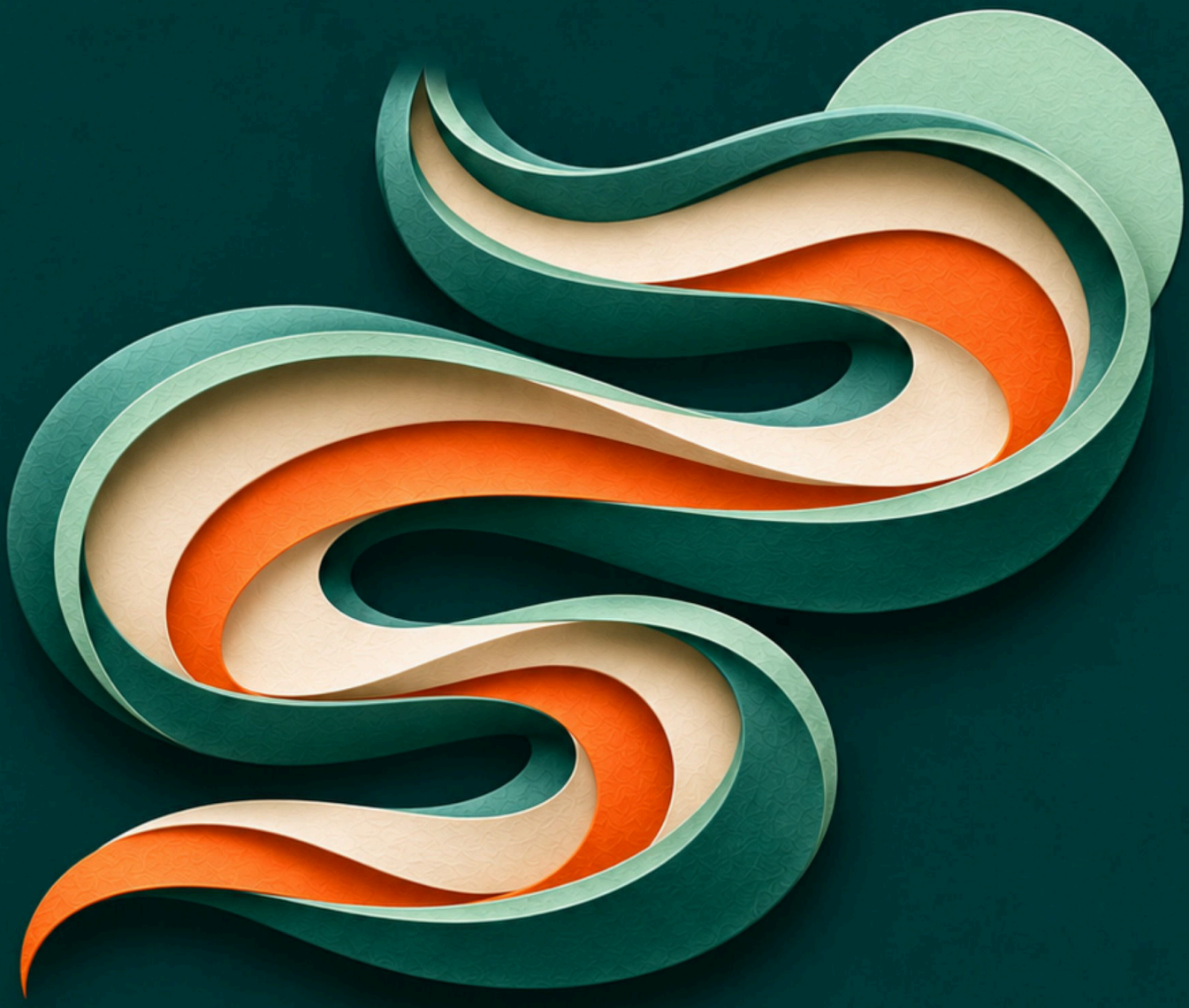
THE GUT HEALTH SERIES

CONSTIPATION AND SLUGGISH BOWELS

What is normal, what to check with your doctor, and a seven-step plan



DR MICHAEL KLEIN

Before You Begin

Gut problems can affect what you eat, how you feel and how you live. This book brings together scientific evidence and practical guidance on one of them: constipation and sluggish bowels.

It is one of the problem chapters of *The Gut Health Manual*, published on its own. Chapter 2 is that chapter, word for word. Chapter 1 adds the short background it relies on, and Where to Go Next shows what the full manual adds for a reader with this problem. Where the text says "the constipation chapter" or similar, it means a chapter of the full manual.

IMPORTANT NOTICE

This book is for general information. It is not a diagnosis, and it does not replace advice from your own doctor, pharmacist or dietitian.

Read the **red flags** in Chapter 2 first. If any apply to you, see a doctor before trying the plan.

Never stop or change a prescribed medicine without speaking to the person who prescribed it.

