The Facts About Constipation
And How Knowing the Facts, Can Set You Free
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The Facts About Constipation

Constipation is the most commonly experienced and least commonly treated health problem in the modern world.

This report gives you the answers to the most common questions about constipation in alphabetical order.

Here you will find some of the basic questions about constipation answered in new ways. For instance, nearly everyone knows that prune juice relieves constipation. But not everyone knows that choosing prune juice can help lower risk of breast cancer in women and prostate cancer in men.

Also in this report are some answers to questions you probably don’t know to ask. For instance, constipation can be caused by an allergy to shellfish, and avoiding shellfish sometimes can do you more good than any laxative.

But the first question about constipation always is, “What is constipation, anyway?”

Everyone has an idea of what constipation is, but doctors have difficulty defining the term precisely. Here’s what a leading medical dictionary says:

“A condition in which bowel emptying occurs infrequently or in which the stools are hard and small or where bowel movement causes difficulty or pain.”

Where scholarly definitions disagree is in assigning a number to frequency. How often is often enough?

Everyone has an idea of what constipation is, but doctors have difficulty defining the term precisely. Here’s what a leading medical dictionary says:
“A condition in which bowel emptying occurs infrequently or in which the stools are hard and small or where bowel movement causes difficulty or pain.”

Healthy people may have as many as three bowel movements a day. Alternatively, people who are still healthy (at least for the time being) may have as few three bowel movements a week. But it’s definitely possible to have a bowel movement every day and still be constipated if stools are hard or uncomfortable to pass.

What you need to know is that constipation is any condition of bowel movement that causes you discomfort.

Your personal comfort is the key consideration whether your trips to the bathroom are frequent or seldom. Your personal comfort – or lack of it – is even the best indicator of whether constipation will become a serious health problem.

No matter whether you are “regular” by someone else’s definition, you deserve relief if you experience discomfort. What are the common sources of discomfort in constipation? Here are the most frequent symptoms:

- Abdominal fullness
- Bloating
- Chronic fatigue
- Headache
- Loss of appetite
- Lower back pain
- Weight gain when not overeating
- Nausea
- Pressure in the rectum
- Stomach rumbles
- Weight loss when not dieting

Of course, most of the symptoms can be caused by conditions other than constipation. Here’s how you can know for sure.
If you have stomach pain when you pass stools, it’s highly likely you are constipated.

If you have a feeling of fullness even after you evacuate your bowel, you are definitely constipated.

If you see bright red blood on toilet tissue after bowel movement, you almost certainly have been constipated for a long time. (And if you see dull red blood in your stool, you should consult a physician as soon as possible.)

The discomfort of constipation can continue for weeks or months or years at a time. Ongoing constipation becomes chronic.

And chronic constipation is a condition you should take special care to treat, because it can lead to:

- Diarrhea, as the fluid contents of the digestive tract flow around the hard mass of stool in the center of the intestine,
- Hemorrhoids, swollen veins in and outside the rectum that can cause pain or bleeding,
- Hernia, bulging of the abdominal contents through a weak point in the wall of the abdomen,
- Laxative dependency, a condition in which taking more and more of a laxative has less and less benefit,
- Osteoporosis, when impacted stool keeps the intestine from absorbing calcium,
- Prolapse, or turning outward, of the uterus in women or of the rectum in either sex, resulting from straining of abdominal muscles and even,

And even worse, constipation can be a risk factor for cancer. When waste matter moves slowly thought the colon, disease-causing bacteria have more opportunities to reconstitute estrogen and testosterone the liver has broken down.
These reassembled hormones return to circulation. The resulting excess testosterone stimulates abnormal growth of prostate tissue in men. The resulting excess estrogen stimulates abnormal growth of breast tissue in women.

One epidemiological study found that chronic constipation is a risk factor in colon cancer.

Middle-aged persons who are constipated enough “to have to take something” once a month are twice likely to develop the disease as those who never have to take laxatives. Middle-aged adults who have to take laxatives once a week are 4 times as likely to develop the disease.

And constipation doesn’t just increase cancer risk. Chronic constipation can lead to incontinence.

An article published in June 2005 in *Chinese Medical Journal* reported that he muscle strain caused by chronic constipation increases the risk of urinary incontinence in women by 140 to 370%.

Constipation’s effects on the integrity of the bladder can be even worse in some cases. The connections between chronic constipation and urinary incontinence are higher among women who have delivered more than two children, who take diuretics, or who are over normal weight.

