IAMJ

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL

Case Report ISSN: 2320-5091 Impact Factor: 6.719

AN AYURVEDIC PERSPECTIVE FOR CONSTIPATION IN CHILDREN – A CASE REPORT

[1]Bimal Shah, [2]Rakesh Sharma, [3]Minakshi, [4]Karam Singh

[1]P.G. Scholar, PG Department of *Kaumarbhritya*, R.G.G.P.G. Ayurvedic College and Hospital, Paprola.
[2]Professor and Head, PG Department of *Kaumarbhritya*, R.G.G.P.G. Ayurvedic College and Hospital, Paprola.
[3]Professor, PG Department of *Kaumarbhritya*, R.G.G.P.G. Ayurvedic College and Hospital, Paprola.
[4]Lecturer, PG Department of *Kaumarbhritya*, R.G.G.P.G. Ayurvedic College and Hospital, Paprola.

Corresponding Author: mailtosbimal@gmail.com

https://doi.org/10.46607/iamj4813022025

(Published Online: February 2025)

Open Access

Article Received: 06/01/2025 - **Peer Reviewed:** 30/01/2025 - **Accepted for Publication:** 09/02/2025.

Check for updates

ABSTRACT

Background: In *Ayurveda*, Constipation, often referred to as *Vibandha* or *Baddha Purisha*, signifies an inhibition or blockage in the *Purishavaha Srotas*, i.e. *Sangha*, a term denoting the obstruction of channels responsible for the smooth movement and elimination of stool within the body. It is a frequently encountered issue in the paediatric population and significantly impacts the physical well-being, physiological functioning and overall quality of life of affected children. This disorder manifests as *Purisha Nigraha* (stool obstruction), *Pakvashaya Shoola* (abdominal pain), *Kashtaprada Malapravrutti* (painful defecation), *Grathitha Malapravrutti* (hardened stool) and *Atopa* (infrequent bowel movements). Many children experience constipation due to habitual factors, inadequate fibre and water intake, or changes in dietary and lifestyle patterns. This can mainly manifest when they begin school or daycare as they may feel unwilling to ask for bathroom breaks due to a lack of toilet training and the unfamiliar environment at school. Various gastrointestinal and other medical conditions can ultimately lead to the development of constipation making it a consequential symptom rather than a standalone disease. **Material and Methods:** A case of a 5-year-old male child having a history of constipation for the last 7 months. The patient was under medication for the same and got no relief. Parents came to us with complaints of painful defecation with incomplete evacuation for the last 7 days. **Results:** The patient was treated with *Matra Basti* along with oral

medicine which gave effective results from the 3rd day of the 2nd sitting of *Matra Basti*. Proper counselling along with modifications to *Aahara* and *Vihara* was advised. **Conclusion**: This case demonstrates the potential of *Ayurvedic* treatment in managing constipation.

Keywords: *Vibandha*, Constipation, *Purishavaha Srotas*, Bowel, *Matra Basti*

INTRODUCTION

Constipation is a common issue among paediatric patients and shares similarities with the *Ayurvedic* concept of *Vibandha*. Both conditions exhibit similar characteristics, such as *Purisha Nigraha* (stool obstruction), *Pakvashaya Shoola* (abdominal pain), *Kashtaprad Malapravrutti* (painful defecation), *Grathitha Malapravrutti* (hardened stool) and *Atopa* (infrequent bowel movements). It can affect individuals of any age, often arising when people ignore their body's natural urge to have a bowel movement. [1]

In *Ayurveda*, it is not explicitly identified as a distinct ailment; various references are made to different presentations of *Purisha* (faeces) like *Baddha Purisha*, *Ghana Purisha* or *Grathitha Purisha* and *Mala avabaddhata* in different contexts. [2] The above manifestations occur when there is an obstruction to the proper functioning of *Apana Vayu*, symptoms of *Udavarta* (retention of faeces, flatus, urine) like *Anaha* (obstruction), *Adhmana* (distension), *Malaavastambha* (hardness of faeces) due to the *Pratiloma Gati* (reverse flow) of *Apana Vayu* (one of the subtypes of biological humor of *Vata Dosha*) mimic the symptoms of *Vibandha*. [3]

