

The Importance of Daily Pooping

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No one wants to talk about their poop, it's just not something polite people do. However, your poop can tell you a lot about your health. Unfortunately, because we aren't discussing poop there are a lot of misconceptions about what the normal frequency, consistency, and color of stool should be.

A short time ago we ran a poll on our Facebook page. We asked, "What do you consider the "normal" number of times to poop in a day?" The answers were varied and we were not surprised to find that most people thought it was healthy to NOT poop everyday.





Think about urine for a moment, if you didn't urinate for even one day, probably even half a day, you'd begin to wonder. Why then do we think it is acceptable to not poop daily? If you are eating consistently, then you should be pooping consistently too.

Let's start by defining constipation and diarrhea. Then we'll talk about poop consistency, using the Bristol Stool Chart, so that you can truly define when each of these is happening, and when to be concerned.

Constipation - infrequent (less than 1 per day) and/or small, hard to pass stools.

Diarrhea - loose, watery stools 3 or more times a day.

A deviation from these definitions for a day or 2 is usually of no concern. When constipation or diarrhea becomes long term (chronic) that is when you may begin to have other health problems.

C O N S T I P A T I O N	Type 1  Separate, hard pellets or lumps (may require straining).
	Type 2  Lumpy and sausage-shaped.
N O R M A L	Type 3  Like a sausage with cracks on the surface.
	Type 4  Long, smooth, soft, and snake-like.
	Type 5  Soft, distinct blobs (may be covered in mucous and pass easily).
	 Fluffy, inverted, and mushy.

Bristol Stool Chart

Before discussing how to treat constipation, let's talk about stool consistency. Could you be pooping everyday and still be constipated? Yes, yes you can. Let's take a look at the Bristol Stool Chart which gives us an easy way to evaluate our stools.

Types of diarrhea...

Diarrhea can be acute (<48 hours), persistent (2-4 weeks), or chronic (4+ weeks). Diarrhea of more than 48 hours can lead to dehydration and is probably due to an acute illness, such as food poisoning. Long term dehydration leads to malabsorption and is usually a symptom of a deeper problem. It's important to remember that chronic diarrhea can be episodic (come and go).

More about diarrhea...

Now that you know what diarrhea truly is we can talk about treatment. Treatment varies depending on whether you have acute, persistent, or chronic diarrhea.

Acute diarrhea can be treated with a B.R.A.T. diet. The BRAT diet consists of bananas, rice, applesauce, and toast. Essentially you are simplifying your diet which gives your GI a bit of a rest while still providing some nutrients and fiber. A day or two of the BRAT diet should help decrease diarrhea, if not, you may need to see a doctor.

Persistent diarrhea is a bit more tricky to treat. A common cause of persistent diarrhea is a major disruption to the microbiota of the GI tract. The microbiota can be affected by medications, especially antibiotics, a recent illness, or even just a poor diet.

Try these steps to treat persistent diarrhea:

1. BRAT diet (1-3 days) - after the 3 days add in potatoes (baked or broiled), oatmeal, and baked or grilled chicken.
2. Probiotics - multi-strain, spore-based, high potency from a reputable manufacturer.
 - Foods/drinks that provide probiotics/prebiotics:
 - Sauerkraut
 - Kefir
 - Miso
 - Kombucha
 - Kimchi
 - Sauerkraut
 - Sourdough bread
 - Soft cheeses
 - Pickles
 - Apples
 - Onion
 - Asparagus
 - Leeks
 - Honey
3. Avoid alcohol, gas-producing foods (broccoli, beans, etc.), prunes, and berries until diarrhea is resolved.

4. Stay hydrated - water, bone broth, tea, and/or electrolyte drinks (low sugar and no dyes added) will help to avoid dehydration.
5. Avoid over-the-counter (OTC) drugs like Imodium (Loperamide). Imodium has extreme effects on the intestines by slowing intestinal motility. Imodium and other antidiarrheals also have an effect on opiate receptors, meaning it can be habit-forming. Not that you will be addicted to it like a meth addict, but if used chronically your GI tract will become sensitized to its use. Once sensitized to laxatives you will need a higher dose to be effective and the smooth muscle that creates peristalsis are also weakened with prolonged use of laxatives.

More about constipation...

If your poop is a type 1 or 2 on the Bristol Stool Chart, even if you are having a bowel movement everyday, then you are still constipated. The easiest way to overcome this type of constipation is to add more fiber into your diet, exercise and hydration would be beneficial too.

If you have constipation the number 1 thing to remember is to NEVER USE OTC LAXATIVES. The side effects of laxatives are long and include severe dehydration, laxative dependence, chronic constipation, internal organ damage, and increased colon cancer risk. Instead of using laxatives let's get to the root of the problem, why are you having constipation in the first place?

There are many reasons for constipation, and for most people, it is probably a multifactorial issue. The main causes/contributing factors of constipation:

1. Fiber deficiency - research has shown that most Americans get 10-15g of fiber a day, when what they actually need is 25g for women and 38g for men (recommendations may vary by age). You read that right women are getting only about 50% of the fiber they need and men only about 30% of their fiber need!
2. Dehydration - there are so many different recommendations on how much water to drink, so we're going to simplify it for you...drink enough water daily to make your urine barely yellow (doesn't apply to first morning urine).
3. Sedentary lifestyle - peristalsis is the muscular movement that moves waste through your intestines, the keyword is 'muscular', the smooth muscle that creates peristalsis is just like any other muscle it needs your body to move to strengthen it.
4. Stress - the body reacts to stress by releasing hormones, such as epinephrine, one result of the hormonal changes is that blood is diverted away from the intestines, other changes to permeability and microbiota (friendly gut bacteria) contribute to constipation with chronic (long term) stress.



5. Medications - many medications may contribute to constipation, by fixing the issues above you should be able to decrease your medications' effect on your bowel movements.

Are you thinking, so what if I only have a bowel movement every 3 days? I feel fine, so for me, it's just normal to not poop everyday. Well, it does matter! You may not yet have hemorrhoids, anal fissures, or an impaction, but that doesn't mean that your chronic constipation isn't having an effect on your health.

Poop is made up of water (thus one reason why hydration matters), bacteria, indigestible food waste, and other biomass, such as dead epithelial cells. When you are not eliminating these waste products they sit within your GI tract continuing to ferment, think rotting trash! This equates to an increased risk of many chronic diseases and a much higher risk of colon cancer.

Daily bowel movements are essential for long term health. So grab some water and get some steps in today, your body will thank you.