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Case Study

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# A CASE STUDY ON *VIBANDHA* W.S.R. TO CONSTIPATION IN CHILDREN

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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 occurs as a result of the obstruction happening to the functioning of *Apana Vayu*. It is not only an independent disease but also a complication of some diseases and responsible for both physical and psychological morbidity and poor quality of life. It 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 behavioral training. A 5 year old female patient was admitted to the IPD of *Kaumarabhritya*, R. G. G. P. G. Ayurvedic College and Hospital, Paprola, with complaints of difficulty in passing motion

regularly associated with passage of hard stools once in 3 to 4 days. These complaints were persisting for the past 3-4 years. This condition can be understood as *Vibandha*. After a thorough clinical examination and evaluation, *Panchakarma* treatment including *Abhyanga* and *Matra Basti* was started with suitable internal medicines. There was significant improvement in the condition of the patient. Later, she was discharged with medicines to be continued at home.

**KEYWORDS:** Vibandha, Constipation, Basti, Apana vayu.

#### INTRODUCTION

Even though, Vibandha as a disease as such cannot be found in Ayurveda, but there is description of different presentation of Purisha (faeces) like Badha Purisha, Ghana

Purisha/Grathita Purisha, Sushka Purisha, Mala avabaddhata in various contexts in Ayurveda. Symptoms of Udavarta (Retention of feces, flatus, urine) like Anaha (Obstruction), Adhmana (Distension), Mala-avastambha (Hardness of faeces) due to the pratilomagati (reverse flow) of Apana Vayu (one of the sub-type of biological humor of Vata Dosha) mimic the symptoms of vibandha.

Secondarily, the impaired functioning of *Samana* and *Vyana vayu* also results in the disease. *Vibandha* is a main feature of the diseases associated with the *Annavaha* and *Purishavaha srotas*. While describing the applicability of *Ashta Sweda* in children, there is a mentioning of the application of *Hastha Sweda* or *Patta 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. 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 including an adequate amount of fluid intake, supplementation of fiber rich diet and effective toilet training appropriate for age are the mainstay. Ayurveda offers wonderful treatment modalities for *vibandha* with effective results and minimal to nil side-effects.

## **CASE HISTORY**

A 5yearold female patient was brought to the OPD of *Kaumarabhritya*, RGGPG Ayurvedic college and hospital by her parents with complaints of difficulty in passing motion regularly and associated with passage of hard stools once in 3 to 4 days with occasional pain in the umblical region. This complaint was persisting since last 3-4 years.

# **History of Present Illness**

According to the mother, the patient was apparently healthy four years back. Then gradually she developed difficulty in passing motion regularly (*vatavarcha-apravrutti*). Initially she used to pass hard stools (*grathita-mala*) once in 2 days associated with slight pain while defectaion (*sashoola mala-pravrutti*). After few days, the duration has increased to 3 to 4 days. She also complained of pain in abdomen around umblical region on and off especially while playing or running which used to get subside by itself without any medication after 5-10 minutes. As days passed, she faced more difficulty in passing stools voiding only small

quantity of faeces (*alpalpam-malapravrutti*). However, there was no incidence of blood in stools. On a thorough interrogation with the parents regarding the diet, life style and habits of the child, her appetite was very poor with minimal intake of vegetables, fruits, milk and water. Mother also told about her shy and introvert nature and suspected of her habit of withholding the urge to defecate especially in school premises. 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. With all these complaints they brought their child to this hospital and got admitted in IPD and planned for Panchakarma treatment along with internal medications.

# Ashtavidha Pariksha

Nadi	80/min
Mala	Badha mala pravritti (hard stools with pain)
Mutra	Prakrit
Jihwa	Saam
Shabda	Prakrit
Sparsha	Sama sheetoshna
Drika	Prakrit
Akruti	Krisha

# **MATERIALS AND METHODS**

# Method

Centre of study: R.G.G.P.G. Ayu College and Hospital, Paprola, Kangra, H.P.

# Material

**Table 1: Prescribed Internal Medicines.** 

S. No.	Name of drug	Dose	Duration
1.	Syrup Zymnet plus	5ml	Twice a day
2.	Syrup Adliv	5ml	Twice a day

Table 2: Panchakarma Schedule - Matra Basti after sthaniya abhyanga with Dashmoola taila.