Constipation can lead to “overactive bladder” in both men and women. Of course, it can even lead to both cancer and overactive bladder.

What can you do about constipation? That’s what this e-book is about. For the next fifty pages you will find alphabetical entries for common concerns about constipation. You’ll get the understanding you need to follow the simple recommendations of each section, amplifying the benefits of the products you buy at this site.
Baby’s Constipation

Constipation is a condition in which stools become hard and firm. Sometimes as infants are weaned from breastfeeding or a mostly-milk diet, the changes in stool result in constipation.

Fortunately for babies and parents alike, baby’s constipation usually is easy to treat.

Babies basically in good health may have bowel movements often as three times a day or as seldom as once a week. The problem is not so much that bowel movements are infrequent as constipation causes the infant to strain to pass stool.

Large and hard stools can cause painful bowel movement. Cracks, more technically termed fissures, may appear around the anus. Baby’s constipation causes the area around the anus to become itchy and inflamed. The infant can cause constant pain.

To avoid anal irritation, baby may hold back stools. Constipation makes the digested food stay longer in the intestine. Food becomes harder and harder and more and more impacted.

What about allergies and food sensitivities?

If your baby is sensitive to certain foods, the longer the stool remains in the colon, the more likely it is to cause allergic reactions. Baby’s constipation may also cause colic, because the large, bulky stools in the large intestine cause the organ to dilate. Baby will not want to eat and may become nauseated.
So what can parents do? Generally speaking, laxatives are not a good idea.

Laxatives never should be given to babies unless the child experiences discomfort. But discomfort during bowel movement should be treated quickly – without laxatives – to stop a vicious cycle before it begins.

Here are some positive steps:

Check to make sure you are making formula correctly. Read the label. Too little water in formula can cause baby constipation.

Gently massage your infant’s tummy. Begin at the belly button. Move in circles outward several inches. Do not do massage if baby appears to be in pain.

Give baby a bath. Warm water relaxes muscles and makes bowel movements easier. Just be sure to dry your baby’s bottom carefully and treat any peri-anal inflammation with Vaseline.

Give baby plenty of fluids. Water that has been boiled and then cooled to room temperature is best.

Place your child on his or her back, and slowly and gently move his or her legs in a cycling motion. This cycling motion places gentle pressure on the intestines and relieves baby’s constipation by making the bowels move.

What shouldn’t parents do?

Never, ever use a rectal thermometer to stimulate bowel movement. Placing anything inside the anus can cause damage to delicate tissues.
And as you remember these do’s and don’ts, remember that diet makes a difference.

Bottle-fed babies are more likely to become constipated than breast-fed babies. That’s because cow’s milk is harder to digest than mother’s milk. Stools of bottle-fed babies are likely to be thicker and greener than stools of breast-fed babies.

Breastfed babies typically have bowel movements several times a day until they are 3 or 4 months old. Their stools are softer and have a yellow color.

When baby is ready for solid food, consider the 4 P’s: Peaches, plums, prunes, and pears.

These fruits contain sugars that draw fluid into the lumen, or central cavity, of the large intestine and soften fecal matter.

If you give baby the 4 P’s, however, be sure also to give baby water. There has to be fluid in circulation before it can be drawn into the lumen. And if your everyday routine is giving baby rice cereal, constipation may result—cream of rice is devoid of fiber.

Be sure to give baby vegetables and porridge as well as milk and meat. The fiber in vegetables and cooked cereals goes a long way toward preventing baby’s constipation.

Making sure your baby’s constipation is treated can prevent a lifetime of problems. Fluid, fiber, and gentle activity in a loving environment are the best tonics for your baby’s digestive health.
Calcium and Constipation

Most people would be surprised to learn that constipation is a major contributing factor in osteoporosis, and that good bowel health is important to good bone health. Constipation keeps the colon from absorbing the calcium you need for healthy bones—and often calcium supplements are constipating. What can you do to maintain good health of both colon and bone?

Sometimes a simple change of supplements is all that’s required. Not all calcium supplements cause constipation to the same degree. Calcium citrate (products like Citracal®) are absorbed more effectively than the less expensive calcium carbonate supplements.

Or if you can’t afford the more expensive calcium supplement, take your calcium when you drink juice. The acid in the juice becomes alkali in your digestive tract, and allows more calcium to be absorbed and less calcium to form complexes that harden stool.

