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# CHRONIC CONSTIPATION AND AYURVEDIC MANAGEMENT: A NARRATIVE REVIEW OF TRADITIONAL CONCEPTS AND CLINICAL EVIDENCE

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## ABSTRACT

**Background:** Chronic constipation involves persistent difficulty with defecation and may impair daily functioning. Ayurvedic descriptions of impaired stool passage provide a traditional framework for considering bowel habits, diet, and individualized care. **Objective:** To review Ayurvedic concepts relevant to chronic constipation and critically examine their relationship to contemporary evaluation and treatment. **Methods:** A focused narrative review used selected online Ayurvedic resources, an exploratory clinical study, professional guidance, and government health information. No systematic search or meta-analysis was undertaken. Review findings: Traditional management emphasizes avoiding suppression of defecatory urges and selecting measures intended to facilitate stool passage. Some dietary and behavioral principles overlap with conventional care. Evidence for specific Ayurvedic formulations remains limited; an uncontrolled study of a formulation containing psyllium, senna, and Triphala cannot determine the independent benefit of Triphala. Product quality and procedural safety require attention. **Conclusion:** Ayurvedic approaches warrant further investigation and may inform supportive care, but established evaluation and evidence-based treatment remain essential.

**KEYWORDS:** Chronic constipation; Ayurveda; Vibandha; Purishaja Udavarta; Triphala; Bowel habits; Narrative review.

## INTRODUCTION

Constipation is a symptom complex rather than simply an absence of daily bowel movements. Patients may describe hard stools, straining, incomplete evacuation, or difficulty passing stool. Persistent symptoms can reflect dietary factors, medication effects, metabolic conditions, or disorders affecting bowel function. Consequently, treatment requires attention to the underlying clinical context rather than bowel frequency alone.[1]

Ayurvedic literature discusses difficult or obstructed stool passage through terms and clinical descriptions associated with purisha, vibandha, and udavarta. These concepts emphasize the character of feces and the consequences of suppressing natural urges. Their relationship to contemporary constipation is interpretive: traditional categories should not be assumed to correspond exactly to modern diagnoses.[2,3]

Interest in Ayurvedic management creates a need to separate historical therapeutic reasoning from demonstrated clinical effectiveness. This review considers both perspectives while retaining the diagnostic safeguards and treatment standards required for adults with persistent constipation.[4,5]

## AIM

To describe Ayurvedic concepts and management principles relevant to chronic constipation and critically assess available clinical evidence, safety considerations, and priorities for future research.

## METHODOLOGY

This article is a focused narrative review prepared from selected web-accessible sources consulted on 24 October 2026. Searches addressed chronic constipation, Ayurvedic concepts of impaired defecation, Triphala-containing formulations, clinical management, and safety. Sources included PubMed-indexed literature, Charak Samhita Online, gastroenterology guidance, and government health resources. Selection was purposive rather than exhaustive. No registered protocol, systematic screening, formal risk-of-bias assessment, or pooled analysis was performed. Traditional explanations and clinical findings were appraised separately.

## Detailed Review

### Clinical presentation and assessment

Assessment begins with the duration of symptoms, usual stool pattern, stool consistency, straining, and a sense of incomplete emptying. A medication and supplement history is important because iron, some analgesics, and other medicines can contribute. Neurological, endocrine, and structural causes also require consideration when suggested by the history or examination.

Constipation accompanied by rectal bleeding, persistent abdominal pain, vomiting, inability to pass gas, fever, or unexplained weight loss requires medical evaluation. Such features should not be attributed automatically to a traditional constitutional imbalance or managed by escalating laxatives without assessment.

### Ayurvedic understanding of impaired defecation

Purisha denotes fecal matter within the Ayurvedic framework. Traditional descriptions consider its formation, quantity, retention, and elimination as relevant to health. Textual discussions link difficult stool passage with dryness and describe dietary measures intended to facilitate evacuation. These explanations belong to a historical physiological model; they do not establish a measurable mechanism in contemporary gastroenterology.

Udavarta is described in relation to disturbed or upward movement of vata. Purishaja presentations are associated with suppression of the urge to defecate and may include retained stool, abdominal sounds, pain, and upward passage of gas. This gives a traditional rationale for attending promptly to bowel urges. It does not prove that every case of chronic constipation results from urge suppression.

For clinical interpretation, traditional assessment should be accompanied by a documented symptom history. Describing a patient using Ayurvedic terminology should not substitute for identifying medication-related constipation, an evacuation disorder, or another medical cause. The two frameworks can be discussed alongside each other without claiming that their diagnostic categories are interchangeable.

### Diet and daily routine

Modern supportive care includes increasing dietary fiber when appropriate, maintaining adequate fluid intake, regular physical activity, and bowel training. Fiber should be increased

gradually because abrupt changes can worsen gas or bloating. Fluid advice should account for individual medical restrictions. A regular opportunity to use the toilet, particularly after a meal, can help establish a consistent bowel routine.

Traditional dietary guidance seeks to make evacuation easier through selection and preparation of foods, sometimes including unctuous ingredients. These practices require nutritional interpretation. Their suitability depends on the whole diet and the patient's health; the presence of ghee or oil in a traditional prescription alone does not establish a laxative effect.

