Introduction and Personal Constipation Story

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Hello everybody. Today I'm really excited because we're going to talk about a topic that's very near and dear to my heart. In a strange way, we're going to cover everything comes to patient, which is actually exactly how I got to be in the seat today.

And I'm joined with Doctor Williams from Modern Medicine. And her and I are going to go through all things poop and constipation. How are you doing today?

I love it, I'm doing great. This is one of my favorite topics. So I'm so happy that we're talking about this today. Cool. Me too. I'm actually going to start by telling my personal story.

So the reason I became an entrepreneur, the doctors, because I struggled with constipation as a young child. I don't know if you know my personal story or not.

If you've heard it before, know the details. Okay, so I'm going to go into it. But I was born with constipation. So from a like really young age, my pediatrician would feel my stomach and be like, oh, she's not going to the bathroom enough.

And I was put on things like miralax and and all these medications. But it never gave me full relief. I never was like, okay, this is the solution. You know, I'm good and I move on with my life.

And for me, it was really uncomfortable. So I remember that it wasn't just like I was constipated and it didn't bother me. I became bloated, I would get reflux as well.

So I remember like regurgitating sometimes and being really young and just not super comfortable when I would eat. I also had migraines. I had some other things going on as well, but didn't feel super well.

For, for a lot of my childhood, I mean, I had a very happy childhood. I'm not trying to make it miserable, but, in terms of GI health definitely struggled.

And I went to see conventional gastroenterologist. I did a colonoscopy at a really young age. Endoscopy. There was nothing that came back. I was diagnosed with constipation, but then was also diagnosed with irritable bowel syndrome, which came back is probably not the right diagnosis for me because it can be a tricky one to rule out.

And, then I started to seek alternative treatments because it was like I have seen several gastroenterologist that on many medications still wasn't feeling well.

And for me, it was like I couldn't travel without becoming constipated and it ruined my vacation. I was scared to go out to eat because I thought it was like food causing my issues. So I was like, what do I eat?

I ended up eliminating like several things in my diet, took out dairy, gluten, but took out nightshades for one time. Went vegan like I tried like every diet to try to fix this.

A lot of it was because I was like listening to podcasts and was definitely tuning in to social media and like the health influencers of the time, which we didn't really have such social media, it was more like, I remember health podcasts that I was like constantly listening to, and then the books that would come out as well and be like, this is my new solution. I know what it is.

And then finally I went to another gastroenterologist and I remember like, I can actually like, picture the room. I remember sitting there, he had my file in front of him, which at that point was really long.

He's like, you've done every test, you have tried every medication. You're just gonna have to live with it. And I remember, like, my heart sank at that moment I was at for the first time.

I was like really hopeless. I was like, wow, this is not going to get better. This is just something that I'm going to have to deal with.

What Counts as Constipation

There was also a real coldness to how he approached it, where I was like, wow, I'm on my own. Like, this guy is not in my corner at all. And I left that appointment in tears and I was crying.

And I remember calling my mom afterwards and being like, I like, this is going to be really hard for me to adjust to. Like, I don't want to have to avoid traveling or going out to eat or all of these things.

And, at that point, I started seeing a naturopathic doctor, and I was blown away by her knowledge of the body and how she explained things to me, but really also how she made me feel, which was like, I've seen a lot of patients with us, like, we're going to get you better.

It was this feeling of hope, and that was the point where like, wow, I'm going to do this for the rest of my life. I'm gonna figure this out. And so that's how I decided to go back to school and get my degree in naturopathic medicine.

And, and then my journey didn't end there. So I still didn't, like, figure it out at that moment with that doctor. And for me, like the the piece that was missing that I kept skirting over was the mental health piece.

And so, like looking back at a lot of the things that I dealt with in childhood, I think that they were really rooted in anxiety and it just presented very physically for me.

I definitely have chronic constipation. So even when I'm not anxious, I still struggle with it. But today, at this point, I can honestly, truthfully say that like, I know how to manage it and fix it and it's not affecting my quality of life whatsoever.

I'll have like days here and there, of course. But in the terms of like the grand scheme of things, I feel so empowered currently with my knowledge of how the GI system works and that I know what to do if things come up that I feel like I don't even have to worry about it anymore, which is the exact feeling that I want to empower patients with that come to see me is like, I'm going to teach you everything about your GI tract that you need to know so that you don't eventually have to see me ever again because you know what to do.