Calcium and constipation are important concerns while you’re on the South Beach or Atkins diets. This is true even if you consume a lot of high-calcium foods. That’s because your body has difficulty retaining calcium if you’re on an “acidic” diet. That is, if you eat a lot of meat, and especially if you indulge in hard cheeses or smoked fish, and you don’t get your veggies, your kidneys tend to release calcium. If you aren’t getting calcium into your system because you’re constipated, the loss of calcium is that much worse.

Some foods permitted on weight reducing diet plans cause constipation if you don’t drink enough water, but relieve constipation if you do. Foods that contain insulin (a starch not to be confused with insulin), such as Jerusalem artichokes (sun chokes),
Belgian endive, radicchio, leeks, and onions, provide food for the helpful bacteria that live in the gut.

These bacteria form a mass that makes the stool easier to move, provided there is enough water available to soften it. When there is adequate hydration, insulin helps the lining of the colon absorb calcium. And when the colon absorbs calcium, the risk of colon cancer is reduced.

These foods offer many benefits beyond the absorption of calcium. They stimulate the immune system. They kill disease-causing bacteria in the colon. They reduce the risk of hardening of the arteries by lowering the production of fatty acids and triglycerides. They lower blood sugars and help prevent gout.
Constipation in the Elderly

Constipation is a common condition in the very young and the more mature. This exceedingly common condition is most often a problem for infants, toddlers, and persons over the age of 55.

Everyone knows what chronic constipation is, but doctors have difficulty defining the term precisely. Here’s what the dictionary says:

“A condition in which bowel emptying occurs infrequently or in which the stools are hard and small or where bowel movement causes difficulty or pain.”

Where definitions disagree is in assigning a number to frequency. Generally speaking, healthy people may have as many as three bowel movements a day or as few three bowel movements a week. But it’s possible to have a bowel movement every day and still be constipated if stools are hard and difficult to pass.

Basically, constipation is any condition of bowel movement that causes you discomfort, whether your trips to the bathroom are frequent or seldom. Chronic constipation is having that discomfort all the time.

What is different about constipation in the elderly is that failure to treat the condition can have serious consequences that can be very hard to manage. The consequences of constipation in the elderly aren’t limited to hemorrhoids, hernia, and laxative (a condition in which you have to take more and more of a laxative for less and less effect).
Straining at stool can cause prolapse (turning outward) of the uterus in women and of the rectum in both men and women. The extremely painful testicular swelling known as hydrocele can plague men who do not treat constipation. And constipation in the elderly can lead to urinary incontinence and the need to use a catheter if straining breaks down muscles.

What can be done about constipation in the elderly?

First of all, make sure medications aren’t the problem. Ask the doctor about alternatives to medications that may be causing chronic constipation. Bowel-blocking medications include painkillers that contain codeine or hydrocodone (such as Vicodin), antidepressants, antacids that contain aluminum, iron supplements, and some drugs used to treat Parkinson’s disease.

If medications aren’t causing constipation in the elderly, the next most important thing to do is to make sure you drink at least 8 glasses of water a day. Dry stools are hard to pass. Drinking water is more important than any other change to your diet.

Fiber, however, can help a great deal. Fiber from fruits and vegetables is always more beneficial than any fiber supplements. That’s because fruits and vegetables offer fiber in small doses. There’s enough fiber to contribute to regularity but not so much fiber as to create its own clogs in your colon.

If you take a fiber supplement, always start with the smallest possible dose. It’s better to build up to taking enough fiber to increase regularity. Slowly increasing dosage helps you avoid problems with bloating and gas.
Soluble fiber relieves constipation slowly. Insoluble fiber relieves constipation quickly. Both kinds of fiber are beneficial in chronic constipation.

Certain foods contain substances other than fiber that relieve constipation. The best-known food remedy from chronic constipation is prunes. Prunes and prune juice contain sorbitol and other sugars that are only slowly absorbed into the bloodstream. While the sugars sit in the intestine, they draw water into the lumen, or central cavity, of the organ, softening and loosening stools.

Prunes are not really a laxative – and laxatives are generally not a good idea. The effect of any stimulant laxative, herbal or synthetic, diminishes with use.

It’s essential not to use any stimulant laxative for more than 2 weeks at a time. Avoid using fiber and stimulant laxatives at the same time.

What else can you do to fight chronic constipation?

