Case Study: Reduction of Chronic Constipation in a Pediatric Patient Using Magnesium Citrate and Candida-Clearing Protocol

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Chronic constipation is a common gastrointestinal issue in pediatric patients, often leading to discomfort plus pain and diminished quality of life. This case study presents a 7-year-old female with a six-year history of chronic constipation, which had previously been unresponsive to conventional treatments, including Miralax. After implementing a natural treatment regimen consisting of magnesium citrate supplementation (100 mg daily) and a candida-clearing protocol involving probiotics, antimicrobials, and a low-sugar, low-gluten diet, the patient exhibited significant improvement. Over four weeks, bowel movement frequency increased from every 5-6 days to daily or every other day, accompanied by a reduction in bloating and abdominal discomfort plus pain. This case highlights the potential effectiveness of magnesium citrate and dietary interventions in managing chronic constipation in pediatric patients, especially when traditional therapies have failed.

INTRODUCTION

Chronic constipation is a common gastrointestinal issue in children, characterized by infrequent bowel movements, straining, and discomfort, which can significantly impact their quality of life.[1] Conventional treatments, such as fiber dietary modifications and polyethylene glycol (Miralax), often yield unsatisfactory results, highlighting the need for alternative therapies.[2]

Magnesium citrate has gained attention as an effective treatment option due to its osmotic laxative properties, which help soften stool and promote regularity.3 Studies indicate that magnesium supplementation can enhance bowel movements and is safe for pediatric use.[3]

Additionally, intestinal dysbiosis, particularly candida overgrowth, may contribute to constipation by disrupting normal digestive processes.[4] Interventions targeting candida through dietary changes, probiotics, and antimicrobial herbs can restore microbial balance and alleviate symptoms.[5]

This case study presents a 7-year-old female with chronic constipation who improved significantly after a treatment regimen combining magnesium citrate and a candida-clearing protocol. The findings support the efficacy of these natural remedies when traditional treatments have failed.

PATIENT BACKGROUND

A 7-year-old female presented with a six-year history of chronic constipation, characterized by infrequent bowel movements (every 5-6 days), abdominal discomfort plus pain, and occasional bloating. Previous interventions, including the use of Miralax (polyethylene glycol) and fiber supplements, had minimal impact on her symptoms. The patient's parents expressed interest in a natural approach to address the root cause of her constipation.

INITIAL ASSESSMENT

- **Frequency of bowel movements:** Every 4-6 days
- **Other symptoms:** Moderate bloating, occasional irritability, severe intermittent abdominal pain
- **Dietary considerations:** No food dyes
- **Medical history:** Unremarkable, no significant medication use

INTERVENTION

The treatment protocol involved daily supplementation with magnesium citrate (100 mg), known for its osmotic laxative effect, along with a selection of antimicrobial herbs aimed at reducing candida overgrowth and supporting gut health. The candida-clearing approach included introducing probiotics and a low-sugar, low-gluten diet to minimize candida overgrowth, further enhanced by the antimicrobial herbs. This comprehensive protocol aimed to address potential underlying microbial imbalances and provide relief from chronic constipation.

PROGRESS OVER FOUR WEEKS

- **Week 1-2:** The patient experienced increased bowel movements up to every 2-3 days, with reduced bloating and discomfort. The antimicrobial herbs contributed to a noticeable reduction in abdominal discomfort. Severe intermittent abdominal pain reduced to moderate.
- **Week 3-4:** By the fourth week, bowel movements

became regular (daily or every other day). The patient's bloating and abdominal pain subsided, and parents reported improved mood and energy levels, correlating with the effects of both magnesium citrate and the antimicrobial herbs.

OUTCOME

After 4 weeks, the patient's chronic constipation had markedly improved, with regular bowel movements and minimal bloating. The family expressed satisfaction with the treatment's effectiveness and observed benefits in the child's overall well-being.

DISCUSSION AND SUPPORTING RESEARCH

1. **Magnesium Citrate for Constipation:** Magnesium citrate acts as an osmotic laxative, drawing water into the intestines to soften stool and promote regularity.[10] Studies show that magnesium citrate is effective in pediatric constipation management due to its ability to enhance intestinal motility.[1]

   A randomized study demonstrated that magnesium supplementation improved bowel regularity and reduced abdominal discomfort in children with constipation, with minimal side effects, making it a safe choice for pediatric patients.[6]

2. **Candida Overgrowth and Constipation:** Intestinal dysbiosis, particularly involving candida overgrowth, can contribute to gastrointestinal symptoms, including constipation.[4] Candida overgrowth can disrupt the gut microbiome, impairing digestive processes and slowing bowel transit time.[7]

   A candida-clearing approach, including dietary modifications, probiotics, and antimicrobial herbs, can restore microbial balance and alleviate symptoms. Research supports the use of probiotics in reducing candida levels and improving gut health.8 A low-sugar diet is also beneficial, as sugar supports the growth of candida, exacerbating dysbiosis.[9]

CONCLUSION

This case study demonstrates the potential benefits of magnesium citrate supplementation combined with antimicrobial herbs and a candida-clearing protocol in managing chronic constipation in a pediatric patient. Regular bowel movements, reduced bloating, and improved well-being were observed after four weeks. This integrative approach may be considered a valuable option for addressing constipation associated with gut microbial imbalances in children, especially in cases where previous treatments, such as Miralax, were ineffective.

CONSENT

Written informed consent was obtained from the patient (parents) for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

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