If you go on vacation and you get constipated, or you know, if you're in a social setting, like things that you can do to reduce anxiety so that it doesn't mess up your GI system afterwards.

Yeah. Oh, thank you for sharing that. That is exactly what we aim to do with our patients. And you said that's so beautifully. I think it's something that a lot of our patients deal with.

I think we see this almost on a daily basis at our practice. And also, like you said, the the stress and mind body connection is often the missing piece that we need to address.

And I don't know about you, but I realize that, when people are more open to addressing that piece, they typically

get better, faster. Yeah, I 100% agree.

But it's hard when when we've convinced herself for so long that it's something else or we don't want to address that piece because of various reasons.

Yeah. I wonder, or I have a young cousin. I was talking to her. It's Thanksgiving right now. I was talking to her yesterday and she's like, I know it's in my like I know there's a mental health issues too.

It clearly runs in the family. And I was like, the fact that, you know, that you are going to like start feeling better so much sooner just because you're open to the idea of targeting that piece of it.

It's not always the piece. Right? Like I think with some people it's that they haven't addressed the the physical piece or with some people they haven't addressed, you know, a different piece of the puzzle.

But if you're willing to address all of the pieces, I think that's where we see the easiest change to happen. Yeah, absolutely. So I want to go into constipation.

All of the things we're going to talk about. What is constipation so common for people to come in. And I'm like, you're not actually constipated. Like that's not constipation.

So we're going to talk about what it is. We're going to talk about the diagnostic criteria. How do you actually diagnose constipation. What are the causes.

What happens there. We'll we'll get into treatment. We'll definitely get into testing that you should get done. If you are constipated talk to your doctor about and we will go from there.

But let's start off by just talking about how common constipation is. Yeah. So it's pretty common. The range that we typically see in studies is about 12 to 19% of the population has constipation.

That can really vary because like you said, the way we perceive constipation and our criteria is kind of varying. So it depends on what people are thinking of as constipation.

Like for example, in one study that I found, it was like up to 60% of people reported constipation, but they were still having daily bowel movements. It was just a little bit more difficult to pass, and they felt like it was incomplete.

So it definitely varies. But I would say, you know, 12 to 19% is what we see on average in the population. And it also does tend to increase as we age.

So over 65 years old is when we really see that people struggle more with constipation. And we think that that's because they're usually eating less calories, drinking less fluid, having less fiber are probably the main reasons for that.

Yeah, yeah, that makes sense. Things slow down as we age, and the GI system is one of those things. So super common. 20% seems pretty like accurate to me when I just talk to people.

And we obviously see a lot more than that in our practice. I think it's probably like the second or third most common thing we treat at modern men. I think bloating is number one, but I think constipation is right after that.

And people usually aren't coming in because, like, they have some weird desire to go to the bathroom every single day. They're usually coming in because their quality of life is messed up from being constipated.

What are the most common things you hear people say that are constipated and like why they want to actually change things? Honestly, it's often that they're so uncomfortable they feel like things are backed up, they have a lot of bloating and they have a lot of gas, sometimes gas pain, you know, it's just really uncomfortable when you aren't eliminating properly.

Things just get backed up, literally. So I think people feel those effects in mostly those ways. Yeah. Discomfort. Right.

Common Causes and Diagnostic Criteria

I remember for me too, it was like I couldn't eat because I was so my appetite was so low because I'm like, how can I put one more thing in because nothing is coming out?

I just had this, like off feeling. Yeah, yeah. And reflux, like you said too. That's a common one to coexist with it. I definitely had fear of traveling, so I'm like, I know I'm going to get constipated.

I don't want to set foot on an airplane. And then definitely like the social situations too, of, like, what can I eat? Is this diet related? Or, you know, that anxiety that comes around that, yeah, the fear of food is is a really big piece of it too.

And just always like it's the thought process that comes along with it. Like, am I going to have a bowel movement today like that? Worry and stress of constantly like it consumes you.

So yeah. Right. Yeah, absolutely. Okay. So before we go into constipation, let's talk about a normal bowel movement. If you've lived in class before, you know about this. What?

We're going to say it again. What constitutes a normal bowel movement. Yeah. So we always refer back to the Bristol stool chart. If you guys haven't looked it up, I strongly recommend it.

And I bring it up with all of my patients. But so essentially we're aiming for about a Bristol stool chart for which is like a snake wall formed, easy to pass.

