

AYURVEDIC UNDERSTANDING AND MANAGEMENT OF VIBANDHA (CONSTIPATION) IN CHILDREN - A CASE REPORT

Kannan Sagar¹, Shailaja. U², Anoop. A. S³, Ganga. N⁴, Nagarathna. S⁵

¹Assistant Professor; ²Professor & H.O.D; ^{4,5}Post Graduate Scholars;

Department of Kaumarabhritya; Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

³Assistant Professor, Department of Kaumarabhritya, Sri Jayendra Saraswathi Ayurveda College, Nazarathpettai, Chennai, Tamil Nadu, India.

Email: kannansagar@gmail.com

ABSTRACT

Vibandha is a common condition seen in childhood, which is one of the main reasons for increased parental concerns. It presents with the difficulty child faces in defecation associated with hard stools and infrequent bowel movements. It occurs as a result of the obstruction happening to the functioning of *Apana Vayu*. *Vibandha* is not only an independent disease; it is also a complication of some diseases. Constipation is one of the common problems in pediatric age group responsible for both physical and psychological morbidity and poor quality of life. Constipation is defined as infrequent passage of stool with pain and difficulty, or delay in defecations. Management of constipation revolves around correcting the underlying cause, dietary modifications and behavioural training. An 8 year old female patient was admitted to the In Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan with complaints of difficulty in passing motion regularly and associated with passage of hard stools once in 3 to 4 days. These complaints were persisting for the past 6 months. This condition can be understood as *Vibandha*. After a thorough clinical examination and evaluation, started with *Panchakarma* treatments including *Abhyanga*, *Swedana* and *Basthi* along with suitable internal medications for a course of 7 days. There were significant improvements in the condition of the patient. Later, she was discharged with medicines to be continued at home.

Keywords: *Vibandha*, Constipation, *Basthi*, *Vatanulomana*.

INTRODUCTION

Vibandha is one of the commonest clinical conditions in children manifesting with difficulty in defecation, hard stools and infrequent bowel movements. Eventhough, *Vibandha* as a disease as such cannot be found in *Ayurveda*, but there is mentioning of different presentation of *Purisha* (faeces) like *Baddha Pur-*

isha, *Ghana Purisha/Grathita Purisha*, *Sushka Purisha*, *Mala avabaddhata* in various contexts in *Ayurveda*¹. *Vibandha* is not only an independent disease entity, it is also a complication of some diseases². *Vibandha* occurs as a result of obstruction occurring to the proper functioning of *Apana vayu*. Secondly,

the impaired functioning of *Samana* and *Vyana vayu* also results in *Vibandha*³. *Vibandha* is a main feature of the diseases associated with the *Annavaha* and *Purishavaha srothas*⁴. By assessing the *Koshta* of a person, we can very well diagnose *Vibandha*. *Ushnodaka* (Luke warm water) cures *Vibandha* and it is also having *Deepana* property⁵. While describing the applicability of *Ashta Sweda* in children, there is a mentioning of the application of *Hastha Sweda* or *Pata Sweda* in the abdomen to relieve *Vibandha*⁶.

Constipation means slow movement of faeces through the large intestine often associated with large quantities of dry, hard faeces in the descending colon that accumulate because of overabsorption of fluid⁷. Constipation is one of the common problems in pediatric age group responsible for both physical and psychological morbidity and poor quality of life. In some children after infancy, as a normal physiological phenomenon, there will be a frequency of only single motion per day⁸. Constipation is defined as infrequent passage of stool with pain and difficulty, or delay in defecations⁹. It is estimated that around 4-37% of the pediatric population may have constipation¹⁰. 95% of infants pass more than or equal to 1 stool per day¹¹. 95% of school-going children pass up to 3 stools per day¹². Approximately, 5-10% of school-going children suffer from constipation¹³. Faulty toilet training and changed dietary habits are the two dominant factors for constipation¹⁴.

A thorough history and proper physical examination is very important in all patients with constipation. Management of constipation revolves around correcting the underlying cause, dietary modifications and behavioural training. In short, an adequate amount of fluid intake, supplementation of fiber rich diet and effective potty training appropriate for age are the

mainstay. There are even evidences suggesting the role of *Yoga* treatment and home remedies in managing constipation¹⁵.

CASE HISTORY:

An 8 year old female patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by her parents with complaints of difficulty in passing motion regularly and associated with passage of hard stools once in 3 to 4 days. This complaint was persisting since last 6 months.

HISTORY OF PRESENT ILLNESS:

The patient was apparently healthy six months back. Then she developed difficulty in passing motion regularly. Initially she used to pass hard stools once in 2 days associated with slight pain while defecation. After few days, the duration has increased to 3 to 4 days. At the outset, the parents have taken the child for consultation in a nearby hospital, where they have given a course of medications, which they have taken, but did not get any satisfactory relief.