Check with a pharmacist before taking herbal products if you are pregnant, breastfeeding, take regular medicines, or have a long-term condition.

How to Use This Book

Start with Chapter 2. You do not need to read Chapter 1 first, but it is short and explains the labels used throughout.

The evidence labels

Label	What it means
Strong	Several good randomised controlled trials, confirmed in meta-analyses.
Moderate	At least one good randomised trial, or several smaller trials pointing the same way.
Early	Small or laboratory studies, or traditional use with a plausible mechanism.
Expert advice	Recommended by specialist guidelines on the basis of experience rather than trials.
Not supported	Tested and found not to help, or advised against by specialists.

What the boxes mean

★ **KEY IDEA**

The single most important point of a section.

i **PRACTICAL TIP**

Advice that makes a step easier or more effective.

! **CAUTION**

Safety guidance, or a common mistake to avoid.

The workbook pages

Chapter 2 ends with **Key takeaways**, a **checklist**, a **14-day plan** and a **tracker** page. Patterns in your own diary are often more useful than any general advice. Each tracker is also in the free GutClarity™ app (see Free Downloads and the Companion Kit).

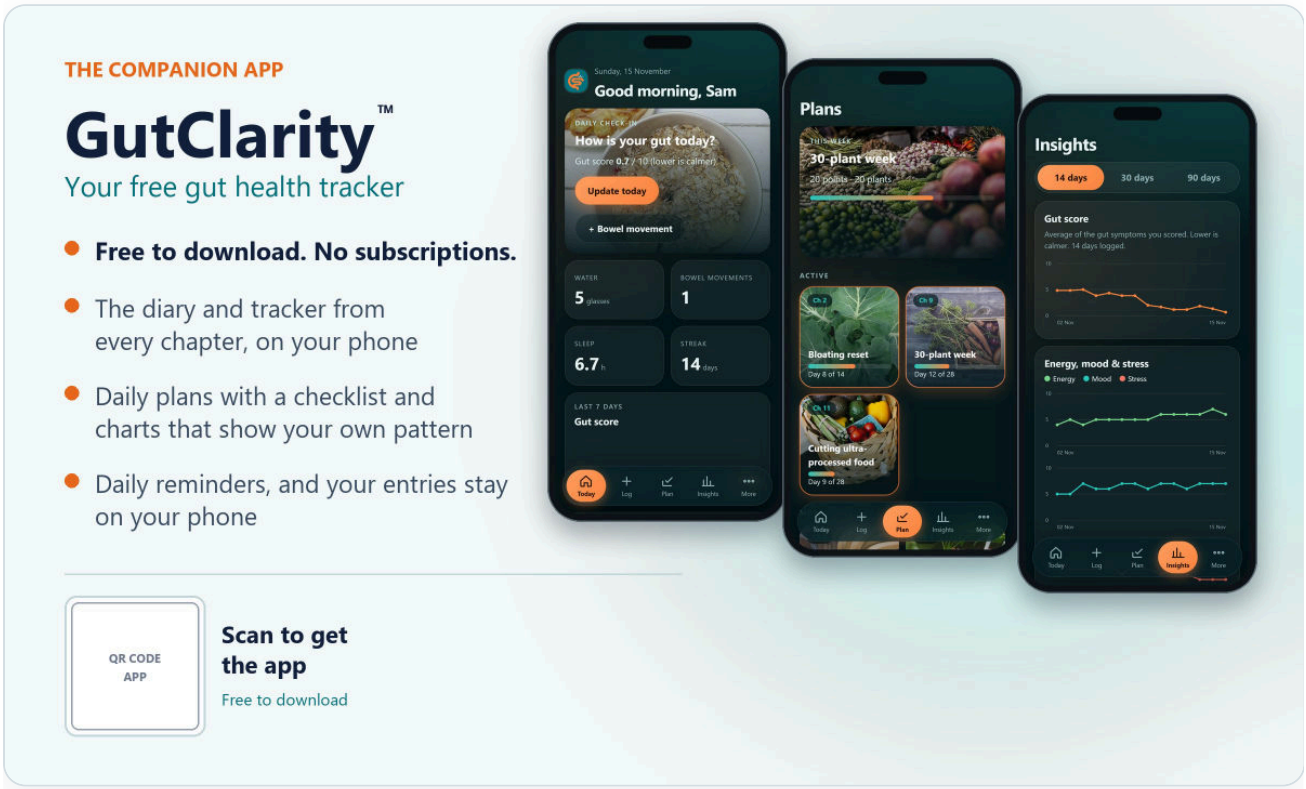
Free Downloads and the Companion Kit

To help you put the guidance into practice, a selection of free downloadable resources is available online, including printable checklists, symptom diaries and progress trackers. The complete Gut Health Companion Kit is free to download too, bringing together the chapter worksheets, practical plans, food-planning tools and reusable journal pages, alongside guided audio for breathing and gut-calming relaxation. These resources accompany the Natural Health Series and give you space to record your experiences, recognise patterns and prepare useful questions for your healthcare professional. You can print fresh copies whenever you need them and use the tools that suit you best.