Day	Dose	<b>Duration of holding Basti and passing stool</b>
Day 1	5ml	10min (1 episode)
Day 2	8ml	15-20 min (1 episode)
Day 3	10ml	20 min(1 episode)
Day 4	12ml	20-25 min (1 episode)
Day 5	14ml	30 min (1 episode)
Day 6	14ml	20 min (2 episodes at an interval of 2.5 hrs)
Day 7	14ml	15 min (2 episodes at an interval of 3 hrs)

Patient was discharged after 7 days with following treatment to be continued for 2 weeks.

S. No.	Name of drug	Dose	Duration
1.	Syrup Zymnet plus	5ml	Twice a day
2.	Syrup Adliv	5ml	Twice a day
3.	Syrup Laxirid	7.5ml	Twice a day
4.	Sitz bath		Twice a day with lukewarm water for
		_	20min

# **Pathya**

- > Plenty of fluids and roughage diet.
- Green leafy vegetables and fruits.
- > Light and easily digestible food.
- ➤ Avoiding suppression of urge to defecate.
- > Proper sleep at night.
- ➤ Sidhu (made of uncooked juice), Phalavarga: Matulunga (Citrus medica), Jambira, Grape is laxative. Shakavarga: Pushpa phala (Kushmanda), Alabu, Kalinda. Ginger juice also cures vibandha. Vatahara-madira Sauviraka and Tushodaka and sour Kanji are laxative. Sauvarchala (black salt with smell) is light in digestion, alleviates constipation, Rasona (garlic) is laxative.

# **Table 3: Probable Mode of Action**

Vibandha is primarily a vataj disorder in which there is vitiation of Apana-vata (sub type of vata). In Ayurveda, Basti is considered to be the best treatment of vataj disorders and has least complications, so here Matra Basti is incorporated with Dashmoola taila having following contents and properties:

No.	<b>Botanical name</b>	Common name	Family	Action
1	Aegle marmelos	Bilva	Rutaceae	Alleviates <i>vata</i> and <i>kapha</i>
2	Premna mucronate	Agnimantha	Verbenaceae	Ushnavirya,vatashamak
3	Gmelina arborea	Gambhari	Verbenaceae	Laxative, relieves indigestion, alleviates <i>kapha</i>
4	Oroxylum indicum	Shyonak	Bignoniaceae	Ushnavirya, vata-shamak, anuvasanopaga
5	Stereospermum suaveolens	Patala	Bignoniaceae	Alleviates <i>vata</i> and <i>kapha</i> , digestive stimulant
6	Solanum indicum	Brihati	Solanaceae	Carminative, vata-shamak
7	Solanum xanthocarpum	Kantakari	Solanaceae	Ushnavirya, alleviates vata and kapha
8	Tribulus terrestris	Gokshuru	Zygophyllaceae	Alleviates <i>vata</i> and cures <i>mutrakricchra</i>
9	Desmodium gangeticum	Shalparni	Fabaceae	Alleviates <i>vata</i> , carminative, <i>snehopaga</i>
10	Uraria picta	Prishniparni	Fabaceae	Vata-shamak and diuretic

The ten roots individually possess various beneficial activities, but as a whole they balance *kapha*, *pitta* and *vata doshas* and useful especially for *vata vyadhi*. *Matra basti* with *Dashmoola oil a*lleviates the vitiated *Apanavayu*, oleates the intestines and also softens the impacted stool in the rectum for its easy passage without straining.

Table 4: Mode of action of internal medicines.

Name of drug	Mode of action		
Syrup Zymnet	Increase digestive juice secretion, hence improves digestion and		
Plus	metabolism, also stimulate proper functioning of liver cells.		
Syrup Adliv	Hepato protective, Appetizer		
	Main content is <i>Trivrut</i> (Operculinaturpethum), also called as <i>sukh</i> -		
Syrup Laxirid	virechaniya. It enhances retention of intestinal fluid by hydrophilic or		
	osmotic mechanism and promotes intestinal motility.		
Sitz bath with	Deleves the engl subjector prossure and relieves and pain		
lukewarm water	Relaxes the anal sphincter pressure and relieves anal pain		

# **OBSERVATION AND RESULTS**

There was significant relief observed after the above treatment protocol. During the treatment no minor or major complication was observed in the patient.

Patient had started passing stools daily and regularly with a frequency of even 2			
stools/day from sixth day of the treatment.			
Pain during defecation had reduced significantly.			
Obstruction felt during defecation that made the patient to strain had also alleviated.			
Consistency of stools had also changed from solid hard to semi-solid.			
Pain in umblical region had also reduced with overall improvement in appetite and health			
of the patient.			

# **DISCUSSION**

Table 5: Nidana (Etiological factors).

