



STUDY ABOUT ETIOPATHOGENESIS OF VIBANDHA (CONSTIPATION) AND ROLE OF GUDVARTI IN ITS MANAGEMENT

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ABSTRACT

Constipation is a condition characterized by infrequent bowel movements resulting in the passage of small amounts of hard and dry stool. This is brought about by numerous causative factors amongst them three major causes that include dietary, mental and lifestyle factors. Constipation is characterized by unsatisfactory defecation that results from infrequent stools, difficult stool passage, or both. It significantly affects the quality of life, social functioning, and inability to perform activities of daily living individuals. A review that in spite of appropriate adjustment to these patterns and reassurance, patients often fail to relieve the problem of constipation. Hence, there is a need for exploration a food-based, natural and drug-based convenient alternative for potential solutions to the problem of constipation, which includes lifestyle modification in early stage and by drug therapy assessing the dosha-dushya samurchana on which Ayurveda treatment depends. The present communication deals etiopathogenesis and management of vibandha (constipation) with its Ayurvedic perspectives.

KEYWORDS: Vibandha, Etiopathogenesis, Constipation, Ayurvedic management, Gudvarti.

INTRODUCTION

The main composition of body is Dosha, Dhatu and Mala.^[1] Purisha (Stool) and Mutra (Urine) are the waste product of anna (food) i.e., consumed food formed at the end of the process of digestion and metabolism termed as malas. If mala remains for longer time in the body have tendency to vitiate the normal doshas by causing sroto sanga called vibandha (constipation) and any unwanted thing in the body can be considered as shalya causing pain due to obstruction in purisha vaha srotas. This is brought about by numerous causative factors; amongst them three major causes are dietary, mental and lifestyle factors. Vibandha (constipation) is not described as a separate disease entity. However symptoms of Udavarta (Retention of feces, flatus, urine) like Anaha (Obstruction), Admana (Distension), Malaavastamba (Hardness of faeces) due to the pratiloma gati (reverse flow) of Apana Vayu (one of the subtype of biological humor of Vata Dosha) is mimic the symptoms of vibandha.^[2] Constipation is an acute or chronic condition characterized by dry and hard infrequent stools that are painful or difficult to pass.

The pathophysiology of it is multifactorial and of patient's habits often reveals contributory and correctable causes, such as insufficient dietary roughage,

lack of exercise, suppression of defecatory urges arising at inconvenient moments, inadequate time for full defecation and prolongs travel.^[3] Hence, the definition and causes of the disease hold the same in the contemporary science too. Constipation on an average affects 20% of the population, 12 percent of men and 16 percent of women meet criteria for constipation.^[4] Annually, constipation accounts for 2.5 million physician visits and 92,000 hospitalizations the prevalence of constipation is higher in women and in adults. It significantly compromises the quality of life, social functioning, loss of work productivity i.e., ability to perform activities of daily living individuals. There is a need for exploration a food-based, natural and drug-based convenient alternative for potential solutions to the problem of constipation, which includes lifestyle modification in early stage and by drug therapy assessing the dosha-dushya samurchana on which Ayurveda treatment depends.

The present communication deals etiopathogenesis and management of vibandha (constipation) with its Ayurvedic perspectives like varti. Varti is similar form of vati Kalpana. The difference is in shape & use. For making varti medicine is modified into yavakriti (long & oval shape) solid form. Then it is called as Varti

Kalpna. In the text, the use of Varti is mentioned for local administration of the various routes viz. Guda (anus), Yoni (Vagina), Sishra (penis), Netra (eye) etc. According to the specific route, the length & diameter of the varti is modified. This study is based on a review of Ayurvedic texts. Materials related to Vibandha, Constipation and their relation have been collected and compiled. The main Ayurvedic texts used in this study are Charaka Samhita, Sushruta Samhita and Sharangadhara Samhita.

CONSTIPATION

Constipation^[6] (also known as costiveness or dyschezia) refers to bowel movements that are infrequent or hard to pass. Constipation is a common cause of painful defecation.

It is defined (ROME II criteria) as the presence of any two or more of the following symptoms for at least 3 months:

1. Infrequent passage of stool (3 bowel movements/week)
2. Hard stools
3. Straining at stool
4. Incomplete evacuation.

In India, the normal stool frequency is 1 per day in contrast to 3 per week.

Vibandha (Constipation) Vs Kosta

Bowels (Kosta) are three types- mridu (soft), krura (hard) and madhyama (medium).^[7] The soft bowels have an abundance of pitta and are purged even by milk; the hard bowels have the predominance of vata and kapha, are purged with difficulty while the medium bowels have balanced doshas, and as such are moderate. According to Acharya Sharangadhara, the individuals who have more

pitta are of a mild type of alimentary canal (mridu koshta), those with more kapha are of medium type of alimentary canal (Madhyama koshta) and people with more vata are graded as having wild type of alimentary canal (krura koshta) and are constipated.

