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AYURVEDIC MANAGEMENT OF VIBANDHA W.S.R.TO FUNCTIONAL CONSTIPATION IN CHILDREN : A REVIEW

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ABSTRACT Sanga, or blockage for the passage of feces, is what Vibandha/Malavashtambha signifies. This ailment may be structural or functional in nature. Numerous sources have mentioned vibandha, or constipation. It appears as a distinct entity under circumstances such as Udavarta. Additionally, it contributes significantly to the incidence of Samprapti in conditions like Kasa and Shwasa. No significant Ayurvedic text has mentioned Vibandha as a distinct entity. Its Lakshana involves either voiding a huge amount of watery feces with discomfort and sound or voiding a tiny amount of stool with difficulty. The fast-paced, hectic lifestyle of the modern period commonly leads people to develop irregular and undesirable habits of Ahara, Vihara, and Vegadharana, which can result in a number of issues including Vibandha, Ajirna, Sthoulya, and others. Vibandha It may be attributed to both Agnimandya and Apanavata Vaigunya in addition to Pureeshavahasrotho Dusti. Agnimandya is regarded as the primary cause of Vibandha as Agni is in charge of the creation of Pakwa Mala. As a result, Agni is important in Vibandha.

KEYWORDS : Vibandha, Malavashtambha, Udavarta, Agnimandya, Agni, Apanavata Vaigunya.

INTRODUCTION –

Constipation is a very common fictitious gastrointestinal condition that may have a major impact on both health care costs and quality of life. The age of the child determines how frequently they poop. Defecation may occur more than four times per day during the newborn and early infancy periods, but it gradually drops to one or two times per day. 98% of children have acquired voluntary control of their sphincters by the time they are 4 years old. The majority of people have three or more bowel motions per week. However, a diagnosis of constipation requires more than just a low frequency of stools. Although many constipated persons have regular bowel movements, they may also have hard stools, considerable straining, lower abdominal fullness, or a sense that their evacuation is incomplete. From infancy until early adulthood, it impacts all paediatric age groups. Constipation is most commonly caused by the functional version. It is the reason behind more than 90% of constipation cases in healthy children.

Among the current situation, functional constipation is more common among children under the age of 15, with prevalence ranging from 0.7% to 29.6%. It consists of around 30% of paediatric gastroenterologist visits and roughly 3% of general paediatric outdoor visits[1].

Vibandha/Malavashtambha, which translates to "Sanga" or "obstruction for the passage of stool," may be caused by a structural or functional factor, such as *Sanniruddha Guda*, which is referenced in our classics and may necessitate surgery. Sanga serves as a functional indicator of *Srotodusti*, particularly *Pureeshavaha Srothodusti*. Its *Lakshana* contains either a large amount of watery feces with sound and discomfort or a modest amount of stool with difficulty. The fast-paced, hectic lifestyle of the modern period commonly leads people to adopt irregular and undesirable habits of *Ahara, Vihara, and Vegadharana*, which can result in a number of issues including *Vibandha, Ajirna, Sthoulya*, and others. *Vibandha* can be attributed to both *Agnimandya* and *Apanavata Vaigunya* in addition to *Pureeshavahasrotho Dusti. Agnimandya* is regarded as the primary cause of *Vibandha as Agni* is in charge of the creation of *Pakwa Mala. Agni* is therefore important in *Vibandha.*

NIRUKTI[2] –

The words "*Vi*" and "*Bandha,*" which imply "to bind, stretch out, or obstruct," are the roots of the term "*Vibandha.*"

Kalpadruma Shabda

Vibandha, according to *Shabda Kalpadruma*, means "to bind" or "to encircle."

Vi: The *Upasarga* is the word vi.

Bandha: Band *Bandhne* is the meaning of the term *Bandha.*

DEFINATION –

A common digestive issue (indigestion) that affects people of all ages, constipation (*Malavashtambha*) negatively impacts the digestive system and lowers a person's quality of life. In *Ayurveda*, constipation is considered as an indication of an imbalance in the *Vata dosha*, which controls the body's movement and excretion. The causes, symptoms, and basic *Ayurvedic* concepts that guide its treatment are all covered in this chapter's exploration of the Ayurvedic viewpoint on constipation (*malavstambha)*. By seeing constipation through the prism of *Ayurveda*, people can alleviate this condition and attain general wellbeing in a natural and holistic manner.

