

Constipation Information and Suggestions

This document tries to address what might cause constipation, what might address constipation, what parents might want to avoid, and where parents might go for more information. I have organized the bulk of the information by possible solutions, and, when I was able to find the information, the specific problems they might address. The solutions are in no particular order. I have used the male pronoun when referring to children. This is not accidental—constipation problems are far more common among boys than girls, although this may not hold true in the autistic community.

If you have comments, see misinformation in this file, or have some information you'd like to see added, please contact Anita by email (mysuperteach@hotmail.com)

Background information

Constipation is defined as the condition in which bowel movements happen less frequently than is normal for the particular individual, or the stool is small, hard, and/or difficult or painful to pass. Please do not focus only the “small, hard” stool part of this definition. Many of our kids are constipated and pass liquid stools (diarrhea) or soft stools. These kids can still be constipated. Some kids pass stool each day, but it is hardish pebbles packed together. This too is constipation. Some experts believe that one should pass approximately 10 inches of stool each day. Less would mean constipation.

Many of our children with ASD are impacted. A bowel impaction can only be reliably diagnosed by an x-ray looking specifically for that problem. It can NOT always or even often be felt because contrary to popular belief, the impacted stool is not always hardened. Some kids who have been shown to be impacted on an x-ray had flat bellies and formed bm's each day. If a parent has any suspicions at all, it would be prudent to demand an x-ray for the child, if only to rule out impaction.

The elusive trophy poop: A normal bowel movement should be formed, some shade of brown, shaped like a sausage or banana, and relatively soft. It should be smooth in texture and sink gently down into the water of the toilet.

Good Resources

A good resource is Dana's site <http://www.danasview.net/constip.htm>

Another place to learn about bm's and related topics is Karen's site <http://www.enzymestuff.com/rtstools.htm> where you can learn how to interpret the appearance of a bm.

The site below covers a lot of the basics of constipation and possibilities for treatment, although some treatments they recommend are certainly not what many parents would recommend (Miralax for example)

<http://www.healthsystem.virginia.edu/internet/pediatrics/patients/tutorials/constipation/treatcon.cfm>

This document is the intellectual property of the author and may be shared only if left unaltered and in its entirety with credit given.

This site also provides a very helpful list of signs of chronic constipation and encopresis that all ASD parents should be aware of:

<http://www.healthsystem.virginia.edu/internet/pediatrics/patients/tutorials/constipation/symptoms.cfm>

The following is an interesting and detailed look at the digestive system, written by Mary Enig, PhD, of the Weston A Price Foundation (WAPF) that is both informative yet easy to read

http://www.westonaprice.org/moderndiseases/digestion_primer.html

One possible solution offered by doctors that parents on the boards often learn to avoid is Miralax (or Glycolax). There is a yahoo group that talks about the possible complications of this product and offers safer alternatives and lot of very good information

<http://health.groups.yahoo.com/group/miralax/>

Possible Solutions to Constipation

- Deal with the thyroid problem. It is well accepted that a malfunctioning thyroid, specifically hypothyroidism, can cause constipation. Many doctors do not know how to test properly for thyroid function, if they test at all. You need to have free t3, free t4 and TSH and then you need to interpret the results against the right pediatric ranges for your child. Thyroid problems are not uncommon in children with metal toxicity and are not always apparent just from observing a child.
- Get more exercise If a child exercises more, particularly high energy activities such as bouncing on a trampoline, this may improve gut motility and help to resolve constipation. See here for a good explanation of gut motility <http://www.aboutgimotility.org/normal.html>
- Drink more water This is a commonly offered solution to constipation but would only be pertinent if your child was dehydrated. A well hydrated child will not stop being constipated with the addition of more water. Do note that some people recommend against drinking water with a meal as that can lower stomach acid and some of our children may already suffer from decreased stomach acid, a possible contributor to constipation.
- Remove foods that are not tolerated This, of course, is easier said than done because what constipates one child will not constipate another. Common offenders are pasteurized milk, rice, sugar (because of the yeast connection), fried foods. But some kids can be constipated by cooked carrots, apples, and bananas, so it would seem that almost any food can be the culprit. Of course, a child's diet may need a complete overhaul and parents may want to consider something like Specific Carbohydrate Diet <http://www.pecanbread.com/>, the Body Ecology Diet <http://www.bodyecologydiet.com/> or Gluten Free Casein Free diet <http://www.gfcfdiet.com> (see the Interventions section for more comprehensive information on these diets).

