

FUNCTIONAL CONSTIPATION IN PEDIATRIC AGE GROUP: A HOMOEOPATHIC APPROACH

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Article Received on 15 Feb. 2026,
Article Revised on 07 March 2026,
Article Published on 16 March 2026

<https://doi.org/10.5281/zenodo.19044870>

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How to cite this Article: Dr. Prasoon Choudhary¹, Dr. Pratishtha Singh Patel², Dr. Nikita Singh³, Dr. Vanshika⁴, Dr. Arunima⁵ (2026). Functional Constipation in Pediatric Age Group: A Homoeopathic Approach. World Journal of Pharmaceutical Research, 15(6), 525-535.

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ABSTRACT

Functional constipation is among the most prevalent functional gastrointestinal disorders in childhood. It is characterized by infrequent, difficult, or painful defecation without identifiable organic pathology. The condition negatively influences nutritional status, emotional well-being, school performance, and overall quality of life. Reported prevalence varies globally due to differences in diagnostic criteria and lifestyle factors. Urbanization, dietary shifts toward low-fiber foods, reduced physical activity, and psychosocial stress are significant contributors. Diagnosis is primarily clinical and guided by Rome IV criteria. Severity can be objectively evaluated using standardized instruments such as the Constipation Scoring System (CSS). Conventional management relies on dietary regulation, behavioral training, and pharmacological agents particularly osmotic laxatives. However, relapse after discontinuation is common. Homoeopathy offers a holistic and

individualized approach aimed at correcting the underlying functional imbalance. Frequently indicated remedies include *Paraffinum*, *Nux vomica*, *Bryonia alba*, *Alumina*, *Calcarea carbonica*, *Opium*, and *Silicea*. This review explores epidemiology, etiopathogenesis,

diagnostic standards, conventional treatment modalities, and the homoeopathic approach, while emphasizing the need for further high-quality clinical research.

KEYWORDS: Functional constipation, Pediatric homoeopathy, Rome IV criteria, Constipation Scoring System, Individualized treatment.

INTRODUCTION

Constipation is a frequently encountered complaint in pediatric clinical settings and constitutes a significant proportion of consultations in both primary and tertiary care. In children, constipation is typically defined by decreased bowel frequency, hard stools, straining during defecation, or a sensation of incomplete evacuation. In the majority of cases, no structural or biochemical abnormality is detected, and the condition is categorized as functional constipation.

Bowel habits in children vary considerably with age and diet. Nevertheless, persistent difficulty in passing stools, particularly when associated with discomfort or behavioral changes, requires medical attention. Chronic constipation may lead to abdominal pain, fecal soiling, urinary disturbances, appetite suppression, and psychosocial embarrassment.

Given its recurrent nature and the frequent need for prolonged treatment, functional constipation presents both clinical and therapeutic challenges. Complementary systems of medicine, including homoeopathy, have been explored as alternative management strategies in chronic cases.

EPIDEMIOLOGY

The prevalence of pediatric functional constipation demonstrates wide variation across different regions, ranging from less than 1% to nearly 30%. This disparity reflects variations in diagnostic criteria, dietary habits, cultural practices, and healthcare access.

Recent studies indicate an increasing trend in urban populations, where lifestyle factors such as sedentary behavior, low fiber intake, excessive consumption of processed foods, and academic stress are common. In India, school-based and hospital-based data suggest a rising incidence, particularly among children aged 4–12 years.

Functional constipation affects both genders, though some reports indicate slightly higher prevalence in females. The disorder not only impacts physical health but also significantly affects psychological well-being and family dynamics.

ETIOLOGY

Functional Factors

Functional constipation generally arises due to behavioral and environmental influences rather than structural pathology. Common contributing factors include

- Inadequate dietary fiber
- Insufficient fluid intake
- Reduced physical activity
- Irregular bowel habits
- Painful defecation leading to voluntary stool withholding

Children who experience pain during bowel movements may consciously avoid defecation, initiating a cycle of retention and worsening constipation.

Organic Causes

Although less frequent, constipation may occasionally result from identifiable medical conditions such as

- Hirschsprung's disease
- Endocrine disorders (e.g., hypothyroidism)
- Metabolic disturbances (e.g., hypercalcemia)
- Neurological abnormalities
- Structural anorectal malformations
- Medication side effects

Exclusion of organic pathology is essential before confirming a diagnosis of functional constipation.

