

## ROLE OF AAHAR VIHAR IN RESOLVING GERIATRIC RELATED CONSTIPATION W.S.R TO HAEMORRHOIDS

**Dr. Himadri Mudgal\* and Dr. P. Hemantha kumar\*\***

\*P. G. Scholar, Department of Shalya Tantra, National Institute of Ayurveda, Jaipur (Rajasthan).

\*\*Guide and Head of Department, Department of Shalya Tantra, National Institute of Ayurveda, Jaipur (Rajasthan).

Article Received on  
07 August 2019,  
Revised on 27 August 2019,  
Accepted on 17 Sept. 2019,  
DOI: 10.20959/wjpr201911-15891

### \*Corresponding Author

**Dr. Himadri Mudgal**

P.G. Scholar, Department of  
Shalya Tantra, National  
Institute of Ayurveda, Jaipur  
(Rajasthan).

### ABSTRACT

In Modern Era due to changing lifestyle of the people, there arises several metabolic digestive disorders. Adding Medicine to diet as food supplement become a new trend today rather than changing food habits and following proper routine. These factors along with growing age is an additional cause as due to increase in age very smoothing functions of our body become resistance to several frictions underlying the body. Haemorrhoids generally called piles among layman lead to take off smiles of many people especially old ones due to loss of bear holding capacity among them. This disease is increasing day by day due to congenital causes as well as constipation

causes. *Aahar-vihar* i.e. *Pathya -Apathya* alone can play a significant role in the management of these age-related disorders following such easy cost effective, health friendly remedies would help to wipe away the tension coming problems in old age.

**KEYWORDS:** *Pathya-Apathya, Jara janya Aahara vihar, piles.*

### INTRODUCTION

Constipation in older adult is a common complaint. In old age people have many changes in lifestyle, physical and systemic functions. Due to anatomical changes they don't walk more and don't care about their diet. Elderly people ignore or delay the urge to have a bowel movement which can lead to constipation and they have systemic disease and they take many medicine related to disease. Haemorrhoids are a frequently occurring disorder widely believed to be

caused by chronic constipation. Old people complaint bleeding per anal canal due to haemorrhoids. They have many complaints due to haemorrhoids. Haemorrhoid make their life more complicated so role of *aahar vihar* is very important to treat constipation related haemorrhoids in old age persons. Dietary management like eating more fibrous diet, drinking plenty of fluids throughout the day and increasing physical activity may help to resolve the geriatric related constipation.

### AIMS AND OBJECTIVES

1. To evaluate the efficacy of *Aahar vihar* in resolving geriatric related constipation w.s.r. haemorrhoids.
2. To evaluate the literary review regarding incidence of persistence of haemorrhoids in geriatric age.

### METERIAL AND METHODS

For the purpose of this study, first of all the concept of the *aahar vihar* to resolve the old age-related constipation which is the main cause of Haemorrhoids was studied as a comprehensive study of different relevant literatures in order to search a better treatment for Haemorrhoid that can be used in specificity with management regarding promotion of health.

### LITERARY REVIEW

There are four means of treating piles-drugs, caustic alkali, cautery and sharp instrument. Those newly arisen, with little *dosha*, symptoms and complication are treatable with drugs; soft, extensive, deep and raised piles are to be treated with caustic alkali; those which are rough, fixed, large and hard are treated by cauterization while those with thin roots, elevated and sodden are treated with sharp instruments.<sup>[1]</sup> In unstrained persons, by aforesaid exciting factors particularly incompatible food, eating before previous food is digested, sexual intercourse, squatting position, riding, suppression of natural urges etc. *doshas*-singly, dually, all or associated with blood are aggravated and spreading to chief passage move downwards, reach anal folds and after vitiating them produce fleshy growths particularly in those having deficient digestive power, these tuber-like growth by rubbing with grass, wood, stone, clod, cloth etc. or by the excessive contact of cold water develop further which are known as haemorrhoids.<sup>[2]</sup>

**Haemorrhoids<sup>[3]</sup>****Clinical features**

- Haemorrhoids or piles are symptomatic anal cushions. They are more common when intra-abdominal pressure is raised, e.g. in obesity, constipation and pregnancy
- Classically, they occur in the 3, 7 and 11 o'clock positions with the patient in the lithotomy position
- Symptoms of haemorrhoids: bright-red, painless bleeding mucous discharge prolapse pain only on prolapse.

**DISCUSSION**

Constipation in old age is a common complaint. How is constipation defined?

Any complaint of difficulty passing stool, incomplete passage of stool or diminished frequency identifies the problem. Straining is the most commonly identified symptom by older adults, even though physicians tend to rely on bowel movement frequency to diagnose constipation.<sup>[4]</sup> Additionally, patients tend to underestimate their frequency of bowel movements.<sup>[5]</sup> Normal stool frequency can vary between 3 motions per day and 3 motions per week. Frequencies outside that range may also be normal if a change from baseline has not been observed and no other symptoms manifest. For patients with moderate to severe cognitive impairment, diagnosis usually depends on a caregiver's report. In research settings, the consensus-based Rome III criteria are frequently used to define chronic constipation and can be used to further characterize the problem in the clinical setting.<sup>[6]</sup>

Rome III diagnostic criteria<sup>\*</sup> for chronic constipation.

