



HERBAL EXTRACT
COMPANY

THE NATUROPATH'S GUIDE — CONSTIPATION

A focus on the herbal approach
for managing constipation

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SENNA PODS
(*Senna alexandrina*)

CONSTIPATION

Constipation is characterised by difficult and infrequent bowel movements, typically three or fewer times a week. It is a common gastrointestinal ailment in both adults and children.¹

People say they are constipated when they cannot empty their bowels as often or as easily as they would like. However, there is wide variation in what is considered a normal amount of bowel motions which can range from several times a day to three times a week. The definition of constipation varies but can be most simply defined by one or more of a combination of frequency, size, consistency and ease of elimination. Most naturopaths and herbalists believe regular bowel movements are necessary for the maintenance of good health and suggest that it is less than optimum for health to defecate less than once a day. Constipation can significantly impact an individual's quality of life and, if left unmanaged, may lead to various health complications. The good news is that most of the time constipation is not serious and is treatable.

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Condition Overview

The large bowel draws water and nutrients into the body from food and drink that is consumed. As the digested food passes through the bowel (the colon),

the waste matter or stool gradually forms. The stool is stored in the rectum until it is ready to pass out of the body as a bowel motion. The muscles in the bowel help to push the stool into the rectum. When it gets to the rectum the stool should be formed enough to pass through comfortably. Constipation can occur if too much water is drawn back into the body from the bowel or the muscles in the bowel are weak and slow.⁶

Constipation is a common complaint in Australia and other developed countries. Up to one in five adults report that they have constipation, although only a minority of people seek medical attention. Constipation is more common in older people, particularly in those over 65 years of age. One in 10 children will see a doctor for this problem, which accounts for 3 to 5% of all visits to a paediatrician. A small percentage of adult patients are severely debilitated due to constipation. At least 30% of children with constipation will remain symptomatic until adulthood. The most common causes of constipation include a change in routine, not enough fibre in the daily diet, not enough fluids and lack of exercise.^{7 8}

There are several subtypes of constipation, each with its unique characteristics and underlying factors.

Functional (primary) constipation: This is a common subtype which is frequently seen in childhood but also affects adults. It is marked by

irregular and difficult bowel movements without any obvious structural problems. The cause of functional constipation is multifactorial and not well understood. Contributing factors can include one or a combination of dehydration, dysbiotic bowel flora, food sensitivity, dietary and fluid intake including inadequate fibre intake, inadequate water intake and overuse of coffee, tea or alcohol, reduced levels of exercise, fissures, pain, fever, some medications, psychological issues, toilet training and a family history of constipation.

Chronic idiopathic constipation: This is another common subtype characterised by irregularity in defecation and difficulty in passing stool. Unlike functional constipation, where underlying factors may be apparent, chronic idiopathic constipation lacks a clear physiological or anatomical explanation for the persistent discomfort and irregularity in defecation. An underlying cause is identified in less than 5% of cases. This subtype is defined by its chronic nature, often lasting for an extended period and its primary symptom of infrequent and challenging bowel movements. Management typically involves a combination of lifestyle modifications, dietary changes and, in some cases, pharmacological interventions to alleviate symptoms and improve the patient's quality of life.

Secondary constipation: This subtype is the least common and can be linked to specific causes such as medications (including anticholinergics, narcotics, antidepressants, lead, iron, bismuth, calcium channel blockers, nonsteroidal anti-inflammatory drugs, psychotropic drugs and vitamin D intoxication), certain medical disorders (including Hirschsprung's disease, stroke, Parkinson disease, multiple sclerosis, hypothyroidism and spina bifida), dietary issues or structural abnormalities in the gastrointestinal tract. The treatment approach for secondary constipation often involves addressing the root cause including adjusting medications, managing underlying health conditions or making dietary modifications. Proper identification and management of these underlying factors are essential in effectively alleviating constipation symptoms.

Understanding these subtypes is essential for healthcare professionals as it guides tailored approaches to diagnosis and treatment, optimising

patient care and outcomes.⁹

Common Symptoms

The most common complaint is infrequent bowel motions, usually less often than three times a week.

