Acid/Alkaline pH Body Balance

Jini Patel Thompson Interviews Maraline Krey

Jini: OK. Thanks everybody for coming to the teleseminar tonight. This is Jini Patel Thompson, I specialize in natural healing methods for IBD and IBS and tonight I am interviewing Maraline Krey, who is a pH body balance expert and I love a quote from your website, Maraline, so I'm just going to read it here. You say, "If you can shift your perspective of food and water from simply being fuel and hydration and develop your understanding of you are what you eat; meaning, maintenance and healing comes from what we ingest, you will begin to understand why we as a world have become too acidic." So, Maraline, welcome and thanks so much for being here tonight.

Maraline: Well, thank you. I appreciate the opportunity. I think it's always wonderful to work with—you know, what you do is you target a specific area and then what I do is more foundational to bridge the basic nutritional deficit.

Jini: Well, exactly and you know it's interesting too because a friend of mine—a medical doctor—he sent me a paper all about the intestinal luminal pH in inflammatory bowel disease and it's very interesting because the paper actually has charts comparing what the normal pH is for say a healthy person throughout their gastro-intestinal tract versus someone who has ulcerative colitis and Crohn's disease.

Maraline: And did he give you the numbers? What are the numbers? I'm curious.

Jini: Yes. I will read them out to you here. Actually, just before we get into that Marlene, I'm just going to mute everybody else on the line so we don't get any background noise. Hang on a minute.

Maraline: OK.

Jini: OK. We're muted, we're in lecture mode here. So for a healthy volunteer, the small bowel pH range from 6.6 in the proximal intestine to 7.5 and then you get into the colon and the right side of the colon, the average pH was 6.4 and the left side of the colon going down into the rectum was 7.1.

Maraline: Interesting. OK.

Jini: Does that sound…

Maraline: Yes, it sounds absolutely right because the colon would capture more toxins than the intestinal tract.

Jini: Yes, exactly.

Maraline: So the toxins are going to increase the level of acidity, or in this case the pH scale goes 0 to 14, 7 being neutral, so anything below 7 is too acidic, anything above it is alkaline. As you go down from 7 to 1, just for the benefit of the audience, what happens is it's a compounding factor so 10 times, 100 times, 1000 times more acidic and the same thing going up. So from 7.1 to 6.4, is almost 10 times more acidic.

Jini: Oh, interesting. See, I didn't know that.

Maraline: And then with disease—what is it?

Jini: With ulcerative colitis which has a big change, in the colon—the right side of the colon is 7.2, which for the normal bowel it's only 6.4, so that's way more alkaline, right? And then the left side of the colon going into the rectum is 6….

Maraline: So it's not working properly, right? OK.

Jini: No, it's reversed. And this thing about—in ulcerative colitis, the pH being more alkaline—my understanding of probiotic therapy is that the good bacteria need that certain level of acidity and if you make it too alkaline, the good bacteria can't live and Candida and a whole bunch of pathogenic species take over because they--

Maraline: Well, you know the other thing though is that when your body in any area—if your body goes into crisis, it pulls out the—you know all the alkaline stops come out and it may flush it with alkalinity thinking that it's helping. See and it's actually not in this case but it's like if you have occasionally run into someone that's highly alkaline but they're very, very sick. It's because their body is pulling out all the stops to try to fix them.

Jini: Right. So now when you talk about someone who's very alkaline, what exactly are you referring to? Are you referring blood, saliva, urine, what?

Maraline: OK, so that's a good question because when I speak to pH balance, what I'm speaking to is: the basic blood environment is 96% water and then you have tissues and you know our bodies are about 70+% water but the blood's 96% water—so I'm talking about basic alkalinity. Now, when traditional medicine speaks to pH, what they typically speak to is the deep vein artery blood. The deep vein artery blood needs to be neutral and what happens with that is pretty fascinating because in the deep vein artery blood, if you move two points in either direction, your body can't survive. Because remember that compounding factor, right? Now that's in the deep vein artery blood, so what happens is just like your body temperature, any of your other measurements—if your deep vein artery blood started to become too acid because of whatever—whatever disease or what not, your body would pull a real high pH mineral like calcium from your bones which is a 12 pH and again compounded several thousand times more

alkaline, or a 14 pH which is potassium and send it to the deep vein artery blood to neutralize the acidity so that you didn't go two points either way.

Jini: Right.

Maraline: So, what your body is doing is protective you so it's a good-bad thing because it's pulling calcium from your bones which could put you into an osteo state if that went on too long.

Jini: That is something I've heard from I don't know how many holistic practitioners and they say medical science tends to focus on the blood but the body will preserve the—whatever the markers are in the blood at all cost.

Maraline: At all cost.

Jini: So it's really the last fluid and place in the body you should be testing.

Maraline: The deep vein artery blood is a very ambiguous measurement because it will regulate itself. And how I interpret that is this: is that your life-giving organs which would be your heart, your liver, your kidneys and so forth, they are prioritized first, your body prioritizes those first. Your walking is a gift—it's not a priority to live. So it has to be life-giving in order to get priority and so what's interesting here is that I would say 98-99% of all the calcium stored in your body is in your bones and the other 1-2% is going through your tissues and your blood to help regulate acidity, right? And that is the first thing that gets hit and look at all the people that are taking calcium supplements. I mean just look at all the people that are taking calcium supplements.

Jini: Right.

Maraline: Because they're trying to prevent until—see how I perceive…

Jini: Oh, I'm getting you. OK, go on. I think I've got what you're saying.

Maraline: So how I perceive supplementation is very basic. Foundational supplementation is the difference between what we eat and what our body requires. So the difference—if we're not getting what we require – has to come from a whole food supplement source because your body is designed to accept nutrition from food, and food co-factors vitamins and minerals. What that means is if you have a head of broccoli, it's going to have the appropriate vitamins and minerals that go together for broccoli.

Jini: Exactly.

Maraline: If you separate vitamins and minerals and put them into pills, they're not going to work. You got to have the co-factoring. So basically whole-food supplementation is your best source to do foundational nutrition. Once you've balanced your nutrition, then the next form of supplementation would be targeting—which is what you do, you take people that have people developed disorders, you target that area while you're doing foundational until you no longer need to target, or until you've minimized the targeting. It's always going to be your weak zone, it's always going to be a memory zone, but it doesn't mean that forever you have to be subjected to it. It means that you need to do your foundational and target. And then the third step of supplementing is always subjective cleansing and that can be passive, assertive or aggressive.

Jini: And that's like a cleansing or detox type of…

Maraline: Yes, cleansing or a detox and there are lots of different passive ways to do it where you don't have symptoms. Mostly today people have these 7-day, 24-hour lifestyles and it's very difficult for them to cleanse, so a lot of times it's about giving you passive ways to cleanse—that you can get the same thing accomplished. It may take you a month or two, that you could do in a week

cleanse, but really what is cleansing? Cleansing is putting your body functions on vacation, because everything we do in our body, we are alkaline by design and we are acid by function. So, whether we're breathing, or we're eating, or we're thinking, or we're talking, or we're stressing out—by the way, stress is ten times more acidic then any food you can eat—whether we're doing any of those any of those functions—what happens is when you cleanse, you want to put as many of those functions on vacation if possible. So what do we have control over? What we eat. And that's why a lot of cleanses require pureed food. It's not because you have to have pureed food to cleanse, it's because you want to put your digestive system on vacation.

Jini: Exactly.

Maraline: So you're not creating acid. So it kind of gives you leverage, like a teeter-totter. If I can put these things on vacation, then I can get my pH up faster, I can get rid of more toxin.

Jini: OK. I want to back up for just a minute. What you were talking before about whole food vitamin complexes versus isolated—just vitamin C on its own, for example. The only thing I have to add to that is for people with intestinal diseases, often their gut functioning is so compromised and its so hypersensitive that they cannot tolerate a whole food vitamin or mineral supplement. So we almost have to work backwards, so we have to use…

Maraline: Target first.