Your free companion app

Every diary and tracker in this book is also available in **GutClarity™**, a companion app for your phone. It is free to download, and there are no subscriptions. You score your symptoms, log meals and bowel movements, tick off the steps of each 14-day plan, and see charts of your own pattern, with an optional reminder each day. Your entries stay on your phone. At the end of Chapter 2, a short panel shows the matching screens, for anyone who would rather not print and fill in the forms by hand.



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CHAPTER 1

01

This short chapter gives the background that Chapter 2 relies on: two ideas about how the gut works, and how to read the evidence labels. It is adapted from the opening chapter of The Gut Health Manual.

IN THIS CHAPTER

01 Short-chain fatty acids

02 The gut-brain axis

03 How the evidence labels work

04 Where to begin

1.1 Two things worth knowing

The full manual explains four systems that sit under almost every gut problem: the microbiome, the gut barrier, short-chain fatty acids and the gut-brain axis. Two of them matter most for constipation, so they are summarised here.

Short-chain fatty acids

When gut bacteria ferment dietary fibre, they produce short-chain fatty acids (SCFAs), mainly butyrate, propionate and acetate. Butyrate is a main fuel for colonocytes, the cells that form the large intestine's inner lining. **Evidence level: Strong for established physiology.** Laboratory and animal studies show effects on the barrier and inflammatory signalling, but they do not prove that raising butyrate through food will treat gut inflammation in people. **Evidence level: Early for that treatment claim.**

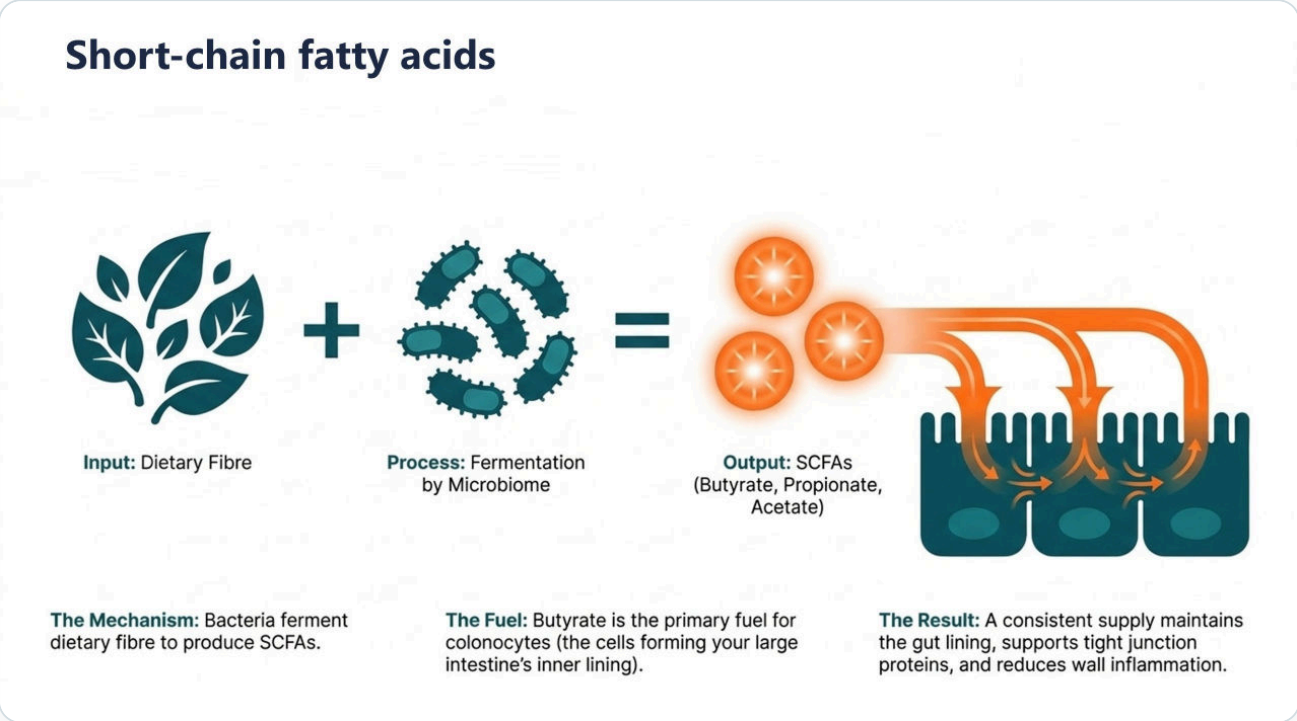


FIGURE 1.1 Short-chain fatty acids Gut bacteria ferment fibre into acetate, propionate and butyrate. Butyrate fuels cells lining the colon; barrier and anti-inflammatory effects are mechanisms, not a promise that a food will treat inflammation.