Although Ayurvedic literature does not use the name *Vibandha*, it is described in relation to a number of pathological disorders as *Buddha Purisha, Grathita Purisha, Mala Vibandha, Vitta Sanga, and Vitta graha*. The effect of *apanavayu vaigunya* (impaired function) *is vibandha*. One of the characteristics of *Purishvaha Shroto Dusti is Vibandha*[3]. A close examination of the *Ayurvedic* treatises reveals that the term "*Vibandha*" has been employed in a variety of situations to refer to the restriction of matter's movement along the body's channels. In this statement, "*vibandha*" refers to the obstruction of excrement. Therefore, in the subsequent work, "*Vibandha*" will only relate to the difficulty or obstacle of passing stools[4].

VIBANDHA PARYAYA –

Vidsanga, Varchagraha, Shakritgraha, Malagraha, Baddha shakrit, Mala baddha, Gada varchas. Vibandha's Contextual Reference –

1. *As Nidana - Hikka, Swasa*[5], *Udavarta*[6], *Parikartika*[7], *Arshas*[8]
2. *As Poorvaroopa – Arshas*[9], *Parikartika*[10], *Swasa*[11]
3. *As Roopa - Antarvegi Jwara*[12], *Sannipata Jwara*[13], *Vataja Gulma*[14], *Vatodara*[15], *Baddhagudodara*[16], *Sahaj Arshas*[17], *Vataja Arshas*[18], *Vataja atisara*[19], *Anaha*[20], *Udavarta*[21]
4. *As Upadrava – Vaatavyadhi*[22], *Vataja Arshas, Vataja Gulma*[23]

VIBANDHA NIDANA[24,25] –

The *Nidana of Vibandha* is not specifically mentioned in any classical literature. *Vibhandha* may be regarded as both *Vatapradhana Vyadhi and Pakwashaya Vyadhi* according to *Doshapradhanyatha* and *Lakshanas*. Therefore, the aforementioned variables are in charge of vitiating the normality of *Apanavata, Agni, and Nidana*. *Srotodusti* might be regarded as *Vibandha's Nidana* under *Pureeshavaha*.

A). AHARAJ NIDANA – (Table No. 1)

Items	Ayurvedic	Modern
Rasa	Atisevana of Katu, Tikta, Kashaya Rasa Dravya	foods with a more astringent, bitter, or pungent flavor, such as pickles, papad, spicy dinners, etc.
Guna	Ruksha, Sangrahi, Guru, Abhishyandi	Dry foodstuffs, such as all baked goods
Lacking some qualities	Asnehata, Kshiraanupasevanata	Avoid ghee, oil, and milk.
Pulses	Atisevana of Mudga, Chanaka, etc.	All types of pulse.
Grains	Atisevana of Kodrava, Jurnahva, Odana	Reduced caloric intake
Fruits	Karira (Capparis decidua), Karkandhu (Carissa carandas), Kappittha (Limonia acidissima L), Lakucha (Artocarpus lacucha), Parvata (iziphus mauritiana), Bhavya (Dillenia indica)	Fruits with a strong flavour
Vegetable	Vetra shaka	Bitter-tasting vegetable
Matra	Abhojana, Hinamatra, Upavasa	Cutting back on food intake and fasting
Dietary habits	Vishamasana	Unusual eating habits
Other food items	Shuktaka, Pinyaka, Vallura	Oil cake, sour gruel, a kind of acidic liquid

B). VIHARAJ NIDANA (Table No. 2)

Ayurvedic	Modern
Sandharana	repression of innate desires
Atirodana	Too much crying
Prajagarana	Awakenings at night
Vyayama	Overdoing it physically
Maithuna	Overindulgent sexual activity
Udirana	Forcing the desires to start

C). MANAS NIDANA – (Table No. 3)

Ayurvedic	Modern
Shoka	Grief
Bhaya	Fear

VIBANDHA ROOPA[26,27]

Among *Nidana Panchaka, Rupa* is the most crucial *Vyadhi Bodhaka Hetus* for comprehending and interpreting illness. It provides information on the degree of *Dosha and Dushya* engagement. Its *Lakshanas* can be regarded as *Vibandha Lakshana* as the *Purishavegadharana* is regarded as *Vibandha's Nidana*.

ROOPA – (Table No. 4)

Charak Samhita	Astanga Hridaya
Pureesha nigraha Lakshana	Pindikodveshtana
Pindikodveshtana	Shirashoola
Shirashoola	Parikartika
Adhmana	Hridayasyoparodha
Vatavarcho Apravritti	Urdhwavayu
-	Pratishyaya

Lakshana of *Udavartha* is another name for *Vibandha*. All *Acharyas* mention pain in various parts of the body, particularly the belly and thorax, as a sign of *Udavarta*. The gastrointestinal tract symptoms of *Adhmana, Hrillasa, and Avipaka* then arise as a result of *Vimargagamana of Vata*. Constipation is the result of this disorder. Defecating with difficulty, not passing stool or passing it slowly, or having dry, hard, cold, or insufficient amounts of feces are all signs of constipation.