Jini: Yes, we have to use the isolated ones first but again, the ones that I put in my meal replacement formula, Absorb Plus—something like 98% of them are still natural-extracted, isolated vitamins. So, I still try to get them from a natural source or—and this is something I want to talk to you further about later on—the nanoparticle minerals are--

Maraline: Now, that becomes a mineral that is totally similar to what your body produces, so of course that's going to be totally absorbable.

Jini: So let me ask you about that just quickly, then—because I've just started testing nanoparticle minerals. I'm testing the Bone Support that you sell in your shop and I'm also testing a nanoparticle iron with vitamin C. So I've been doing this for just a few months and then I actually contacted the manufacturer of the Bone Support product and I said, you know—because what I'm looking for, because like you, I've been in this business over 20 years and I've seen a lot of things that look good on the surface and then, oops! We never knew it was actually really harmful because of this, this and that.

Maraline: Right.

Jini: So, I'm very hesitant to jump on new things. I want to see what's the long term consequence of this. So I had emailed him and he said that his family has been using them for 20 years now, ever since they started manufacturing them—well he doesn't say manufacture, he said, we grow them—because they actually grow the mineral crystals.

Maraline: They grow the crystal minerals.

Jini: Yes, and then he also gave me a whole list of autism clinics who've been using them for two years. So tell me what you know about them.

Maraline: I do a lot of work with autism.

Jini: OK.

Maraline: One of the things about minerals that's really interesting and that most people don't understand and yet really the basic foundation of understanding them is that your body have different molecular sizes, so your cells—there's 20 different cell sizes in your body. So if you were to line them up as like little circles on a piece of paper, and they just get bigger and bigger, your eye cells would be the smallest, right? And then you would have 20 different sizes of cells. Well, when you start talking about liquid minerals, first of all you have a category and that would be colloidal—would be the largest and it affects the—colloidal would affect the environment around the cells, but it has no way to get into the cell because it's too big. But, the cell would reach out and feed off of that environment, so eventually you would get some benefit on it. The problem or the challenge that I see with colloidal is that it can start compounding in your system because it does hang out in the environment and it is a particle. The next level is ionic and then it goes to parts per million. Ionic could be anywhere from 100 to 300-400 parts per million and so that would be the next size down—the next smaller size. But colloidal to ionic is a huge jump. It's like a basketball to a baseball.

Jini: Right.

Maraline: And the next size is angstrom and that goes about 500 to 800-900 parts per million and it's real tiny. Ionic and angstrom can both go into many of the cells—just kind of float through them. And then the next size that you're talking about is the mini—which could be angstrom. Many of the minis are considered angstrom and then molecula, which is a new process—well, maybe three years old—which creates a gaseous mineral and so we have the gaseous or the molecula silver—there's only three minerals—silver, platinum and gold. What happens with the molecula is it actually is so small that you'll see one or two parts per million on the bottle and what that means is that's what's left after they exploded all the other particles. So it's so small they can't count it—it can't be measured and so they have to actually test molecula, by effect. They'll take a

vile of viruses, pour molecula into it, wait a certain amount of time and count how many viruses are left and that's how they have to test molecular because it's so small, it goes right through all the cells.

Jini: Wow.

Maraline: So, we use a lot of molecula silver only because it's so potent as an antiviral, antibacterial—and an interesting thing that happens is—you're familiar with the angstrom calcium, right?

Jini: Yes.

Maraline: So you take—one of the interesting things to do is if you take angstrom calcium, what does it do, if you take let's say an ounce of it? It will float your pH up real high because it carries a 12 pH and angstrom goes through all your blood cells. So your whole body in about three or four minutes will go up real high on your pH and then that weakens all the—any kind of bacteria or virus in your body because they need acid to survive. Anything bad requires acid to grow, whether it's bacteria, virus, yeast, fungus, whatever it is, it requires an acidic environment to grow. So if you raise the alkalinity or become pH balanced, it can't grow. So you raise the alkalinity up with this little ounce of calcium, you wait—we usually set the timer for exactly five minutes and then take an ounce of silver. What you've done is you've made everything very vulnerable and then the silver whacks it out.

Jini: Right.

Maraline: So we do that a lot of like during flu season.

Jini: Well, I stole that idea from you—I'm going to tell you outright—I stole it from you and I put it in—because I developed a new antipathogen protocol. It's just

being published in this month's infoletter and it uses the molecula silver, DMSO, tea tree oil and the aloe vera juice—George's aloe vera juice which buffers the DMSO and the tea tree. And so I included that, I said OK, to make this—to even just bump it up again to the next level, get the Bone Support, take it five minutes before and then do the anti-pathogen protocol.

Maraline: And we're doing that daily now with the—and we're not doing ounces or anything, we're just doing a little bit, but I also put the molecula silver into a nasal spray bottle and we carry that with us in our purse or whatever, if I go into the mall or go somewhere because silver acts as a second immune system. And so it will—you breathe in or you swallow antigens and typically that's how they're going to get into your body, and even if you're pH's balanced, you're not always going to be pH balanced. Even if you always are, because stress will dip your pH or this or that will dip your pH. You're not sleeping well or whatever it is can make you vulnerable. So we just do that all the time as preventive. But the truth is that all this stuff—all this acronyms for different diseases and all thia stuff really became apparent in the early 1930s because that was when—there was a guy in Florida, his name was Dr. Charles Northern and he started testing soil around the country for whatever reason—I think he just wanted to test the soil to see what the mineral levels were and what the soil-based organisms were like, and he came back and he ended up doing a US Senate document and he got a congressman on board and they took it to the congress and they said unless something is done about the poor nutrient content in the soil, there will be a serious rise in degenerative disease within 50 years, and that way 1936. Then we had--

Jini: Guess what??

Maraline: Then we had – yeah, guess what?—and then we had World War II, and at the end of that—if you're schooled in natural medicine, you know that a lot of the chemicals and the pesticides and stuff like that left over from the war got

sent to the farmers and it wasn't all because the country wanted to kill our food, it was because we had a huge growth population and they wanted to grow it bigger, better, faster and they wanted to keep the capitalism, or the economy going in all these countries after they went through the war. Canada, the US, all the countries around the world except New Zealand, ended up dumping a bunch of chemicals onto their soil and then that killed all the microorganisms. From then till now, the soil is so depleted—the food is so degraded and then it's just a domino effect from what you grow in the soil agriculturally, plus the chemicals, plus the pesticides, but then the domino effect is the cattle, the chicken, the egg, the this, the that, the next thing. And so that's why pH was even something that came in to be tested. Because what's interesting—you're familiar with the Earth Summit and Earth Summit in 1992 did a report and in that report, they said 99% of North Americans are mineral deficient. Well, that wasn't enough, then they went through South America, Asia, Africa, Europe, Australia and the numbers were less than North America by the way, which I thought was really interesting. Well, the next year, the World Health Organization said "We don't believe what Earth Summit said so we are going to go test it ourselves." And they ended up saying that the breadbasket of the world—which is North America - was rated as the worst soil and as completely, 95% depleted, in basic survival nutrients. That was in '93 and then we wonder—OK, then what happened—we have the advent after World War II—10, 15, 20 years after— of fast food and we have to go into a supermarket which used to be produce on one side and poultry needs on the other, into—now, today we go to the supermarket and 80% is dried goods and processed food.

Jini: Yes. Exactly.

Maraline: So how do you ingest that stuff, right? We have…

Jini: It's a bizarre kind of poverty for me to walk into—like a Safeway or whatever would be like your huge local supermarket and to gaze around and go I cannot eat—because I don't allow myself—95% of…

Maraline: Of what's in the store. [Laughs]

Jini: …the entire store! And it's like I'm poorer than the local villager going to his farmers' market.

Maraline: It's absolutely—it is. And that's how I feel too, but the truth is you have to really—if you can't pronounce it, don't eat it.

Jini: Exactly.

Maraline: It's even fascinating to me that chemical induced conventional meat and produce and everybody is just buying it like it's fine.

