

CONSTIPATION that is resistant to Metabolic Balancing followed by a DNP

There are many, many causes of chronic constipation. Here are a few of the most common:

- Water/Electrolyte Imbalance associated with excess water intake
- Water/Electrolyte Imbalance associated with insufficient salt intake
- Anaerobic Imbalance
- Parasympathetic Imbalance with spastic constipation
- Sympathetic Imbalance with atonic constipation
- Alkaline Imbalance with low stomach hydrochloric acid
- Thyroid Insufficiency
- Bile salt insufficiency (associated with either Anaerobic Imbalance or Thyroid Insufficiency)
- High carb low fat diet
- Non-Alcoholic Fatty Liver Disease (--- usually Ketogenic/Alkaline/Anaerobic Imbalance)
- Abnormal intestinal microbiota
- Many drugs cause constipation as a common side-effect

A Temporary Physiological Crutch for Constipation sufferers:

If, in addition to addressing the patient's Metabolic Balance and/or Vital Reserves with NUTRI-SPEC Metabolic Therapy, you want a physiological "remedy" to assist with chronic constipation then do the following:

- Take ¼ teaspoon of salt and 1 scoop of magnesium chloride in warm water sometime before breakfast.
- Eat a raw carrot near the beginning of a meal twice daily.

Addendum: Regarding Laxative Dependence:

We see this time and time again ---a patient who is constipated (or presumes she is) and takes a large dose of some laxative every few days, producing watery diarrhea. Then, when after the watery diarrhea the bowels do not move for a couple of days, the patient assumes she is constipated again. That is not generally the case.

People do not understand that the stool is made up 1/3 to 1/2 sloughed off intestinal lining, nearly 1/3 bacteria, and only about 1/3 undigested food residue (and that amount depends on how much fiber is in the diet). So --- when the patient takes a powerful laxative it stimulates a total shedding of the intestinal lining --- much more than would have been ordinarily shed during that day. In other words, for the next couple of days there is little intestinal lining to be sloughed off. If that person is also on a normal to low fiber diet, there simply will be nothing left to pass in the bowels for several days. The absence of a bowel movement does not indicate a return of the constipation --- there is simply nothing there to pass.

Never-the-less, the patient mega doses on the laxative again, and again sloughs off 3 days work of intestinal lining and flushes out all the bacteria and what little food residue is in there, and once again it is going to take about 3 days to fill the pipe again.

Addendum: Regarding the BALANCING PROCEDURE:

Your Diphasic Nutrition Plan BALANCING PROCEDURE and your OXY TONIC SATURATION for Anaerobic patients are not remedies for constipation. Their purpose is to bring the patient's sulfhydryl groups up to normal as quickly as possible. The loose stool often (not always) occurring as an end point of the procedure is a reasonably good indicator that your goal of restoring sulfhydryl has been reached; it does not indicate, nor is it intended to be, a cure for constipation.

If a patient's constipation is due to an Anaerobic Imbalance, it will be corrected soon on the QRG-indicated supplement and diet recommendations. If the constipation is due to one of the many other causes, it will eventually resolve through correcting those causes (not by creating laxative dependence), then, its return prevented through the DNP, provided you get compliance on diet.

Your patient absolutely must not use a laxative during the BALANCING PROCEDURE. To do so could produce diarrhea very quickly, thereby giving you a false reading on the sulfhydryl saturation. You will have wasted the opportunity to restore the much-needed sulfhydryl groups.

Two of your NUTRI-SPEC supplements, Magnesium Chloride and ordinary salt, have a laxative effect, but to use them as a constipation remedy without knowing a patient's Imbalances, is not serving the patient well.

Addendum: Regarding Constipation "caused by" the NUTRI-SPEC Regimen:

When a patient begins a NUTRI-SPEC regimen and shortly thereafter begins to experience constipation, there are 3 possibilities:

- a) If you are addressing the patient's Metabolic Imbalances with NUTRI-SPEC testing and Metabolic Balancing procedures, then the only way constipation could be caused by the regimen is if your recommendations push a patient into either an Electrolyte insufficiency, Anaerobic, or Alkaline Imbalance. If that is the case, your follow-up testing, (which, as you know, should always be done within 7 days at the most) will reveal the sudden shift in metabolic status, and you will modify your recommendations accordingly. ----- That is one of the beauties of NUTRI-SPEC --- you make changes in your patients' body chemistries very rapidly. Handle that power responsibly with timely follow-up testing.
- b) If you initiate a Diphasic Nutrition Plan, and your patient experiences constipation, it is almost always a result of drinking too much water. Upon beginning a DNP supplement regimen that includes more supplements than patients are accustomed to taking, they often consume far more water than they need to, to "wash down" the supplements. Nothing causes constipation quicker than excess water intake --- and regrettably, most people interpret constipation to mean that they need more water. First, straighten out their thinking on the relationship between water and constipation, and second, assure them they can swallow their supplements more than 1 pill at a time.
- c) The final cause of constipation that may result from initiating a NUTRI-SPEC regimen, whether Metabolic Balancing or a DNP, is a deficiency of salt. That salt deficiency (assuming the patient is not drinking too much water) can be quickly corrected with the physiological "remedy" offered as a temporary crutch on the first page of this document.

Raw Carrots --- What's Up Doc?

When we talk about raw carrots, we are talking about the benefits of prebiotics. If you have read all our NUTRI-SPEC Letters and other articles on prebiotics, you know that they are absolutely essential to maintain a healthy microbiota. In fact, prebiotics are more important than probiotics in maximizing the production of butyrate and other short chain fatty acids, along with minimizing the production of endotoxin. In other words, the reduction of Immuno-Neuro-Endocrine stress is better enhanced by proper prebiotic intake than any other form of supplementation or dietary modification.

The prebiotics in your Immuno-Synbiotic supplements are by far the best thing that can be taken in supplement form. Qualitatively they have specific effects on reducing stress responses in the 70+% of the immune system that resides in the gut lining. In other words, those prebiotics have a dual effect. The first effect is to feed the good critters in the gut, thus maintaining a health-maintaining microbiota. But the second effect is that they have specific effects on immune reactivity beyond their role of feeding good critters.

When it comes to providing a great nutrient source for a healthy microbiota, the maximum benefit from diet modification comes from ingesting raw carrots. Obviously, raw carrots are a good source of "fiber" --- undigestible carbohydrate upon which a healthy microbiota thrives. But is a raw carrot superior to other forms of fiber such as wheat bran, psyllium, other raw vegetables, and other prebiotics that can be taken in supplement form? Absolutely yes. Unlike the fiber in wheat bran and such vegetables as lettuce, the fiber in carrots is completely non-irritating to the gut lining. It will thus never stir up symptoms commonly experienced by those with irritable bowel problems in response to eating raw vegetables or ingesting bran or other fiber supplements. Furthermore, unlike bran, raw carrots will not bind nutrients and make them unavailable nutritionally.

For a non-irritating way to feed your healthy microbiota and thus minimize Immuno-Neuro-Endocrine stress, nothing beats raw carrots.