The gut-brain axis

Your gut and your brain are in constant two-way communication through a network called the gut-brain axis. The gut contains its own network of nerve cells, the enteric nervous system. The vagus nerve carries signals between the gut and the brainstem in both directions. Most of the body's serotonin is made in the gut, mainly by the gut's own cells, not by bacteria. Gut serotonin does not cross the blood-brain barrier; the brain makes its own. Bacteria can influence signalling, but that is not the same as sending serotonin to the brain. **Evidence level: Strong (basic neuroscience and anatomy); Early (microbial mechanisms as an explanation for changes in human mood).**

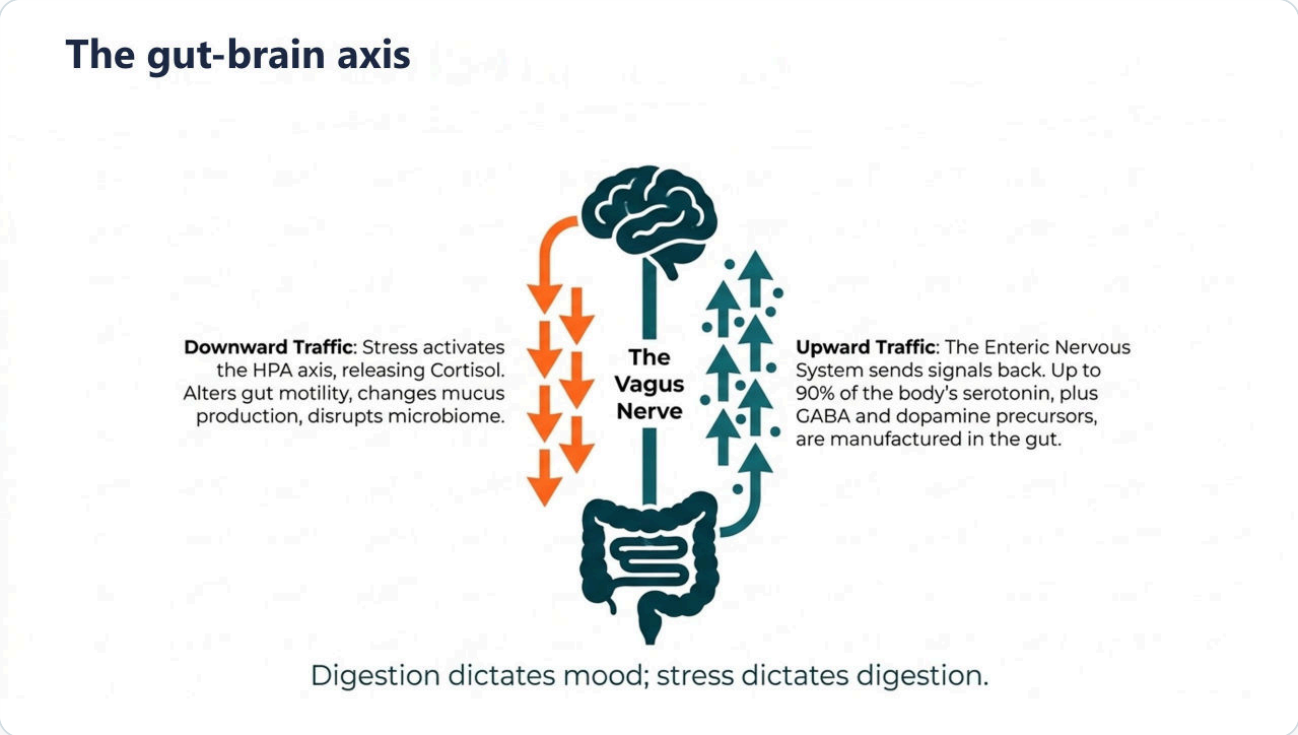


FIGURE 1.2 **The gut-brain axis** Signals travel both ways through nerves and other routes. Serotonin made in the gut is mainly produced by the gut's own cells and does not enter the brain. The arrows show possible routes, not that digestion dictates mood or stress dictates digestion.

