

Constipation, Chronic Constipation, and How to Heal Your Gut

Constipation is one of those topics few like to talk about. If you've suffered from this problem, though, you know it can be both painful and frustrating. Almost everyone gets constipated at some time during his or her life. It affects approximately 2% of the population in the U.S. Women, and the elderly are more commonly affected. Though not usually serious, constipation can be a concern.

What Is Constipation?

Constipation occurs when bowel movements become difficult or less frequent. The normal length of time between bowel movements ranges widely from person to person. Some people have bowel movements three times a day; others, only one or two times a week. Going longer than **three days** without a bowel movement is too long. **After three days, the stool or feces become harder and more difficult to pass.**

You are considered constipated if you have two or more of the following for at least 3 months:

- Straining during a bowel movement more than 25% of the time
- Hard stools more than 25% of the time
- Incomplete evacuation more than 25% of the time
- Two or fewer bowel movements in a week

What Causes Constipation?

Constipation is usually caused by a disorder of bowel function rather than a structural problem. Common causes of constipation include:

- **Inadequate water intake**
- **Inadequate fiber in the diet**
- A disruption of regular diet or routine; traveling
- **Inadequate activity or exercise or immobility**
- Eating large amounts of dairy products
- Stress
- Resisting the urge to have a bowel movement, which is sometimes the result of pain from hemorrhoids.
- Overuse of laxatives (stool softeners) which, over time, weaken the bowel muscles
- Hypothyroidism
- Neurological conditions such as Parkinson's disease or multiple sclerosis
- Antacid medicines containing calcium or aluminum
- Medicines (especially strong pain medicines, such as narcotics, antidepressants, or iron pills)
- Depression
- Eating disorders
- Irritable bowel syndrome
- Pregnancy
- Colon cancer

In some cases, lack of good nerve and muscle function in the bowel may also be a cause of constipation, such as, pelvic floor dysfunction.

What Are the Symptoms of Constipation?

Symptoms of constipation can include:

- Infrequent bowel movements and/or difficulty having bowel movements
- Swollen abdomen or abdominal pain
- Pain
- Vomiting

How Is Constipation Diagnosed?

Most people do not need extensive testing to diagnose constipation. Only a small number of patients with constipation have a more serious medical problem. If you have constipation for more than **two weeks**, you should see a doctor so he or she can determine the source of your problem and treat it. **If constipation is caused by colon cancer, early detection and treatment is very important.**

Tests your doctor may perform to diagnose the cause of your constipation include:

- Blood tests if a hormonal imbalance is suspected
- Barium Studies to look for obstruction of the colon
- Colonoscopy to look for obstruction of the colon

Please note that the vast majority of patients with constipation do not have any obvious illness to explain their symptoms and suffer from one of two problems:

- Colonic inertia. A condition in which the colon contracts poorly and retains stool
- Obstructed defecation. A condition in which the person excessively strains to expel stool from the rectum.

Source:<http://www.webmd.com/digestive-disorders/digestive-diseases-constipation>

The Mayo Clinic states that constipation most commonly occurs when waste or stool moves too slowly through the digestive tract, causing it to become hard and dry. However, chronic constipation has many causes.

CHRONIC CONSTIPATION

CAUSES:

- Blockages in the colon or rectum

Blockages in the colon or rectum may slow or stop stool movement. Causes include:

- Anal fissure
- Bowel obstruction
- Colon cancer
- Narrowing of the colon (bowel stricture)
- Other abdominal cancer that presses on the colon
- Rectal cancer
- Rectocele

-Problems with the nerves around the colon and rectum

Neurological problems can affect the nerves that cause muscles in the colon and rectum to contract and move stool through the intestines. Causes include:

- Autonomic neuropathy
- Multiple sclerosis
- Parkinson's disease
- Spinal cord injury
- Stroke

-Difficulty with the muscles involved in elimination

Problems with the pelvic muscles involved in having a bowel movement may cause chronic constipation. These problems may include:

- Inability to relax the pelvic muscles to allow for a bowel movement (anismus)
 - Pelvic muscles don't coordinate relaxation and contraction correctly (dyssynergia)
 - Weakened pelvic muscles
- *Weakened pelvic muscles can be caused from chronic constipation that goes unchecked.