Jini: Yes. Exactly or saying it's not worth it to buy organic. What could be more worth it?

Maraline: Less is more, organically. Less is more; so you're getting higher density nutrition and so you eat less and it's a paradigm shift, I think. Just look at high-fructose corn syrup, I was thinking about this—I was doing a training about a year ago and I had pulled out all my high-fructose corn syrup stuff (information) because I don't like to let go of that; I think it's really critical. And you think about this; now first of all, all the city water is filled with all these chemicals and things like that anyway, right? And then you walk into a 7-11 or a fast food restaurant or something, and they've got these high-fructose corn syrup sodas hooked up to city water and high-fructose corn syrup, by the way, is not recognized by your body as a food, so it goes to your liver, just like alcohol does. So we have all of our children drinking these drinks and their livers look like alcoholics.

Jini: And also, do you know does it come out in the urine, or what happens to it—does it metabolize?

Maraline: It will have to travel through the liver and then out the urine but the liver gets backed up and that's why we have so many kids that are so overweight. It's not so much—everybody says, oh, the kids don't play, the kids don't do this, the kids don't do that. The problem is that the food they are ingesting is not real food, so they can't absorb nutrition from it. You eat your food, it goes into your stomach, your stomach processes it, through to your intestines, your intestines process it and at that point it's in microscopic form and it uptakes into your blood system and it becomes microscopic particles into your blood to feed you. And what's going on is if you eat cooked food all the time, obviously you're not going to be digesting anymore, so you're shoving a bunch of food down there that's not digested. Then the biggest problem is your body can't break it down, your body can't absorb it, and then at the end of the day, your body's spending more time trying to get rid of the bad stuff than extracting the good stuff, because it's so hard to find. Basically I think they're destroying the digestive process, but they're also not getting nutrition and then they go into a deficit. When you go into a deficit of nutrition, your fat cells are like the body's soldiers, and what they do is if you have a defensive body, they will start absorbing all the toxins in the body and then you get fatter and fatter and fatter because you get more and more toxic. And it's all…

Jini: Yes, because you need to trap them.

Maraline: It traps it because why?

Jini: They want to keep it out of circulation, they want to keep it out of your blood.

Maraline: And your organs are your last line of defense, right? So your body protects your heart and your organs first, and so if the fat cells trap it, then it's not going to burn through your organs. Here's how you do it: if you have symptoms, the next level is chronic symptoms, the next level is a diagnosis, and then the next level, which is called disease is actually—affects your organ and that's where it goes into a disease situation. So, when people decide where they are on that scale, that tells them how aggressively or passively or assertively they need to work to get to the other end. When they come to you, they're already at a diagnosis disease situation and that's why there's so much targeting going on, because if you don't do excessive target while you're doing foundational, you're never going to get back to the middle. You're never going to get back to the middle.

Jini: Yes, exactly. That's the other thing I say to people, the goal of true healing is not to take handfuls of supplements for the rest of your life. However, you will need to take a lot of supplements for probably a few years to heal and restore your body's normal functioning, to where you can extract those nutrients from your regular diet, assuming you're eating organically, preferably biodynamically grown food and your food sources are basically as high as you can get them.

Maraline: One of the interesting things they have now is I've been doing this last year—I've been researching a lot of different labels because many of the organic firms are getting bought up, but—So they have these new labels; one is Naturally Grown, and what that is, is local farmers that aren't using chemicals or pesticides, then they have Agricultural Pesticide Free. Now if you pick up a carton of Roma tomatoes—it's going to say Roma Tomatoes on it—and then when you go to see where they came from—right beside it, it will say Agriculturally Chemical Free, but they're not allowed to put a big sticker or anything. You have to look at the small print, like where the address would be. But Agriculturally Chemical Free is not anymore expensive then over the counter vegetables or conventional vegetables. And it's a brand new label and it's very

fascinating to me that there's so much of it out there and we don't even know it. But a lot of farmers are doing that.

Jini: Now, I don't know how in-depth you've gone into this because I know from talking to the farmers around here is they label something as No Spray, which I guess would be that equivalent. It doesn't mean that the soil doesn't contain pesticides and it doesn't mean that they haven't put pesticides in when they're planting.

Maraline: Here's the fallacy of the soil, though, is it used to—at least in the States—it used to be that you had to have so many years of clean soil—meaning not growing anything on it, not putting anything on it. So it was three years of that and then a year of growing and then you could be certified organic, right?

Jini: Yes.

Maraline: Well, that changed when a lot of the popular food companies began growing organic food and it started with what do we feed the cows? Well, let's call it organic and so they got it passed that you really could call it organic after a year. And so now, the organic label is—or the Spray-Free label is one year no pesticides. No, it doesn't mean it's not in the ground, but what it does mean is that even if it says organic, it doesn't mean it's not in the ground. What it means is it's probably 60-70% better than the conventional, because it's not getting the top spray. And here's the other thing that's really interesting: the hardier the vegetables - so if you look at broccoli or cauliflower - it's not going to absorb toxins and pesticides and agricultural chemicals the way, say, lettuce would, because anything that's fragile is going to absorb into the leaves quite readily because it's porous. So the denser the vegetable —if you're on a budget, choose your dense vegetables conventionally and your porous vegetables organically.

Jini: That's a really good way or putting it, rather than having to walk around with that list of the top pesticide contaminated fruits and vegetables. That's a very good way of putting it.

Maraline: And I send out those lists like everybody does but I mean it comes down to basics, right? If it's porous, it's going to have more. I have the—organically grown—and then look at fish. I always buy cold water wild fish and we don't eat meat per se at our house but we do eat fish, but I always buy cold water wild because in the coldest water, in the wild water, there's the least amount metals and mercury and things like that. So I'll do cold water wild salmon and cod. I never do bottom fish and I just make really basic choices. Now, everything has to be labeled so it's not so hard. What's difficult is you have to read everything because they'll say cold water wild and then it'll be from China.

Jini: [Laughs] Just a quick thing about the labeling, have you noticed that since there's been all this media around the high-fructose corn syrup, that the manufacturers are now—they haven't excluded it from the products but they've changed what they're calling it, and they're calling it glucose-fructose, which is the same substance.

Maraline: Yes. I mean is that crazy? First of all, corn—before you go through that process of turning it into alcohol with all the yeast and stuff, is the most acidic vegetable you can eat because it's an engineered food. And so no matter what it's called, when it's corn, it's corn, it's corn. That's what I tell people, just leave corn alone. Indian corn—the original corn has half or a third of the acidity of yellow corn or white corn.

Jini: Is that because it's not as sweet?

Maraline: It's because it's a natural corn and it's not engineered and yes too, it's because it's not so sweet but that a fallacy too. If you had an orange tree in your

backyard and you picked an orange, now see lemons are pre-digestively acidic but post-digestively highly alkaline because they have a strong phyto-chemical nutrition that your body wants to extract and use, and then as it goes through your body process, it leaves real high alkaline ash. So then the next question everybody says, Well, what about grapefruit, what about oranges? Citrus is citrus. A lot of the pH people will say orange has a lot of sugar in it, so that's acid, because sugar turns into acid, which it does. But the truth is, if you have an orange tree in your backyard, and you picked the orange when it was ripe and you ate it, it would probably be pretty good for you. The problem is in today's market, they pick them all green and ferment them to market, and so they're sitting at the back of a truck, turning orange, which makes them more and more acidic.

Jini: Right.

Maraline: So a lot of this acidity is coming from how we treat our food as much as how we grow it.

Jini: Yes, and then you look at the vitamin and mineral level of fruit and vegetables that are allowed to ripen naturally, vine-ripened versus like you said, picked green and ripened afterwards. There is a huge difference in the nutrient level between the two.

