

# Basic Powder™/Basic Tab™

(Mineral Compound)

An effective approach to alkalinization is:

- ▶ Dietary changes that restrict acid forming foods.
- ▶ Lifestyle changes that improve oxygen consumption (stress-reducing activities: exercise, meditation, etc.).
- ▶ Take alkalinizing agents like Basic Powder™ or BasicTab™.
- ▶ Digestive support with broad spectrum enzyme such as Digestzyme™ or Biozyme™.
- ▶ Resolving intestinal dysbiosis with Sanum remedy e.g. Pleo Fort™, Pleo Pef™, Pleo Alb™ or Pleo Ex™.

Bases and alkalis play a key role in maintaining a good Acid-Base Balance in the body. An unbalanced diet (e.g. too much meat, sugar, coffee/tea and not enough vegetables), coupled with poor digestion can result in a predominance of acids. An acidic terrain can lead to functional disorders such as fatigue, global pain, reduced oxygen carrying capacity, hepatic overload, endobiosis, etc. To a certain extent the body is capable of cushioning an acid overload. Basic Powder™ and BasicTab™ supports the body in its ability to compensate for acid overload. For immediate rapid alkalinization, patients should start a protocol with SANUM (Pleo) Alkala™ for 10–14 days. For long-term maintenance therapy, follow-up with Basic Powder™ or BasicTab™.

Minerals are found naturally in vegetables, wholemeal products, milk and dairy products. Magnesium is important for muscular function; whereas calcium is involved in the formation of bone and bone density. Potassium is essential for maintaining proper fluid balance, muscle and cardiac function. Sodium, along with potassium, is responsible for balancing the response of nerves to stimulation, travel of nerve impulses to muscles and muscle contraction. Sodium is the major cation in the extracellular fluid and plays a variety of roles within the body. It is involved in fluid balance and along with bicarbonate, sodium is important for the proper regulation of the Acid-Base Balance. In addition, sodium is essential for the passage of metabolic materials through the cell walls by a process called Na/KATPase active transport.

**Medicinal ingredients\*:**

Each 1/4 tsp (1 gram) contains:

	<b>Basic Powder</b>	<b>BasicTab</b>
Calcium (calcium carbonate) . . . . .	155 mg . . . . .	103 mg
Magnesium (magnesium carbonate) . . . . .	70 mg . . . . .	45 mg
Potassium (potassium bicarbonate) . . . . .	15 mg . . . . .	10 mg
Sodium (sodium bicarbonate) . . . . .	85 mg . . . . .	57 mg

\* Elemental mineral content shown

**Basic Powder**

**BasicTab**

**Non-Medicinal Ingredient:** sodium phosphate dibasic

**Recommended Dosage:**

**Basic Powder I** NPN 80004909 • 250 grams

**Adult:** Take half to one teaspoon of powder in warm water at 10:00 AM and 4:00 PM and again before bedtime if warranted.

**BasicTab I** NPN 80003560 • 180 tabs

**Adult:** Take two to four tablets at 10:00 AM and 4:00 PM and again before bedtime if warranted.

**Caution/Warning:** This product should be taken under the supervision of a practitioner if the individual has bladder infection or ulcer. In cases of bladder infection, it must be considered that the otherwise somewhat acid urine becomes alkaline because of the high uptake of bicarbonate. In alkaline urine the bacteria multiply more easily. Dosages must be determined cautiously for ulcer patients since a strong development of carbonic acid can further damage the stomach walls. When hydrogen bicarbonate is added to hydrochloric acid, carbonic acid will develop.

**Contraindications:** This product is not intended for individuals who have alkalosis hypokalemia, hypophosphatemia, hypercalcemia or kidney disorder.

**Special Comments:** Refer to Acid-Base Balance Protocol in Part D. Patient pH level may be monitored via morning urine pH testing. Request article of pH Balancing.