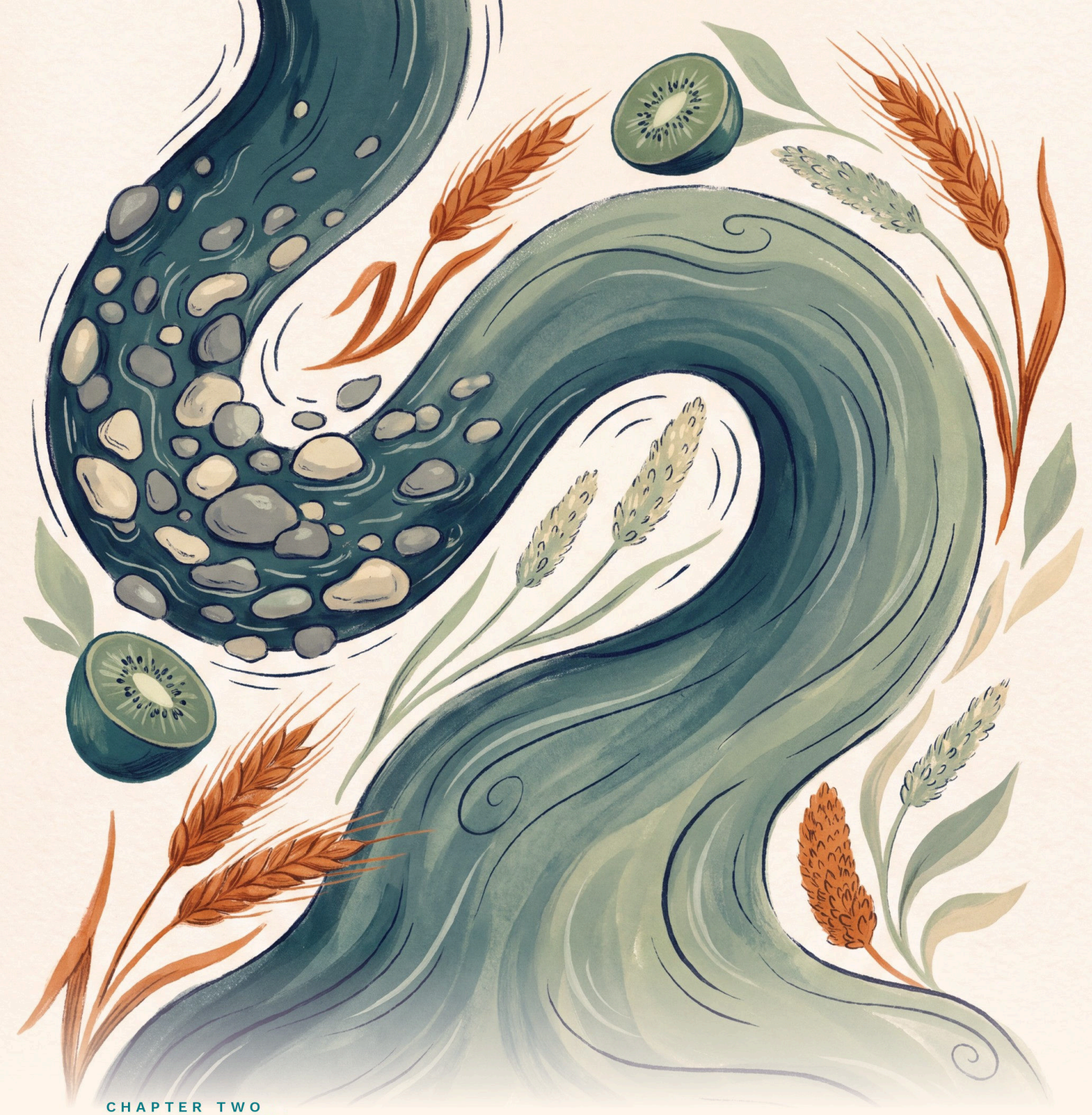
1.2 How the evidence labels work

The labels in the table in How to Use This Book (Strong, Moderate, Early, Expert advice and Not supported) sit beside the key claims in Chapter 2. Read the words beside a label. Where the evidence concerns an observational link or basic physiology rather than a treatment trial, the text says so. Strong evidence that a biological process exists is not strong evidence that changing it will improve your symptoms.

1.3 Where to begin

Chapter 2 is the main part of this book. Read its **Rule out first** section before anything else: if any of the warning signs apply to you, see a doctor before trying the plan. Then work through the seven steps in order, and use the 14-day plan and the diary at the end of the chapter to see what helps you.

This book is not a substitute for medical advice. If you have symptoms that are new, rapidly changing, or accompanied by blood, unexplained weight loss or pain that wakes you at night, see your doctor first.



CHAPTER TWO

Constipation *and* Slow Bowels

What is normal, what to rule out first, and seven steps to get things moving.

1 in 10

About one adult in ten lives with functional constipation.

GLOBAL REVIEW OF 45 STUDIES, 2021

> *You go less often than you used to. When you do go, it takes a long time, you strain, and what comes out is hard or in small lumps. Afterwards you still feel you have not quite finished, your belly feels heavy, and the whole business sits at the back of your mind all day. This chapter explains what is normal and what is not, what to check with your doctor, and a seven-step plan that starts with free changes you can make tomorrow morning.*

IN THIS CHAPTER

01 How common constipation is, and what counts as normal

02 The Bristol Stool Chart, and how the bowel moves stool

03 Three kinds of constipation and the drivers behind them

04 Medicines, red flags and medical causes to rule out

05 The seven-step constipation protocol

06 Laxatives in plain terms, probiotics and internet myths

07 Your 14-day bowel reset and diary

2.1 What the numbers show

Constipation is one of the most common gut problems there is. A 2021 review pooled 45 population studies covering more than 275,000 adults around the world. By today's diagnostic criteria, about **1 in 10 adults** (10.1%) had functional constipation, meaning constipation without another medical cause. In the studies that compared men and women, women were about twice as likely to be affected. In the United States, chronic constipation affects about 8 to 12% of the population.