Maraline: And here's what fascinating—I say this and people go, What? You got to be kidding, but this is true. The nutrients that your body requires everyday is 13 different vitamins, 9 of them need to be water-soluble which means they're not stored in your body; 4 of them are fat-soluble which means they are stored. So 13 different vitamins, 20 plus minerals, and that would be large and the trace, the 3 essential fatty acids and 8 amino acids. That's for every 30 to 50 pounds of body weight, you need a quart of water just to replace your body weight once a month—I mean your body water once a month, so you're not like a vase of

flowers that's sitting there fermenting, because we forgot to throw it out. But that's a lot of nutritional requirement out of the food that we have available to us, but the truth is if you meet that requirement, your cycle of regeneration for your heart, your pancreas, your blood—your blood has a 16-week cycle of regeneration. That means if you choose to have healthy blood, you can get real focused on it through adequate hydration and foundational nutrition and do some things like lemon and good oils and things like that and eat a healthy dinner so you don't go to bed still digesting. In 16 weeks you can change the way your blood looks, in 32 weeks you can change the way your heart is, in 24 weeks your pancreas, your spleen in 24 weeks, your bones in 12 weeks, your liver in 6 weeks. But here's what happens. Our liver regenerates every 6 weeks, but if we don't change what we're doing, it regenerates the same way; the cells just duplicate. You have to create healthy new cells instead of your body producing the same deformed cell.

Jini: OK, so give us a program.

Maraline: So, the program is your basic foundation is that you want to have a really good salt, so you want to do like a grey sea salt or something that's a natural salt because your body is 70% water, but it's also water just like the ocean. So, just like the ocean replenishes itself and cleans itself with the salt water, that's what your body does. So you have to have really good salt.

Jini: So grey Celtic sea salt or the Himalayan salt?

Maraline: My first choice is Himalayan, my second is grey sea salt and my third is R-E-A-L Real salt. And all three are pretty available. I use that for a number of reasons; one is that it balances your trace minerals, it balances your electrolytes, it helps cleanse your body. You can take that salt and put a couple teaspoons in half a glass of warm water and depending on who you are and what's going on—you can put a little bit of salt and water and drink it and it will have healthy

properties. More salt will flush your bowels, so people that get constipation, that's going to help them. So salt is basic—I think montmorillonite clay is basic, I think whole food supplementation is basic because—and I use…

Jini: OK, slow down. You're saying salt, number two, the montmorillonite, also know as the bentonite clay?

Maraline: Well, it's not bentonite, it's calcium bentonite, not bentonite. There's a big difference.

Jini: OK. Tell me about that.

Maraline: And the reason for that is when I talk about pH balance, acid-alkaline, what it really means is the number of negative ions in your body and the number of positive ions. So anything negative is absolutely phenomenal for you, anything positive is toxic. And so what's happening is—not toxic in general, it's just acidic, I should say that.

So what happens in your body is that the negative ions always have to be in control, and so what the clay does is it has a really strong negative charge, so it acts like a magnet for toxins. So if you would think about the intestinal villi in your intestinal tract and you hold up your hand and see all your little fingers, in between your fingers you start collecting a bunch of toxins when you have intestinal tract disorders. And you have little hairs on each one of your fingers and what those hairs—sorry, the intestinal villi—and what those hairs do is they absorb nutrition and that how you uptake it into your blood.

But when you're too acid, it will burn the hairs off of your fingers so you'll have a difficult time absorbing nutrition. The other thing is these toxins will collect. Well as the clay comes through your intestinal tract, they're attracted like a magnet inside the clay to the clay and then the clay sucks them up like a sponge and

pushes them through a bowel movement. It's not done overnight, it's a passive cleanse and so you just keep running clay water through your intestinal tract or through your body and it picks up toxins all the way through. Eventually, all those toxins are pulled out of your colon and out of your intestinal tract and then the little hairs grow back and then you can absorb nutrition again.

Jini: Now, tell me again what is this clay water? What's it called?

Maraline: Clay is montmorillonite clay and it's what we represent we like the Living Clay. So on our site that's what we sell because the Living Clay —they test it every three months, they own the mine and it's very powdery, it's very fluffy, so when you put a teaspoon in water, you can just stir it and it just disappears and it's tasteless. They don't say to drink it internally, but they say it's good enough to eat.

Jini: Now, with this Living Clay versus bentonite—because I know a few—if you have problems with constipation, bentonite can be difficult for you. How does the living clay…

Maraline: The living clay will either help diarrhea or constipation.

Jini: So it won't constipate you further?

Maraline: No. It will not constipate you. Now, having said that, you do have to hydrate.

Jini: Yes.

Maraline: And I suggest people that have issues hydrate with lemon water anyway because when you hydrate with lemon water, it's interesting because your body wants that phyto-chemical nutrition out of the lemon, it will hold on to

the water longer to get that nutrition out. In the process of holding on to it, say you're a sick person, you're diagnosed. What happens when you drink water as a healthy person is your body breaks down the molecular structure and hydrates those 20 cells. What happens when you become a sick person is you drink the water and it goes right through and you pee, because your body is handicapped in breaking it down. When you put lemon in the water, you're actually giving yourself like a cane to walk with, because the body will hold on to the water with the lemon in it to get the nutrition, at the same time, it has a longer opportunity to break it down. So, for people that have symptoms or chronic symptoms or diagnosis or disease, I always say do lemon—lemon and good oils, the good cold-pressed oil.

Jini: OK. So, give us your recipe for lemon water. What do we do?

Maraline: Well, I do lemonade with a concentrated powdered stevia and I use it to make a gallon—I take one cup of fresh lemon juice, I use a heaping half teaspoon of concentrated stevia and one gallon of pure water. That's our drink of choice. Our other drink of choice at my home is rooibos red tea, and it sounds like the man's name Roy and the school bus, Rooibos, but it's from South Africa. It's spelled R-O-O-I-B-O-S. Not flavored, just the rooibos, it's available at all the markets now. That red tea does not have—it's a red bush out of South Africa. It tastes just like black tea without any upset stomach afterwards and without caffeine and without those things. So we drink rooibos red tea and we drink lemonade and those are our two drinks of choice. The rooibos red tea has many, many, many times more antioxidants than green tea without acidity and without caffeine.

Jini: Yes, I love rooibos myself. Now, question for you: for the water, you've got your one gallon of water, your one cup of fresh lemon juice and your heaping half teaspoon of stevia. Do you have to use one cup of lemon juice? What if you use half a cup?

Maraline: Well, one cup of lemon juice is a mild gallon and so people can vary it either way. So for example if somebody has a gastrio-intestinal thing, I have them do clay for a few weeks before I even put in the lemon because the clay will heal it, so they can do the lemon.

Jini: Got you.

Maraline: And acid reflux—clay is just so phenomenal with those types of things. It's just amazing what the clay would do. I had a woman who had hurt her knee and so everyday she woke up, it would hurt to walk for a while, or she couldn't go to the mall because her knee—it was in a constant state of inflammation. So I said to her, I said put a clay paste, which is three parts clay, one part water around your knee, all the way around like a circle, and then wrap it in saran wrap to keep the clay wet, because the clay's action—your skin is your third kidney. So whether it's an intestinal organ or your skin, this is going to draw toxins through the skin into the clay and as long as the clay is wet, it's active. So she did that and she said the strangest thing happened: about 4 or 5 o'clock in the morning, she rolled over in bed and she heard a big pop in her knee. She got up the next day and her knee was not hurting her. She realized what happened is the inflammation had pushed her kneecap up and out of place and the clay had pulled the inflammation out and her kneecap just went back to where it was supposed to be.

Jini: What would happen if you mixed the clay with castor oil and put it on…?

Maraline: I don't know what would happen with castor oil but sometimes I do mix it with salt and I also mix it with different things like honey.

Jini: Right.

Maraline: I'll do different things with it. I also put it in my salad dressing, so I'll make lemon juice—or lime juice, I like lime juice in my salad dressing—lime juice, oil, spices and then I add a half teaspoon to a teaspoon of clay and it would emulsify it like a store-bought so it's thicker.

Jini: Oh wow.

Maraline: And then it keeps in the refrigerator longer and it's also good for you, so. [Laughs]

Jini: That's a really great way of taking it from being just supplements to just being a part of your diet.

