



Original Article

ROLE OF HOMOEOPATHY IN THE TREATMENT OF CONSTIPATION

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ABSTRACT

Background of study-With the changing in the life style nowadays the symptoms like constipation are becoming common, which leads to discomfort in the daily routine of the person hence due to its unique approach in dealing with disease, we can provide a better and permanent solution to this problem. Therefore I selected this topic which will help to sufferer in more effective way. **Method-**The topic of study was “**Role of homoeopathy in the treatment of constipation**”. The study consisted of two parts, theoretical and practical. **First theoretical part** was completed by studying, collecting and compiling the data by going through extensive authentic literature and authentic information's available regarding of Constipation. In the **second practical part** of the study 30 cases of different type of Constipation were treated according to the various criteria mentioned in the methodology. **Result & Conclusion-** Out of the 30 cases studied, 18 were males and 12 were females. The patients between the age of 04– 40 years were studied out of which majority of patients belonged to 31- 40 years age group i.e. 20 cases out of 30. Statistical evaluation of pre and post treatment scores showed that the Homoeopathic medicines prescribed according to the totality and individual peculiarities of the patient was found to be more effective in the treatment of Constipation.

Key words- Constipation, Defecation, Consistency-, Strain, Rectum, Impaction, Fecal

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INTRODUCTION

One of the commonest gastro-intestinal complaints, constipation affects almost 8% of the population of worldwide and over 15% in India. Constipation is a symptom, not a disease. Constipation is a chronic problem in many patients all over the world. A large number of people believe themselves to be suffering from constipation if they do not get a bowel movement every day.

Constipation may be defined as decrease in frequency, volume and fluidity of stool. For instance, whereas bowel movements once in three days is considered normal in the West, in India less than a motion a day may be

considered abnormal. However, passage of hard stools, excessive straining and associated lower abdominal pain and fullness would suggest severe constipation. Older people are five times more likely than younger adults to develop constipation. Mostly this is due to diet factors, lack of exercise, use of medication, and poor bowel habits. Constipation can also be imagined, and symptom perception varies. **Several factors** can put you at a greater risk for developing chronic constipation.

- **Age:** If you are older than 65 years of age.
- **Gender:** If you are female.
- **Dietary:**

- If you do not drink enough fluids.
- If you do not eat enough fiber.

• **Decreased mobility:** If you are not physically active, either by choice or due to a disability.

Objectives of study

1. The primary objective of this study was to ascertain therapeutic usefulness of homoeopathic medicine in the management of constipation.
2. To reduce the tendency of recurrence of constipation.
3. To prevent complication of constipation like anal fissure, rectal prolapsed, intestinal obstruction.

Definition-

Constipation is defined as infrequent passage of hard stools. Patients may also complain of straining, a sensation of incomplete evacuation and either perianal or abdominal discomfort. Constipation may be the end result of many gastro-intestinal and other medical disorders

Functional constipation is generally defined as a disorder characterized by persistent difficult or seemingly incomplete defecation and/or infrequent bowel movements (once every 3–4 days or less).

Symptom-based criteria for diagnosis of chronic functional constipation

1. Rome III criteria for functional constipation

General criteria

Presence for at least 3 months during a period of 6 months Specific criteria apply to at least one out of every four defecations

Specific criteria: two or more present

Straining

Lumpy or hard stools

Feeling of incomplete evacuation

Sensation of anorectal blockade or obstruction

Manual or digital maneuvers applied to facilitate defecation

Fewer than three defecations per week

2. American college of gastroenterology chronic constipation task force

Symptoms for at least 3 of the last 12 months consisting of:

- Infrequent stools: less than 3 per week, or (Psora)
- Difficult stool passage, which may include: (Psora)
- Straining (Psora)
- Sense of difficulty passing stool (Psora)
- Incomplete evacuation (Psora)
- Hard/lumpy stools (Psora/ Syphilis)
- Prolonged time to stool (Psora)
- Need for manual maneuvers to pass stool (Psora/ Sycosis) or can be a combination of both

The causes of constipation can be divided into mechanical (lumen-obstructing) or functional (muscle abnormality)

Diagnosis and differential diagnosis

There are many different causes of constipation. Some patients do not have a clearly identifiable cause; they are diagnosed with idiopathic chronic. As there is no gold standard, self-reported symptoms are necessary, but unreliable.