The good news is that it is usually not serious and very treatable, and the first steps cost nothing.

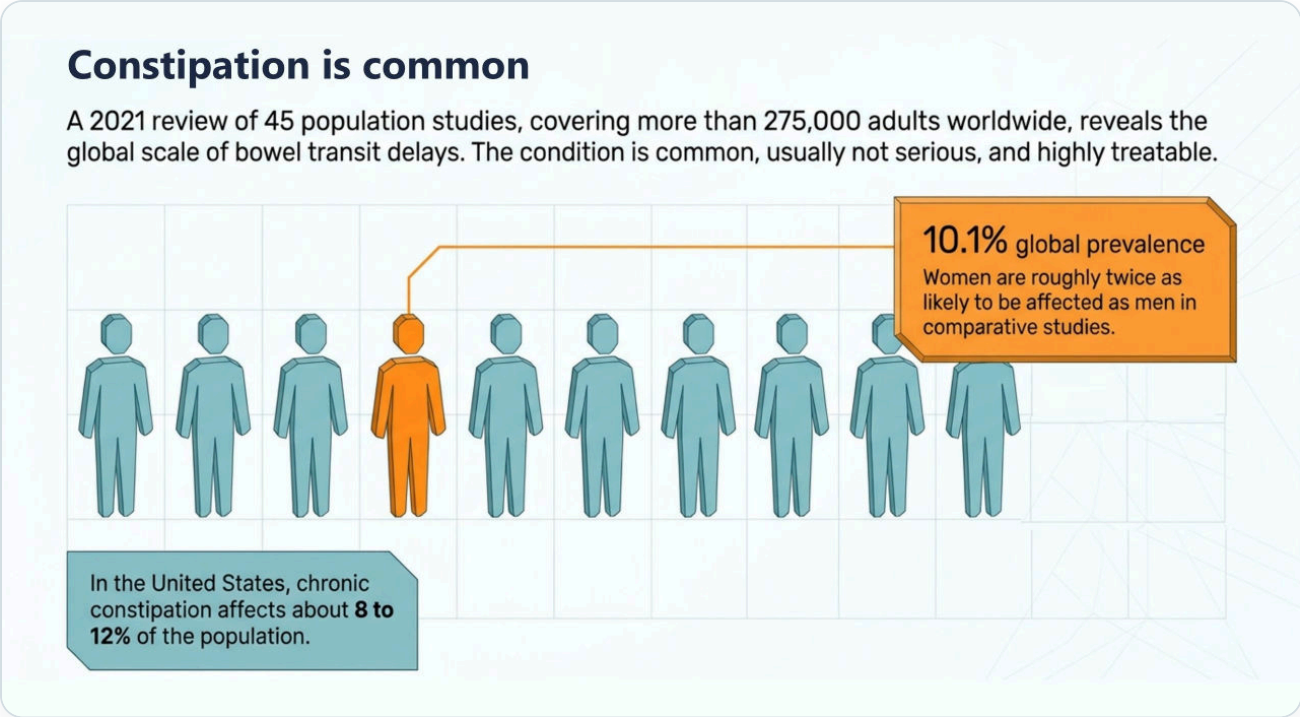


FIGURE 2.1 **Constipation is common** About one adult in ten lives with constipation; women are affected about twice as often as men.

2.2 What counts as normal?

There is no single normal. In a classic study of nearly 1,900 adults in Bristol, a regular once-a-day habit was found in only 40% of men and 33% of women. A third of the women went less often than once a day, and most bowel movements happened in the early morning. Going every day is common, but it is not a rule.

You are probably constipated if, over the last week or more:

- you have been fewer than three times in a week, or much less often than is usual for you;
- your stool is dry, hard or lumpy, or unusually large or small;
- you strain or feel pain when you go;
- you feel you have not fully emptied your bowel.

Doctors diagnose **chronic constipation** when two or more of these happen on at least a quarter of occasions, for at least three months. What matters most is a change from your own normal, and how much effort and discomfort going to the toilet takes.