The disorder involves the slow passage of faeces through the large intestine, often linked to dry, hard stool accumulation due to excessive fluid absorption. About 5-10% of school-aged children experience this issue, [4] with faulty toilet training and dietary changes as primary culprits. Diagnosis relies on a thorough history and physical examination. [5] Management strategies, including increased fluid intake, a fibre-rich diet and age-appropriate toilet training, play a central role and provide effective and low-risk solutions for Constipation (*Vibandha).*

EPIDEMIOLOGY

The global burden of childhood constipation is often underestimated due to limited data in this age group. Epidemiological studies use varying definitions and data collection methods, resulting in prevalence rates ranging from 0.7% to 29.6%. [6] The variation in the duration of symptoms needed to diagnose constipation, the age distribution of the children studied and the data collection method may also influence the data. Studies using standard definitions like Rome II criteria also show wide prevalence ranges. [7,8] Apart from definition differences, factors like symptom duration, age distribution and environmental, sociocultural and genetic factors contribute to data heterogeneity. Contrary to the belief that constipation is a disease in developed countries, studies in Asia also report high prevalence. Gender-specific prevalence varies across studies, with some showing no gender difference while others find higher prevalence in girls. Age is negatively correlated with constipation prevalence in some studies. [9] In developing countries like India, constipation in children is a significant public health concern with reported prevalence rates around 5.6% [10] to 30.88 %. [11]

CASE REPORT:

A 5-year-old male patient came to the OPD with the complaint of painful defecation with incomplete evacuation for 7 days.

HISTORY OF PRESENT ILLNESS:

The patient was asymptomatic 7 days back. Then, the patient suddenly developed severe pain during defecation associated with incomplete evacuation of the bowel. On further inquiry, the patient's attendant said the stool was consistently hard and associated with a foul smell. They also informed that the child passes stool once every 4-5 days, i.e. twice a week. The condition has aggravated in the last 7 days. With these above-mentioned complaints, he visited RGGPG Ayurvedic College and Hospital, Paprola

and got admitted to IPD, Department of *Kaumarbhritya*, for further needful management.

The patient has a persisting history of constipation for 7 months. For this, the patient had taken treatment from a nearby private clinic and was under medication for 1 month. The patient felt relieved during the medication period. Then, after the discontinuation of medication, there was a recurrence of the same complaints.

Personal History:

Appetite	Normal
Thirst	Normal
Diet	Mixed diet
Micturition	Regular
Bowel	Irregular Passage of hard stools once every 4th or 5th day associated with pain.
Sleep	Normal

Dashavidha Pariksha

Nadi	*Hamsa Gati*
Mala	*Baddha* Mala P*ravritti* (hard stools with pain)
Mutra	*Prakrit*
Jihwa	*Malavrita*
Agni	*Kshudhamandya*
Shabda	*Samanya*
Drika	*Samanya*
Akriti	*Samanya*
Bala	*Madhyam*

General Examination:

General condition	Good
Temperature	Afebrile
Pulse rate	110 bpm
Respiratory rate	24/min
Pallor	-ve
Icterus	-ve
Lymphadenopathy	-ve
Cyanosis / Clubbing	-ve
Oedema	-ve
Dehydration	-ve

Systemic Examination

GIT

Inspection: Distended, umbilicus in normal position, no scars or discolouration.

Palpation: Superficial and deep palpation – Tenderness is present on the left iliac and hypogastric regions with lumps in the left iliac region.

Percussion: Dull sound present.

Auscultation: Bowel sound decrease

FINAL DIAGNOSIS: *Vibandha* (Constipation)

MATERIALS AND METHODS

Method

Centre of study: R.G.G.P.G. Ayu College and Hospital, Paprola, Kangra, H.P.

Material

Table 1: ***Shaman Chikitsa***

S.No.	Name of drug	Ingredients	Dose	Duration
1.	Syrup Amlycure	*Bhringaraja, Bhumiamla, Giloy, Mooli Swarasa, Haritaki, Tulsi, Yashtimadhu*	5ml	Twice a day
2.	Syrup *Triphala*	*Amalaki, Haritaki, Bibhitaki*	5ml	Thrice a day

Table 2: ***Panchakarma* Schedule: *Matra Basti* after *Sthanika Abhyanga* with *Ksheerbala Taila (Ksheer, Bala, Tila Taila)***

Day	Dose	Duration of holding Basti and Passing stool
Day 1	10 ml twice a day	10 min (Not passed)
Day 2	10 ml twice a day	15 min (1 episode with hard consistency and pain)
Day 3	10 ml twice a day	20 min (1 episode with hard consistency and pain)
Day 4	10 ml twice a day	25 min (1 episode with semi-solid consistency)
Day 5	10 ml twice a day	30 min (1 episode with semi-solid consistency)
Day 6	10 ml twice a day	20 min (1 episode at an interval of 6 hrs)
Day 7	10 ml twice a day	15 min (2 episodes at an interval of 5 hrs)

The patient was discharged after 7 days, and the following treatment was to be continued for 1 week.

