

CHRONIC CONSTIPATION IN MIDDLE-AGED ADULTS (23–40 YEARS): AN AYURVEDIC AND MODERN REVIEW ON CAUSES, PREVENTION, AND TREATMENT

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ABSTRACT

Chronic constipation is no longer confined to the elderly; it increasingly affects middle-aged adults (23–40 years), a period typically regarded as the peak of physical health and productivity. Sedentary lifestyles, dietary indiscretions, mental stress, and irregular routines are major contributors in this age group. While modern medicine focuses on pharmacologic solutions, Ayurveda identifies underlying *doshic* imbalances—particularly *Vāta* and *Agnimāndya*—as the root cause. This review aims to integrate both modern and Ayurvedic perspectives on the aetiology, prevention, and treatment of chronic constipation in middle-aged individuals, with an emphasis on individualised and holistic care.

KEYWORDS: Constipation, middle-aged adults, *Vāta*, *Agni*, Ayurveda, lifestyle disorders, gut health.

INTRODUCTION

Constipation, broadly defined as infrequent or difficult passage of stools, affects nearly 15–20% of adults worldwide, with an increasing incidence in the 23–40 year age group. This shift is attributed to modern urban living, which includes high levels of stress, poor dietary habits, prolonged screen exposure, and lack of physical activity.

From an Ayurvedic perspective, chronic constipation (*Vibandha*) is primarily a *Vāta* disorder, particularly *Apāna Vāta*, responsible for downward bodily functions. It is often associated with *Agnimāndya* (digestive fire dysfunction), leading to the formation of *āma* (toxic metabolic waste), and obstruction in *mārga* (gut pathways). Constipation in this age group may seem benign, but it can initiate or exacerbate conditions like *Arśas* (hemorrhoids), *Grahani*, mental fog, and skin disorders.

This review attempts to bridge both ancient and contemporary understandings of chronic constipation in middle-aged individuals and propose an integrative approach to management.

MATERIALS AND METHODS

This narrative review compiles information from:

- Modern databases: PubMed, Google Scholar, Medline, Scopus (2010–2025)
- Classical Ayurvedic texts: Caraka Saṃhitā, Suśruta Saṃhitā, Aṣṭāṅga Hṛdaya, Bhāvaprakāśa
- Search terms included: “chronic constipation,” “functional bowel disorder,” “Ayurveda and *Vibandha*,” “Agni and Apāna Vāta,” “lifestyle diseases in young adults”.

Inclusion criteria

- Articles in English and Sanskrit with relevance to age group 23–40.
- Both clinical and theoretical studies were considered.

Review of Literature

1. Epidemiology and Clinical Presentation

Constipation affects ~12–20% of middle-aged adults globally, with higher prevalence in urban populations and among women. It is classified under:

- Functional constipation
- Constipation-predominant IBS
- Medication-induced constipation

Symptoms include

- Fewer than 3 bowel movements per week
- Hard or lumpy stools
- Straining
- Sensation of incomplete evacuation
- Abdominal discomfort or bloating.

2. Etiopathogenesis**A. Modern Perspective**

Factors	Mechanisms
Low fiber diet	Reduced bulk and motility
Dehydration	Hard stools due to less water content
Physical inactivity	Reduced gut peristalsis
Stress and anxiety	Altered brain-gut axis
Medications	Antidepressants, opioids, calcium channel blockers
Hormonal imbalances	Hypothyroidism, PCOS

B. Ayurvedic Perspective

- *Vāta prakopa* (especially *Apāna Vāta*): dryness, erratic motion, and obstruction.
- *Agnimāndya*: causes incomplete digestion → *āma* formation
- *Vega dhāraṇa* (suppression of natural urges): leads to *mārga āvarodha*.
- *Rūkṣa, śīta, guru āhāra*: aggravate *Vāta*, reduce *Agni*.
- Emotional causes: Excessive worry (*chintā*), fear (*bhaya*), and sadness (*śoka*) disturb *manovaha srotas* and bowel movements.

