



**A CONCEPTUAL STUDY OF MALAVARODH (CONSTIPATION) AS A SINGULAR SYMPTOM
WITH REFERENCE TO ITS PATHOLOGY AND TREATMENT**

Gaitonde H.¹*, Godbole M.², Singh M.³ and Vaidya Rohit Mehta⁴

¹B.A.M.S. MD (AYU). MBA (Biotech), PGDMHI.

²B.A.M.S. MD (AYU).

³B.A.M.S. MD (AYU).

⁴B.A.M.S. M.D– Panchakarma; MBA Hospital Administration; D.N.Y.S.

***Corresponding Author: Gaitonde H.**

B.A.M.S. MD (AYU). MBA (Biotech), PGDMHI.

Article Received on 14/02/2018

Article Revised on 06/03/2018

Article Accepted on 27/03/2018

ABSTRACT

Probably the most common complaint which comes to a medical practitioner in today's times is Malavarodh. One can say because of the chronicity of the symptom of constipation it has become a single most prevalent disease among the masses with a varied severity in scale of discomfort. The causes of Malavarodh in each patient are mostly difficult to comprehend and therefore many of us end up giving a generalised treatment to all patients. The purpose of this article is to list out the probable causes and enumerate possible line of treatments for the treating Malavarodh.

KEYWORDS: Malavarodh.

INTRODUCTION

Malavarodh is a common complaint in clinical practise however because of a wide range of normal bowel habits among people it is difficult to define precisely. Further bowel habits unlike temperature are not clearly evident to the physician so he has to rely on the information given by the patient and ultimate diagnosis depends on the degree of patient discomfort during patient's bowel movements.

A Modern approach

Diagnosing Constipation

Practically according to many authors of Allopathy Constipation has been defined as a frequency of defecation of less than three times a week. However stool frequency alone cannot be a sufficient criterion to be followed as in reality many people who complain of Constipation describe a normal frequency of defecation but complaints of excessive straining, hard stools, lower abdomen fullness, sense of incomplete evacuation, etc. Thus in practise a combination of subjective and objective criteria needs to be used. However, altered frequency and an altered nature of defecation (like hard stools, excessive straining, sense of incomplete evacuation, associated abdominal pain, bloating, anxiety) and a generalised discomfort remain the two primary presenting symptoms.

Causes of Constipation

1. Patho-physiologically Constipation may occur due to disordered colonic transit or anorectal function as a result of primary motility disturbances.
2. Certain class of drugs like anticholinergics, antidepressants, antipsychotics, antacids containing Calcium, Iron supplements, Calcium antagonists, narcotics, analgesics and Codeine can induce constipation. Constipation follows purgation and may also be seen after a good amount of purgatives are taken.
3. Constipation also presents as a symptom in systemic diseases of the gastro-intestinal tract.
4. Constipation can also be found in patients with chronic illnesses, physical inactivity or immobility and mental impairment.
5. Obstructing lesions & neoplasms of colon, strictures due to colonic ischemia, diverticular disease, inflammatory bowel, foreign bodies, colonic dilatation and involvement of nerves supplying the colon & rectum as in para-sympathetic innervation, can result in Constipation
6. Constipation can be seen just due to muscular involvements like decreased rectal tone, rectal prolapse, inappropriate contraction of external sphincter, etc. Constipation present from early childhood is likely to be congenital.
7. However the most common reasons of constipation prevalent are lack of water in diet, lack of fibre in

diet, stress or anxiety and generalised muscle weakness of the bowel.

Evaluation methods in Constipation

For the evaluation of the causes of Constipation the following treatments are available.

1. Sigmoidoscopy
2. Colonoscopy
3. Endoscopy
4. Barium Enema
5. Colonic transit studies
6. Electromyogram
7. Defecography
8. Advanced Imaging Studies

Treatments

Individualised treatments depend on duration and severity of constipation, age of person, potential contributing factors, etc. The therapy should always start with a dietary aspect, emphasis on increasing dietary fibre intake. Except for bulk laxatives, routine use of laxatives over a long period of time should be discouraged because of the risk of side effects. Fluid intake should be increased. The classes of medications in use are.

1. Bulk forming laxatives – Natural or Synthetic Polysaccharides or cellulose.
2. Emollient laxatives – Like mineral oil.
3. Docusate salts that lower the surface tension of stools.
4. Hyperosmolar agents that include mixed electrolyte solution.
5. Saline laxatives.
6. Stimulant laxatives – Like Castor oil, anthraquinones, diphenyl-methanes.
7. Surgical treatment – If required.

