RELIEF FROM CONSTIPATION

BY FRANCES TAYLOR, MA, CHom

Abstract

Constipation is a common digestive complaint affecting people of all ages from newborns to the oldest geriatric patient. It is a symptom and not a disease, but can cause problems that may simply be a nuisance or can develop into sequelae with serious consequences. Constipation is defined many different ways, but is usually thought of as infrequent and difficult passage of stool. Another useful definition is a change in bowel habits or defecatory behavior that results in acute or chronic symptoms that relief of constipation would resolve. There are many ways of treating constipation using different modalities, addressing different facets and causatory factors. However, NAET® testing and treatment offers a chance of total resolution of this problem.

Introduction

Constipation is one of the most common gastrointestinal disorders in the world. It affects more people than asthma, coronary heart disease, diabetes, hypertension, and migraine. In the United States around 2 per cent of the population report constant or intermittent episodes of constipation. This translates to more than 4 million Americans having frequent constipation, resulting in over 2 million visits to physicians each year. Two- thirds of the people seeking medical advice are women, and constipation affects more women than men. Constipation is most common in women before a period and in pregnancy. However, only 10 to 25 percent of people with constipation actually seek medical care for their symptoms even though chronic constipation causes lowered function, productivity, quality of life, and higher absenteeism.

Prevalence of constipation worldwide varies because of differences in the various ethnic groups on how constipation is perceived. The general incidence of constipation is high, with female gender, age, and educational class being associated with prevalence of constipation. Diet and other environmental factors play a role, as is demonstrated by the fact that Asians who have adopted a Western diet have more constipation than those who have not. Surveys have shown that 10 percent of children have chronic constipation but only 3

percent of parents seek medical advice (Basson, 2008; Cash, 2007; Chao, *et al*, 2008; Hudson, 2003; Peura, 2007-2008).

With constipation the entire digestive system must be considered. The function of the digestive or gastrointestinal system is to process food into a form that the circulatory system can distribute to the cells of the body. This system includes the mouth, pharynx, esophagus, stomach, small intestine, large intestine, and rectum. The glandular organs, the salivary glands, liver, gallbladder, and pancreas, which secrete substances into the gastrointestinal tract, are also a part of this system. The gastrointestinal tract is technically outside the body in that it is a tube approximately 15 feet long that begins with the mouth and runs to the anus. The lumen, which is the interior of the tube, is the passage through which food taken into the body is digested.

In the mouth food is mixed with saliva, which aids with the ease of swallowing food as well as furnishing enzymes that begin digestion. The pharynx and esophagus deliver the food to the stomach where the food is mixed with hydrochloric acid, pepsin, gastrin, and mucus. This results in the production of chyme as well as killing most of the bacteria that may enter with the food. The final stages of digestion and absorption take place in the small intestine, which is the longest portion of the digestive tract. Pancreatic enzymes released into the small intestine further break down the chyme into substances that enter the blood and lymph.

Muscle contractions move the material through the intestines. A small volume of water, minerals, and undigested material pass into the large intestine where it is temporarily stored and acted on by bacteria. The large intestine removes water and concentrates the material. By the time the material reaches the rectum it is a solid because most of the water has been absorbed. It is then removed from the body through defecation when the rectum becomes distended. When defecated it is called feces or stool and is composed of any food that was not digested or absorbed, toxins, cast-off cells, and bacteria that make up the bulk of the feces. (Krohn, Taylor, and Larson, 2000; Krohn and Taylor, 2000; Krohn and Taylor, 2002).

Constipation refers to problems eliminating the feces or stool and occurs when bowel movements become less frequent or difficult. It is sometimes defined as having a bowel movement fewer than three times per week. (After three days feces become hard and more difficult to pass.) However, normal length of time between bowel movements varies from person to person. With constipation the stools are difficult to eliminate and may be hard, dry, and small in size. There may be a sensation of a full bowel with bloating, and bowel movements may be painful, accompanied by straining. People are considered constipated if they have two or more of the following more than 25 percent of the time for at least three months: straining during bowel movements, hard stools, or incomplete evacuation, and two or fewer bowel movements per week. (NIDDK, 2007; WebMD, 2005-2007).

Obstipation refers to severe constipation that prevents passage of both stools and gas. Obstipation can be caused by a stool impaction or by a tumor blocking the intestine. (Krohn, Taylor, and Larson, 2000; Krohn and Taylor, 2000; Krohn and Taylor, 2002).