It is important to be systematic:

- History taking
- Physical examination
- Diagnostic techniques

History taking

- Check for Rome Criteria
- Check for neurologic disorders:
 - Spinal cord injury
 - Parkinson's disease
 - Multiple sclerosis
- Check for psychiatric conditions:
 - Sexual abuse, violence, trauma
 - Unusual attitude/behavior towards BM
 - Depression/somatization
 - Eating disorders
- Check for age of onset (sudden or gradual)
 - SUDDEN onset may indicate outlet obstruction
- If urge present or not
 - Yes: outlet obstruction
 - No: colonic inertia?

- Is there a family history of constipation

Physical examination

- Percussion (check for gas)
- Palpable feces (—loaded colon)
- Rectal Examination
 - Consistency/impaction
 - Presence of non fecal masses (tumor, hemorrhoid, fissures, prolapse, neoplasm)
 - Presence of blood
 - Sphincter tone

Diagnostic techniques

- Stool analysis
- Weighing 3 days; < 100 g average means constipation
- Abdominal radiography to assess seriousness.

Barium enema (to assess/exclude obstructions): — Megacolon — Redundant sigmoid colon — Pattern of haustral folds: IBS patients: normal-length haustral colon Colon inertia: longer, less haustral colon, Barium radiography is preferable to and cheaper than colonoscopy, especially in younger patients

Anorectal function tests

Manometry (no recto anal inhibition reflex in Hirschsprung's disease)

Electromyography - spastic pelvic floor dysfunction?

Rectal mucosa biopsy: — Acetylcholinesterase coloring to exclude Hirschsprung's disease.

TREATMENT

Treatment of constipation is symptomatic. Available studies have concentrated on therapies with fiber and different laxatives. Whilst therapy with fiber and with laxatives has some benefit in improving the quantity and quality of Bowel Movement, there is no clear evidence regarding which laxative is superior. Treatment should be graded and should start with lifestyle and diet changes. Any medication that can cause constipation should be stopped if possible. Further steps include the use of bulk-forming agents, osmotic laxatives, and possibly pelvic floor physiotherapy. If these fail, a next step can be the use of contact laxatives, enemas, and prokinetics. Surgery—for example in Ogilvie syndrome—is only indicated in exceptional circumstances when all other conservative treatments have proved ineffective, or when there is a risk of perforation of the cecum.