And so we don't really want it to go in either direction too much. So like Bristol stool chart one two is what we classify more as a constipated. So we think of that as like the rabbit pellets, hard to pass, difficult straining maybe a lot of cracks in it.

And then we have the other side which is like six seven, which is like loose or falling apart, diarrhea liquid. So we kind of want it to be right in the middle.

Obviously we can have our days where it fluctuates. It's not always going to be a Russell stool for perfect snake optimal. It can definitely fluctuate from that depending on what you've eaten and things, but we want it to be right around the middle of that.

Yeah. Okay. And how many times should we be going to the bathroom in a week about. I really aim for people to have a complete bowel movement daily. I think that that is what is optimal.

Sometimes even, you know, 2 to 3 a day is is optimal for some people as well. But usually daily is what I'm aiming for. There are occasionally, some times where people do okay with having like every other day bowel movements, as long as they don't have any other symptoms, but most of the time aiming for one a day at least.

Yeah. And our constipated patients, one of the things that they usually say, and I'm definitely one of these people, which is like there's going to be like TMI of my health journey here.

But it's like, if you have a good bowel movement every day, like you just feel so much better. It's like my energy feels better, which I know is in my head, but I just feel so much better about the day.

And I've heard it from other people as well. I definitely have patients where we get to every other day, though, and they're like, I feel perfect at this level.

Like I don't see any need to to change it. And I think that's a it's just normal for and for some people too. Yeah.

Yeah. Okay. And then how do we diagnose constipation.

Like what actually constitutes if somebody is constipated or not. So we diagnose it. If a person is having less than three bowel movements a week. So essentially two movements a week, one bowel movement a week, which is definitely pretty constipated in our eyes, of course, but that's how we would diagnose it is less than three a week.

And then also if greater than 25% of the time you're straining, you are having that Bristol stool chart one to you feel like it's incomplete. You're having to like, manually support having a bowel movement.

Those are some other things that we want to be looking out for that would, you know, diagnose with constipation. Right. And we use the Rome criteria for this.

So there is an answer of like, do you actually fall into the category of constipated or not? Because there are some people that don't actually fall in to the diagnosis.

They just feel like they're constipated. And so you have to have or will you go through the actual criteria? Yeah, absolutely. So essentially of those things that I went through, you have to have two or more.

So you have to be having less than three bowel movements a week. Straining Russell stool chart one to feeling like you're, and completely evacuating, feeling like you have a blockage or obstruction or having to manually move things through.

So those are the criteria. If you reach two or more of those and that is constipation. Okay. And then you also have to not have a couple of things to fall in.

Yeah. So you have to pretty much rarely have loose stools unless you're taking laxatives. And you also have to not fall into the criteria of IBS, which is irritable bowel syndrome.

So essentially IBS is if you are having pain in association with that. So if you're not having pain then that rules out IBS. Yeah. Yeah. And you can still have IBS.

That's constipation predominant irritable bowel syndrome. But like you said, like those people would have abdominal pain cramping discomfort associated with their symptoms too.

Yeah. Absolutely. Okay. And let's take a quick break in terms of going through a case study of a patient that you've had recently, we're going to, like hide their identity and take away all of their information.

So it's going to be a different name, but I'm just going to serve you up the idea of what this patient would look like. So 35 year old female about and let's call her Lauren for the case of this video, she comes to you with constipation and bloating.

Tell me a little bit about that journey. And this is based on an actual patient. We're just kind of, making sure that her health information stays confidential as well.

Yeah. So she came to me. She was struggling with constipation for over 13 years. The constipation started when she was in graduate school and after she had a baby.

So obviously more high stress times. And she was having a bowel movement only three times a week. It was vessel stool one to, And then she also started really having it affect your quality of life.

So, you know, having a lot of gas and bloating, overall discomfort. And she had tried various things like a lot of our patients already have, like elimination diets, laxatives, things like that, and just wasn't really getting full success.

And really was not feeling good. She started having fatigue and eczema, and so other issues were popping up over time to, so we started with some testing, and we did some bloodwork.

We just ruled out celiac disease and hypothyroidism because those can sometimes contribute to constipation. But what we did was also a Sibo lactose breath test.

So looking for bacterial overgrowth. And that came back positive for high methane. And methane can really contribute to constipation, poor motility. So that's really where we started our treatment with her.

And so we started with herbal antimicrobials and some natural motility support like ginger. And initially her symptoms got better. But then they started to regress, and even though the gas and bloating got better, her movements were still pretty much staying the same.