In order to categorize functional gastrointestinal disorders (FGDs) according to their clinical symptoms, the Rome III Criteria system was created.

When two or more of the following are present but absent, the ROME III criteria for functional constipation are without organic pathology, and it must last for at least one month in children under four and at least once per week for at least two months in children over four;

i.Defecation twice a week or less.
ii. At least one bowel incontinence incident every seven days.
iii. A history of stool withholding maneuvers or retentive posture.
iv. Past experiences with difficult or unpleasant bowel movements.
v. A substantial mound of feces in the rectum.
vi. A history of feces with a big diameter that might block the toilet.

SAMPRAPTI[28] –

Samprapti is the term used to describe the changes that occur in the body from the beginning of the etiological causes to the development of symptoms. As long as the *Dosha, Dhatu, and Mala* are in a normal state, there is no illness. Disease manifestation will occur when *Nidana* upsets this equilibrium.

Agni Dusti
↓
Ama formation
↓
Srothorodha
↓
Apana Vayu Avaigunya
↓
Affects Malasanchaya
↓
VIBANDHA

CHIKITSA SUTRA[29] –

Given *Vibandha's* pathophysiology, *Agni Deepana and Vatanulomana* need to be the primary therapy modalities. *Since Apana Vata is the main cause of Vibandha, Udavarta treatment can be used to treat Vibandha, one of the symptoms of Udavarta. Rogabala, Rogibala, Kala, Vaya, Agni, Aushadha,* and other factors influence the choice of therapy.

AYURVEDIC MANAGEMENT –

A). SHAMANA CHIKITSA[30] –

Shamana Chikista is utilized when a moderate ailment results from an unbalanced *dosha*. Both internal and exterior drugs are utilized to address the *Dosha* imbalance. This is predicated on the idea *of Guna. Madhura Kashaya amla rasa, Ushna, Tikshna, Sukshma, Vyavayi, Vikasi Guna*, and *Madhura Vipaka* are the main medications that would be helpful.

B). SHODHANA CHIKITSA –

a. Snehana
b. Swedana
c. Virechana
d. Anuvasana Basti
e. Niruha Basti
f. Varti

a. *Snehana*[31] - *Snehana* is the most effective therapy for *Vata Shamana, and Vibandha* is a *Vata Pradhana Vyadhi*. In *Vibandha*, both *Bahya and Abhyantara Snehana* are available for adoption.

b. *Swedana*[32] - The *Swedana* method, which aids in the *Asanna Gamana of Doshas* from *Shakha* to *Kosta*, is performed following *Snehana*. facilitates *Srotoshodhana*.

c. *Virechana*[33] - One of the *Pachakarma* that drives the *Dosha* out of *Adhomarga is Virechana*. Through *Guda Marga, Pakva and Apakva Malas* are removed from the body during this *Shodhana* treatment. Having *Guru, Teekshna, Sukshma, Vyavayi, and Vikasi Guna, the Veerchana Dravya* are mostly *Ushna Veerya*. With a preponderance of *Parthiva and Jala Mahabhuta, Virechana Dravya* is able to create *Adhogami Prabhava* and downward *Dosha* movement due to their *Guru Guna*.

d. *Anuvasana Basti*[34] - When a child's flatus and stool retention persist due to unctuousness even after relief from *Udavarta*, they should be provided medicinal enema of the *Anuvasana* kind. *Koshta Snehana, Vatanulomaka*, and the relief of *Pureesha Rokshata* are the primary goals of practicing *Vataanulomaka Taila or Ghrita, Anuvasana Basti*.

e. *Niruha Basti*[34] - This *Niruha*-style medicated enema stimulates the rectum's and its associated vessels' regular operation while instantly relieving flatus, stool, and urine retention. The youngster should have *Snehana, Swedana*, and eventually *Niruha*-type enemas if the *Varti* does not have the desired effect.

f. *Varti*[35] - *Jaggery* should be added to medications like *Pinyaka, Sauvarchala, Hingu*, etc. to make a thumb-thick suppository that is then inserted into an anus. It causes *Vata Anulomana* and facilitates the passage of feces and flatus.

