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“A CASE STUDY ON VIBANDHA W.S.R. TO CONSTIPATION IN CHILDREN”**Dr. Devyani Thokal¹, Dr. Rachnil Kamavisdar², Dr. Shivangi Bhalerao²**

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ABSTRACT:

Vibandha is a common condition seen in childhood, which is one of the main reasons for increased parental concerns. It occurs as a result of the obstruction happening to the functioning of Apana Vayu. It is not only an independent disease but also a complication of some diseases and is responsible for both physical and psychological morbidity and poor quality of life. It is defined as infrequent passage of stool with pain and difficulty, or delay in defecation. Management of constipation revolves around correcting the underlying cause, dietary modifications, and behavioral training.

A 12-year-old female patient was admitted to the IPD of Kaumarbhritya, Shri Ayurved College and Hospital Nagpur, with complaints of difficulty in passing motion regularly associated with the passage of hard stools once every 8 to 10 days. Abdominal pain on & off for 3-4 months, bloating, burning sensation in the body, headache, loss of appetite, and general weakness. These complaints have been persisting for the past 5-6 months. This condition can be understood as Vibandha. After a thorough clinical examination and laboratory evaluation, Panchakarma treatment, including Abhyanga, Swedan, and Matra Basti, was started with suitable internal medicines. There was significant improvement in the condition of the patient. Later, she was discharged with medicines and dietary advice to be continued at home.

KEY WORDS:- Vibandha, Constipation, Basti, Apana vayu.**Corresponding Details:****Dr. Devyani Thokal**

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INTRODUCTION

Constipation is a symptom of an underlying disorder seen in approximately 10 to 25% of all patients presenting in a pediatric gastroenterology clinic. A normal bowel pattern is considered a sign of good health. Constipation in children is common, often chronic (persisting for more than 2 weeks), and associated with consequences such as chronic abdominal pain, fecal soiling, voiding dysfunction, psychosocial stress, and behavioral problems resulting in poor quality of life. Constipation is related to vibandha in Ayurveda. The Ayurvedic samhitas do not explicitly and directly describe the illness known as vibandha. In most Annavaha and Purishvaha Srotovikriti, it is seen as a symptom.

Constipation is defined as infrequent defecation, painful defecation, or both; in most cases, stools are too large, too hard, not frequent enough, and/or painful to pass. The North American Society of Gastroenterology, Hepatology, and Nutrition (NASPGHAN) defines constipation as "a delay or difficulty in defecation, present for 2 weeks or more, and sufficient to cause significant distress to the patient."

According to Rome III definition of chronic constipation, symptoms must include at least two of the following for the past two months:

- Two or fewer defecations per week <2/wk
- At least 1 episode of fecal incontinence per week in a toilet-trained child
- History of excessive stool retention or retentive posturing
- History of painful or hard bowel movements
- Presence of large fecal mass in the rectum
- History of large diameter stools that may obstruct

According to Ayurveda, the main causes of constipation include Purishaja Vegadharana (with holding of stool, Children nowadays are spending too much time on devices like smart phones and televisions, which causes them to neglect their daily hygiene routines.), Akal or Asamay purish tyag, a lack of water consumption and a lack of fiber-rich foods, eating fast food, which is typically composed of maize flour eg: pizza, burger, momos etc³. Metabolic or endocrine abnormality- Hypothyroidism, Hypercalcemia, Hypokalaemia, Diabetic mellitus, Vit. D intoxication also causes constipation.

Ayurveda offers wonderful treatment modalities for vibandha with effective results and minimal to nil side-effect.

CASE HISTORY:

A 12 year old female patient was brought to the OPD of Kaumarabhritya, shri Ayurved college and hospital by her parents with complaints of difficulty in passing motion regularly and associated with passage of hard stools once in 8 to 10 days with Abdominal pain on & off, bloating, burning sensation in body, Headache, Loss of appetite, general weakness. This complaint was persisting since last 3-4 months.

