

HCl Challenge Test

Purpose: This Test is useful for assessing the integrity of the stomach lining and the amount of supplemental HCl (stomach acid) that is compatible with good health. There is a correlation between a strong showing on this test and a strong digestive function (i.e. acid and enzyme production).

Meal 1: Take 1 capsule of supplemental HCl at the **beginning**, after the first few bites of a substantial complex meal (i.e. on that contains protein). Do not test a small meal or one that consists of only fruit, a light salad or a simple bowl of cereal. Stop if you experience any stomach irritation. (see below)

Meal 2: Take 2 capsules at the **beginning** of the next complex meal.

Meal 3: Take 3 capsules at the **beginning** of the next complex meal and so on with successive meals until you reach 4 capsules.

STOP taking the supplemental HCl if and when you react and have the following symptoms:

1. Feeling of warmth or pressure in your stomach
2. Irritation i.e. heartburn, stomach ache

If you experience the above reaction drink a tall glass of water to quench the reaction. You may take an antacid i.e. Tums, Alka-Seltzer Gold, or baking soda and water – ½ tsp. per cup, if it is necessary to neutralize the acidity.

Name: _____ **Date:** _____

_____ **Capsules caused a reaction.**

Describe: _____

Caution: This test is contraindicated in individuals with a current or past history of ulcers, as well as those who are currently taking antacids or acid blocking medications.

Please fax this back to the office or drop it by the office.

Bowel Transit Time Instruction for Self-Testing

Name: _____ Date: _____

The Bowel Transit Time is an excellent test to measure how long it takes for a substance to be eliminated through the bowel. Optimally it should take between 18 to 24 hours for food to completely move through your digestive tract. This indicates that you are probably breaking down and absorbing well. This test uses charcoal, an inert substance, to measure the transit time. Charcoal will stain your stool black or gray, and thus provides a conveniently visible medium for measuring the transit time.

Instructions:

1. Swallow 4 charcoal capsules at the evening meal. Record the date and time you swallowed the capsules under "Time In" on the form below.
2. After every bowel movement, observe the stool under bright light. When you see a black or charcoal gray stool record the date and time under "Time Color First Appears" on the form below.
3. Calculate the number of hours between the time noted under "Time in" and the time noted under "Time Color First Appears" and write this time (in hours) in the form below. This is the time it took for the charcoal to pass through the digestive tract.
4. Continue to examine every stool and note the time and date when the color has completely disappeared.
5. Wait five (5) days to allow the marker to clear fully from the intestines and then repeat this process again, following the same instructions.

	Time and Date In	Time Color first appears	Transit time (hours)	Time completely cleared
# 1				
# 2				

Please indicate on the form below if any of the following are noticed in your stool:

<input type="checkbox"/> Blood on the stool	<input type="checkbox"/> Undigested food in stool	<input type="checkbox"/> Mucous on stool
<input type="checkbox"/> Stool is loose	<input type="checkbox"/> Stool is hard	<input type="checkbox"/> Stool is floating
<input type="checkbox"/> Ribbon like stool	<input type="checkbox"/> Large caliber stool	<input type="checkbox"/> Small, round and hard
<input type="checkbox"/> Brown colored	<input type="checkbox"/> Dark brown colored	<input type="checkbox"/> Yellow
<input type="checkbox"/> Black	<input type="checkbox"/> Tan or clay colored	<input type="checkbox"/> Offensive odor

Directions for Measuring Blood Glucose.

1. Wash your hands. Invisible material on the fingers can cause erroneous readings.
2. Do not wipe fingers with alcohol. This only dries the finger out and can cause calluses. It is highly unlikely that you will get a finger infection by not using alcohol.
3. Rinse the fingers under warm water unless the fingers are already warm. Blood flow increases when the fingers are warm.
4. Sort out the supplies for measuring blood glucose: finger-stick device loaded with a sterile lancet, the glucometer, test strips, and tissue for blotting the blood.
5. Insert a fresh strip into the glucometer. Follow the directions for loading the test strips into your particular unit.
6. The spring loaded finger-stick device is used to obtain a drop of blood. The pressure of the device on the finger determines how deep the lancet will puncture the skin. It should be deep enough to get an adequate amount of blood, but not so deep as to cause bruising or pain.
7. Contrary to popular opinion one of the best areas for getting a blood sample is the back of the hand. Prick the fingers near the nails, or between the first and second joints. The advantages of using these areas are less pain and more chance of getting an adequate drop of blood. You will also prevent calluses by repeatedly using the fleshy pads on the finger tips. By all means use these areas too if the thought of pricking the back of hand is off-putting.
8. Cock the spring-loaded finger stick device and prick any finger. Squeeze the finger using a pumping action rather than constant pressure. You should aim to get a drop of blood about 1/16th of an inch in diameter.
9. Touch the blood to the test strip.
10. The glucometer will start a count down procedure once the blood has been absorbed by the test strip. After the countdown has started inspect the drop of blood to see that the test strip has been properly covered by the blood drop. If not discard the strip and begin the process over again. It is essential that the strip be covered in blood to prevent erroneous readings.
11. If you are the only person using the glucometer it is not necessary to use a fresh lancet every time. If others are using the unit, please remove the used lancet to prevent possible contamination for future users.
12. The whole process from start to finish should take approximately 2 minutes.
13. Record the number from the glucometer on your form.