So we decided to retest her. At that point, she was still high for methane. And so we decided to do a little bit more of the heavy hitters. We did antibiotic for the Sibo, and then we also did a pharmaceutical agent, for motility called Motegi.

And this was when she completely, 100% improved. We thought we finally had gotten it. But unfortunately with a little bit of time, she started to kind of backtrack and her symptoms came back.

So this is when we really took a deep dive into her life, her stress. And we decided we really needed to focus on nervous system regulation. So we talked about mind body support.

She ended up actually deciding to see a hypnotherapist for gut directed hypnotherapy. And this just kind of clicked for her. Like everything fell into place.

She started having bowel movements daily. In addition to that, we did like one more round of antibiotics, but that in combination with seeing the hypnotherapist really, really helped her get back on track.

Like, I mean, it was pretty amazing. I mean, you've kind of experience this too. It's like when you go from having a bowel movement, like 2 to 3 times a week to having it daily.

Case Study: Treating Chronic Constipation and Bloating

It's pretty phenomenal. And she was even able to stop the mood. And so now she just manages with the things she knows works. So as needed, you know, uses some magnesium and fiber and things like that.

So she really got to a good place, but it took time. And it took really digging to the root of it and addressing the nervous system. Yeah, yeah. And I think that's it's such a good lesson too, where, these things can take time if you've had constipation for your whole life or 20 years to think that you're going to do one thing and it's all going to go away.

Like, I think that's the sillier idea versus like, it's probably going to take a few tries and we may have to tweak some things, but making sure that you're like sticking with it and that you just realize that, like there's hope, there's other tools, there's other things that we can do.

And for her, similar to my story, it sounds like, where that mind body piece is the last thing. But if you hadn't addressed that physical things and maybe the, you know, even doing that to begin with wouldn't have completed the picture.

So, so really great case. Let's go back into constipation in terms of what are the what things can actually cause constipation that we're really looking at when we're taking somebody's history.

Yeah. So we want to look out for things like diabetes. That's a big one. That can affect our nervous system, which can decrease motility. And even just high blood sugar can decrease gastric emptying.

So we want to look at blood sugar, make sure diabetes isn't part of it. Other conditions like Ms. multiple sclerosis, Parkinson's disease, those are things to, that we want to look at.

And then I would say the most or more common ones that we see in practice would be hypothyroidism. So we always want to assess for that. And then another one is eating disorders like anorexia or even just under eating in general can really be a big one.

So if we aren't putting a lot in, then we're not going to be getting a lot out. So low caloric intake can be a big cause for under eating as well. So we really need to make sure that we're, you know, diving into their diet record and making sure that they're eating enough.

Yeah, yeah. And it's more common than I had originally realized when I got into practice. Because you don't have to have the diagnosis of anorexia or an eating disorder to have this affect you, either you can be even normal body weight, but if you're under eating, it can still affect your motility.

And then what about medications? That's another big common one is there's actually things that you could be taking currently that's causing constipation.

Yeah. Really common ones like antihistamines, which I see a lot of people taking for allergies. Those can cause constipation, pain medications, opiates, things like that.

Definitely. Even antidepressants can cause constipation. And then one other thing that we always look out for is iron. Iron is a supplement that can definitely contribute to constipation.

So we always want to look at what they're taking and see if that's a cause for their constipation too. Yeah. And say none of these are factors. I'm still constipated.

I don't have anything wrong with me. So we've ruled out any organic causes of constipation. And we've diagnosed that this is a functional bowel disorder.

So it's idiopathic constipation. What kind of causes idiopathic constipation or what subgroups are there? It's probably better worded. Yeah. So there's three main ones.

The first one is IBS, irritable bowel syndrome that we've talked about. That really accounts for about 70% of the cases. So that is definitely the most common one.

The other two ones that we have are a chick defecation, which is essentially when we are not able to relax our anal and people rectal muscles, to properly have a bowel movement.

So that one is less common, but is definitely something that we want to look into, especially if nothing else is coming back or nothing else is improving.

And we can do further investigation into that. And the treatment for that, that we typically do is like pelvic floor retraining, biofeedback, things like that, to work on relaxing the muscles.

And then the other one is slow transit constipation, which is where we have reduced motility in our intestine due to our nerves not working as well. Yeah. Okay.

