Diverticulitis and Constipation - Aimée Benbow, Technical Manager, Viridian Nutrition.

Nobody likes to talk about their bowels, yet many people suffer with pain or discomfort, especially when going to the toilet, and suffer in silence. Here, Aimée Benbow sheds some light on this taboo subject.

Diverticulitis is a disease which commonly affects the large bowel. It can begin when small, bulging pouches or sacs of the intestine's inner lining become inflamed and infected. These small pouches are known as diverticula and are commonly associated with ageing. These are thought to form through issues such as constipation which creates pressure in the bowels when passing the stool, which leads to the lining of the large intestine becoming weakened and these small sacs are formed.

It is estimated that half of people have diverticula by the time they are 50 years old, and 70% of people have them by the time they are 80.

The presence of diverticula can often be symptomless and this can be classified as diverticulosis. However, symptoms including abdominal pain can be experienced with diverticula formation. When these pouches become inflamed and infected through faeces and bacteria becoming trapped within these sacs, this inflammation is known as diverticulitis. Symptoms are often much more severe when infection occurs and can include fevers, severe abdominal pain, cramping, bloating, nausea and abdominal tenderness.

Diagnosis of diverticulitis is normally a non-invasive procedure, through the use of either a CT scan or ultra sound which is performed over the abdomen and pelvis.

There are several factors which are thought to contribute to the development of diverticulitis, these include aging, the slow movement of waste through the colon, as discussed, changes in intestinal pressure, high dietary fat intake, obesity, lack of exercise and physical abnormalities. However, studies have shown that the primary cause of diverticulitis and the formation of diverticula are due to lack of fibre in the diet, particularly non-soluble fibre types such as bran, rye, beans and organic green leafy vegetables.

Conventional treatment for diverticulitis is painkillers, anti-inflammatory drugs, antibiotics and in some cases surgery. Fortunately there are a number of complementary remedies.

Dietary and lifestyle considerations to prevent the onset of diverticulitis include reducing intakes of saturated fat from red meat sources, increase the intake of dietary in-soluble fibre to 25-35grams per day, increase fruit and vegetable intake and exercise regularly. One study showed that men and women that run had a lower risk of diverticulitis that those who didn't.

Supplements which may be of benefit in diverticulitis include high strength probiotics and products which provide anti-inflammatory activity.

Probiotics provide good bacteria for the gut which may help to fight off the dangerous bacteria which can get trapped in the intestinal pouches. A synbiotic product will offer probiotics alongside a prebiotic (fibre) which acts as a food for the good bacteria to feed off as well increasing the level of fibre going through the intestinal tract helping to improve bowel movements and reducing gut pressure.

The yellow spice, turmeric has anti-inflammatory properties and is known to support gastrointestinal health through improving gastric integrity by increasing the mucin content in the stomach and intestinal tract, protecting against ulcers and abscesses which are complications which can arise from diverticulitis.

Omega 3 supplementation such as flaxseed oil would also offer anti-inflammatory actions. Additionally, flax seed oil would also serve as a lubricant to the bowel lining helping to ease constipation and improving regular bowel movements. Recommended intake for omega 3 to support digestive health is 2000mg daily.

Constipation is a common condition which can affect anyone at any age. It is when stools become hard and lumpy, making going to the toilet uncomfortable or even painful. It also means emptying bowels less frequently than normal.

This pain starts a viscous circle where the sufferer becomes anxious about emptying their bowels and stools become even harder. This can be long term or short term and the severity can vary. Approximately 40% of pregnant women experience constipation during their pregnancy.

Primary causes of constipation include a low dietary fibre intake, a change in eating habits and lifestyle, side effects from various medications including painkillers and antidepressants, not consuming enough fluid, low physical activity levels, ignoring the urge to go and anxiety. Older people are five times more likely than younger adults to have constipation due to lack of exercise, use of medication and poor bowel habits.

Symptoms related to constipation include bloating, abdominal pain, headaches, fatigue and sense of incomplete emptying of the bowel. Complications of long term constipation include haemorrhoids (piles), faecal impaction and diarrhoea.

Dietary and lifestyle considerations to prevent the development of constipation and treat it include eating a good level of dietary fibre (25-35grams per day). Fibrous foods and particularly insoluble fibres such as bran, Psyllium husk and linseed work to bulk up the stool and increase water absorption back into the intestinal tract to prevent the stools becoming hard and dry leading to constipation. Fructooligosaccharides (FOS) is considered a small dietary fibre normally found in vegetables. FOS is not digested but instead feeds the good gut bacteria, helping to reduce levels of bad bacteria in the gut.

Green plant foods rich in chlorophyll such as spirulina, wheatgrass and chlorella, have shown to be beneficial in many gastrointestinal conditions including constipation. Chlorophyll has been shown to increase peristaltic action therefore increasing movement and contraction of the bowels to push waste matter along the gastrointestinal tract. Chlorophyll has alkalising properties to help neutralise stomach acid if this experienced alongside constipation and also help deodorise the digestive tract.

Bitter herbs such as gentian, dandelion and fennel help stimulate the initial phase of digestion. This involves the release of salivary and gastric juices as well as bile from the liver and gallbladder, enabling the stomach contents to be passed into the small intestine aiding the movement of food bulk through the digestive tract.

Most importantly, drinking plenty of fluids is crucial in preventing constipation, to keep the stools soft. Aim to drink at least 1.2 litres of fluid daily and more if you are exercising or are in hot conditions.

Increase your physical activity levels, as exercise is also crucial for ensuring regular bowel movement, aim to get involved in at least 150 minutes of exercise a week to help strengthen and tone abdominal muscles.

SIDE BAR ONE

A symptom of diverticulitis can be blood in the stool.
Always check with your GP if you experience this symptom.

SIDE BAR TWO

6 digestive tract supplements:

1/ Probiotics to increase good gut bacteria.

2/ EFAs for anti-inflammatory activity and lubrication.

3/ Turmeric for anti-inflammatory properties.

4/ Digestive herbs, to support the digestive process.

5/ Fibre, including psyllium and FOS to bulk and soften the stool.

6/ Green foods to increase bowel action, alkalise and deodorise.

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