

**ROLE OF AYURVEDA IN MANAGEMENT OF VIBHANDH
(CONSTIPATION) IN CHILDREN- A CASE STUDY**

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ABSTRACT

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In constipation, frequency of bowel altered, it is common disturbance of digestive system. Constipation is not evacuation of bowel or difficulty during defecation due to hard stool. It has several causative factors mainly are faulty food habits, intake of junk foods, less intake of dietary fibres, liquids in diet. Constipation is main cause of all disease. So it should be treated properly. In *Ayurveda*, it can be correlated with *Vibhandh*, which is common condition seen in childhood. It occurs because of obstruction of *apana vayu* function. A female child of 7 years old was admitted to the IPD of department of *kaumarbhritya*, MGACH, Wardha with complaint of difficulty in

passing stool and associated in pain in stomach. Treatment includes *Shaman chikitsa* and *Panchkarma* like *abhayanga*, *basti chikitsa* given. There were significant improvement in condition of patient.

KEYWORDS: *Ayurveda*, *Vibhandh*, Constipation.

INTRODUCTION

In *Ayurveda* classics, *Vibhandha* is not mentioned as a separate disease, but described in clinical presentation like *Badha purisha*, *Shushksa purisha*, *Mala avabaddhata*.^[1] It is also

described as complication of other disease.^[2] *Vibhandha* is commonest clinical manifestation that found in paediatric group as symptom of difficulty in defeacation, hard stool and infrequent bowel movements with associated stomach ache and other symptoms. As we try to understand, its *samprapti ghatak*, *Vibhandh* occurs as a result of vitiation of *vata* mainly *apana vayu* and *agnimandya*. It can also manifests because of impaired functioning of *samana* and *vyana vayu*.^[3] Due to its *nidana*, when *vayu* gets vitiated and *mandta of agni*, *ama* gets produced and *prakop of dosha* especially *vayu* gets vitiated and disturbs *annavaha* and *purishvaha srotas* resulting in *Vibhandh*.^[4] In modern science, it can be related to Constipation i.e Incomplete evacuation of stool or dry, hard faeces. Constipation defines slow movement of feaces through large intestine often associated with large quantities of dry, hard faeces in the descending colon that accumulate because of overabsorption of fluid.^[5] It is common childhood disease gives physical and psychological morbidity and poor quality of life. Constipation is defined as infrequent passage of stool with pain and difficulty or delay in defeacation.^[6] Its prevalence found in 4-37% of pediatric population.^[7] 5-10% of school going children suffer from constipation.^[8] Faulty dietary habits and faulty toilet training are two main factors for constipation.^[9]

CASE STUDY

A FEMALE CHILD xyz 7 years old admitted to IPD, deptt. Of *Kaumarbhritya*, MGACH, wardha on 24/12/19 with complaint of passing of hard stool after 1-2 days since 6 years.

Present History- According to parents patient having complaint of mild constipation, episode of hard stool after the gap of 1or 2days from 1year of age till now. She was having pain in abdomen from last 3years, occur after 7 to 10 days interval. Pain is dull and constant in nature, increases in night she is also have complaint of poor appetite. She was having low weight gain, not able to memorize things, difficulty in learning, easily irritable if things are not going to her way from last 3-4 years.

Past history- Mild constipation since 6 years, Pain in abdomen on/off -3 years, Low weight gain – 3-4years, learning difficulties -3-4years.

Associated complaints: Mild constipation- 6years, Easily irritable- 2-3years, Lack of appetite -2-3years, Aggressive behaviour from 2-3 years, Easily irritable- 2-3 years.

Developmental History

Gross motor	Normal
Fine motor	Normal
Personal social	Normal
Language	Normal

Immunization History

All vaccines are given according to schedule till the age.

Family History: Nothing significant.