Causes of Constipation

The causes of constipation are usually multiple. Diet can play a major role in causing constipation, and a poor diet is typically the culprit. People who are constipated consume either too little fiber or too little water. Insufficient intake of dietary fiber can cause hardening of the feces making them to be difficult to evacuate. Fiber is part of cereals, fruits, vegetables, and grains. Soluble fiber dissolves in water, forming a soft, gel-like texture in the intestines. This helps prevent hard, dry stools that are difficult to pass. Insoluble fiber passes through the intestines almost unchanged.

Liquids such as water and juice add fluid to the colon and bulk to the stools, making them softer and easier to pass. Although coffee, tea, and alcohol have diuretic effects, they are likely counterproductive. Substantial amounts of these substances decrease available water to the colon. Studies have shown that there is a link between coffee consumption and worsening constipation. How much and what types of fluids are

consumed in an average day are of importance as severe dehydration can cause constipation.

Lack of good nerve and muscle function in the bowel causes constipation as does absorption of too much water by the colon. Slowed transit time, where peristaltic action is diminished or absent, contributes to this problem. Feces not moved through the digestive system with an appropriate speed become hard and dry. This may be a particular problem in patients with a history of chronic laxative abuse. Hypothyroidism and hypokalemia may be a factor in slowed transit time. Diabetes is also associated with chronic decreased intestinal motility. Although it is less common, toxic metal poisoning (lead, bismuth, arsenic, and mercury) can cause a reduction in transit time.

Medications reduce intestinal motility and can cause constipation. Constipation can be a side effect of nearly any long-term medication, nonprescription or prescription. This possibility should be suspected with intake of narcotics, iron supplements, nonmagnesium antacids, calcium-channel blockers, beta-blockers, psychotropic drugs, antichlolinergic agents, and tricyclic antidepressants. Because of the mistaken idea that everyone should have a bowel movement daily, many people self-medicate with laxatives. Chronic laxative use becomes a habit and requires increasing doses. This results in dependency, a hypotonic colon, and decreasing efficiency of elimination. Because nicotine has a laxative effect, stopping smoking can also result in constipation.

Older adults have more constipation, particularly those older than 65 years. It may reflect a combination of factors, including dietary alterations, decrease in muscle tone and exercise, and use of medications that may affect dehydration or motility of the large intestine. It has been suggested that cumulative exposure to environmental toxins may also play a role in age-related increase of constipation. Some elderly patients may have soft, bulky stools that are difficult to eliminate either because of anatomical abnormalities or impaired intestinal motility.

Exercise may stimulate bowel motility, but it is not understood why and is therefore controversial. Inadequate activity or exercise seems to contribute to constipation as does immobility, which may be the cause of constipation in the elderly. A disruption of regular diet or routine, such as traveling, can result in constipation. An accident or illness when one must stay in bed and cannot exercise will increase constipation (Basson, 2008; NIDDK, 2007; Peura, 2007-2008; WebMD, 2008).

Food allergies may play a major role in constipation. Food is in contact with the smooth muscle of the intestines for an extended period of time and can produce a type of contact allergy. The muscle of the colon may contract to the point that very little food passes through it. Because the intestines are lined with mucous membranes, large quantities of mucus may form as a result of an allergic response. In addition to pain caused by allergies to common foods eaten every day, edematous response to these foods can cause intestinal obstructions resulting in constipation. A large intake of milk and dairy products may cause constipation for some individuals (Nambudripad, 2002).

Food allergy may play a role in the constipation of infants, both newborn and older. Constipation can be triggered by allergenic substances in breast milk (from the mother's diet) or formula. The addition of baby food to the diet of the infant and changing from baby food to table food are other times babies may become constipated. Some children may actually be constipated when they have diarrhea. There will be impacted stool around which liquid stool passes. Sometimes the muscles pulling up to prevent passage of stool will become stronger than those pushing down to eliminate it.

In idiopathic constipation the cause is unknown, and there is no response to traditional treatment. Constipation is usually caused by a problem with bowel function rather than a structural problem. In functional constipation the bowel does not work or function properly. It can stem from problems in the anus and rectum in which there is an inability to relax the rectal and anal muscles, allowing the stool to pass. Neurological disorders, metabolic and endocrine conditions, and systemic disorders may be offenders. Neurological dysfunction includes diabetic autonomic neuropathy, spinal cord injury, head injury, cerebrovascular accidents, multiple sclerosis, and Parkinson's disease. Irritable bowel syndrome in which there is constipation accompanied by pain and bloating is considered functional constipation by some, and is categorized separately in other instances (Cash, 2007; Holson and Gathers, 2007).

