

What You See Is What You Ate!

© By Victoria Bowmann, Ph.D., USA

As a practitioner, one looks at blood, and sputum, and urine for insight into the workings of the patient's systems. However one generally does not ask questions regarding the stool. Maybe this is because the patient won't be able to answer the question; maybe it is because we are not familiar with the information the stool can give.

There are two aspects to address: the appearance of stool in the colonic sight tube and the appearance of stool in the toilet.

Thru the looking glass:

As a colon hydrotherapist, it is interesting that clients do not look at their stool but want to look at the sight tube. This is an opportunity to address many aspects of digestion from observation. The first thing that is apparent is gas. Since there is always gas in the rectum, this is eliminated first. In fact, by removing it before introducing any water, it is easier to start the flow of water into the colon. Excessive gas is painful as it moves through the colon, especially *into* the organ if an enema or colonic is administered.

Gas simply looks like bubbles, although the size of the bubbles and the quantity will indicate something about digestion. It could be from beans and legumes or the cruciferous vegetables. A vegetarian will have more gas than one that eats any form of animal protein. The vegetarian diet has larger amounts of complex carbohydrates from legumes and grains that contribute to the flatulence.

Excess gas could be from the lack of sufficient enzymes to digest what is being eaten or from poor food combinations. A small quantity of gas will always be present since it is a by-product of even healthy digestion.

The next form of gas that is quite interesting is what I consider to be an indicator of *candida*. The bubbles are foamy and look like "beer foam". Since one knows that beer is made from yeast, if there is excessive yeast in the colon, it presents itself in this manner. Sometimes it is throughout the treatment, sometimes it releases in one burst of material as if a pocket loosened during that phase.

Mucus is present during a colonic. Since the GI tract is comprised of mucus membranes and mucus is frequently swallowed from the respiratory tract, there will be mucus. (If one were to blow their nose and then look into the tissue, it could be stringy, or yellow, or watery.) This stringy and yellowish mucus is visible during colonics. Consumption of dairy or allergy foods also increases the mucus. When a person tends to congestion, allergies, or inflammation, there is more mucus since the body is producing mucus as a protection. When one tends to be dry and brittle there is less mucus.

One might think of the differences between a *Mucor racemosus* patient and an *Aspergillus niger* patient: one is more moist; the other dry. The *Mucor* individual will present with greater quantities of mucus.

There are times that the bottom of the tube will have "grains of sand". In speaking with a naturopathic physician, information was shared that in one case, the *sand* was tapped off and found to be flecks of heavy metals. I cannot validate this, only share another practitioner's comment.

Undigested food is another visible substance. Patients are quite amazed when one asks about the success of chewing food. I have identified unchewed sliced mushrooms, corn, peanuts, skins from apples, grapes and red potatoes, pieces of nuts such as cashews, seeds of all types such as sunflower and parts of pumpkin seeds. They are amazed at how quickly food is identified in the stool.

There are some items that rarely get completely digested such as the little seeds in zucchini, or kiwi and tomato seeds. It seems that no matter how well someone chews, these are not able to be ground up by the teeth. The skins are also difficult to chew completely, however the other items were simply not masticated sufficiently. There is little value to eating something if our chewing and digestion can't make the nutrients available to our body.

When a person juices fruits or vegetables, the colors will often show in the sight tube. Watermelon and beets have a crimson color and green drinks of all types will show green. The shade will vary depending on the depth of color of greens. A predominance of carrots will give an orange tinge, just as one would expect.

Bulking and cleansing agents also show in a treatment. The more fiber one consumes whether in foods or by supplements, the greater the flow of material. Psyllium has a particular appearance, looking somewhat gelatinous. If enough bentonite clay has been consumed it will show its color. Charcoal gives a specific grayish black tint to the stool. This is different from the color of dried blood in one with upper GI ulcers.

