

## AN AETIOPATHOLOGICAL STUDY OF VIBANDHA WITH SPECIAL REFERENCE TO CONSTIPATION - A LITERARY REVIEW

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### ABSTRACT

People are increasingly leading erratic lifestyles in the modern world, particularly in urban areas. Modern life is fastpaced and hectic, which frequently leads people to bad eating habits daily routines, and the repressions of their body's natural desires. Numerous health problems, including *Vibandha*, *Shirahshoola*, *Ajirna*, *Amvata*, *Sthaulya*, *Madhumeha* and more are caused by these imbalances. *Vibandha* is not just a sickness in and of itself, it can be, a symptom, or *Upadrava* for a number of other conditions. Inadequate *Panchkarma* procedures may potentially be the cause. The *Purishavaha Srotas*, whose roots are in the *Pakvashaya* and *Sthula Guda*, are affected by the conditions, which is mostly caused by a disruption in *Apanavata*. This is caused by a number of causes, three of which are significant: lifestyle, mental and nutritional problems. Constipation is characterized by unsatisfactory faeces, which may be brought on by infrequent stools, difficult stool passage or both. It significantly affects a person's ability to perform daily duties, social functioning and quality of life.

**KEYWORDS:** Malaavashthambha, Vibandha, Annavaha stotas, Purishavaha srotas, Vega sandharana Apanavayu-vaigunya, Krura Koshta, Purisavaha Srotodusti.

## INTRODUCTION

Constipation is a global health issue in contemporary medicine, characterised by infrequent bowel movements, difficulty in defecation, and passage of hard stools. In *Ayurvedic* literature, this condition is correlated with the term “Vibandha” which literally means “to bind” or “to obstruct” while not always described as standalone disease entity (*Vyadhi*), *Vibandha* is frequently mentioned as a prominent symptom (*Lakshana*), cause (*Nidana*), or complication (*Upadrava*) in various disorders, particularly those related to gastrointestinal tract (*Annavaha* and *Purishvaha Srotas*). The main component of *Sharira* are *dosha*, *dhatu*, mala. *Purisha* and *mutra* are waste product of *Anna*, which is eaten food generated at the end of digestion and metabolic process known as mala. The waste items produced are removed from the body by a process called excretion. If they remain in the body for longer period of time, they have a tendency to vitiate the regular *doshas*, resulting in *srotosanga* known as *Vibandha*. The core pathophysiology of *Vibandha* in Ayurveda is attributed to the vitiation or impaired function (*Vaigunya*) of *Apana Vata*, a subtype of *Vata Dosha* responsible for the downward movement and excretion of waste materials including feces and urine. Factors such as unhealthy dietary habits (e.g. excessive intake of dry, pungent, bitter, or astringent foods), a sedentary lifestyle, and psychological factors like stress, fear, and grief can aggravate *Vata*. This aggravated *Vata* then reaches the large intestine (*Pakvashaya*), where its inherent dry (*Ruksha*) and heavy (*Guru*) qualities promotes excessive water absorption from the faecal mass, resulting in hard, lumpy stools and obstructed defecation. Modern medical science defines functional constipation using standardized criteria like the Rome four criteria, focussing on symptom, frequency and consistency of stool. The shared understanding of etiological factors, such as low fibre intake, lack of physical activity, and stress suggests a strong correlation between the modern and the ayurvedic concepts of Constipation/*Vibandha*. An integrative approach that combines lifestyle modifications, dietary regulation, and specific therapies like *deepanapachana* (Digestive stimulant), *Snehana* (oleation), and *Mridu Virechana* (mild purgation) from the ayurvedic perspective alongside conventional management strategies holds potential for effective and sustainable treatment of this condition.

## AIMS AND OBJECTIVES

1. To review the classical Ayurvedic and modern literature related to *Vibandha* (Constipation).
2. To examine the role of *Dosha*, *Dushya* and *Srotas* in development of *Vibandha*.

## MATERIAL AND METHODS

This study is based on a review of Ayurvedic texts, materials related to *Vibandha* or Constipation and their relation, have been collected and compiled from different texts, journals. The main Ayurvedic texts used in this study are *Charaka Samhita*, *Sushruta Samhita*, *Vagbhata Samhita* and *Sharangadhara Samhita*.