Maraline: I do all of my supplementation—I integrate it into how I eat, so for example, greens powder—I use organic whole food greens powder and I will put it into my salad dressing. I put it into—I use soy yoghurt—so I put it into the yoghurt. I put it in as food. Especially for children, it's really good because then you're getting the greens through your digestive system and they're much easier to absorb; it's just like eating food. So there's two ways to do supplements; one is via water which goes right into your intestinal tract, which you were saying earlier, people that are sick can't absorb it. Well, the reason is if you don't take supplements with food. If you take supplements with food, it will go to your digestive system. If you take it in between food, it goes right into your intestinal tract and if you're ill, you're not going to be able to uptake it. So it's better to do particles or things like that or break down your supplements into your drinks like you do, like your juice drinks and things like that.

Jini: Right. OK. We've got the Himalayan or Celtic sea salt, we've got the montmorillonite Living Clay, we've got the lemon water and rooibos red tea, what else?

Maraline: I use a lot of whole food and I don't spend a lot of time in the kitchen preparing food, but say I was going to prepare pasta and a lot of people shouldn't be eating pasta, but they really like pasta. So what I do is I'll prepare pasta and I'll throw in, the last two minutes, a ton of vegetables and then I use a vegetable broth, I add lemon juice and oil and I make it into a sauce and I toss it—and then with the salt and organic pepper and then I make that my sauce for my pasta. So then when you get to the end of the day, you're looking at your food and it's 70% healthy, but you're getting your pasta. So, all that is a long way around the bush to say what I do is I balance the bad with the good so that the good is always bigger than the bad, and so that when you are through, you're getting more nutrition but you're feeling like you gave yourself something.

Even when you're sick and you're trying to break through some of these things, it's really important to understand your body can absorb just about anything if it has the correct tools. So, if you're drinking lemonade, you're drinking rooibos tea, you're getting a lot more hydration than trying to force down a ton of water. If you're putting greens in your water or greens in your lemonade, you can get your whole food supplementation through your lemonade. You don't have to do a separate supplement; and so I integrate that way.

Here's another interesting trick—not trick, but shortcut, let's call it that [Laughs]—I make a lot of crockpot soups; especially now, fall to spring. And crockpot soups mean that you don't have to digest them because it's a low heat—a constant low heat that cooks it and so what that does—it's like eating baby food even though it's chunky, and so here's what we do: we make a bag of rice and a bag of little pasta noodles and we put that in the refrigerator and then we always have parsley, cilantro and a bunch of different greens in the refrigerator—spinach, things like that. In the crockpot soup, I will scissor cut kale—I will scissor cut all the stuff nobody likes to eat right into the soup. And then, what we do is in the bowl, we put a little scoop of rice and we'll put our seasoning for our soup; so everybody gets to choose what they want. I do

blended seasonings—I don't do individual. So I might have *herbes de provence*, I might have Italian, Mexican, Greek and I have these little bottles on the counter and some people will put in a scoop of noodles, some people put in a scoop of rice and then we put in our seasonings, and then we put in our fresh—our parsley, our cilantro or spinach. Then, on top of that we put in the crockpot soup. Phenomenal dinner, hearty—everybody eats as much as they want and the only thing that's bad in there is the little scoop of noodles or pasta.

Jini: Exactly.

Maraline: [Laughs]

Jini: But you know you try to get kids to eat soup without pasta or something—they'll maybe have a few spoonfuls and then they're bored.

Maraline: Kids love building their own soup. Yes, we call it build-a-soup [Laughs].

Jini: What do you use as a base for the soup? Are you using broth or water…?

Maraline: I use whatever vegetables are fresh at the market and then I use a vegetable broth and then I usually—in fact, through the store we do pounds of vegetable broth but I use just the dry because you're getting a lot of broth out of the vegetables anyway when you put them in water, and then I just add powdered dry vegetable broth to it, and I only use salt and pepper in the soup because all the other spices—if you use them out of the jar in your bowl, you get medicinal value from them, like turmeric. If you put turmeric into your crockpot, you lose it because it gets hot.

Jini: Right.

Maraline: See, so I use the spices as a supplement.

Jini: In the bowl. Yes, of course. That's brilliant.

Maraline: So I spend money on spices but I only get blends. So I might spend 7 dollars on a jar of spice but it's a tri-blend or a quad-blend or five or six blend of something, and there's medicinal value there.

Jini: Exactly.

Maraline: The other thing I do—if I'm making an unchicken soup, which I make a lot—which is using like an unchicken broth with a bunch of vegetables in it; I use ginger juice in it. It makes it phenomenal. It flavors it phenomenally well and it makes it extremely easy to digest.

Jini: And you just take fresh ginger and press it?

Maraline: I either take fresh ginger and press it or Ginger People have jars of that now. It's a company—I actually buy it at a liquor store because they use it in drinks or something.

Jini: Right, of course.

Maraline: [Laughs] Well now I saw it at Whole Foods and some of the natural markets because they picked up on it, but I actually for years I bought it at the liquor barn, and I don't drink but I go into the liquor barn and buy all of the different things because a lot of bartenders use a lot of really good stuff in their drinks [Laughs]. It's hysterical.

Jini: I'm not going to tell my dad that. [Laughs] He'll be like, "Oh good. I can drink more."

Maraline: Yes.

Jini: OK. One thing I want you to do Maraline, on that instant teleseminar page, on the right hand side you'll see a tab that says Q&A. Are you on that page still?

Maraline: Let me go back to it. OK. I see a tab and it says Q&A—where is it? Oh, there it is. OK, got it.

Jini: And then click on it to see all questions

Maraline: OK. We're there.

Jini: And those are the questions people have been sending in.

Maraline: We have a ton of questions. [Laughs]

Jini: Are there? Oh dear. I should have gone to it sooner. OK, we'll just have to go overtime.

Maraline: OK, that's OK we can go overtime.

Jini: You go ahead and read out the question and then answer it. [Laughs]

Maraline: All right, and you don't want me to read who's asking it?

Jini: Sure, if you want to.

Maraline: OK, I don't know how you do this.

Jini: I just go "Steve from New York is asking…"

Maraline: OK, so, Suzanne's got lots of questions here, so—Is lemon added to water more effective than cellular hydration and adding a pinch of sea salt to your tongue with water?

I think they're both—that's her first question—I think they're both good. I think what happens is this: The sea salt affects you at a cellular level, meaning that it gives your cells energy and that's always a really good thing. So it would perk you up—sea salt will perk you up. Everything is energy in numbers, and so your body is all energy and sea salt is amazing for that. You think of the ocean and a lot of people that live on the beach, they always say people are happy at the beach—it's because of the negative ions coming out of the salt air. Lemon—differently, is that the body will hold on to the lemon at the same time it's in the water, so the water can break down and hydrate your cells which is the real thing that you want to do. You want to have cellular hydration, and with the 20 different cell sizes, that lemon is critical to do that. But that doesn't mean not to do the pinch of sea salt because I do that too. In fact…

Jini: I have a question for you, Maraline. Do you have your instructions for the Himalayan salt solay on your website?

Maraline: I don't know if I do, but I can have them put up in the next day or two, because that I email out. I just don't know if the web developer put them on the site.

Jini: OK. Well…

Maraline: But I do. I have a lot of different shortcuts that I have on there.

Jini: Yes, so if everybody wants to go to www.pHBodyBalance.com –-that's Maraline's website and her phone number is on there as well. And like she said, she's got tips on there and yes, if you could get that Himalayan salt solay

instructions put up there, that would be—you know what actually I can do as well. I will email it to everybody who's registered for the teleseminar and the JPT members and so if I have your instructions, I'll email it out to everybody on the call as well.

Maraline: All right. The next part of her question is: There is a book called *Your Body's Many Cries for Water* and if lemon is better, why?

