



## **SOME BASICS** (a work in progress) cont. #6

**“Some Basics”** is a list of ideas and nutraceutical/transferceutical products we compiled to assist people in getting into, what we consider, is a productive frame of mind with regards to herbal and nutraceutical and transferceutical supplements. It is by no means the be-all and end-all. We're sure others will have additional thoughts on this.

We started with ideas about **motivations and commitment** to taking care of yourself as much as possible. Then we went on to **the obvious importance of clean air and pure water**. We then reviewed **Transfer Factors, the immune system (your castle wall) product** and then the **use of a good food source multiple vitamin/mineral supplement**. Our email in June dealt with **Probiotics and Digestive Enzymes**.

Previous installments of **“Some Basics”** are available at our website. <http://www.naturesbetterway.com/> The complete list of **Some Basics** is located at the bottom of this article.

The last 2 things on the list are **Hydrated Bentonite and Psyllium**.

It doesn't matter how much of a purist a person is or thinks they are. How “organic” or whatever a person is or tries to be, we do not believe you can evade completely the toxins in our environment. You just can't do it!

- You change the oil in your car right?
- If your home is serviced by a septic system, you have it pumped out every few years right?
- Do you take the garbage out or just let it accumulate in your house?

These things only makes sense right?

What about you? How's your oil? How's your body's septic system? Have you accumulated any garbage?



What can **you** do? Is there anything **you** can do? Are there ways **you** can assist your body's system of elimination? Are there ways to do this? Yes, there are.



Does it make sense **to you** to do this?

**Bentonite** is a natural clay that comes from volcanic ash. Taken internally, it **supports the intestinal system in the elimination of toxins.**

In the words of Earl Irons, one of the first health educators to bring Bentonite to market back in the 1940's: **"Its action is physical not chemical."** Its action is by **adsorption** (acts like a magnet to toxins) not absorption (like a sponge).

These links have much supporting information regarding the health benefits of Bentonite. Should you spend any time understanding more about this?

<https://www.youtube.com/watch?v=hCQFX2MQiGc>

<http://www.overthrowmartha.com/2014/02/drinking-dirt-bentonite-clay-detox.html>

[https://en.wikipedia.org/wiki/Medicinal\\_clay](https://en.wikipedia.org/wiki/Medicinal_clay)

<https://en.wikipedia.org/wiki/Montmorillonite>

Just as it is very difficult to eliminate or at least limit exposure to all the toxins out there, it is also very difficult to get sufficient dietary fiber in the rush of daily life.

**Dietary fiber or roughage is the indigestible portion of food derived from plants.** It has two main components:

- **Soluble fiber**, which dissolves in water, is readily fermented in the colon into gases and physiologically active byproducts, and can be prebiotic and viscous.
- **Insoluble fiber**, which does not dissolve in water, is metabolically inert and provides bulking, or it can be prebiotic and metabolically ferment in the large intestine. Bulking fibers absorb water as they move through the digestive system, easing defecation.<sup>[1]</sup>

[https://en.wikipedia.org/wiki/Dietary\\_fiber](https://en.wikipedia.org/wiki/Dietary_fiber)

In the rush, rush, rush of daily life not many of us can live the perfect life. And, aren't some of you tired of hearing about fiber, fiber, fiber and how to get more? "Eat more of this, eat more of that." Don't get us wrong here. Making the effort to eat properly (whatever that means) is important. Paying attention is important. That

being said, **does it make any sense to supplement the fiber in your diet?** Should you spend any time understanding more about this?

**Psyllium** has **one of the highest levels of soluble fiber known**—much more than that of oat bran. Psyllium hulls are **a convenient way to add essential fiber** to the daily diet. Psyllium hulls can play an important part in helping the body maintain cholesterol levels that are already within the normal range and may help to support cardiovascular health.

<http://www.healthline.com/health/psyllium-health-benefits#Overview1>

<http://www.webmd.com/drugs/2/drug-797/psyllium-oral/details>

<https://en.wikipedia.org/wiki/Psyllium>

How about this graphic?

**The Bristol stool scale, Bristol stool chart (BSC),<sup>[1]</sup> Bristol stool form scale, or BSF scale<sup>[2]</sup>** is a medical aid designed to classify the form of human feces into seven categories. Sometimes referred to in the UK as the Meyers scale,<sup>[3]</sup> it was developed by Dr. Stephen Lewis and Dr. Ken Heaton at the University of Bristol and was first published in the *Scandinavian Journal of Gastroenterology* in 1997.<sup>[4]</sup> The authors of that paper concluded that the form of the stool is a useful surrogate measure of colon transit time. That conclusion has since been challenged as having limited validity, and only in types 1 and 2 when the subject is not constipated.<sup>[5]</sup> However, it remains in use as a research tool to evaluate the effectiveness of treatments for various diseases of the bowel, as well as a clinical communication aid.

