



## **Digestion: Small and Large Intestines**

### **Assessment**

### **Transcript**

Let's talk about some of the imbalances with the small and the large intestine then.

Before we begin, let's just make sure that you're aware that any of the Information I'm presenting here is not intended to replace a one on one relationship with a qualified health care professional, and it's also not medical advice.

When you're presenting to your clients, you need to be really careful and make sure that they are aware that what you're presenting and what I'm presenting here today is intended as a sharing of my knowledge, information, clinical research and clinical experience over many years. I encourage you, and you should encourage your clients to make their own health care decisions based upon your research and in partnership with a qualified health care professional. This is especially true for folks who are on any medications, just want to make sure that the things that we talk about in terms of nutrition are not going to interfere with the protocols.

When the small intestine gets out of balance, it's usually related to enzymes, gut flora or leaky gut. We already talked about enzymes a bit ago because when we talked about the duodenum. How do you know if a person is having problems that can have be associated with the small intestine?

These are some of the signs and symptoms. If somebody says whenever I eat a lot of fiber, I get constipated. You think, well that's the opposite of what you should be getting, right? I mean, when you get a lot of fiber, you're supposed to avoid constipation. That's what's supposed to happen. Yeah so, if somebody says to you every time I eat lots of salads, I get constipated. Isn't that what we usually tell people is to eat lots of fiber to take away the constipation. That's one sign.

If they say that their fullness and indigestion lasts for a couple of hours, it could be small intestine most likely related to enzymes. They have difficulty losing weight. A lot of people will say they have difficulty losing weight even though they're eating a good diet, A lot of it is their holding a lot of it here in their small intestine.



There's a lot of inflammation going on in the small intestine, those lymphatics get all swollen. Their little villi get swollen from leaky gut issues. That increases the fluid weight being held and it increases the size of the gut. It feels like you're not losing weight.

Then there's pain, tenderness and soreness on the left side under the rib cage is often times associated with small intestine imbalance, bloating one to two hours after eating. Remember, we saw that was with the low stomach acid, that was bloating almost immediately like within 15 minutes. That's how you would differentiate when they're speaking about these symptoms like where it is.

It helps when you do a symptom survey like the ones that I had given you because that breaks it out for you. You don't have to do all the analysis. You go, "Oh, she had 25 points in this sections and 50 points in this section." A lot of gas, that's often times a small intestine thing. When things just sit there and they sit there and they sit there. If you feel nauseous, again, that could be stomach of course as well, but nausea and vomiting can be related to small intestine. If it's a lot of undigested food and it's fowl smelling, it's often the small intestine because the flora is out of balance.

If you get a lot of mucus like greasy and poorly formed foods that's usually related to not doing right with your fats, you're not digesting your fat which would be related to the enzymes and that does to frequent urination and increased thirst and appetite are more related to pancreas than the small intestine. Alternating constipation and diarrhea, people will say, it's not necessarily their large intestine that's irritated. It could be their small intestine and it could be related to the Ileocecal Valve disrupt. Those are some of the signs.

Some of the physical exam things are like we talked about earlier with the stomach, these would be tender spots at the tips of ribs 8 through 10. Now, if you reach around on your side. Everybody go ahead and put your hand on your side with your thumb facing downward and your fingers facing towards your back, your spine and just slide down until you come off the rib cage and you feel ... There you go, you feel the tip of one of the ribs that doesn't make it all the way around. The first seven or eight ribs will go all the way around to the front. Then starting with the eighth through twelfth they don't, they stop short of that. You'll feel the tips of those ribs being tender if you've got some swollen intestines and mine are not tender right now.

The other thing is around your belly button, so go to your belly button and then just start doing little circle movements around your belly button to see if there's some hardness and some tenderness, it could be either hardness or tenderness. Mine isn't tender but it's a little bit hard, interesting. Okay, so that's some of the physical exam stuff. As far as the lab test, you want to make sure that everybody that you're suspecting of gut stuff either gets a gluten and casein antibody test or goes off of them for an elimination period.



The other thing is there's something called the lactose intolerance breath test, so you can just breathe in and they measure to see if you have lactose intolerance. You can have a zinc that's low on the zinc assay test. There's a GI test. I should take off these links because there's other links. We have them and we'll put them in a little booklet. The GI effects is Metametrics version of the stool test, The CDSA is Genova diagnostics test and you can order them through direct labs. The other one that I have been using more recently that I found to be a little bit more sensitive on the H. pylori especially is the bio health. They do parasite testing as well H. pylori as well as just general gut flora etc.