As days passed, she faced more difficulty in passing stools. The condition got aggravated since last 1 month. Then, the parents have decided to bring the child for a better evaluation and management in SDM College of Ayurveda and Hospital, Hassan.

After a thorough interrogation with the parents regarding the diet, life style and habits of the child and the history of present illness and after a proper evaluation regarding the present condition of the child, she was admitted to the inpatient department of our hospital and planned for *Panchakarma* treatment along with internal medications.

EXAMINATION:

Table 1: Assessment of general condition of child:

Bowel	Irregular, passage of hard stools once in 3 to 4 days associated with slight pain
Appetite	Normal
Micturition	Regular
Sleep	Sound

GASTRO INTESTINAL SYSTEM:

O/E:

Inspection – No distension, umbilicus in normal position, no striae/ scars and no discolouration

Palpation – Superficial and deep palpation – normal, no tenderness

Percussion – normal tympanic note around the umbilicus

Auscultation – Normal bowel sounds

Table 2: CHIEF COMPLAINTS:

SL No.	Complaints
1.	<i>Vatavarcha apravrutti</i> ¹⁶ (Obstruction to voiding stool)
2.	<i>Grathita mala pravarthana</i> ¹⁷ (Scybalous stool)
3.	<i>Krucchrena Shushkasya Chiraath pravrutthi</i> ¹⁸ (Voiding of hard stools with straining)
4.	<i>Sa shoola mala pravarthana</i> ¹⁹ (Voiding of stools with pain)
5.	<i>Alpalam mala pravarthana</i> ²⁰ (Voiding of small quantity of faeces)

TREATMENTS GIVEN

A single course of treatment which comprises of both *Panchakarma* treatments and internal medications were given for a period of 1 week.

1. *Sarvanga Abhyanga* with *Ksheerabala thaila*
2. *Nadi Sweda*
3. *Matra Basthi* with *Sukumara Ghrita* (35ml)
4. *Harithaki Khanda* (1tsp BD with luke warm water)
5. *Abhayarishtha* (7.5ml BD A/F)

ADVISE AT THE TIME OF DISCHARGE:

After the course of treatment, the patient was given discharge with necessary medications to be continued at home.

1. *Harithaki Khanda* (1tsp HS with luke warm water)
2. *Abhayarishtha* (7.5ml BD A/F)
3. *Ushnajala Pana*
4. Avoid the excess usage of dry food items.
5. Plenty of fluids & fiber rich diet.

OUTCOME OF THE TREATMENTS:**PATIENT AND CARE TAKER'S FEEDBACK:**

1. Patient has not passed motion for almost 4 days. But, passed motion within one day after starting of the course of treatment.
2. No any hard stools, instead semi solid stools were passed.
3. Child has passed motion once on the 2nd and 3rd day after starting of treatment.

4. Child has passed motion twice daily on 4th, 5th and 6th day of treatment.
5. No any pain during defecation.
6. No any straining during defecation.
7. No any obstruction while passing motion.

CLINICIAN ASSESSED OUTCOMES:

1. Child has passed motion after a gap of 4 days, once the treatment was initiated.
2. This child, who had a habit of passing stool once in 3-4 days, started passing it daily and regularly.
3. Pain, the child was feeling during defecation has reduced totally.
4. Obstruction, she felt in the anal region and as a result of which straining during defecation has reduced significantly.
5. Child has started passing more quantity of semi solid stool instead of small quantity of hard stools which was there earlier.
6. Overall, appetite has improved and general health has improved.

DISCUSSION**Discussion on disease:**

In the present case, the patient presented with complaints like hard stools once in 3-4 days and slight pain associated with defecation. It can be diagnosed as "*Vibandha*". It is caused due to the *Prakopa* of *Apana vata* resulting in impairment in its function i.e *Shakrut nishkramana*. The *Prakopa* is caused mainly due to the *Vruddhi* of *Ruksha guna* which results in exces-

sive *Shoshana* of *Drava amsha* in the *Pakwashaya* and *Pureesha*. The *Drava shoshana* in *Pakwashaya* leads to the decreased peristaltic movement of the large intestine and *Drava shoshana* in *Pureesha* results in increase of the hardness of the stools. As a consequence of these, there is *Kshaya* in the *Snigdha* and *Chala guna* of *Apana vata*. The pathology occurs in the *Pureesha vaha sroto moola i.e Pakwashaya* and *Sthoola guda*. Along with *Apana vata*, *Samana vata vaigunya* was also noted as the patient was having difficulty in *Munchana* of *Anna kitta i.e Shakrut*.