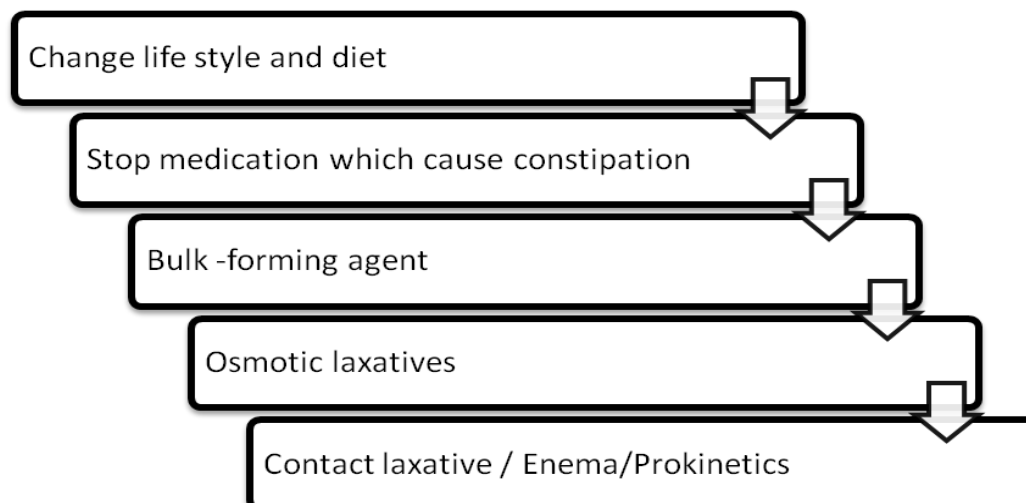


Fig.1 Treatment plan of constipation

The treatment of constipation can be divided into -

- **Dietary adjustment/modification**
- **Behavioral modification**

- **Drug therapy**

- **Surgery**

Evidence for the efficacy of current treatment options is limited. Bulking agents are not

always effective and can even cause fecal impaction. Stool softeners are often effective. The main approach always is to start with lifestyle and diet changes before commencing treatment with laxatives.

Prevention

- Know what is normal and do not rely unnecessarily on laxatives
- Eat a well-balanced diet that includes bran, whole wheat grains, fresh fruit, and vegetables
- Drink enough fluids
- Exercise regularly
- Set aside time for undisturbed toilet visits
- Do not ignore the urge to defecate

Complication-constipation may develop certain complications over a period of time due to repeated straining:

- Prolapse of rectum
- Fissure-in-ano (cracks in the anus due to passage of hard stools)
- Hemorrhoids (Piles)
- Impaction of stools in the rectum (requires stool to be removed manually)

Homeopathy has very good scope in the treatment of constipation. Homeopathic remedies gently regularize the bowel movements as well in the formation of stools of normal consistency. After starting Homeopathic treatment, most patients can reduce their dependence on laxatives, purgatives, cathartics, etc. successfully. The concept of disease in homeopathy is that disease is a total affection of mind and body, the disturbance of the whole organism. Individual organs are not the cause of illness but disturbance at the inner level (disturbance of the life force, the vital energy of the body) is the cause of illness.

Miasmatic Diagnosis of Constipation

Behind each case of constipation there is existence of miasmatic states either single or combined, but the psora is the fundamental miasmatic dyscrasia which primarily affect the organism for further development of sycosis or syphilis or both. According to homeopathy the symptomatology can be covered from all aspects, mental features, physicals and particulars.

Nature demands that a seed to flower, a suitable soil is required. So to the disease Kent says —Susceptibility is prior to all contagion. The original idiosyncrasy is really the basis for all disease through life it will express itself by various pathological manifestations. Homoeopath treats the sick as a whole and along with its general as well as focal medical problems. Each case need full attention up to perception of sickness as such we have to treat the sick as a whole.

MATERIAL AND METHODS

Study design/setting: - Minimum 30 cases satisfying the case definition, inclusion and exclusion criteria have been studied, Follow up will be done on regular interval on 7 -15 days & need of the patient. Case has been selected from Bharati Vidyapeeth Medical Foundation's Homoeopathic Hospital, OPD, and IPD various rural and urban camps series, peripheral OPD of Bharati Vidyapeeth's Homoeopathic Hospital Pune.

Sampling procedure - Patients diagnosed as functional constipation has been selected for the study. Standardized case record will be prepared and will be maintained of individual patient. Case has been selected by random sampling method from Bharati Vidyapeeth Medical Foundation's Homoeopathic Hospital, OPD, and IPD various rural and urban camps series, peripheral OPD of Bharati Vidyapeeth's Homoeopathic Hospital Pune.

Selection of remedy: The remedy was selected after thorough case taking, physical examination & investigation & also by considering the totality of symptoms, & symptom similarity.

Selection of Potency & repetition of doses:- Potency selection will be done according to homoeopathic posological principles, criteria and guidelines, dose according to need of patient.

