



## We Get Questions — What Should My Bowel Movements Be Like During My Journey to Remission?

by Wayne Persky

Bowel movements are one of life's routine events to which we seldom give much thought — unless we find them dominating our daily routine. Many microscopic colitis (MC) patients, especially those who have been newly diagnosed and are beginning to see signs that they may be managing to get their disease into remission, wonder if their bowel movement patterns are on track, and what they should be like after remission is achieved.

### **Considerations for us as MC patients.**

Until we are able to put our MC into stable remission, normal is little more than a memory, and a goal. For many of us, once we reach stable remission, our bowel movements will typically return to what we considered to be our normal bowel pattern before we developed MC.

But how close we are able to get to the frequency, consistency, and texture of those earlier bowel movements will depend on the stability of our remission, how much background inflammation is still present, how well our digestive system has healed, our final diet, our lifestyle (how much exercise we get, and how much stress we are under, for example), our new microbiome composition, and possibly other factors. Because above all, we are all different.

### **The road to our new norm often contains potholes and detours.**

And because we're all different, our journey from a debilitating lifestyle that may be centered around

And because we're all different, our journey from a debilitating lifestyle that may be centered around worries about the location of the nearest restroom, back to a more normal life that features our new norm, will be somewhat different for each one of us.

A few of us will be lucky, and we won't run into any serious setbacks. But for most of us, the trail may be so steep in places that we stumble and fall now and then. We may take two steps forward, and one step back. But in the end, if we persist, patience and perseverance will pay off and we'll emerge from the journey thoroughly fatigued, but happy as a lark, because we succeeded in getting our life back.

### **Secretory diarrhea is unique to MC.**

Most diarrhea originates in the small intestine, and it's known as osmotic diarrhea. With osmotic diarrhea, fasting will cause the diarrhea volume to decrease. By contrast, the type of diarrhea associated with MC is known as secretory diarrhea, and fasting has no effect on the volume of the diarrhea (until the patient's water supply is totally exhausted, which typically results in an urgent trip to the emergency department).

### **Secretory diarrhea is the only MC issue associated with a mortality risk.**

Secretory diarrhea is a high-volume form of diarrhea because the fecal stream in the colon receives a significant amount of additional water that's secreted into the colon, along with electrolytes. Note that dehydration can lead to the only significant risk of death associated with MC. So obviously it's very important for us to stay hydrated while we're having secretory diarrhea. Staying hydrated can keep us away from the hospital emergency department.

At some point in our journey to recovery, some of us will notice that our watery diarrhea has changed to thin paste as our digestive system begins to heal. Others will notice bits of solid stool mixed in with the watery diarrhea, as healing begins. Some heal faster than others, but eventually, if our dedication is unfaltering, and our diet is clean, our stool formation should evolve to something that resembles what most people consider to be a normal bowel movement.










**Secretory diarrhea can lead to dehydration.**



**The journey from diarrhea to normal takes time and involves setbacks.**

## **Bristol Stool Chart**

|        |   |  |
|--------|---|--|
| type 1 |   | looks like:<br><b>rabbit droppings</b><br>Separate hard lumps, like nuts (hard to pass)  |
| type 2 |  | looks like:<br><b>bunch of grapes</b><br>Sausage-shaped but lumpy                        |
| type 3 |  | looks like:<br><b>corn on cob</b><br>Like a sausage but with cracks on its surface       |
| type 4 |  | looks like:<br><b>sausage</b><br>Like a sausage or snake, smooth and soft                |
| type 5 |  | looks like:<br><b>chicken nuggets</b><br>Soft blobs with clear-cut edges (passed easily) |
| type 6 |  | looks like:<br><b>porridge</b><br>Fluffy pieces with ragged edges, a mushy stool         |
| type 7 |  | looks like:<br><b>gravy</b><br>Watery, no solid pieces ENTIRELY LIQUID                   |

### Some prefer to use the Bristol Stool Scale when discussing bowel movements.

The Bristol Stool Scale, also known as the Bristol Stool Chart, is a medical tool designed to classify the form and consistency of human feces into seven distinct categories. It was developed by Dr. Ken Heaton at the University of Bristol in 1997. The chart helps healthcare professionals and individuals assess bowel health and diagnose potential digestive issues based on stool appearance. The categories are:

1. Separate hard lumps, like nuts (hard to pass) — This type indicates severe constipation and may be associated with a lack of fiber in the diet.
2. Sausage-shaped but lumpy — This type also suggests constipation and can indicate a slower transit time through the intestines.
3. Like a sausage but with cracks on the surface — This type is considered normal, but it might suggest a slightly slower transit time if the stool is somewhat firm.
4. Like a sausage or snake, smooth and soft — This is considered the ideal stool type, indicating healthy digestion and a balanced diet.
5. Soft blobs with clear-cut edges (passed easily) — This type can be normal for some people but might indicate a slightly faster transit time.
6. Fluffy pieces with ragged edges, a mushy stool — This type indicates mild diarrhea and suggests a rapid transit time through the intestines.
7. Watery, no solid pieces, entirely liquid — This type indicates severe diarrhea and can be a sign of an underlying gastrointestinal condition or infection. Note that this is the type of bowel movements associated with severe (untreated) MC reactions, known as secretory diarrhea.

