looking at your poop, if you've got some problems and what those problems might be? Then we'll talk a little bit about what can go wrong, and I'll talk to you a little bit more about that ileocecal valve.

The fecal material does indeed tell a story about what's going on in your digestive tract; are the stools moving through too fast, are they moving through too slow, is there some overgrowth of bad bacteria? I recommend that you observe your poop over a few days. You can even keep a poop diary if you will, because if you are having digestive tract dysfunction, it's a good idea to do because it will give you clues about how to fix the problems.

## Bristol Stool Chart

This is something called the Bristol stool chart and it's reproduced in larger details in one of the handouts on your materials page. **Type 1** is hard lumps; these separated little lumps. They are hard to pass and this is because you've got constipation basically, it's sluggish, everything is going through too slowly and it just separates into these little clumps.

**Type 2** is kind of sausage-shaped but lumpy, which is very similar to type one, although maybe you've got a little bit more liquid in there, you are not quite as dehydrated down there, or your stool is passing through a little bit more quickly than in the type one.

**Type 3** is like a sausage, but has cracks on the surface. Whereas **Type 4** is like a sausage or a snake, it's smooth and soft. Type four is getting into where there may be bad peristalsis and you are not contract-release, contract-release so much, and you are not getting the stool to be the full width of the intestine, and again there is a lot more detail about this in your handout. **Type 5** are these soft little blobs with clear cut edges, they are passed easily but still maybe things are going through a little bit too quickly. **Type 6** are fluffy pieces with ragged edges and are mooshy, and **Type 7** are watery, entirely liquid, and way too fast.

**Type 4** is about the closest to normal. **Type 4**, or something like type four but wider, more the two-inch thickness of the large intestine, would be more of a normal stool.