Clinical Protocol/Ethical guideline: - Ethical committee approval has been availed. Data has been collected by proper method and is processed in standard format. Total Research Project will be submitted to Ethical committee and Patients have been selected according to case definition. Patients have been explained about the research project, patient's

information sheet and informed consent form has been formed and filled up.

Inclusion criteria:

1. All the patients fulfilling case definition of constipation defined as decrease in frequency, volume and fluidity of stool.
2. Patients of both sexes and ages between 2 - 40 years.
3. Patients suffering from constipation, willing to participate and taking treatment regularly and co-operating for regular follow-up has been included.

Exclusion Criteria:-

1. Patients having severe, non treatable complications like colonic carcinoma, carcinoma of rectum, hemorrhoid etc.
2. Patients having complication which require surgical management.
3. Metabolic and endocrine disease like diabetes mellitus, hyper calcaemia, hypothyroidism & pregnancy that are having constipation.
4. Neurological disorder like multiple sclerosis, spinal cord lesions, cerebro-vascular accidents and terminally ill patient associated with constipation.
5. Structural diseases like colonic carcinoma, diverticular disease, hirschsprung's disease etc. Patient who require surgical intervention.
7. Immune-compromised patients.

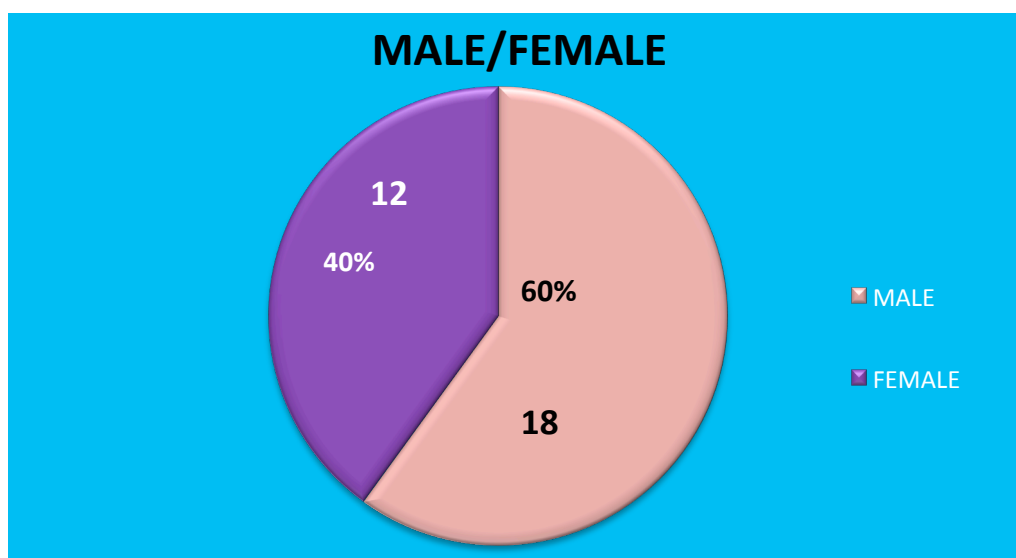
8. Patients who not take medicine & follow up properly and not follow advice, diet and regimen.

Outcome Assessment: This has been done under following headings:

1. **Marked/Good:** When there is complete disappearance of symptoms and non recurrence or More than 75% reduction of symptoms.
2. **Moderate:** When the patient has symptomatic relief with more than 50% of symptoms.
3. **Mild/Poor:** When the patient has symptomatic relief with less than 50% reduction.
4. **No improvement:** No response after treatment for sufficient period.
5. **Not Reported:** The patient does not report back after first, second and third follow up.
6. **Dropped out:** Patients who stops the treatment in between & who are not come for follow ups.

RESULT

During my study 30 cases included in which 18 male i.e. 60% and 12 females i.e. 40%.