Experts advise that one of the best ways to establish regularity is to set aside a regular time, every day, to attempt to evacuate your bowels, immediately after a meal. In most cases of constipation in the elderly, the best time to try to have a bowel movement is immediately after breakfast.

Sit on the commode for at least 10 minutes every day, whether your bowels move or not. Eventually, your body will attempt to take advantage of the opportunity to evacuate the bowel, if you are taking other steps to maintain bowel health.
Constipation with Irritable Bowel Syndrome

Irritable bowel syndrome, also known as IBS, is a problem mainly centered in the bowel (also known as the large intestine).

The bowel is where stools are formed. The muscles surrounding the bowel are equipped with sets of nerves that activate them to hold stool in place, and sets of nerves that activate them to push stool down the digestive tract to be expelled as waste.

IBS is a nerve condition.

In IBS, the nerves in the bowel are supersensitive, but they are not equally supersensitive. Sometimes, added pressure on the bowel from eating food will activate nerves that push stool forward. This causes diarrhea.

Other times, added pressure on the bowel from eating food will activate nerves that hold stool in place. This causes constipation with irritable bowel syndrome.

In IBS, constipation and diarrhea alike are usually painful. Either constipation or diarrhea in IBS can be accompanied by bloating, fatigue, and uncontrollable flatulence.

Fortunately, it’s possible to control constipation with irritable bowel syndrome by simple dietary changes. Consider it an IBS eating plan.

The first thing you need to do is to identify the foods that trigger constipation with irritable bowel syndrome for you.
Dairy products are the most common culprit. Not all dairy products are equally injurious, however. Cultured dairy products, like yogurt, are a good source of calcium and much easier on IBS. Just avoid over-doing the yogurt so you won’t have problems with bloating and gas.

Most diets for irritable bowel syndrome leave out beans, lentils, and raw fruits and vegetables. The gassiness they produce can activate the nerves that cause constipation with irritable bowel syndrome.

You should eat fruits and vegetables, however, to help get enough fiber for regularity.

It’s essential to avoid stimulants. Coffee, colas, tea, and tobacco can aggravate either constipation or diarrhea in IBS. Decaf coffee, tea, and cola can have the same effect.

It’s hard for most of us to get our minds around the fact that fiber can help relieve both constipation and diarrhea.

You should consider taking a fiber supplement, particularly if you experience alternating diarrhea and constipation with irritable bowel syndrome.

During diarrhea, fiber soaks up excess fluid and makes the stool firmer so that it moves more slowly. During constipation, fiber bulks up the stool and gives the bowel wall the traction it needs to expel the mass downward.

Finally, remember: If it’s possible, relax after a meal. Or if you can’t relax, eat slowly and in small amounts.
Too much food can set off symptoms, especially constipation, with irritable bowel syndrome. Eat small meals whenever possible.

Here’s one other consideration: If you suffer the various symptoms in addition to diarrhea and constipation with irritable bowel syndrome, make sure the problem is really IBS.

Celiac disease, a sensitivity of the lining of the bowel to the gliadin proteins found in the gluten of wheat, rye, and barley mimics IBS.

If your symptoms are worse after you eat foods bread or cereals, consider trying a gluten-free diet for a few weeks to see if there is improvement.
Constipation and Lower Back Pain

Lower back pain and constipation often accompany one another. Constipation contributes to a condition doctors and chiropractors classify as “non-specific” or “simple” back pain. That is, constipation often results in lower back pain when no other cause of back pain is obvious.

“Non-specific” back pain, however, does not mean the mild back pain. The stress on the back caused by constipation can range from moderate to excruciating.

How can you tell if lower back pain is caused by constipation. If the pain is localized in one area of the lower back, spreading to the buttocks or thighs during the worst attacks, then constipation is probably the culprit. Often when constipation is the cause of lower back pain, a cough or a sneeze makes pain much worse. Also when constipation is the cause of back pain, pain is relieved by lying down.

Constipation causes lower back pain in an astonishing 95% of cases. The twisting movements people endure to help their bowels move can be as damaging to the lower back as chronically bad posture or heavy lifting.

What's the best treatment when lower back pain accompanies constipation?

Laxatives are not a good idea. This is especially true of some of the stronger herbal laxatives, such as senna and rhubarb root; cascara sagrada is even less desirable.