A practical area of overlap is attention to daily habits and the avoidance of repeatedly postponing defecation. Supportive routines are reasonable components of care, but improvement after a combined intervention cannot identify which dietary, behavioral, or medicinal component produced the change.

**Herbal formulations and Triphala**

Triphala combines the fruits of amalaki, bibhitaki, and haritaki. It is commonly discussed in Ayurvedic bowel care, but the evidence must be interpreted at the level of the actual formulation tested. Studies of a product containing several active ingredients cannot demonstrate that Triphala alone is responsible for its effects.

Munshi and colleagues investigated TLPL/AY/01/2008, a formulation containing psyllium, senna, and Triphala, in an open-label exploratory study involving 34 patients with functional constipation. Treatment lasted 14 days. Reported improvements included bowel frequency and stool-related symptoms. The small sample, lack of a control group, and short observation period limit causal interpretation and conclusions about sustained benefit.

Psyllium and senna have independent laxative actions and are addressed in contemporary constipation guidance. Their inclusion makes attribution of the observed response to Triphala particularly uncertain. The findings support further controlled investigation of the formulation rather than a general claim that Ayurvedic medicines cure chronic constipation.

**Procedural approaches**

Ayurvedic discussions of udavarta include evacuation-oriented procedures and other measures selected according to the traditional presentation. Such procedures should be distinguished from ordinary dietary support. Historical descriptions alone cannot establish

comparative effectiveness, appropriate patient selection, or modern procedural safety. Routine home enemas or intensive purgation are not justified by the evidence reviewed here. Any proposed procedure needs a clear indication, competent supervision, and consideration of obstruction, dehydration, and other contraindications. This review does not establish a validated protocol for basti or virechana in chronic constipation.

**Relationship to established treatment**

The joint American Gastroenterological Association and American College of Gastroenterology guideline evaluates medicines for adult chronic idiopathic constipation. Polyethylene glycol has a strong recommendation; several prescription agents are supported when appropriate, including after unsuccessful over-the-counter treatment. Fiber and senna receive conditional recommendations. Recommendations vary by agent, treatment setting, and certainty of evidence.

The same standard should guide assessment of herbal products: benefit should be demonstrated using credible comparators and outcomes important to patients. A traditional origin does not remove the need to establish effectiveness, while a plant-derived ingredient can have a recognized pharmacological action.

**Safety and product quality**

Ayurvedic products vary in composition and manufacturing quality. Some contain metals or minerals, and contamination can also occur. NCCIH notes concerns about lead, mercury, and arsenic in some products. FDA warnings likewise describe heavy-metal poisoning associated with certain unapproved Ayurvedic products. These concerns should inform product selection and adverse-event assessment.

Safety review should include all medicines and supplements, product identity, and any new symptoms after treatment begins. Independent quality testing can help assess composition, but it does not prove clinical efficacy. Pregnancy, breastfeeding, childhood, and significant medical illness require particular caution because general safety assumptions may not apply.

## DISCUSSION

The strongest contribution of the Ayurvedic perspective in this review is its attention to bowel habits and the circumstances surrounding impaired evacuation. Traditional descriptions of urge suppression offer a useful topic for clinical history-taking. Nevertheless,

correspondence between a traditional description and a modern symptom does not validate the entire traditional causal explanation.

Clinical evidence is a major limitation. The available exploratory formulation study provides a preliminary signal, but its design cannot separate treatment effects from expectation, natural variation, or concurrent changes. Because the product combined Triphala with psyllium and senna, its findings cannot establish the efficacy of Triphala as a single intervention. Evidence-based integration therefore requires a defined role for each intervention. Dietary and behavioral support can accompany appropriate treatment, while persistent or atypical symptoms need conventional investigation. Herbal treatment should not delay evaluation of warning features or access to therapies supported by clinical guidance.[6]

Future studies should specify the diagnostic population, botanical identity, formulation composition, manufacturing controls, comparator, and follow-up period. Randomization and suitable blinding would improve causal inference. Outcomes should include complete spontaneous bowel movements, stool consistency, straining, quality of life, rescue treatment, and adverse events. Trials of Triphala alone and trials of fixed combinations answer different questions and should be reported accordingly.

This review is limited by its focused source selection and lack of systematic searching or formal quality scoring. It cannot estimate an overall treatment effect or establish the completeness of the Ayurvedic evidence base. Safety conclusions also require restraint: absence of a serious event in a small short-term study cannot establish long-term safety.[7,8]

## CONCLUSION

Ayurvedic descriptions of impaired defecation provide a traditional framework emphasizing stool characteristics, dietary practices, and bowel habits. Their clinical value should be assessed without equating traditional concepts with established biomedical mechanisms. Evidence for specific Ayurvedic formulations remains preliminary, particularly for the independent effect of Triphala. Care should combine appropriate medical assessment, supportive lifestyle measures, attention to product quality, and treatments supported by credible evidence. Larger controlled studies are needed before firm efficacy or long-term safety claims can be made.

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