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

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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. Even though, Vibandha as a disease as such cannot be found in Ayurveda, but there is mentioning of different presentation of Purisha (faeces) like Baddha Purisha, Ghana Purisha/Grathita Purisha, Sushka Purisha, Mala avabaddhata in various contexts in Ayurveda. Vibandha is not only an independent disease entity, it is also a complication of some diseases. 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. Vibandha is a main feature of the diseases associated with the Annavaha and Purishavaha srothas. 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 property. 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.

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 fluid. 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 day. Constipation is defined as infrequent passage of stool with pain and difficulty, or delay in defecations. It is estimated that around 4-37% of the pediatric population may have constipation. 95% of infants pass more than or equal to 1 stool per day. 95% of school-going children pass up to 3 stools per day. Approximately, 5-10% of school-going children suffer from constipation. Faulty toilet training and changed dietary habits are the two dominant factors for constipation.

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 constipation.

**CASE HISTORY:**
An 8 year old female patient was brought to the Out Patient Department of Kaumarabhritiya, 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:

<table>
<thead>
<tr>
<th>Bowel</th>
<th>Irregular, passage of hard stools once in 3 to 4 days associated with slight pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appetite</td>
<td>Normal</td>
</tr>
<tr>
<td>Micturition</td>
<td>Regular</td>
</tr>
<tr>
<td>Sleep</td>
<td>Sound</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>SL No.</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><em>Vatavarcha apravrutti</em>(^i) (Obstruction to voiding stool)</td>
</tr>
<tr>
<td>2.</td>
<td><em>Grathita mala pravarthana</em>(^{17}) (Scybalous stool)</td>
</tr>
<tr>
<td>3.</td>
<td><em>Krucchrena Shushkasya Chiraath pravrutthi</em>(^{19}) (Voiding of hard stools with straining)</td>
</tr>
<tr>
<td>4.</td>
<td><em>Sa shoola mala pravarthana</em>(^{18}) (Voiding of stools with pain)</td>
</tr>
<tr>
<td>5.</td>
<td><em>Alpalpam mala pravarthana</em>(^{20}) (Voiding of small quantity of faeces)</td>
</tr>
</tbody>
</table>

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 lukewarm water)
5. *Abhayarishta* (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 lukewarm water)
2. *Abhayarishta* (7.5ml BD A/F)
3. *Ushnajala Pana*
4. Avoid the excess usage of dry food items.
5. Plenty of fluids & fiber rich diet.

4. Child has passed motion twice daily on 4\(^{th}\), 5\(^{th}\) and 6\(^{th}\) 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.

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 2\(^{nd}\) and 3\(^{rd}\) day after starting of treatment.

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 *Sihoola 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 *Svedana* 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 *Baddha shakrut*. *Sukumara ghrita* was selected because it is mentioned as *Shreshtha for Vid vibandha*. Internally *Abhayarishta* and *Harithaki khanda* with *Ushna jala* as *Anupana* as it is *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.

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