-Conditions that affect hormones in the body

Hormones help balance fluids in your body. Diseases and conditions that upset the balance of hormones may lead to constipation, including:

- Diabetes
- Overactive parathyroid gland (hyperparathyroidism)
- Pregnancy
- Underactive thyroid (hypothyroidism)

RISK FACTORS:

Factors that may increase your risk of chronic constipation include:

- Being an older adult
- Being a woman
- Being dehydrated
- Eating a diet that's low in fiber
- Getting little or no physical activity
- Taking certain medications, including sedatives, narcotics or certain medications to lower blood pressure

COMPLICATIONS:

Complications of chronic constipation include:

- **Swollen veins in your anus (hemorrhoids).** Straining to have a bowel movement may cause swelling in the veins in and around your anus.
- **Torn skin in your anus (anal fissure).** A large or hard stool can cause tiny tears in the anus.
- **Stool that can't be expelled (fecal impaction).** Chronic constipation may cause an accumulation of hardened stool that gets stuck in your intestines.
- **Intestine that protrudes from the anus (rectal prolapse).** Straining to have a bowel movement can cause a small amount of the rectum to stretch and protrude from the anus.

TEST AND DIAGNOSIS:

Tests and procedures used to diagnose chronic constipation include:

- **Examination of the rectum and lower, or sigmoid, colon (sigmoidoscopy).** In this procedure, your doctor inserts a lighted, flexible tube into your anus to examine your rectum and the lower portion of your colon.
- **Examination of the rectum and entire colon (colonoscopy).** This diagnostic procedure allows your doctor to examine the entire colon with a flexible, camera-equipped tube.
- **Evaluation of anal sphincter muscle function (anorectal manometry).** In this procedure, your doctor inserts a narrow, flexible tube into your anus and rectum and then inflates a small balloon at the tip of the tube. The device is then pulled back through the sphincter muscle. This procedure allows your doctor to measure the coordination of the muscles you use to move your bowels.
- **Evaluation of how well food moves through the colon (colonic transit study).** In this procedure, you'll swallow a capsule containing markers that show up on X-rays taken over several days. Your doctor will look for signs of intestinal muscle dysfunction and how well food moves through your colon.
- **An X-ray of the rectum during defecation (defecography).** During this procedure, your doctor inserts a soft paste made of barium into your rectum. You then pass the barium paste as you would stool. The barium shows up on X-rays and may reveal a prolapse or problems with muscle function and muscle coordination.

TREATMENT AND DRUGS:

Treatment for chronic constipation usually begins with diet and lifestyle changes meant to increase the speed at which stool moves through your intestines. If those changes don't help, your doctor may recommend medications or surgery.

Diet and lifestyle changes

Your doctor may recommend the following changes to relieve your constipation:

- **Increase your fiber intake.** Adding fiber to your diet increases the weight of your stool and speeds its passage through your intestines. Slowly begin to eat more fresh fruits and vegetables each day. Choose whole-grain breads and cereals.
Your doctor may recommend a specific number of grams of fiber to consume each day. In general, aim for 14 grams of fiber for every 1,000 calories in your daily diet. Women should try to eat at least 21 to 25 grams of fiber a day, while men should aim for 30 to 38 grams a day.
A sudden increase in the amount of fiber you eat can cause bloating and gas, so start slowly and work your way up to your goal over a few weeks.
- **Take a good probiotic to build the good bacteria and boost your immune system.**
- **Exercise most days of the week.** Physical activity increases muscle activity in your intestines. Try to fit in exercise most days of the week.
- **Don't ignore the urge to have a bowel movement.** Take your time in the bathroom, allowing yourself enough time to have a bowel movement without distractions and without feeling rushed. However, be careful not to make a habit of sitting for long periods of time especially while straining to have a bowel movement as this can increase the chance of hemorrhoids.

