

Activated Charcoal Capsules – Relieves Excess Gas and Bloating

About Activated Charcoal Capsules

- Activated charcoal has a long history of use, primarily for its ability to bind toxins and safely and effectively remove them from the body.
- This highly absorbent powder has a very porous surface that many chemicals bind to (including intestinal gases), preventing their absorption and allowing them to be safely excreted.¹
- Several clinical trials indicate that activated charcoal reduces symptoms of intestinal gas by either binding the gas directly, or by binding the compounds generating the gas.²
- It has been shown to reduce the amount of hydrogen measured in the breath (after study participants ingested a nondigestible sugar). It also reduced abdominal cramping and bloating attributed to excess gas.³
- Studies have shown that activated charcoal reduces the amount of intestinal gas in patients before having an abdominal ultrasound.⁴
- Activated charcoal has been shown to be safe, without affecting gastrointestinal (GI) function or influencing the microbiome.⁵
- The softgel casing of activated charcoal is easy to swallow.

How to Use Activated Charcoal Capsules

- Adults and children 12 years and over: Take 2–4 softgels after meals, as needed. May be repeated in 2 hours. Do not take more than 16 softgels in 24 hours.

Cautions and Contraindications

- Do not use in children under 12 years of age except on the advice of a doctor. Do not use within 2 hours of another medication as the effect of the other medication may be reduced. Ask a doctor or pharmacist before use if you are pregnant or breastfeeding. Stop use and ask a doctor if symptoms reoccur or last more than 2 weeks. Keep out of reach of children. In case of overdose, call a poison control centre or get medical help right away.

Drug Interactions

- Avoid using within 2 hours of other medications. Avoid use while taking opioids (typically used for analgesia and sedation) such as hydrocodone, or antimuscarinic medications (typically used as antispasmodics) such as oxybutynin and solifenacin.

PATIENT NAME: _____

PRACTITIONER NOTES:

Quick Tips for Optimal Health

- Inadequate chewing may be a cause of poorly digested food, which increases the production of gas in the colon. An in vitro model predicted that chewing food too quickly, swallowing large pieces of food, and inadequate saliva could all increase the odds of having poorly digested food.⁶
- Increasing dietary fibre may temporarily increase gas production, but this generally decreases with time. For example, many people overestimate gas production associated with eating beans. Analysis of bean consumption indicates that gas production often decreases after a few weeks of increased bean intake.⁷ Soaking beans and pouring off the liquid before cooking can also reduce bean-associated gas production.
- There are many other causes of excessive intestinal gas. While some gas production is normal, excessive gas may indicate the presence of other GI conditions, such as irritable bowel syndrome (IBS), small intestinal bacterial overgrowth (SIBO), or intolerance of specific dietary carbohydrates.
- Lactose intolerance is thought to affect 75% of the world's population after the age of 30, and is characterized by excessive gas, as well as abdominal pain and bloating.⁸ Bacteria in the colon readily ferment this milk sugar, releasing several gases (mainly hydrogen, but also carbon dioxide and methane).⁹
- Fructose intolerance has received less attention than lactose, but both are disaccharides (sugars) that may not be easily digestible for people lacking the specific enzymes needed to break them down. Fermentation of fructose in the colon can mimic the symptoms of lactose intolerance, and may include excessive gas and bloating.¹⁰ As dietary consumption of fructose grows, this may be an increasingly common cause of excessive gas and bloating.
- In one analysis of over 1,000 patients with gas, bloating, and abdominal pain (with no identified cause), lactose intolerance was detected in 44%, fructose intolerance in 34%, and SIBO in 33%. These causes were identified by using carbohydrate breath tests.¹¹
- While abdominal gas and bloating are uncommon symptoms of celiac disease, it is more likely to be present, and should be considered if other causes have been ruled out.¹²
- A low-FODMAP diet (FODMAP is an acronym for fermentable oligosaccharide, disaccharide, monosaccharide, and polyol), which reduces certain carbohydrates, has been shown to reduce hydrogen gas production as well as symptoms of IBS.^{13,14}

PRACTITIONER CONTACT INFORMATION:

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