

THE HAPPY BOWEL

*A user-friendly
guide to bowel
health for the
whole family*

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Introduction

On most days of their lives, a sizeable percentage of the human population of this planet opens their bowels. True, some do so with relatively less frequency or greater difficulty, while others do so more than once a day or with unseemly urgency. All in all, however, on every single day, throughout every corner of our planet, an innumerable number of human bowel actions takes place.

In the process of all this bowel opening, we humans can and do experience substantial stress and distress; failure and success; pleasure, agony and despair; anxiety, self-recrimination, frustration and exhaustion; satisfaction, pride, jubilation and even, occasionally, true wonder. The full gamut of these emotions will arise virtually every day for literally billions of people in the course of carrying out – or even just thinking about carrying out – an exercise that can take anything from a few desperate seconds to any number of interminable, lonely minutes.

Given the undeniably important role that opening our bowels plays in the broad sweep of human existence, it is truly mystifying that this pivotal bodily function

enjoys such a diminutive place in our society. Rather than forming the basis of informed discussion, it is generally relegated to the dismal ranks of what is disparagingly referred to as ‘toilet humour’. Even in the world of science, virtually all considered research is directed elsewhere.

It’s true that there is inherent sensory offence associated with even the most ordinary of bowel actions. It’s also true that other, more extraordinary bowel actions – often produced by otherwise unremarkable individuals – can result in memorably nauseating or unequivocally toxic emissions that inhibit clear thought, let alone dispassionate scientific discourse. Yet we are rarely offended by our own issue, however voluminous or malodorous it might be. Indeed, it is truly ironic that we can be physically repulsed by a fellow human being’s defecatory efforts while remaining unmoved or even frankly impressed by our own entirely similar output.

There is, in fact, much about the use of our bowels and the impact this routine function has on our lives that is difficult to explain. But in the course of a career devoted to analysing and trying to improve the bowel habits of individuals puzzled and bedevilled by the malfunction and outright failure of their bowels, I have been able to identify many of the factors that can contribute to such failure and, likewise, to isolate the critical elements of a successful, satisfying bowel habit. There are indeed

a few all-important Golden Rules for success, and associated clear guidelines for satisfaction, and together these can help us to achieve a happy bowel.

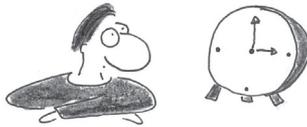
The purpose of this book is to introduce and explain these rules and guidelines, and to assist you in achieving happiness and relief in the course of using your bowel.

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What's normal?



It's remarkable how often patients will describe their bowel habits to me as being 'normal' – as if they've conducted a thorough investigation into the bowel habits of a large and random sample of people of both sexes and all ages and found themselves to be situated comfortably within the mid-range. In truth, there is a very wide range of bowel habits among the general population, which means that at least some aspects of almost anyone's bowel habit could be described as normal.

In fact, what most people mean by describing their bowel habits as normal is generally quite straightforward: as far as the average person is concerned, normal means having one bowel action every day.

There are people who believe that going more than once a day is a sign of exceptional normality, and regard such frequency as a desirable, even noble goal. There are others who think that regularity – having that all-important daily bowel action at the same time every day – is also normal, proudly announcing that they could ‘set their clock’ by the workings of their bowel, and feeling pleased and even righteous as a result. Others, still, attribute normality to bowel actions that float rather than sink; for these individuals, the relative buoyancy of their output appears to hold particular significance.

But by and large, most people are more or less of the opinion that ‘normal’ means ‘daily’. However, while I can confirm that a daily bowel action is indeed approximately average for the human population as a whole (and I personally *have* conducted an investigation into the bowel functions of a large and random sample of people of both genders and all ages), this view of normality fails to acknowledge the wide range of variations that exist among us and – even worse – fails to recognise that a daily bowel action does not necessarily equate to a satisfactory bowel habit.

‘Normal’ versus satisfactory

Assessing the adequacy of a bowel habit on the basis of stool frequency alone completely ignores a whole range of factors that turn out to be vastly more important in determining whether we experience

a truly satisfying bowel action or have a genuinely satisfactory bowel habit. And, as for regularity and buoyancy, these are of even less significance.

So what makes a bowel action ‘satisfactory’? As it turns out, there are four key characteristics, which we’ll take a look at now.

The four key characteristics of a satisfactory bowel action

In all of recorded human history, every truly satisfactory bowel action has had four things in common: it has been *prompt*, *effortless*, *brief* and *complete*. Wherever and by whomever it might have been produced, any human bowel action that has possessed all four of these characteristics will have represented a genuinely positive life experience for that person. And any individual who can say that they achieve such agreeable bowel actions on a majority of their visits to the bathroom can rightly claim to have a good bowel habit.

You need only ask yourself: ‘Do I regularly commence rectal evacuation with a minimum of delay? Does it involve a minimum of effort? Am I regularly able to leave the bathroom after just a short period of time? And do I leave feeling satisfyingly empty?’ If the answer to all of these questions is ‘Yes’, then you have an excellent bowel habit. If it’s not, then you are likely to be struggling.