## NIRUKTI

As per *Shabdikalpadruma*

The term *Vibandha* is derived from

- *Vi* (वि) : A prefix (Upsarga)
- *Bandh* (बन्ध): A root (*Dhatu*) meaning “to bind” or “to obstruct” (*Bandhane*).

Therefore, the term *Vibandha* is derived from the Sanskrit root *bandh* meaning to bind or to obstruct, and the prefix *Vi*, which implies disturbance, separation, or obstruction. Thus, *Vibandha* refers to an abnormal or obstructed state. In *Ayurvedic* literature, it is defined as “वित् पुरीषयोबन्धाः विबन्धः ॥

This translates to the condition where *Vata* and *Purisha* (faeces) are bound together, resulting in obstruction.

This denotes a pathological condition in which the normal functioning of *Apana Vata*, which governs the downward movement of waste materials, is impaired. As a result there is difficulty or delay in the defecation.

*Ayurvediya Shabdakosha- Vibandha* – meaning *Apravrutti*. Hence *Malavibandha* can be described as *Mala Apravrutti*.

*Amarakosha - Vibandha* means *Malamutra nirodha*.

## VYUTPATTI

- *Vibandhati Malas Vi + Bandha- Ach (Vachaspatyam)* To bind faster or to obstruct
- *Malabandhakarake Rogabhede (Amarakosha)* encircling or a circular bandage.
- *Vata Purishyohobandha Vibandha*

## PARYAYA

*Varchagraha, Vidsanga, Shakritgraha, Malagraha, Baddha shakrit, Malabaddha, Gadhavarcha.*

### Contextual reference of *Vibandha*

|                    |   |
|--------------------|---|
| <i>Nidana</i>      | <i>Hikka</i> (hiccups), <i>swasa</i> (dyspnoea), <i>Udavarta</i> (retrograde intestinal movements), <i>Parikartika</i> (anal fissure), <i>Arsha</i> (haemorrhoids)  |
| <i>Poorvaroopa</i> | <i>Arsha, Parikartika, Swasa</i>  |
| <i>Roopa</i>       | <i>Antarvegijwara</i> (Subtype of fever), <i>Sannipataj jwara</i> (fever due to vitiation of all three doshas), <i>Vatajgulma</i> (Subtype of abdominal mass), <i>Vatodara, Baddhgudodara, Sahaja arsha</i> (Congenital haemorrhoids), <i>Vataj Arsha</i> (Subtype of haemorrhoids), <i>Vataja Atisaara</i> (Subtype of diarrhea), <i>Udavarta, Amashayagatavata, Pakvashayagata vata, Mala avritta vata, Anaha, Arsha, Ksheeralasaka</i> (Lactose intolerance), <i>Vatadushtastnya, Phenasanghatastanya</i> (milk with froathy quality), <i>Kashayarasa pradhan stanya</i> (milk with excessive astringent taste). |
| <i>Upadrava</i>    | <i>Vatavyadhi, Vataj Arsha, Vataj Gulma</i>   |

### *Vibandha* in classics

In different classics the term *Vibandha* is found as *Nidana, Purvaroopa, Roopa* and *Upadrava* of various diseases as well as *Vyapat of Panchkarma procedures*. Scattered references regarding various *Ahara Dravyas* causing *Vibandha* and relieving *Vibandha* is also available.

### References in classics for the term *Vibandha*

| S.No. | Term                | Context   |
|-------|---------------------|---|
| 1.    | <i>Vibandha</i>     | <i>Udgar Nigraha Hikka swasa Nidana Vamana Ayoga Lakshana Vidavritta Vata Visuchika Lakshana Ajeerna Lakshana Jwara Lakshana Netra Basti Vyapat</i> |
|       |                     | <i>Basti Vyapat Madatyaya Vyapat Vatavyadhi Vamana Virechana Vyapat Jambira</i>   |
| 2.    | <i>Vibandhagnam</i> | <i>Jambira Draksha</i>  |
| 3.    | <i>Vibandhahara</i> | <i>Sheeta Rasa Varuni Matulunga Sarja Kshara &amp; Yava Kshara Souvarchala Lavana</i>   |
| 4.    | <i>Vibandhanut</i>  | <i>Hingu Nagara</i>   |
| 5.    | <i>Vibandhakrit</i> | <i>Shimbi Dhanya Kashaya Rasa</i>   |
| 6.    | <i>Vid Vibandha</i> | <i>Gulma Purvarupa</i>  |