[https://en.wikipedia.org/wiki/Bristol\\_stool\\_scale](https://en.wikipedia.org/wiki/Bristol_stool_scale)

**Bristol stool chart**

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces, <b>Entirely liquid</b>

“Type 1 has spent the longest time in the colon and type 7 has spent the least. Stools at the lumpy end of the scale are hard to pass and often require a lot of straining. Stools at the loose or liquid end of the spectrum can be too easy to pass - the need to pass them is urgent and accidents can happen. The ideal stools are types 3 and 4, especially type 4, as they are most likely to glide out without any fuss. What type of stools are best? \* The feeling you need to go is definite but not irresistible \* Once you sit down on the toilet there is no delay \* No conscious effort or straining is needed \* The stool glides out smoothly and comfortably \* Afterwards there is only a pleasant feeling of relief \* All this is most likely if the stool is Bristol Stool Form Scale, type 4

**Type 1:** Separate hard lumps, like nuts Typical for acute disbacteriosis. These stools lack a normal amorphous quality, because bacteria are missing and there is nothing to retain water. The lumps are hard and abrasive, the typical diameter ranges from 1 to 2 cm (0.4–0.8”), and they’re painful to pass, because the lumps are hard and scratchy. There is a high likelihood of anorectal bleeding from mechanical laceration of the anal canal. Typical for postantibiotic treatments and for people attempting fiber-free (low-carb) diets. Flatulence isn’t likely, because fermentation of fiber isn’t taking place.

**Type 2:** Sausage-like but lumpy Represents a combination of Type 1 stools impacted into a single mass and lumped together by fiber components and some bacteria. Typical for organic constipation. The diameter is 3 to 4 cm (1.2–1.6”). This type is the most destructive by far because its size is near or exceeds the maximum opening of the anal canal’s aperture (3.5 cm). It’s bound to cause extreme straining during elimination, and most likely to cause anal canal laceration, hemorrhoidal prolapse, or diverticulosis. To attain this form, the stools must be in the colon for at least several weeks instead of the normal 72 hours. Anorectal pain, hemorrhoidal disease, anal fissures, withholding or delaying of defecation, and a history of chronic constipation are the most likely causes. Minor flatulence is probable. A person experiencing these stools is most likely to suffer from irritable bowel syndrome because of continuous pressure of large stools on the intestinal walls. The possibility of obstruction of the small intestine is high, because the large intestine is filled to capacity with stools. Adding supplemental fiber to expel these stools is dangerous, because the expanded fiber has no place to go, and may cause hernia, obstruction, or perforation of the small and large intestine alike.

**Type 3:** Like a sausage but with cracks in the surface This form has all of the characteristics of Type 2 stools, but the transit time is faster, between one and two weeks. Typical for latent constipation. The diameter is 2 to 3.5 cm (0.8–1.4”). Irritable bowel syndrome is likely. Flatulence is minor, because

of disbacteriosis. The fact that it hasn't become as enlarged as Type 2 suggests that the defecations are regular. Straining is required. All of the adverse effects typical for Type 2 stools are likely for type 3, especially the rapid deterioration of hemorrhoidal disease.

**Type 4:** Like a sausage or snake, smooth and soft This form is normal for someone defecating once daily. The diameter is 1 to 2 cm (0.4–0.8”). The larger diameter suggests a longer transit time or a large amount of dietary fiber in the diet.

**Type 5:** Soft blobs with clear-cut edges I consider this form ideal. It is typical for a person who has stools twice or three times daily, after major meals. The diameter is 1 to 1.5 cm (0.4–0.6”).

**Type 6:** Fluffy pieces with ragged edges, a mushy stool This form is close to the margins of comfort in several respects. First, it may be difficult to control the urge, especially when you don't have immediate access to a bathroom. Second, it is a rather messy affair to manage with toilet paper alone, unless you have access to a flexible shower or bidet. Otherwise, I consider it borderline normal. These kind of stools may suggest a slightly hyperactive colon (fast motility), excess dietary potassium, or sudden dehydration or spike in blood pressure related to stress (both cause the rapid release of water and potassium from blood plasma into the intestinal cavity). It can also indicate a hypersensitive personality prone to stress, too many spices, drinking water with a high mineral content, or the use of osmotic (mineral salts) laxatives.

**Type 7:** Watery, no solid pieces This, of course, is diarrhea, a subject outside the scope of this chapter with just one important and notable exception—so-called paradoxical diarrhea. It's typical for people (especially young children and infirm or convalescing adults) affected by fecal impaction—a condition that follows or accompanies type 1 stools. During paradoxical diarrhea the liquid contents of the small intestine (up to 1.5–2 liters/quarts daily) have no place to go but down, because the large intestine is stuffed with impacted stools throughout its entire length. Some water gets absorbed, the rest accumulates in the rectum. The reason this type of diarrhea is called paradoxical is not because its nature isn't known or understood, but because being severely constipated and experiencing diarrhea all at once, is, indeed, a paradoxical situation. Unfortunately, it's all too common.”

Source:

[http://static1.1.sqspcdn.com/static/f/1451532/22180508/1363249562587/bristol\\_stool\\_chart.pdf](http://static1.1.sqspcdn.com/static/f/1451532/22180508/1363249562587/bristol_stool_chart.pdf)

**Some Basics list:**

- **Real "Want to"**
- **Conviction**
- **Consistency**
- **Clean Air**
- **Pure Water**
- **Transfer Factor**
- **Multiple Vitamin/Mineral (Food Source)**
- **Probiotics**
- **Digestive Enzymes**
- **Hydrated Bentonite**
- **Psyllium**

**You can do this if this is what you want to do.**

If you have any questions, please do not hesitate to contact us.

To your health and wellness,

*Chuck & Judy Erkfitz*

*Natures Better Way*

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