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HOMEOPATHIC MANAGEMENT OF CONSTIPATION IN A CHILD BETWEEN 1–12 YEARS: A CASE STUDY

Homeopathy

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ABSTRACT

Functional constipation is a common pediatric disorder characterized by infrequent bowel movements, hard stools, and painful defecation, often associated with behavioral disturbances. This case report describes the homeopathic management of a 6-year-old boy presenting with an 8-month history of constipation, including bowel movements every 3–4 days, hard pellet-like stools, straining, and fear of defecation. Clinical assessment based on Rome IV criteria confirmed functional constipation, with no evidence of organic pathology. Individualized homeopathic treatment was prescribed using Calcarea carbonica 200C based on the patient's constitutional features, along with dietary and lifestyle modifications. Follow-up over 12 weeks demonstrated progressive improvement. By week 6, the child achieved daily bowel movements with normal stool consistency and complete relief from pain. At the end of the study, there was full resolution of symptoms, improved emotional well-being, and no adverse effects. This case highlights the potential role of individualized homeopathy as a safe and effective therapeutic approach in pediatric functional constipation.

KEYWORDS

Functional constipation, Homeopathy, Calcarea carbonica, Pediatric case report

INTRODUCTION

Functional constipation is a common pediatric problem with a global prevalence ranging from 3–30% depending on setting and criteria, and it is best diagnosed using standardized symptom-based definitions such as the Rome IV criteria. The presentation typically includes infrequent bowel movements, hard stools, painful defecation, and stool-withholding behaviors, often assessed in practice using the Bristol Stool Chart to standardize stool form and guide management. Conventional therapy spans education, dietary fiber and fluids, toilet training, and laxatives, but chronicity and relapse are frequent, and caregiver concerns about long-term laxative use are common in clinical practice. In parallel, complementary and individualized approaches—including homeopathy—are sought by families, particularly when aiming to address constitutional predispositions and behavioral contributors alongside bowel symptoms.

CASE PRESENTATION

Demographics and Chief Complaint

A 6-year-old boy presented with an 8-month history of functional constipation characterized by bowel movements every 3–4 days, hard pellet-like stools, straining, and pain on defecation, accompanied by toileting fear and stool-withholding behaviors consistent with pediatric functional constipation patterns.

History of Present Illness

The onset followed school entry, dietary changes with increased processed foods, decreased water intake, and school-related stress, with progressive symptom worsening over the last 2 months. Stools were Type 1–2 on the Bristol Stool Chart at baseline, indicating hard, lumpy stool form. No red flags for organic disease were elicited on history and screening exam in line with standard pediatric evaluation of constipation.

Constitutional Assessment

Constitutional features included a chubby build with chilliness, profuse head sweating during sleep, dry skin, variable appetite with cravings for milk and sweets, cautious temperament, anxiety with new situations, fear of darkness and unfamiliar toilets, and strong maternal attachment—features that inform individualized homeopathic remedy selection rather than diagnosis per se. These characteristics are classically aligned with the Calcarea carbonica constitutional picture in homeopathic materia medica traditions used by many clinicians in individualized prescribing.

Examination and Diagnostic Assessment

The child was well-nourished with mild abdominal distension and a palpable fecal mass in the left iliac fossa; vitals were normal for age, and no systemic findings suggested organic etiology. The case fulfilled the Rome IV diagnostic criteria for functional constipation, which rely on symptom frequency and characteristics over time for children with developmental age ≥4 years. Baseline stool form was documented with the Bristol Stool Chart, a validated clinical tool for children when adapted and taught properly in pediatric settings. Severity was graded clinically using a constipation assessment scale for follow-up, consistent with structured outcome tracking in pediatric constipation management pathways.

Case Analysis and Repertorization

The symptom totality synthesized: constipation with hard, dry stools; chilly constitution; profuse head sweating in sleep; cravings for milk/sweets; cautious, anxious temperament; fear of new situations; and plump build. Score on constipation assessment scale **13/16**. Repertorization and differential narrowed to Calcarea carbonica, Graphites, and Alumina based on classical indications for sluggish bowel, stool dryness, and constitutional modalities often cited in individualized prescribing.