Notice that what does not count here – or, at least, not to anywhere near the same extent – is stool frequency, or how many times a day or a week you empty your bowel. This is an extremely important point: *How often you go is simply not as important as how easily and how completely you empty your bowel.*

People who are having difficulty with their bowels – those who are not able to experience the simple but significant pleasure of having regularly satisfactory bowel actions – can almost always describe their difficulty with reference to one or more of these four characteristics. They might experience delay with the initiation of bowel actions, difficulty getting bowel actions to pass, lengthy periods of time in the bathroom or an inability to completely empty their bowel. While many different factors and conditions can cause trouble with our bowels, they virtually all manifest as problems in one or more of these four key areas.

Throughout the course of this book you will see how these four potential sources of bowel trouble – initiation, effort, duration and completion – are all interrelated, and how difficulties in one area can often result in difficulties in the others. Before we move on, however, let's get out of the way two far less important characteristics that people are often (needlessly) concerned about.

What about odour and buoyancy?

Odour and buoyancy are two qualities of the output of our bowels that we all notice and perhaps sometimes wonder about but rarely discuss, so they are each worthy of brief discussion here.

Is it supposed to smell bad?

Odour is part and parcel of bowel function. Both the solid and the gaseous outputs of our bowels smell and, by common consensus, both of these smells are offensive – all the more so when they have been produced by someone else.

Given that we all eat food, and that most foods when left outside to rot will acquire an offensive odour, it shouldn't be too surprising that exactly those same sorts of foods, when mixed together and kept inside us at body temperature for 24 hours or more, will end up smelling bad. Add to this the smells associated with the gases produced by the action of the bacteria living in our bowels (more on this later), and there are good grounds for the output of our bowels to have an offensive odour.

Interestingly, the gases we produce in the largest quantities – hydrogen, carbon dioxide, methane, oxygen and nitrogen – are odourless. Much of this gas is derived from swallowed air and not necessarily from bacterial action in the bowel. This explains why the gas we produce is not always offensive and is, occasionally,

entirely odourless. It is the sulphur-containing gases that primarily account for the offensive odour. The main gas in this group is hydrogen sulphide; others include methanethiol and dimethyl sulphide. Which particular foods contribute to the production of each specific gas is not, however, quite so clearly understood.

In fact, there is much that we do not yet know about the precise composition of the gases that emanate from our bowels. Recently there has been increased interest in the significance of the bacterial population of the human bowel, and how variations in this balance can affect our health. Even the fantastic notion of ‘transplanting’ some of the bowel contents of one person into another to substantially alter that person’s bacterial population has assumed a level of credibility within medical circles (more on this in Chapter 7).

What remains an established fact, however, is that the odour of our bowel products, however putrid, really doesn’t matter much at all. Over the years, many of my patients have complained to me about the intensely offensive odour of their own gas (or that of their partner); I have never yet been able to associate a single instance of this particular presenting complaint with any specific illness.

It is true that certain diseases are associated with particularly smelly bowel output – including mal-absorption syndromes such as lactose intolerance or fat

malabsorption, and conditions that result in bleeding into the intestinal tract – but people with these diseases invariably complain of the symptoms of the underlying disease first and foremost. For these people, other symptoms predominate and the foul odour is secondary. For those whose complaint primarily focuses on the smell of their output, my experience has been that there is rarely if ever anything about which to be concerned.

Is it supposed to float?

As for buoyancy, here is the ultimate expression of an individual's conceit at the superiority of their own particular produce. Somewhere, sometime, someone noted with awe and pride that their stool was formed and floating, defiantly refusing to disappear discreetly down the S-bend, insisting on being noticed and admired in all its perfection of contour and colour. And when this was repeated on more than one occasion – and since such a well-formed stool was likely to have been complete, resulting in a comfortably empty feeling – its satisfied creator will have concluded that it was the floating that mattered most.

It seems almost certain that this was a man. Men often take close note of their bowel actions – probably looking out for that perfectly formed example of the species. Occasionally they will produce one in a public toilet and not even attempt to flush it away, imbued with the belief that others should be given the opportunity to view and

admire this outstanding specimen. Other bulky and unusually buoyant bowel products simply defy every effort to flush them away, steadfastly floating on until time and erosion reduce them to ordinariness.

At the risk of deflating the pride of those self-congratulatory individuals described above, the buoyancy of any individual stool will be determined simply by its density. Certain specimens entrap gas within them and so tend to float. Others include little entrapped gas and so tend to sink. As noted above – and as we discuss in detail throughout this book – what matters in a bowel action is that it should be prompt, effortless, brief and complete. Whatever you subsequently see or do not see floating in the toilet bowl is irrelevant.

By all means, pursue a diet that helps you to achieve a formed stool (as we discuss later, consistency itself is important) and encourages the four characteristics outlined above. But do not pursue a diet specifically in search of a floating stool (or a sinker, for that matter). It matters not one jot whether our output sinks or floats, twirls, bobbles or corkscrews, rotating clockwise or counter. The output of a bowel action that is prompt, effortless, brief and complete is a good thing, whatever it subsequently does upon striking water.

Having cleared that up, let's get to know how the bowel actually works.