Description of Vibandha (Constipation) In Ayurveda

Vibandha is vyapad of Vamana and Virechana. It is a side effect of sansodhan (Vamana or Virechana) in Ajirna, symptoms of parikartika (fissure in ano). It is apatarpanjanya roga (Diseases caused by nutritional deficiency), and one of the complications of immediate hemostasis in Raktarsha (bleeding piles).^[8]

Causes of Vibandha (Constipation)

A frequent functional cause of constipation is irregular bowel habits that have developed through a lifetime of inhibition of the normal defecation reflex⁹. According to Acharya Charaka, If one holds the urge for defecation it causes colic pain, headache, retention of feces and flatus, cramps in the calf muscles and distension of abdomen.

Table 1: Nidana.

Sl.no	Hetu	Ahara	Viharaj	Vegadharana	Maansik
1	Ruksha	+	-	-	-
2	Guru	+	-	-	-
3	Vegavighata	-	-	+	-
4	Ativahanam	-	+	-	-
5	Atiyanayanama	-	+	-	-
6	Atyasanam	+	+	-	-
7	Atisthanam	-	+	-	-
8	Atichakramana	-	+	-	-

Table 2: Samprapti.^[10]

Sl.no	Hetu	Ahara	Viharaj	Vegadharana	Maansik
1	Ruksha	+	-	-	-
2	Guru	+	-	-	-
3	Vegavighata	-	-	+	-
4	Ativahanam	-	+	-	-
5	Atiyanayanama	-	+	-	-
6	Atyasanam	+	+	-	-
7	Atisthanam	-	+	-	-
8	Atichakramana	-	+	-	-

Table 3: Causes of Constipation.

A. Gastrointestinal	B. Non-gastrointestinal
(1) Dietary	Drugs
Low fiber, Inadequate food	Opiates Calcium antagonists Iron Supplements Anticholinergics Aluminium containing antacids
(2) Motility	Neurologic
Slow transit	Multiple Sclerosis
Irritable bowel syndrome	Parkinsonism
Drugs (given in non-gastrointestinal causes)	Spinal Cord Disease
Intestinal Obstruction and Pseudo-Obstruction	C V A
(3) Structural	Autonomic neuropathy
• Colonic carcinoma	(3) Metabolic /Endocrine
• Megacolon e.g., Congenital or acquired	Diabetes mellitus
• Diverticulosis of colon	Pregnancy
	Hypocalcaemia
	Amyloidosis
	Hypothyroidism
(4) Defecatory disorders	(4) Others
• Obstructive	
• Anorectal Disease e.g., fissure, piles.	Schizophrenia Depression

Diagnostic Criteria Rome II Criteria For Constipation

Two or more of the following for at least 12 weeks (not necessarily consecutive) in the preceding 12 months:

- 1) Straining during >25% of bowel movements
- 2) Lumpy or hard stools for >25% of bowel movements
- 3) Sensation of incomplete evacuation for >25% of bowel movements
- 4) Sensation of ano-rectal blockage for >25% of bowel movements
- 5) Manual maneuvers to facilitate >25% of bowel movements (e.g., digital evacuation or support of the pelvic floor)
- 6) <3 Bowel movements per week
- 7) Loose stools not present, and insufficient criteria for irritable bowel syndrome met.^[11]

INVESTIGATION

Digital rectal examination, evacuating proctoscopy and sigmoidoscopy are useful investigations to know the exact cause of constipation. Blood Biochemistry e.g. serum calcium and thyroid function tests. Colonic transit studies by radio-opaque markers help to distinguish slow transit constipation from normal transit constipation. If symptoms persist, then barium enema and colonoscopy should be carried out to look for the structural disease.

Role of Ayurveda

Briefly, the management of constipation consists of elimination of etiological factors. Treatment of constipation which having cause to hold defecation urge is - fomentation, massage, tub bath, suppositories and enema should be given and one should take foods and

drinks which are laxative in nature.

