



Nutritionally Oriented Physical Exam: Bodily Functions

Transcript

Now that you have a pretty good understanding of how to do a functional physical exam, we are going to move into how to look at your client's bodily functions and evaluate that. It is part of the physical exam. It is not something that you are physically going to be looking at, but it is something that they are going to be tracking and sending back to you so I am including it with the physical exam findings area. Know that it is going to take some time and practice to get this under your belt. I recommend that you go through the videos, go through them a couple of times, go through the forms, and find some friends, family members, clients that you can practice on. That is the way you are going to get better at this. Whether that means actually doing the physical exam or guiding them to do the physical exam and report their findings back, it is still all of the same. There is a lot of great information that you can glean from this.

Before we begin let's make sure that you are aware that any of the information I'm presenting here is not intended to replace a one-on-one relationship with a qualified healthcare professional. It's also not medical advice and when you are presenting to your clients you need to be really careful and make sure that they are aware that what you are 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 healthcare decisions based upon your research and in partnership with a qualified healthcare professional. This is especially true for people who are on any medications. I just want to make sure that the things that we talk about in terms of nutrition are not going to interfere with the protocols.

Bodily Function Evaluation

We've got two files for you. One is a PDF and one is an online form. We will go to the PDF file in more detail, and then I will show you the online form, which is much the same, and you have the option of using whichever one you prefer. Personally I just really like using the online forms because it does not require anyone to print out a PDF, fill it in with their penmanship, and then send it back to me and then I have to figure out how to get it, it is usually faxed or mailed or whatever. It is just so much easier if they fill it out online.



Mucous Observation

It immediately comes to me and we get an immediate ability to interpret. We are going to ask your client to take a look and observe, over a several-day period, the color and consistency of their mucus, and give us feedback about what the mucus is like most of the time.

If it varies a lot they can use the little space below to say that, well it is white about 50% of the time, it is light yellow about 25% and it's green 25%, or something along those lines, to give you a little understanding of what kind of ranges they are going through. Again we will go through each of those and what they mean in a few minutes.

The consistency. Is it thin and watery and just flows? Is it thick and sticky? Is it ropey like really thin long strands? Let's take a look at what it means as you're interpreting it. If they've got **clear mucus** it usually means there is some sort of allergic reaction going on, if it's profuse. If there's a little bit of mucus, we all have a little bit of mucus happening, that can be perfectly normal and healthy, but if there is an allergy it is going to be more profuse, regular, and a lot, that can also indicate that there is some coolness inside and some dampness inside. If the **mucus is white** that is also a healthy state of the mucus but again, if it is excessive in volume, white mucus it could indicate coldness inside in Chinese medicine terms or excess yin in Chinese medicine terms, or in our terms, more allergy-type symptoms.

When we start to get into more colored mucus is where we are looking for signs of immune impairment and also infection. **Light yellow mucus** would generally be what the mucus would look like at either the beginning or the tail end of some sort of upper respiratory type viral infection, a low-grade infection, but more at the beginning and the end. When it gets to be **dark yellow**, we are in the active state of infection and usually it is a bacterial or a lower respiratory system in the bronchioles or in the lungs. **Brown mucus** is usually associated with some sort of other foreign matter mixed in with the mucus, to make it look darker, dirt, or dust. That is seen in people who have smoked or people who have worked in an environment where they are exposed to lots of things in the air.

Green mucus is almost always associated with a bacterial infection. Not to be confused with the very beginning of the mucus if you have, say, an allergy and your nose drips a lot at night, the very beginning part where it is crusted around your nose can be green. That does not necessarily mean you have an infection inside of you, but while it was sitting there at the surface, the bacteria started to grow. If it is mostly white or clear but just a little green at the beginning of the day, that is not as concerning as if the mucus was green throughout the day.



If you are dripping from your nose, clearing your throat, or coughing it up from your bronchioles or your lungs.

When the mucus is **pinkish or red** there is usually some blood mixed in, and that can be a sign of a lung infection or a bronchial infection. Of course it could be an esophageal problem. It could be an irritation in the esophagus that is bleeding and mixing with the mucus as it is coming up, but most likely it is something that there is some bleeding going on in the upper respiratory tract. That is a sign that this person needs some other intervention. If you feel comfortable dealing with bacterial infections and that is in the scope of your practice and your comfort level, there are lots of herbal things that you can do, but you want to be clear that you tell this person that there is an infection most likely going on and there is some bleeding going on, and that it is something that needs to be looked at and taken more seriously.

If the mucus is **thin** or profuse it is usually an allergy. When it is **thick** it is usually an infection in the upper respiratory tract and again, it all varies based on the color as well, so you are looking at the consistency and the color. When the mucus gets really long, stringy, and **ropey**, it is usually a sign of a serious infection in the lungs. Make sure that person is aware that this is what is going on and don't try to treat it on your own.

Urine Observation

You want to have your person observe their urine. How many times per day do they urinate? Are they in the bathroom every hour? Are they in there once or twice?

