

CONSTIPATION IN WOMEN

-A Therapeutic Approach

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For women and the elderly, constipation may be significant enough to cause them to seek medical attention. Most clinicians would agree that the high incidence of constipation in the US correlates with low fiber diets, low fluid intake, and being sedentary. Whether or not this will solve their constipation, it is fundamental to start here when there is no evidence of something more serious.

A daily fiber intake 20 to 35 grams daily is advisable. This can be accomplished with a diet stressing whole grain breads, bran cereal, legumes, fresh fruits and vegetables, and therapeutic foods such as prunes. Limiting caffeinated beverages and alcohol is also important because they have diuretic effects. Intake of adequate fluids (estimated at eight glasses) of water or non-concentrated fruit juice daily is also important. Remember that some individuals will have a difficult time with increased dietary fiber. They may need to add fiber slowly over time in order to avoid gas, bloating, and discomfort. When making dietary changes, it not only takes time to accomplish these changes, it may take 2 to 3 months for the results to manifest. Increasing physical activity is also fundamental to toning abdominal muscles and proper enervation to the colon.

The use of laxatives requires some medical knowledge because they work in different ways. We should consider these temporary solutions to relieve symptoms and to help retrain the bowel. **There are six basic laxative types.**

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BULK-FORMING LAXATIVES

These can be derived from psyllium husks, ground flax seeds, or methylcellulose, a synthetic material. Their basic function is to absorb water in the intestine to soften the stool. They can also result in increased flatulence and bloating. They do act faster than food fiber but slower than other laxatives and typically take about a week to work. Bulk-forming laxatives improve transit time and are very compatible with dietary modifications.

EMOLLIENTS AND STOOL SOFTENERS

These agents aid the mixing of watery and fatty substances in the bowel both to soften the stool and to lubricate the stool so it can be passed easier. They also prevent dehydration of the stool by stimulating fluid secretion. They can be taken orally or rectally and typically work very fast, usually within 24 hours. If an individual has hard stool, this is an appropriate choice.

Glycerin suppositories or mineral oil are common examples. Mineral oil should be used sparingly because it can decrease absorption of fat-soluble vitamins. Certain herbs are thought to also soften the stool.

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SALINE LAXATIVES

Magnesium salts have been used for decades as laxatives. They are poorly absorbed in the intestines and exhibit a sponge-like action to draw water into the colon to soften the stool and promote transit. They act fairly quickly, as do the stool softeners. Magnesium sulfate is more potent than magnesium citrate or magnesium hydroxide and should be used with caution. Individuals with renal impairment or hypertension should avoid saline laxatives.

OSMOTICS

Polyethylene glycol electrolyte solution is the product that is normally given to empty the colon before a colonoscopy. It can also be used to treat severe fecal impaction.

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HYPEROSMOTICS

These are the newer laxatives on the block. These oral prescription medications- create a high concentration gradient to draw fluid out of the bloodstream into the colon. Examples include lactulose, lactitol, and sorbitol. These products can produce some bloating and flatulence and produce effects in 2 to 3 days.

BOWEL STIMULANTS

These laxatives act on elimination mechanisms by stimulating sensory nerve endings in the colonic mucosa to trigger peristalsis. They also promote fluid secretion into the colon and improve the consistency of the stool.

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Behavioral therapy with biofeedback may yield some success with anismus, as well as reducing the effects of stress in general. Enemas are used to induce contractions by distending the colon. High colonics may be used sparingly for the same purpose. Abdominal massage from right to left can promote peristalsis. Hydrotherapy treatments specifically the traditional naturopathic treatment called “constitutional hydrotherapy” uses the external applications of alternating hot and cold to regulate colon function. Warm water enemas or colonics may be useful for fecal impaction as well. Surgical interventions are the last resort and are rarely necessary.

Looking for more information about constipation in women? Read our comprehensive article [*Constipation in Women - a Common Primary Care Digestive Issue.*](#)

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Dr. Hudson is the Director of Product Research and Education for VITANICA, and the Founder and Director of the Institute of Women’s Health and Integrative Medicine. She is also the Founder and Co-Director of the Naturopathic Education and Research Consortium (NERC); in addition, she was a Site Director of the 2012 STAIR Integrative Residency Program.

She is a nationally recognized author (book: Women’s Encyclopedia of Natural Medicine second edition, McGraw Hill 2008), speaker, educator, researcher, and clinician. Dr. Hudson serves on several editorial boards, advisory panels, and as a consultant to the natural products industry.