Rasa	Katu (acid), Tikta (bitter), Kashaya (astringent)	
Guna	Ruksha (dry), Guru (heavy), Sheeta (cold), Vidahi (causes burning sensation),	
Guna	Abhishyandi and Sushka (dry)	
	Abhojana (not taking food), Adhyaashana (eating food before the digestion of prior	
Ashana	food), Vishamaashana (untimely taking food with differed quantity), Asaatmya	
Asnana	bhojana (non-accustomed food), Viruddha aahara (incompatible food), Atyashana	
	(excessive intake), Alpa bhojana (less intake), Alpa jalapana (less water intake)	
	Patrashaka (leafy vegetables), Viruddha (sprouts), Nava shooka (newly harvested	
Ahara	cereals), Shushkashaka (dry leafy vegetables), Guru phala (Fruits which are heavy	
	to digest)	
Vihara	Vega-Sandharana (withholding urges), Ratri jagarana (awakening at night)	
Manas	Shoka (grief), Bhaya (fear)	

# Poorva Rupa (Prodromal symptoms)

Prodromal symptoms associated with *Vibandha* are *Agnimandya* (indigestion), *Aruchi* (anorexia), *Bhaktadwesha* (aversion towards feed), *Klama* (fatigue), *Adhmana* (tympanites), *Antrakoojana*, *Arati* (dullness) In infants, other features could be rejection for feed, *Routi* (cries), *Utthanaavabhanajan* (Excessive tossing), *Udarastabdhata* (Reduced peristalsis), *Shaitya* (Cold and clammy extremities), mukhasweda (Excessive perspiration on face).

Table 6: Lakshanas.

Lakshana related to Mala	Anubandha Lakshana
1. Vatavarcha Apravrutti (obstruction of flatus and faeces)	1. Aruchi (Anorexia)
2.Mala kathinta (hard stool)	2. Ajeerna (indigestion)
3. Sushka, Grathita mala Pravartana (dry, pellet like stool)	3. Atopa (flatulence)/Adhmana
4. Alpamatra mala Pravartana (less quantity)	4. <i>Udara Shoola</i> (pain abdomen)
5. Kashta mala Pravartana (difficulty while defecating)	5. Shira Shoola (headache)
6.Sashoola mala Pravartana(pain while defecating)	6. Antrakoojana (increased intestinal movements)
7. Krucchrena- Chiraathpravrutthi (excessive straining)	7. Alasya (lazyness)
	8. Katiprushta vedana (pain in back)

# Samprapti

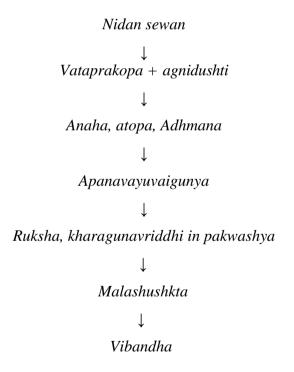


Table 7: Sampraptighataks of Vibandha.

Dosha	Vata dosha Pradhan pitanubandha
Dushya	Mala
Dhatu	Rasa
Agni	Manda
Srotas	Annavaha, Pureeshvaha
Srotodushti	Sanga
Udbhavsthana	Amashya
Vyaktasthana (adhishthana)	Pakvashya ,Sarvashareera
Sadhya-asadhyata	Sukhsadhya

## **CONCLUSION**

Vibandha (constipation) in children is distressing and reason for increased parental concern. Physiologically Vata prakriti and Kapha prakriti are prone for hard bowels. This can be attributed to inherent dryness (due to Vata) and excessive stagnation (due to Kapha) in the koshta of persons with vata and kapha prakrti respectively. In infants vibandha can be as a result of faulty, infrequent feeding of the baby as well as improper dietary regimen of the mother leading to stanya dushti. Over enthusiastic toilet training in infancy sometimes may be distressing in children who later end up in habitual constipation. In toddlers and older children, disease usually occurs due to vata prakopaka ahara, vihara and noncompliance of Asthavidha Ahara Ayatana (dietary principles). This shall include changes in dietary habits, life style, social structure and constant mental stress that result in disturbances of Annavaha and Purishavaha srotovikaras (G.I. tract) like Vibandha, Adhmana, Anaha, Atopa etc., these symptoms persisting for longer duration end up in more distressing features. Chronic constipation can result in vicious cycle with frequent digestive disturbance, over stagnation of food, poor peristalsis, excessive retention of faeces and consequent nutritional problems in children. Further, it can even have adverse impact on over all physical growth and mental compliance of children.

#### **SOURCE OF SUPPORT** – Nil.

#### **CONFLICT OF INTEREST - None declared.**

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