I think they do different things. Phyto-chemical nutrition is incredible because here's what I've experienced; I have nothing scientific to back this up other than I've been doing it for a very, very long time, and what happens is lemon will soften the gunk in your organs. Good oil sludges it up and hydration pushes it through. And when you think about it, it's just basic physiology but there's two food. One food—artichoke is the only natural food that will clean your liver and so one of the things that I like to do is I'll buy a bag of frozen artichoke hearts, dice it up with lemon juice and oil and use it as a dip, when I want to do that. At the same time, asparagus cleans your kidneys. These two things don't just clean the organs, they also fortify them. The kidney—the asparagus actually has a component in it that will extract toxins out of the kidneys. That why it makes your urine smell when you eat it.

Jini: Oh, I wondered why that was!

Maraline: Yes, it's cleaning you [Laughs]. So what I do with asparagus is I'll buy—if I want to do a kidney-liver passive cleanse, I'll buy a couple pounds of asparagus and I'll put it into boiling water for about a minute and a half and I'll have a sink of ice water next to it, and I'll dump it in there real quick. The ice water chills it so it holds all the enzymes —and asparagus is so core hard that it doesn't kill of the enzymes like everybody thinks because it's only hitting the outside to make it a little bit softer. The inside is still raw. And so I do that and then I bag it—after I dry it, I bag it up and then what I do is I'll eat three spears of

asparagus in between meals as a snack and what Suzanne's talking about—a pinch of sea salt; so I salt the asparagus and I eat that in between that in between meals, and then I do the artichoke at least once during the day and I do that for a week, probably every five or six weeks. And that does a nice—and drinking lemonade and the rooibos tea—and that does a nice liver-kidney passive cleanse—passively cleanse them.

Jini: You really need to write a book.

Maraline: [Laughs] Maybe we should do it together since you're so experienced. [Laughs]

Jini: Seriously. You seriously need to get a book out there because you've got so many good things.

Maraline: Now, Suzanne is also saying that in terms of easily digested and absorbed vitamins and minerals, doesn't a high-powered blender such as the Vita-Mix break down food particle cells completely enough to enable somebody with IBD to get a large number of healing nutrients from fresh, organic food?

Yes. The one thing that I want to add to this is that I have another little shortcut on this, because one of the things that prevents people from doing this everyday is that there's so much to prepare.

Jini: Yes.

Maraline: So what I do is I will get a bag of organic spinach, some tomatoes, avocadoes, cucumbers—this is my standard green drink, by the way. I do spinach, tomatoes, cucumbers and avocado and then I also do omega oil, lemon juice and sea salt. And I also use cayenne pepper because cayenne pepper makes your blood move from your heart down to your toes and back up again.

So you don't have to do a lot of it but when you're drinking pureed food, if you can add cayenne pepper, what it does is it really helps your blood move while you're giving your body all this passive food. And so what I do is I set up six glasses or six containers and I chunk everything up, put it into the glasses, I squeeze about a third of a lemon into each one of them, and then I fill it with water. I put saran wrap over it, put it in the refrigerator and then when I want—they'll hold three days that way without losing enzyme activity. So what I do—in my experience—so what I do then is I just pull a glass and I puree one glass at a time and I drink it, and I don't have to—I make it twice a week.

Jini: Oh, I see.

Maraline: See, so everything's chunked up in the glass with saran wrap over it and the lemon juice holds it fresh.

Jini: Ready to go. You don't have all that prep.

Maraline: Yes. So I squeeze a third of a lemon and then fill it with two thirds of water and saran it, and I have no prep except twice a week. So it takes me about 20 minutes, twice a week, to make up a dozen glasses.

Jini: And just enough refrigerator space to hold it. [Laughs]

Maraline: Just enough refrigerator space—but see if you're not doing it for two people. I do one a day, that's all. So I do it for my husband and we each have one, and I use—I go down to the market and I get the mason jars with the handle and the lids, and that's what I use. And then I just dump it into the Vita-mix, puree it, pour it back into the mason jar, drink it and I'm done and I just rinse out the Vita-mix.

Jini: Excellent.

Maraline: So that's another one. The next one is, "Hi Jini, I can hear you on the web but I wanted to be able to join in the conversation. Can't get through." Michelle says, from Korea, "I've been trying to attend but I'm told my conference ID is wrong." Kind of late now, maybe you can email it to her—that's from Seoul.

Annie from Milwaukee, I'm reading these cold, so I don't even know—I haven't pre-looked at these questions, but I'll tell you, there's never a conversation that I have during the day and I have many, many, many—that we don't talk about poop and pee, so don't be offended because the next one I think is about that.

"After nearly ever bowel movement, 15 to 60 minutes post, I will have a burning pain through my whole GI system, from the back of my bowel to the back of my throat, it can last 15 minutes to 3 days, depending on where I am in my menstrual cycle—well, because you're releasing on your menstrual cycle—"so 1 to 9 days on my menstrual cycle, the pain is at its most intense. Do you have any…?" Well, I would—my first indication is I would say do a bunch of clay because the burning pain is going to be inflammation and acidity.

Jini: That's what I thought. I thought—actually I had read that question previously, earlier when my Internet was working and I had thought, Wow, that's a really hard question, but then when you were talking about the Living Clay, I thought, Oh, ding, ding, ding. That would probably really help her out.

Maraline: Yes. I think you should probably get that up on your website.

Jini: Yes. I'll go and have a look at that.

Maraline: I'll send you the—the lady that owns this company also wrote the book *Living Clay.* You'll find her very fascinating and she'll also come on and talk on

your show and do a complete Living Clay training that's phenomenal, so I'll send you her name and her phone number.

Jini: I carried the bentonite and I do recommend it but I know it's difficult for people who tend towards constipation because it can constipate them more. So this Living Clay is saying that OK, no, it's fine, as long as you stay hydrated. That could be a really excellent tool for a lot of different people.

Maraline: I use the Living Clay also as—I'll use that with magnesium salt in the bathtub as a detox bath.

Jini: Right. Oh, that would be awesome.

Maraline: And the really nice thing about doing the clay in the bath is that it's not so good if you're selling your house and people are coming through looking at it, but you can drain your tub and the clay will stay at the bottom and then you can actually use it two, three, four times.

Jini: Oh, excellent, that's the thing with you—

Maraline: I know, it's kind of fun.

Jini: That's the thing with you and the tips, I tell ya.

Maraline: I know! [Laughs] I can't help myself.

Jini: I tell you, I love it! I just love it.

Maraline: Then we have Laurie near Houston, which is actually, we're going to be moving to Houston Bay, so. "I have an intolerance to corn," Oh really? So does everybody. They just don't know it. You do. "I have recently switched to whole

clean food, 95% lean meat. When I eat something, I'm not 100% sure the ingredients—something my body reacts like it does to corn—female yeast type issues."

I'll tell you something, if you eat dairy and you have yeast, it will flare it because a cow has a double digestive system, which means it has double lactic acid. And so when you ingest any kind of dairy, it hits your stomach and if there's yeast at all, it's going to flare up. So probably what's happening is whatever you're eating has some yeast in it and you've probably get yeast going on.

"Is this yeast related to acid, et cetera? I'm allergic to all basic antibiotics."

Yes, this is an interesting question because—what I would do if it were me is I would do silver to kill the yeast in my stomach and then clay to suck up all the dead bodies until I can get them out of there, and then do the lemonade and the rooibos tea and so forth, but my feeling is that—without testing, you don't know, but my feeling is that your pH is probably low enough that you're growing a lot of it—because you're saying you have female yeast type issues—if you've female yeast type issues, you've pretty much got yeast in your blood.

And so, anything you do—so, here's the thing: If your immune system is really strong, anything you inhale or swallow, it will kill. Any antigen that you inhale or swallow, it will kill. If your immune system is harbored in your intestinal tract because you have IBS or colitis or what not, protecting your body so that these toxins don't go everywhere, your immune system's so focused there, when you inhale something or you swallow something that's an antigen, your immune system cannot leave the toxins to go rush and kill it. So then you have a reaction to it, which either could be an allergic reaction or in this case, a yeast reaction to it. Where normally your immune system would help you out, it can't help you out because you're working on this other stuff. And so you have to do things

proactively to protect that and so a lot of that is what we're talking about tonight, which is target and also foundational.