Birth history

Antenatal	During antenatal period mother likes to consume amla, and katu rasatmak dravya.
Natal	FTND, Birth weight- 3kg, cried immediately after birth
Postnatal	Not Significant

PERSONAL HISTORY

Appetite	Poor
Bowel habits	Irregular after 1 or 2 days gap in hard constituency with foul smell
Urine	3-4 times a day
Sleep	Normal
Likes	Fast food, kurkure, chips
Dislikes	Milk, ghee, green leafy vegetables
Habit	Nail biting

General Examination

Built	Lean
Appearance	Normal
Eyes	Pallor +
Tongue	Coated
Pulse rate	84/min
RR	22/min
BP	90/60mmHg
Temperature	Afebrile

Systemic examination

- CNS, CVS, Respiratory system are normal, No abnormality detected.

Abdominal examination-

- **P/A** - Soft
- **Inspection-** There is no any scars, swellings, dilated veins

- **Palpation-** Tenderness in umbilical, hypogastrium region
- **Site of pain-** umbilical, hypogastrium
- **Anthropometry**

	Parameters of patient	Normal range
Weight	15.6 kg (PEM Grade-2,IAP)	23 kg
Height	113 cm	122 cm
Head Circumference	50cm	50cm
Chest Circumference	56cm	56 cm
Mid Arm Circumference	13 cm	17cm

Samprapti ghatak

- *Dosha* : *Apana vayu*
- *Dushya* : *Rasa*
- *Srotas* : *Rasvaha, aanvaha, Pureeshvaha*
- *Sadhya/asadhyata* : *Sadhya*
- *Agni* : *Jathargani*
- *Ama* : *Sama*
- *Utthava sthana* : *Pakvashya*

Vyadhi vinischya-Vibhandh.

CHIKITSA

MEDICINE	DOSE	ANUPANA	DURATION
Ashwagandha churna	1/4tsf Q.I.D	Honey	After food
Arvindasava	5ml Q.I.D	equal amount of water	After food
Laghumalini vasant	½ tab B.D	Water	After food
Triphala, Trikatu Hingvastka each 1gm	½ tsf B.D	Luke warm water	Before food
Bramhi vati	½ tab B.D	Water	After food

Therapy	Medicine used	Duration
Utsadana	Dashmool tail+Triphala choorna	2days
Nadi swedana		From 3 rd day
<i>Matrabasti</i>	Dashmool oil	from 1 st day Total duration-7 days
Snehana	Dashmool tail	From 3 rd day total duration-5days
Nasya	Bramhi tail	From 1 st day Total duration-7days
Shirodhara	Bramhi oil and til tail	From 1 nd day total duration- 7days

Effects of treatment- After 1st sitting there is no pain in abdomen, patient had gained weight of 900 gm, her bowel movements become regular from 3rd day of treatment, Consistency of stool become normal, Irritability reduce.

Anthropometry

	B/T	A/T
Weight	15.6 kg	16.5 kg
Height	113cm	113cm
Head Circumference	50cm	50cm
Chest Circumference	56cm	56cm
Mid Arm Circumfer	13cm	13.5 cm

DISCUSSION

In this case, patient presented with complaint mild constipation, episode of hard stool after the gap of 1or 2days and pain with abdomen. It is diagnosed as *vibhandh* that is due to *vridhi* of *ruksha guna* of *apana vayu* that leads to decrease in *dravansh* in *purisha* in *purishavaha srotas* which can result in hardness and decrease in peristaltic movement. There is also *samana vayu vigunta* that can leads to *agnimandyata*.^[9] So according to samprapti, treatment protocol was planed. *Abhyanga*, *Nadi swedan* which are *vatashamak* and *matra basti* with *dashmool taila* which helps in decreases of *rukshta* of *vayu* and proper function of *apana vayu* was administred. It also have *brimhan* effect. *Nasya* and *Shirodhara* acts on central level to regulate vata and have anxiolytic effect. In *shaman chikitsa*, *Brahmi vati* given which is *medhya*, helps to lessen irritability. *Arvindasav* is described in “*Balanam sarvroghana*”.^[10] *Ashwagandha churna* improves immunity and muscle strength. *Hingvashthak churna* and *triphla* are *agnideepana* and *vataanulomna*.

CONCLUSION

Treatment of *Vibhnadh* is *vatanuloman* specified. Better improvement was observed after treatment.

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