1. Must include 2 or more of the following:
  - a. Straining during at least 25% of defecations.
  - b. Lumpy or hard stools in at least 25% of defecations.
  - c. Sensation of incomplete evacuation for at least 25% of defecations.
  - d. Sensation of anorectal obstruction/blockage for at least 25% of defecations.
  - e. Manual manoeuvres to facilitate at least 25% of defecations (e.g., digital evacuation, support of the pelvic floor).
  - f. Fewer than 3 defecations per week.
2. Loose stools are rarely present without the use of laxatives.
3. Insufficient criteria for irritable bowel syndrome.

\*Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis. Reprinted, with permission, from Rome III diagnostic criteria for functional gastrointestinal disorders.<sup>[6]</sup>

## REASONS FOR CONSTIPATION ELDERLY

Many of the usual reasons for constipation are exacerbated in the elderly and some additional factors may make them even more vulnerable, including:

### 1. NOT GETTING ENOUGH FIBER OR FLUIDS

Senior citizens who have problems with their teeth often prefer soft, processed foods that contain very little fiber. Having irregular meals may also cause older people to not drink enough fluids.

### 2. RESISTING THE URGE TO DEFECATE

Reduced privacy in a nursing home or having to rely on others for help using the toilet may cause elderly people to ignore or delay the urge to have a bowel movement, which can lead to constipation.

### 3. LACK OF EXERCISE

Not getting enough exercise can lead to constipation in all ages, but this is especially pronounced in older adults who have decreased activity levels or may be confined to a bed or chair during illness or after surgery.

### 4. MEDICATION

Many people over the age of 65 take medications that can cause constipation, including some pain medications, aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs), antidepressants, and calcium and iron supplements.

➤ Drugs commonly associated with constipation<sup>[7]</sup>

Over-the-counter drugs

- Antacids containing calcium or aluminum
  - Calcium supplements
  - Nonsteroidal anti-inflammatory drugs
  - Oral iron supplements
- Antihistamines

Prescription drugs

- Opioids

- Calcium-channel blockers
- Antiparkinsonian agents
- Anticholinergics
- Diuretics
- Antipsychotics
- Tricyclic antidepressants

### MEDICAL CONDITIONS

Some medical conditions known to cause constipation may be more common in older adults, including diabetes, dementia, Parkinson's disease and more.

➤ **Disease states commonly associated with constipation.**<sup>[7]</sup>

a. Metabolic

- Diabetes
- Hypothyroidism
- Hypercalcemia
- Hypokalemia

b. Gastrointestinal

- Colorectal carcinoma
- Diverticulosis
- Stricture
- Hemorrhoids
- Rectal prolapse
- Neurologic
- Stroke
- Parkinson disease
- Dementia
- Multiple sclerosis
- Autonomic neuropathy

c. Psychiatric

- Depression
- Anxiety
- Somatization

d. Connective tissue

- Systemic sclerosis

- Amyloidosis

#### ➤ **CONSTIPATION**

Some ailments such as haemorrhoids (bleeding piles), faecal impaction, rectal prolapse and anal fissures can result from passing hard stools. These conditions may require medical treatment, and in extreme cases, may call for surgery. In some cases, chronic constipation may be a symptom of more serious issues.

#### ➤ **Alarm symptoms and signs in patients with chronic constipation<sup>[8]</sup>**

- Family history of colon cancer
- Hematochezia
- Anemia
- Weight loss  $\geq 5$  kg in previous 6 months
- Positive result of faecal occult blood test
- Persistent constipation unresponsive to treatment
- Acute onset of constipation

#### ➤ **EPIDIMOLOGICAL STUDY**

The age distribution of haemorrhoids demonstrated a hyperbolic pattern with a peak between age 45 and 65 yr and a subsequent decline after age 65 yr. The presence of haemorrhoids in patients aged 20 yr was unusual. Constipation was common in children, declined in frequency in middle age, and increased exponentially after age 65 yr.

#### ➤ **TREAMENT**

Evidence from RCTs supports the use of osmotic agents as an effective treatment of chronic constipation in older people. Evidence supporting the use of bulk agents like isabgol husk is widely used by Ayurveda as well as modern practioners, stool softeners, stimulants and prokinetic agents was lacking, limited or inconsistent. Lifestyle modification is also helpful in the treatment of constipation which relieves the complaint of constipation in old age.

#### ➤ **Stepwise approach to the management of constipation in older people<sup>[9]</sup>**

##### **1. Identify the predominant symptom.**

- Frequency, straining, incomplete evacuation.