And eating clean is interesting because even if meat if 95% lean, it takes longer to digest meat than anything else, and if your stomach's creating a digestive process, you're creating acidity, so it's not giving your body a break. The last time I read the report—and you can correct me if I'm wrong, Jini—I think it's three days to digest meat. So a lot of bodybuilders eat a lot of meat because they like that slow protein intake, but if you're a sick person, here's what happens: you go to bed at night, and when your body's fully at rest, you have a healing cycle. If you do not stop digesting before you go to sleep, you skip that healing cycle. So you can do all the right things all day long, have meat for dinner, go to bed digesting, your body never stops working, so your healing cycle can't kick in because your healing cycle requires your body be at rest. It can't more do than—it can't do all the things you do—walk, talk, move, digest and still heal. So healing is something that transpires in the middle of the night.

Jini: So do you recommend for people who need that kind of intensive healing that they just eat fish and eggs for a time?

Maraline: Yes, and see—here's how the schedule goes in terms of digestive process. Meat is the hardest thing to digest, then chicken, then turkey, then fish, then vegetables. And even I would go so far to say if you're not pureeing, you should be stir-frying or steaming, because raw is very difficult to digest too if you're—and the other thing I tell people is - it sounds like your mother or your grandmother or your great-grandmother but you—the more work your mouth does, the less work your body does. So the more you chew, the less work your body does. And so you have to eat easily-digested—dinner is the more important meal of the day in terms of healing from a target situation.

Jini: So your soup would be like an ideal dinner.

Maraline: Yes. So that's what I do. See I keep a perpetual crockpot soup going all winter and it also becomes good snack food, so you can go get a second helping of soup at 9 o'clock at night, it's not going to bother you.

Jini: And do you put all kinds of vegetables in there? Do you put like potatoes squash, carrots…

Maraline: Now, it's interesting because turnips taste just like potatoes…

Jini: Yes, I love turnips.

Maraline: …in the soup.

Jini: Yes, but much easier to digest.

Maraline: That white turnip tastes just like potatoes but I like the orange too—they're rutabaga, they call it here, but I call it turnip. I like the orange and the white, but that has much less starch and acid than potatoes, but it tastes just like them in the soup.

Jini: Right. So turnip, carrot…

Maraline: So I use whatever vegetables that I have and I also cut up a lot of stuff in it like kale and things like that, I just scissor-cut it because it disappears anyway.

Jini: Yes. Oh, you mean the kale breaks down?

Maraline: Yes, the kale will soften up like spinach and disappear.

Jini: I'm going to try that. That's going number one on my list. I'm going to try your soup because I have a crockpot…

Maraline: I have two crockpots and if you don't have one and you're going to buy it, make sure it has a low heat setting.

Jini: Yes, mine does.

Maraline: And make sure the pot can be pulled out [Laughs].

Jini: Yes. And I would also say make sure it's ceramic, not T-fal coated.

Maraline: Yes. That's a nicely said one. That's a really good one. And so that's what we do. We try to—in the winter it's very difficult to be as healthy as you can be in the summer but I'm telling you, the crockpot soup thing works really well and yes, the pureed food is obviously going to be optimal, but I don't know anybody that does that for dinner.

Jini: Yes, really. Most people don't do soggy meals for dinner.

Maraline: I have a quick candy or a chocolate recipe for people too if they want to do it. I use carob and then I use the concentrated powdered stevia, so what I do is oil a saucepan, put the carob in it and then oil a bowl. I use things like the softened coconut—not the dry, but maybe the softened coconut. You can buy frozen sometimes. Different things that you want in your candy that you can eat personally, and I'll put that in the bowl, I'll oil the bowl and put that in. Some people like crushed almonds and things like that. Anyway, I melt the carob and then I start adding the stevia to sweeten it until it tastes like chocolate, and then I'll stir it into the oil bowl with all the other things, lay it out on a cookie sheet, let it dry and break it up into pieces and put it into a Ziploc bag and then put it in the

freezer. And that's a pretty good nighttime chocolate thing and I'll make that maybe once every two months.

Jini: Yes, and then you just take a piece out as you get the urge to have it.

Maraline: Yes, and the other thing I do for ice-cream is I'll use coconut milk and lemonade and put that into those ice pops or just coconut milk with a little stevia, depending on how sweet the coconut milk is. Coconut milk's extremely interesting, it's such a good food.

Jini: Yes, and you can get—there is a brand—I can't remember what it is offhand—I've seen there's a company in the States and in Canada and you can get pure coconut milk with no added carrageenan or guar gum or any thickener. You just have to find it and then what I do is I find that one and then I order a case, and keep it in my garage.

Maraline: Yes. That's what I do.

Jini: I'm going to unmute the line here so that if there's anybody on the call who wants to ask a question, they can have a chance. So I'm going to go ahead and do that.

[Line unmute]

Jini: OK, so is there anybody who would like to ask Maraline a question?

Maraline: We may have stayed on too long and everybody fell off.

Jini: Yes [Laughs].

Maraline: [Laughs] We tend to do that, Jini.

Jini: I know. All right, I'm going to go back to mute again, then.

[Line mute]

Jini: Well the other thing that happens too I think is that people realize, Oh I don't have to be on the phone, I can listen to it on the webcast and just submit my question using the question box and don't pay any long distance charges [Laughs]. I think we lose people that way too.

Maraline: Exactly. And where I want to end this is the domino-effect of poor nutrition is when you lack nutrition and you lack hydration, you become acidic and you have symptoms. And when you're very acidic, you have chronic symptoms and when you become extremely acidic, you're going to get a diagnosis. And it's not as though everybody's walking around saying, Oh, I'm doing all the wrong things and I'm—what it is, is the degradation of food, water and air has created this environment and not—the environment happened before anyone was trained in how to be defensive about the environment. See? It kind of crept up on us and it was a way of life, right?

Jini: Yes.

Maraline: And I'll tell you the symptomology of being sick and tired, or allergies, or cholesterol, or digestive, or diabetes, or overweight, the list goes on—not sleeping, going to bed, waking up feeling like you've haven't slept, not being able to get to sleep, or getting tired in the afternoon—all those things are strong indications that the first big thing is dehydration, and the second is nutrition. But the *Physicians' Desk Reference,* I don't know if you've read this or not, but only 10-20% of the vitamins and minerals sold over the counter are absorbable by the body.

Jini: Yes. That was the—I wanted to get this one question in for sure before we end and that's exactly what I wanted to ask you about. So for people in a disease state, do you recommend mineral supplementation…

Maraline: Absolutely.

Jini: OK, and then what do you recommend?

Maraline: Well, first of all, everybody in a calcium deficit and the Bone Support for example is calcium, magnesium, boron, zinc and copper. So what it does is it actually drives it to the bone and also makes up the deficit. When you're talking about an ionic mineral complex like that, what it does is it fills a hole. So you start out and you frontload it—we call it frontloading, which means you're filling up the hole that's empty and then you keep a certain amount coming in. As you're doing that, you build your foundation and get balanced, so you can do less and less and less and less of it. So when your body stops stealing calcium, you really don't need calcium. I do calcium a couple times a week.

Jini: Oh, OK.

Maraline: I don't do it everyday.

Jini: So I know for the Bone Support product, that's the one I'm taking right now, I'm testing it. My mom's been on it too. The recommended dose for that is I believe one tablespoon a day.

Maraline: Yes, so I would do one in the morning and one before I went to sleep.

Jini: OK.

Maraline: On my first week. And then on my second week, I would do a teaspoon in the morning and two teaspoons before I go to sleep. And the reason is, even though it says a tablespoon a day, it doesn't mean you have to take it all at once. But taking calcium at night is going be more beneficial than in the morning. Here's what happens: we wake up and we do all the right things all day long, we go to sleep and our pH falls out overnight and we have to start over the next day. So it's very hard to get ahead of bell curve when you're trying to target like you are with your clients. And so what you want to do is try to keep your pH up overnight so that you can hit the street running in the morning and be ahead of the bell curve a little bit more every single day. So, calcium is really good to do that.