Prevention**A. Modern Recommendations**

- Fiber intake: 25–30 grams/day (vegetables, fruits, whole grains).
- Water intake: 2–3 liters/day.
- Regular physical activity (yoga, walking, swimming).
- Stress management (CBT, mindfulness).
- Avoid prolonged screen time and erratic eating schedules.

B. Ayurvedic Strategies**1. Dinacharya (Daily Routine)**

- *Abhyanga* with sesame oil for *Vāta* balance.

- Early morning bowel routine (without suppression or force).
- Warm water with ghee in the morning.
- Light evening meals, early dinner.

2. Āhāra Vihāra

- Include *snigdha* (unctuous) foods like ghee, soups, moong dal
- Avoid *rukṣa*, *sheeta*, dry cereals, processed foods.
- Use of spices like *hingu*, *jeeraka*, and *saindhava* for *Agni dīpana*.

Treatment Approaches

A. Modern Interventions

Therapy	Examples
Bulk-forming agents	Psyllium husk (Isabgol)
Osmotic laxatives	Lactulose, polyethylene glycol
Stool softeners	Docusate sodium
Stimulant laxatives	Bisacodyl, senna
Behavioral therapies	Biofeedback, CBT

B. Ayurvedic Management

1. Saṃśodhana Chikitsā (Bio-Cleansing)

A. Virecana (Therapeutic Purgation)

- Indicated when *Pitta–Vāta* vitiation is dominant, especially with symptoms like dryness, flatulence, and irritability.
- Drugs used: *Trivṛt Lehyam*, *Eranda Taila*, *Avipattikara Churna*.
- Administered after *snehapāna* and *swedana*.

B. Basti (Medicated Enema Therapy)

- Considered the best therapy for *Vāta vyādhi* and directly acts on *Apāna Vāta*.
- Two types are used in combination:

i. Anuvāsana Basti (Oil Enema)

- Uses medicated oils such as *Nārayana Taila*, *Eranda Taila*, *Balā Taila*.
- Softens stool, nourishes colon, lubricates intestines.
- Matra basti is oil retention enema in small dose. It is a daily nourishing basti administered in patients with weakness for maintenance therapy

ii. Niruha Basti (Decoction Enema)

- Made with *kaṣāya* (herbal decoctions), *kalka* (paste), oil, honey, and salt.
- Flushes toxins, balances *Vāta*, and reestablishes colon function.
- Yoga *Basti* karma is typically chosen depending on the chronicity and strength of the patient. and dosha status

4. Āhāra-Vihāra (pathya apathya)**A. Dietary Guidelines**

- *Laghu* and *Snigdha āhāra*: Light but unctuous foods like peya, manda, yavagu and vegetable soups.
- Adequate water intake preferably warm water.
- Inclusion of cow's ghee, sesame oil, flax seeds.
- Fruits: Ripe banana, papaya, figs, soaked raisins.
- **Avoid:** Dry, stale, spicy, deep-fried, and fermented foods.
- Excessive intake of raw salads or cold milk.
- Irregular sleep cycles (especially waking late at night).
- Suppression of natural urges, especially for defecation.
- Prolonged sitting without movement.
- Mental stress and screen time during meals

B. Lifestyle Practices

- *Abhyanga* (Daily oil massage) – Calms *Vāta*, stimulates lymph and blood flow.
- **Yoga and Āsanās**
- Pavānamuktāsana – Relieves bloating, massages abdomen
- Vajrāsana – Improves digestion, especially post meals
- Bhujangāsana – Stimulates peristalsis
- Trikoṇāsana – Strengthens abdominal muscles and intestines
- Mālāsana – Facilitates natural bowel movement.

Effective Prāṇāyāma Techniques

- Anuloma-Viloma – Enhances pranic balance, regulates Apāna
- Bhastrikā – Activates digestive fire
- Kapalabhāti – Stimulates abdominal organs and clears stagnation

- Nāḍī Śodhana – Purifies energy channels, reduces stress.

A daily practice of 20–30 minutes significantly improves bowel regularity and mental clarity.