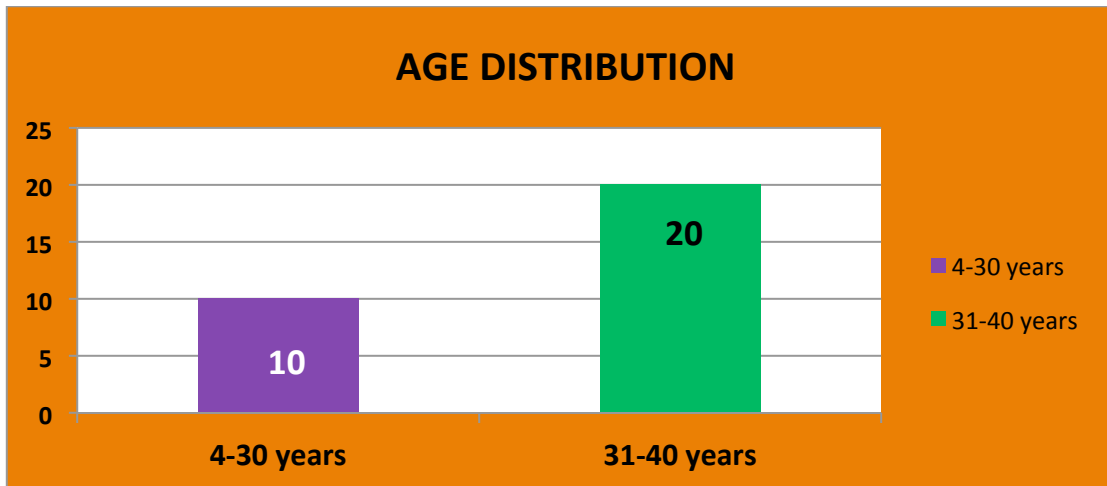


Graph 1: Sex Distribution

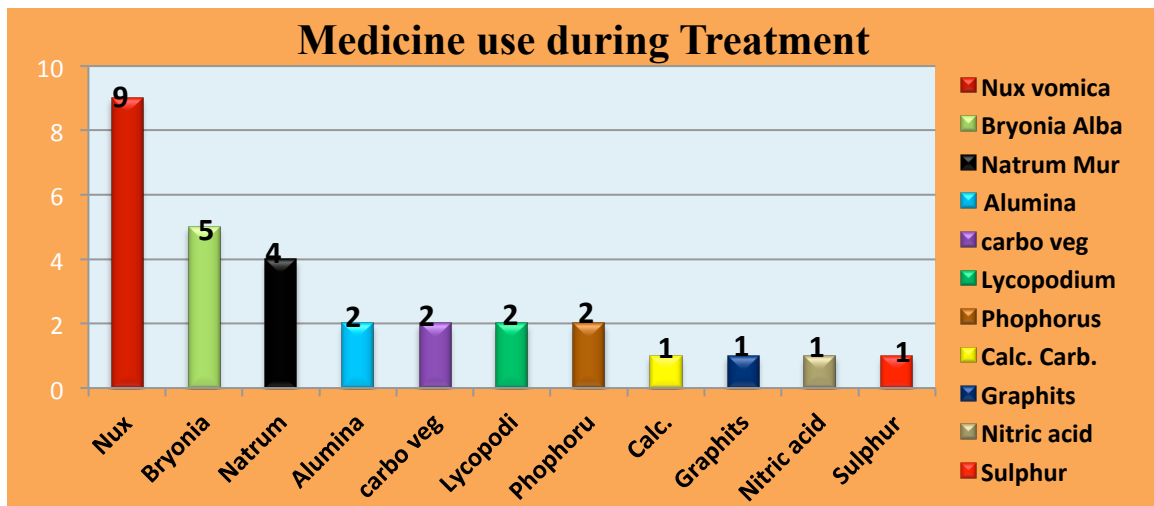
2. During the study of 30 cases it was found those 10 cases of under the age of 4-30 years and 20 cases of under the age of 31-40 years.

