

What Bowel Movements Tell Us

The bowels are at the centre of a feedback loop between our external environment (what we take in, as nutrition for body mind and spirit) and our internal processes (how we process that nutrition, or indeed lack of nutrition).

The bowel or colon is truly a central processing unit (CPU).

It's part of the enteric nervous system (ENS), the 2nd brain.

It's packed full of nervous system tissue.

And more than that, the ENS is also a complex, extraordinarily rich ecosystem of live microorganisms that have evolved symbiotically inside of us. (It's a mutually beneficial relationship that we have with this "good bacteria", to maintain and sustain our health, whilst allowing the bacteria itself to thrive. (There's lots of fascinating research about this).

I said the colon was a feedback system. How so?

The output of the bowel (stools) can serve to signal underlying health issues.

Of course it does not substitute for a medical diagnosis, but viewing the *stools* (courtesy of colonic hydrotherapy) can provide valuable insight. Because as human beings we tend to respond well to high quality feedback, colonics can motivate healthier dietary habits and monitor improvements.

What a healthy stool looks like and what signs to look for when it's not. (Healthy Stool versus Unhealthy Stool)

COLOUR: Medium to light brown **versus** white, pale or grey stools. The latter may indicate a lack of bile, (which in turn may point to a problem with the liver or pancreas.) The most likely possibility is a blocked bile duct from gallstones; antacids may also produce white stools.

Black, tarry stools or bright red stools may indicate bleeding in the GI tract; black stools can also come from certain medications, supplements (iron in particular).

Yellow stools may indicate infection, a gallbladder problem.

FORMATION: Smooth and soft, formed into one long shape not too thin and up to 11/2 feet long inches **versus** hard lumps and pieces. Hard to pass, painful, or requires straining is a symptom of constipation.

S-shaped, (which comes from the shape of the lower end of colon), or breaking in the water is generally good **versus** mushy and watery diarrhoea (paradoxically often due to constipation, especially if one alternates with the other -as with IBS (A)

Narrow, pencil-like or ribbon-like stool can indicate a bowel spasm or obstruction

STICKINESS FACTOR: Easily washes off toilet bowl **versus** sticky and difficult to clean. The latter is indicative of fat and mucous in stool and problems with digestion -possibly even food sensitivity.

TEXTURE: Uniform texture; no or little undigested foods **versus** Presence of undigested food. (Latter more of concern if accompanied by diarrhoea, weights loss, or other changes in bowel habits).

SINK OR SWIM: Sinks slowly. (Gentle submersion into the water) **versus** floating (presence of fat) or splashers (too dense/lack of fibre)
No mucous **versus** Increased mucus in stool: This can be associated with inflammatory bowel disease. (e.g. also IBS, Crohn's disease, or ulcerative colitis.)

ODOUR: Natural smell, **versus** smelly -(the stool itself, not referring to gas)- which could relate to malabsorption or bleeding.

[Colon hydrotherapy note: In the 'closed' system of colon hydrotherapy, odor is not evident during the treatment].