History of Present Illness :

According to the mother, the patient was apparently healthy four months back. Then gradually she developed difficulty in passing motion regularly (vatavarcha-apravrutti). Initially she used to pass hard stools (Grathita-Mala) once in 3 to 4 days associated with slight pain while defecation (sashoola mala-pravrutti). After few days, the duration has increased to 7 to 8 days.

She also complained of pain in abdomen around umbilical region on and off especially while playing or running which used to get subside by itself without any medication after 5-10 minutes. As days passed, she faced more difficulty in passing stools voiding only small quantity of faeces (alpalpam-malapravrutti). However, there was no incidence of blood in stools.

On a thorough interrogation with the parents regarding the diet, life style and habits of the child, her appetite was very poor with minimal intake of vegetables, fruits, milk and water.

Mother also told about her shy and introvert nature and suspected of her habit of withholding the urge to defecate especially in school premises. At the outset, the parents have taken the child for consultation in a nearby hospital, where they have given a course of medications, which they have taken, but did not get any satisfactory relief.

She has been workup outside for the TB to r/o abdominal koch's. Montoux & CBNAAT were negative, CBC, urine-R, TSH, LFT was normal, USG suggestive of few small mesenteric lymph node in right iliac fossa. There was weight loss due to abd-pain & poor appetite. Pt has taken treatment at AIIMS for above complaints but no relief hence with all these complaints they brought their child to this hospital and got admitted in IPD and planned for Panchakarma treatment along with internal medications.

PAST HISTORY :

H/O Constipation & abdominal pain } 2 months

Medication history :

Syp lactulose 10 ml bd

Syp Bevon 5ml bd

Tab drotaverine (sos)

Muout powder 2 scoops + 1glass water HS sos

All medicines taken for 2 month but did not get any satisfactory relief.

PERSONAL HISTORY**DIETARY HISTORY :**

Daily intake of chilli 5-6 , Spicy food, Frequent consumption of packet foods such as chips, Kurkure, Biscuits, no consumption of fruits, vegetables and whole grains.

PHYSICAL ACTIVITY :

Sedentary lifestyle with no exercise, Spends most of the time playing mobile game, watching TV or browsing phone.

SLEEP HABITS : Irregular sleep schedule with daytime sleeping, Ratri jagaran, Difficulty waking up in the morning

BOWEL HABITS : infrequent bowel movement (less than 3 times a week),hard stool, straining while defecation ,pain during bowel movements.

SOCIAL HISTORY : Lives with both parents in a nuclear family, Only child, with no siblings .studies in 6th class ,she has few close friends ,but prefer to spend time alone.

PARENT-CHILD RELATIONSHIP:

Being single child Parents was extremely affectionate, over possessive and allow to do whatever she want, often over-pampered.

PSYCHOLOGICAL HISTORY:- Appears to be a shy and reserved child.

BIRTH HISTORY :

Full term normal vaginal hospital delivery / 2.25 kg weight /Cried immediately after birth

No H/O NICU stay

Antenatal history : no any significant history noted

Mother diet was normal, no H/o anaemia, GDM, PIH or any major illness

IMMUNIZATION : vaccination done as per govt. schedule till date

ANTHROPOMETRY : Weight : 26 kg , Height : 142 cm

DEVELOPMENTAL MILESTONES : all milestones achieved as per age

EXAMINATION**General Examination:**

Vitals were normal. The general condition of the patient was good, moderately built, afebrile,

Physical Development: Examinations had shown no deformity

S/E –

RS –AEBE clear

CVS – no murmur HS+

CNS – conscious oriented

P/A : soft Not distended

Inspection of anal area: No perianal tags,, No anal fissure,

* Per rectal: Normal anal sphincter tone, No blood

Ashtavidha Parikshan :

Nadi -108/min (vataj)