Potassium is extraordinary to do that because potassium carries a 14 pH. So what I do sometimes with people is I will have them do a couple of teaspoons of the Bone Support when they go to bed, but then I have them put a teaspoon of it into a glass of water on their nightstand. And they wake up in the middle of the night, they're drinking calcium water, so that's always a good thing. The other ionic minerals—there's a tremendous formula—different formulas that you can make and one thing that I always suggest people do is whenever you go to a medical doctor, is you always have them do a mineral panel, so that you can identify where your deficits are.

You can do it by symptoms. I can do it—like I have people send me their symptoms, they don't have to be in order. When you read symptoms as often as I do, you just go answer it and go, OK, iron, da da da da da. The problem with an iron supplement is it usually makes your poop really hard like concrete, so doing an ionic or angstrom iron is amazing because it gives you the iron you need and it relieves your digestive system. So it's very—it's a passive way to get a lot of iron.

Jini: The one I'm testing right now, the dosage on the side of it says one teaspoon is the equivalent of 10 milligrams. So I thought, OK, so I was just testing it. I thought I'm going to increase, increase, increase and see what happens. So I got up to 8 teaspoons and at 8 teaspoons, it did turn my stool that dark green color and it did constipate me, even though it was nanoparticle-sized. So, pretty interesting, eh? Because it's supposed to completely bypass the digestive system but I found that when I pushed it to that really high dosage…

Maraline: You know what's interesting about the 8 teaspoons, because if your bowel movements turn that bright green, you're getting the acidity out of the intestinal tract which is interesting if it turned concrete at the same time.

Jini: No, it didn't. It did not go hard, it just changed color.

Maraline: OK, what that is, is your bowels flushed. Your bowel flushed. That's what happens when you cleanse too hard.

Jini: Right.

Maraline: Your bowels will flush. So here's what happens. Your body went on overload of iron and had to get rid of it.

Jini: Yes.

Maraline: And it flushed your bowels to do it.

Jini: You know what? That makes a lot of sense because when I tested just say a normal iron supplement previously, and if I'm anemic, I can take it and there won't be much of any change in my stool color. But when I'm not anemic and I take it, my stool goes that greenish, black color immediately. And I always

wondered why that was, but that makes sense—because my body is flushing it out. It doesn't need it.

Maraline: But it's interesting that you got up to 8 teaspoons before your bowels flushed.

Jini: Well, yes. Exactly. Well, you know what? I had my blood work done and my ferritin stores were very low, so that's part of the reason why I'm testing it.

Maraline: Now, the best way to do that is I always tell people to put it in a big eyedropper bottle and do it like—so say you're low in iron, the best way to get your iron to a normal state fast is to put it into an eyedropper bottle, put it under your tongue, let it absorb through your cheeks or under your tongue and do it several times a day. Just carry it in your purse whenever you think about it, just do it. Do it, do it, do it, do it. And you do that for a week, and then go to—if it says a teaspoon a day, then go to half a teaspoon in the morning, half a teaspoon at night. The one thing about supplementation that I've really truly learned is a little bit more often is much more effective than a lot all at once.

Jini: Right.

Maraline: And so when you can spread it out into an eyedropper and have it absorbed through your mouth instead of going into your stomach and absorbing through your digestive tract, you're going to get a lot more and it's going to feed the hole—it's going to fill it up and bring you back to normal much faster.

Jini: Well, I'll tell you a little experiment I've been doing with the Bone Support because as you know—and by the way I did contact Jim to find out what exactly—I did a whole bunch of research because I'm like, OK. What size is a nanoparticle, within nanoparticles, what are the sizings, and then where does

angstrom fall on that thing—so I got everything sorted, going into the scientific articles and what not. Then I emailed Jim, who owns the Mini-Mineral company.

Maraline: He was one of my first mentors, did he tell you that?

Jini: No, no. I didn't know that.

Maraline: Yes.

Jini: So basically he said, OK, his product is 0.10—let me just look at it here, so I get it correct—is ultrafine nanoparticle, so .10 nanometer, which is bigger than angstrom. But here's the thing though, because it is a very small nanoparticle, I then went into PubMed and I did research on the nanoparticle minerals, like what are they testing it for, the clinical trials, what kinds of things are they doing? And the dental field is taking nanoparticle minerals that are used in bone formation—exactly what's in Bone Support, they're mixing it with the filling composite material and doing fillings with it and it prevents decay like crazy…

Maraline: Ah! Isn't that interesting?

Jini: So, I thought, Oh, you know what I'm going to start doing after I brush my teeth? I'm going to take a capful of that Bone Support and I'm just going to hold it in my mouth and swish it round my teeth for as long as I can.

Maraline: That's what I do. That's great, and you know what else? It works on fingernails.

Jini: Oh, right. You just dip your fingernails in it.

Maraline: Yes, and it works on fingernails. Isn't that wild?

Jini: Interesting.

Maraline: It's like your whole body can just absorb this stuff. That's what you want though, you want to do supplementation that can work externally, internally…

Jini: Exactly.

Maraline: That's the key. But that's fascinating information about the dentist.

Jini: Yes. It's really—and they also—there was quite a bit of research done in the osteoporosis field where they were using the nanoparticle minerals and the uptake and the new formation of bone was hugely improved over conventional mineral supplementation.

Maraline: Yes, and the thing is you want to bring—and we should talk about how to test your pH, you want to get some pH test strips and then you do it first thing in the morning when you wake up before you brush, eat, drink or think. So you put it on your nightstand or on your toilet because you want to test your pH before any— especially if you're a man, as soon as they think about food, their saliva starts going and that's highly alkaline.

Jini: OK.

Maraline: So you can't—you want to do it like immediately, and then what you want to do is test for about five to seven mornings. They don't have to be in a row, but they need to be consistent, meaning the same thing kind of happened the night before—the day before. You didn't go out until midnight or two in the morning or whatever. And then once you've got five to seven readings, then you average them and that will give you a pretty solid pH on your tissues and your blood environment and then you start to do things to—and in the process, you

can as well, because it takes a bit to start to get it up—so I found like fibromyalgia and chronic fatigue runs around the 6-0 to a 6-2, and you can kind of generally tell where somebody's at once you kind of get used to the different scales and what's going on with them. What's interesting is—then you just take it a couple times a month, and what you're looking for is your first spike. Once you get your first spike, then the rest of them are easy. Your first one is the hardest. [Laughs]

Jini: Your first spike of what? To increasing your alkalinity?

Maraline: To move it up.

Jini: Right, right. OK. So I'm going to wrap up now, Maraline. Is that OK, or did you have any further—

Maraline: Perfect. No, good. I just wanted to get that in.

Jini: Just so everybody knows, Maraline Krey's website is www.pHBodyBalance.com and you can get those pH test strips, you can get all of the supplements and things we've been talking about on her site, and her phone number is also on there and she is very generous with her time, she'll talk to anybody who calls up, so. Maraline, I don't know quite how you manage to do that without spending your whole life on the phone, but it's very nice of you.

Maraline: [Laughs] Well, I don't personally answer the phone, so people typically have to ask for me and but I am usually here Mondays through Fridays.

Jini: OK, great. Well, thank you so much.

Maraline: And you know what, I kind of do it in a very nice way because I'll say email me your symptoms and I'll look at them and I'll tell you what I would do,

and so it doesn't take quite as long as you think because I'm just telling them how I would do it.

Jini: Right, and then when you've written your book, you can say read the book, it's all in there. [Laughs]

Maraline: [Laughs] Oh, here's my book.

Jini: Exactly. Well, thank you again, Maraline and I'm sure if we have any follow up questions or what not, people can just get in touch with you directly at pHBodyBalance.com.

Maraline: Well, thank you, Jini, it's been a pleasure.

Jini: Take care.

Maraline: Talk to you later, bye bye.

Jini: Bye bye.