The way laxatives make the bowels move is by paralyzing some muscles and stimulating others. The imbalance needed to force stool outward can trigger back spasms.
It’s much better to drink more water, eat more fruits and vegetables, and take small amounts of fiber supplements. Fluid and fiber don’t relieve constipation right away, but they will not set off back spasms, either.

The other thing you can do to avoid constipation when you have lower back pain is to choose your pain relievers carefully. Vicodin, in particular, causes constipation. Aspirin and ibuprofen usually do not.

The good news about your lower back pain is that it usually goes away in a week or two. See other articles on this site for information about avoiding constipation and staying pain free.
Foods that Cause Constipation, Foods that Relieve Constipation

Constipation can have many causes, but diet is always an important factor.

There are certain foods that cause constipation in many people, just as there are foods that relieve constipation just as effectively as—although much more slowly than—fiber supplements, laxatives, and stool softeners.

What are the foods that cause constipation?

In people who have irritable bowel syndrome (IBS), the nerves in the lining of the bowel react to lectins, or identifying proteins, in certain foods.

The lectins make these foods have the same effect on the bowel as a medication containing opium, such as paregoric. Commonly constipating foods in IBS include wheat, dairy products, beef, pork, and lamb.

People with sensitivity to the gliadin or gluten protein in wheat, barley, and rye can experience alternating constipation and diarrhea, along with varying degrees of intestinal inflammation, weakened immunity, and chronic headaches.

These symptoms can be relatively mild but still caused by celiac disease.

When the problem is celiac disease, the answer is eliminating ALL gluten protein from the diet. Other foods do not aggravate condition.

What about the rest of us? For most people, constipation has more to do with not drinking enough water or not getting enough exercise, taking too many laxatives or
avoiding trips to the bathroom. There are, however, foods that can cause—or relieve—constipation in nearly anyone.

Some foods cause constipation if you don’t drink enough water, but relieve constipation if you do.

Foods that contain insulin (a starch not to be confused with insulin), such as bananas, chicory, leeks, and onions, provide food for the helpful bacteria that live in the gut.

These bacteria form a mass that makes the stool easier to move, provided there is enough water available to soften it.

When there is adequate hydration, insulin helps the lining of the colon absorb calcium. And when the colon absorbs calcium, the risk of colon cancer is reduced.

Fiber supplements to treat constipation, incidentally, can cause constipation if you don’t drink the recommended eight glasses of water a day.

What are the foods that relieve constipation?

The old standby for relief of irregularity is the prune.

Prunes are dried plums. Dried prunes are approximately 6 percent fiber, but prune juice (which is made from dried prunes) contains no fiber at all.

Prunes promote regularity by providing simple sugars that draw fluid into the intestine. The additional fluid makes stool softer and easier to expel.
Prunes do not cause spikes in blood sugar, because their natural sweetening agents are fructose and sorbitol rather than sucrose, better known as “white sugar.” Too much sorbitol, of course, can cause diarrhea.

Baby’s constipation may be relieved by the four P’s, prunes, plums, pears, and peaches, as well as apricots. Breastfed babies seldom develop constipation, but milk fed babies often do.

In infants, constipation can become a vicious cycle. Cracks develop around the anus, so the baby withholds stool, worsening the painful cracks.

Giving baby the four P’s as food that relieve constipation and making sure the child consumes a variety of foods in addition to milk slowly relieves the condition. It is also helpful to gently massage the baby’s tummy and to alternate water with milk.

Wheat bran is considered a popular food that relieves constipation in adults, but it may not be best.

Many people suffer mild sensitivity to gluten that can cause alternating constipation and diarrhea. For people with this condition, called celiac disease, wheat products aren’t the solution, they’re the problem.

Even if you aren’t sensitive to wheat, the fiber in wheat bran is only effective if you eat the bran by itself, not if you eat it with other foods. Eating any bran food by itself can aggravate constipation.

Better than wheat bran are psyllium, citrus fiber, or slippery elm. And best are the remedies you find elsewhere on this site.
Low-Carb (Atkins) Diets and Constipation

Millions of people have lost weight on the Atkins diet. Constipation, unfortunately, is a common side effect. You don’t have to sacrifice regularity, however, to stay on an Atkins plan. You just have to be sure to eat the low-carb, high-fiber foods your diet permits.

Your success on the Atkins diet depends on cutting out high-carb foods like potatoes, rice, and bread. Since the body uses carbohydrates as its preferred energy source, when you don’t consume the carbs, it has to use protein and fat instead.