- Needing to open the bowels less often than usual
- Large hard or lumpy stools, or small dry pellet-like stools, that may be painful to pass. This may cause a small split in the lining of the back passage (anal fissure). This can result in pain and stinging in the area, as well as some bright red bleeding, often seen on the toilet paper and sometimes also in the toilet.
- Excessive straining during bowel motions
- Having to sit on the toilet for much longer than usual
- The feeling of incomplete emptying or of a blockage
- Bloated abdomen
- Painful defecation, abdominal cramps
- Soiling of underwear and over-spill syndrome. This can happen in people, particularly children and the elderly, who have had constipation for a very long time and the end part of the large bowel (rectum) may become stretched. This will often mean they lose awareness of the need to pass a motion, which can lead to an overflow of watery stool and unintentional soiling of underpants.
- Haemorrhoids
- In children, withholding behaviours¹⁰

Risk Factors

Family History: Constipation often runs in families and almost a third of patients will have other family members with similar bowel problems.¹¹

Age: Constipation is more common in the elderly. This is due to a number of factors including reduced intestinal muscle contractions and reliance on regular medications.¹²

Lifestyle factors: This includes a change in routine (often seen in shift workers and travellers), a tendency to 'put off' going to the toilet (more water will be extracted from the stools, making them

difficult to pass), not getting enough water, fibre or exercise. ¹³

Medical disorders including:

A period of illness: Particularly illness resulting in hospitalisation. Factors include change in routine, shyness, reduced food intake, pain (especially after abdominal surgery) and pain-relief medication such as morphine. ¹⁴

Functional gut disorders: This includes slow transit (some people naturally pass motions less often than most people) or irritable bowel syndrome characterised by abdominal pain, bloating, and either constipation or diarrhoea or alternating constipation and diarrhoea. ¹⁵

Neurological disorders: including Parkinson's disease, stroke and multiple sclerosis. Lifestyle interventions, tailoring of the bowel regime and laxative manipulation are the first-line approaches. ¹⁶

Pelvic floor problems: Functional intestinal constipation is higher in those with alterations in the pelvic floor muscle structure and function. ¹⁷

Anal fissure: This is a tear in the lining of the anus (anal mucosa). Anal fissures are common in both adults and children, and those with a history of constipation tend to have more frequent episodes of this condition. The person may resist going to the toilet for fear of pain. ¹⁸

Obstruction: The rectum or anus may be partially obstructed by, for example, haemorrhoids (piles) or a rectal prolapse. ¹⁹

Hernia: A hernia may cause a partial blockage in the intestines, impairing digestion. This can make bowel movements more difficult and people may experience constipation. ²⁰

Abdominal or gynaecological surgery: Patients with pre-existing constipation need to pay special attention to this issue as they have a higher risk of constipation occurring after surgery. Any intervention (surgery, medication) will worsen any pre-existing constipation. In some cases constipation can get so severe that patients need to be readmitted to hospital after surgery to manage the pain and exclude further complications. Constipation can be due to the effects of anaesthesia, pain medication (narcotics) and

decreased physical activity. Anti-nausea medication can also cause constipation. ²¹

Cancer: A tumour that presses on the nerves in the spinal cord can slow down or stop the movement of the bowel. This causes constipation. Tumours in the abdomen can squash, squeeze or narrow the bowel and back passage rectum making it difficult to have a bowel motion. Or a tumour in the lining of the bowel can affect the nerve supply to the muscles and cause constipation. ²²

Hormonal changes: This includes during pregnancy, before menstrual periods or with problems of the endocrine system such as hypothyroidism, diabetes or hypopituitarism. ²³

Medications: This includes narcotics (particularly codeine), antidepressants, iron supplements, calcium-channel blockers (antihypertensives, particularly verapamil) and non-magnesium antacids which are known to slow bowel movements. ²⁴

Cow's milk allergy: This can cause severe constipation in a minority of infants and young children. A four-week cows' milk protein elimination diet may be considered for children with chronic constipation resistant to conventional treatment and who lack alarm signs/symptoms of organic diseases. This averts unnecessary invasive testing or prolonged treatment of constipation with drugs. A number of studies have shown a beneficial effect of elimination diet and relapse of constipation at challenge in a large proportion of children. ²⁵