And in terms of constipation, there are certain subsets of people that it's actually totally normal to be constipated. Let's talk about those. Yeah. So I really say like when, whenever you're out of a routine, it's definitely a time where constipation can pop up.

So especially traveling, like you said, that is so, so common to experience some constipation when you're traveling because our body's like routine. And so when we get out of that time changes.

Eating differently, like all those things can definitely throw us for a loop. So that can be normal. And we just want to, you know, see and find what works for you and have that on board when you know, those things are coming up.

Some other times where ICP really common is in, the second half of our menstrual cycle or luteal phase, due to the rise in progesterone at this time, that can continue to lower or poor motility.

And then also similarly in pregnancy, because of the high progesterone, that's also a time where constipation can be more difficult. Yeah, pregnancy constipation is a tough one to because a lot of the things that we have are so limited.

Yeah. You just don't want to use during pregnancy. So we have to be a little bit more creative with pregnant women. But the, the before the period, so, so many women get constipated right before their period, like a week before their period.

Just like super constipated. Uncomfortable. Do you have patients like that and, like, what do you recommend that they do? Yeah, absolutely. I have a lot of patients like that.

And I usually just recommend, of course, you know, hydration, making sure you're walking and moving, making sure enough fiber. But usually people will benefit from having some extra magnesium on board at that time.

That's really my go to also because that helps with like overall like PMS. And it can also help with cramping and things too. So it's a really great fit.

Underlying Causes, Testing, and Red Flags

That's usually what I recommend. Yeah. Same. Okay. So somebody comes in, they're constipated. What is the range of tests that you're considering to run on these patients so that we can figure out what the actual causes?

Yeah. So I mean, the most common one that I do is the Sebo breath test, using, like, two lows to assess for them at the antigen overgrowth, see if that is a big contributing factor.

But we also didn't want to be doing some blood work, doing, you know, some glucose, blood sugar testing, looking at your thyroid. Just making sure that we're ruling out everything there as well.

And then depending on what comes back or if it's like an older patient who just recently started having constipation, that might go directly to referring to, gastroenterologist and doing imaging like a colonoscopy or, to really make sure that nothing else is going on.

Yeah. And a lot of these people are going to come in with bloating too, so that may change the testing options. We'd add some on there really depends on what you come in with.

That's why people are just like, just tell me what labs. And I'm like, I need to ask you so many questions before I can tell you that it's got to be individualized to the person.

Yeah, yeah, but testing really is key. And we have so many good tests to do to really help dig deeper than I find. Unfortunately, a lot of, you know, patients have already done, you know, some testing, but a lot of things were really missed.

So it is important to get testing and, you know, see someone who, who can really dig deep into it. Yeah. Okay. And constipation can also be a sign of colorectal cancer.

Things that, you know, are creating obstructions of the colon. What would some of the alarm signs be that are usually associated or in addition to constipation, if that were the case, that people should really be going straight to a gastroenterology entomologist for definitely.

If you see blood in your stool, if you experience weight loss over a short period of time, especially greater than 10 pounds, that's, alarming. If you have a family history of colon cancer.

And like I said, also, if it's just something that is recently showing up for you at an older age, that's also a sign. Yeah, yeah. And the blood in the stool, you know, that could also be hemorrhoids.

So like, don't freak out as well because those are so common in people with constipation having hemorrhoids because you've been straining for years, but definitely still get it checked out.

Like know what it is before you move on. Yeah, 100% agree. All right. So that's testing. Let's go into some advanced testing though. So that's kind of like like first line when somebody first comes to CHS, that's pretty much like what we would start with.

And we would customize it to them based on their family history and everything. And then we may go ahead and say, okay, this is functional constipation.

It has no organic cause we're going to go ahead and treat you. And we would try some treatments which we can go over in a little bit. And see they don't respond, which is not uncommon.

So say we're still dealing with this similar to your, you know, case study, Lauren, that we went through. Then what additional tests do we sometimes use for patients suffering with constipation?

Yeah. So the next step is doing an anal rectal manometer. And then if that comes back as positive, then we treat that as a defecation disorder. So as I was referring to earlier, when we're not able to relax the muscles and that is usually pelvic floor retraining that we do for that.

So that would be the next step. And then, if that doesn't come back, then we do a capsule motility study to look further into the motility aspect. Yeah.

So there's a lot of testing that we can do. And that really should be done if you're not getting results. Which is so important that you feel like you understand what's going on in your body and you can go on from there.