An Ayurvedic approach

Constipation also known as Malavarodha in Ayurvedic terminology is not described in Ayurvedic texts as an individual disease. Although we find its various references as a nidaan panchak scattered in various chapters of scriptures. Some of the references are as below

1. **As a Nidaan** -In ajeerna, yakshma, hikka, shwas, kasa, moorcha, vaatavyadhi, madyaja vikaar, udavarta, anaaha, gulma, hrudrog, netra vikaar & ardhaavabhedak
2. **As a Purvaroop** - In Atisaara
3. **As an Asadhya Lakshan** - In chhardi
4. **As an Upadrava** - In vaatavyaadhi

A lot of synonyms of Malavarodha are used in ancient texts like malavasthambha, shakrut sanga, malasanga, baddhavitakta. In Ayurvedic terms the mala indicates pureesha, mootra and sweda, however while using the term Malavarodha, pureesha mala is understood.

Hetu of Malavarodha

1. Ahaara Hetu

Irregular eating timings, adhyashana, drinking water when hungry or drinking less water, guru, ruksha, shushka aahara, katu (most fast foods) & Kashaya (tobacco, supari) rasa aahara, eating less than body requirement, various addictions, regular consumption of virechan aushadhi.

Due to mechanisation in the 20th century there has been a major change in lifestyle of people. Fast foods, long travels, jagaraan are common. As the distance between home and office is increasing and the residual time is decreasing, people are inclined in eating dry food stuff like bread, biscuits, wafers. Nonveg consumption which has low fibre is also on the rise.

2. Vihara Hetu

Lack of exercise, sedentary lifestyle, diwaswaap, achinta, fear & anxiety, vegadharan, improper sitting position, balat udeerana because of less or no time to do the act.

3. Other factors

Agnimandya leads to Malavarodha and vice versa which forms a viscious cycle.

According to Ayurveda the Bramha Muhurta (around an hour and a half before sunrise) is the appropriate and natural timing for getting up and defecation (A.S. - 3/1) and the current lifestyle makes it impossible for us to get up due to which the natures call goes unattended.

With western commode usage the older and better squatting defaction is neglected.

The bad habit of neglecting the natures call is becoming popular due to other priorities. The intestinal movements are dependent on patient's bowel routine.

Dhaatuksheenata (which increases vaata) is seen in many people especially Rasa ksheenata which is caused in atisaara, jwara, pravahika, prameha and majja and shukra ksheenata in old aged people.

Avrutta vaat is also known to cause Malavarodha as in Vitavrutta vata, Mamsavrutta vaat and vyaanaavrutta apan. (Ch. Chikitsa - 18).

Finally the mind it is mentioned that the pleasure of defecation is not enjoyed by one if he is engrossed in mental problems. (Ch. Viman - 8/89).

Samprapti of Malavarodha

Due to varied reasons vaat dosha in the body increases which results in increase in the dryness in the intestines (pakwashaya) further causing vruddhi of dushta apan vayu which leads to Malavarodha (Ch. Siddhi - 13/39) (Sh. Mk. - 4/12).

Roopa of Malavarodha

Other than the feeling of improper and incomplete defecation the associated symptoms may be shirashoola, uncomfot, nirutsaha, mandagni, anidra, jwaraanubhuti, etc.

Chikitsa of Malavarodha

Diagnosing the Prakruti (Constitutional Dosha) of the patient is one of the important steps before planning his treatment. The sutras mentioned by Charaka in Sutrasthaan Adhyay - 7/9, 13 appear to cover most of the aspects in treatment.

1. A Madhur, Amla rasa yukta snigdha treatment is necessary
2. First principle of treatment is nidaan parivarjan, getting up in the morning itself and refraining from all the other factors eases most patients from Malavarodha.
3. Dietary changes like Akhanda Godhooma, Jowar, Tandul, green vegetables like patola, tandulja, palak, methika, malavruddhikar aahara like mash, raajmaash, etc are of great help. Proper maatra ahaar has to be considered.
4. Saumya rechana may be tried with Trifala, Nishottar, Isabgol, Gulkanda, Eranda mixed with Wheat flour may be tried as a first line of treatment.
5. Sansran (e.g. Bahawa) or Bhedan (eg. Kutki) dravya may be used for a better effect.
6. If required one can use a Teekshna Virechan Yoga like Icchabhedi ras.
7. For Panchakarma in particular Virechana and Basti are found useful. Anuvasana, Yogabasti karma or a regular matra basti of Eranda taila, Narayana tail etc brings good results in Malavarodha.
8. Exercises like jogging and running and Yogasana like sarvangasan, vajrasan and surya namaskaar also offer improvement in results.

CONCLUSION

Constipation is found to be every second patient's complaint and the lifestyle is the culprit. Modern medicine provides a solution however a complete cure seems to lie in the Ayurvedic Principles of life. Both however agree to the point that change in lifestyle has to be the prime focus during the treatment of the patient.

Abbreviations

1. Ch. Chikitsa - Charak Chikitsa Sthaan.
2. Ch. Viman - Charak Viman Sthaan.
3. Ch. Siddhi - Charak Siddhi Sthaan.
4. Sh. Mk. - Sharangdhar Madhya Khanda.

REFERENCES

1. Charaka Samhita.
2. Sharangdhar Samhita.