From the 'too little' to 'too much' extreme. You want to look at the volume, the color, the clarity, whether it is clear or cloudy, the odor, what does the odor smell like? Ideally, if you can get them to take the urine pH, that would be awesome as well. In terms of **volume** it could be scant, meaning they are very frequently going to the bathroom, and when they do, there is a very small amount of urine. That is often happening in the case of dehydration. That also can happen in the case of a urinary tract infection, where you feel like there is a lot of pressure but there is not a lot of urine in there. It also can be a sign in men of some sort of prostate involvement, pressure from the prostate onto the bladder.

A low volume, medium volume, and high volume. It is kind of subjective. There are no real absolutes because it depends on the size of the person, but if the person collects their 24-hour urine and they are a 150-pound male, then if they were to have more than a quart and a half to 2 quarts of urine in that period, that is probably a high volume.



Whereas if they were to have less than a quart of urine, that is pretty light. You ask them to gauge the amount and how many times they are going.

As far as the **color**, it can be really clear and when somebody is drinking a lot of water, and they are drinking what I think the ideal water throughout the day, all but the first morning urine should be clear. If there is any discoloration from it other than that related to B vitamins, then they ought to be upping their water intake. I only tell people if your urine is not clear throughout the day then you need to be drinking more water. I don't care what the measurements say, or the charts say, or the formula says according to your weight. If your urine is yellow it means that there is a concentration of toxins in there, and you are not drinking enough water to diffuse those. You want it to be clear throughout, or in the morning, straw to amber, it is a very light, pale yellow.

When it starts to get into dark yellow, we are looking at very low volume, too much concentration, not enough fluid for the concentration of toxins and you want to bring that up. Orange can either be a medication, a B vitamin, or spleen distress, or pancreas distress, some other sort of problem. When it gets to be dark brown then we know that there is a problem and it could be hepatitis. A lot of times with hepatitis, the urine can be dark brown. Red is usually some sort of blood so it could be a kidney stone, bladder infection, something along those lines. Anything from orange to red, orange, brown, or red, are things to be concerned about because that could be more than just a functional problem. It may actually be a tissue change pathology that needs to be dealt with.

From clear to straw to amber to dark yellow, if you want to get it towards more clear it is usually a matter of drinking more, and of course living with less toxins, eating less toxins, drinking less toxins. As far as **clarity**, it should be clear. When it starts to get into cloudy, very cloudy, milky, or mucous, we know that there is a problem going on. When it is cloudy or milky, there is usually either an infection going on, or there is excess protein or sediment in the urine. That is something to watch for. When it gets milky then we are looking at even a more serious infection; and when we are seeing mucus or mucous strands in the urine there is an infection going on. Have the person check with little dipsticks. There are usually different measurements on there. You can check for protein, nitrates, leukocytes, glucose, urobilinogen, and pH; so you are testing a wide range of urinary excretion to see if there is a problem going on. When there is high protein in the urine, or blood, or leukocytes in the urine, that would give an indication that there is an infection or a stone going on.



If the **odor** tends toward sweet it usually means that there is too much sugar in the urine and that is an indication of a diabetic-type condition or a tendency towards diabetes. If it is a foul odor there is usually an infection going on; and if it smells like ammonia there is kidney stress. It is a very acid type of urine situation but your body is buffering it with ammonia. If you took the **pH** it probably would blow the chart out on the alkaline side because ammonia is very alkalizing, but what it really means is that your system is very acidic and your body is going in the other direction to try to alkalize it. Those are the things that you do for the urine.

Stool Observation

Now let's take a look at everybody's favorite observations, the stool observation. A lot of people will balk if you say "I'd like to take a look at your poop and just keep a poop diary for the next few days." They look at you like you are odd. When they do it they have a lot of revelations that happen. What we are looking for is the **frequency**. Less than once a day, all the way up to three times a day, in my book definitely once a day or less is towards constipation. More than three times a day is you are looking at too frequently and more towards the diarrhea. Really two to three times per day is where it should be unless if you are eating very little, if you are on a cleanse or fast where you are eating very little, then you are not going to have as frequent or as large a volume.

When you look at the **length**; you can have stools that are not formed in which case you cannot tell what the length is. Then you have really small stools, which are less than four inches and large stools, which are greater than 12 inches. Most people don't have stools that are greater than 12 inches. Those are really healthy, bulky stools.

Also you want to look at the **width**. If they do not have form, they do not have form, but those really pencil-thin stools indicate that things are going through too rapidly, or you've got a peristalsis problem in the small intestine. You can also go to 1-2 inches, 2-3 inches, or greater than 3 finger widths; not inches but finger widths apart. Three finger widths or more in stool size is what you are shooting for. Twelve inches, three finger widths wide are really healthy, bulky stools that pass really easily and keep its shape when it hits the water. It may fall apart after a little bit but if it holds its shape somewhat, that is a healthy stool, well formed and soft. Well formed and hard, or pellets, are not desirable. When it is well formed and it is hard, oftentimes when you look close at it, it is really a lot of little pellets that are formed together. Pellets for sure are dehydration in the colon and sluggish bowel.