Yeah. Let's dive into treatment a little bit. And this is the caveat is it obviously really depends on all of the testing that you've gotten back. It depends on your specific type of constipation that you're dealing with.

You know it really depends on so many factors. But let's just go over some of the most common treatments that we have for constipation first. Yeah, I mean the basics, making sure you're hydrated and making sure you're moving and walking, that helps stimulate our gastric clonic reflux.

That's really important. Also, I love people having a daily practice to start regulating your nervous system and tap into that person. Pathetic. Rest and digest.

So just doing something daily for yourself can be really helpful. Using a squatty potty. I love people to utilize that to help with the biomarker. Just making sure that you are eating regularly, eating the same size meals, at the same time is really helpful as well.

So some of those basic things, fiber, making sure you get a fiber is really, really important. I usually have people aim for at least 35g a day. That is really imperative.

And then beyond that, you know, working more with like the mind body connection, we have certain apps that we like to use, that are like CBT based or hypnotherapy based.

Those can also be really helpful. And then beyond that, you know, we have different like supplements and herbs pro kinetics that we can use and even pharmaceuticals if needed.

Treatment Strategies for Constipation

Yeah. One of the most common medications that you use with your constipated patients, as far as pharmaceutical

ones, I typically use Motec gritty would be the most common one that I use.

Yeah, I use one just as well. I'm trying to think of the most common ones. I would say those are the most common ones that I use my go to is I also use SSRI sometimes with people with constipation, if there's coexisting anxiety, that would be another one of the more common ones that I use.

There was something I wanted to go back to their regular meal sizes and regular timing of meals. Can you tell us a little bit about why that's important?

Yeah, so it kind of goes back to that routine piece. But we want things to be consistently about the same so that our body is used to digesting. And it can also help with peristalsis.

So we want about 3 to 4 hours between meals. That stimulates our migrating motor complex. And we just don't want to be over under eating because that can be difficult for our body to continue that peristalsis and have regular bowel movements.

Yeah. So every 90 minutes or so your body triggers something called the migrating motor complex in the small intestines. Tell me what what is that? People are going to be listening.

They're going to be like migrating motor complex. It's essentially the peristalsis through our intestine, to help our food move along. Yeah, yeah. It's like I almost the analogy I like to use is kind of like like a sweeper.

Like that comes through, if you can imagine, like there's like a little housekeeper in your intestines that like sweeping things along between your meals to, like, keep things moving.

But you have to be fasted for about 90 minutes for that to start to kick in. Which is why having some space and not grazing all day can be really helpful as well.

And then the other pieces that you mentioned, I'm just reiterating it so people hear it again is the gastro colic reflex. So when you have, let's say breakfast, it triggers the gastro colic reflux because it literally means gastro something is in the stomach.

In this case it's your breakfast triggers the colon colic reflex to move. So actually eating regularly keeps things going so that you have normal bowel movements.

And as I told you, my story like that was really difficult for me because I always felt full, like I always felt bloated, I always felt full. I always felt like, how could I get anything?

And I haven't gone to the bathroom in days. Or if I was going to the bathroom, it was like negligible amount. But I was really doing myself a disservice skipping meals all the time because I wasn't getting the benefit of the gastro colic, reflux and so now I tell people, you kind of gotta do it, and it's going to catch up, and you just have to kind of bear with it.

In the beginning, it's like a Kickstarter. You got to get it going on its own, but you have to stay with it as you have an actual treatment for getting things going as well.

Yeah, absolutely. Yeah. It's a big piece. It's hard to do like you're saying. But but it is really important. And I think that's why I like a well rounded approach can be really helpful too. Like you're saying like having other things to support, you know, the motility aspect and help you feel, you know, more at ease with, with eating and being able to digest it better.

Yeah. And that can be where, you know, I think we probably use medications more than a lot of other integrative practices, but that can be a really good place for the medications to begin with.

Is like to help with that Kickstarter to help like make it so that you're having more bowel movement so you can eat

more food and you can get the cycle going.

And just like you've seen with some of your patients, we can sometimes get people off the medications or some people are just happy to stay on them because they feel so much better.

But I've seen both. Yeah. Two. Awesome. Okay. It's Thanksgiving, so I'm going to get you back to your family. It's on Thanksgiving Day. It's the day after for those watching later.

Thank you so much for this. So much information. It's great to be here and we'll be back for another one soon. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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