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Review Article

Constipation in Children : A Comprehensive Ayurvedic Review

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ABSTRACT

Functional constipation is a frequent gastrointestinal disorder in children, characterized by infrequent defecation, painful stools, and abdominal discomfort, often without any underlying structural abnormality. Conventional pediatric management includes dietary modifications, toilet training, behavioural therapy, and laxatives. However, challenges such as relapse, chronicity, and dependency on medication remain significant concerns. Ayurveda provides a comprehensive understanding of constipation under the concept of Vibandha, primarily caused by vitiation of Apan Vata due to improper diet and lifestyle practices. Ayurvedic management emphasizes holistic care through Ahara (diet), Vihara (lifestyle), Shamana (palliative therapy), and Shodhana (purification). Herbal remedies like Triphala, Haritaki, Eranda taila, and Gandharvahastadi taila are well-documented for their mild laxative, carminative, and gut-regulating actions. In specific pediatric cases, therapies such as Mridu Virechana and Basti are indicated under supervision. Preventive measures include encouraging regular bowel habits, intake of fiber-rich and easily digestible foods, hydration, and avoidance of Guru and Ruksha ahara. Recent studies have highlighted the efficacy of Ayurvedic formulations and Panchakarma interventions in improving stool frequency, consistency, and overall quality of life in children with functional constipation. Thus, Ayurveda offers a safe, effective, and sustainable approach that addresses both symptom relief and prevention, complementing modern pediatric care.

INTRODUCTION

Kaumarbhritya is one of the 8 branches of Ayurveda and it deals with the eradication of disease and maintain the health of the child.

As we all know about Acharya Kashyapa , who was well known since ancient times to cure the disease of 'balak '. Acharya kashyapa explained the nidana, samprapti and chikitsa of anaha i.e. functional constipation in udavarta chikitsa adhayay. ^[1]

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Day by day many diseases are interfering in the health of normal individual and functional constipation is one of those, as it is one of severe conditions of GI system. As food habits, daily routine and other activities of child are somehow different than the adult one, the disease, drugs and doses to be given in children are important to think again and again. So here purishaj anaha according to ayurveda and also functional constipation according to modern aspect need to be study in detail.

"Anaha' In Ayurveda :-

Acharya Sushruta described 'anaha' in Uttarsthan in context of visuchika as follows ^[2]

Anaha means a disease condition in which there is an obstruction in normal passage of vid (fecal matter) mutra (urine) and adhovata (flatus) and there is no gurgling sound in abdomen is called as anaha. It can be caused by different factors and it is a symptom not a disease. Direct reference to this disease is not found in bruhatrayees, but it is a symptom found in many diseases.

According to the Modern Science :- ^{[3][4]}

Constipation is defined as a delay or difficulty in defecation sufficient to cause significant distress to the patient. A stool frequency of ≤ 2 per week is considered abnormal for all ages. The majority of patients have functional constipation, organic cause is found in ~10-15%.

Constipation during childhood is a result of a complex interplay of developmental transitions, environmental factors and parental response. Retention of stool starts in response to innocent events like involuntary retention to avoid school toilets or unclean toilets, protest against bowel training, predominantly low fibre diet, temporary

illness and sedentary lifestyle which ultimately leads to constipation.

AYURVEDIC REVIEW

Definition of Purishaj Anaha ^{[2][5]}

Anna [undigested food] or sakrit [feces] gradually accumulating inside the alimentary canal & obstructed from going out by aggravated vata & not coming out in their own routes, this condition is known as anaha.

Samprapti (pathophysiology)

One of the most important Functions of apanvayu is excretion of feces and excretion of urine. So, if any cause leading to 'dushti 'of apan vayu' will ultimately lead to the obstruction of Fecal matter & adhovata.

Hence vegadharan and other causes interfering with normal function of Apanvayu disturb the process of excretion of adhovat as well as malas (fecal matter).

Constipation in children often arises due to dietary errors, lifestyle factors, or psychological influences. In Ayurveda, it is mainly attributed to disturbance of Apana Vata. Common causes include:

- Suppression of the urge to pass stool (Purishavegadharana).
- Inadequate water intake and lack of fiber-rich diet.
- Frequent consumption of heavy and dry foods (Guru and Ruksha ahara), such as fast food.
- Irregular bowel routines (Akal or ashamaya purisha tyaga).
- Sedentary lifestyle and excessive screen time, leading to neglect of natural urges.



Other contributory factors may include anal stenosis (Sanniruddha guda), painful perianal conditions (fissure, abscess, hemorrhoids), neuromuscular disorders like Hirschsprung's disease, metabolic or endocrine disorders (hypothyroidism, hypercalcemia, hypokalemia, diabetes mellitus, vitamin D toxicity), and intestinal parasites (Purishaja Krimi such as pinworms and roundworms).

Constipation is one of the most frequent gastrointestinal problems observed in children and is especially prevalent in those with Autism Spectrum Disorders (ASD). It is typically characterized by infrequent, hard, and painful bowel movements. The process of digestion begins as soon as food is ingested. After partial breakdown in the stomach, it passes into the small intestine, where nutrients (ahara rasa) are absorbed into the bloodstream within 3–4 hours. The remaining portion, primarily undigested material (kitta bhaga), enters the large intestine in a liquid form. Normally, water is absorbed here, and the stool gradually solidifies before being excreted through the rectum.

In certain conditions, particularly due to disturbances of Apana Vata and Pachaka Pitta, excessive water absorption occurs, leading to hard stools that are painful to pass. Children may then develop a fear of defecation. This leads to voluntary withholding behavior, where the child contracts the external anal sphincter and gluteal muscles to resist passing stool. Prolonged retention results in further hardening of stools, rectal distension, and worsening of constipation.