Pressed tablets are a definite problem that I observe more frequently than I would like. I have seen complete tablets and partial tablets pass through the sight tube. When asking about supplement consumption, one is able to isolate those that the body doesn't break down. Perhaps it is the coating that is applied to keep the tablet stable, or perhaps it is poor digestive juices.

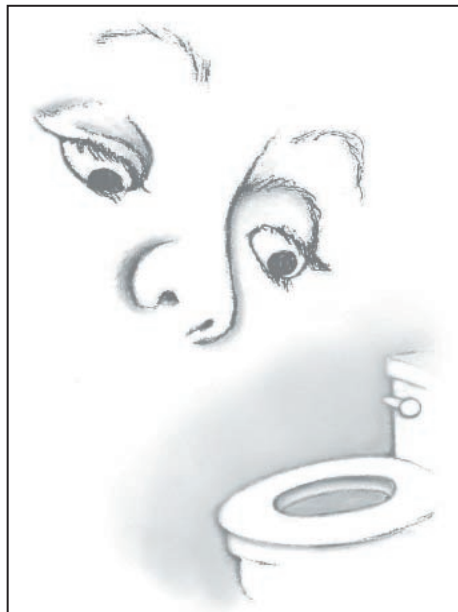
In my practice, I have a man who works for the waste treatment plant. During a session we discussed undigested tablets. One of his work duties is to dredge off the tablets and have them assayed to determine what they are. Some supplement companies have a greater prominence for not digesting than others. It is for this reason that I suggest capsules, gel caps and liquid supplements wherever possible.

Since most parasites are microscopic, they are not often seen in a treatment. However, roundworms, pinworms, and segments of tapeworms are occasionally visible.

Just a quick glance:

Once the stool is in the toilet, what it does and what it looks like are very important too. If this is gross, just think of it in a clinical way -- like biology in high school. A quick glance is all it takes and after every elimination. Could it be described if one's physician asked? There are going to be close correlations between what is seen in the colonic sight tube and what is seen in the toilet.

The color of the stool is dependent on the foods eaten. A vegetarian will have a light tan stool, although the color will be influenced by the diet. If a large quantity of beets is eaten, the stool will be red tan, carrots will cause the stool to be orange tan, and greens will create a green tan.



A diet with moderate amounts of protein, such as fish and fowl, will have a slightly darker stool, although it will still be tan. The color is less influenced by other foods.

A heavy meat eater who consumes large quantities of beef, lamb, pork, or game meats such as venison will have a dark brown stool. This is due to the amount of bile needed for the digestion of fats, which is also responsible for the color of our intestinal contents. However, if the stool looks like an "army green" stool, the colon probably isn't absorbing the bile in a normal way. This is the time to investigate how well the liver is working and consider a liver cleanse.

Is there undigested food? Some foods are easy to recognize, such as corn or watermelon seeds. Little seeds from tomatoes and kiwi don't usually digest, so these are of no concern unless a person suffers from diverticulitis. If there are distinguishable foods in the stool then chewing and digestion are functioning poorly.

Now observe the size. For an adult, the diameter is healthiest at about a quarter in size and uniform from end to end, perhaps slightly larger for a tall, muscular person. The total length depends on several factors: the size of the person, the quantity of fibrous food eaten, and the frequency of elimination. One person may have a large elimination each day; another person may have two or three smaller ones. Some people have a large elimination in the early morning with a smaller bowel movement after either lunch or dinner. Some people have a bowel movement after every meal. This is considered ideal although it will take a change in food and increase in fiber.

If the stool is thin or flat there could be restrictions in the colon. A thin stool is often called a "pencil stool" since it is about the diameter of a pencil. This is because one or more areas are not allowing the stool to pass through or expand to the healthier size. They might get a label of "linguini stools." These are the ones that are flat and small in size. Again, there is possibly a restriction in some area of the colon. Nervous individuals frequently have these types of stools.

Sometimes there is mucus in or on the stool. Intolerance for or allergy to cheese and dairy products might be the culprit. It might mean there is a respiratory (think sinus) or digestive infection where the body is generating more mucus to protect itself. Often the extra mucus is swallowed during sleep.

