THE TUESDAY MINUTE

THIS WEEK'S TOPIC

Simple In-Office pH Test

"Tests like this are inexpensive, easy to perform by you or your staff and give you the ability to track your patient's progress over time."

Let's look at a method of using oral pH readings as an "in-office" test. Until discovering this test, I have primarily recommended we ask patients to monitor first morning urine pH. The first morning urine pH reflects the body's ability to buffer excess acidity or a state of relative acidity.

The ideal pH should be 6.5-7.5. A pH below 6.5 indicates that the "buffering functional reserve" of the body is deficient. Relative acidity can cause osteoporosis, excess free radical damage and insulin dysregulation.

Without the correct pH, hormones and enzymes cannot function at their maximum capacity. Oxygen saturated hemoglobin molecules can't release oxygen properly to oxygen starved tissue when the pH is too low. What grows in an acidic, oxygen depleted environment? That's right, fungus, bacteria and virus.

On another Tuesday Minute, we discussed how oncologist Dr. Tullio Simoncini believes cancer is a fungus and wrote a book with the exact same title.

So pH is something we should assess with every patient. The beauty of asking patients to monitor first morning urine pH is that it's something patients can do for themselves. But sometimes handing a patient some pH paper and telling them to pee in a cup isn't enough to bring the point home. Dr. Greg Peterson taught me another option to increase patient compliance by using an in-office test where a series of oral pH readings are taken after an acid challenge.

Lemon juice is used as the acidifying agent. Using multiple readings after an acid challenge allows us to get a real time example of tissue buffering capacity and is more reliable than a single reading. This way we can observe over a five minute span the "buffering reserve capacity" as the tissues

return to pre-challenged levels.

The test goes like this. Make sure the patent refrains from eating or chewing gum for at least one hour. Cut 7 strips of pH paper and prepare an acidifying solution by mixing 1 tbsp of water and 1 tbsp of bottled "real lemon" lemon juice. Have the patient collect saliva in their mouth and dip the first strip of pH paper in their mouth. Record the results as a baseline. Next, have the patient drink the lemon juice/ water mixture. Wait one minute and re-measure the patient's pH. Repeat this procedure measuring the pH every minute for five minutes and graph the results. It is important to use a timer as this is a very short test.

So, what should an ideal pH pattern look like? Healthy salivary pH should range from 7.2 -7.4. This information came from the dentist, Harold Hawkins, who found patients with an oral pH in this range had fewer cavities. Looking at the Salivary pH Challenge "ideal pattern" chart, the vertical axis represents pH. The horizontal axis represents time in minutes. Notice the drop in pH to 5 immediately after the lemon juice is consumed. Next after one minute the buffering begins and the pH rises to 6.4. After 2 minutes the pH rises to 7.0 then 7.2, 7.4 and 7.5. The tissues of the mouth have sufficient buffering capacity to neutralize the acid.

Dr. Peterson has identified 6 different patterns but let's look at 3. The first pattern shows an excess metabolic acidity. The initial reading is lower than 7.0 usually in the low 6s. The acid challenge drops the pH as it should, but each of the subsequent pH readings are five tenths of a point below the normal. Even though this person has an acid chemistry, it is important that their digestive system has enough HCL to cleave the minerals from their substrates. Of course we want to eat the right foods but in this case look for digestion issues.

The second pattern demonstrates that the alkaline reserves are absent. The base pH is 6.0. The acid challenge drops the pH to 5 but it never rebounds past the base pH even after 4 or 5 minutes. This person has some serious problems and needs consistent follow up testing. They need cell membrane support with essential fatty acids, a full spectrum multi-mineral as well as a high quality green drink like NitroGreens as well as digestive support.