- Regular Sleep-Wake Cycle: Following *Brahma muhurta* rising enhances *Vāta* function and promotes natural defecation urge.

2. Saṃśamana Chikitsā (Palliative Therapy): Palliative therapy focuses on restoring Agni, pacifying *Vāta doṣa*, and regularizing *Apāna Vāta*. The following formulations are widely used

A. Anulomaka Dravyas (Carminatives promoting downward movement)

- *Harītakī* (*Terminalia chebula*) – Best *Anulomaka*, *Rasāyana*, effective in *Vāta kopa* and chronic constipation.
 - Dose: 3–5 g powder at bedtime with warm water or ghr̥ta.
- *Triphala Chūrṇa* (*Emblica officinalis*, *Terminalia bellirica*, *Terminalia chebula*):
 - Acts as mild laxative, detoxifier, and *rasāyana*.
 - Dose: 3–6 g at bedtime with lukewarm water.
- *Avipattikara Chūrṇa*:
 - Effective in cases where *Pitta* and *Vāta* are involved; relieves bloating, acidity, and constipation.
 - Dose: 3–6 g at bedtime.

B. Sneha and Ghr̥ta Preparations

- Castor oil (*Eranda Taila*): Best for *Vāta anulomana*, especially in dry constipation.
 - Dose: 5–10 ml with warm milk at bedtime.
- Ghr̥ta (Cow ghee): Nourishes *Apāna Vāta*, softens stool.
 - Used as *vṛṣya*, *bṛṇhaṇa* and *snehana* agent.
 - Can be taken with lukewarm water or milk.

C. Specific Formulations

- *Gandharvahastādi Kaṣāya* – For *Vāta–Kapha* induced constipation.
- *Hingvāṣṭaka churna* – Carminative, improves digestion and prevents bloating.
- *Abhayārīṣṭa* – Fermented preparation, relieves chronic constipation and flatulence.
- *Panchasāka Kvātha* – Classical *Kvātha* made from five mild purgative herbs; used in habitual constipation.

3. Rasāyana & Supportive Therapies

- *Harītakī Rasāyana* – Rejuvenates *Apāna*, improves tone of colon. Dose: 1 tsp of *Harītakī* with warm water or ghee at bedtime
- *Triphala Ghṛta* – Combines rejuvenation with bowel regulation beneficial in older adults or those with dry colon
- *Āmalakī Rasāyana* – Antioxidant and tissue rejuvenator.
 - Particularly good for Pitta-Vāta prakṛti individuals
- *Drākṣā Avaleha* – Nourishing, cooling, relieves mild constipation
- *Sukumāra Ghṛta* – Ideal for chronic, habitual constipation with dry skin and fatigue

DISCUSSION

Chronic constipation in adults aged 23–40 years represents a growing yet under-recognised health issue. Traditionally associated with older adults, this condition is now increasingly affecting younger populations due to a combination of poor lifestyle choices, dietary negligence, psychological stress, and environmental factors. The onset of constipation during the productive middle-age years can have cascading effects on an individual's overall health, work performance, psychological well-being, and quality of life.

Constipation: A Multifactorial Disorder

From a modern medical standpoint, constipation in middle-aged adults is often a symptom of a functional gastrointestinal disorder (FGID) or a consequence of secondary causes such as hypothyroidism, medication overuse (e.g., antacids, opioids), or psychological stress. Functional constipation and constipation-predominant IBS (Irritable Bowel Syndrome) are particularly prevalent in this demographic, especially among women, owing to hormonal changes, work-life imbalance, and dietary patterns.

Ayurveda, on the other hand, recognises constipation as *Vibandha*, a condition that arises primarily due to *Vāta* doṣa vitiation and *Agnimāndya* (weak digestive fire). The role of *Apāna Vāta*, the subtype of *Vāta* responsible for expulsion and downward movement of waste, is central in the Ayurvedic pathogenesis of constipation. If *Apāna Vāta* becomes impaired due to *rūkṣa* (dry), *śīta* (cold), and *guru* (heavy) food, emotional suppression, or erratic routines, bowel movements become sluggish or absent.

