

Emory

## Treatment Plan 19/4/2018

### Short Term

No. 1 goal is to get the bowel moving – Emory needs to drive this, take control of what goes in. What comes out is only as good as what goes in.

#### Food

- Increase water intake – 2L/day
- Remove Dairy – 3 weeks – see handout on Dairy Free – almond/soy/rice/nut milk.
- Increase veggies/raw – 5 serves/day. 1 serve = 1 cup. Make veggies part of every meal – aim for at least ½ plate of veggies/meal
- Increase fibre – berries, cauliflower, avo, pears, broccoli, brussels sprouts, chia seeds, flaxseeds to breakfast, kiwi's, prunes, passionfruit.
- Less high sugar cereal and instead toast w nut butter, eggs and frittata w veggies for brekkie...
- Liquorice/liquorice tea, liquorice lollies

#### Other

- Discuss anatomy w E – he must be on board. – google Tatora – principles of anatomy & physiology for pics to download – the digestive system.
- **Complete Full Blood Count with GP, including Coeliac Serology and thyroid as requested by Dr Lemburg, Aug 2016**
- Foot stool while evacuating.
- Pelvic Floor Exercise to assist bowel evacuation. – specialist Angela James (bondi) not paediatrics but knows all the contacts around Sydney
- Investigate bowel transit time suing corn/beetroot test
- **Investigate male reproduction w GP**
- Integrative GP Dr Christel Romano (Belrose) or Dr Vial (Mona Vale)
- Suggest possible time off school while his bowel is being evacuated using Movicol, so child doesn't have to stress and worry about accidents at school.

#### Supplements/herbs

- 20 drops Iberogast in 100ml water x 2 times /day.
- Vata tea/liquorice tea
- If possible add 3 drops Valerian to ether juice or Iberogast solution
- ???Can try pHGG – partially hydrogenated guar gum as a pre biotic – less bloating than Iberogast...iHerb.com (see research paper for info  
<https://www.ncbi.nlm.nih.gov/pubmed/12781858>)

#### Long Term

- Stool analysis – Genova Diagnostics \$600 – gives overview of the dominant species in the gut. Or Ubiome.
- Food intolerance testing – IgG/IgA/IgE – Maeve can do this

SIBO Test?

- Integrative GP to investigate Hirschsprungs disease (intestines/missing nerve/problems passing stool), and Ehler Danlos Syndrome (hypermobility connective tissue disorder could move to gut)
- Homeopath – Penny Barron or Bernadette English, Brookvale – constitutional remedy in water. Can meet without the child.
- Psychologist

## CONDITION - CONSTIPATION

### Compulsory reading:

Read the following sections:

- Osiecki H. *The Physician's Handbook of Clinical Nutrition*.
  - Chronic constipation

### Highly recommended reading:

Review the following section:

- Murray, M., & Pizzorno, J. *An encyclopedia of natural medicine*
  - Elimination and colon function

### Consider!

- 'On average, we eliminate between 100 and 150 grams of faecal matter a day'
- 'A person with a healthy digestive system has stools that are big, round, softish and not horrible smelling. Sure, they're not going to smell like roses...'
- 'When we say that stools should be big we mean not thin and snakey or ribbon like. If they're the latter, your bowel is straining too much to move things forward and is perhaps not relaxed enough, especially at the exit point.'
- 'But the question on everyone's mind is, how *often* should I have a movement? Well, everyone's different, but there's no question that it's generally good to have *at least* one movement a day.'<sup>1</sup>

Sauers J. *Gut reactions*.



## Aetiology<sup>2</sup>

Causes of constipation	
Dietary	Highly refined and low-fibre foods, inadequate fluid intake
Physical inactivity	Inadequate exercise, prolonged bed rest
Pregnancy	
Advanced age	
Drugs	Anaesthetics, antacids (aluminium and calcium salts), anticholinergics (bethanechol, carbachol, pilocarpine, physostigmine, ambenonium), anticonvulsants, antidepressants (tricyclics, monoamine oxidase inhibitors), antihypertensives, anti-Parkinsonism drugs, antipsychotics (phenothiazines), beta-adrenergic blocking agents (propranolol), bismuth salts, diuretics, iron salts, laxatives and cathartics (chronic use), muscle relaxants, opiates, toxic metals (arsenic, lead, mercury)
Metabolic abnormalities	Low potassium stores, diabetes, kidney disease
Endocrine abnormalities	Low thyroid function, elevated calcium levels, pituitary disorders
Structural abnormalities	Abnormalities in the structure or anatomy of the bowel
Bowel diseases	Diverticulosis, irritable bowel syndrome (alternating diarrhoea and constipation), tumor
Neurogenic abnormalities	Nerve disorders of the bowel (aganglionosis, autonomic neuropathy), spinal cord disorders (trauma, multiple sclerosis, tabes dorsalis), disorders of the splanchnic nerves (tumours, trauma), cerebral disorders (strokes, Parkinsonism, neoplasm)
Enemas (chronic use)	