Chikista

In Ayurvedic texts, number of formulations are mentioned for treating constipation. But due to the nonpalatability, most of the patients dislike the formulations & neglect to take regularly & hence their problems remain untreated. For this purpose, Phalavarti is mentioned. It can be easily administered to children, old persons & all those who cannot swallow the drugs easily. Phalavarti is mentioned for the purpose of vatanuloman as well as to evacuate sanchit doshas (Mala, Mutra, Purisha, Rakta, Kapha etc) from the body. Suppositories, according to modern pharmacy, are shaped dosage form of medicament for insertion into the body cavities other than mouth. Constipation defined as delay or difficulty in defecation, causing significant distress to the patient. It is characterized by infrequent bowel evacuations, hard small faeces with painful defecation. It can be divided into organic or nonorganic / functional constipation. Only 5-10% patients have an organic cause for it & 90-95 % patients have no biochemical, pathological abnormalities identified. Many of these pts have non-organic or functional constipation resulting from intentional withholding of stool due to following various causes.

Vitiating of Apanvayu The stool becomes hard & there is difficulty in evacuation.

1. Problem related -Malashaya - This is called as Kroor koshta (slow movement of intestine) which is an attribute of Vataprakriti.
2. Malasanga - Faeces remain in the channel only due to the problems in the bowel movements.

Vitiation of vata is mentioned due to the following causes

1. Dietary (Aahar) - Astringent, Pungent, & Bitter food, repeated food intake or total fasting.
2. Habbits(Vihar) - Keeping awake late night, sleeping during day, mental stress, holding the natural urges.

The causes responsible for Pureeshkshaya (decreases formation of faeces) are –

1. Liquid diet
 2. Eating very less quantity of leaf & green vegetables.
- Due to the above reasons constipation is developed.

Phalavarti^[12]

मदनं पिप्पली कुष्ठं वचा गौराश्च सर्पपः ॥

गुडुक्षार समायुक्तः फालवर्ति रिहोच्यते ॥ भै.र. ३१/१०

Sr. No.	Name of Drug	Latin Name	Rasa	Guna	Virya	Vipaka	Action Of Dosa
1	Mandanphal	Radia Dumentrorum lam	Madhura Tikta	Laghu Sukhsma Ruksha	Ushna	Karu	Kaphavatahara
2	Pippali	Piper Longum Linn	Katu tikta	Laghu Snidha Tikshna	Ushna	Madhura	Kaphavatahara
3	Kustha	Sauseria Luppa C.B. Clark	Tikta Karu Madhura	Laghu Ruksha Tikshna	Ushna	Katu	Kaphavatahara
4	Vacha	Acorus calamus linn	Katu Tikta	Laghu Tikshna Snidha	Ushna	Katu	Kaphavatahara Pittavardhak
5	Shwet Sarshap	Brassica Campestris Linn	Katu Tikta	Snigdha Ruksha	Ushna	Katu	Kaphavatahara Pittavardhak
6	Guda	Jaggery	Madhura	Ruksha Raktnaprasadana	Ushna	Madhura	Vatapittahara
7	Yava Kshara	Potassium Salts	Katu	Ushana Snigdha Sara	Ushna	Katu	Kaphavatahara Pittavardhak

Method of Preparation

- a) Drugs 1 to 5 were finely powdered
- b) Jaggery was dissolved in water & boiled to thicker constituency on moderate fire.
- c) The powders were mixed in gudapaka & pestle to fine paste till moisture is dried up.
- d) Then Vartis were prepared, dried in shade & preserved in an air tight container

Mode of Application

Guduvarti was inserted to rectum of diagnosed patients of constipation by applying little oil at anus & at the tip of varti. Time period was noted.

Assessment Criteria

- a) Subjective parameters were assessed for Phalavarti's local action to see whether constipation was relieved or not.
- b) The Period of medication was assessed according to its action till constipation was relieved. If not relieved, varti was inserted again on the next day. Varti was used maximum up to three day if constipation was not relieved.

DISCUSSION

Vibandha is not explained as a single disease in Ayurveda, but still described in association with many diseases. By the definition of constipation, with Rome II

criteria, one can correlate it with the vibandha, which are given below. Mala kshaya may also be considered as a cause of constipation i.e., the infrequent passage of stool. The symptoms of mala kshaya are pain in cardiac region and sides and wind, with gargling sound, goes upward and moves around in the belly, which are explained in Charaka Samhita. Thus, by suppression of defecation reflex, retention of faeces occur which results in constipation. If once, there is formation of hard stool, incomplete evacuation of the bowel, which results in straining during defecation leads to several complications like hemorrhoids, etc. so it can be said that vibandha is similar to constipation, which can be managed, by medications or just modification in dietary, lifestyle at the early stages.

CONCLUSION

After the overall description, lastly, it may be considered that vibandha (Constipation) is independently a disease and a complication of some diseases. Its management should be according to the type of kosta (Alimentary canal). To conclude the treatment according to its cause along with plenty of fluid, physical exercise, many more form of laxatives like anulomana, bhedan etc which should be given according to the state of dosha and kosta.

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