Key insights from various sources suggest that normal bowel movement frequency ranges from three times a day to three times a week. The Bristol Stool Chart can help categorize stool consistency and assist in understanding whether our bowel movements are within a healthy range.







## What is Normal?

For MC patients, consistency in managing diet, hydration, and physical activity is important in maintaining regular bowel movements. While the journey to remission can be challenging and individualized, patience and perseverance are essential. Remember, what's normal for you may differ from others, and it's important to focus on what feels comfortable and natural for your body. It may be helpful to consult with your healthcare provider if you have concerns about your bowel habits, or if you experience significant changes in frequency or stool color for no obvious reason (such as changes in diet, activity or stress levels, or other major lifestyle changes).

### **The Cleveland clinic says:**

normal frequency of bowel movements varies significantly among individuals. Some people may have several bowel movements each day, while others may only go once or twice a week. Typically, going longer than three days without a bowel movement is considered too long.

### **The Internet website Verywell Healthy says:**

A "normal" bowel movement is relative to each individual, generally occurring anywhere from three times a day to three times a week. Having more than three bowel movements a day might indicate diarrhea, whereas fewer than three per week could suggest constipation.

### **The Continence Foundation of Australia says:**

Regular bowel movements mean that stools are soft, well-formed, and easy to pass, typically occurring between one to three times daily or three times weekly. It's common for the bowel to want to empty about 30 minutes after a meal, often breakfast, but this can vary among individuals.

### **A Washington Post article titled "Are my bowel movements normal?"**

covered most of the details about bowel movements that most people are curious about, such as the following (Pasricha, 2023, January 16)<sup>1</sup>:

#### **The frequency of bowel movements**

varies widely among individuals and is influenced by factors such as diet, age, and cultural habits. While a common belief is that having one bowel movement per day is ideal, a healthy range can be anywhere from three times a day to three times a week. In the United States, the majority of people who consider their bowel habits normal report having between three to seven bowel movements per week. In contrast, individuals in Eastern India, where diets are typically high in fiber, have a median of 14 stools per week. In Italy, the norm tends to be once per day.

#### **A "normal" bowel movement should be comfortable**

and occur without significant straining. If you find yourself needing to use laxatives frequently, or experiencing discomfort, increasing your intake of fiber-rich foods like fruits and vegetables, drinking plenty of water, and staying active can promote regularity. For those of us who have diarrhea predominant MC, and are not yet in stable remission, obviously that information may be irrelevant. But for constipation predominant MC, this is often a major problem, because constipation-based MC is typically much more difficult to control than diarrhea predominant MC.

difficult to control than diarrhea predominant MC.

If you have bowel movements less frequently than normal but they are painless and without other symptoms like bloating or pain, that can also be considered normal. As mentioned above, regular bowel movements can be influenced by diet, hydration, and physical activity.

**Stool color can be an indicator of various health conditions,**

but it's often influenced by diet. Bilirubin turns stool brown, but this is a time-dependent process, so faster or slower than normal motility rates can affect the color of stool. But sometimes other colors can appear, depending on our diet, and how well our digestive system is functioning.

Green stool is often not a concern because this may result from eating green vegetables, or food coloring, although this can sometimes occur for those of us who also have celiac disease.

Yellow or straw-colored stool is usually no big deal because it may be due to diet, but for MC patients it may indicate rapid transit.

Orange stool typically is not worrisome because it can result from eating certain foods.

Dark brown stool is caused by slow transit time, so it can usually be considered to be normal unless constipation symptoms such as cramps are present.

Black or tarry stools indicate bleeding in the upper part of the digestive system.

White or clay-colored stools can indicate a lack of bile, and might suggest bile duct blockage.

Red or maroon stools may indicate bleeding in the lower gastrointestinal tract. But since newly diagnosed MC patients have typically had a recent colonoscopy, if no bleed source was noted in the operative report from that colonoscopy, then such bleeding is normally due to hemorrhoids that have become inflamed. If the bleeding continues, or lightheadedness or pain is present, prompt medical attention may be needed. MC is not associated with bleeding, although the other IBDs (other than celiac disease) are.

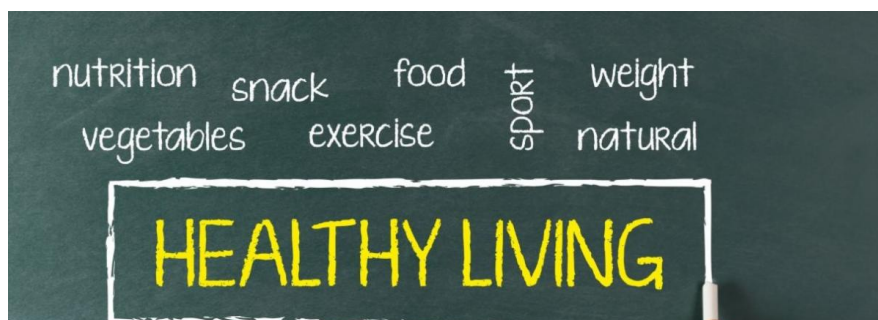
Silver stools are rare, but could be a sign of simultaneous gastrointestinal bleeding and bile duct blockage.