### NIDANA

The variables that induce the vitiation of *Apana Vata* and *Agni* can be regarded as a causative factor for the *Vibandha* as there is no direct reference given in the classics. *Purishvaha srotodushti* or *Apanavata Vriddhilakshana*, which can be interpreted as *Nidana* for *Malavibandha*, are caused by the following reasons.

### Aharaja Nidana

| Items                  | Ayurvedic Nidana  | Modern implication  |
|------------------------|---|---|
| Rasa                   | <i>Atisevana of Katu, Tikta, Kashaya Rasa Dravya</i>  | Foods which are more of pungent, bitter, astringent in taste e.g., pickle, papad, spicy meals etc |
| Guna                   | <i>Ruksha, Sangrahi, Guru, Abhishyandi</i>  | Dry foodstuffs e.g., all bakery Items   |
| Lacking some Qualities | <i>Asnehata, kshiraanupasevanata</i>  | Trend to avoid ghee or oil, milk  |
| Pulses                 | <i>Atisevana of mudga, chanaka etc.</i>   | All types of pulses   |
| Grains                 | <i>Atisevana of Kodrava, Jurnavaha, odana</i>   | Less calorie diet   |
| Fruits                 | <i>Karira (Capparis decidua), Karkandhu (Carissaca carandas), Kappittha (Limonia acidissima L), Lakucha (Artrocarpus lacucha), Parvata (iziphus mauritiana), Bhavya (Dillenia indica)</i> | Fruits of pungent in taste  |
| Vegetable              | <i>Vetra shaka</i>  | Vegetable of bitter in taste  |
| Matra                  | <i>Abhojana, Hinamatra, Upvasa</i>  | Fasting, taking food in less quantity   |
| Dietary habits         | <i>Vishamasana</i>  | Irregular dietary habit   |
| Other food items       | <i>Shuktaka, Pinyaka, Vallura</i>   | Sour gruel, a kind of acid liquid, oil cake   |

### Viharaja Nidana

| Ayurvedic Nidana       | Modern Implication           |
|------------------------|------------------------------|
| <i>Vega Sandharana</i> | Suppression of natural urges |
| <i>Atirodana</i>       | Excessive crying             |
| <i>Prajagrana</i>      | Night awakenings             |
| <i>Ativyayama</i>      | Excessive physical exertion  |
| <i>Atimaithuna</i>     | Excessive sexual intercourse |
| <i>Udirna</i>          | Forcible initiation of urges |

### Mansika Nidana

| Ayurvedic Nidana | Modern implication |
|------------------|--------------------|
| <i>Shoka</i>     | Grief              |
| <i>Bhaya</i>     | Fear               |

### PURVAROOPA

- *Adhoudar Guruta*
- *Asamyaka malapravritti*
- *Kshudhamandya*
- *Durgandhita Vayunissarana*

### ROOPA

Rupa are important *Vyadhi Bodhaka Hetus* among *Nidana Panchaka* for understanding and interpreting disease. It gives knowledge regarding the involvement of *Dosha, Dushya* and severity.

Since the *Purishvegadharana* is considered as *Nidana* for *Vibandha*, its *lakshanas* can be considered as *Vibandha lakshanas*.

