

Acid-Base Balance according to Sander

Test Nr. L 110

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A healthy body excretes different amounts of acids and bases with urine at various times of the day. With the aid of five urine samples taken in the course of the diurnal curve is established. The percental ratio of the acid base quantities to each other is established while measuring. Curves of healthy persons are to be interpreted as follows:

The normal metabolic sour metabolic products of the night are excreted with first morning urine (6 a.m.).



About two or three hours after each meal there is a so-called base flood in the body to start normal digestion, which can be observed in the 9 a.m. urine.

The acids developed later are excreted around lunchtime.

At 3 p.m. the same thing happens as at 9 a.m. and around 6 p.m. - excess acids can be observed again.

Causes:

Hyperacidity is a widely spread phenomena mainly caused by today's lifestyle and diet:

1. increased acid consumption (meat, fish, cheese, eggs, coffee, alcohol, sugar, sweets, polished rice, pasta, fast food, fast or late meals)
2. reduced base consumption (vegetables, potatoes, "good" bread, wholemeal pasta, nuts)
3. reduced acid secretion (too little exercise)

Consequences:

Most organ systems are weakened, attacked or damaged by acid. The effects of hyperacidity differ from patient to patient. There might be only one symptom or several symptoms at the same time. This depends on the habits and characteristics of the individual person.

Intestinal Tract:

heartburn, pancreas damage caused by diabetes, constipation and flatulence, intestinal mycosis, weakened liver detoxification.

Muscles, joints, spine:

gout, joint problems, osteoporosis.

Skin, hair, teeth:

brittle, early greying hair: wan dry condition of the mouth, parodontitis, scaling skin, allergies, food intolerances, skin inflammation, cellulite, acne.

Metabolism:

Gout (increase of uric acid), kidney stones, kidney damage, diabetes, overweight.

Vessel and circulatory system:

Calcification of vessels with heart attack and stroke, high blood pressure, nausea, reduced blood circulation in limbs, migraine, weak veins.

Total organism:

weak immune system coming along with various diseases, chronic pain, depression, loss of vitality.

Test Instructions – Acid-Base Balance according to Sander

Please collect **5 urine samples** at following times of the day:

1. **Sample 1: 6 a.m. → then have breakfast**
2. **Sample 2: 9 a.m.**
3. **Sample 3: 12 noon → then have lunch**
4. **Sample 4: 3 p.m.**
5. **Sample 5: 6 p.m. → then have dinner**

Please note deviating urine sample times.

Please pay attention to the numbers!

For collecting urine please choose a day during which you can comply with **following requirements:**

- You are only allowed to have 3 meals on the day of testing:

- **Breakfast after taking first sample (6 a.m.)**
- **Lunch after third sample (12 noon)**
- **Dinner after fifth sample (6 p.m.)**

- Please do not take base tablets (i.e. Bullrich's Vital, base powder) on the day of the test and two days prior to testing.
- Please empty bladder completely when taking each sample.
- If you can only pass little water, have a glass of water after each sample to provide for better secretion during the following sampling.
- If you cannot hold urine for three hours collect the whole urine secreted - for example between 9 a.m. and 12 noon - and add it to the next sample.
- Close the container tightly, fill in the questionnaire and mail everything preferably on the same day. Please make sure to put on enough postage.

Please pay attention to the fact that the stabilizer (white powder in the urine tubes containing 4 mg thymol) may cause irritations if it comes in contact with skin, mucosa or eyes. Please avoid direct contact. In case of accidental contact please rinse with water immediately, respectively - in case of eye contact - see an eye specialist immediately.

Questionnaire – Urine Test according to Sander

Name of therapist:		
Name and address of patient:		
Date of Urine Collection:		
Average drinking amount per day and type of drinks:		
Taking laxatives:	no <input type="checkbox"/>	yes – if yes – which: <input type="checkbox"/>
Taking base preparations:	no <input type="checkbox"/>	yes – if yes, which and how often: <input type="checkbox"/>
Taking dietary supplements:	no <input type="checkbox"/>	yes – if yes, which and dosage: <input type="checkbox"/>
Food eaten previous day:	Mahlzeiten:	Time:
	<input type="checkbox"/> Breakfast:	_____
	<input type="checkbox"/> Possible Snacks:	_____
	<input type="checkbox"/> Lunch:	_____
	<input type="checkbox"/> Possible Snacks:	_____
	<input type="checkbox"/> Dinner	
Food eaten on day of testing:	Mahlzeiten:	Time:
	<input type="checkbox"/> Breakfast:	_____
	<input type="checkbox"/> Lunch:	_____
	<input type="checkbox"/> Dinner	_____

Thank you for your support
Your biovis team

Biovis Diagnostik MVZ GmbH,
Justus-Staudt Straße 2,
65555 Limburg-Offheim