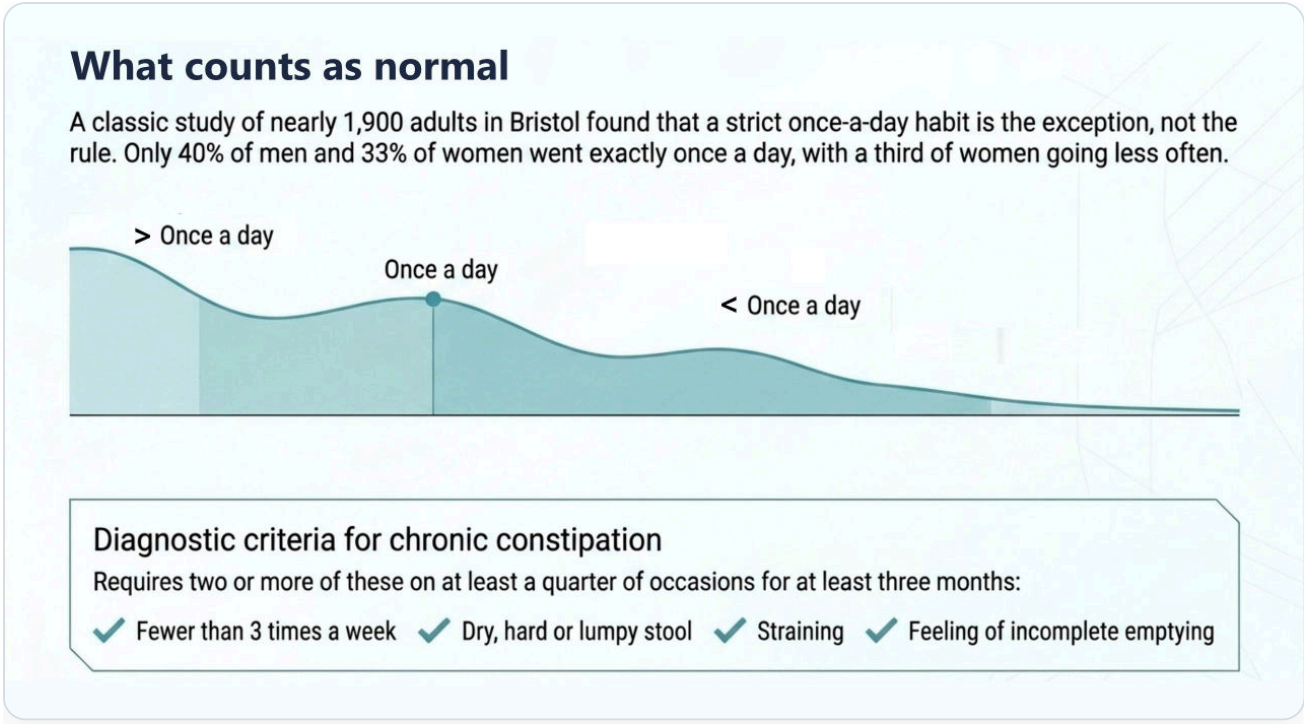


FIGURE 2.2 **What counts as normal** Once a day is common but not a rule; frequency, effort and the feeling of emptying all count.

The Bristol Stool Chart

The **Bristol Stool Chart** sorts stool into seven types, from separate hard lumps (type 1) to watery with no solid pieces (type 7). Types 1 and 2 point to constipation, types 3 and 4 are the comfortable middle, and types 5 to 7 are loose. It is worth learning, because stool type is a better guide to how fast food moves through your gut than how often you go. In a Bristol study of 66 volunteers, stool type tracked gut transit time more closely than bowel frequency did. You will use it in the diary at the end of this chapter.