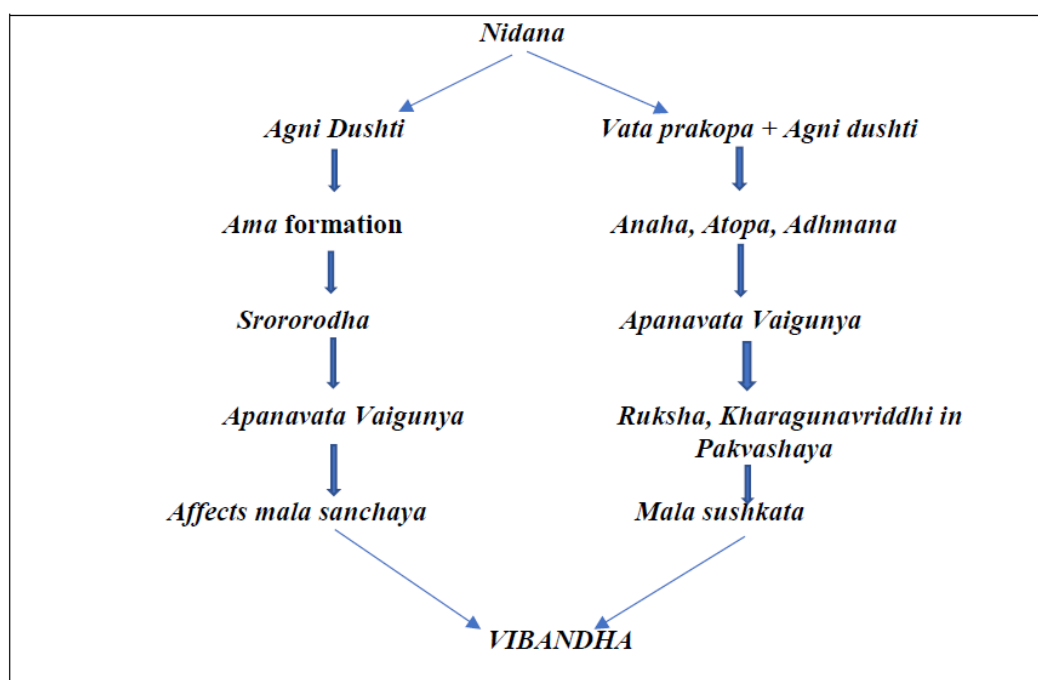
### Lakshanas of Vibandha

| <i>Purishanigraha lakshana</i> | <i>Charak Samhita</i> | <i>Ashtang Hridaya</i> |
|--------------------------------|-----------------------|------------------------|
| <i>Pakvashya Shoola</i>        | +                     |                        |
| <i>Pindikodveshtana</i>        | +                     | +                      |
| <i>Shirahshoola</i>            | +                     | +                      |
| <i>Adhmana</i>                 | +                     |                        |
| <i>Vatavarcho Apravritti</i>   | +                     |                        |
| <i>Parikartika</i>             |                       | +                      |
| <i>Hridayasyoprodha</i>        |                       | +                      |
| <i>Urdhwavayu</i>              |                       | +                      |
| <i>Pratishyaya</i>             |                       | +                      |
| <i>Koshtha Ruja</i>            |                       | +                      |
| <i>Prushtha Ruja</i>           |                       | +                      |
| <i>Parshwa Ruja</i>            |                       | +                      |

### SAMPRAPTI

As mentioned earlier *Vibandha* occurs from *Agni dushti* or *Ama* formation or *Vataprakopa*.

Events occurs in samprapti are mentioned below:-



**SAMPRAPTI GHATAKAS**

The elements of pathogenesis involved in *Vibandha* are mentioned below

|                        |  |
|------------------------|--|
| <i>Dosha</i>           | <i>Vata dosha – Apana Vata</i>           |
| <i>Dushya</i>          | <i>Purisha, Rasa</i>                     |
| <i>Agni</i>            | <i>Mandagni / Vishamagni</i>             |
| <i>Ama</i>             | <i>Jathragnimandajanya ama</i>           |
| <i>Srotas</i>          | <i>Purishvaha &amp; Annavaaha Srotas</i> |
| <i>Srotodushti</i>     | <i>Sanga</i>                             |
| <i>Udbavsthana</i>     | <i>Amashaya, Pakvashaya</i>              |
| <i>Vyaktsthana</i>     | <i>kostha</i>                            |
| <i>Vyadhi swabhava</i> | <i>Chirakari</i>                         |
| <i>Adhithana</i>       | <i>Pakvashaya</i>                        |
| <i>Rogmarga</i>        | <i>Abhyantara</i>                        |

**UPADRAVA**

The *Upadrava* of *Vibandha/Udavarta* are described by only *Acharya Bhela*.

