



Is your poo a number two?...

What's normal and what's not when you look into the toilet? What comes out of your body can say a lot about what's happening inside it. Naturopaths just love to talk about poo – it is a treasure cove of information, after all. Poo is made up of water, fibre, bacteria, bile and sloughed-off cells from the inside of your intestinal tract.

If you have a change in stools accompanied by abdominal pain, please report this to your practitioner.

| Healthy Stool | Unhealthy Stool |
|--|---|
| Medium to light brown | Stool that is hard to pass, painful, or requires straining |
| Smooth and soft, formed into one long shape and not a bunch of pieces | Hard lumps and pieces, or mushy and watery, or even pasty and difficult to clean off |
| About one to two inches in diameter and up to 18 inches long | Narrow, pencil-like or ribbon-like stools: can indicate a bowel obstruction or tumor – or worst case, colon cancer; narrow stools on an infrequent basis are not so concerning, but if they persist, definitely warrant a call to your physician |
| S-shaped, which comes from the shape of your lower intestine | Black, tarry stools or bright red stools may indicate bleeding in the GI tract; black stools can also come from certain medications, supplements or consuming black licorice; if you have black, tarry stools, it's best to be evaluated by your healthcare provider |
| Quiet and gentle dive into the water...it should fall into the bowl with the slightest little "whoosh" sound – not a loud, wet cannonball splash | White, pale or gray stools may indicate a lack of bile, which may suggest a serious problem (hepatitis, cirrhosis, pancreatic disorders, or possibly a blocked bile duct), so this warrants a call to your practitioner; antacids may also produce white stool |
| Natural smell, not repulsive (I'm not saying it will smell good) | Yellow stools may indicate giardia infection, a gallbladder problem, or a condition known as Gilbert's syndrome – if you see this, call your doctor |
| Uniform texture | Presence of undigested food (more of a concern if accompanied by diarrhea, weight loss, or other changes in bowel habits) |
| Sinks slowly | Floaters or splashers |
| | Increased mucus in stool: This can be associated with inflammatory bowel disease like Crohn's disease, or ulcerative colitis, or even colon cancer, especially if accompanied by blood or abdominal pain |

How Often Should You Move Your Bowels?

Normal bowel habits vary. When we talk about regularity, what we're really talking about is *what's regular for you*.

Three bowel movements per day to three per week is considered the normal range. What's more important than frequency is the ease with which you move your bowels. If you need to push or strain, something is off – moving your bowels should take no more effort than urinating or passing gas. The thing to watch for is a sudden change in your bowel habits. Many factors can affect regularity, such as diet, travel, medications, hormonal fluctuations, sleep patterns, exercise, illness, surgery, childbirth, stress and a whole host of other things.

Does Your Stool Have a Really Bad Odour?

If your stool has an extraordinarily bad odor, it should not be ignored. I am referring to an odor *above and beyond* the normally objectionable stool odor. Stinky stool can be associated with a number of health problems, such as:

- A malabsorptive disorder
- Celiac disease
- Crohn's disease
- Chronic pancreatitis
- Cystic fibrosis

Passing gas (flatulence) is normal. Not only is it normal, it's a good sign that trillions of hard working gut bacteria are doing their jobs. People pass gas an average 14 times per day – anywhere from one to four pints of it! Ninety nine percent of gas is odourless, so you may even be unaware you're passing it. Think about it – were it not for an exit, we'd all blow up like balloons!

Constipation and Diarrhea

The average body takes between 18 and 72 hours to convert food into poo and pass it on out. When this time is significantly shortened, the result is diarrhea because your intestine doesn't have time to absorb all of the water. Conversely, when transit time is lengthened, you may end up constipated because *too much* water has been absorbed, resulting in hard, dry stools.

Constipation is defined as passing hard, dry stools that you have to strain to move, and it's typically accompanied by decreased frequency of defecation. Straining is not normal, nor are experiencing feelings of incomplete elimination, bloating, crampiness, or sluggishness after going number two. If you're over the age of 65, your risk of becoming constipated increases significantly. Chronic, untreated constipation can lead to fecal impaction, which can be a serious medical condition.

Laxatives should be avoided at all cost and used only as a last resort. See a Naturopath for a healthier alternative.

Transit time

Transit time is the length of time your poo takes to travel out of your body.

The average transit time in Western countries is between 18 and 36 hours, whereas in people eating less refined diets with more fibre, transit time is 12 to 18 hours.