- Deal with the yeast Many ASD parents believe yeast to be a primary cause of constipation for lots of our kids. Antifungals are of course important; however, the main component of treating yeast may be introducing bacteria into the gut. Sally Fallon of the Weston A Price foundation points out that some cultures like the Inuit had a traditional diet virtually devoid of fibre but were not constipated and she attributes part of this to the consumption of cultured foods. Probiotics and cultured foods like kefir likely play a very important role in constipation relieving constipation. See the Body Ecology Diet website for more information or the Weston A Price website <http://www.westonaprice.org/> Also see the Cultured Food document in the Useful Documents section for more information on good sources of beneficial bacteria.
- Use enzymes Some parents have reported good results with the use of enzymes to ensure that food is properly digested. Karen's website offers information on everything enzymes <http://www.enzymestuff.com/>
- Raise stomach acid levels Constipation may be a result of food that is poorly digested because of low levels of stomach acid. A sign that a child may have low stomach acid is undigested food in the stool. Stomach acid levels can be raised by using things such as lemon juice, betaine (TMG) or ascorbic acid (unbuffered vitamin C)
- Check butyric acid levels. Constipation can be a result of low butyric acid. This can be verified by testing the stool. Butyric acid (butyrate) is found in butter, but can also be supplemented in the form of butyric cal-mag (here is one product recommended by a parent: <http://www.bioticsresearch.com/butyriccalmag.php>)
- Remove/modify certain supplements/medications. Some supplements or medications can be constipating. Common offenders are spirolactonane, which many parents have found cause constipation. If a child is biotin-deficient, adding biotin may cause constipation and require larger doses of magnesium than usual. Olive leaf extract can have an impact on smooth muscle function and cause a susceptible child to become constipated. Calcium, particularly in the carbonate form, can be constipating. If your child has become recently constipated, do consider the most recent supplements or medications you've added. As with foods, it seems that almost all supplements and medications can cause some few kids to become constipated.
- Consider adding certain supplements Many constipated children will be helped by the addition of vitamin C although many ASD kids have such a need for antioxidants that high doses of C do nothing to bm's. Keep in mind that the buffered C will not raise stomach acid. Many parents have good luck with magnesium. Generally DAN! Doctors recommend trying magnesium citrate first, but if that doesn't work some recommend glycinate, or malate. The oxide form can be constipating according to some, although you will notice that Oxypowder is made from oxygenated magnesium oxide—this product works very well for both constipation and impaction and should not be confused with plain magnesium oxide. Some parents have found that with the addition of amino acids, particularly l-carnitine, a child's ability to push out