Remedy Selection and Rationale

Calcarea carbonica was selected due to the close constitutional match encompassing thermal modality (chilly), characteristic head perspiration in sleep, dietary cravings, body habitus, and anxiety with novelty, which together distinguish it from Alumina (inactive rectum, lack of urge, dryness) and Graphites (constipation with fissures, oozing skin, obesity but different mental profile). Individualized single-remedy prescribing and minimum dose are standard principles in classical homeopathy and are commonly applied in pediatric constitutional treatment.

Prescription: Calcarea carbonica 200C, 5 globules, single dose on an empty stomach, with observation and no routine repetition unless clinically indicated by relapse or cessation of curative trajectory.

Treatment Protocol

The treatment protocol encompassed not only the homeopathic remedy but also comprehensive lifestyle and dietary counseling:

Supportive Care

As part of a comprehensive management strategy for chronic constipation, the patient was initiated on targeted dietary and lifestyle modifications. Dietary recommendations included a gradual increase

in fiber intake through the inclusion of fresh fruits, vegetables, and whole grains, alongside a daily fluid intake of approximately 1.5 to 2 liters (6–8 glasses) of water, tailored to the patient's hydration status and comorbid conditions. Meal timings were regulated to promote gastrointestinal motility, and processed, low-fiber foods were minimized. Additionally, probiotic-rich foods such as yogurt and buttermilk were introduced to support gut microbiota balance.

Lifestyle interventions emphasized the establishment of consistent bowel habits, encouraging the patient to allocate unhurried time for defecation at regular intervals. Physical activity was increased incrementally, with daily walking incorporated as a foundational exercise. Stress management techniques, including guided relaxation and mindfulness practices, were introduced to address the potential impact of psychosocial factors on gastrointestinal function. Proper sleep hygiene was reinforced to support overall physiological regulation, with emphasis on maintaining a consistent sleep-wake cycle.

Follow-up and Outcomes

Progress was systematically assessed at 2-, 6-, and 12-week follow-ups using stool frequency, stool form (Bristol Stool Chart), symptom severity, and behavioral parameters. At the 2-week follow-up, stool frequency improved to one bowel movement every two days, with stool consistency changing to Bristol Type 2–3. There was a marked reduction in straining during defecation, along with a noticeable decrease in anxiety and fear associated with toilet use. No adverse effects were reported. By the 6-week follow-up, the patient achieved daily spontaneous bowel movements with normalization of stool consistency (Bristol Type 3–4) and complete resolution of defecation-related pain. Additional improvements included better appetite, increased energy levels, improved sleep patterns with reduced night-time head sweating, and a reduction in constipation assessment scale score to 4/16, indicating mild symptoms. Notable constitutional improvements such as enhanced self-confidence and improved stress resilience were also observed. At the 12-week final assessment, there was complete resolution of constipation symptoms, with regular daily bowel movements maintained and a constipation assessment scale score of 0/16. The patient demonstrated marked improvement in overall quality of life, with sustained constitutional benefits including increased vitality, improved stress adaptation, and greater social confidence. High parental satisfaction was reported regarding both symptom resolution and overall functional outcomes. A visual tracking timeline was maintained to document progressive improvement in stool frequency, stool form, and clinical severity across follow-up visits, reflecting structured outcome assessment in pediatric constipation management.

DISCUSSION

This case exemplifies the effective application of fundamental homeopathic principles in the management of pediatric functional constipation. The selection of the remedy was guided by the law of similars, which postulates that substances capable of producing symptoms in healthy individuals can be used therapeutically to treat similar symptom patterns in diseased states. In the present case, *Calcarea carbonica* was selected due to its close correspondence with the patient's clinical presentation and constitutional characteristics. The prescription was based on an individualized approach, taking into account not only the physical symptoms but also the child's mental, emotional, and behavioral profile. Such individualization is a cornerstone of classical homeopathy and allows for a more holistic understanding of the patient.