Blood Sugar Tracking Form

DAY & TIME		BLOOD TEST RESULTS							COMMENTS Weight change, diet or mealtime changes, illness, stress, changes in activity etc.	
		BREAKFAST		LUNCH		DINNER		BED TIME		UPON WAKING
		Before	1 hour After	Before	1 hour After	Before	1 hour After			
SUN	TIME									
	RESULT									
MON	TIME									
	RESULT									
TUE	TIME									
	RESULT									
WED	TIME									
	RESULT									

Take-Home Testing Patient Handouts- **Blood Sugar Tracking Form**

DAY & TIME		BLOOD TEST RESULTS							COMMENTS Weight change, diet or mealtime changes, illness, stress, changes in activity etc.	
		BREAKFAST		LUNCH		DINNER		BED TIME		UPON WAKING
		Before	1 hour After	Before	1 hour After	Before	1 hour After			
THU	TIME									
	RESULT									
FRI	TIME									
	RESULT									
SAT	TIME									
	RESULT									

COMMENTS: _____

Zinc Taste Test and Zinc Challenge

Name: _____ Date: _____

The Zinc Taste Test is an excellent test for assessing zinc deficiency. The zinc challenge will help us determine how zinc deficient you are and what type of therapy you may need. Zinc is one of the most important trace minerals. It is essential for tissue growth, skin integrity, immunity, blood sugar control, and essential fatty acid regulation. Unfortunately, zinc deficiency is widespread and can lead to a number of problems including infertility and lowered immunity. The zinc taste test is an easy method of assessing your zinc levels.

Instructions:

1. Make sure your mouth is free of strong tastes, such as mint. Have a stopwatch, timer, or watch with a second hand on it, because you will be timing how soon you taste the Zinc Taste Test solution.
2. Measure out 1 tablespoon of the Aqueous Zinc (the Zinc Taste Test solution), put it into your mouth, hold and swish around your mouth, but do not swallow.
3. Start timing as soon as the solution is in your mouth and note when you first taste the solution.
4. Swallow after 30 seconds.
5. On the form below note the time it took to first taste the solution and describe the strength of taste or presence of an after taste in the column marked **Initial test**.

	Time to taste solution	Describe Strength of Taste or After-Taste			
Initial Test		<input type="checkbox"/> Immediate taste. Strong metallic.	<input type="checkbox"/> Not so strong taste. Delayed metallic	<input type="checkbox"/> No taste noted initially. Sweet or bitter.	<input type="checkbox"/> Tasteless or tastes like water.
		No Need for Further testing		Move on to the Zinc Challenge test	

Zinc Challenge

The Zinc Challenge is used to assess how zinc deficient you may be.

Directions

1. Follow the same directions for doing the Zinc Taste Test.
2. Repeat the test successively, resting 30 seconds between tests.
3. Note on the form below the time it took to taste the solution, and the strength of taste.
4. Repeat this process until you have a strong immediate taste, or you perform 6 successive tests with no taste noted. At this point discontinue the testing.