- *Nishwasita* (expires excessively or faint)
- *Trushyati* (becomes thirsty excessively)
- *Hikka* (hiccups)

*Acharya Vagbhata* has given the detailed description of the disease. *Udavarta* itself is a dreadful complication of *Arsha*.

**SADHYA-ASADHYATA**

*Vibandha* is considered easily manageable in its primary stages through appropriate treatment (*Chikitsa*), diet (*Ahara*), and lifestyle(*Vihara*) modifications. The condition primarily results from an aggravation of *Apana Vata* and *Agnimandya* (weak digestion).

**Key factors making *Vibandha sadhya* includes**

- Early diagnosis and intervention
- Treatment that pacify *Vata*
- *Vibandha* present without complication
- Individuals with *Mridu kostha* and *Madhyam Kostha* are typically easier to treat for *Vibandha* then *Krura Kostha*.

*Vibandha* become difficult to treat when it is associated with severe underlying pathology or advanced complication.

Factors that contribute to *Asadhyata* include :-

- Presence of serious *Upadrava* such as persistent *Anaha*(Obstruction/distension), Chronic pain or developing conditions like haemorrhoids and fissure.
- Associated with other incurable diseases.
- Individuals with *Krura Kosta* (Hard Bowel), which has strong *Vata* and *Kapha* dominance.
- Ignoring the condition and delaying proper treatment leads to progression of disease.

## MODERN REVIEW

Constipation is a common digestive condition defined as having infrequent bowel movements or difficulty passing stool. While normal bowel frequency varies between three times a day and three times a week, a clinical diagnosis of constipation generally occurs when an individual experiences fewer than three bowel movements per week.

## Medical Definition and Symptoms

Physicians often use Rome 4 criteria to define functional constipation, which requires experiencing atleast two of the following symptoms for atleast three months.

- **Infrequency:** Fewer than three spontaneous bowel movements per week.
- **Stool consistency:** Lumpy, dry, hard stools (often prescribed as pebbles).
- **Difficulty Passing:** Excessive straining during defecation (at least 25 % of the time).
- **Incomplete Evacuation:** A persistent sensation that not all stool has passed .
- **Obstruction:** A feeling of blockage in rectum or anus.
- **Manual Assistance:** Needing to use fingers or manual pressure to help pass stool.

## Epidemiology and global impact

- **Global Prevalence:** Approximately 10% to 16% of the general population worldwide suffers from constipation.
- **Demographics:** It disproportionately affects women (with a female-to-male ratio as high as 3:1) and older adults over 65 years of age.
- **Regional Variance:** Prevalence varies by country, with notable rates in the United States (15%-20%), India (up to 22%), and various parts of Asia, where millions are affected.

### Impact and Burden

**Quality of Life (QoL):** Constipation significantly impairs both physical and mental well-

being, with an impact comparable to other chronic conditions like type 2 diabetes. It is associated with higher rates of anxiety (12.3%) and depression (12.0%) compared to non-constipated populations.

**Clinical Outcomes:** Hospitalized patients with constipation face poorer health outcomes, including prolonged hospital stays, higher ICU admission rates, and increased 90-day mortality.

**Physical Complications:** If unmanaged, it can lead to secondary conditions such as hemorrhoids, anal fissures, rectal prolapse, and, in severe cases, bowel perforation.

## CAUSES OF CONSTIPATION

### 1. Lifestyle Factors

- Daily habits are the most common triggers for infrequent or difficult bowel movements:
- Dietary Choices: A lack of dietary fiber (found in fruits, vegetables, and whole grains) and high consumption of dairy (milk, cheese) or processed foods.
- Dehydration: Inadequate fluid intake makes stool hard, dry, and difficult for the colon to move.
- Physical Inactivity: A sedentary lifestyle slows down intestinal contractions; regular movement like walking stimulates gut motility.
- Behavioral Habits: Consistently ignoring or delaying the urge to have a bowel movement can desensitize the rectum over time.
- Routine Disruptions: Travel, changes in sleep patterns, or high stress levels can interrupt the body's natural digestive rhythm.

