



DR. HYMAN+

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# Functional Medicine Deep Dive

December 2022

## Constipation

Featuring: Dr. Mary Pardee

The logo for 'modrn' is displayed in white lowercase letters on a teal square background.

modrn

## Dr. Mary Pardee

Naturopathic Medical Doctor  
Certified Functional Medicine Doctor (IFM)  
BS Human Nutrition

Founder of modrn med a virtual telehealth company

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### Specialties

Integrative Gut health

Mental health and cognitive performance

Metabolism



# What does normal digestion look like?

Stool:

- Consistency
- Color
- Frequency
- Smell
- Blood
- Gas/bloating



Type 1 Separate hard lumps



Type 2 Lumpy and sausage like



Type 3 A sausage shape with cracks in the surface



Type 4 Like a smooth, soft sausage or snake



Type 5 Soft blobs with clear-cut edges



Type 6 Mushy consistency with ragged edges



Type 7 Liquid consistency with no solid pieces

# What does constipation look like?



Type 1 Separate hard lumps



Type 2 Lumpy and sausage like



Type 3 A sausage shape with cracks in the surface



Type 4 Like a smooth, soft sausage or snake



Type 5 Soft blobs with clear-cut edges

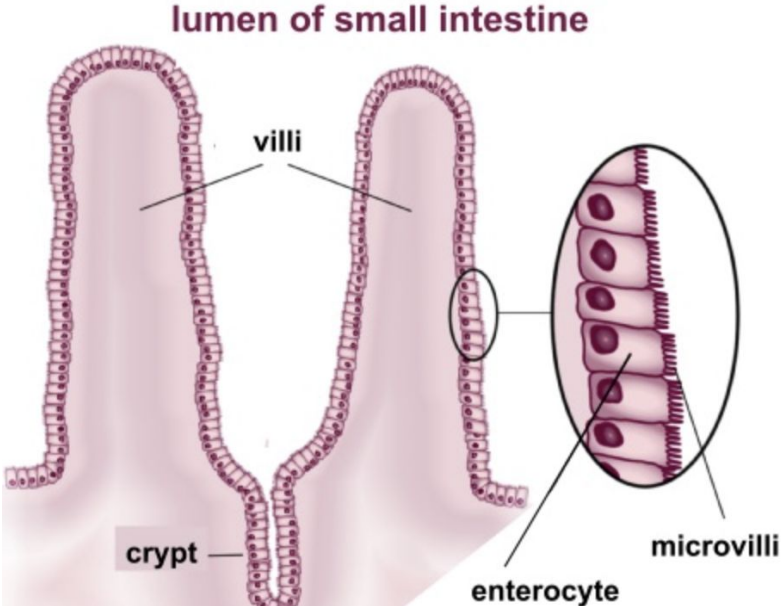
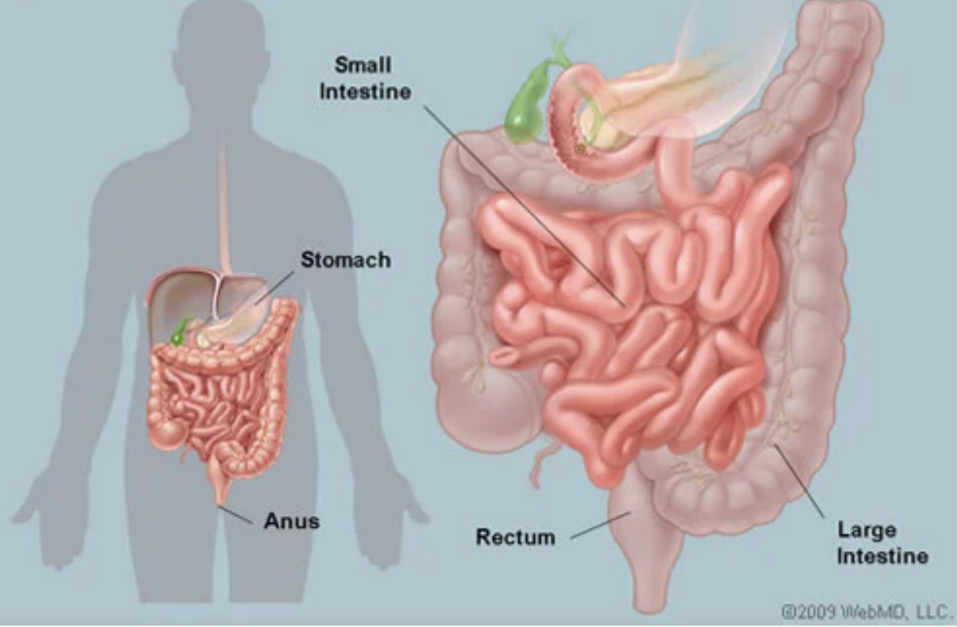


