

REVIEW ON MALAVSHTAMB IN CHILDREN**Waykule V.^{1*}, Kale S.², Ghorude N.³, Mane A.⁴, Hubale S.⁵**

^{*1,3,4,5}PG Scholar, Department of Kaumarbhritya, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.

²Associate Professor, Department of Kaumarbhritya, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.

Article Received on 22 Oct. 2025,
Article Revised on 12 Nov. 2025,
Article Published on 16 Nov. 2025,

<https://doi.org/10.5281/zenodo.17616374>

Corresponding Author*Waykule V.**

PG Scholar, Department of
Kaumarbhritya, Yashwantrao Chavan
Ayurvedic Medical College &
Hospital, Chh. Sambhajinagar,
Maharashtra.



How to cite this Article: Waykule V., Kale S., Ghorude N., Mane A., Hubale S. (2025). Review on *malavshambha* in children. World Journal of Pharmaceutical Research, 14(22), 609–614.
[This work is licensed under Creative Commons Attribution 4.0 International license.](#)

ABSTRACT

Malavstambha (functional constipation) is a common gastrointestinal disorder encountered in children, characterized by infrequent defecation, hard or painful stools, and abdominal discomfort, usually without any structural or biochemical abnormality. Despite the availability of conventional paediatric management approaches—such as dietary modifications, behavioural therapy, toilet training, and laxative use—challenges like recurrence, chronicity, and dependency on medications persist.

Ayurveda describes this condition under the concept of *Vibandha*, predominantly caused by vitiation of *Apana Vata* due to improper dietary habits, irregular lifestyle, and suppression of natural urges. The *Ayurvedic* line of management emphasizes a holistic approach integrating *Ahara*

(diet), *Vihara* (lifestyle), *Shamana* (palliative therapy), and *Shodhana* (purification therapies). Herbal formulations such as *Triphala*, *Haritaki*, *Eranda Taila*, and *Gandharvahastadi Taila* are well-documented for their *Mridu Virechaka* (mild purgative), *Deepana-Pachana* (digestive and carminative), and gut-regulating properties. In selected pediatric cases, therapies like *Mridu Virechana* and *Basti* are indicated under expert supervision. Preventive strategies include promoting regular bowel habits, ensuring adequate hydration, encouraging consumption of fiber-rich, light, and easily digestible foods, and avoiding *Guru* (heavy) and *Ruksha* (dry) *Ahara*.

Recent clinical and experimental studies have demonstrated the efficacy of *Ayurvedic* formulations and *Panchakarma* interventions in improving stool frequency, consistency, and overall quality of life in children with functional constipation. Thus, *Ayurveda* offers a safe, effective, and sustainable management approach that not only alleviates symptoms but also prevents recurrence, providing an integrative complement to modern pediatric care.

KEYWORDS: Functional constipation, Pediatrics, *Ayurveda*, *Vibandha*, *Apan Vata*, Hard stools.

INTRODUCTION

Kaumarbhṛtya is one of the eight classical branches of *Ayurveda* and is dedicated to the maintenance of health and treatment of diseases in children. *Acharya Kashyap*—renowned as the father of pediatric care in *Ayurveda*—has elaborated the *nidan*, *samprapti*, and *cikitsa* of *Anaha* (functional constipation) in *Uddaarta Cikitsa Adhyaya*.^[1]

In modern times, lifestyle changes, irregular diet, and psychological stress contribute significantly to the rising incidence of constipation in children. Because the physiological constitution (*Sharira prakṛti*), metabolism, and drug tolerance in children differ from adults, a specialized and gentle approach is essential in *Balaroga* management. Hence, understanding *Purishaja Anaha* in *Ayurveda* and functional constipation from a modern perspective is crucial for integrative paediatric care.

Anaha in Ayurveda

According to *Acharya Sushruta*, *Anaha* is a condition characterized by obstruction in the normal passage of *Purisha* (feces), *Mutra* (urine), and *vata* (flatus), with absence of normal bowel sounds.^[2] It is described as a symptom occurring in various disorders rather than a disease entity itself. The condition results from *vata prakopa*, leading to *avarana* (obstruction) and retention of faeces and gases.