Ignoring the urge to have a bowel movement can stop the feeling of the need to have one, leading to constipation. Anxiety or unfamiliarity with surroundings can cause this functional constipation. Some people do not want to use toilets outside their homes and delay having a bowel movement. Others ignore the urge because of emotional stress or because they are too busy. Children may not want to interrupt their play or they may have had stressful toilet training. Suppressing defecation results in dyschezia, difficulty in defecating. This causes a feedback cycle; the child suppresses the urge to defecate, resulting in larger and harder stool. When they emerge, the pain of defecation encourages the child to want to retain the stools further. Acute abdominal pain and nonspecific recurrent abdominal pain usually signal constipation (Basson, 2008; Eisenhut, 2008).

Intestinal obstruction, scar tissue, adhesions, diverticulitis, tumors, colorectal stricture, Hirschsprung disease, or cancer can cause constipation by compressing, squeezing, or narrowing the intestine and rectum. Strictures, diverticula, and tumors, either of the bowel or surrounding tissues, can prevent passage of feces. Other obstructions can be caused by dysfunction of the pelvic floor muscles or anorectal muscles. Learned and reflex responses of pelvic floor function are essential for control and evacuation of stool. Abdominal surgery and other types of surgery can cause constipation (Shelton and Welton, 1997).

Constipation may also be the result of emotional or mental problems or difficulties. Tension can be transferred to bodily functions. Rigid thinking disrupts natural flow of energy that can be manifested as many physical conditions, including constipation (Nambudripad, 2002; Whatley, 1999).

Sequelae of Constipation

Difficulty in passing stools can cause substantial discomfort, but can also result in other conditions. Episodes of straining may cause acute or chronic hemorrhoidal disease characterized by pain, itching, or bleeding. It may even cause acute hemorrhoidal thrombosis in which there is intense pain and acute engorgement of one or more of the hemorrhoidal columns. Rectal bleeding may occur and will appear as bright red streaks on the stool. Warm tub baths, ice packs, and application of a special cream to the affected area may be helpful.

An acute anal fissure, a painful tear in the skin around the anus, may result from the passage of hard stools. Bleeding may occur from the tear and healing is prevented by hard stools being pressed against the fresh wound during defecation. Anal fissures result in children who withhold stool in order to avoid painful defecation. Treatment may include surgical removal of the tissue or skin in the affected area or stretching the sphincter muscle (Basson, 2008).

Chronic or repeated pelvic injury, such as that encountered in pregnancy (the uterus presses on the pelvic floor and the intestines), may affect the ease of defecation. Straining to eliminate can cause rectal prolapse or prolapse of the rectum into the vagina and can lead to obstruction that affects the ease of defecation. Secretion of mucus from the anus may also occur with rectal prolapse. These conditions may require surgery to strengthen and tighten the anal sphincter or to repair the prolapsed lining.

Children may have encopresis, involuntary release of stool into clothing, as a complication of long-standing constipation. It is one of the most perplexing problems children and parents face, and is a primary cause of child abuse. These children usually have distended abdomens, walk on their toes, cannot sit square on their bottoms and may posture in other ways. Encopretic stool has a rancid odor that may spread to other clothes with which the soiled garments are washed. Many of these children also have ADHD and they do not sit on the toilet long enough to defecate fully. Other children cannot be bothered to take a break. Stool softeners, changes in diet and amount of fluid consumed, exercise, and change in attitude of both the parents and child are necessary to correct constipation that leads to this problem (Finn, 2005).

Fecal impaction can occur when constipation causes hard stool to pack the intestine and rectum so tightly that it cannot be expelled with pushing action from the colon. The impaction may be softened with mineral oil and removed with an enema. Physical removal of impacted stool is done for patients who have lost control of their bowels. It can be done by breaking up the softened

stool with the fingers, but it may occasionally be done under sedation or anesthesia to avoid pain and loosen the anal sphincter.

Diagnosis of Constipation

Diagnosis is usually made from the description of symptoms given by the patient. Medical history and physical examination are frequently all that is necessary. Scybala (manually palpable lumps of stool) may be detected on palpation of the abdomen during physical examination. Impression of the anal sphincter tone may be determined on rectal examination. Tests performed depend on duration and severity of the constipation; the age of the person; and whether or not there is blood in the stools, recent changes in bowel habits, or weight loss.

