

70. Undigested food in stool

Undigested food in the stool is usually suggestive of a client not chewing their food well. It is also associated with a pancreatic insufficiency with a need for digestive enzymes and/or hypochlorhydria with a need for supplemental stomach acid.

Hypochlorhydria is a very common problem and leads to a number of digestive complaints including H. pylori infection, bowel toxemia, dysbiosis, pancreatic insufficiency and leaky gut syndrome.

Hypochlorhydria has a number of possible etiologies that include:

- Sympathetic dominance
- Antacid drug use
- Excess sugar and refined foods
- Chronic overeating
- Constant snacking between meals
- Excess carbohydrate and alcohol consumption
- Nutrient deficiencies, especially zinc and thiamin
- H-Pylori infection

Many of the above can lead to irritation of the gastric mucosa causing a decreased output of acid from the parietal cells. Low stomach acid results in a decreased output of enzymes from the pancreas. The body requires a strongly acidic stimulus from food exiting the stomach to trigger a large output of digestive enzymes from the pancreas into the small intestine. Without this stimulus food entering the small intestine does not get digested adequately leaving undigested food to remain in the stool.

Hypochlorhydria has also been associated with Zinc deficiency, which should be assessed.

1° Indication

Pancreatic enzyme insufficiency with a need for pancreatic enzyme supplementation

Further assessment	<ol style="list-style-type: none"> 1. Check Ridler enzyme point for tenderness 1 inch below xyphoid and over to the right edge of the rib cage 2. Check for tenderness in the Chapman reflex for the pancreas located in the 7th intercostal space 3. Increased urinary sediment levels 4. Chymotrypsin levels on a digestive stool analysis
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2° Indication

Digestive dysfunction with hydrochloric acid need

Further assessment	<ol style="list-style-type: none"> 1. Check Ridler HCL reflex for tenderness 1 inch below xyphoid and over to the left edge of the rib cage 2. Check for tenderness in the Chapman reflex for the stomach and upper digestion located in 6th intercostal space on the left 3. Gastric acid assessment using Gastrotest 4. Check for a positive zinc tally: A client holds a solution of aqueous zinc sulfate in their mouth and tells you if and when
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	they can taste it. An almost immediate very bitter taste indicates the client does not need zinc. Clients who are zinc deficient will report no taste from the solution. 5. Increased urinary indican levels
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Supplemental Support

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| <ol style="list-style-type: none">1. Pancreatic Enzymes2. Bromelain, cellulase, lipase, and amylase3. Betaine HCL, Pepsin, and pancreatin |
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Lifestyle changes

Please see the handout in the appendix on the Diet to aid digestion

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