Modern Perspective of Constipation in Children

According to modern science, constipation is defined as infrequent or difficult defecation sufficient to cause distress, with stool frequency ≤ 2 per week considered abnormal. Organic causes are found in only 10–15% of cases, while the majority are functional.^{[3][4]}

Common etiological factors include inadequate dietary fiber, poor hydration, withholding behavior, use of unclean toilets, and sedentary lifestyle. In children with Autism Spectrum

Disorders (ASD), altered gut–brain axis, enteric nervous system dysfunction, and disturbed gut microbiota further aggravate constipation. Prolonged stool retention leads to painful defecation, rectal distension, and chronic faecal impaction.

Ayurvedic Review

Definition of *Purishaja Anaha*^[5]

When undigested food (*anna*) or feces (*shakṛt*) accumulate in the gastrointestinal tract and are obstructed from excretion due to aggravated *Vata*, the condition is termed *Anaha*.

***Samprapti* (Pathophysiology)**

The chief function of *Apana Vayu* is the elimination of faeces and urine. Any factor disturbing this *vata subdosha*—such as suppression of natural urges (*vegadharaṇa*), intake of *guru* or *rukṣa ahara*, and irregular bowel routines—leads to *vata prakopa* and obstruction of feces and *adhovata*.

Disturbances in *Agni* and formation of *Ama* further aggravate the condition, resulting in dryness of faeces, pain, and bloating. Thus, *Malavstambha* reflects an interplay between *Apana Vata* vitiation, *Agnimandya*, and *Ama sanchaya*.

Causative Factors

Suppression of the urge to defecate (*Puriṣa Vegadhāraṇa*) Irregular eating habits and poor hydration.

Consumption of *Guru* (heavy), *Rūkṣa* (dry), and processed foods:

1. Sedentary lifestyle and excessive screen time
2. Psychological factors such as fear, anxiety, or stress
3. Secondary causes: anal fissure, neuromuscular disorders (e.g. Hirschsprung's disease), hypothyroidism, hypercalcemia, or intestinal parasites (*Puriṣaja Krimi*).

Clinical Understanding

In children, prolonged stool withholding leads to painful defecation, abdominal distension, and decreased appetite. Associated symptoms may include *adhmana* (bloating), *klama* (fatigue), disturbed sleep, and reduced immunity. The condition also affects psychological well-being due to discomfort and embarrassment.

Assessment of a Child with Constipation

A comprehensive evaluation includes detailed dietary, behavioral, and medical history. Key points: stool frequency, consistency, presence of pain, fluid intake, and physical activity. In certain cases, rectal examination and investigations like abdominal X-ray or motility studies may be indicated to rule out organic causes.^[6]

Chikitsa (Management)^[7]

As Vibandha is a *Vata-Pradhan* disorder, treatment aims to pacify *Vata*, enhance *Agni*, and facilitate *Mala nissaraṇa* (proper elimination of stool).

1. *Nidana Parivarjana*

Avoidance of causative factors such as *mithya ahara* (improper diet), *mithyā vihara* (unhealthy habits), and suppression of natural urges is the foremost line of management. Education about proper dietary habits and bowel training forms the foundation of therapy.

2. *Shamana Cikitsa*^[8]

Used in mild to moderate cases for doṣa *Shamana* and *agni dipana*. Herbs possessing *ushna*, *sukshma*, and *vyavayi guṇa* help normalize *Vata*. Common formulations include:

Triphala churna *Haritaki churna*

Gandharvahastadi Taila *Eranda Taila*

3. *Shodhana Cikitsa vāta*^[9]

Indicated in chronic or severe cases to remove accumulated *dosh* and *mala*. *Snehana*: Internal and external oleation to pacify *Vata*.

Swedana: Facilitates movement of *doshas* from *Shakha* to *koshtha* *Virechana*: Gentle purgation with *mridu virechaka dravyas*.

Basti: *Anuvasana* and *Niruha Basti* are the most effective in normalizing *vata* and restoring regular bowel movements.

Varti: Medicated suppositories may be used in refractory cases Preventive Measures.