How To Get The Correct Diagnosis

A thorough and comprehensive patient history is obtained including medical history, physical examination (distention, high-pitched or absent bowel sounds, tenderness or masses plus a rectal examination), detailed questioning about medications, diet, exercise and lifestyle habits, previous colonoscopies, surgeries and underlying or relevant medical issues. Also included is a detailed history of the patient's usual pattern of defecation and the frequency of altered defecation patterns compared to the usual pattern, such as 'missing a day.' The patients should also be asked about the perceived hardness of the stools, any other

symptoms the patient may be experiencing and whether the patient strains to defecate. The patient should also be evaluated for signs of depression, anxiety and stress. A thorough history is particularly significant as part of a complete evaluation of a child with constipation.²⁶

A diagnosis of functional constipation can be made using Rome IV diagnostic criteria revised in 2016. Adult Rome IV criteria (Pediatric Rome IV criteria differs) establish a functional constipation diagnosis when a patient has experienced two or more of the following over the preceding six months:

- Fewer than three spontaneous bowel movements per week
- Straining for more than 25% of defecation attempts
- Lumpy or hard stools for at least 25% of defecation attempts
- Sensation of anorectal obstruction or blockage for at least 25% of defecation attempts
- Sensation of incomplete defecation for at least 25% of defecation attempts
- Manual maneuvering required to defecate for at least 25% of defecation attempts
- Additionally, the patient must rarely have loose stools present without using a laxative and must not meet Rome IV criteria for irritable bowel syndrome.²⁷

Conventional Treatment & Prevention

The treatment of adults with constipation involves a comprehensive and strategic approach that addresses the underlying causes and focuses on promoting regular bowel movements and symptom relief. Initially, dietary and lifestyle modifications play a crucial role, emphasising increased fibre intake from fruits, vegetables, whole grains and adequate hydration to soften stools. Fibre supplements may be helpful if the person is reluctant or unable to include more wholegrain foods, fresh fruits or vegetables in their daily diet although they can aggravate or cause constipation. Scheduled bathroom time and regular physical activity further

aid in improving bowel regularity. For patients with pelvic floor dysfunction, physical therapy focusing on the pelvic floor can be helpful. Biofeedback therapy, or cognitive-behavioral therapy, can be beneficial, particularly when stress or anxiety exacerbates symptoms. Management of pediatric constipation includes medical supervision, dietary instructions, behavioral changes and instructions regarding toilet training. A normal fibre intake, fluid intake and physical activity level are recommended.²⁸

When used appropriately laxatives can greatly relieve acute and chronic constipation. There are many different types of laxative preparations available ranging from tablets, powders, syrups and fruit pastes to local preparations inserted directly into the rectum (enema or suppository). There are four main types of laxatives:

- **Bulking agents, including fibre supplements:** These act by increasing the amount of dietary fibre, drawing fluid into the bowel and bulking up stools. Excess fibre may cause abdominal discomfort, bloating and flatulence. This can be reduced by starting with small amounts and slowly increasing them, as well as ensuring the patient is drinking enough fluids.
- **Osmotic agents:** These act by drawing fluid into the intestine to soften the stools. Many preparations used to clean the bowel out before a colonoscopy also belong to this group of laxatives. There are several different types including unabsorbable sugars (e.g., sorbitol or lactulose), magnesium, phosphate or citrate salts, polyethylene glycol and the newer macrogol preparations. Side effects include bloating, flatulence, abdominal cramps, diarrhoea and possibly dehydration in young children and the elderly.
- **Stool softeners and lubricants:** Laxatives such as docusate act as detergents that help to soften stool. Oils such as paraffin have been used as lubricants to make it easier to pass stools.
- **Bowel stimulants:** These increase bowel contractions that help the bowel to pass stools along. They include senna and cascara. Stimulants may cause problems with low potassium levels and abdominal cramping if used

regularly, or in large amounts, and should be taken cautiously. Liquorice, caffeine and nicotine also have some stimulant effects on the bowel but on their own are usually not enough to treat constipation.²⁹

It is usually recommended to start with a bulking agent, then, if symptoms continue, add an osmotic agent, then either add or substitute a stimulant laxative. These may provide short-term relief but their extended use should be monitored. Removal of impacted faeces may involve enemas, stool softeners and a short-term course of laxatives. When these measures prove insufficient prescription medications may be considered. Multiple options exist. Treatments may be offered for underlying disorders such as surgery to repair an abdominal hernia, hormone replacement therapy for hypothyroidism or anaesthetic cream and sitz (salt water) baths for an anal fissure.

