

# Appendix A: Constipation Laxative & Medication Cheatsheet

*Support for Step 2 of the Gut Rhythm Starter Plan: The Reset Phase*



## Read This First

If you're in the early stages of restoring your gut rhythm, it's not uncommon to need daily laxative or medication support — especially if your system has been sluggish for a long time.

This doesn't necessarily mean you'll need them forever (although some people do).

As you move through the Gut Rhythm Starter Plan — layering in consistent routines, gut motility cues, nervous system rituals, and the right kind of fibre — your gut will often start to respond more naturally. But in the beginning?

**The key is consistency and keeping things moving.**

These tools create the *momentum* you need so other strategies (like food and lifestyle) can start to work. They're not a sign of failure — they're part of a well-informed plan.

## Why Laxatives or Medications Might Be Needed

Constipation that's been present for weeks, months, or years usually doesn't resolve with fibre alone.

If your bowels are full or your motility reflexes are “asleep”, adding more fibre can **backfire** —increasing bloating, pain, and frustration.

In these cases, a strategic reset (with laxatives or medications) helps:

- Clear out retained stool
- Reawaken reflexes like the gastrocolic reflex
- Reduce backup bloating
- Help rhythms, routines, and fibre actually do their job

# Over-the-Counter Laxatives

Best used for short-term clear-outs or ongoing rescue strategies.

*Always use under the guidance of your provider.*

## Osmotic Laxatives

**How they work:** Pull water into the colon, softening stool and making it easier to pass.

### Examples & Typical Doses:

- **Polyethylene glycol** (PEG 3350 / RestoraLAX): 17g in water, 1–2X/day (usually at night)
- **Magnesium citrate:** 200–800 mg taken at bedtime

### Best for:

- Gentle, daily relief
- Hard, dry stools or backup

### Watch for:

- Bloating or gas (especially if too fast)
- Loose stool or urgency (adjust dose)
- Always pair with hydration

## Stimulant Laxatives

**How they work:** Stimulate the colon muscles to contract.

### Examples & Typical Doses:

- Senna (Senokot): 1–2 tabs at bedtime
- Bisacodyl (Dulcolax): 5–10mg at bedtime

### Best for:

- Add in relief when osmotic laxatives aren't working
- Occasional use (e.g., after travel or stress flare)

### Caution:

Can cause cramping, urgency. Not recommended for long-term use unless medically directed.

## Stool Softeners

**How they work:** Draw moisture into stool to soften it (doesn't stimulate a BM).

### Example & Dose:

- Docusate sodium (Colace): 100–200mg 1–2X/day

### Best for:

- People with hemorrhoids, post-surgery, postpartum
- As an add-on to other laxatives (not effective alone)

**Generally well tolerated.**

# Prescription Medications

These must be prescribed and monitored by a licensed MD or ND.

If you've tried fibre, routines, lifestyle changes, and OTC laxatives with minimal results — you might need prescription support.

## Especially if you have:

- IBS-C
- Slow transit constipation



## Secretagogues

**How they work:** Pull water into the intestine and stimulate motility.

### Examples & Typical Doses:

- **Linaclotide** (Constella): 145mcg or 290mcg once daily, 30 min before breakfast
- **Lubiprostone** (Amitiza): 8–24mcg twice daily with food
- **Plecanatide** (Trulance): 3mg once daily (less common in Canada)

**Helpful for:** long-term management of all forms of primary constipation, often person dependent.

### Side effects:

- Diarrhea, bloating, nausea (especially early on)
- Adjust timing or dose with provider if needed

## Prokinetics

**How they work:** Stimulate movement through the colon by activating muscle contractions.

### Example & Dose:

- **Prucalopride** (Resotran): 1–2mg once daily in the morning

**Helpful for:** IBS-C & functional constipation.

### Side effects:

- Headache, nausea, diarrhea (usually temporary)

# Prescription Medications Continued.

These must be prescribed and monitored by a licensed MD or ND.

## Neuromodulators (for IBS-C with gut-brain dysregulation)

**How they work:** Modify how your brain interprets gut signals, helping calm an overly reactive system and sometimes improving motility.

### Examples & Notes:

- **Tricyclic antidepressants (TCAs):**
  - e.g. Amitriptyline, nortriptyline
  - Start at 10–25mg at night
  - Best for pain in IBS-C but may slow motility — use with caution in IBS-C
- **Selective serotonin reuptake inhibitors (SSRIs):**
  - e.g. Sertraline, escitalopram
  - Start at 25–50mg/day
  - Can help with motility, reduce anxiety around food/BMs

**These are not necessarily being used for mental health — but for gut-brain regulation.** They work at lower doses than psychiatric prescriptions.

### Side effects:

- Drowsiness (more with TCAs)
- Nausea or appetite changes
- Usually resolve within a few weeks

## Recap: These Are Tools — Not Crutches

- Daily laxative support is often necessary in the beginning — especially if severely backed up
- As your gut rhythm improves, you may taper or shift tools
- Prescription support is valid and often the missing piece in long-term support

**Don't wait to add support if your current plan isn't working. If you're still bloated, sluggish, or in pain — it's time to re-evaluate your strategy, not just your fibre intake.**