Zinc Challenge Tracking Form

Name: _____

Date: _____

	Time to taste solution	Describe Strength of Taste or After-Taste			
Challenge # 1		<input type="checkbox"/> Immediate taste. Strong metallic.	<input type="checkbox"/> Not so strong taste. Delayed metallic.	<input type="checkbox"/> No taste noted initially. Sweet or bitter.	<input type="checkbox"/> Tasteless or tastes like water.
Challenge # 2		<input type="checkbox"/> Immediate taste. Strong metallic.	<input type="checkbox"/> Not so strong taste. Delayed metallic.	<input type="checkbox"/> No taste noted initially. Sweet or bitter.	<input type="checkbox"/> Tasteless or tastes like water.
Challenge # 3		<input type="checkbox"/> Immediate taste. Strong metallic.	<input type="checkbox"/> Not so strong taste. Delayed metallic.	<input type="checkbox"/> No taste noted initially. Sweet or bitter.	<input type="checkbox"/> Tasteless or tastes like water.
Challenge # 4		<input type="checkbox"/> Immediate taste. Strong metallic.	<input type="checkbox"/> Not so strong taste. Delayed metallic.	<input type="checkbox"/> No taste noted initially. Sweet or bitter.	<input type="checkbox"/> Tasteless or tastes like water.
Challenge # 5		<input type="checkbox"/> Immediate taste. Strong metallic.	<input type="checkbox"/> Not so strong taste. Delayed metallic.	<input type="checkbox"/> No taste noted initially. Sweet or bitter.	<input type="checkbox"/> Tasteless or tastes like water.
Challenge # 6		<input type="checkbox"/> Immediate taste. Strong metallic.	<input type="checkbox"/> Not so strong taste. Delayed metallic.	<input type="checkbox"/> No taste noted initially. Sweet or bitter.	<input type="checkbox"/> Tasteless or tastes like water.

IODINE PATCH TEST

Name: _____ Date: _____

The Iodine Patch Test is an excellent test for assessing for iodine deficiency. Despite the fortification of our salt and food with iodine many people are iodine deficient. Iodine is essential for the proper synthesis of thyroid hormone in the body. Unfortunately iodine deficiency is widespread because of the prevalence of chemicals such as chlorine, bromine and fluoride in our environment and water supply. These chemicals will quickly deplete iodine from the body and interfere with iodine metabolism leading to a number of problems including hypothyroidism, lowered vitality, cognitive dysfunction, lowered immunity, and obesity. The iodine patch test is an easy method of assessing your iodine levels.

Instructions:

1. You will use the bottle of topical iodine supplied by your physician or in the test kit. Remember this is to be used topically and not orally.
2. Paint the skin of the inside of your forearm or abdomen with a 2 inch square patch of 2% iodine solution, being careful not to get the solution on your clothes as it will stain. Note the time you put the iodine onto the skin on the form below.
3. Air dry the patch before putting clothes on.
4. You will need to monitor how quickly the patch fades.
5. Avoid soaking in hot tubs or baths for 24 hours, as the chlorine or bromine in the water will cause the iodine to patch to come off.
6. Note on the form below how soon after application the iodine patch has disappeared.

Time Iodine Put on Skin	Time Color Disappears	# of hours it took to completely disappear

METABOLIC pH ASSESSMENT

Name: _____ Date: _____

It is essential that your body has a well balanced pH system. pH is the measurement of acidity and alkalinity in the body. Certain areas of the body require an acid environment to work optimally, e.g. your stomach, while others require an alkaline environment, e.g. the small intestine. Many systems of your body operate most effectively with a properly balanced pH. For instance, an optimal pH of the blood is needed for oxygen delivery to your cells and for the correct action of insulin to control blood sugar levels. The body uses a number of complex systems to keep the pH within a normal and optimal range, and the following series of tests are designed to see if those regulatory mechanisms are working properly.

The two main systems of regulation are the respiratory system and your kidneys, which work in concert to finely regulate the levels of acid and alkaline in your body. By measuring how long you can hold your breath, how many breaths you take in a minute, and your urine and salivary pH we can determine what areas of your body are in need of further support to bring your pH system into balance.

Instructions

1. Breath Hold Test

- a. This test is an actual measurement of how long you can hold a deep breath. You will need a stopwatch, a watch with a second hand or a timer to time the breath holding.
- b. It is hard to time one's own breath-hold time, so it is best to have a family member or friend do the timing.
- c. You should be seated and should take a deep breath and hold it as long as you can. You should stop when it begins to feel uncomfortable or you feel as if you need to take another breath. This is not meant to be a test of endurance!
- d. When you can no longer hold your breath, let it out, and record the number of seconds the breath was held on the chart below.

2. Respiration Rate

- a. This test is an actual measurement of how many breaths you take in a minute. This is your respiration rate. You will need a stopwatch, a watch with a second hand, or a timer to time your respiration rate.
- b. It is hard to time one's respiration rate because you will most likely alter your respiration rate if you are doing the timing, so it is best to have a family member or friend do the timing.
- c. You should be lying down when this test is performed and the trick is to breath as normally and unconsciously as possible.

- d. The person measuring your respiration rate can either watch the rise and fall of your chest, or place a hand on the abdomen and count the number of breaths in a full minute.
- e. Remember to tell them to count one full cycle of inhalation and exhalation as one breath.
- f. Record the number of breaths taken in a minute on the chart below.