Mala – 1 time/ 8-10 days

grathit,sakashta ,asamyak malpravruti

sometime pischil malpravruti

Mutra – 5-6 times /day

Jivha – Saam

Shabd - Spastha

Sparsh- Samshitoshna

Druk- spastha, sclera –white, clear, no signs of icterus

conjunctiva –pink in color

Aakruti- krush, weight – 26 kg

INVESTIGATION :

DATE	INVESTIGATION
17/12/24	USG abdomen – few small mesenteric lymph node in right iliac fossa
19/12/24	montoux –NR ,CBNAAT – NR
06/01/24	Sr lipase -59 IU /L
08/1/24	TSH - 4.11
18/01/24	Hb electrophoresis –AA pattern
	CBC : HB- 13.5 g/dl RBC- 5.32mill/cmm WBC- 5.72/cmm PLT- 3.17 /cmm
8/2/24	urine routine & microscopic examination was normal USG abdomen - no significant abnormality LFT –total bilirubin 0.33 mg/ dl ALP - 232IU/L SGPT - 32 IU/L SGOT - 25.2 IU/L KFT - Blood urea – 13.3 mg/dl , Sr.creat 0.50 mg/dl ESR – 13 mm/hr
21/2/24	CBC : HB- 12.9 g/dl , RBC- 5.52 mill/cmm , WBC- 9.99/cmm PLT -2.60 /cmm

Treatment:

Sr.no.	Medicine	Dose	Anupan	Duration
1.	Laghusutashekhar ras	250 mg BD	Koshna jal	15 days
2.	Paripathadi kwath	10 ml BD	Koshna jal	15 days
3.	Shankh vati	250 mg BD	Koshna jal	7 days
4.	Hingwashtak churna	2gm BD	Ghrut	15 days
5.	Lavabhaskar churna	2gm BD	Ghrut	15 days
6.	Cap mishrak sneh	1cap HS	Koshna jal	60 days
7.	Cap Murchhit erand tail	1 cap BD	Koshna jal	30 days
8.	Abhayarishta	10 ml BD	Koshna jal	30 days
9.	Panchkolasav + kumariasav	10 ml BD	Koshna jal	30 days
10.	Aragwadh+ Panchsakar +Esabgol +Yashtimadhu + Erandmul churna	2gm BD	Koshna jal	30 days

Sr No .	Procedure	Medicines	Duration
1.	Abhyanga (Sarvanga)	Bala Taila	30 days
2.	Mrudu Nadi Sweda (Sarvanga)	Dashmoola Kwatha	30 days
3.	Basti on alternate day	Anuvasan - Bala Taila +saidhav +madhu Niruh - Erandmuladi kwath +Erandmul churnakalka+ Bala Taila +saindhav +madhu Matra basti :Dhanwantar tail	15 days 30 days

Pathya

- Plenty of fluids and fiber diet.
- Green leafy vegetables and fruits like Anar, Grapes, Chikoo, Mango, Papaya, Anjir,
- Light and easily digestible food.
- Avoid suppression of urge to defecate.
- Proper sleep at night.
- Whole Grains, Carrot, Tomato, Cucumber, Goghrit . Avoid Bakery Products.

Nidana (Etiological factors).

Rasa	Katu (acid), Tikta (bitter), Kashaya (astringent), Lavan
Guna	Ruksha (dry), Ushna Gun, Vidahi (causes burning sensation), Abhishyandi
Ahara	Daily intake of chilli 5-6 , Spicy food, Frequent consumption of packet foods such as chips, Kurkure, Biscuits, no consumption of fruits, vegetables and whole grains.
Vihara	Vega-Sandharana (withholding urges), Ratri jagarana (awakening at night) Sedentary lifestyle with no exercise .Irregular sleep schedule with daytime sleeping,
Manas	Being single child Parents was extremely affectionate, over possessive and allow to do whatever she want, often over-pampered.

Poorva Rupa (Prodromal symptoms) : Agnimandya (indigestion), Aruchi (anorexia), Bhaktadwesa (aversion towards feed), Klama (fatigue), Adhmana (tympanites), Antrakoojana, Arati (dullness) Udarastabdhata (Reduced peristalsis),

Lakshanas.