Type 6 Mushy consistency with ragged edges

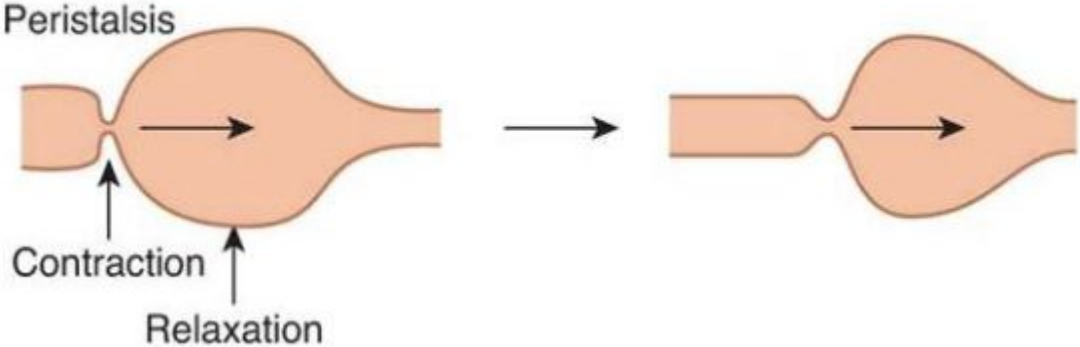


Type 7 Liquid consistency with no solid pieces

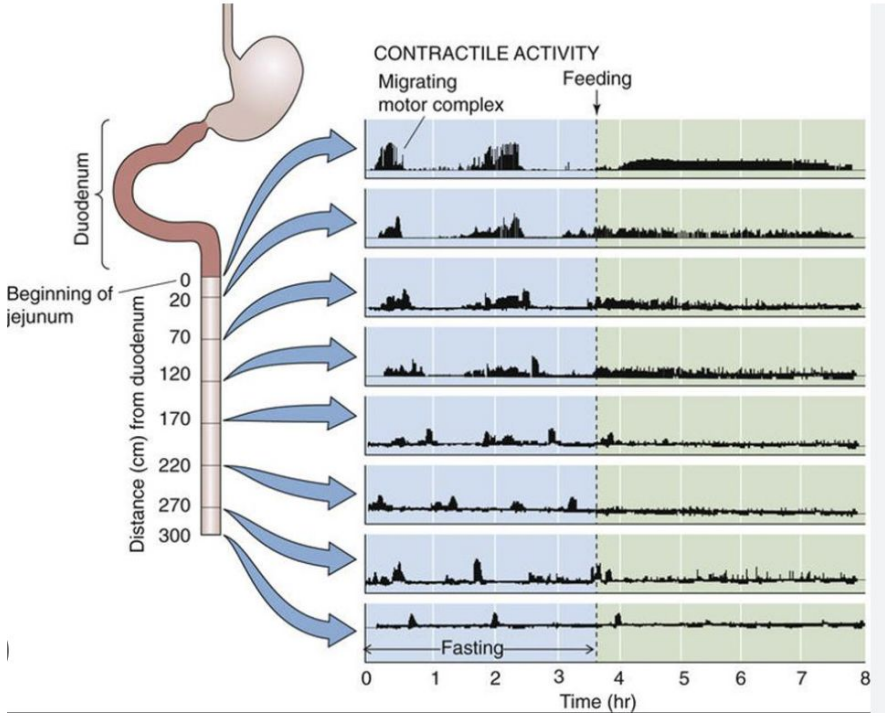
# How does constipation happen?