Laxatives

Several types of laxatives exist. Each works somewhat differently to make it easier to have a bowel movement. Examples of laxatives include:

- **Fiber supplements.** Fiber supplements add bulk to your stool. Common ingredients include methylcellulose, psyllium, calcium polycarbophil and guar gum. Brand names include FiberCon, Metamucil, Konsyl and Citrucel.
- **Stimulants.**
- **Osmotics.** Osmotic laxatives help fluids move through the colon. Examples include milk of magnesia, magnesium citrate, lactulose, polyethylene glycol (MiraLax) and sodium phosphate enema (Fleet Enema).
- **Lubricants.** Lubricants enable stool to move through your colon more easily. One example of a lubricant is mineral oil.

- **Stool softeners.** Stool softeners moisten the stool by drawing water from the intestines. Examples include Colace and Surfak.

Other medications

Prescription medications used to treat chronic constipation include:

- **Medications that draw water into your intestines.** The prescription medications lubiprostone (Amitiza) and linaclotide (Linzess) work in different ways to draw water into your intestines and speed up the movement of stool. Your doctor may recommend these medications if over-the-counter laxatives haven't helped you.

Training your pelvic muscles

Biofeedback training involves working with a therapist who uses devices to help you learn to relax and tighten the muscles in your pelvis. Relaxing your pelvic floor muscles at the right time during defecation can help you pass stool more easily.

During a biofeedback session, a special tube (catheter) to measure muscle tension is inserted into your rectum. The therapist guides you through exercises to alternately relax and tighten your pelvic muscles. A machine will gauge your muscle tension and use sounds or lights to help you understand when you've relaxed your muscles.

Surgery

Surgery may be an option if you have tried other treatment and your chronic constipation is caused by rectocele, anal fissure or stricture.

For people who have tried other treatments without success and who have abnormally slow movement of stool through the colon, surgical removal of part of the colon may be an option. Surgery to remove the colon is rarely necessary.

Source: <http://www.mayoclinic.org/diseases-conditions/constipation/basics/treatment/con-20032773>

HIGH FIBER FOODS:

Fruits

Grains, cereal & pasta

Legumes, nuts and seeds

Vegetables

<http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/in-depth/high-fiber-foods/art-20050948>

SUGGESTION FOR HEALING THE GUT:

Once the bowels have been cleaned out, the intestines may need some degree of healing. Depending on how long constipation has occurred as well as how much time has gone between bowel movements, the amount of damage to the intestines will vary from small to significant.

GAPS Diet:

Website: http://www.gapsdiet.com/The_Diet.html

Book: Gut and Psychology Syndrome, **by Dr. Natasha Campbell-McBride**

(The book is much more detailed than the website.)

Other GAPS Diet Websites:

Dr. Mercola - How to Heal and Seal Your Gut to Reverse Disease.

<http://articles.mercola.com/sites/articles/archive/2012/03/18/mcbride-and-barringer-interview.aspx>

The GAPS Diet: What It Is and Why You Might Consider Doing It

<http://www.keeperofthehome.org/2010/02/the-gaps-diet-what-it-is-and-why-you-might-consider-doing-it.html>

Review: Gut and Psychology Syndrome

<http://wellnessmama.com/6060/review-gut-and-psychology-syndrome/>

Gut Health 101: 6 Questions and Answers About A Strong Immune System and the GAPS Diet

<http://kellythekitchenkop.com/2009/08/gut-health-101-6-questions-and-answers-about-a-strong-immune-system-and-the-gaps-diet.html>

The importance of your gut flora, and its influence on your health cannot be overstated. It's truly profound.

Your gut literally serves as your second brain, and even produces more of the neurotransmitter serotonin—known to have a beneficial influence on your mood—than your brain does.

Your gut is also home to countless bacteria, both good and bad. These bacteria outnumber the cells in your body by at least 10 to one, and maintaining the ideal balance of good and bad bacteria forms the foundation for good health—physical, mental and emotional.

- Dr. Joseph Mercola