Lakshana related to Mala	Anubandha Lakshana
1.Vatavarcha Apravrutti (obstruction of flatus and faeces)	1. Aruchi (Anorexia)
2.Mala kathinta (hard stool)	2. Ajeerna (indigestion)
3.Sushka, Grathita mala Pravartana (dry, pellet like stool)	3. Atopa (flatulence)/Adhmana
4. Alpamatra mala Pravartana (less quantity)	4. Udara Shoola (pain abdomen)
5. Kashta mala Pravartana (difficulty while defecating)	5. Shira Shoola (headache)
6. Sashoola mala Pravartana(pain while defecating)	6. Antrakoojana (increased intestinal movements)
7. Krucchrena- Chiraathpravrutthi (excessive straining)	7. Alasya (lazyness)
	8. Katiprushta vedana (pain in back)

Samprapti : Nidan sewan

↓
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Vatapittaprakopa

↓
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Pakwashay ruksha Ushna gun vrudhi



Apanvayu vikruti



Malavrodh



Vibandh (Malabaddhata)

Sampraptighataks of Vibandha.

Dosha	Vata dosha Pradhan pitanubandha
Dushya	Mala
Dhatu	Rasa
Agni	Manda
Srotas	Annavaha, Pureeshvaha
Srotodushti	Sanga
Udbhavsthana	Amashya
Vyaktasthana	Pakvashya ,Sarvashareera
Sadhya-asadhyata	kashtasadhya

Results:

The patient has shown significant improvement in their symptoms of constipation. Specifically:

- Bowel movements have become more regular, with the patient now experiencing daily bowel movements.
- Stool consistency has improved, with stools now being softer and easier to pass.
- Straining during bowel movements has decreased significantly.
- Abdominal pain and discomfort has decreased.
- The patient reports feeling more comfortable in their daily activity. ability to manage their bowel movements.

DISCUSSION

laxatives, which are generally used in Constipation, become habitual after some duration and only symptomatic relief.

Moreover, these medicines never alter pathogenesis of disease. So, it is a need of hour to search effective, safe & alternative formulations in Ayurveda, which can completely break

the pathogenesis of malavshambh.

As per Ayurveda, Vata Dosha is the main factor involved in this condition. Therefore, the prime treatment recommended by Ancient Acharyas is Snigdha Ahar, Anulomak dravya , Dipak pachak dravya and basti kriya . Apana vata is the primary factor in constipation in children. Externally Abhyanga and Nadi sweda was done for 30 days. Abhyanga being a Bahya Snehana Chikitsa along with Swedana did the Vataharana. Bala taila was selected for Abhyanga as it is Balya as well as Brumhana by its nature. Since Vata is the main Prakupita dosha here, Basthi chikitsa was planned in order to provide Samyak Anulomana and Matra basthi was administered with Dhanvantar taila for 30 days and alternate Anuwasan Basti with Bala Taila +saindhav +madhu and Niruh with Erandmuladi kwath +erandmul churnakalka+ Bala Taila +saindhav +madhu given for 30 days .

Medicine with properties of Ushna, Madhur, and Snigdha administered to patient. Ushana guna ⁴ act as dilating of Srotas, alimentary canal, increase the secretion of glands which generates spasm on sphincteric muscles and helps feces remove from obstructive path. these drugs improve digestions by stimulating Pitta and corrects metabolic activities inside the body. Madhur guna ⁵ of drug provide strength to the muscles. Because Prthvi and Jala Mahabhuta predominate in medications with Madhura Rasa, these compounds might be characterized as having an unctuous quality and moistening the body's channels. Snigdha Guna ⁶ provides the viscosity necessary for easy expulsion as well as softening and lubricating the feces in the alimentary canal.