If there is a bowel movement soon after a meal and it is composed of what was just eaten, the transit time is too fast. These stools are often broken into pieces, almost like runny diarrhea. There is often urgency to eliminate. One might have a diagnosis of irritable bowel syndrome (IBS).

Now that one has observed what it looks like, one needs to look at what it does once it is in the toilet bowl. A healthy stool should float just slightly, and below the waterline, breaking up minimally. It is composed of 60% fiber from our foods and 40% bacteria. It needs water for moisture and mucus to promote ease in elimination.

If there is excess fat and oil in the stool or incomplete digestion of the oil and fat, the stool will float above the water line or leave a residue on the porcelain sides of the toilet bowl. After all, oil does float on top of water. If a stool sinks into the bottom of the toilet, there is excessive protein in the diet, the toxic load is high, or heavy metals are being eliminated. If the stool looks like little marbles or rabbit pellets, the intestinal bacteria is of poor quality and quantity.

Flatulence, or bowel gas, is another aspect of elimination. Everyone has some since it is a by-product of digestion, with vegetarians having the greatest amount. However, an excessive amount of gas is an indicator that something is out of order. Excessive gas may be the overgrowth of yeast, which is also called *candida*. This is a fermentation problem that can be fed by sugars in the diet, or simple refined carbohydrates that break down rapidly into sugars.

The odor of the gas will also indicate possible problems. When there is putrefaction due to pathogenic or bad bacteria, the bowel gas will have very unpleasant odors. Putrefaction means the final breakdown of food is not occurring correctly. It is rotting inside instead of fermenting and decomposing correctly. There are excessive unhealthy bacteria contributing or causing the problem.

Conclusion

One quick glance at the bowel movement can give vital information that might make a difference in overall health at the time and in the future. And that is worth a glance. Once one knows what a healthy stool looks and acts like, one can strive for a healthy response. A colon in good working order will exhibit optimal elimination. ❁

Glossary Terms

Candida: any of the yeast like fungi constituting the genus *Candida*, members of which may cause athlete's foot, vaginitis, thrush, or other infections.

Cruciferous: Any of various plants in the mustard family, which include mustard, radish, turnip, broccoli, etc.

Irritable bowel syndrome (IBS): any combination of common disturbances of the bowel, as diarrhea or constipation, occurring with abdominal pain, sometimes accompanied by psychological stress.

Pathogenic: capable of producing disease: pathogenic bacteria.

Psyllium: a European plantain, *Plantago psyllium*, having seeds that are used in medicine, especially as a laxative or bulking agent.

Putrefaction: the anaerobic decomposition of organic matter by bacteria and fungi that results in obnoxiously odorous products; rotting.

About the Author



Victoria Bowmann has been a health care professional since 1978. She is proficient in many modalities, each designed to detoxify the body and restore a greater degree of vitality to the individual. She earned her Ph.D. in Homeopathy and Natural Medicine from Westbrook University in 1999, her doctorate in Homeopathic Medicine from the British Institute of Homeopathy in 1995. Please visit her web site at myrealhealth.com. Her private practice is in Phoenix, Arizona.

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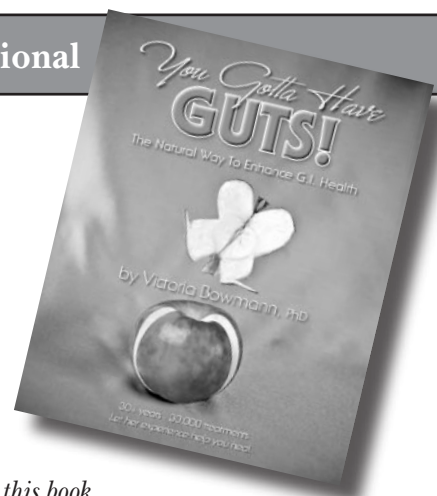
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