Laboratory studies usually do not play a large role in the original assessment of the patient's condition. However, thyroid stimulating hormone levels may be necessary to rule out hypothyroidism. A serum electrolyte profile is indicated in patients with recent onset constipation and rules out an acute electrolyte imbalance. It may also be helpful for chronically constipated patients when initial medical treatment fails, as inflammatory, metabolic, and other disorders must be ruled out. Leukocyte counts are useful when patients present with abdominal pain or fever. Fecal occult blood should be checked in chronically constipated middle-aged or elderly patients to rule out obstructing neoplasm of the colon.

Imaging studies may be used to evaluate causes of chronic constipation, but X-rays of the abdomen are usually performed only when bowel obstruction is suspected or on hospitalized patients. Because the large intestine does not show up well on X-ray studies, a barium study may be used in patients with suspected colonic obstruction. This allows viewing of the rectum, colon, and the lower part of the small intestine.

Colonoscopies and sigmoidoscopies may also provide valuable information and assessments. Colorectal cancer must be ruled out in older adults. Colorectal transit studies (show how well food moves through the colon), anorectal function tests (determine functioning of the anus or rectum), and defecography (evaluates completeness of stool elimination) are usually reserved for cases of severe symptoms, sudden changes in the number and consistency of bowel movements, blood in the stool, and older adults (Holson and Gathers, 2007; NDDIC, 2006).

Prevention and Treatment of Constipation

Constipation is easier to prevent than to treat. Constipation does not occur overnight and it usually cannot be relieved overnight. Most people with constipation can be treated with changes in diet and exercise, but treatment depends on the cause, severity, and duration of constipation. Diet with sufficient fiber helps the body form soft, bulky stools. High fiber foods such as beans, whole grains, bran cereals, fresh fruits with skin on, dried fruits, raw vegetables, nuts, and seeds provide the 20 to 35 grams of fiber needed each day. Foods that have little or no fiber should be limited or avoided. These foods include ice cream, cheese, meat, and processed foods. Peeled, cooked, or pureed fruits and vegetables have less fiber. Dietary changes can both treat and prevent constipation.

Lifestyle changes may be necessary. Drinking enough water, fruit and vegetable juice, and clear soups to prevent dehydration will prevent and treat constipation. Daily exercise and allowing or reserving enough time to have a bowel movement are important. Ignoring the urge to have a bowel movement must be avoided. Exercise helps keep muscle tone optional and activity as simple as walking helps combat constipation. Hill climbing; climbing stairs or a ladder; sports such as tennis, rowing, medicine ball bouncing; or chopping, digging, swinging, and mowing are useful activities. Folk and square dancing and horseback riding are other options.

If making lifestyle changes does not alleviate constipation, laxatives may be necessary for a limited time. Laxatives are taken by mouth are available in liquid, tablet, gum powder, and granule form. There are various mechanisms by which they work. Bulk-forming laxatives, also known as fiber, are taken with water and make the stool softer. They are considered to be the safest laxative, but can interfere with absorption of some medications. Rhythmic muscle contractions in the intestines are caused by stimulants. Osmotics promote retention of water within the bowel lumen. This type of laxative is helpful for people with idiopathic constipation.

Stool softeners moisten the stool, lubricants grease the stool, and saline laxatives draw water into the colon for easier passage of stool. Chloride channel activators increase intestinal fluid and motility that help stool pass. Serotonin is a neurotransmitter found mostly in the digestive tract. Serotonin agonists help intestinal muscles work correctly when low levels of serotonin cause a slow-moving digestive system. People dependent on laxatives should slowly stop using them, and in most cases the natural ability of the colon to contract will be restored.

Other treatments may be indicated depending on the cause of constipation. Suppositories and enemas, which empty the lower intestine, are necessary in some cases. However, unless there is stool in the rectum they will not be effective. Discontinuing medication contributing to constipation may be indicted, or surgery to correct an anorectal problem or bowel obstruction may be necessary. Biofeedback can retrain muscles that control bowel movements (AGA, 2008; NIDDIC, 2006; NDDIK, 2007; Peura, 2007-2008).