### 2. Medications

- Many common drugs significantly slow down colonic transit:
- Pain Relievers: Opioids (narcotics) and nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen.
- Supplements: Iron tablets and calcium supplements.
- Blood Pressure Meds: Calcium channel blockers and diuretics.
- Psychiatric Drugs: Certain antidepressants (tricyclics), antipsychotics, and anti-seizure medications.
- Antacids: Those containing aluminum or calcium (e.g., Tums).

- Allergy Meds: Antihistamines like diphenhydramine (Benadryl).

### 3. Medical and Physical Conditions

- Various health issues can impair the nerves or muscles involved in digestion:
- Endocrine & Metabolic: Hypothyroidism, diabetes, and hypercalcemia (high blood calcium).
- Neurological Disorders: Parkinson's disease, multiple sclerosis, stroke, and spinal cord injuries.
- Structural Problems: Intestinal obstructions, colon cancer, anal fissures, or strictures (narrowing) of the colon.
- Pelvic Floor Dysfunction: Coordination issues with the muscles used to release stool (often called "outlet obstruction").
- Life Stages: Hormonal shifts during pregnancy or a naturally slower metabolism in older age.

## PATHOPHYSIOLOGY

The pathophysiology of constipation is recognised as complex, multifactorial process involving the interplay of intestinal motility, neuromuscular coordination, and the gut-brain axis.

### 1. Slow Transit Constipation (STC)

This mechanism involves a significant delay in the movement of stool through the colon.

**Reduced Propulsive Activity:** There is a marked decrease in high-amplitude propagated contractions (HAPCs), which are the large, coordinated movements responsible for pushing stool forward.

**Cellular Depletion:** Patients often show a reduction in the Interstitial Cells of Cajal (ICC)-the "pacemakers" of the gut that generate rhythmic electrical signals for muscle contraction.

**Enteric Nervous System (ENS) Changes:** Degeneration of myenteric plexus neurons, reduced nerve fiber density, and imbalances in neurotransmitters (e.g., decreased reduced nerve fiber density, and imbalances in neurotransmitters (e.g., decreased excitatory serotonin and substance P, or increased inhibitory nitric oxide) impair motility.

### 2. Defecatory (Outlet) Disorders

Also known as dyssynergic defecation, this is a failure of coordination during the act of passing

stool.

**Anorectal Incoordination:** Normal defecation requires the abdominal muscles to push while the pelvic floor and anal sphincters relax. In dyssynergia, there is a paradoxical contraction or failure to relax these muscles (e.g., the puborectalis muscle), which effectively blocks stool passage.

**Sensory Impairment:** Many patients suffer from rectal hyposensitivity, where they no longer feel the urge to defecate even when the rectum is full, leading to stool retention and further drying.

### 3. Normal Transit (Functional) Constipation

The most common subtype, where stool moves through the colon at a normal speed, but patients still perceive difficulty with evacuation.

**Visceral Hypersensitivity:** Similar to IBS, some patients may be overly sensitive to normal intestinal movements, perceiving them as discomfort or blockage.

**Psychosocial Factors:** Anxiety, depression, and stress can influence the gut-brain axis, altering how the brain processes signals from the colon and rectum,

### 4. Secondary Pathophysiological Mechanisms

**Water Absorption:** When stool moves slowly, the colon has more time to absorb water, leading to the formation of hard, dry, "pebble-like" stools (scybalation) that are difficult to expel. A

**Metabolic & Hormonal:** Conditions like hypothyroidism reduce myocyte metabolic activity and contractility, while high progesterone (e.g., in pregnancy) inhibits acetylcholine release, further slowing transit.

**Medication Effects:** Opioids bind to receptors in the gut, simultaneously reducing fluid secretion and disrupting normal propulsive motor patterns.

### Type of Constipation

**Primary(Functional):** Stemming from intrinsic problems with colon or rectal function, such as slow transit or pelvic floor dysfunction, with no clear external cause.

**Secondary:** Caused by external factors, including medications (e.g. opioids), medical conditions (e.g.diabetes, hypothyroidism) or lifestyle habits.