In many patients recurrence of constipation after treatment is common, chiefly due to a lack of compliance with the diet. A few patients who fail to respond to medical management may need to

undergo total abdominal colectomy however patient selection is vital for a good outcome. The most difficult patients are those addicted to laxatives who will not change their lifestyle and continue to use a variety of laxatives.

“Constipation is more than just a symptom. It can significantly impact an individual’s quality of life and, if left unmanaged, may lead to various health complications.”



INTERVENTION	Antispasmodics, carminatives	Demulcents	Adaptogens, relaxing nervines, adrenal tonic	Digestive bitters, chologogues, choloretics, liver stimulants	Cathartic herbs (laxatives and purgatives)
Aloes				✓	✓
Buckthorn					✓
Butternut				✓	✓
Chamomile	✓		✓	✓	
Dandelion Root				✓	✓
Fennel	✓				
Gentian				✓	
Liquorice	✓	✓			✓
Rhubarb					✓
Senna Pods					✓
Wild Yam	✓			✓	
Yellow Dock				✓	✓

Natural Therapies For Treatment & Prevention

Constipation is a symptom of an underlying problem so this must be identified and treated rather than simply thinking of that “one thing” for it. Patient education about constipation is a crucial component of its management. It empowers individuals to understand their condition and actively participate in their well-being. Patients should be educated about the common causes of constipation such as dietary factors, inadequate fluid intake and sedentary lifestyles. As such, individuals with constipation should also learn the importance of a balanced fibre-rich diet, regular physical activity and vigorous hydration to promote healthy bowel movements. Dietary deficiency often requires excess fluid and fibre supplementation for life. Education on the importance of adherence to treatment plans, recognising constipation symptoms and when to seek medical attention is essential for patient empowerment and management. Ideally, stool consistency should be similar to cow pats or oatmeal porridge. However, a more solid consistency is acceptable as long as it is easy to pass regularly without any pain, discomfort or excessive straining.^{33 34}

Herbs can be used in a variety of ways from promoting digestion, increasing peristalsis and restoring tone to the intestines, to soothing and lubricating inflamed bowels and decreasing stress and anxiety, to dramatically purging the bowels with cathartic laxatives (avoid long term use). If herbs are necessary use the gentlest herbs first. Start with low herbal dosages and slowly increase. Avoid long term use of cathartic laxatives.^{35 36}

Herbalists and naturopaths believe that regular bowel movements are necessary for the maintenance of good health, and it is good clinical practice to re-educate the bowel to effect change when there are issues. This can be done by improving liver function (choleretics and cholagogues), increasing stool bulk (e.g. slippery elm (*Ulmus rubra*)), improving gastrointestinal function (e.g. spasmolytics such as chamomile (*Matricaria chamomilla*)) and improving gastrointestinal lubrication (e.g. with linseeds). With this in mind anthraquinone laxatives are best used

as a last resort since their effect is only symptomatic and they can become habit forming. They are safe and effective when used short term however they are not suitable for constipation associated with bowel tension, spasm or irritability. Dosing can vary greatly from person to person depending on their bowel flora so judicious use is recommended.^{37 38}

Diet

Increasing fibre consumption is a first priority. Dietitians generally recommend 25 to 30g of fibre every day. For children it is the child's age plus 5g per day (e.g., a 7-year-old should have 7+5 = 12 g per day). Good sources of fibre include wholegrain cereals, fruits such as apples and berries, vegetables such as broccoli and chia seeds and legumes such as chick peas and lentils. Studies have shown that eating two green or gold kiwifruit daily (for 28 days) are effective in treating constipation in adults. Prunes are also high in fibre and are a natural laxative. It is important to drink plenty of water when increasing fibre intake.³⁹