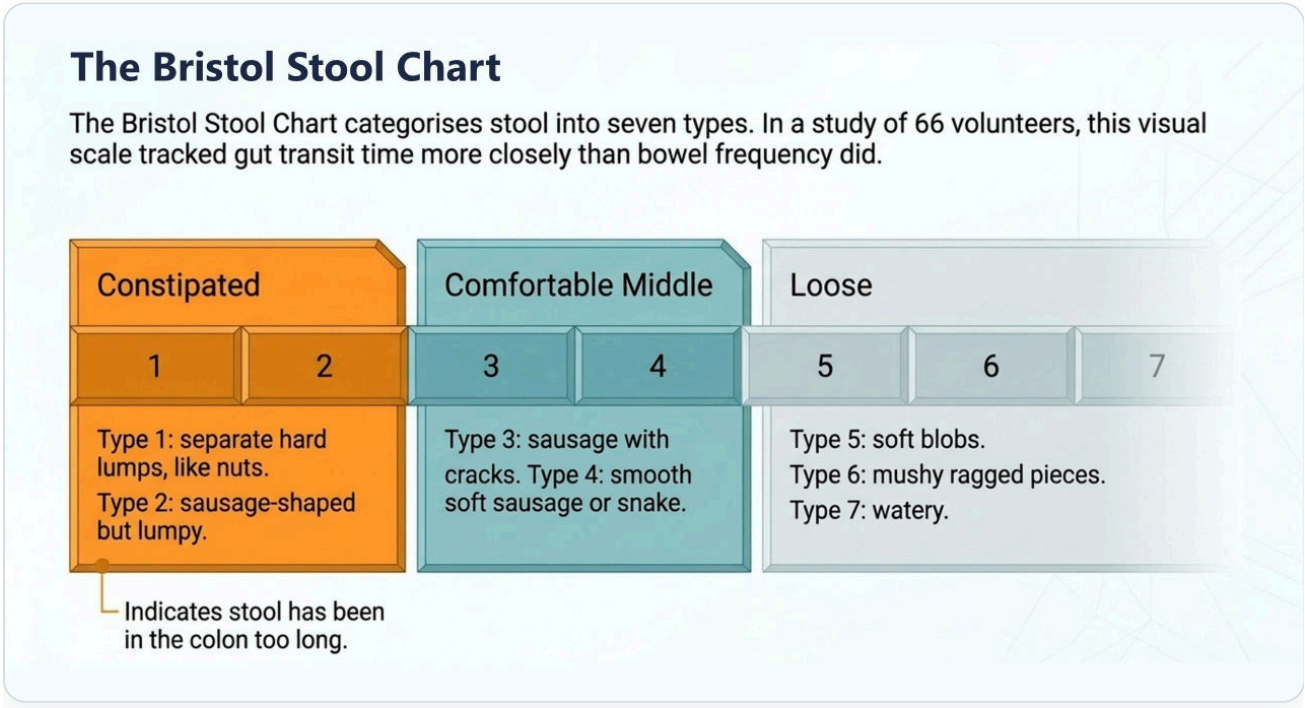


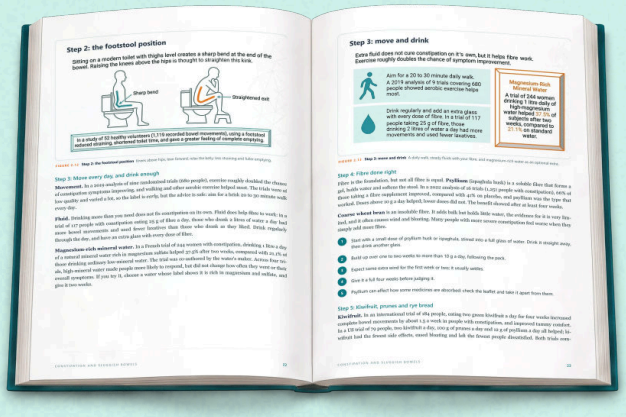
FIGURE 2.3 **The Bristol Stool Chart** Seven stool types: 1 and 2 mean constipation, 3 and 4 are the goal.

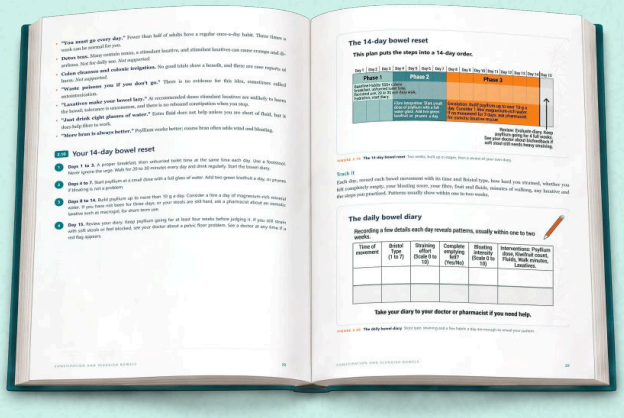
Straining, or never quite finished?

Learn what counts as normal, why the toilet routine and footstool position matter, and what fibre, fluids and laxatives can and cannot do. Then follow a seven-step plan that starts with free changes you can make tomorrow morning.

Every step is graded by the strength of its evidence, and the book shows you which signs to take to your doctor first. Printable checklists, symptom diaries and progress trackers are free to download, and the GutClarity app is free too, with no subscription.

Check the red flags, then begin step one tomorrow.



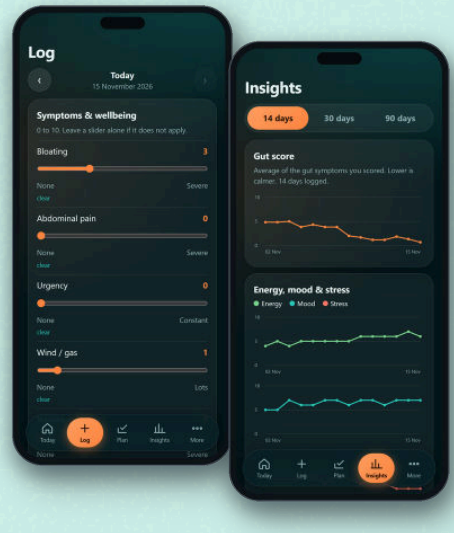


Clear explanations. Practical steps.

Checklists, diaries and trackers.

Explore The Gut Health Series





The complete Gut Health Manual • Seven focused guides • Free GutClarity app