

Conceptual Study of Functional Constipation

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Abstract

Constipation affects kids of all ages frequently and can be brought on by a variety of causes. Constipation not only cripples children from majority of their enjoyable but also makes them to feel uneasy, restless and even serious complication occurs. Prevalence is high as 29.6% most cases tend to occur during age of toilet training when children are the age of 2- to 3-year-old. children who have difficulty in toilet training more likely to be constipated. Other causes due to faulty habits of diet. Only 5% causes are organic. laxatives are the main stay in the treatment of constipation as far as the allopathic system of medicine concerned. There are numerous Ayurvedic products and karma to treat patients with constipation that, when used properly, not only cure but also stop illness remission without any negative effects.

Introduction :

In Ayurveda there is condition which is similar to constipation in modern science. In Ayurvedic shabda kosha vibandh meaning mal apravrutti. In Ayurveda direct reference of this diseases is not found in Bruhatrayee. It is symptom found in most of the disease which mainly occurred due to vitiation of Apanvayu.

पक्काधानालयोअपान : कालेकर्षतिचाप्यधः।

समीरण : शकृत्मूत्रंशुक्रगर्भार्तवानिच।

कृध्दश्चकुरुतेरोगान्घोरानबस्तिगुदाश्रयान्।। (सु.नि.१/१९).

Amongst several Functions of Apanvayu excretion of faeces & micturition are important functions. It means that if Apanvayu is disturbed by any cause it will interrupt the normal function of excretion of Faeces which will give rise to the symptom called mal-vibandha.

Constipation is increasingly being recognized as a very common problem in children and associated with both physical and physiological morbidity and poor quality of life. After birth, most infants pass 4-5 soft liquid bowel movements a day. Infants who are breast-fed rarely develop constipation. In practice constipation is defined as 2 Fewer stool per week or passage of hard stool for at least 2 weeks. By the time they are two years old, children typically have one to two bowel motions per day, and by the time they are four years old, they may have just one. Functional constipation and organic constipation are the two categories. 15% of the 135 Indian children studied who experienced constipation had an organic etiology, while 85% had functional constipation.

Definition :

Constipation is defined as delay or difficulty in defecation, present for two or more weeks and sufficient to cause significant distress to the patient. The normal stool frequency decreases from 4 or more per day during infancy to once per day at 4 yrs. of age. A stool frequency of <2/week is considered abnormal for all ages.

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<u>Nonorganic (Functional) Retentive</u>	<u>Organic Constipation</u>
Abnormal Musculature 1. Prune-belly syndrome 2. Gastroschisis 3. Down syndrome 4. Muscular dystrophy Intestinal Nerve or Muscle Abnormalities 1. Pseudo obstruction (visceral myopathy or neuropathy) 2. Autonomic neuropathy Drugs 1. Methylphenidate 2. Phenytoin 3. Chemotherapeutic agents 4. Pancreatic enzymes 5. Lead, arsenic, mercury 6. Vitamin D intoxication 7. Calcium channel blocking agents Intestinal Disorders 1. Celiac disease 2. Cow's milk protein intolerance Inflammatory bowel disease 3. Connective tissue disorders 4. Systemic lupus erythematosus 5. Scleroderma Psychiatric Diagnosis 1. Anorexia nervosa.	Anatomic 1. Anal stenosis, atresia with fistula 2. Anteriorly displaced anus 3. Intestinal stricture 4. Anal stricture Metabolic Disorders 1. Hypokalaemia 2. Hypercalcemia 3. Hypothyroidism 4. Diabetes mellitus, diabetes insipidus, Porphyria Hirschsprung disease Spinal cord trauma Cystic fibrosis

Types :

Constipation can be divided into two groups –

1. Functional constipation (95%)
2. Organic constipation (5%)

Functional Constipation :

The increase in intake of low residue diet and sedentary lifestyle is responsible for the increase in functional constipation in children. Children with functional constipation pass large or hard stool and display stool withholding behaviour.

Functional constipation is defined by the presence of at least 2 or more of the following criteria,

- At last 1 episode of fecal incontinence per week,

- Two or fewer defecations in the toilet per week,
- History of retentive posturing or excessive volitional stool retention,
- History of painful or hard bowel movements
- Presence of large fecal mass in rectum
- History of passage large diameter stool that may obstruct the toilet.

Children with functional constipation often have abdominal pain (10-70%), Anorexia (10-25%), enuresis or urinary tract infections (30%) and psychological problems (20%).

Management :

A. Ayurvedic management-

- **Single drugs** - Trivrit, Trifala, Vacha, Kampillak, Aragwadh majja, Draksha, etc.
- Virechanopaga Mahakashay, Abhayarishta
- Erand tail
- Gudavarti

B. Management in modern view-

- The goal of maintenance therapy is to ensure that bowel motions occur at regular intervals by using laxatives, behavioral change of food, and intervention. consuming more liquids and eating foods high in fiber, such as whole wheat bread, fruit, and vegetables.
- Behavior Modification - Behavior modification with regular toilet habits are important factors of treatment. It may be complemented with maintaining stool diary & reward system. Child should be encouraged to use toilet daily without hurry.
- Daily medication with lactulose, mineral oil, magnesium hydroxide, sorbitol, polyethylene glycol a combination of laxative & lubricant is recommended. All these agents are effective & safe for long term use.

Two main steps in the management are disimpaction and maintenance therapy.

- Patients who have a huge, hard lump of feces present during a rectal examination must undergo disimpaction. If maintenance therapy is to be effective, this is crucial. At home, a total bowel wash is performed using polyethylene glycol at a dose of 1.5 g/kg/day for 4-5 days to clean the entire colon. For the delivery of polyethylene glycol, the youngster should be fasting. Use of phosphate or sodium dioctyl sulfosuccinate enema, 30-60 ml per 10 kg of body weight up to a maximum of 120 ml, once or twice a day for the next one to two days, is an alternative to oral delivery of polyethylene glycol.
- The purpose of the maintenance segment is to promote regular stooling and prevent reimpaction. It includes the following components:
 - Behavioural training
 - Dietary changes
- Surgical correlation if required as per cause of constipation.

Diet :

Sprouted grains, pulses, beans, sorbitol-rich fruits like apples with peel, guava, pomegranate, pear, green leafy vegetables, and water are all part of the diet for constipation. Over the course of two years, the recommended intake of fiber is 5 g per day multiplied by age in years. Inclusion of a dietician is generally valuable.

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