3. Urine pH

- a. This test uses the pH test paper given to you by your physician or in the test kit.
- b. It is best to test your urine pH during the day, and to avoid testing the first urine of the day.
- c. Tear off a 3 inch strip of the pH paper from the roll.
- d. Hold the paper in the stream of urine, and immediately after removing the pH strip from the urine stream compare the strip with the color code on the box. Try your best to make your reading within 3 seconds.
- e. Record the result on the chart below.

4. Salivary pH

- a. This test will use the pH test paper given to you by your physician or in the test kit.
- b. Testing must be done at least 30 minutes from any food or beverage, and is best done in the middle of the day.
- c. Tear off a 2 inch strip of the pH paper from the roll.
- d. Place the pH testing strip in your mouth on top of the tongue. You should get it nice and moist, but not saturated. Please keep your lips closed, as clinical readings of salivary pH must not allow exposure of the sample to air, which can result in inaccurate readings.
- e. Immediately after removing the pH strip from your mouth compare the strip with the color code on the box. Try your best to make your reading within 3 seconds.
- f. Record the result on the chart below.

Tracking Form

Test	Result	Time Test Performed
Breath hold time		
Respiration Rate		
Urine pH		
Salivary pH		

Dr. Bieler's Salivary pH Acid Challenge

Name: _____

Date: _____

Dr. Bieler's test is a dynamic measurement of your body's alkaline mineral reserves, which are one of the systems that your body uses to deal with acid and alkaline imbalances. We are looking to see whether your body has the reserves necessary to respond to an acid challenge. During this test you will challenge your body with acid in the form of lemon juice. The initial acidity of the lemon juice will cause the saliva to buffer the acidity of the lemon juice over the course of a few minutes by becoming more alkaline. We expect the saliva to get more alkaline to show that the body can respond to an acid challenge by marshalling up the necessary alkaline minerals. This test also allows us to see how stress and sympathetic dominance impact minerals reserves in your body. Increasing levels of stress can cause the loss of these primary mineral reserves.

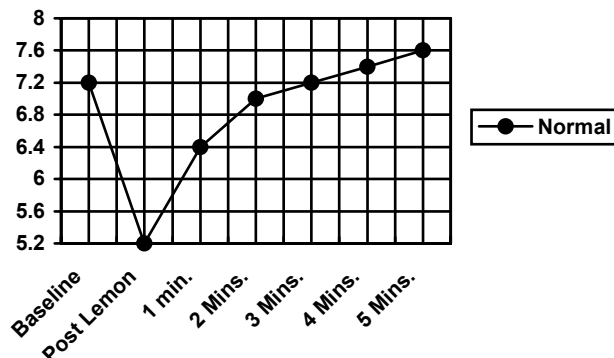
Instructions

1. You will be given a roll of pH paper to do this test, which will take about 7 minutes to complete and consists of taking the pH of your saliva 7 times.
2. Cut seven 2" strips of pH paper and lay them out on paper towel.
3. Prepare your lemon juice drink: 1 tablespoon of lemon juice and 1 tablespoon of water.
4. To take a saliva pH reading: Make a pool of saliva in your mouth and dip half of the strip into this pool of saliva, remove and measure pH on the chart that comes with the pH paper. Do not put the whole strip in your mouth or hold it in for too long.
5. Record this first reading as a baseline on the chart below.
6. Drink the lemon drink, check your pH again and start timing.
7. Test and record your saliva pH every minute for 5 minutes.
8. Record all your results on the form below.

Chart for recording your results

Date of test:

Baseline	Lemon	1 minute	2 minutes	3 minutes	4 minutes	5 minutes



DIET/PULSE RECORD

Name: _____

Date: _____

I. WAKING PULSE _____ / _____ (Take pulse for 1 full minute; first laying down and then sitting up.)

All Pulse counts below are to be taken while sitting and for 1 full minute

II. BREAKFAST Before: _____ After: 30 min _____ 60 min _____ 90 min _____	<u>Menu:</u>	<u>*Feelings/Activities:</u>
III. LUNCH Before: _____ After: 30 min _____ 60 min _____ 90 min _____	<u>Menu:</u>	<u>*Feelings/Activities:</u>
IV. DINNER Before: _____ After: 30 min _____ 60 min _____ 90 min _____	<u>Menu:</u>	<u>*Feelings/Activities:</u>

V. BEDTIME _____ (Take pulse sitting up.)

*** NOTE: List the following in the Feeling/Activity area:**

<u>Cravings</u> (examples: salt, sweet, chocolate, etc.)	Mood	BM Activity
Headache	Congestion	Urinary frequency
	Energy	