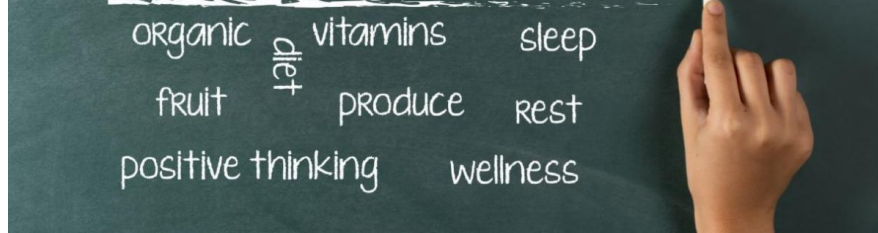


**Monitor your progress with the Bristol Chart and other indicators.**



**Normal is different for different people.**





### **But what is the healthiest bowel movement frequency?**

A recent study published in Cell Reports Medicine, explores the relationship between bowel movement frequency (BMF) and overall health, and the research article suggested these key findings (Johnson-Martínez, et al., 2024)<sup>2</sup>:

- The study suggests that having one or two bowel movements per day is associated with the best health outcomes.
- Both constipation (one or two bowel movements per week) and diarrhea (more than three per day) are linked to negative health effects. Constipation leads to an increase in blood toxins like p-cresol sulfate and indoxyl sulfate, which are harmful to kidneys. Diarrhea is associated with inflammation and liver damage.
- The balance of gut bacteria is optimal when bowel movements are regular. Fiber-fermenting bacteria thrive when BMF is in the "Goldilocks zone" (one to two times per day).
- Eating more fruits and vegetables, staying hydrated, and regular physical activity are linked to healthier bowel movement frequencies. But note that this research was done based on a cohort of generally healthy adults (not MC patients), so we have to take advice such as this with a grain of salt until we've been in remission for a while. After we've been in stable remission long enough, then we can certainly safely follow recommendations from studies such as this.

## **In Conclusion**

Achieving stable remission in MC means our bowel movements should ideally return to a comfortable, regular pattern that resembles our pre-MC norm. While this varies for each individual, healthy bowel movements are typically soft, well-formed, and easy to pass without significant straining or discomfort.

## **Check Out Wayne's Blog**

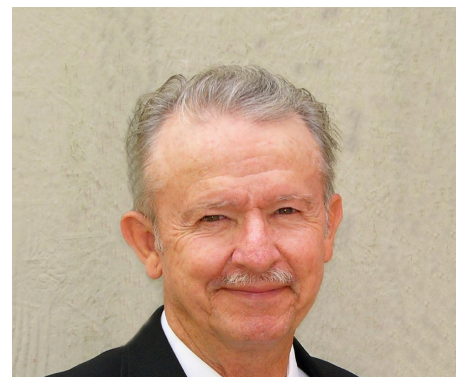
He posts a new blog about every week. Here are the titles of the most recent. Click the "Wayne's Blog" button at the top of the newsletter to access.

**DEALING WITH STRESS IS A BALANCING ACT**

**WHY ARE US DRUG PRICES THE MOST EXPENSIVE IN THE WORLD?**

**WHY ARE US DRUG PRICES IMMUNE TO GOVERNMENT REGULATION?**

**THE NEXT PANDEMIC IS RIGHT AROUND THE CORNER - WHY AREN'T WE PREPARED FOR IT?**





## References

1. Pasricha, T. (2023, January 16). Are my bowel movements normal? The Washington Post, Retrieved from <https://www.google.com/url?esrc=s&q=&rct=j&sa=U&url=https://www.washingtonpost.com/wellness/2023/01/16/poop-frequency-color-meaning/&ved=2ahUKEwj7yliWq72HAXMLEQIHbxtACMQFnoECAgQAg&usg=AOvVaw2qct7E-nQebbEbckNrVPBh>
2. Johnson-Martínez, J. P., Diener, C., Levine, A. E., Wilmanski, T., Suskind, D. L., Ralevski, A. . . . Gibbons, S. M. (2024). Aberrant bowel movement frequencies coincide with increased microbe-derived blood metabolites associated with reduced organ function. *Cell Reports Medicine*, 5(7), 101646. Retrieved from [https://www.cell.com/cell-reports-medicine/fulltext/S2666-3791\(24\)00360-4#%20](https://www.cell.com/cell-reports-medicine/fulltext/S2666-3791(24)00360-4#%20)

## [Contact Us](#)

**Wayne Persky:** [wayne@perskyfarms.com](mailto:wayne@perskyfarms.com)

**Rosalyn Upson, Newsletter Editor:** [rosalyn.upson@gmail.com](mailto:rosalyn.upson@gmail.com)

Microscopic Colitis Foundation | 10242 Darrs Creek Rd | Bartlett, TX 76511 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)



Try email marketing for free today!