In children with ASD, sedentary habits, excessive screen exposure, and preference for processed or unsuitable foods (apathya ahara) aggravate the problem. Emerging evidence suggests a role of gut-brain axis imbalance, enteric nervous system (ENS) dysfunction, and altered gut microbiota in

the pathophysiology of constipation. Normally, defecation involves coordinated relaxation of the puborectalis muscle and external anal sphincter, contraction of abdominal muscles, and the Valsalva maneuver, guided by sacral nerves (S2–S4) via the pudendal nerve. Disruption in these pathways contributes to difficulty in stool passage.^[6]

Ayurvedic texts describe constipation as a manifestation of toxin (ama) accumulation, impaired digestion (agnimandya), and obstruction of normal Vata flow. Associated complaints such as bloating, flatulence, disturbed sleep, fatigue, and reduced immunity are often observed. Thus, constipation in children, especially those with ASD, reflects a complex interplay between diet, lifestyle, neuro-gastrointestinal mechanisms, and dosha imbalance.

Assessment of a Child with Constipation

Evaluation of constipation in children requires a detailed history and careful physical examination. Important points in history include bowel habits, diet, fluid intake, physical activity, and psychosocial factors. A digital rectal examination may be done to check for fecal impaction, anatomical abnormalities, stool consistency, or blood. Advanced investigations are rarely necessary, but in severe or persistent cases abdominal X-ray, motility testing, or anorectal manometry may be advised

Chikitsa (management) ^[7]

Dalhan comments on this as, mainly expulsion of purisha ,mutra and avaruddha vata is to be included in the treatment of anaha and further Swedan and Pachana are explained as upakrama.

Samprapti Vighatan must be done and correction of dushit agni by deepan, Pachan and expelling



accumulated purish or mutra by anulomana is line of treatment.

Anulomana chikitsa^[8]

The liquid which purifies the faeces (vata mutra purishadi), that is, by loosening the constipation, takes the air into the lower passage and brings it out from the anus, it is called Anuloman (Aperients). Medicine like Haritaki.

1. Nidana Parivarjana^[9]

Improper diet (mithya ahara) and lifestyle (mithya vihara) are primary causes of Vibandha. Hence, avoidance of causative factors (nidana) is the foremost line of treatment. Common nidanas include suppression of natural urges (vegavarodha), irregular meals, and intake of unsuitable food. Educating patients on proper dietary habits through Ashtavidha Ahara Ayatana and Dwadasha Asana Pravichara is essential.

2. Shamana Chikitsa

When dosha imbalance is mild, shamana therapy is preferred. Internal and external measures are used with drugs having Madhura, Kashaya, Amla rasa; ushna, tikshna, sukshma, vyavayi, vikasi guna; and madhura vipaka to correct Vata imbalance.

3. Shodhana Chikitsa

For chronic or severe cases, purification (shodhana) is advised:

Snehana: Both internal and external oleation to pacify aggravated Vata.

Swedana: Promotes dosha movement from shakha to koshta and clears channels.

Virechana: Eliminates vitiated doshas through the lower GIT using drugs with ushna veerya and adhogami prabhava.

Basti (Anuvasana & Niruha): Considered the best therapy for Vata. Anuvasana basti with medicated oils or ghee lubricates and softens stools, while Niruha basti relieves retention of feces, urine, and flatus, restoring bowel regularity.

Varti: If enemas are ineffective, suppositories may be administered.

Since Vibandha is primarily Vata pradhana vyadhi, therapies that normalize Vata while balancing Pitta and Kapha (when aggravated) form the basis of treatment.

DISCUSSION

After six months, infants gradually shift from exclusive milk feeding to a mixed diet that includes yusha, shaka, dalia, etc., which continues up to two years. With complete dentition, many children start consuming fast and junk food, disturbing Apana Vata and causing srotosangha.

Between 3–5 years, as toddlers begin school, irregular eating patterns and reduced appetite lead to mandagni (weak digestion) and constipation. In modern lifestyles, with both parents busy, children often spend long hours on phones, video games, or TV, coupled with fast food—commonly maize-based—and poor eating and sanitary habits. These factors aggravate Vata dosha, harden stools, and make defecation painful, which further worsens constipation as children tend to withhold stools.

A thorough history and examination help distinguish organic from functional constipation. Once diagnosed, management includes Vata-shamaka and Virechana medicines or procedures, along with cultivating healthy dietary and lifestyle habits while avoiding faulty ones.



CONCLUSION

Vibandha (Constipation) is primarily a result of Vata Dosha disturbance, especially Apana Vata, along with Agnimandya (weak digestion). Though not described as an independent disease in Ayurveda, it appears as a symptom or complication in many disorders. Improper diet, faulty lifestyle, and mental stress aggravate Vata and impair Agni, leading to dysfunction of Pachaka Pitta, Samana Vata, and Avalambaka Kapha.

In children, early management with dietary regulation, fiber-rich food, proper toilet training, and gentle, palatable medicines is advised. Parents should be educated about pathya-apathya (wholesome and unwholesome diet and lifestyle) to prevent recurrence.

From a modern perspective, constipation is a common gastrointestinal problem caused by poor diet, dehydration, sedentary habits, or medical conditions. It lowers quality of life but can usually be managed with simple measures—adequate fiber, hydration, physical activity, and regular bowel habits. Severe or persistent cases require timely medical care to rule out underlying diseases. Awareness and open discussion are essential for early detection and effective management.

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