NAET® and Constipation

NAET® philosophy holds that symptoms can result from energy blockage. Continuous blockage of energy pathways can cause poor body function and severe symptoms. NAET® treatments can remove blockages in the energy pathways, restoring normal energy circulation through the energy channels and allowing the brain to work. The brain coordinates the body so that it functions efficiently and appropriately. If the brain does not coordinate vital organs, physiological function of these organs is impaired.

When energy circulation is blocked or reduced, toxic build-up occurs in organs. In the gastrointestinal system, this build-up can lead to impaired nutrient absorption, indigestion, weight problems, hypercholesterolemia, high triglycerides, diabetes, hypoglycemia, abdominal bloating, abdominal pains, colitis, irritable bowel syndrome, ulcers, fatigue, body aches, flatulence, and constipation. Restoration of energy circulation with NAET® treatments can relieve these symptoms.

The digestive system can be adversely affected by allergies, and food and environmental substances are often the cause. Numerous different possible symptoms can result, with constipation, fecal impaction, and itching of the anus among them. Many times the foods or medications that people use to keep their bowels moving are offenders. Grains and bran are used as a fiber source to prevent constipation. Allergy to grains will cause them to be totally ineffective. Laxatives are nearly always used and abused in cases of constipation, and people can be allergic to them. Removal of these offending foods and medication followed by avoidance can clear up the allergies and the constipation. However, NAET® treatments for these food and medication allergies will also clear up the allergies and constipation. Subsequent exposure to these substances will cause no symptoms.

NAET® treatments for vitamin C and drinking water can help reduce constipation. Vitamin C will encourage regular bowel movements and it is imperative that it be tolerated. Bowel tolerance vitamin C can cause a laxative effect as can sufficient magnesium supplementation. Magnesium supplements should be tested and treated if necessary. Drinking sufficient tolerated water will both relieve and prevent constipation. Many times patients do not tolerate their main source of drinking water, and NAET® treatments for their water allow them to be safely hydrated.

Allergic reactions to contactants are produced when they are in direct contact with the skin. Symptoms are different in each person, and can be as devastating to the patient as allergens that are ingested or inhaled. Constipation is among symptoms that can result from a contactant allergy. Clothing, particularly that worn around the waist like elastic, can be a contactant allergy. Underwear for both men and women is frequently made from cotton. Many people are allergic to cotton, which is supposed to be a “safe fabric,” but as a contactant allergy can cause constipation. NAET® treatments for elastic, clothing, and fabrics can render them safe, removing the offending allergy and alleviating the constipation.

Environmental substances such as heavy metals can adversely affect the large intestine and cause constipation. NAET® can be used to treat allergy to

metals and all types of chemicals, thus resolving the allergy and relieving constipation.

Emotional issues can play a large role in constipation. People can have allergies to actions and interactions of every day life, causing interruption in flow of energy. The resulting tension can affect bodily functions, including movement of the bowels. Fear, anger, lack of self-esteem, and feeling of inferiority are among negative emotions that can affect body function. NAET® treatments for emotions can relieve and restore body functions of many kinds, affecting many different body systems.

NAET® treatments with sarcodes can also help relieve constipation. Sarcodes are a homeopathic preparation made from healthy tissue, and treatment with them gives the body the message for the proper functioning of tissues. Sarcodes for the organs of the digestive system, particularly the intestines, can help restore function, alleviating constipation (Nambudripad, 2002; Taylor, 2005).

NAET Constipation Balance and More herbal formula is highly recommeded during the early stages of allergy clearing to establish the healthy and normal bowel habits. This herbal formula can be ordered from www.naet.com.

Conclusion

Constipation can have many causes and while it usually is not life threatening, its effects on sufferers can cause their lives to be a challenge, as well as impacting on their quality of life. In some instances constipation can signal serious health problems. Symptoms of constipation may vary from person to person, and normal bowel function for one may not be normal bowel function for another. People of all ages can have constipation, and many of them never seek medical advice or care for the condition. Children, women, and the elderly can be particularly affected. Constipation should be prevented to avoid the lengthy treatment that is sometimes necessary. Lifestyle changes can in many cases both relieve and prevent constipation. For severe constipation with serious accompanying health problems, more extreme intervention is required. NAET® with its extreme versatility can treat food, environmental, and emotional allergies that affect the digestive system. It is of great value in relieving and preventing constipation.

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WWW. naet.com

For Reprints:

Frances A. Taylor, MA, CHom
Los Alamos Medical Center, Suite 136
3917 West Road
Los Alamos, NM 87544
E-mail FTallergy@aol.com