Nutrient-dense wholefoods: Consume a balance of vegetables, animal protein and fats from natural sources. Fats provide internal lubrication. Avoid processed and sugary foods which feed pathogenic bacteria leading to gut dysbiosis especially white refined flour, white refined sugar and industrial seed oils. Consider a gluten-free diet until healthy bowel movements are established. Do not overdo nuts (including nut butters and nut milk) as they can be very drying and can exacerbate constipation.⁴⁰

More fluids: Liquids help to plump out faeces however it is important to restrict the intake of diuretic drinks such as tea, coffee and alcohol.⁴¹

Prebiotic therapy: Prebiotics found primarily in vegetables feed beneficial bacteria and promote bowel motions. Slippery elm powder, flax meal and psyllium husks (slightly more abrasive) draw water into the bowel, acting as bulking and softening agents. The increased bulk stimulates peristalsis initiating a soft but formed bowel motion.⁴²

Probiotic therapy: Probiotics are substrates for healthy bacteria to feed off and have been shown to have a beneficial effect on bowel motion frequency and faecal transit time. Probiotic rich foods include fermented vegetables such as sauerkraut, kefir, full fat yoghurt and kombucha.⁴³

Lifestyle

Exercise

One of the many benefits of regular exercise is improved bowel motility. Physical activity (particularly first thing in the morning) helps to encourage peristalsis of the bowels and get things moving. Ideally, exercise should be taken every day for about 30 minutes. ⁴⁴

Good toileting habits

The best times to try to pass bowel motions are on waking up in the morning or shortly after meals as this is when the bowel is most active. When sitting on the toilet it can be useful to make sure the knees are bent above the level of the hips and the feet are flat on the floor. Placing a small footstool under the feet may be needed to get the best position. Reading, doing puzzles and playing electronic

games are generally not recommended while trying to have bowel motions, because they tend to significantly prolong toileting time and straining. Children in general should not sit for any longer than 10 minutes to try to pass stools. ⁴⁵

Abdominal massage

Abdominal massage, in a clockwise direction, may help promote peristalsis and emptying of the rectum. ⁴⁶

Potential Treatment Plans

Constipation	Chamomile	Dandelion Root	Fennel	Gentian	Butternut
Chronic constipation	Buckthorn	Senna	Fennel	Chamomile	Dandelion Root
Childhood constipation	Dandelion Root	Chamomile	Rhubarb (small dose is bitter not laxative)	Fennel	Yellow Dock
Herbal laxative for slow transit (not irritable bowel)	Aloes	Fennel	Liquorice	Wild Yam	Chamomile

Desired Herbal Actions and Potential Herbs Include:

Antispasmodics, carminatives

Address abdominal pain and bloating, ease spasm and tension and improve motor function in the lower digestive tract. Carminative herbs are generally warming and dispersive. By promoting natural digestive function they can help to move the bowels. Herbs such as angelica, aniseed, celandine, chamomile, fennel, garlic, ginger, globe artichoke, lemon balm, liquorice, parsley root, peppermint, rosemary, stone root, thyme, turmeric, valerian, wild yam.

Demulcents

Increase the stool bulk and improve gastrointestinal lubrication. If the stool is hard and dry demulcent herbs can be used to moisten the bowels. Herbs such as chickweed, liquorice, marshmallow, ribwort, slippery elm.

Adaptogens, relaxing nervines, adrenal tonics

Support for the nervous system because mood has been shown to affect bowel habit, with depression significantly slowing gastrointestinal transit time and anxiety speeding it up. Herbs such as chamomile, hops, lemon balm, liquorice, rehmannia, scullcap, valerian.

Digestive bitters, cholagogues, choleretics, liver stimulants

Liver congestion has long been seen as a common cause of constipation. Improving digestion and




increasing bile production often results in softer stools. Hepatic support also addresses the toxic burden on the liver caused by reabsorption of toxins from the bowel. Bitter herbs stimulate bile production and release which helps to promote normal peristaltic activity. They can be taken just before meals. Herbs such as aloes, barberry, blue flag, butternut, cascara sagrada, chamomile, celandine, dandelion root, gentian, globe artichoke, glossy privet, hops, liquorice, parsley root, peppermint, rehmannia, St. Mary's thistle, turmeric, wild yam, yellow dock.

