

20260317 — Summary of Shifting Bowels in TODIC

WARNING: Do not read unless you really want to know the details. This entry contains granular descriptions of bowel movements across a 30-year longitudinal record. While I do not enjoy discussing this and don't expect anyone to enjoy reading it, I believe doing so brings valuable insights into the condition. I highly recommend skipping this. - Jim

From the very beginning of this condition, your bowels shift. The very first thing that happened — literally after I converted in 1995 — was a bowel movement.

From there, I had very dense bowel movements for several years. Often very large movements that you would not need to wipe for but one time. Movements that would clog up the plumbing because they were so dense. I made a joke out of saying I had to use the “super-pooper,” my name for the second floor powder bath that had 10 extra feet of vertical drop helping keep it clear.

Then, after the next transition, it shifted to darker, oily bowel movements. This was a dramatic shift. Oily bowel movements for years — bowel movements where the texture had changed, and a lot of wiping was required. Much wiping.

After the next transition, it shifted back to more normal — what you would consider normal for people.

Then after the 2014 transition — pretty normal, I think. Still not too much different. After the 2018 transition, maybe a little bit greasier than before. More wipes, but not as severe as that second stage.

Then after the 2022 transformation, that's when we really enter into all the various dimensions.

The 2022 Stage

This stage began with a buildup of fluids. Then when the inferior vena cava loses its constriction, suddenly those fluids are released back into your system from where they've been held in interstitial spaces. You are actually returning back to the terminal polyuria stage that was caused during the initial onset. So you can imagine polyuria, large amounts, but also very fluidy bowel movements. That lasted for a couple weeks.

Then I was suddenly constipated. Here you can believe what you want. I was at my moms house. I was updating her on everything that had been going on (she's seen the entire course over the years and nursed me through two different transitions -2014 and 2018, plus witnessed 2008). Suddenly, I felt a pain in my lower right quadrant. It was sharp and brief. Then I suddenly started having water movements again. I think the article discussed how the candida pieces only the outer member of the colon, which allows fluids in and basically primes the pump (remember, nothing is operating in a normal manner). That was over four years ago, folks.

Then I, I eventually had periods of constipation — very hard bowel movements as far as firmness, and dark, often these were pebble-like. Those were always concerning. That's when I actually started taking psyllium husk when needed. The first time I took two capsules, and that set off a couple weeks of circadian tension in my abdomen. Every afternoon until after dinner, my enter belly would hurt with internal tension. I now believe the psyllium started it or aggravated things by pulling fluid out of my system. And sometimes I would also take a tiny bit of MiraLAX — literally the tiniest amount would cause my system to flush when it got stopped up.

I had one interesting instance (noted in the book), where I had been constipated for about 2 days, took a tiny amount of miralax, followed the next day by 2 large and 1 medium bowel movement, and then, coincidentally, an X Ray of my abdomen where “large colon load” was noted. There is ZERO change my colon had anything in it. Trust me. Those results are on my website.

The Dimensions

When I talk about shifting dimensions, we're talking about:

Frequency. My normal progression throughout what I'd consider the last 30 years would be to have one at about 9 AM, and that's it. But obviously that has varied. There were a few days when I'd have six irregular ones during the last four years. And anytime I didn't have one, I would literally start counting the days — “this is day one with no bowel movement.” Why? Because the only firm thing I know about the end of the last stage is “Someone might walk into an ER to report not having a bowel movement for four days and never walk out.” That's something I remember from the Article. I've had only one or two short periods where I felt like I needed to have bowel movements in the middle of the night. Generally the question is: do they occur right when you get up, after breakfast, throughout the day, or at night?

Color. There's a lot of colors. Obviously, this depends on diet, but also how things are functioning. Phase 1? Light. Phase 2? Dark. Phase 3? Medium, Phase 4? Take your pick.

Consistency. Even within what you would consider a fluidic bowel movement, there are distinctions. There are fluidic bowel movements where the material settles out, and fluidic bowel movements where things remain in suspension. It swaps between all of these.

Shape. For example, last year I went through a long period of very skinny bowel movements — a little bit bigger than a pencil. I've had more than one period like that over the last couple years, and then it goes back to some other shape or consistency. You might have loose stools — a little bigger than pencil size but like fifty small fragments. Largely fluid. Then sometime later, something that looks kind of normal. Most of the bowel movements in this phase are at least soft, so you get a lot of flattened bowel movements due to rectal compression — they don't come out round, they come out flat.

Gassiness. In general, throughout the condition, I never had gas. Only very brief periods. During these last four years there were times of bowel movements accompanied by gas (think projectile), but gas was not a feature of the rest of the condition, in general.

Pain. None of this was generally associated with painful movements. All of that variation — across every stage, every dimension — was not generally associated with pain. Sure, I hurt like hell, but it wasn't associated with a movement. Eating? Yes, at times. After one transition, every meal caused centerline abdominal pain that felt like being knifed or sliced open. I believe this was circulatory collapse due to suction of the heart. Maybe enough matter entered circulation to cause blockages, I'm not sure. Definitely suction-related, though, imo.

Recent Patterns

I can't emphasize enough that within a single week it can be all over the map. What is very irregular in phase 4 is to have what anyone would consider a normal-looking bowel movement. A normal bowel movement is the irregularity. That's just not what I've had. Whenever I have had a normal bowel movement it has marked a change in other symptoms.

I went for weeks last year with the very skinny bowel movements, which would generally come multiple times in the morning. Past that, a period of just watery bowel movements. I literally made the comment when I went to Old Man Band one night — they said, "How was your day?" and I said, "Shitty." And I meant it, because that was the content of my day.

The watery bowel movements around Christmas time shifted to what you'd consider semi-solid — those soft ones I mentioned. Then more recently, just a lot of rapid variation. A regular bowel movement that looked normal during the time last week as noted, to what I had yesterday and today. Even then you could see the slope — you could see it changing in the same direction for a while. Yesterday it was definitely looser but still very oily, requiring many passes with toilet paper. Today it was loose and watery and did not require much toilet paper.

Closing Observation

It is without a doubt the consistent theme of this condition that you could know the most about a person and where they were, I believe, by checking their bowel movements — the consistency change, the shape change, the mineral content change, the osmolality. I've had my bowel movements tested at least twice, and the thing is they don't look at the things I would want them to. They're screening for parasites and other standard pathologies. No. Just electrolytic imbalances and chemistry. There is a lot of data to be obtained here.