McMinn Constipation Protocol

What is Constipation? Mayo Clinic defines constipation as passing fewer than three stools a week or having a difficult time passing stools.

Constipation Red Flags: Any of these issues suggest the need for prompt medical evaluation:

-Severe or worsening abdominal pain, especially if constant or associated with guarding or rigidity of the abdomen.

-Constipation with vomiting, significant bloating, or inability/difficulty passing gas

-Blood in the stool, black/tarry stool, or rectal bleeding (beyond a one-off tiny streak clearly due to hemorrhoids).

-Unintentional weight loss, or loss of appetite, especially in older people.

-Fatigue, iron deficiency anemia in the setting of constipation.

-Sudden, unexplained change in bowel habits in a person who has been regular.

-Constipation lasting more than 2–3 weeks despite appropriate self-care measures – like fiber, fluids, movement, OTC agents.

-Needing to use the fingers to extract stool or having difficulty evacuating an enema or suppository.

-Inability to pass gas plus marked distension or rapidly increasing abdominal girth.

-Pencil thin or progressively narrowing stools, particularly if new.

-Persistent fever with constipation, especially with abdominal pain

-A palpable abdominal or rectal mass, unexplained abdominal distention

-New onset constipation in older adults (e.g., >50) or anyone with a strong family history of colorectal cancer, polyps, or IBD- inflammatory bowel disease.

Causes of Constipation:

Some of the more common causes of constipation include lifestyle and diet measures, inadequate hydration, sedentary lifestyle, stress, medications, functional and pelvic floor disorders, structural and obstructive causes, systemic concerns such as neurologic and endocrine issues- such as low thyroid, psychological problems, post-op conditions- such as adhesions, and strictures.

Dr. McMinn's Stepwise Protocol for Constipation

-Review the "red flag" list above.

-Review your medication list with your doctor to make sure that your meds or supplements are not causing the constipation.

-Also, talk to your doctor about the possibility of constipation being a sign of an underlying disease, like hypothyroidism, Parkinson's, MS, or others.

-Drink plenty of water (preferably filtered).

-Diet: In a nutshell- a constipation preventing diet is simply a fiber rich, whole foods diet, eaten on a regular schedule. Focus on a plant based diet, with a abundance of a wide variety of fiber: whole grains (brown rice), raw or lightly cooked fruits and vegetables, beans, nuts and seeds. Don't eat too much at one sitting, and you're your food thoroughly.

-Therapeutic foods if needed: such as Prunes (or prune juice), kiwifruit, ground flax, chia seeds, pears, beans, lentils, and psyllium:

-Foods to avoid: dairy, fried foods, processed foods, refined flours. Limit the binders such as bananas, cheeses and white rice. Also, avoid foods you may be allergic to- common allergies include wheat, dairy, soy, corn, and eggs.

-Regular exercise or movement- sedentary lifestyle is directly related to constipation.

-Address the mind gut connection by addressing anxiety, depression, and stress reduction: See McMinn Stress Management Plan, and McMinn Stress Toolbox in the documents section at McMinnMD.com. Also, check out our recent podcast on the causes of depression at the Wellness Connection MD podcast.

-Probiotics may be helpful. Look for products that have bifidobacteria and lactobacillus.

-If you experience a large dry stool, lubricating anal canal may be very helpful, to reduce pain, and prevent fissures and hemorrhoids. For instance- place a preparation H suppository in the anal canal at night before bed or apply a water-based lubricant or Preparation H ointment right before the bowel movement.

-Glycerin suppositories may be helpful for short term use. They not only provide lubrication, they also draw fluid into the rectum.

-Take time to go to the potty. It may help to sit on the potty and do some sort of relaxation exercise such as biofeedback. Sometimes we are just too much in a hurry and we don't take time to listen to our bowels. If your bowels are telling you to go, then go. Don't put it off. The best time to do this is in the morning after breakfast. A cup of coffee may help speed up the process.

-If you have a large uncomfortable stool, consider sitting on a Squatty Potty.

-Consider seeing a pelvic floor therapist to learn how to relax the pelvic floor muscles.

-If you doctor has determined that it is a motility problem, then here are some motility agents that may be helpful: Iberogast (drops), MotilPro (capsules) by Pure Encapsulations, LDN, Motility Activator, NAC, or low dose erythromycin.

Other Patient-Suggested Therapeutic options. What works for one patient may not work for another. Here are some therapies that have worked for my patients that you may want to consider.

- High doses of oral Vitamin C (titrate up until you get loose stools).
- Zypan- dietary supplement from Standard Process
- AloeVera Capsules
- Super Cleanse (at Whole Foods)
- Fibercon capsules from Amazon herbs
- Heathers Tummy Powder
- Senna Tea- short term use only.
- Internal Flush
- Aloe Lite or Aloe 225 by BioDesign – may be used long term.
- Dr. Christopher's Quick Colon Formula Part 1 – may be used up to 6 months
- Mineral Oil – may be taken by mouth, or inserted into the rectum to lubricate the canal in order to make it easier for a hard, large, dry stool to pass.
- Smooth Move Tea- short term use only.
- Coloxis – excellent mix of different fibers.
- Triphala (Ayurvedic herbal formula for constipation)
- One tablespoon of olive oil every few hours until stooling may also do the trick.
- Aloe Vera Plus
- Atrantil- excellent over the counter herbal formula.
- "Good Belly" liquid probiotics. May be found in may grocery stores.
- Enemas may be needed in some cases.

OK- let's make this super simple for you: These are the top TOP THREE measures that I recommend.

1. Lifestyle measures as mentioned above, especially diet, abundant hydration, stress reduction, and relaxation techniques.

2. Add extra therapeutic fiber- ground flax, chia, psyllium or acacia fiber, prunes, and kiwifruit. Ramp up slowly, and with lots of water.

3. Add magnesium (osmotic agent)

-If mild constipation, then take a product called Calm Magnesium at night, or add Magnesium Citrate – 300mg two to four times a day. Titrate up until you have normal bowl movements.

-If severe constipation, then take Oxypowder. Oxypowder is not intended for steady long-term use.

For more information check out the Wellness Connection MD podcasts called "Constipation 101: Causes, Red Flags, and Practical Solutions."