There's other things and we'll go through the lot more of this when we go on the CDC, that's when we have our intensive class on that but the Eosinophils are actually a type of white blood cell that gets elevated when you have parasites. Parasites are allergies, so if you notice that they have especially excessively high Eosinophils on their blood test, then you want to be looking to see if they have parasites. You want to either put them on a good parasite program. You can do a protocol. HealthForce Nutritionals has a protocol, I think there's Vitamin Code has ... A lot of people have them. I like the HealthForce Nutritionals one. I just really trust their brand. It's just a really good way to just, "Okay, maybe they have parasites. Let's check it out." If things don't get better, then you can either do another round or start to do a stool test to see what's really going on there.

The bowel transit time, that is a test I'll show you how to do. I have a slide on that. That's where you measure how long does it take ... How long does the bus take to get from the mouth to anus and you may find that there is some variability there. It's a really good thing to know for yourself because if it's longer than 18 hours that would explain why you have such crazy symptoms even though you might be eating right and even though you may be having a bowel movement every day. See, here's the deal, people think, "If I'm having a bowel movement or two or three everyday, that means that I have a good transit time," but that's not necessarily true. You may be pooping out stuff you ate three days ago but you're keeping it up. It's working well to keep going, but you really want to get the old stuff out.

Then there's also pulse tests you can do for food sensitivities. Oftentimes, food sensitivities are related to the small intestine. Candida cultures, you can do the breath test for candida and then there's some intestinal permeability. There's also one from Cyrex labs. We will go through this in way more detail. This is not intended to be complete when we do this section, the GI section of the assessments program.

What are some symptoms of large intestine imbalance then? Well, the feeling that, yeah had a bowel movement but it wasn't complete. If you have lower abdominal pain that is relieved whenever you pass gas or have a bowel movement, alternating constipation and diarrhea, that could be either. That could be either small or large.



If you have more than four bowel movements a day or watery stools, it's most likely going to be related to the large intestine because it's not absorbing the liquid out. There's something that's irritating it enough that it's shooting everything through really quickly.

Constipation, less than two bowel movements a day. That's a different definition of constipation that you may hear. When people come in and you're talking to them about their gut, you're going to have to be up close and personal and ask them how many bowel movements and what the consistency is. They may say, "No, I'm not constipated," and be done with it. When you question them, you find out that they're having one bowel movement a day. It's small, hard and dry, You really need to ask lots of questions. People should be having two really good solid big bowel movements a day, unless you're not eating that much, unless you're on some kind of cleaning thing where you're mostly drinking, you're not going to generate quite that much poop. But you still want to move it out so when you're doing a cleanse, it's probably a good idea to do some of the enemas or colonics or laxative type herbs.

Believe it or not, a large intestine imbalance can cause fuzzy debris on your tongue and of course, passing of gas we all know that that's associated with your large intestine. Constipation may not be related to the intestine. Constipation can actually be related to the liver. To frequent the bowel movements, if you feel like you have to use laxatives, somebody will say, "I have two bowel movements a day," and then you ask them what kind of medications they're on. They're on stool softeners and laxatives and they drink Smooth Move Tea. Well, sure they're getting two bowel movements, but it's not on their own and you really want to look and dig to see what's going on. It could be a liver thing. They could have a liver stagnation issue that causes what's called a dry constipation. It could be a lot of things not related to the large intestine at all.

Cramping blood or mucus, blood or mucus in stool is something ... If somebody tells you they have blood or mucus, blood in their stool you need to get them to do guaiac test or get to see their medical doctor to find out why they have blood in their stool. Sometimes for women, it's because they see it. It's just right after a period, it might be a hemorrhoid or it could be something more serious than that. People with large intestine imbalance can get irritable bowel, inflammatory bowel disease and we're going to look at some pictures of that in a bit and then episodes of left sided pain, which is right as the poop is going out, going towards the end. We're reaching the finish line but it gets stuck and that can be signs of diverticulitis or diverticulosis.

In terms of the large intestine, again exam and testing. I'm just giving you a brief overview, just kind of wet your appetites for the longer thing because again, I like you to hear things multiple times.



So tenderness along the eighth to twelfth ribs, over the large or small intestines. If you poke around, it shouldn't be tender. If you do it right after you've had a big meal, it's probably going to be a little tender but it shouldn't be tender. The other thing is looking at their hands and looking at their veins, if their veins are not ... they're flat looking and they look dehydrated, their skin looks dehydrated, then that could be an indication that that's contributing to the sluggish bowels. Any tenderness along the outside of the thigh, that's a lymphatic reflex, a neuro lymphatic reflex for the tensor fasciae latae muscle and that's associated with the large intestine.

