

MONITORING PH'S

- Check fasting urine and saliva pHs, ideally first thing in morning, following pH hydriion strip paper instructions.
- Check for 3 to 4 days in a row prior to appointment, and/or every 2 weeks for self-monitoring.
- Remember, do not “chase” your pHs; you must correct digestive function in order to balance pHs.
- Checking saliva is for monitoring purposes only; urine pHs will indicate any necessary action based on the following:
 - Urine <6.0 acidic: baking soda regimen (1/8 to ¼ tsp baking soda diluted in water, 20 minutes before meals, twice daily, for 2 weeks.)
 - *Urine pH's will become alkaline while on this regimen, thus saliva pHs are more indicative during this time.
 - Urine >6.0 alkaline: will need formula #32 with meals to increase protein digestion; or can sip on apple cider vinegar with meals.
- Remember saliva pHs follow blood pH.
- **Alkaline blood >7.45**
 - CO₂ and chloride (acid) retained in blood stream
 - Bicarbonate (alkaline) prevented from being released into the blood (retained in the tissues)
 - Alkaline substances eliminated in urine
 - Less hydrogen and chloride are available to make HCL
 - Resulting in poor protein digestion in the stomach
- Therefore, overly alkaline urine may indicate HCL insufficiency (*unless you are on baking soda regimen).
- Respirations will be low.
- **Acidic blood <7.35**
 - Body expels CO₂
 - Rapid respirations
 - Too few bicarbonate ions being released into small intestine (retained in the blood)
 - Acidic substances eliminated in the urine
- Therefore, overly acidic urine may indicate decreased pancreatic activity in the duodenum (small intestine)
- *However, urine may become very alkaline if compensation exceeds the body's threshold. (Ammonia like urine).*