If that person were to do a transit type test, which we will go through the digestion module, that is where you can track how long it takes for the food to go from mouth to anus, then you usually see that people with the pellets are taking more than 24 hours for it to make its way through the system. In doing so the liquid is getting reabsorbed.

Odor. People will say 'of course my stools stink'; you should really have none to rarely none. Pleasant can often mean that there are some undigested sugars and things like that, but none to pleasant is what you are aiming for. Unpleasant, foul, and run away quick, would be the other classifications. The worse smelling it is, the more it indicates a toxic bowel.

Color. When it is light or clay colored that is usually insufficient bile. If it is green it could be unconjugated bile, but also they could be drinking a lot of green smoothies. If you are on a green smoothie cleanse and all you are doing is drinking green smoothies, your stool is still going to be green because of the massive amounts of green fiber in there. The medium brown is usually the normal. Dark brown can indicate that you just don't have enough vegetable fiber in your diet. Black can indicate blood and dried blood as it goes through the system.

If they've got a black stool, you want them to get what is called a guaiac test, which is a stool test that tests for the presence of blood. Black stool can indicate blood that has happened further up in the digestive tract like a bleeding ulcer or esophagitis that is leaking down into the stomach and through the system. By the time it makes its way out it turns the stool black. If the stool is red or it is coated with red or if you see red on the toilet paper when you wipe, that is an indication that something is bleeding lower down. Oftentimes it is a hemorrhoid or a fissure at the opening. Sometimes people have big stools that are hard and they pass them, it causes a split in the opening, called a fissure, and that can bleed when there is a large stool.

With **fiber** you want to have, does your stool sink or float? Floating is normal. When you have a fair amount of fiber in your stool it will float. When it sinks that means it is an insufficient amount of fiber. Let's quickly go through some of the other indications.

We covered most of these but let's go through them and make sure that you are really clear as you understand your client's poop diary. If the stools are **greasy or shiny**, it indicates that there is poor fat digestion and that could be a sign of an impaired liver. It could be a sign of insufficient digestive enzymes and it could be a sign of insufficient bile. You are going to need to look at supporting this person with digestive enzymes and liver support.



Foul-smelling stools are a sign of stagnation in your large intestine. Things have been sitting there and they have been putrefying. Bacteria have been acting on them and breaking them apart, so they stink. They are not supposed to stink. Address this with digestive enzymes and probiotics and working on alkalizing the system, de-stressing their system, and even doing colonics and enemas to just get rid of the extra waste.

When you have **skidders**, these are like skid marks in the bowl, they don't just flow to the bottom, they are like skid marks. Usually this means there is an excess of mucus. That can be a result of an allergy say to dairy, wheat, or other mucus-producing foods or allergens, things that people are allergic to. Again, as I mentioned earlier, **pellets** are a sign of dehydration, low fiber intake, or sluggish liver. When your liver is sluggish and you are not producing enough bile, there is an excess of fat in the stools so it makes it go through more slowly.

Lumpy is similar to pellets, but these are where the pellets are stuck together to make one big clump. It may look like a full-blown long cylindrical stool, or a sausage-like shape, but in fact it is a lot of little pellets that are clumped together. It has the same indications; dehydration, low fiber intake, or sluggish liver.

Whenever the stool is **pale**, they say, my stool kind of looks like sand, sandy, or clay colored. That is an indication of low bile production and that is where you need to be supporting that liver. When you've got **visible food particles** in the stool that means they are not chewing enough, they are eating too fast, and they may not have enough digestive enzymes. You really need to have people make sure that they chew their food so that by the time you swallow your meal that food should be the same consistency as if you turned it in a blender, or pretty close.

When the stools are **pencil thin** it could be that your large intestine is clogged and the opening, the lumen, is very narrow. If you alternate between pencil thin and larger, oftentimes it is an indication of things passing through pretty quickly from the small intestine, but either way, pencil thin stools are not normal.

Watery stools can indicate an irritated colon. Too rapid a transit time, that things are flying through, or exposure to bacterial organisms or virus, that whole stomach virus type of thing, or candida, or some sort of organism that is causing things to irritate the lining, toxic exposure to the lining causing the peristalsis to increase and go too fast. You don't get a chance to absorb the excess water.



When you have a lot of **small, curved pieces** that is also an indication of faster than usual transit time. They still have the shape of the small intestine because they have not been in the large intestine long enough to become drier and take on the larger dimension. **Loose stools**, diarrhea, is oftentimes weakness in the small intestine or spleen. It could also indicate an irritated ileo-cecal valve that is stuck in the open position. It could also indicate an exposure to some sort of pathogen or toxin that is irritating to the lining of the gut.

Finally **mucous**. Mucous is usually associated with food allergy or infection, especially candida infections can tend to produce mucous stools. Also colitis, inflammation of the colon, can produce mucous. Diverticulitis, Crohn's disease, mucous colitis, ulcerative colitis, all of these things can produce mucus in the stool so you want to be asking a lot of questions once you see what the stool results come out to be.

Now that we finished our bodily function evaluation going through the PDF file, I would like to take a quick look at the online form. Again, you have a choice of how you want to do this but I want to show you what your options are. That's it and our next video will be the functional exam interpretation.