Some of the testing again the eosinophils related to parasites or allergies, the transit time, the CDSA. There's something called urinary indican which is a home test that you could do if you can get the kits. Basically, you open up the vial and you pee in a cup and you put in up to the certain line with pee. You watch it and you do some things to make it change. Indican in the urine would indicate that there's some gut, what's called dysbiosis. Dysbiosis meaning bad bugs in the gut. If you already know that, then urinary indican can be used as a way to track it, how you're doing overtime.

The last thing would be parasitology and candida assessment. A lot of the testing is the same for the two, so there's a story in your poop. Most people don't spend their time looking in the toilet bowl after they've eliminated and looking at their poop and taking pictures of it. But some people do and you'll find those pictures all over the internet. It tells a story about what's going on in your digestion. What I would recommend is you take a look over the next few days and just observe.

You're going to see a chart on the next page where you can use to actually mark what your poop looks like. This is called the Bristol stool chart. When I found this several years ago, I was thrilled. Now, it's all on the internet. Everybody has seen the Bristol poop thing. Sometimes their making fun of it, "Look at this chart on how to look at your poop," but basically you should go through the next few days and you definitely want your clients to do it, but do it yourself first. You don't want to ask them to do something that you haven't done and look to see what it is. Mark each bowel movement that you have and give them a type 1 through 7.

Let me give you a scoop on what a healthy poop should be. It should be between 1 1/2 and 2 inches in diameter, that's a good size, and between 6 and 10 inches long. That's actually conservative, I've seen it much longer. When you think about it, there's four feet of that intestine there. Wouldn't you like to have a 4 foot long bowel movement and clear the whole thing out in one shot? Yeah, way to go. The color should be medium brown but it will tend towards green if you're doing a lot of green smoothies, it will tend towards green. It's just the pigment; the chlorophyll pigment will get in there and overshadow the bio pigment.



If your poop is too light, you ask people what their color is. If they say, "It's like a tan color, kind of like clay," that's a sign of fat malabsorption. It should be medium to dark brown, okay? It shouldn't be black. If you eat beets however, it will turn red and it scares the heck out of people. Your poop should be easy to pass, so you're going to have to ask these questions and maybe you just come up with an elimination assessment form that they fill out so you don't have to ask them and they don't have to be embarrassed. We all just get embarrassed about our body functions.

If you have a lot of fiber, the poop hits the water and it can fall apart. That's just fine. Right, this is the poop indication. Let's talk a little bit about what these all can mean. I recommend that you take notes.

What I'm sharing here can be found in the elimination boot camp for your bowels document. That's right below the videos on this page.

Then you give them this chart, you have them just track it for several days and see where it's at. That'll give you an idea. For example, if it's greasy, of course that's poor fat digestion, give them digestive enzymes with Lipase, give them just Lipase. If it's really foul smelling, it says that there's some stagnation going in your intestine and you may overly acidic, so really pull out your alkaline diet chart and really work on getting them to do more alkaline foods. Then enemas and colonics too, if it's really foul smelling. Now, if your poop leaves a skid mark in the bowl, usually that's excess mucus in the stool as a result. It could be wheat and dairy intake. It could be something else you're allergic too that caused a mucus response. If it's in pellets like the first picture here, the very first one, that's pellets, hard separate little bumps, like nuts then it really, really is indicative of dehydration.

Now number 2 is not much better. It's just the pellets are all stuck together, still dehydration. It's still dehydration. Maybe there's a little bit more hydration to hold it together a little bit better. I already mentioned how really pale colored indicates low bile production and thus it's low liver function. If you've got pieces of food in there, it means you're not chewing enough. You got to slow down and enjoy your food.

If they're pencil thin, it can indicate that your large intestine is clogged, because remember it's a two inch diameter. You wouldn't want to be getting a one inch or a little skinny pencil thin pellet coming out of there or string. That means that there's some blockage there, right. Or it means that you've just entered from the small intestine and it just ... You have a really rapid transit time and it didn't have enough chance to pull out enough of the liquids. Watery. If it's watery, it's generally an irritated bowel.





Small curved pieces like this, little pieces like this, number 5, those indicate that you have a faster than normal transit time. They take shape of the small intestine because they haven't been in the large intestine long enough to take on its shape. I highly recommend that you read through the elimination boot camp for your bowels document and review the charts and really get familiar with it and get comfortable talking to your clients about poop because that is the number one way that you're going to find out what's really going on in there.