IBS-C Guide

Practical steps for constipation-predominant IBS and a healthy, long-term digestive rhythm.

This guide is derived from the Aslan Health Podcast series on Irritable Bowel Syndrome with constipation. It is designed to help you observe your pattern, build a daily rhythm, use practical tools wisely, and know when to ask for additional help.

Big idea

A stuck gut does not mean a stuck life. IBS-C and chronic constipation are often treatable communication and coordination problems involving hydration, motility, fiber type, gut-brain signaling, pelvic floor coordination, methane gas, medications, and daily rhythm.

1. IBS-C vs. Chronic Constipation.

Chronic constipation generally means bowel movements are persistently difficult, infrequent, hard, or associated with straining. IBS-C includes constipation, but abdominal pain is also a defining part of the pattern. That distinction matters because IBS-C care often requires attention to pain, bloating, gut sensitivity, and gut-brain communication, not bowel frequency alone.

2. Warning Signs That Need Medical Attention.

Most cases of isolated constipation are not dangerous, but some symptoms warrant prompt medical evaluation. Seek medical care if constipation is accompanied by any of the following:

- Rectal bleeding or blood in the stool.
- Persistent or severe abdominal pain.
- Fever or vomiting.
- Inability to pass gas.
- Unexplained weight loss or anemia.
- A family history of colon or rectal cancer.
- A significant new change in bowel habits.

3. What May Be Driving the Pattern?

Hydration: Too little fluid can make stool hard and more difficult to pass, especially when fiber is increased.

Motility: Slow transit allows stool to sit longer in the colon, where more water is absorbed.

Fiber type: Soluble fiber, such as psyllium or partially hydrolyzed guar gum, is often better tolerated than most insoluble fibers.

Visceral sensitivity: IBS can turn up the volume on gut sensation, making gas, stool, or abdominal distention feel more painful.

Gut-brain axis: Stress and threat-mode physiology can slow digestion, reduce signaling, and interfere with pelvic floor function.

Methane gas: Some people with bloating, distension, and constipation may have methane-associated patterns that need clinician-directed evaluation and treatment.

Pelvic floor coordination: If the outlet does not relax and coordinate well, more fiber may not solve the problem.

Medications and conditions: Opioids, iron, anticholinergics, some antacids, calcium channel blockers, antihistamines, diuretics, some antidepressants, hypothyroidism, diabetes, and other conditions can contribute to chronic constipation.

Daily rhythm: Regular wake time, meals, hydration, exercise, and bathroom opportunities help train the bowel rhythm.

4. The Stepwise Reset Approach.

The best approach is intentional and stepwise. Begin with the least invasive foundations, then add targeted support when needed.

1. Start with food, hydration, soluble fiber, daily movement, and bathroom rhythm.
2. Use supplements and over-the-counter support wisely when these lifestyle steps are not enough.
3. Discuss prescription options with a clinician if IBS-C symptoms persist, especially when pain and bloating are prominent.
4. Reassess the mechanism if care is not working. Pelvic floor dysfunction, slow transit, methane-associated patterns, thyroid issues, medication effects, or other contributors may need evaluation.

5. Seven Daily Rhythms for IBS-C.

Morning hydration: Start the day with water intake to support flow.

Consistent breakfast if tolerated: Eating in the morning may stimulate the gastrocolic reflex.

Bathroom opportunity: Give yourself five to ten unhurried minutes after breakfast. Do not force or strain.

Daily movement: Walk for ten to twenty minutes after a meal when possible.

Soluble fiber plan: Choose a primary fiber strategy such as psyllium or Sunfiber. Start low, go slow, and hydrate well.

Food rhythm: Learn which foods help your pattern and which create problems. Kiwifruit, prunes, and figs may help.

Nervous system rhythm: Slowed breathing, prayer, Scripture meditation, nature walks, gratitude, and Sabbath rest support parasympathetic peace.

6. A Simple 7-Day Reset Plan.

Day	Action
Day 1	Review your medications, supplements, warning signs, and current bowel pattern.
Day 2	Increase morning hydration and establish a bathroom rhythm after breakfast.
Day 3	Improve toilet posture with foot support and relaxed breathing.
Day 4	Add a food tool such as kiwifruit, dates, or prunes if tolerated.
Day 5	Begin a low-and-slow soluble fiber plan if appropriate.
Day 6	Walk for 10 to 20 minutes after your largest meal.
Day 7	Review your data. Look for positive progress, not perfection.

7. Three-Day Flare Plan.

A flare plan prevents panic and overcorrecting. During a flare, use known tools and not new, unfamiliar products.

Day 1: Return to basics: Hydrate well. Eat familiar, safe foods. Walk after meals. Resume your morning bathroom rhythm, relaxation, and breathing routine. Ask, “What changed in the last few days?” Then make the necessary adjustments.

Day 2: Use targeted support: Use known support tools in the correct dose for you. Avoid stacking new products at once.

Day 3: Decide whether home care is still appropriate: If improving, return gently to maintenance. If worsening, if pain is severe, if you cannot pass gas, if vomiting, fever, blood, or an unusual pattern occurs, seek medical care.

8. When to Ask for More Help.

If IBS-C continues despite a thoughtful maintenance plan, do not simply keep stacking supplements or products. Ask more detailed questions and consider a professional evaluation.

- Do I need thyroid testing or a medication review?
- Do I need an evaluation for methane-producing organisms?
- Do I need a pelvic floor assessment?
- Do I need a gastroenterologist to discuss prescription options?

14-Day IBS-C Bowel Rhythm & Symptom Log

Use this log for two weeks to identify your personal pattern. Record what happened without judgment. The goal is awareness so that accurate information can inform wise decision-making.

Date	BM Time	Bristol Type	Strain 0-3	Bloating 0-10	Pain 0-10	Fluids/Fiber	Food/Supplement Notes	Stress/Sleep/Movement Notes