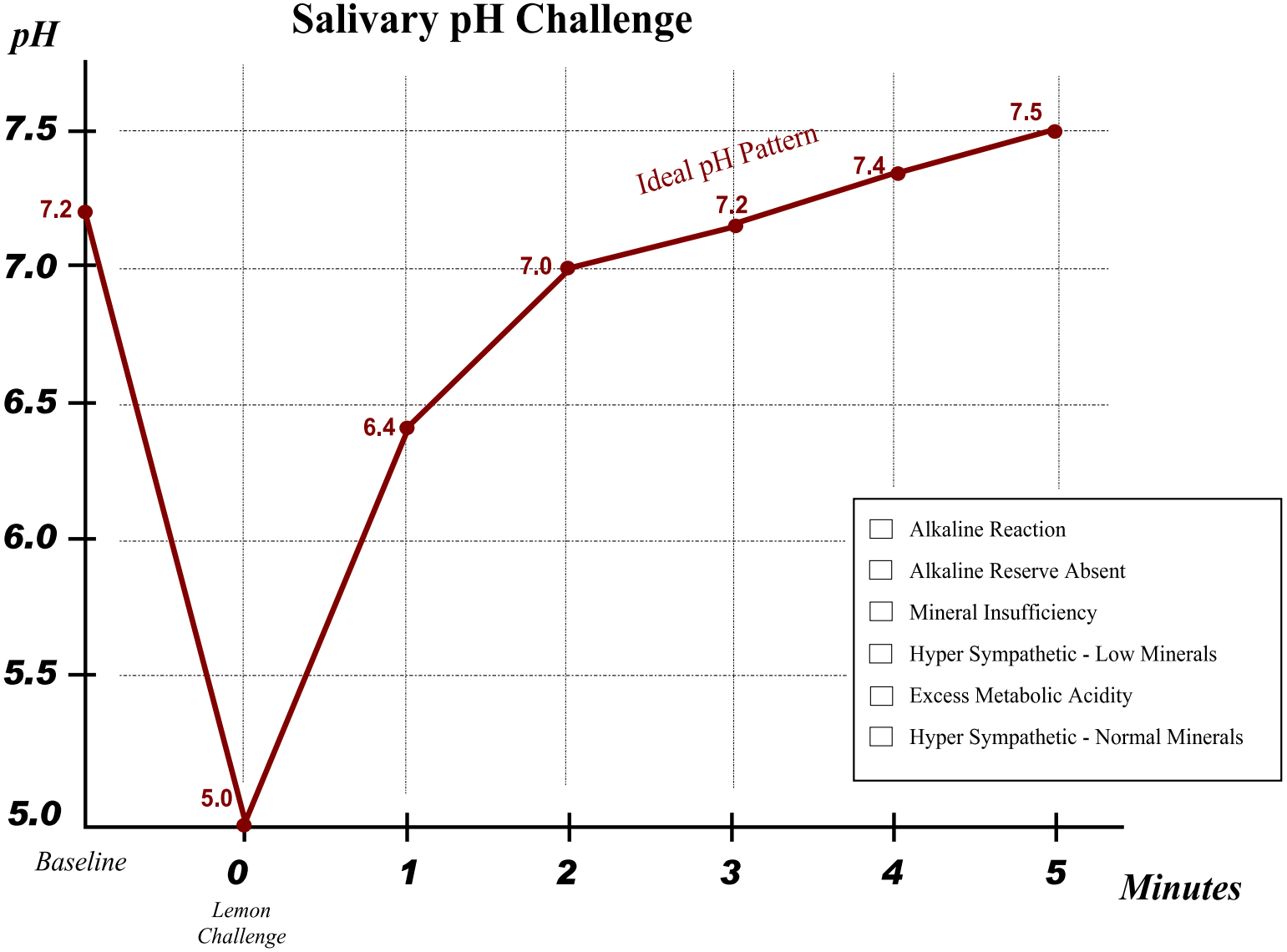
The third pattern shows a low base line pH; and then when the acid challenge occurs, the pH increases instead of decreases. The remaining pH readings are above the ideal pH pattern. This type of pattern reflects a hyper-sympathetic state with adrenal dysfunction. Yes, the initial pH is low and this pattern needs changes in diet. However, the body has experienced so much stress that the adrenal glands should be supported.

Tests like this are inexpensive, easy to perform by you or your staff and give you the ability to track your patient's progress over time. I'm always excited to learn new ways to inspire patients to take responsibility for their health. With effective coaching they will get on board.

Testing your patients gives them a reason to change. I encourage you to order some pH paper today and practice on your family and staff. It won't take long to learn and you will soon have a new tool to motivate your patients to live a healthier lifestyle.

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

Salivary pH Challenge



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