S.No.	Name of drug	Dose	Duration
1.	Sitz bath	-	Twice a day with lukewarm water for 15-20 min.
2.	Syrup Amlycure	5ml	Twice a day
3.	Syrup *Triphala*	5ml	Thrice a day
4.	Bonton active granules	5gm	Twice a day with milk

ADVISE AT THE TIME OF DISCHARGE

1. Plenty of fluids & fibre-rich diet.
2. Green Leafy vegetables
3. Plenty of water.
4. Avoid the excess usage of dry and junk food items.

Subsequent sittings of ***Matra Basti*** were given for 7 days along with the same oral medications.

Day	Dose	Duration of holding Basti and Passing stool
Day 1	10 ml twice a day	15 min (1 episode with semi-solid consistency)
Day 2	10 ml twice a day	15 min (1 episode with semi-solid consistency)
Day 3	10 ml twice a day	20 min (1 episode with normal consistency)
Day 4	10 ml twice a day	25 min (1 episode with normal consistency)
Day 5	10 ml twice a day	30 min (1 episode with normal consistency)
Day 6	10 ml twice a day	20 min (2 episodes at an interval of 3 hrs)
Day 7	10 ml twice a day	15 min (2 episodes at an interval of 4 hrs)

The treatment showed marked improvement from the 3rd day of the 2nd sitting of *Matra Basti*, where the

patient could pass stool of normal consistency without any pain.

OBSERVATION AND RESULTS:

The treatment course was effective and no major or minor complications were observed during the treatment period.

- The patient had started passing stools daily and regularly.
- Pain during defecation had reduced significantly.
- Obstruction felt during defecation that caused the patient to strain had also been alleviated.
- The consistency of stools had also changed from solid hard to semi-solid.
- Improvement in appetite and health of the patient.

DISCUSSION

In recent years, there has been a remarkable growth in gastrointestinal issues, which significantly impair normal lifestyle, dietary habits and behavioural patterns. These factors disrupt the natural process of digestion. *Vibandha*, a condition affecting the *Annavaha Srotas* (gastrointestinal channels), arises when irregular dietary choices, behavioural habits and mental stress disturb the *Agni* (digestive fire). The administration of *Basti* via the rectal route (*Guda*) reaches the *Pakvashaya*, recognised as the primary site of *Vata Dosha*. This intervention normalizes *Apana Vayu*, leading to the restoration of *Vatanulomana* and improved physiological *Vata* function. The pacification of *Vata* is pivotal as it is a major contributor to the disease. *Basti* administered in the *Pakvashaya* profoundly impacts the entire body through its unique properties. The main causative factor for constipation is *Vata* and the best therapy is supposed to be *Basti Chikitsa*. *Snehan* with *Ksheerbala Taila* promotes the *Vatashamak*, B*alya* and *Anulomaka* effects. *Ksheerbala Taila* contains *Ksheer* (milk), *Bala* (*Sida cordifolia*) and *Tila Taila* (*Sesamum indicum* oil). All these drugs possess mainly *Snigdha Guna* (unctuous property) and *Vatahar* (alleviates vitiated *Vata Dosha*) properties. [12,13,14] Syrup Amlycure helps restore liver functioning by providing a multidimensional approach by acting as an antiviral, anti-inflammatory, immunomodulator, and anticholestatic activity. Promotes and enriches hepato-biliary secretions, thus accelerating fat digestion and retards fat deposits in liver tissues. Syrup *Triphala* inhibits lipid peroxide and promotes the scavenging of hydroxyl and superoxide radicals in vitro. *Haritaki* is a potent laxative. It acts as astringent and lubricant inside the stomach. This action helps in loosening the stools. *Amalaki* has both laxative and cooling properties. It cools the inner lining of the stomach and reduces inflammation. It helps to reduce the burning sensation that irritates the stomach. *Bibhitaki* is the most effective of the three fruits in constipation. It is not only a laxative but also contains dietary fibres. The combination helps to fight constipation. [15] Sitz bath is a warm water bath to relieve discomfort in the perineal region. Soaking this area in warm water relaxes the anal sphincter which helps increase the blood flow through anal tissues and promotes healing and reducing the pain.