Burning proteins and fats produces ketosis, and increases your body’s need for water. The Atkins diet requires you to drink eight glasses of water a day. Not only does this flush the ketones out of your system, it’s the most important thing you can do to stay regular.

It’s also important to remember that the diet permits you to eat all you want of high-fiber vegetables. They do contain carbs, but they won’t slow down your weight loss.

Celery sticks, for example, are a mostly-carb food. They’re permitted on the diet because they contain extremely low levels of carbohydrate, they offer other nutrients, and their fiber promotes colon health and regularity.

It’s important to stay regular while you’re on the Atkins diet even if you consume a lot of high-calcium foods. That’s because your body has difficulty retaining calcium if you’re on an “acidic” diet. That is, if you eat a lot of meat, and especially if you indulge in hard cheeses or smoked fish, and you don’t get your veggies, your kidneys tend to release calcium. If you aren’t getting calcium into your system because you’re constipated, the loss of calcium is that much worse.
Some foods permitted on the Atkins diet cause constipation if you don’t drink enough water, but relieve constipation if you do. Foods that contain insulin (a starch not to be confused with insulin), such as Belgian endive, radicchio, leeks, and onions, provide food for the helpful bacteria that live in the gut.

These bacteria form a mass that makes the stool easier to move, provided there is enough water available to soften it. When there is adequate hydration, insulin helps the lining of the colon absorb calcium. And when the colon absorbs calcium, the risk of colon cancer is reduced.

Dr. Atkins himself noted that it’s easy to treat constipation with supplements made with psyllium or flaxseed. Additionally, vitamin C and magnesium supplements also relieve constipation, and they have other nutritional benefits as well.

Just be sure not to use fiber supplements that have been sweetened with sugar, and don’t overdo. Always start with one capsule a day work up to the maximum dosage to prevent bloating and gas as your body adjusts to the diet and to the new source of fiber.
Mineral Oil for Constipation

Mineral oil is a lubricant laxative. It coats the bowel with a waterproof film that keeps water in the stool. The additional fluid in stool helps it slide through intestine.

Mineral oil is the primary ingredient in Haley’s MO. It’s also found in products for treating hemorrhoids, diaper rash, in laxatives, and in preparations for removing eye makeup.

Mineral oil for constipation is a safe and effective remedy, but it’s also easy to use too much. There are also situations when you should not use mineral oil at all.

In general, you should not take any kind of laxative if you have any symptoms of appendicitis or inflammatory bowel disease.

That is, you should not take laxatives when there is abdominal pain, bloating, cramping, nausea, vomiting, or soreness.

Mineral oil for constipation is considered an essentially nontoxic remedy. If you take a great deal more, perhaps 10 times, the recommended dosage, you could experience drowsiness.

A very large overdose could also lead to constipation, and since mineral oil acts by keeping water in the stool and out of the bloodstream, you could become dehydrated. Most of the time, the first sign of dehydration is unusually dark urine.

The remedy?, it’s simple. Stop taking mineral oil, and drink extra water.
When dehydration is severe, the use of mineral oil for constipation is typically only one of many factors.

Other signs of dehydration are a dry or sticky mouth, sunken eyes, and in infants, a markedly sunken fontanel, the soft spot on the top of the head. If you see signs of dehydration in an infant, offer the child water and seek medical attention at once.

Are there dietary dangers of mineral oil for constipation? The medical literature identifies just one.

The digestive tract of a child who receives mineral oil can absorb the vitamin A found in dairy products and fish but they cannot absorb the beta-carotene found in dark green leafy vegetables, pumpkins, squash, carrots, and oranges.

Children who are given mineral oil should also be given milk.

There are no reports in the medical literature of adults who have experienced any kind of nutritional deficiency just because they used mineral oil for constipation.

Keep these precautions in mind when using mineral oil for constipation. It’s an inexpensive and effective remedy you can store in your medicine cabinet for years without deterioration. Just be sure to use mineral oil at the right time and in the right dosage. Or rely on more effective products found elsewhere on this site.
Menopause and Constipation

Bloating and constipation are common complications of menopause. Throughout a woman’s reproductive years, the liver is constantly recycling and destroying estrogen to help keep hormones in an exquisite balance.

After the menopause, however, estrogen production is greatly diminished. The liver does not need to expel estrogen byproducts into the green, fluid, fatty bile that pours from the gallbladder into the intestines.