**Acute vs. Chronic:** Acute constipation is short term and often due to temporary routine changes, chronic constipation is a long term issue lasting several weeks or months.

## Complications

### Common Anorectal complications

Chronic straining and the passage of hard, dry stools are the primary drivers of these issues

- **Hemorrhoids (Piles):** Excessive pressure on rectal veins leads to painful, swollen blood vessels that may itch or bleed.
- **Anal Fissures:** Hard stools can cause small tears or slits in the anal lining, resulting in sharp pain and bright red bleeding during bowel movements.
- **Rectal Prolapse:** Repeated straining can weaken the muscles supporting the rectum, eventually causing part of the large intestine to protrude through the anal opening.
- **Fecal Impaction:** Severe accumulation of hardened stool becomes stuck in the rectum or colon, often requiring manual or surgical removal.

### Severe and Life-Threatening Complications

Long-term faecal retention can lead to critical emergencies:

- **Stercoral Ulceration and Perforation:** Large, petrified fecal masses (fecalomas) exert constant pressure on the intestinal walls, leading to tissue necrosis, ulcers, and potentially fatal bowel perforation (stercoral peritonitis)
- **Bowel Obstruction & Volvulus:** Impacted stool can fully block the digestive tract or cause the intestine to twist (volvulus), cutting off blood supply.
- **Toxic Megacolon:** Rarely, severe constipation can lead to a dangerously dilated colon that may leak toxins into the body.

### Extraintestinal and Systemic Impacts

Constipation can also affect nearby organ systems and overall health:

- **Urinary Issues:** A full rectum can compress the bladder or urethra, causing urinary retention or frequent urinary tract infections (UTIs).
- **Pelvic Floor Dysfunction:** Constant straining weakens the pelvic muscles, which can lead to stress urinary incontinence.
- **Cardiovascular Strain:** Straining (the Valsalva maneuver) can cause dangerous spikes in blood pressure, potentially triggering angina or myocardial infarction in vulnerable individuals.

- Cognitive Decline: Recent 2023–2026 research links chronic constipation to a faster decline in cognitive health, comparable to aging three years faster

### Quality of Life & Mental Health

- Psychological Distress: Patients often experience significant anxiety, depression, and social isolation due to persistent discomfort and unpredictable defecation timing.
- Socio-economic Burden: Chronic symptoms lead to substantial work productivity loss and high healthcare costs for diagnostic testing and long-term medication.

### DISCUSSION

*Vibandha* is considered a symptom rather than a disease. However, this symptom has become a significant concern. *Malavibandha* is defined by various *Acharyas* as a symptom within different states of disease. In *Ayurvedic* texts, *Vibandha* is discussed in terms of its causes, symptoms, and complications arising from various illnesses and improper Panchakarma procedures. It occurs due to a dysfunction of *Apanavayu*. *Vibandha* represents a state of blockage caused by *faeces* that solidify under the influence of *Apana Vayu* in the intestines. *Malavibandha* can be likened to modern-day constipation. This condition typically arises when stool travels too slowly through the digestive system, leading to the stool becoming dry and hard. Constipation can be correlated to *Vibandha* since both illnesses cause symptoms like *Purish Nigraha*, *Pakvashaya Shoola*, and *Parikartika*. Constipation can occur at any age and is more commonly seen in people who suppress their natural urge to defecate.

### CONCLUSION

*Vibandha* is a disorder brought on by the vitiation of the Vata Dosha, particularly Apana Vata combined with Agnimandya. The Ayurvedic classics depict *vibandha* as a symptom or complication associated with numerous ailments rather than as a distinct disease entity. The main causes of *Vibandha* are Vata Prakopa Ahara and Vihara. This might be interpreted as unhealthy eating and lifestyle choices, as well as ongoing mental tension that causes Agni and Apanavata problems. Along with disturbances in the functions of Pachaka Pitta, Avalambaka Kapha, and Samana Vata, Agnimandya and Apana Vata Dushtia are always present in the Sampraptio of the *Vibandha*. Constipation can be relieved and further difficulties can be avoided with early intervention, dietary changes such as eating foods high in fiber, and appropriate toilet training.

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