

Feeling stuck?

The criteria for constipation is defined as 2 or more of the following symptoms for at least 6 months:

- straining,
- lumpy or hard stools,
- sensation of incomplete evacuation,
- sensation of a blockage,
- manual maneuvers to bring about defecation,
- the absence of loose stools with insufficient criteria to diagnose IBS

	Type 2	Lumpy and sausage like	MILD CONSTIPATION
	Type 3	A sausage shape with cracks in the surface	NORMAL
	Type 4	Like a smooth, soft sausage or snake	NORMAL
	Type 5	Soft blobs with clear-cut edges	LACKING FIBRE
	Type 6	Mushy consistency with ragged edges	MILD DIARRHEA

Primary Constipation

Primary constipation usually arises from structural abnormalities of the GI or function of the digestive system and is broken into 3 categories

Normal Transit Time

Also called functional constipation because no physical issues with food travel time can be found. You may have functional constipation if you experience bloating, abdominal pain, and difficulty with having a bowel movements. This is the most common form of constipation seen by clinicians.



Slow Transit Time

This happens when food takes longer than normal to move through the intestines. This type of constipation is found in young women. It is due to less frequent coordinated contractions of the colon.

Defection Disorders

Caused by poor toilet training, painful defecation, back injuries, and gut-brain dysfunction.



Secondary Constipation

Secondary constipation comes as a result of another disorder like Hirschsprung's disease, Parkinson's, colorectal cancer, strictures from chronic inflammation, hypothyroidism, or pregnancy. Medication related constipation is also classified as secondary.

Causes

Inadequate fluid intake

The colon receives approximately 1.5L of fluid from the small intestines daily. 200mL to 400mL of this fluid is excreted in stool. Without proper fluid intake, the large intestine absorbs more fluid to prevent fluid loss. This makes stool drier and harder to pass.

Inadequate fiber intake

Fiber is an indigestible carbohydrate that bulks up stool making it easier to pass through the digestive tract. You need approximately 30 grams of fiber a day to prevent constipation. According to Harvard health, the standard American diet (SAD) contains less than half of that.

Food sensitivities

Food sensitivities, especially dairy, are a known contributor to constipation. Cow's milk and dairy products contain a high amount of a protein called casein which delays bowel transit time.

Lack of Exercise

How we choose to live has a great impact on whether we have constipation or not. Lack of physical activity is a huge contributor to constipation. Exercise helps to induce contractions of the large intestines to help move waste.





Mental Health

Stress is a major contributor to constipation. When we experience psychological stress, the HPA (hypothalamus-pituitary-adrenal) axis is stimulated. This causes the release of hormones like cortisol and ACTH which directly affect gut function through altering the cells of the gut mucosa and altering the gut microbiome.

Microbiome dysbiosis

It is now widely recognized that we have more bacteria living within us than cells of the human body! Clearly our gut flora plays a huge role in our health, or the lack of it, and this is no different with constipation. The lack of helpful bacteria like Lactobacillus, Bifidobacterium, and Bacteroides species with the simultaneous arise of harmful bacteria

Altered serotonin levels

Serotonin is a neurotransmitter that stabilizes mood and contributes to feelings of wellbeing. The majority of serotonin, up to 95%, is produced in the gut. Decreased levels of serotonin have been linked to constipation.

Medications

The list of medications causing constipation is immense. Pain medications like opiates and non-steroidal anti-inflammatory drugs (NSAIDs), calcium channel blockers for high blood pressure, diuretics like hydrochlorothiazide and furosemide, antidepressants, and even antacids are known to cause constipation. The most common supplement linked with constipation is iron.

Troubleshooting

HABITS

Sit on the toilet 20 minutes every morning regardless of what happens.

We are creatures of habit, and our bodies thrive on routine. We can use this to our advantage, training our body to expect to go at certain times. Over time, this signal becomes strong and reinforced, and we start to become more regular. At first, (just like any habit), it sucks. It might take weeks for your body to get a clue, but eventually, it will. The best position to poop is in a squat, so if you have a stool or squatty potty, get it out!



MOVEMENT

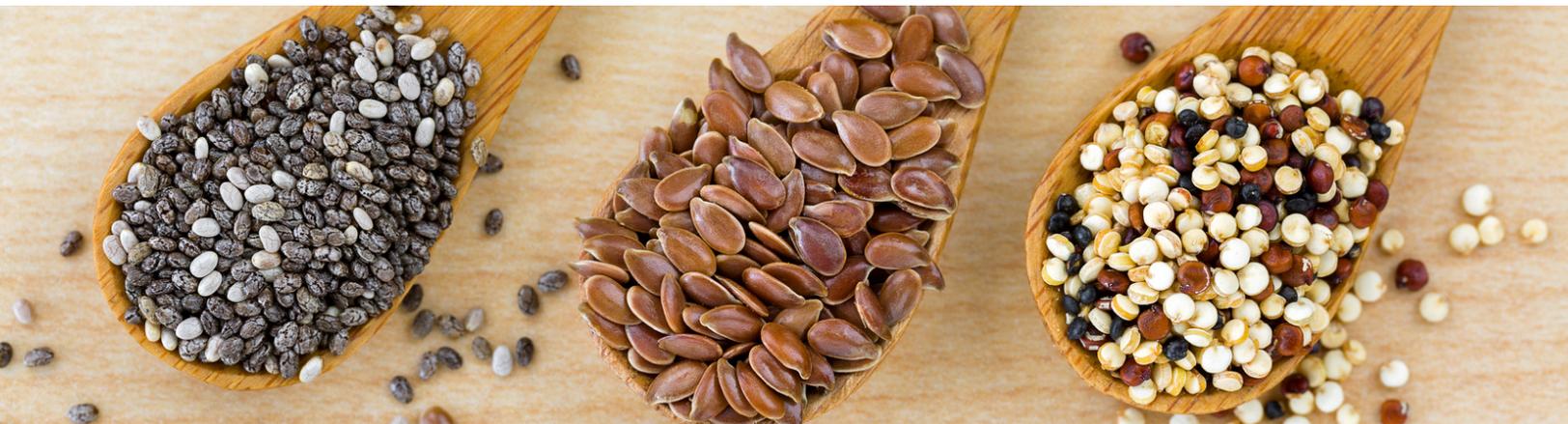
Move your body every single day.

