

Save the Gallbladder - PURGE!

by Doug Heise, D.C.

Color is incomprehensible to the blind. Harmony is beyond the senses of the tone deaf. To the King, the voices of peasants are lost and unheard! So it is with the tragedy of the citizen of this advanced technological society.

Gallbladder dysfunction is one of the most common health problems encountered in chiropractic as well as medical offices today. Unfortunately, it is also one of the most misunderstood.

More than 600,000 choleystectomies are performed in this country alone every year, despite overwhelming evidence that most are unnecessary. Repeated warnings have been printed in medical journals against this practice, but to no avail.

Need we be dismayed however, since the *"medical protocol"* is being followed and this is the tried and true and only way to correct this disease? There is a reason for this state of affairs. The first is that those of the *"establishment"* have indoctrinated us with the tradition and belief of those who assume power and authority. Whether it be religion, law, science, or the club, *"the way we have always done it and believe"* might just as well be etched in granite. If nothing else is taken from this effort, remember that there is nothing more threatening to the established order of things and tradition than the advent of a new idea.

Despite all of the threats of heresy, there are arrows of truth being sent across the bow of tradition and this is exponentially increasing so that conventional orthodoxy is being boldly challenged with empirical successes that cannot be hushed! Classical medical doctors are silently jumping ship for the *"alternative approach"*. Why not! It has patient successes to back it up.

So it is with the gallbladder purge. In the August, 1981 issue of the Lancet, an article was written giving causal relationship of choleystectomy to carcinoma of the colon. Could it be that the lack of bile acids are not destroying renegade and opportunistic pathogens as they once did? Could it be oxidative stress (free radical pathology) from rancid fats in the colon, which were not correctly metabolized by bile? This issue re-occurred in a article of the Journal of Surgical Oncology (vol. 41, 1989). So, let's continue. Adverse reactions abound in legally prescribed medications and risks are signed and acknowledged among medical procedures. This is all well and accepted in our system of health care. It is expected that certain diagnostic procedures could be considered normal and acceptable even when one in every 190 patients receive a fatal procedure. But the test must go on.

In contrast to the epidemiology of mortality and morbidity, using classical medicine procedures, the gallbladder purge has had no mortality or morbidity. After completing over 450 patient purges over six years, no patient suffered complications, i.e., obstruction, emergency surgery or some emergency medical procedure.

The success of this procedure has caught the interest of health conscious people who have had gratifying results. I once received a letter of encouragement from a man in Brazil who was translating the purge directions into Portuguese so it could be spread among his people too. Missionaries have e-mailed reports of success and patients have completed a post-treatment questionnaire of their experience with 93% saying they would repeat the treatment and are glad they submitted to the cleanse. This procedure is not a cleanse of the liver, but rather the gallbladder. Improving biliary functions is significant for a healthy body.

It is estimated that 80% of the American teenage population has gallstones by the age of 18. (*Thanks to fast-food, trans fatty acids, high carbohydrates and toxic bodies, the gallbladder collects the highly viscous solute from the liver as bile and cholesterol to be secreted into the duodenum.*) If the consistency is too viscous, the solute forms stones in the gallbladder.

I find that the size of stones vary from a pea size and shape which is a green to brown bile material, to larger cholesterol based stool colored gelatinous collections that can be as large as 3 cm.

There is no more rigid system of unyielding canon embedded in stone than the practice and beliefs of the medical establishments. As chiropractic physicians, the established protocol and practice procedure is more relaxed, so that practice algorithms are flexible. Rightly so when taking a vitalistic and non-mechanistic treatment paradigm.

The following symptoms are not singularly the only way to measure gallbladder congestion, however these symptoms are more pathognomonic than many and generically offer a sound subjective look at possible stasis within the gland.

My experience with the common referred pain to the right shoulder/upper thoracic area is quite rare. Nevertheless the common middle thoracic muscle complaints which were vague and appeared to be solely a mechanical problem of the mid and upper thoracic spine were often measurably improved, subsequent to the purge.

Common Indications

- Intolerance to greasy foods
- Headaches after eating
- Light colored stool
- Foul smelling stool
- Less than one bowel movement daily
- Constipation
- Hard stool
- Sour taste in mouth
- Grey colored skin
- Yellow in whites of eyes
- Bad breath
- Body odor
- Fatigue and sleepiness after eating
- Pain in right side under ribcage
- Painful to pass stool
- Retain water
- Big toe painful
- Pain radiates along outside of leg
- Dry skin/hair
- Red blood in stool

The following purge directions have been very successful, having no history of obstruction. The bile duct is elastic and thus expands for the movement of the larger cholesterol based stones which are more difficult to detect because of their stool color, however it has a definite lumpy appearance.

GALLBLADDER PURGE

On the day prior to purging, reduce food intake to fruit, fruit juices and water (NO SODA). Please do not eat solid foods, i.e. vegetables, meat or desserts.

1. On the morning of the purge, commence mixing 2 ounces of inexpensive olive oil with 2 ounces of very cold apple juice. If you do not like apple juice, I recommend grape juice. Once the mixture of 2 oz. olive oil and 2 oz. of juice is “gulped” or rapidly swallowed, wash out mouth with a small amount of just the fruit juice. Go sit down and wait 5 - 6 minutes. Repeat this process every 5 - 6 minutes until 13 - 14 oz. of olive oil is consumed over a period of 45 minute to one hour.
2. Afterward, lay on your right side as much as you can for about 3 hours. You may get up after the 3 hours and sit or occasionally walk, do not however, work, become physically active or eat/drink anything.
3. As your gallbladder is “Dumping” the stones, they pass through the bile duct. This may be the most uncomfortable period, causing occasional nausea, pain and some vomiting of the excess olive oil. You'll encourage vomiting if you drink or eat food during this time.
4. As you have bowel activity, you may notice green color mixed with loose stool. Also you will notice stones varying in quantities of 50 - 200 and in size from a pea to a marble. This may take from 9 - 20 hours, usually 10 - 12 hours. Upon seeing these pea shaped green to brown bile stones you may have an additional 2 - 3 bowel movements. As the green stones lessen, the larger/stool-colored clumps which are cholesterol based, may now occur, though more difficult to identify. Once the small bile stones appear, begin drinking water, juice and eat small quantities of applesauce, peas, salad and other easy to digest foods, including vegetables and fruits.
5. The next meal should allow you to resume a more normal schedule with better digestion. Symptoms of improvement may be rapid and dramatic to very little noticeable change. Certainly the gallbladder will function better, so digestion will improve.
6. Now that you saved your gallbladder, try to eliminate fried foods, margarine and fats from your new diet lifestyle. Your cholesterol level may improve, you may have less bowel gas, less bloating, better bowel activity and BETTER HEALTH!