CONCLUSION

Constipation is a common gastrointestinal ailment that significantly impacts an individual's quality of life. Several factors could be responsible for it such as dietary choices, dehydration, a lack of exercise and underlying medical issues. Effective methods of management include dietary adjustments, lifestyle alterations and occasionally, the use of drugs under medical supervision. Constipation can be reduced with preventive measures such as eating a high-fibre diet, drinking plenty of water and following a regular bowel routine. For chronic or severe conditions, understanding the significance of prompt medical intervention is crucial to resolving any underlying health issues. Despite being a common problem, constipation is controllable and frequently responds to therapy. To ensure early detection of this disease, promoting awareness and open discussions about it is essential.

REFERENCES

1. Sharma, P.V. Editor, (1stEd.). Susruta Samhita with English text translation and Dalhana commentary,

Vol. I, Sutrasthana, Doshadhatumalakshaya vriddhi Adhyaya: Chapter 15, verse 3. Varanasi: Chaukhamba Visvabharati, Oriental Publishers and Distributors, 2010; 156-157.
2. CL.Sahana, Kulkarni Reena, Janagond Bahuraj. P, U.Shailaja, Gaikwad Samarjeet, Vibandha in children: An Etiopathological review, World Journal of Pharmaceutical Research, Volume 6, Issue 8; 2205-2216
3. Sushruta. Sushruta Samhita. Vaidya Yadav Trikamji Acharya, Editor. 9th ed. Varanasi. Chaukhamba Orientalia. Uttara tantra, 2007; 55/7
4. Indumathy Santhanam. Illustrated textbook of Pediatrics, Jaypee Brothers Medical Publishers, first edition, 2018; 267.
   Karen J.Marcdante, Robert M.Kliegman. Nelson Essentials of Pediatrics, Elsevier, first South Asia edition, 2016; 434.
5. van den Berg MM, Benninga MA, Di Lorenzo C. Epidemiology of childhood Constipation: a systematic review. I am J Gastroenterol. 2006; 101:2401–2409.
6. Iacono G, Merolla R, D'Amico D, et al. Gastrointestinal symptoms in infancy: a population-based prospective study. Dig Liver Dis. 2005; 37:432–438.
7. Ip KS, Lee WT, Chan JS, Young BW. A community-based study of the prevalence of Constipation in young children and the role of dietary fibre. Hong Kong Med J. 2005; 11:431–436.
8. Rajindrajith S, Devanarayana NM, Adhikari C, Pannala W, Benninga MA. Constipation in children: an epidemiological study in Sri Lanka using Rome III criteria. Arch Dis Child. Published Online First: 23 Jun 2010. doi: 10.1136/adc.2009.173716.
9. Makhwana VA, Acharyya K, Acharyya S. Profile of functional Constipation in children at a referral hospital. Indian Pediatr 2022; 59:287-9.
10. Kondapalli CS, Gullapalli S. Constipation in children: Incidence, causes in relation to diet pattern and psychosocial aspects. Int J Contemp Pediatr 2018; 5:6-13.
11. Kanth VR, Diwan PV. Analgesic, anti-inflammatory, and hypoglycemic activities of Sida cordifolia. Phytother Res. 1999; 13:75–7.
12. Rao KS, Mishra SH. Antihepatotoxic activity of Sida cordifolia whole plant. Fitoterapia. 1998; LXIX:20–3.
13. Sutradhar RK, Rahman MA, Ahmad MU, Datta BK, Bachar SC, Saha A. Analgesic and anti-inflammatory activities of Sida cordifolia Linn. Indian J Pharmacol. 2006; 38:207–8.
14. Pulok K, Mukherjee SR, Bhattacharyya S, et al. Clinical study of 'Triphala'—A well-known phytomedicine from India. Iran J Pharmacol Ther 2005; 5:51–54

Source of Support: Nil
Conflict of Interest: None Declared

How to cite this URL: Bimal Shah et al: An ayurvedic perspective for constipation in children – a case report. International Ayurvedic Medical Journal {online} 2025 {cited February 2025}