**2. Identify possible secondary causes of constipation.\***

- Medications (e.g., opioids, nondihydropyridine calcium- channel blockers, iron supplements and antidiarrheal agents).
- Disease states (e.g., colon cancer, stroke and Parkinson disease).
- Secondary causes of constipation are treated in the same manner as primary constipation.
- If alarm symptoms or signs are present local or national guidelines for colon cancer screening should be followed.

**3. Exclude faecal impaction\***

In a person who is bedbound or has severe dementia, an abdominal radiograph or a digital rectal examination<sup>†</sup> can be used to diagnose impaction. Anual disimpaction is often necessary to treat faecal impaction.

**4. Optimize behavioural factors<sup>†</sup>**

The seated position, with knees at or above the level of hips, is advised. If the person has moderate to severe cognitive impairment, allow adequate time to toilet after the morning meal, to take advantage of the gastrocolic reflex.

**5. Trial of dietary modifications (2–4 wk)**

- Gradually increase fibre intake to 20–30 g/d from dietary (fruits, vegetables, legumes) or supplemental sources like isabgol (*plantago ovata*).
- Not advised in a person who is immobile or bedbound.

**CONCLUSION**

Constipation is highly prevalent in older people. It can be the result of multiple contributing factors such as medication use and underlying disease states as well as primary constipation. The symptoms can have a profound impact on quality of life in certain circumstances may lead to functional decline,<sup>[10]</sup> such as like haemorrhoids. Constipation has been long complicated in the pathogenesis of haemorrhoids and is widely believed to be a major risk factor for aemorrhoids. So, if we treat constipation, haemorrhoids which related to constipation also treat automatically. So, physician should educate their patient on the wide range of normal bowel habits and the potentially benefits of dietary modifications to improve symptoms. RCTs involving older participants have revealed the benefits of dietary modifications to improve symptoms. Such as fibrous diet like green vegetables and whole grains, fibrous fruits and take

plenty of water. It works as bulk forming agent and stool softner.

## RESULT

*Aahar-vihar* i.e. *Pathya -Apathya* own plays a significant role in the management of these age-related disorders. Following such easy cost effective, health friendly remedies would help to wipe away the tension coming problems in old age.



“Fig.1” (before)

Fig.2” (after)

## REFERENCES

1. Edited and Translated by Priya Vrat Sharma; Sushruta; Sushruta Samhita; Nibandhasangraha Commentary by Sri Dalhanacharya: Chikitsa sthana: chapter 6, verse 3 Chaukhamba Visvabharati Prakashan, Varanasi: First Edition, 2000; 328.
2. Edited and Translated by Priya Vrat Sharma; Sushruta; Sushruta Samhita; Nibandhasangraha Commentary by Sri Dalhanacharya: Nidana sthana: chapter 2, verse 4 Chaukhamba Visvabharati Prakashan, Varanasi: First Edition, 2000; 19.
3. Dr. Henry Hamilton Bailey and Dr. Robert J. McNeill Love; Bailey & Love's (Short Practice of Surgery), chapter 75: CRC Press, 27<sup>th</sup> revised edition, 2018; 1355.
4. CMAJ. JAMC 2013 May14; 185(8): 663-670. Harari D, Gurwitz JH, Avorn J, et al. How do older person define constipation? Implication for therapeutic management. J Gen Intern Med (PMC free article) (PubMed) (Google Scholar), 1997; 12: 63-6.
5. CMAJ.JAMC 2013 May14; 185(8): 663-670: Ashraf W, Park F, Lof J, et al. An examination of the reliability of reported stool frequency in the diagnosis of idiopathic constipation. Am J. Gastroenterol (PubMed) (Google Scholar), 1996; 91: 26-32.
6. CMAJ.JAMC 2013 May14; 185(8): 663-670: Rome III diagnostic criteria for functional gastrointestinal disorders. Raleigh (NC): Rome Foundation; 2006. Available: [www.romecriteria.org/assets/pdf/19RomeIIIapA885-898.pdf](http://www.romecriteria.org/assets/pdf/19RomeIIIapA885-898.pdf) (Google Scholar).
7. CMAJ. JAMC 2013 May14; 185(8): 663-670: Gallagher P, O' Mahony D. Constipation in



- old age. Best Pract Res Clin Gastroenterol (PubMed) (Google Scholar) 2009; 23: 875-87.
8. CMAJ. JAMC 2013 May14; 185(8): 663-670. Brandt LJ, Prather CM, Quigley EM, et al. Systematic review on the management of chronic constipation in north America. Am J Gastroenterol (PubMed) (Google Scholar), 2005; 100(Suppl 1): S5-21.
  9. CMAJ. JAMC, Management of chronic constipation in old age people. (PubMed) (Google Scholar), 2013 May14; 185(8): 663-670.
  10. CMAJ. JAMC, (PubMed) (Google Scholar), 2013 May14; 185(8): 663-670.