3. The remedies used in treatment of 30 cases were Nux Vomica, Bryonia Alba, Natrum

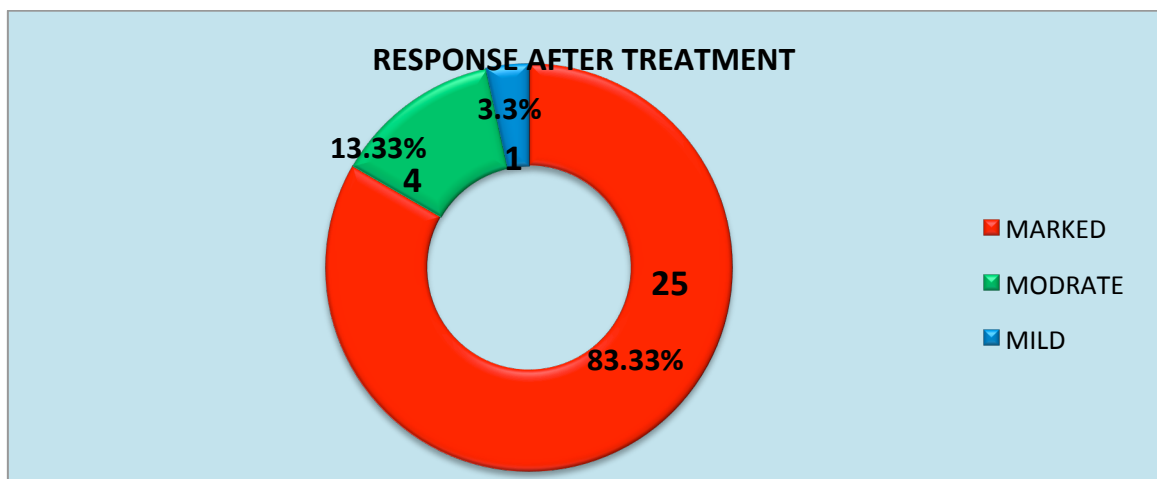
Mur, Alumina, Carbo. Veg, Phosphorus, Lycopodium and Calcarea Carb, Graphitis, Nitric acid, Sulphur out of which Nux Vomica was indicated the most i.e. in 9 out of 30 cases and Bryonia Alba was also in 5 cases, Natrum Mur. in 4 cases.



Graph 2 : Age Distribution



Graph 3: Medicine Use during Treatment



Graph 4: Response after Treatment

4. During the study of 30 cases presenting with Constipation, 25 cases i.e. 83.33% showed marked improvement, 4 cases i.e. 13.33% showed moderate improvement and 1 cases i.e. 3.33% showed mild improvement.
5. In my 30 cases studies lifestyle changes and wrong dietary habits, low fiber intakes were found to be common risk factor for constipation.

CONCLUSION

This study showed a significant role of homoeopathy in the treatment of Constipation reducing the intensity of suffering and providing good quality of life. I achieved the following objectives of study-

- The main focus of the study was to give the patient a constitutional remedy on the basis of mental, particular and general symptoms and to relieve complaints in shortest possible time and reduced the complication of disease.
- In Constipation, the true constitutional approach is the way of treatment because the drugs prescribed on the basis of the totality of the symptoms were able to give relief in 29 out of 30 cases.
- In the study, emphasis was to give complete cure and to prevent recurrence, complication of constipation with the help of constitutional remedy.
- The predominant Miasma found out in this study which was responsible for diseases which were Psoro-Sycotic.
- The study showed that the homoeopathic treatment was effective when the remedy was selected on the basis of totality of symptoms and individualization.
- If we go back to aims and objective we can say that we have achieved most of them.
- As for as possible effort were taken to create awareness about risk factor of constipation, and preventive measure like take high fiber content & balanced diet.

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