Without the lubricating influence of bile, stools become dry and hard and tend to accumulate in the small intestine. This leads to the triad of digestive symptoms, bloating, constipation, and menopause.

Any remedy that restores estrogen relieves constipation. Also, it’s important not to eliminate fat from the diet.

Fat cells make estrogen. Fat in the diet is also needed for the production of bile. When bloating, constipation, and menopause characterize digestive complaints, extreme low-fat diets are almost never appropriate.

With these two additional considerations, treating the trio of symptoms bloating, constipation, and menopause also responds to drinking more water, eating more fiber, and taking prune juice or eating prunes.

Treating constipation in menopause offers abundant benefits. With increased regularity, the intestines absorb more calcium. As we all know, calcium is essential for healthy bones.
Treating constipation may also prevent urinary incontinence. Especially among women of Asian descent, no factor has greater importance to the development of stress incontinence or overactive bladder syndrome than muscle damage caused by straining at stool.

Of course, your comfort is always a legitimate consideration. Take steps recommended in these articles to treat bloating and constipation during menopause for a happier and more active life.
Post-Surgical Constipation

Constipation After Surgery

Although we don’t usually think of surgery as a stressful event, the fact is, surgical operations are among the most extreme stressful events most of us ever endure. The complete disruption of bodily functions by the operation and for days afterward has an enormous range of effects, usually including constipation.

Avoiding constipation after surgery is essential to recovery from hysterectomy, prostate surgery, and, of course, colorectal surgery. Fortunately, constipation after surgery can be treated with a few simple steps:

Eat regularly, throughout the day. Every time you eat food, the intestines secrete a hormone that stimulates the bowel and helps relieve constipation after surgery.

Eat a variety of foods for pleasure and nutrition, but be sure to include at least a few high-fiber foods, such as fruits and vegetables, whole grain bread, high-fiber breakfast cereals, dried fruit, nuts, beans, bran (be careful to start with no more than one tablespoon to avoid bloating), and prunes.

Drink plenty of fluid, at least 8 cups a day. The way fiber relieves constipation after surgery is by absorbing water. You have to drink water for fiber to work.

Don’t ignore the urge to go to the toilet when it comes.

A recently published medical study suggests that you can shorten your hospital stay by chewing gum. Chewing just one stick of gum a day reduces the average hospital stay by two days.
We’ve kept this list of steps to post-surgical regularity simple – you have other things to concern yourself with than just constipation after surgery! Just one more word of caution: If your bowels aren’t working, or if you feel the need to strain, consult your physician.
Pre-Menstrual Constipation

Many women experience constipation just before and during menstruation. The reasons for constipation before periods are numerous – but correctable.

Many women treat their premenstrual depression with chocolate and sweets. Sugar actually helps relieve depression, by helping transport the amino acid tryptophan into the brain, where it becomes the mood-lifting hormone serotonin.

Additional sugar in the diet, however, is a major cause of constipation before periods. If you can’t do without the sugar, at least be sure to drink more water and to try to consume fiber-rich fruits and veggies or at least a fiber supplement.

Another cause of constipation before periods is irritable bowel syndrome. If you experience alternating constipation and diarrhea, it’s possible you have a mild case of irritable bowel syndrome that is triggered by the hormonal changes surrounding your period.

If this is the case, it’s especially important to avoid caffeine and alcohol just before and during the period. And if cramping is a problem, it may be constipation before periods rather than menstrual cramps.

It’s worth giving enteric-coated peppermint oil a try. (The peppermint oil has to be in a capsule to survive the acids in the stomach and reach the intestine where it’s needed.)

When constipation before periods is accompanied by bloating, there’s a long-term cure.
Any kind of abs-strengthening exercise will reduce bloating the next time symptoms come around. It also helps to eat food that increase the rate of gastric emptying, that is, that accelerate the passage of food through your digestive tract.

Any food that contains the essential or n-3 fatty acids accelerates the passage of food through your colon and reduces bloating – provided it’s eaten in moderation. A few nuts, a little bit of fish, small amounts of fruit and vegetables may be just what you need. Eating too much of these foods, however, will have the opposite effect.

Constipation before periods is a premenstrual symptom you can prevent, not just treat. For more information on dealing with other forms of constipation, visit this site regularly.
Prune Juice for Constipation

The old standby for relief of irregularity is the prune. Prunes are dried plums. Dried prunes are approximately 6 percent fiber, but prune juice (which is made from dried prunes) contains no fiber at all.