# Peristalsis



# Migrating motor complex (MMC)



# Constipation



Type 1 Separate hard lumps



Type 2 Lumpy and sausage like

- IBS-C
  - >25% of bowel movements are type 1 or 2 on bristol stool chart.
  - Recurrent abdominal **pain** on average at least 1 day/week in the last 3 months that is related to either having a bowel movement, or bowel movement frequency
- Functional constipation:
  - Must include two or more of the following for at least 12 weeks in the last year:
    - Straining during more than 25% of bowel movements
    - Lumpy or hard stools (Bristol Stool Form Scale 1-2) more than 25% of bowel movements
    - Sensation of incomplete evacuation more than  $\frac{1}{4}$  (25%) of bowel movements
    - Sensation of anorectal obstruction/blockage more than 25% of bowel movements
    - Manual maneuvers to facilitate more than  $\frac{1}{4}$  (25%) of defecations (e.g., digital evacuation, support of the pelvic floor)
    - Fewer than three BM per week
    - Loose stools are rarely present without the use of laxatives
    - Insufficient criteria for irritable bowel syndrome
- Opioid induced constipation



# Causes of constipation

- Low fiber intake
- Dehydration/lack of water intake
- Sedentary lifestyle
- Intestinal methanogen overgrowth (IMO)
- Anxiety/depression/stress
- Ignoring urge to pass stool/ pelvic floor dysfunction
- Change of routine- travel
- Abnormalities of the enteric nerves
- Diabetes
- Medications
  - Opioids, iron, calcium, diuretics, antidepressants, anti psychotics (schizophrenia treatments), antacids (Tums)

# Eating disorders and constipation link

- Low calorie intake/ eating disorder
  - 5% of the population has an eating disorder, yet very few report for treatment
  - 20% chronic constipation patients meet criteria for eating disorder
  - 13% people with IBS report restricted eating \*\*\*
- 72% pt seeking care for eating disorders have bothersome GI symptoms
  - Post-prandial fullness is the most common symptom
  - Regurgitation, constipation, bloating, delayed gastric emptying (nausea, lack of appetite)
- GI symptoms from eating disorders cause anxiety that can worsen the eating disorder
- Even after recovery from the eating disorder 77% of people may still have GI symptoms

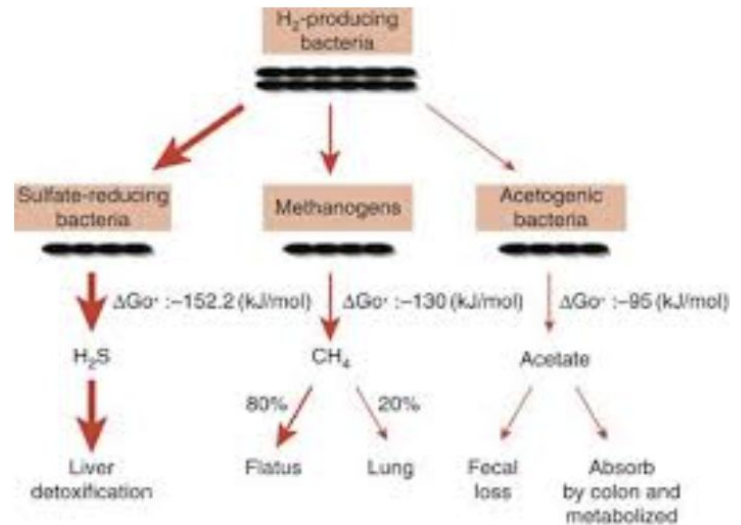
## Hormonal causes for constipation

- Hypothyroidism
- High progesterone levels- before a woman's period (luteal phase)
  - Pregnancy-  $\frac{2}{3}$  women experience constipation in pregnancy



## Intestinal methanogen overgrowth (IMO)

- Overgrowth of archaea in the intestines that produce methane.
- Methane slows the movement of contents through the digestive tract leading to constipation and usually bloating/gas



# TESTING

- Lactulose breath test that measures hydrogen, hydrogen sulfide and methane
  - Trio Smart lactulose breath test
  - Foodmarble device
    - **15% OFF Discount code: MODRNI**
- Blood tests:
  - Thyroid :TSH, Free T3, Free T4, anti-thyroglobulin and anti-TPO antibodies
  - Vitamin D, B12
  - CBC
  - CMP
  - Amylase/lipase
  - Inflammation markers: hsCRP, ESR
  - Celiac panel
  - Ferritin
  - HbA1C and fasting insulin (possibly)
- Stool tests for bacterial infections, ova and parasite, h pylori, possibly calprotectin/ FOBT
- Colonoscopy possibly
- Colonic transit study, Anorectal manometry and other specialized imaging studies



