

# Your Body's Many Cries For Water

*(Most of the notes were taken from the above book by F. Batmanghelidj MD)*

## Basic Needs

8-10 glasses of pure water. Dr Batmanghelidj does NOT discriminate the difference between tap water and pure water. However, based on the information we now know about chlorine and fluorides in the drinking water and their effect upon iodine depletion, it is wise to find a clean, pure source.

## Skin Test

Pull up the skin from the top of the hand and create a small tent of skin. Release the skin and watch to see how long it takes to return to normal. It should be immediate in a well hydrated person. This brief test takes seconds and can serve as a tool for each of us to evaluate periodic periods of dehydration.

The simple truth is, dehydration can cause disease. Every function of the body is monitored and pegged to the flow of water! So "water management" is the only way of making sure that enough water and the nutrients it transports reaches the more vital organs first. The brain has absolute priority in the water rationing system of the body.

Today, we think coffee, tea, alcohol, soft drinks, etc. can substitute for the water needs of the body. This is a basic but devastating mistake. **Remember: Fluids don't mean "water!"** It is not possible to use coffee, tea, etc. to supply the body's water needs.

Human body is 25% solid (solute), and 75% water (solvent).

Currently "dry mouth" is the only accepted sign of dehydration in the body. When, in fact, it is the last outward sign of extreme dehydration.

Water is the greatest natural "medication" for a variety of health conditions.

Morning sickness of the mother is a thirst signal of both the fetus and the mother. (The transmitter system for water intake seems to be produced by the fetus but registers its effect on the mother).

Humans can lose their "thirst sensation" and the critical perception of **needing** water! When we no longer recognize our need for water, we become chronically dehydrated with progress in age. Our tendency to chronic dehydration as we age is promoted by the erroneous thinking that when thirsty, we can use coffee, tea, etc. to satisfy our "water" needs. Loss of thirst sensation can become so extreme that even a person with obvious dehydration (dry mouth) will not recognize and try to satisfy their thirst. *(Loss of the thirst sensation is thought to be linked to a pre-existing dehydration, which causes various messenger systems to become far less efficient or fail altogether).*

## Pain-Dehydration Link

Histamine is the regulator of water intake and distribution in the body. As dehydration occurs, this system of water management swings into full gear. As histamine and its subordinate water regulators (prostaglandin's, kinins, etc.) become excessively active they cause pain when they come across pain sensing nerves in the body. **Non-infectious, recurring, chronic pain should always be translated as a "thirst" signal first!!**

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## Dyspeptic Pain

This is an emergency signal because it denotes dehydration. Dehydration and a resultant change in the water content in the cells to water content outside the cells bring about the local tissue changes. As the dehydration persists, the histamine regulated water management system swings into operation, with resultant local dyspeptic pain. Of course, this “thirst” signal can be suppressed with medication, which is the usual recommendation. But wouldn't it be reasonable to try water first? Just water has been able to relieve dyspeptic pain in as little as 8 minutes. Severe cases may take longer, but it is still possible. Dr. Batmanghelidi has treated more than 3000 patients suffering with “peptic ulcers” with nothing but water.

## Joint Pain

This is another “thirst” signal of the body. And, in some cases it may be an indicator of salt need as well.

As we know, bones have a high concentration of calcium, whereas cartilage has a high concentration of water. This “held water” allows the cartilage to provide almost friction-less joint movement. The water being the lubricant that protects the contact surfaces of the joint. As joints move and the cartilage surfaces glide over one another, some exposed cells die and are removed. New cells take their place. In well-hydrated cartilage the rate of friction damage is minimal. And in dehydrated cartilage the rate of abrasive damage is increased.

The water to hydrate cartilage comes from the base through the bone marrow. The growing blood cells in the marrow take priority over the cartilage for the available water.

Initially, joint pain can be indicator that the joint cannot endure pressure until it is fully hydrated. It is assumed that the pain and swelling in the capsule of the joint is an indication there is dilation and edema from the vessels that provide circulation to the joint capsule. In other words, the nerve endings in the joint surface have placed a demand for more circulation to the area to pick up water from the serum. And the compensatory vascular expansion in the capsule is supposed to make up for the shortage of water from the normal bone route of supply.

## Anginal Pain

To make it short and sweet—this means water shortage in the body—and the heart and circulatory system must pump and very concentrated (thick) blood.

## Arteriosclerosis (Hypercholesterolemia)

This is a sign of dehydration. It shows that the cells of the body have developed a defense against the osmotic force of the blood that keeps drawing water out through the cell membrane.

With adequate hydration, adhesive sheets of water hold cells together. This also allows free passage of water through the cell membrane. In dehydration, these adhesive sheets of water are replaced with a natural clay like substance, cholesterol. This holds the cells together and prevents further water loss from inside the cell. This production of cholesterol in the cell membrane is part of the cell survival system.

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## Hypertension

The first treatment protocol recommended for hypertension should be 8 to 10 glasses of pure water a day. The current medical treatment of hypertension is absurd. The body is trying to retain its water volume and orthodox medicine in effect says, "No you don't understand. You must take a diuretic and get rid of that water." If we do not drink enough water, the only other means the body has of securing water is by retaining sodium. To assume sodium retention is the **cause** of hypertension is ludicrous.

Water is the best *natural* diuretic. If hypertension patients (those who can produce adequate urine), increase their daily water intake, they should not have to take any diuretics. If the patient has heart failure complications, water intake should be increased gradually.

## Asthma and Allergies

These conditions are indicators that the body has resorted to an increase in production of histamine, the sensor regulator of water metabolism and distribution in the body.

It has been shown in animal models that histamine production will decrease with an increase in daily water intake. On average, these conditions respond after one to four weeks of water regulation.

Some research indicates salt is a *natural antihistamine*. So, along with an increase in daily water intake, people suffering from these conditions should increase their daily salt intake as well.

**Let's try water as a treatment protocol. Advise all patients with joint pain (arthritis) to drink a minimum of 8 glasses of pure water daily!**