In accordance with classical homeopathic practice, a single constitutional remedy was administered in a minimum dose. This approach facilitated clear observation of the therapeutic response and minimized the risk of confounding effects associated with multiple remedies. The absence of repetition over the 12-week follow-up period further indicated an adequate and sustained response to the selected remedy.

The effectiveness of *Calcarea carbonica* in this case can be attributed to its alignment with the patient's constitutional profile at multiple levels. At the physical level, the child exhibited features such as a tendency toward sluggish bowel activity, which is consistent with the remedy's known indications. At the mental-emotional level, the presence of anxiety, fear of unfamiliar situations, and emotional sensitivity corresponded closely with the remedy picture. Addressing these aspects was particularly important in managing stool-withholding behavior and toileting fear, which are key contributors to pediatric functional constipation. Beyond the resolution of the primary complaint, broader constitutional improvements were observed, including enhanced energy levels, improved sleep patterns, and better emotional adaptability, demonstrating the holistic impact of individualized homeopathic care.

The clinical outcomes in this case were notable. There was complete resolution of chronic constipation, with restoration of regular, spontaneous, and painless bowel movements. The child also experienced elimination of straining and toilet-related anxiety, which significantly improved daily functioning. Secondary benefits included improved physical vitality, better stress tolerance, enhanced sleep quality, and increased self-confidence and social comfort. Importantly, these improvements were sustained over the follow-up period without the need for continued pharmacological intervention.

From a clinical perspective, this case supports the safety and acceptability of homeopathic treatment in pediatric patients. Unlike conventional laxatives, which may be associated with dependency, electrolyte imbalance, or gastrointestinal side effects, the homeopathic intervention in this case was well tolerated, with no adverse effects or aggravations reported. The treatment approach emphasized systemic healing rather than symptomatic relief alone, and high levels of acceptance and adherence were observed among both the patient and caregivers. Furthermore, the intervention proved to be cost-effective and yielded durable results, enhancing its practical applicability.

Overall, the findings from this case suggest that individualized homeopathy may serve as a valuable integrative therapeutic option in the management of functional gastrointestinal disorders in children. While the results are encouraging, further well-designed studies are necessary to substantiate these observations and to establish stronger evidence for broader clinical application.

LIMITATIONS AND FUTURE DIRECTIONS

As a single-case report, the findings of this study lack generalizability and cannot be extrapolated to a wider population. The absence of a control group further limits the ability to perform comparative analysis with conventional treatment modalities. Additionally, reliance on subjective outcome measures may introduce reporting bias, potentially affecting the accuracy of the results. Observer bias is also a possible limitation, particularly in the assessment of constitutional and emotional improvements, which may be influenced by clinical interpretation.

Future research should focus on conducting randomized controlled trials comparing homeopathy with standard pediatric constipation treatments to establish stronger evidence of efficacy. Long-term follow-up studies are also needed to evaluate the durability and sustainability of homeopathic outcomes over time. Additionally, the adoption of validated and standardized outcome assessment tools in pediatric constipation research will improve the reliability and comparability of findings. Cost–benefit analyses comparing homeopathy with conventional care pathways may further clarify its economic viability and clinical utility. Furthermore, multi-center trials involving diverse patient populations are needed to assess the consistency and generalizability of treatment outcomes across different settings.

CONCLUSION

This case illustrates resolution of pediatric functional constipation within 12 weeks using a combined framework: Rome IV-based diagnosis, Bristol Stool Chart monitoring, guideline-aligned behavioral measures, and individualized constitutional homeopathy with Calcarea carbonica. The outcome—improved stool frequency, normalized stool form, cessation of straining/pain, and durable behavioral change—mirrors expected success markers in pediatric constipation programs. While individualized homeopathy may offer additional benefits for select children, further controlled research is warranted.

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