- the stool is much improved (in all likelihood, gut motility is being improved). Other parents have found that using aloe vera is helpful. George's is a brand that is tasteless. Cat's Claw (Samento) is also considered by naturopaths to be a good supplement for constipation. There are many lesser known alternative treatments to constipation which are not often mentioned on autism lists. Some of these are mentioned at this link: <http://www.jigsawhealth.com/nat.aspx?&chunkiid=21590> Some people have found that adding good fats will help resolve constipation. The WAPF would recommend a good cod liver oil with natural Vitamin D as opposed to just any fish oil, believing that the Vitamin D plays an important role. Vitamin A also plays an important role in healing leaky gut, so choosing a high quality CLO may be best. Virgin coconut oil is also recommended for different reasons. Some doctors will prescribe Lactulose, which is a kind of sugar our bodies cannot use and will soften the stool. This may be useful if your child has learned from experience that passing a stool hurts and therefore refuses to have a bowel movement. There are some drawbacks to lactulose however, including cramping, possible dependence, and the fact that it does cross the GI tract. Some people choose to use mineral oil, which is not digested and therefore acts as a lubricant; however, it is not recommended at all for children under 6 and I would encourage anyone to read this information before choosing to use it http://www.drugs.com/cdi/mineral_oil_liquid.html
- Oxypowder A relatively new product, Oxypowder is a highly recommended by both doctors and parents for constipation. You can read about it here <http://www.oxypowder.com/> and can order from there too although you may find better prices if you look around. Some parents have used Oxypowder very successfully to deal with impactions.
- Enemas can be useful as a kind of last resort, since most children and parents find them very stressful (in spite of some yogis who will tell you that enemas are as natural as brushing your teeth!). Some parents do use enemas for a short period to help deal with impactions.
- Glycerine suppositories can be purchased at any pharmacy and can help if the child is struggling to pass a hard stool. Some people prefer the glycerine enemas (BabyLax). These are considered quite safe; however, some children may find them very stressful, they don't address the core issue, and therefore they don't always work.
- Fiber can be a double-edged sword for people with constipation and it is important that parents understand how it works. A sudden increase in fibre by using supplements can cause gas and abdominal pain. Also, diets that have too much fibre can reduce the absorption of certain minerals including zinc and calcium, which might be problematic for many of our kids. It is important to note that a consistent amount of daily fiber can be helpful; inconsistent amounts can make problems worse.

There are two types of fiber. Soluble fiber are found mainly in plant cells. Common sources are oat bran, oatmeal, fruit, vegetables, psyllium and supplements like Benefibre. Soluble fiber will absorb water and act like a gel. It is imperative that if you supplement fiber (as opposed to, for example, eating it in fruit where it comes with its own water supply) you give extra water. If you do not give extra water, the insoluble fiber will absorb water from the intestine and your child will become MORE constipated, not less.

Insoluble fibre comes from the structural parts of plant cell walls. Good sources are wheat bran, the skin of fruit and vegetables, nuts, seeds, and whole grain foods. Insoluble fibre adds bulk to stool and therefore can be helpful in preventing constipation.

Often it is recommended that you have about a 50/50 ratio of soluble to insoluble fiber. Flax seed (you can grind it yourself to avoid it going rancid) is about this ratio.

Some parents have found that something as simple as prune juice, which is fairly easy to introduce and high in fiber (although it also contains a special sugar that acts as a laxative), is enough to resolve the problem; however, most parents find that resolving constipation is more complex than simply dealing with fiber in spite of what most mainstream medical professionals and websites will tell you.

- Consider chiropractic. Some parents have reported good success using a chiropractor to deal with constipation. Some children seem to have a signaling problem that chiropractic can deal with. Other children seem to have a lazy ileocecal valve which can be massaged. This massage, which takes only a minute or so and can be learned by a parent, can improve the transit of the stool and prevent it from hardening.
- Improve gut motility. Some parents have used Bethanecol to improve gut motility. Increased exercise may help. Increased fibre may speed up transit time, but see section on fibre to consider all aspects of this treatment. It would seem that HBOT's positive effect on many constipated children has something to do with gut motility. Improvements you may see from HBOT are not always permanent, but they are fairly common. Serotonin plays some role in gut motility; in fact, 95% of our body store of serotonin is found in the gut; however, the entire issue of gut serotonin is very complex and to my knowledge, not particularly well understood when it comes to natural treatments. A DAN! doctor may however be able to prescribe some drugs to address inflammation or other issues that may improve constipation.
- Use behavioral approaches Try to encourage your child to go to the toilet as soon as he feels like having a bm. If the child does not feel it, set aside special times during the day for trying. If the child uses a toilet, a small bench under his feet may help him feel comfortable. If the child is in diapers or on the toilet, be sure to give him privacy if they seem to want it. Try to make having a bm as stress-free as possible. If your child has had an impaction, there is a good chance that his colon has been stretched and will take some time to return to normal. It is very important during this period to have your child try to poop regularly as he may not feel the urge as he should. It can take up to a year for full function to return.