Discussion on treatment

Based on the *Lakshnas* it was concluded that there is *Apana vata vaigunya*. Hence the basic line of management was *Samyak anulomana of Apana vata*. Externally *Abhyanga* and *Nadi sweda* was done for 7 days. *Abhyanga* being a *Bahya snehana chikitsa* along with *Swedana* did the *Vataharana*. *Ksheerabala taila* was selected for *Abhyanga* as it is *Balya* as well as *Brumhana* by its nature. Since *Vata* is the main *Prakupita dosha* here, *Basthi chikitsa* was planned in order to provide *Samyak anulomana* and *Matra basthi* was administered with *Sukumara ghrita*. The *Avastha* of the patient was suitable for the administration of *Matra basthi* because there was *Deeptagni* and *Bad-dha shakrut*. *Sukumara ghrita* was selected because it is mentioned as *Shreshta* for *Vid vibandha*. Internally *Abhayarishtha* and *Harithaki khanda* with *Ushna jala* as *Anupana* was administered. Both the medicines contain *Harithaki* as the major ingredient which is *Ushna Snigdha* and *Agrya oushadha* for *Anulomana* also.

CONCLUSION

Vibandha can be understood as a *Swatantra vyadhi* or as an *Upadrava* of other diseases. Treatment of *Vibandha* is mainly focused on the *Anulomana* of *Apana vata* which results in *Samyak mala pravrutti*.

Hence in this case *Vibandha* is diagnosed as a *Swatantra vyadhi* and *Anulomana* and *Brumhana chikitsa* were adopted internally and externally. Along with *Chikitsa*, proper dietary plan with fibre rich diet and adequate intake of lukewarm water were also advised.

Significant reduction in the complaints was observed after 7 days of treatment.

REFERENCES

1. 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
2. Shubham Gupte, Pradeep S Schinde, A conceptual study about etiopathogenesis of Vibandha and role of Ayurveda in its management: A review, Int. J. Res. Ayurveda Pharm. 8 (6), 2017
3. Text book on Kaumarabhritya, Publication Division Govt.Ayurveda College Thiruvananthapuram, first edition 2011.p.285
4. R.K Sharma, Bhagwan Dash.Caraka Samhita, English translation,Chowkhamba Sanskrit Series Office Varanasi,reprint edition: 2009.Volume II.p.178
5. P.V Tewari, Kasyapa-Samhita or Vriddhajivakiya Tantra, English Translation and Commentary, Chaukambha Visvabharati Varanasi,reprint edition:2008.p.25
6. P.V Tewari, Kasyapa-Samhita or Vriddhajivakiya Tantra, English Translation and Commentary, Chaukambha Visvabharati Varanasi,reprint edition:2008.p.37
7. Guyton and Hall. Textbook of Medical Physiology, Elsevier, first reprint edition in India 2011.p.802
8. Suraj Gupte. The Short Textbook of Pediatrics, Jaypee Brothers Medical Publishers, 12th Edition: 2016.p.576
9. Indumathy Santhanam. Illustrated textbook of Pediatrics, Jaypee Brothers Medical Publishers, first edition: 2018.p.267
10. Indumathy Santhanam. Illustrated textbook of Pediatrics, Jaypee Brothers Medical Publishers, first edition: 2018.p.267
11. Indumathy Santhanam. Illustrated textbook of Pediatrics, Jaypee Brothers Medical Publishers, first edition: 2018.p.267
12. Indumathy Santhanam. Illustrated textbook of Pediatrics, Jaypee Brothers Medical Publishers, first edition: 2018.p.267
13. Indumathy Santhanam. Illustrated textbook of Pediatrics, Jaypee Brothers Medical Publishers, first edition: 2018.p.267
14. Karen J.Marcodante, Robert M.Kliegman. Nelson Essentials of Pediatrics, Elsevier, first South Asia edition.2016.p.434

15. Bargale Sushant Sukumar, Shashirekha HK, Constipation cure and treatment through diet, yoga, home remedies, International Journal of Ayurveda and Pharma Research, 2014; 2(5): 6-11
 16. R.K Sharma, Bhagwan Dash.Caraka Samhita, English translation,Chowkhamba Sanskrit Series Office Varanasi,reprint edition: 2009.Volume IV.p.469
 17. R.K Sharma, Bhagwan Dash.Caraka Samhita, English translation,Chowkhamba Sanskrit Series Office Varanasi,reprint edition: 2009.Volume II.p.174
 18. R.K Sharma, Bhagwan Dash.Caraka Samhita, English translation,Chowkhamba Sanskrit Series Office Varanasi,reprint edition: 2009.Volume IV.p.469
 19. R.K Sharma, Bhagwan Dash.Caraka Samhita, English translation,Chowkhamba Sanskrit Series Office Varanasi,reprint edition: 2009.Volume II.p.174
 20. R.K Sharma, Bhagwan Dash.Caraka Samhita, English translation,Chowkhamba Sanskrit Series Office Varanasi,reprint edition: 2009.Volume II.p.174
-

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Kannan Sagar et al: Ayurvedic Understanding And Management Of Vibandha (Constipation) In Children - A Case Report. International Ayurvedic Medical Journal {online} 2019 {cited February, 2019} Available from: http://www.iamj.in/posts/images/upload/286_290.pdf