## Risk Factors<sup>3</sup>

- Poor intake of fibre and fluids
- Structural conditions including diverticular disease or tumours
- Irritable bowel syndrome
- Stress and lack of exercise
- Poor or altered liver function and/or gut flora
- Hypothyroidism, pregnancy
- Side effects of medicines (see Osiecki for details)
- Alteration of bowel muscle function – particularly in ageing patients
- Jamison notes that constipation may be associated with calcium supplements<sup>4</sup>
- Some patients become constipated after starting iron supplements – while others suffer loose bowel motions

## Signs and Symptoms

- Bowel movements are hard to pass, painful, infrequent or erratic
- Abdominal, bowel & rectal pain
- May be accompanied by feelings of fullness leading to a reduced desire to eat, bloating and fear of passing motions
- If haemorrhoids present – rectal swelling and/or bleeding

### Differential diagnosis

- IBS, Crohn's disease, ulcerative colitis should all be ruled out if there is blood in the faeces
- May be experienced pre-menstrually

### Diagnosis

- By case history

### Laboratory Tests

- Complete Digestive Stool Analysis

### Treatment Strategy

- high-fibre diet
- adequate fluid intake
- exercise
- If patients have been using stimulant laxatives, including *Cascara sagrada* (*Rhamnus purshiana*) or senna (*Cassia senna*), they will need to "retrain" their bowels. The recommended procedure will take 4–6 weeks.

Rules for bowel retraining <sup>2</sup>
• Find and eliminate known causes of constipation
• Never repress an urge to defecate
• Eat a high-fibre diet, particularly fruits and vegetables
• Drink six to eight glasses of fluid per day
• Sit on the toilet at the same time every day (even when the urge to defecate is not present), preferably immediately after breakfast or exercise
• Exercise for at least 20 minutes, three times per week
• Stop using laxatives (except as discussed below to re-establish bowel activity) and enemas
• Week 1: Every night before bed take a stimulant laxative containing either cascara or senna. Take the lowest amount necessary to reliably ensure a bowel movement every morning
• Weekly: Each week decrease dosage by 50%. If constipation recurs, go back to the previous week's dosage. Decrease dosage if diarrhoea occurs

### Drug Therapies

- Laxatives or stool bulking agents may be prescribed



## Complementary and Alternative Therapies

- Education -proper dietary sources of fibre
- Adequate fluid intake – clear fluids including water and herbal teas to 2L per day
- Avoid soft drinks and fruit juices to minimise fermentation
- Cathartic or bowel stimulating herbs such as Cascara, Dandelion root, Senna pod, Butternut (Juglans cinerea)
- Liver / bitter herbs including – Bupleurum, Globe artichoke, Schisandra, Picrorrhiza or Gentian
- Muscle relaxant herbs including Valerian and Chamomile also work well in stressed patients – give at night only

## NUTRITION<sup>3</sup>

### Nutrients to consider:

For suggested dosage refer compulsory reading or other support material

- Fresh fruit and vegetables in abundance
- Foods with laxative properties – prunes, fresh figs, apricots and pawpaw, cooked rhubarb (little sugar)
- Methionine, choline and inositol have lipotropic actions which may stimulate bile
- Magnesium as a muscle relaxant if due to stress

### Foods to consider:

- Probiotic and prebiotics foods
- Beneficial Bacteria may alleviate Constipation:
- Lactobacillus acidophilus is of some benefit to 90% of Constipation patients.
- Lactobacillus plantarum may alleviate Constipation.
- Lactobacillus casei may alleviate Constipation.
- Lactobacillus reuteri may alleviate Constipation.<sup>5</sup>
- Bitter foods to stimulate digestion and bile
- Olive oil or linseed oil may help – patients on very low fat diets may describe constipation
- Psyllium may alleviate Constipation (by adding bulk to stools).
- Barley may alleviate Constipation in up to 79% of cases.
- Rice Bran (17 grams per day) may alleviate Constipation
- Wheat Bran (15 grams per day) may alleviate Constipation (due to the Polysaccharides in Wheat Bran adding to the weight of the Stool).
- Aloe Vera (juice consumed orally) may alleviate Constipation.
- Flax Seeds (2 - 3 teaspoons of ground Flax Seeds meal consumed with Water) may prevent and alleviate Constipation.<sup>5</sup>

Citrus,  
ginger,  
Pepper,  
Cardamom  
Veg: Radicchio  
chicory,  
endive,  
Cauli,  
Brocc.  
Artichokes

Cereals: Amaranth, Millet.

### Dietary considerations:

See above

### Specialised Diets:

Bio Medica Entero care .  
Fluid  
liquorice tea