Prunes promote regularity by providing simple sugars that draw fluid into the intestine. The additional fluid makes stool softer and easier to expel. Prunes do not cause spikes in blood sugar, because their natural sweetening agents are fructose and sorbitol rather than sucrose, better known as “white sugar.” Too much sorbitol, of course, can cause diarrhea.
Reflexology and Constipation

If you’d tried everything for constipation without results, the latest information on reflexology and constipation may be just what you need.

Reflexology is a method of treating various health conditions by applying gentle pressure to specific areas or points on the feet.

The premise of reflexology is that the feet are a “map” to the condition of the rest of the body, and that soothing or stimulating the feet can soothe or stimulate other areas of the body. Some reflexologists also apply pressure to the hands or ears.

There’s only been one study of the reflexology and constipation in the medical literature, but its results were positive.

The method is simple: To improve utilize the connection between reflexology and constipation; just rub the middle of the soles of both feet. Rubbing the inner side of the soles of your feet is believed to help the passage of stool from the small intestine to the large intestine and outward.

A helpful interactive map can be found at http://uk.dk.com/static/cs/uk/11/features/reflexology/extract.html.

One word of caution: Don’t use reflexology or any other form of pressure on the feet if you have open wounds, varicose veins, swollen ankles, broken bones in your feet, or poor circulation to your legs or feet.

And in addition to reflexology, you can use acupressure.
The nerves that serve the small intestine, large intestine, and rectum branch out of
the base of the spine. When you sit on the toilet, you can reach to your back, above
your buttocks, and apply *gentle* pressure.

You need to apply pressure for at least 15 seconds to have any effect, but you don’t
need to apply pressure for longer than a minute. Stimulating these acupoints will
assist evacuation of the bowel.
Toddlers and Constipation

Just as your child is becoming toilet trained, constipation may become a problem. The most common cause of constipation in infants and toddlers is painful defecation. But other events can be triggers of constipation, too:

- Children Under Two
- Toilet training
- Traveling
- Starting daycare
- Switch from breast to bottle
- Family move
- New medication
- High fever

- Children Aged Two to Four
- Toilet training
- Traveling
- Starting daycare
- Family move
- New medication
- Parents’ divorce or separation
- Birth of sibling

Toilet training commonly results in at least a brief period of toddler constipation. According to the medical literature, about 20% of toddlers become constipated for at least four months when learning to use the toilet.

Many parents learn that children are more willing to use the toilet to urinate than to relieve their bowels. It is usually best to wait until the child expresses an interest in using the potty for both toilet functions before taking him or her out of underpants. It is also important not scold your toddler for failure to use the toilet, and never to refer to bowel movements as “stinky,” “nasty,” or “dirty.”

Lack of fiber is the most common cause of constipation in children over the age of 4. Interestingly, children who don’t get enough fiber usually don’t get
enough calories, either, even if they get most of their calories from sugary foods. The constant feeling of fullness caused by constipation in the child-sized digestive tract dulls appetite.

If your toddler is comfortable with the potty and getting fiber-rich foods and enough calories, here are some more simple steps for toddler constipation relief.

☞ Consider minimal doses of fiber supplements – but never give fiber and laxatives at the same time. Fiber helps stool absorb water, making it easier to pass.

☞ Consider reducing the amount of milk in your child’s diet. Sometimes toddler constipation is due to milk sensitivity. On occasion, a child can become constipated due to a cow’s milk allergy or sensitivity.

☞ Encourage your toddler to sit on the potty after meals, especially after breakfast. The longer a child avoids going to the bathroom, the harder the stool will become. Intestinal reflexes occurring as food enters the stomach make evacuating the bowels easier.

☞ If you provide enough fluids (water, juice, and milk) for your toddler, constipation will be less of a problem. If you child is dehydrated, stools will be hard to pass. A good way to tell your child is getting enough fluid is frequency of urination. Children who urinate every three to four hours when they are awake are getting enough water.

Other important do’s and don’ts for treating toddlers’ constipation include:

Don’t give your child laxatives. They are too strong for treating toddler constipation.

Don’t worry if there is a small amount of bright red blood on the toilet tissue. This is probably due to an anal fissure, which will heal when toddler constipation is treated.

Do consult a doctor if constipation develops suddenly, is accompanied by fever, or is associated with pain on the right side of the abdomen.