Pathophysiology

Functional constipation commonly begins with an episode of painful stool passage. In response, the child suppresses the urge to defecate to avoid discomfort. This voluntary retention leads to accumulation of fecal matter in the rectum, causing progressive distension.

As rectal capacity increases, sensory perception diminishes, and the normal defecation reflex becomes impaired. Prolonged colonic transit results in excessive water absorption, producing

harder stools that are more difficult to pass. This creates a self-reinforcing cycle of stool retention and discomfort.

If left untreated, chronic retention may culminate in fecal impaction and overflow incontinence.

Clinical Manifestations

Children with functional constipation may present with

- Fewer than three bowel movements per week
- Passage of hard, dry stools
- Straining during defecation
- Prolonged time spent in the toilet
- Abdominal pain or bloating
- Fecal incontinence
- Behavioral signs such as retentive posturing

Associated symptoms may include irritability, reduced appetite, and disturbed sleep.

Diagnostic Criteria

Rome IV Criteria

Functional constipation is diagnosed clinically when at least two of the following are present for the required duration

- Two or fewer defecations per week
- At least one episode of fecal incontinence per week
- History of retentive posturing
- Painful or hard bowel movements
- Presence of large fecal mass in rectum
- History of large-diameter stools

These criteria standardize diagnosis and improve reliability in both clinical and research settings.

Constipation Scoring System (CSS)

The CSS provides a quantitative method to assess severity. It evaluates parameters such as bowel frequency, difficulty during evacuation, sensation of incomplete emptying, abdominal pain, time spent per defecation, need for assistance, unsuccessful attempts, and duration of symptoms.

Severity classification

- Mild
- Moderate
- Severe

The use of structured assessment tools enhances objective monitoring of therapeutic outcomes.

Conventional Management

Standard management includes a combination of

1. Dietary modification with increased fiber intake
2. Adequate hydration
3. Scheduled toilet training
4. Pharmacological agents such as osmotic laxatives and stool softeners

While these interventions are often effective initially, relapse is common after discontinuation, particularly if behavioral modifications are not sustained.

Homoeopathic Approach

Homoeopathy views functional constipation as a manifestation of systemic imbalance rather than an isolated gastrointestinal disorder. The therapeutic process involves detailed case-taking that encompasses physical symptoms, mental characteristics, lifestyle factors, and individual susceptibilities.

Prescription is based on the principle of individualization, aiming to restore normal physiological function rather than merely stimulate bowel evacuation. Emphasis is placed on selecting remedies that correspond to the totality of symptoms.

Frequently Indicated Homoeopathic Remedies

Paraffinum

Often considered in cases where there is persistent yet ineffective urge to defecate. Stools are hard and passed in small quantities after prolonged straining.

Nux vomica

Suitable for children with frequent but ineffectual urging, irritability, and sedentary habits.

Bryonia alba

Indicated when stools are dry and hard, accompanied by thirst and aggravation from movement.

Alumina

Characterized by marked dryness and absence of desire for stool despite prolonged constipation.

Calcarea carbonica

Frequently prescribed in children with sluggish metabolism, delayed development, and constitutional tendencies toward obesity.

Opium

Associated with hard, dark stools and reduced bowel sensation.

Silicea

Indicated when stool partially emerges but recedes back into the rectum.

Evidence and Research

Clinical investigations exploring homoeopathic management of pediatric constipation have reported encouraging outcomes, particularly with individualized prescribing. Improvements in stool frequency, reduction in pain during defecation, and enhanced overall well-being have been documented.

However, many available studies are limited by small sample sizes or methodological constraints. There is a need for rigorously designed randomized controlled trials employing standardized scoring systems to establish stronger evidence.

DISCUSSION

Functional constipation is a multifactorial condition requiring comprehensive evaluation and management. Addressing dietary, behavioral, and psychological aspects is essential for sustainable recovery.

Homoeopathy offers an individualized therapeutic approach that seeks to correct the underlying functional imbalance. When combined with lifestyle modification, it may provide long-term relief without dependency on laxatives.

Further research with robust methodology is necessary to integrate homoeopathic strategies within evidence-based pediatric care.

CONCLUSION

Functional constipation remains a common and impactful disorder in childhood. Diagnosis is primarily clinical, guided by Rome IV criteria, and severity assessment can be standardized using tools such as the CSS.

Homoeopathy provides a holistic and individualized treatment option with promising clinical outcomes. Future well-structured studies are required to substantiate its role in pediatric gastroenterology.

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