Regular exercise will tone the muscles that support the gastrointestinal system as well as act as a pump to encourage peristalsis. After eating, aim for gentle movements such as walking. When the stomach is more empty, gentle twists can actively wring out your intestines and force things to move.

FIBER AND WATER

Fiber actually serves many purposes in the gut

- Food for the gut bacteria: The microbiome is essential in our mind-body connection, immune system, and pretty much every facet of our physical and mental being. We can choose to feed it junk (simple sugar, flour, refined oils), or good stuff (healthy fats, complex carbs).
- Bulking up for health stools: creating more bulk sends a signal to your brain that it's time to go, creating a stronger contraction helping fully empty the colon.
- Grabbing old toxins and excess cholesterol: Certain fibers are able to bind to toxins, metals, and extra cholesterol in the gut, making it not only a powerful detoxifier but also lowers cholesterol.
- Water flushes everything out. I feel like I don't need to say more on water, aside from that you need to MAKE SURE you are getting enough if you increase your fiber. Otherwise, it can make you more constipated.



CASTOR OIL PACKS

Castor oil is rich in ricinoleic acid. It's great for breaking stuff up and getting things moving and flowing, including your bowels. Check out this page when you're ready to try. You can put the oil over your liver (right side), and over your belly. *avoid if pregnant or menstruating



DIET

- Avoid food sensitivities or foods that you know make you constipated.
- This should be an obvious one. If you are aware of your food sensitivities, abide by them. If not, now might be a great time to get more in touch with your body and the foods you are eating. Start a diet diary, writing down everything you eat and drink and how you feel that day (gut wise and other wise). If you are new to this, working with someone might be a good option to help walk you through the process!
- Avoid inflammatory foods – sugar, dairy, oils, alcohols, meats.
- Fermented friends: Kimchi, yoghurt, kombucha, sauerkraut

Foods to Aid Constipation

Foods that Lubricate the Intestines.	Foods that Promote Bowel Movements	Demulcent Herbs (Helpful with deficiency)	Food that Build Good Bacteria in the Bowels
Alfalfa sprouts Apple Apricot Beet Carrot Cauliflower Honey (limit) Okra Peach/Pear Pine nut/Walnut/Almond Prune Seaweed Sesame seed/oil Soy Products Spinach	Asparagus Black sesame seed Bran from oats, wheat or rice Cabbage Coconut Fig Papaya Peas Sweet Potato	Ground Fenugreek Seed Ground Flax seed Licorice root Marshmallow root Psyllium seed Slippery Elm (mix with warm water to make a mush) Laxative Herbs (Not used with deficiency and only if prescribed)	Acidophilus Chlorophyll- rich foods (wheat grass products, dark greens, microalgae (wild blue-green and spirulina) and alfalfa greens) Dairy yogurt Kefir Miso Sauerkraut Kimchi Kombucha Drink

Source: Pitchford, P. **Healing with Whole Foods: Asian Traditions and Modern Nutrition, 3rd ed.** Berkeley, CA: North Atlantic Books, 2002.



Types of Laxatives

Sometimes we need help. And that's OK, but know what you're getting into. There are generally two types: laxatives that act on your intestines directly, and laxatives that work indirectly (such as forming bulk). Direct acting laxatives can be effective but also run the risk of dependence. Always consult a doctor before starting a laxative.

Bulk forming laxatives

Aka Fiber. Generally considered the safest with fewest side effects, but can interfere with absorption of some medicines. These absorb water in the intestine and make the stool softer. Form include flax, metamucil, physillium fiber, etc, bran. These agents must be taken with water or they can cause obstruction. Does not work for everyone

Stimulants

These cause rhythmic muscle contractions in the intestines. These are often herbal formulations and are quite effective at producing bowel movements, but can be easily overdone causing dangerous reactions and dependence. Ex-lax, Senacot, Dulcolax, castor oil)

Osmotics

These cause fluids to flow into through the colon, resulting in bowel distention and signalling a bowel movement. Brand names include Cephulac Magnesium, Sorbitol, and Miralax. People taking these should d be monitored for electrolyte imbalances.

Stool Softeners

These moisten the stool and prevent dehydration. Often recommended after childbirth or surgery or those who should avoid straining in order to pass a bowel movement. The prolonged use of this class of drugs may result in an electrolyte imbalance.

Lubricants

These grease the stool, enabling it to move through the intestine more easily. Mineral oil is the most common example. Lubricants typically stimulate a bowel movement within 8 hours.



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