**FoodMarble AIRE 2**

# Treatment

Depends on the cause

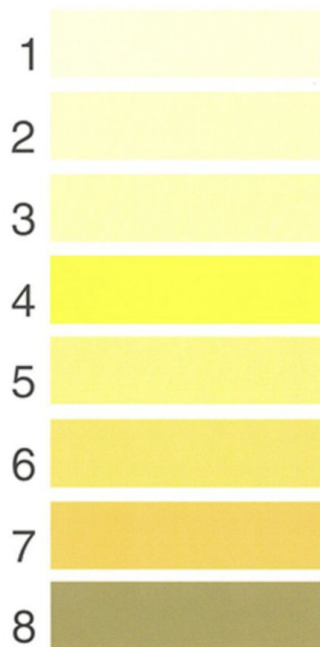
- Thyroid replacement for hypothyroidism, avoid gluten for celiac etc
- Methane predominant IMO
  - Rifaxamin + Neomycin- 14+ days
  - OR Anti-microbial herbs - berberine, oregano, neem, allicin, atrantil
  - OR- both
  - Foodmarble intolerance testing\*\*\*
    - Discount code: MODRN1
  - Prokinetic- motegrity, herbs like ginger/ artichoke
  - Avoid snacking
  - Low fodmap- caution, avoid long term use



# Treatment

Depends on the cause

- Fungal overgrowth
  - Antifungal herbs
  - Nystatin
- functional constipation
  - Prokinetics- motegrity or herbs
  - Magnesium, aloe
  - Foods- papaya, flaxseeds, chia seeds
    - Avoid- cheese, rice, nuts
  - Walking
  - 2L water per day
  - Consume enough calories
  - Increase fiber

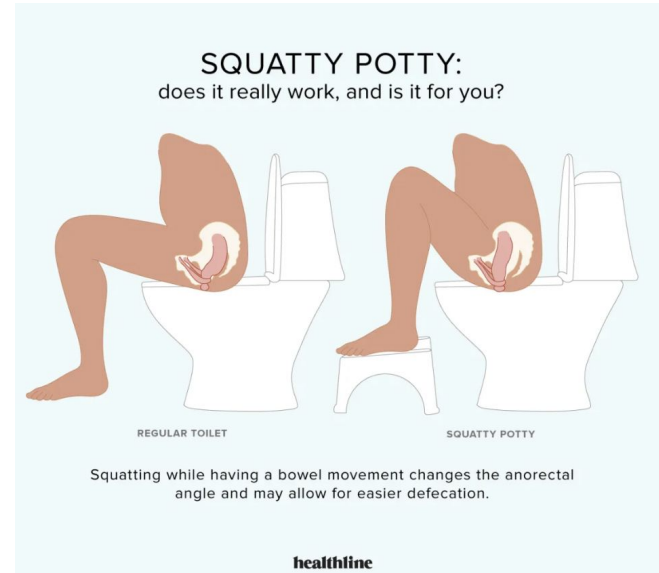


The Urine Color Chart® shown here will assess your hydration status (level of dehydration) in extreme environments. To use this chart, match the color of your urine to a color on the chart. If your urine color matches #1,#2 or #3 on the chart, you are well hydrated. If your urine color is #7 or darker, you are dehydrated and should consume fluids.

The scientific validation of this color chart may be found in the *International Journal of Sport Nutrition*, Volume 4, 1994, pages 265-279 and Volume 8, 1998, pages 345-355. Adapted by permission from Larry Amrstrong 2000, *Performing in Extreme Environments* (Champaign, R., Human Kinetics).

# Treatment- Squatty potty

- “In the squatting position, gravity does most of the work. The weight of the torso presses against the thighs and naturally compresses the colon. Gentle pressure from the diaphragm supplements the force of gravity.
- Squatting relaxes the puborectalis muscle, allowing the anorectal angle to straighten and the bowel to empty completely.
- Squatting lifts the sigmoid colon to unlock the “kink” at the entrance to the rectum. This kink also helps prevent incontinence, by taking some of the pressure off the puborectalis muscle.”
  - Suri, Hitender, Deepika Suri, and Kamalpreet Bansal. “Squatting or Western Toilet-A Review.” *Journal of Advanced Medical and Dental Sciences Research* 8.11 (2020): 102-104





# Effects of regular physical activity on defecation pattern in middle-aged patients complaining of chronic constipation

Anneke M. De Schryver, Yolande C. Keulemans, Harry P. Peters, Louis M. Akkermans, André J. Smout, Wouter R. De Vries & ...show all

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30 min of brisk walking and a daily 11-min home-based programme for 12 weeks:

- Colonic transit time reduced
- percentage of incomplete defecations reduced
- percentage of defecations requiring straining reduced
- percentage of hard stools reduced

# THANK YOU!



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