Cathartic herbs (laxatives, including mild and anthraquinone, and purgatives)





Laxatives promote defecation, relieving constipation. Used sparingly and cautiously anthraquinone laxatives can be used short term for stubborn or severe constipation to help loosen impacted faeces. They are best used as a last resort as their effect is only symptomatic. They may also become habit forming if taken for any extended period of time as they can induce "lazy bowels". It is important to use carminative and antispasmodic herbs to ease and avoid possible pain of intestinal spasm caused by laxatives. Herbs such as aloes, barberry, blue flag, buckthorn, butternut, cascara sagrada, celandine, dandelion root, liquorice, rehmannia, rhubarb, senna pods, yellow dock.






Herbal Support Could Include:

HERB NAME	DESCRIPTION	ACTIONS
<p>Aloes (<i>Aloe ferox</i>)</p> 	<p>The latex, found in specialised cells in the margins of the aloes leaves beneath the thick epidermis, is mainly used for its anthraquinone laxative effect. It should be administered for constipation in small doses, for limited periods, due to its side effects and habituating potential. Compared to other potent anthraquinone-containing laxative herbs such as rhubarb (<i>Rheum palmatum</i>), cascara sagrada (<i>Frangula purshiana</i>) and senna pods (<i>Senna alexandrina</i>), this form of aloe is considered one of the most irritating laxatives due to its propensity to cause cramping, griping and colon irritation. It is recommended to consume it with carminative herbs, such as fennel (<i>Foeniculum vulgare</i>), angelica (<i>Angelica archangelica</i>) or ginger (<i>Zingiber officinale</i>), to prevent intestinal cramping and griping pain. Results can take 12 to 18 hours following consumption. Therefore, it should be consumed early in the evening to obtain results the following morning.^{47 48 49}</p>	<p>Laxative</p> <hr/> <p>Choleretic</p> <hr/> <p>Cholagogue</p> <hr/>
<p>Buckthorn (<i>Rhamnus frangula</i>)</p> 	<p>Buckthorn is used as a gentle purgative, in small doses (repeated three or four times daily), in cases of chronic constipation. As a laxative buckthorn is not as powerful as senna pods (<i>Senna alexandrina</i>) or aloes (<i>Aloe ferox</i>) and is slightly more effective than rhubarb (<i>Rheum palmatum</i>). In very persistent cases it will not suffice on its own and a combination with senna and carminative herbs (e.g. fennel (<i>Foeniculum vulgare</i>) or aniseed (<i>Pimpinella anisum</i>) will be more effective.^{50 51}</p>	<p>Laxative</p> <hr/>
<p>Butternut (<i>Juglans cinerea</i>)</p> 	<p>Butternut is a species of walnut also known as white walnut, which is a cousin to black walnut (<i>Juglans nigra</i>). It is a mild cathartic for chronic constipation, gently encouraging regular bowel movements. It is especially beneficial when combined with a carminative herb such as angelica (<i>Angelica archangelica</i>), fennel (<i>Foeniculum vulgare</i>) or ginger (<i>Zingiber officinale</i>). It is used for constipation due to weakness or paralysis of the muscles of the colon and rectum and to stimulate liver function in congestive digestive disorders.⁵²</p>	<p>Laxative</p> <hr/> <p>Cholagogue</p> <hr/>



Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
Chamomile <i>(Matricaria chamomilla)</i> 	Chamomile is a remarkable relaxant for the nervous system and digestion so it shines for digestive problems due to anxiety. As a carminative it can be combined with laxatives to ease and avoid the possible pain of intestinal spasm they may cause. ⁵³	Antispasmodic Carminative Relaxing nervine Cholagogue Digestive bitter
Dandelion Root <i>(Taraxacum officinale)</i> 	Dandelion is used in traditional medicine to treat constipation and improve digestive health. It has been used for centuries in the treatment of the liver where it increases function and decreases inflammation. It is gently stimulating and moves stagnation. A sluggish liver is related to poor digestion. Dandelion root is also a rich source of the prebiotic fiber inulin, which has been shown to reduce constipation and promote the movement of food through the digestive system. ⁵⁴	Choleric Cholagogue Mild laxative Bitter tonic
Fennel <i>(Foeniculum vulgare)</i> 	Fennel's carminative action means it is often applied to treat mild spasmodic gastrointestinal complaints, including constipation, especially in children and infants. Fennel is a useful women's remedy, and is a well-known galactagogue, used to promote the flow of breast milk. When taken by the mother the volatile oils will pass to the baby to soothe digestive troubles. ^{55 56}	Antispasmodic Carminative
Gentian <i>(Gentian lutea)</i> 	Famously used as a bitter digestive tonic, gentian stimulates the appetite and digestion by promoting the production of saliva, gastric juices and bile. These actions make it useful for a sluggish digestive system as seen in constipation. ⁵⁷	Bitter tonic Cholagogue

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
<p>Liquorice (<i>Glycyrrhiza glabra</i>)</p> 	<p>Liquorice is a demulcent that soothes mucous membranes commonly used to soothe the digestive tract including symptoms of irritable bowel syndrome such as constipation.⁵⁸</p>	<p>Antispasmodic</p> <hr/> <p>Demulcent</p> <hr/> <p>Mild laxative</p> <hr/>
<p>Rhubarb (<i>Rheum palmatum</i>)</p> 	<p>Also known as Chinese rhubarb (Da Huang), rhubarb has a purgative action. It was primarily used in traditional medicine as a stimulant laxative to treat constipation. At low doses it is said to act as an antidiarrhoeal because of the tannin components whereas at higher doses it exerts a cathartic action. Rhubarb also has an astringent effect, making it a true gut cleanser, as it can firstly remove waste and then astringe the system with its antiseptic properties. To avoid any griping it is recommended to take rhubarb with carminatives.^{59 60}</p>	<p>Laxative</p> <hr/>
<p>Senna Pods (<i>Senna alexandrina</i>)</p> 	<p>Senna pods have been used for their stimulating laxative effect in more severe cases of constipation. Senna pods contain anthraquinones which are bitter tasting compounds that stimulate the peristalsis of the large intestine. The use of these agents can result in griping abdominal pain so concurrent administration of carminatives and antispasmodics is therefore highly recommended. Short-term application is advisable. Senna pods are the most common regime used in opioid-induced constipation which accounts for more than 40% to 60% of non-cancer patients receiving opioids. Laxatives must be started at the same time as the opioid to prevent opioid-induced constipation.^{61 62}</p>	<p>Laxative</p> <hr/>

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
<p>Wild Yam (<i>Dioscorea villosa</i>)</p> 	<p>Traditionally wild yam has an antispasmodic action making it useful for any kind of muscular spasm of the digestive organs and intestinal pain and helps stimulate proper excretion.⁶³</p>	<p>Bitter</p> <hr/> <p>Antispasmodic</p> <hr/>
<p>Yellow Dock (<i>Rumex crispus</i>)</p> 	<p>Yellow dock has a long history of use for stimulating liver function. The bowel cleansing action of yellow dock is very mild, and it is generally considered one of the safest herbs to use long term when the liver and bowel need some stimulation. World authority on herbal medicine, Simon Mills, says it “can best be seen as a mild version of cascara [sagrada] (<i>Frangula purshiana</i>) or rhubarb (<i>Rheum palmatum</i>), having the same bitter and choleric properties, but less laxative action...it is also unusually rich in iron.”⁶⁴</p>	<p>Laxative (mild)</p> <hr/> <p>Chologogue</p> <hr/>

Conclusion

Constipation is a common digestive complaint seen in patients of all ages and the causes are diverse. The condition affects millions of people worldwide. Most patients with constipation are managed well with holistic treatment and can be improved using diet, lifestyle and herbs. Healthcare professionals should individualise care plans taking into consideration the patient’s age, gender, underlying conditions and medication history. A strategic approach may include dietary and fluid recommendations, medications, physical therapy and behavioral interventions. By providing patients

with knowledge and practical strategies, healthcare professionals can help prevent constipation, improve patients’ quality of life and reduce the risk of complications associated with this common gastrointestinal issue.

Resources

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