

## LAXATIVE ABUSE — THE REAL STORY

Many anorexics and bulimics, including myself in the past, have abused laxatives, believing they could control their weight. I thought laxatives were harmless, certainly less harmful than vomiting. However, after considerable research into the chemical make-up of these over-the-counter medications, I found both assumptions to be wrong.

The component chemicals in laxatives are dangerous when the products are abused. Also, laxatives are virtually useless in controlling weight because calories are absorbed by the stomach and upper intestine before the food ever reaches the lower intestine, where the laxatives work. Any laxative-induced weight loss is merely water and waste.

As a result of repeated laxative abuse the digestive system becomes dependent on these products, and it is practically impossible to have a bowel movement without laxative assistance. These chemicals chronically irritate the colon until it is literally worn away. The intestines lose their normal muscle action, the peristalsis which pushes waste products through the colon so that vitamins, minerals and water can be absorbed. Without peristalsis, the colon cannot contract, instead going into painful spasms.

Chemical stimulant laxatives, which contain senna, phenolphthalein, cascara, danthron, disacodyl and/or castor oil are the strongest and most toxic. These laxatives cause dehydration, rectal bleeding, depletion of certain minerals and potassium and electrolyte imbalance. The phenolphthaleins act by attacking the colon wall which, in turn, secretes a mucus, in defense of the attack.

Osmotic or saline laxatives pull water into the feces, causing a "liquid purge." These are almost as potent as the chemical stimulants and include ingredients such as magnesium hydroxide, magnesium sulfate and sodium sulfate. Abuse of osmotic laxatives causes excess absorption of sodium and magnesium and is especially dangerous to those with heart and

kidney ailments.

Lubricants, such as liquid paraffin and mineral oil deplete the body of fat soluble vitamins and are suspected of increasing the risk of gastrointestinal malignancies. Stool softeners, which contain DSS (dioctyl sodium sulfosuccinate) enhance the absorption of mineral oil and should never be used in conjunction with it.

Bulk forming laxatives, containing psyllium, polycarbophil and plantago, prevent, rather than treat, constipation. These are sometimes high in sodium and sugar. Even though these are the safest of all such medications, they must be taken with at least eight ounces of water in order to prevent intestinal blockage.

If you are a current laxative abuser, it is strongly advised that you speak honestly with your doctor before reducing your dosage. An abrupt end to laxative use often causes severe problems, and the withdrawal period can be extremely uncomfortable. Indeed, you may need to retrain your bowels, preferably by sitting on the toilet at the same time each day, preferably after a meal. Don't ever ignore the urge to defecate because your bowels will become accustomed to being full and will stop transmitting the signal to be emptied.

Also recommended is an increase in water and fiber consumption: fruit, vegetables, whole grains and bran. (But, bran can trigger intestinal bloating and gas until your body readjusts to the fiber, in about three to four weeks.) Drinking hot water with lemon juice, or any warm liquid, first thing every morning helps stimulate the colon to contract and aids in elimination. Moderate daily exercise can also help increase intestinal muscle action.

Perseverance and patience are necessary. It will take time to undo the damage that has already been done. But, in time, you will find, as I did, that the body heals itself and becomes "regular" and normal again.

Amy Grabowski

(Sources: E. Mazer, 1984; J. Thiroloix, 1984; J. Wasco, 1984)