Establish regular bowel habits and proper toilet training Encourage intake of *laghu*, *sneha-yukta*, and fiber-rich diet Maintain adequate hydration. Limit processed and *rukṣa ahara* Encourage physical activity and minimize screen time.

DISCUSSION

After six months, infants gradually shift from exclusive milk feeding to a mixed diet that

includes *yusha*, *shaka*, *dalia*, etc., which continues up to two years. With complete dentition, many children start consuming fast and junk food, disturbing Apana Vata and causing *srotosangha*.

Between 3–5 years, as toddlers begin school, irregular eating patterns and reduced appetite lead to *mandagni* (weak digestion) and constipation. In modern lifestyles, with both parents busy, children often spend long hours on phones, video games, or TV, coupled with fast food—commonly maize-based—and poor eating and sanitary habits. These factors aggravate *Vata dosha*, harden stools, and make defecation painful, which further worsens constipation as children tend to withhold stools.

A thorough history and examination help distinguish organic from functional constipation. Once diagnosed, management includes *Vata-shamaka* and *Virechana* medicines or procedures, along with cultivating healthy dietary and lifestyle habits while avoiding faulty ones.

CONCLUSION

Vibandha (Constipation) is primarily a result of *Vata Dosha* disturbance, especially *Apana Vata*, along with *Agnimandya* (weak digestion). Though not described as an independent disease in *Ayurveda*, it appears as a symptom or complication in many disorders. Improper diet, faulty lifestyle, and mental stress aggravate *Vata* and impair *Agni*, leading to dysfunction of *Pachaka Pitta*, *Samana Vata*, and *Avalambaka Kapha*.

In children, early management with dietary regulation, fiber-rich food, proper toilet training, and gentle, palatable medicines is advised. Parents should be educated about *pathya-apathya* (wholesome and unwholesome diet and lifestyle) to prevent recurrence.

From a modern perspective, constipation is a common gastrointestinal problem caused by poor diet, dehydration, sedentary habits, or medical conditions. It lowers quality of life but can usually be managed with simple measures—adequate fiber, hydration, physical activity, and regular bowel habits. Severe or persistent cases require timely medical care to rule out underlying diseases. Awareness and open discussion are essential for early detection and effective management.

REFERENCES

1. Bhisagacharya S., kasyapa samhita of vrddhajivaka, Pandita Hemraja Sharma, Chaukhamba Sanskrit Sansthan Varanasi, Udavarta chikitsa Adhyay, Edition-2019; 158-160.
2. Dr. Shastree A, Sushrut Samhita of Maharshi Sushruta with Ayurved tatva sandipika Hindi Commentary, Scientific Analysis Notes, Chaukhamba Sanskrit Sansthan Varanasi, Edition 2019; Volume 2, Uttartantra 56/20,21,22: 531-532.
3. Paul. V. K., Bagga. A., Ghai Essential Pediatrics, CBS Publishers, Edition 10th 2023; Chapter 12: 300-301.
4. Gupta. P., Menon. P S N., Ramji. S., Lodha. R., PG Textbook of Pediatrics, Jaypee Brothers Medical Publishers, Edition 1st 2015; Volume 2, Chapter 35.10: 1459.
5. Dr. Shastree A, Sushrut Samhita of Maharshi Sushruta with Ayurved tatva sandipika Hindi Commentary, Scientific Analysis Notes, Chaukhamba Sanskrit Sansthan Varanasi, Edition 2019; Volume 2, Uttartantra 56/22: 532.
6. Constipation in neurological diseases K Winge, D Rasmusswn, L M Werdelin Vd. Jadhavji Trikamji Acharya, sushrut samhita of Susruta with the nibandha sangraha commentary of shri Dalhanacharya on nidana sthan, Chaukhamba Sanskrit Sansthan, Varanasi, Edition 2019; Uttartantra, adhyay 56: 783.
7. Vd. Srivastava S., Sharandhar samhita of acharya sharangdhar jiwanprada, Hindi commentary, Chaukhamba orientalia Varanasi, Edition 2017; Poorva khand 4/4: 31.
8. Bhela, Bhela Samhita, Chikitsasthan English translation and commentary by, Dr. Krishnamurthy K.H. Published by Chaukhambha Prakashanam, Varanasi, 18/11: 417.