Internally Laghusutashekhar ras , Paripathadi kwath ,Shankh vati ,Hingwashtak churna , Lavabhaskar churna ,Cap mishrak sneh, Cap Murchhit erand tail , Abhayarishtha , Panchkolasav + kumariasav , Aragwadh + Panchsakar +Esabgol +Yashtimadhu + Erandmul churna was administered.

⁷Hingwashtak churna is a blend of Trikatu (Shunthi, Pippali, and Maricha), Ajmoda /Yavani, Saindhav Lavana, Jeeraka, Krishna Jeeraka and Hingu. Sunthi due to its Katu Rasa and Ushna Veerya property increases the Agni (Digestive fire) thereby relieves Mandagni (Low fire). Sunthi is known to stimulate digestion beneficially. The Sunthi Churna due to its Katu Rasa and Agnidiptikara Karma does the Agnidipana and due to Katu Rasa and Tikshna Guna does the Pachana of Amadosha. Due to Katu Rasa and Laghu, Tikshna Guna it causes Srotoshodhana. ⁸ Maricha by its Ushna and Katu Vipaka increases Agni; by Tikshna Ushna Guna expels the vitiated Doshas which are in sanchaya avastha (accumulated stage). Pramathi Guna of Maricha helps in Srotoshodhana It is useful for Agnimandya, Ajeerna, Shula and Adhyamana. Pippali increases Agni by its Deepana action .Saindhav Lavana is rock salt, which acts as a catalyst during the digestive process. Shuddha Hingu is one of the well-known herbs for the digestion and relieves the gases produced during the digestive process. Ingredients like Shankha Bhasma, Hingu, Kshara, lavanas, Trikatu, Vatsanabha, Shuddha Parada and Shuddha Gandhaka are found in majority of the Shankha Vati. Ingredients like hing (asafoetida) and Ajwain (carom seeds) enhance Agni (digestive fire) and clear digestive blockages, preventing Ama (toxins) accumulation that can cause constipation. Lavana such as Black salt and rock salt act as mild laxatives, drawing water into the

intestines, softening stools, and promoting peristalsis. The Ushna (hot) nature of Shankh Vati stimulates digestion, balances Vata (which is responsible for dry, hard stools), and promotes intestinal motility.

The Katu Vipaka of Shankh Vati helps in scraping off Ama (toxic undigested material), promoting a clear digestive tract. Ingredients of Paripathadi kwath like Parpat (*Fumaria indica*) and Guduchi (*Tinospora cordifolia*) by its tikta ras help in removing Ama (toxins) and clearing the digestive tract. Kashaya Rasa Herbs like Musta (*Cyperus rotundus*) absorb excess fluid, regulate bowel function, and support intestinal health. Mishrak sneh capsule contains goghrit, Erand tail, til tail and shyamadi gan dravya. erand tail by its Madhur ras helps in lubrication of intestine, tikta, katu ras stimulate digestion and clear Ama & Ushna virya of erand tail helps in Anuloman of Apan vayu. madhur vipak provide gentle laxative effect without irritation. Erand tail is best Virechan dravya.

Abhayarishta is formulation used in chronic constipation, it helps in Vatanuloman by haritaki, ajawain and shunthi. It helps in stimulation of Agni by Sunthi, Saunf and Ajwain. Dhataki and jaggery aid fermentation, promotes gut friendly bacteria thus provide probiotic effect.

CONCLUSION :

Vibandha can be understood as a Swatantra vyadhi or as an Upadrava of other diseases. Treatment of Vibandha is mainly focused on the Anulomana of Apana vata which results in Samyak mala pravrutti. Hence in this case Vibandha is diagnosed as a Swatantra vyadhi and Anulomana and Brumhana chikitsa were adopted internally and externally. Along with Chikitsa, proper dietary plan with fibre rich diet and adequate intake of lukewarm water were also advised. Significant reduction in the complaints was observed after 60 days of treatment. Even after completion of treatment since 6 months completed no any complaints repeated with accompanied of life style change & diet plan.

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