How can you tell your transit time? Eating a cup of grated raw beetroot and a handful of sesame or sunflower seeds, without chewing them, and noticing when the last remnants have been excreted, will give you an approximation of your own personal transit time.

Bristol stool chart

The Bristol Stool Chart shows seven categories of stool. Every person will have different bowel habits, but the important thing is that your stools are soft and easy to pass – like types 3 and 4 below.

- Type 1–2 indicate constipation
- Type 3–4 are ideal stools as they are easier to pass, and
- Type 5–7 may indicate diarrhoea and urgency.

Bristol Stool Chart

| | | |
|--------|---|--|
| Type 1 |  | Separate hard lumps, like nuts (hard to pass) |
| Type 2 |  | Sausage-shaped but lumpy |
| Type 3 |  | Like a sausage but with cracks on its surface |
| Type 4 |  | Like a sausage or snake, smooth and soft |
| Type 5 |  | Soft blobs with clear-cut edges (passed easily) |
| Type 6 |  | Fluffy pieces with ragged edges, a mushy stool |
| Type 7 |  | Watery, no solid pieces. Entirely Liquid |

The Bristol Stool Chart was developed by K. W. Heaton and S. J. Lewis at the University of Bristol and first published in the Scandinavian Journal of Gastroenterology in 1997.

Common Causes of INCREASED Bowel Frequency/Diarrhea

| Lifestyle | Diseases and Conditions |
|---|--------------------------------------|
| Eating more fruits and vegetables (increased fiber) | Hyperthyroidism (overactive thyroid) |
| Increased exercise | Crohn's disease |
| Drinking more water | Ulcerative colitis |
| Emotional stress | Celiac disease |
| Food allergies | Irritable bowel syndrome (IBS) |
| | Medication side effects |
| | Gastrointestinal infection |

Common Causes of DECREASED Bowel Frequency/Constipation

| | |
|---|---|
| Change in diet, less fiber, less fruits and vegetables | Pregnancy, childbirth, or hormonal disturbances |
| Emotional stress | Problems with the muscles or nerve in the intestine, rectum or anus |
| Ignoring the urge to "go," travel and scheduling factors that cause you to hold it | Irritable bowel syndrome (IBS) |
| Insufficient exercise | Diabetes |
| Inadequate hydration | Hypothyroidism (underactive thyroid) |
| Calcium or iron supplements | Local pain or discomfort around the anus, such as from fissures or hemorrhoids |
| Drugs such as narcotic painkillers (codeine, for example), diuretics, antacids, antidepressants, and excess or overused laxatives | Less often: diverticulitis, intestinal obstruction, colorectal cancer, multiple sclerosis, Parkinson's disease and spinal cord injury |
| Food allergies | |

How to Score a Home Run with Your Bowel Movements

Most gastrointestinal problems can be prevented or resolved by making simple changes to your diet and lifestyle

- *Remove all sources of gluten* from your diet (the most common sources are wheat, barley, rye, spelt and other grains)
- Eat a diet that includes *whole foods*, rich in fresh, organic vegetables and fruits that provide good nutrients and fiber; most of your fiber should come *from vegetables, not from grains*
- *Avoid artificial sweeteners, excess sugar* (especially fructose), chemical additives, MSG, excessive amounts of caffeine, and processed foods as they are all detrimental to your gastrointestinal (and immune) function
- Boost your *intestinal flora* by adding naturally fermented foods into your diet, such as sauerkraut, pickles, and kefir (if you tolerate dairy); add a probiotic supplement if you suspect you're not getting enough beneficial bacteria from your diet alone
- Try increasing your *fiber intake*; good options include slippery elm bark and freshly ground organic flax seed (shoot for 35 grams of fiber per day) – avoid metamucil due to aspartame!
- Make sure you stay *well hydrated* with fresh, pure water
- Get plenty of *exercise daily*
- *Avoid pharmaceutical drugs*, such as pain killers like codeine or hydrocodone which will slow your bowel function, Antidepressants, and antibiotics can cause a variety of GI disruptions
- *Address emotional* challenges with tools like EFT
- *Consider squatting* instead of sitting to move your bowels; squatting straightens your rectum, relaxes your puborectalis muscle and encourages the complete emptying of your bowel without straining, and has been scientifically shown to relieve constipation and hemorrhoids

Credit to Dr Mercola