NON- PHARMACOLOGICAL MANAGEMENT –

A. TOILET TRAINING - Frequent rectum evacuation is crucial because the accumulation of feces there might prolong constipation. This may be demonstrated in children who are at least 4 years old by starting a toilet-training program. After every meal, toilet training entails actively trying to defecate by sitting on the toilet for five minutes. By using the restroom after eating, the patient benefits from the gastrocolic reflex, which causes the stomach to distend and enhances colonic peristalsis, making defecation easier. It is necessary to convey the significance of maintaining a relaxed posture during defecating. Children who sit on the toilet with their feet off the floor require foot support (a footstool) to maintain a comfortable posture. A reward system, in which a kid receives stickers or other little gifts for finishing toilet training, might be implemented to encourage toilet training. Children with functional constipation may benefit from a daily stool diary, which can also serve as a useful tool for therapy evaluation and motivation.

B. DIETARY ADJUSTMENTS[36] - A balanced diet rich in fruits, vegetables, and whole grains is recommended. Therapy for children's constipation. Assuring proper dietary fiber, hydration consumption, and physical activity level is the first line of treatment for simple primary constipation.

C. Behavioural Modifications - A behavioral issue affects around one-third of people with functional constipation. Having a toileting schedule that includes feces time is beneficial. The majority of persons with regular bowel habits often defecate at the same time every day. This conditioned reaction frequently happens in the morning, within an hour of eating. A child who is constipated should have a regular planned toilet sitting session once or twice a day for three to ten minutes, depending on their age. To properly raise intra-abdominal pressure, make sure the youngster has a footstool to support their legs. Stooling during toileting time should not be punished; instead, toilet sitting behavior and stooling should be praised and rewarded.

PHARMACOLOGICAL MANAGEMENT –

Oral Laxative –

1. Osmatic Laxatives - Lactulose, Lactitol
2. Fecal softeners - Mineral oil
3. Stimulant laxatives - Bisacodyl (oral), Bisacodyl (suppository), Sodium picosulfate.

DISCUSSION –

Constipation is characterized by stiff, firm stools that are difficult to pass at lengthy intervals and seldom (less than three stools per week). Functional constipation usually starts after the newborn stage. Here, deliberate or unintentional stool withholding is evident. More than 85–95% of children's constipations are caused by it[37]. One of the things that might start the pattern of stool retention in children is improperly early toilet training. It may appear in older kids after they've been in an environment that makes bowel movements difficult, like school. Voluntary withholding of feces to avoid the unpleasant stimulation arises when bowel movements are uncomfortable. Constipation seems to affect both males and girls equally before puberty. Compared to men, women are more likely to experience constipation throughout their early adult years and after puberty. The child's age and the length of their symptoms determine how best to treat constipation. Education, dietary adjustments, behavioural modifications, and/or medication may all be part of it.

The reasons of *Vibandha, Lakshana*, are explained by *Ayurveda* and are similar to those discussed in Alopathy medicine. Given the pathophysiology of *Vibandha*, the primary treatment should consist of *Agni Deepana and Vatanulomana*. These medications, which are common in *Madhura, Tikta, and Kashaya Rasa*, help to reduce *Pitta Dosha, Katu, Tikta, and Kashaya Rasa* help to reduce *Kapha Dosha, while Amla, Madhura Rasa* helps to reduce *Vata Dosha*. By releasing the *Mandagni, Katu Rasa and Ushna Veerya* raise the *Agn*i there. The *Pachana* of *Aam Dosha* is performed by *Katu Rasa* and *Teekshna Guna* because of *Agnideepana. Laghu-Teekshna guna* and *Katu Rasa create Sroto Shodhana*, which relives *Vibandha*. The majority of medications referred to as *pathya* contain *Madhura Rasa, Snigdha-Laghu-Sara Gura, and Ushna Veerya*, which aid in restoring vitiated *Vata Dosha* to normal. The majority of medications with *Deepana, Pachana, and Vatanulomana* qualities aid in raising *Agni*, which stops ama from forming and the *Vata Dosha* from becoming vitiated. aids in the appropriate digestion and elimination of *Ahara. Yoga* and *pranayama* improve digestion, eliminate gas in the abdomen, and ease constipation.

CONCLUSION –

The condition known as *Vibandha* is brought on by the vitiation of the *Vata Dosha*, particularly *Apana Vata and Agnimandya*. The *Ayurvedic* texts define *vibandha* as a symptom or complication in relation to several ailments, but they do not identify it as a distinct disease entity. *Vibandha* is mostly caused by *Vata Prakopa Ahara and Vihara*. This might be interpreted as unhealthy eating patterns, a poor lifestyle, and ongoing mental tension that disrupts *Agni and Apanavata*. The *Samprapti* of the *Vibandha* always contains *Agnimandya and Apana Vata Dushti* in addition to abnormalities in the functions of *Pachaka Pitta, Avalambaka Kapha, and Samana Vata*. Constipation can be relieved and additional problems can be avoided with early intervention, dietary changes such as eating foods high in fibre, and appropriate toilet training.

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