The Role of Diet and Lifestyle

Modern dietary patterns, dominated by processed foods low in *fiber* and high in sugars, contribute significantly to reduced gut motility and dehydration of stool. This is further compounded by sedentary lifestyles and desk-bound jobs which inhibit natural peristalsis. Ayurveda cautions against *viṣam āhāra* (incompatible food), *ajīrṇa* (indigestion), and *vishama aśana* (irregular eating) that not only disturb *Agni* but also generate *āma* (toxic waste), clogging intestinal channels (*mārga avarodha*).

Ayurveda's time-tested regimens such as *Dinacharya* and *Ritucharya* emphasize the role of daily and seasonal routines in maintaining digestive and mental health. Practices like *Abhyanga* (oil massage), regular sleep-wake cycles, and appropriate seasonal foods help stabilise *doṣas* and strengthen *Agni*, thereby preventing the onset of *Vibandha*.

Stress and Gut Health

Emerging research in psychogastroenterology highlights the strong connection between the gut and brain, known as the gut-brain axis. Chronic stress alters the hypothalamic-pituitary-adrenal (HPA) axis and delays gastrointestinal transit time, leading to symptoms like bloating, hard stools, and discomfort. This aligns with the Ayurvedic view where excessive *chintā* (worry), *bhaya* (fear), and *krodha* (anger) vitiate *Manovaha srotas* and *Vāta doṣa*, thus impairing bowel function.

Ayurveda prescribes holistic therapies including *prāṇāyāma*, *dhāraṇā*, and use of *medhya rasāyana* like *Brahmī* and *Śaṅkhu-puṣpī* to calm the mind, balance *manasa doṣas*, and support gut health. The use of *ānulomaka* herbs like *Harītakī* acts not only as a mild laxative but also a rejuvenator for the digestive system.

Therapeutic Integration: Ayurveda & Modern Medicine

Conventional medical treatments for constipation primarily focus on symptom management through laxatives (bulk-forming, osmotic, or stimulant), stool softeners, and prokinetic agents. While these provide short-term relief, they often lead to dependency, mucosal atrophy, and worsening of the underlying condition if used chronically without addressing root causes.

Ayurveda offers a more curative and sustainable model. Therapies such as *Virechana* (therapeutic purgation), *Anuvāsana Basti* (oil enema), and *Samśamana* (palliative)

approaches target the underlying doṣic imbalance and rejuvenate intestinal function. Herbal formulations like Avipattikara chūrṇa, Triphala, and Eranda sneha are non-addictive, regulate Agni, and cleanse the āmāśaya and pakvāśaya gently.

Moreover, Panchakarma therapy, particularly Basti karma, plays a pivotal role in re-establishing Apāna Vāta function and is regarded as the best treatment for Vāta vyādhi in classical texts. Such integrative interventions align well with modern concepts of gut motility restoration, microbiota modulation, and stress reduction.

Need for Preventive Awareness

Despite the high incidence of constipation in this age group, there is a lack of awareness about its long-term consequences. Chronic constipation can predispose individuals to fissures, haemorrhoids, diverticulitis, and even colorectal cancer in severe cases. Ayurveda emphasises the concept of *Nidāna Parivarjana*—eliminating causative factors—as the first step toward treatment. Lifestyle correction, dietary discipline, seasonal detoxification, and mental peace form the bedrock of prevention.

There is also a growing need for clinical trials that validate traditional Ayurvedic formulations and Pañcakarma procedures under modern scientific standards. This could pave the way for broader acceptance of integrative models of gastrointestinal health.

CONCLUSION

Chronic constipation is a growing health burden among adults aged 23–40 years. Both modern and Ayurvedic sciences highlight diet, mental health, and lifestyle as central contributors. An integrative, individualised approach—focused on balancing *Vāta* and strengthening *Agni*—can significantly improve outcomes and prevent complications. Ayurveda's time-tested principles offer sustainable and preventive care for functional bowel disorders in young adults, reinforcing the need for lifestyle discipline and seasonal awareness.

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