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“A CASE STUDY ON VIBANDHA W.S.R. TO CONSTIPATION IN CHILDREN”**Dr. Devyani Thokal¹, Dr. Rachnil Kamavisdar², Dr. Shivangi Bhalerao²**

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ABSTRACT:

One of the primary causes of the rise in parental concerns is the prevalence of vibandha in children. It happens as a result of a blockage to Apana Vayu's ability to function. In addition to being a disease in and of itself, it can also be a consequence of other illnesses, leading to low quality of life and physical and psychological morbidity. It is characterized by delayed feces or infrequent, painful, and difficult stool transit. The main goals of managing constipation include behavioral training, nutritional changes, and addressing the underlying cause.

A 12-year-old girl was brought to the IPD of Kaumarbhritya, Shri Ayurved College and Hospital Nagpur, complaining of hard stools every eight to ten days and trouble passing regular bowel movements. For three to four months, I have experienced intermittent abdominal discomfort, bloating, a burning sensation throughout my body, headaches, appetite loss, and general weakness. For the previous five to six months, these issues persisted. Vibandha is one way to conceptualize this situation. Following a comprehensive clinical assessment and laboratory analysis, Panchakarma treatment, which included Abhyanga, Swedan, and Matra Basti, was initiated along with appropriate internal medications. Significant progress was made in the patient's condition. She was later sent home with medication and dietary instructions to follow.

KEY WORDS:- Vibandha, Constipation, Basti, Apana vayu.

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INTRODUCTION

About 10 to 25% of all patients who visit a pediatric gastroenterology clinic have constipation, which is a sign of an underlying condition. One indicator of good health is a regular bowel pattern. Children frequently have chronic constipation (lasting longer than two weeks), which can lead to behavioral issues, fecal soiling, persistent stomach pain, voiding dysfunction, psychosocial stress, and a lower quality of life. In Ayurveda, constipation is associated with vibandha. The disease known as vibandha is not specifically and directly described in the Ayurvedic samhitas. It is considered a symptom in the majority of Annavaha and Purishvaha Srotovikriti.

Constipation is characterized by either infrequent or painful bowel movements, or both. Usually, the stools are too big, too firm, too infrequent, or uncomfortable to evacuate. Constipation is defined as "a delay or difficulty in defecation, present for 2 weeks or more, and sufficient to cause significant distress to the patient" by the North American Society of Gastroenterology, Hepatology, and Nutrition (NASPGHAN).

According to Rome III definition of chronic constipation, symptoms must include at least two of the following for the past two months:

- Two or fewer defecations per week $<2/wk$
- At least 1 episode of fecal incontinence per week in a toilet-trained child
- History of excessive stool retention or retentive posturing
- History of painful or hard bowel movements
- Presence of large fecal mass in the rectum
- History of large diameter stools that may obstruct

According to Ayurveda, the main causes of constipation include Purishaja Vegadharana (withholding of stool; children nowadays are spending too much time on devices like smartphones and televisions, which causes them to neglect their daily hygiene routines), Akal or Asamay purish tyag, a lack of water consumption, a lack of fiber-rich foods, and eating fast food, which is typically composed of maize flour (e.g., pizza, burgers, momos, etc.)³. Metabolic or endocrine abnormality-Hypothyroidism, Hypercalcemia, Hypokalemia, Diabetic Mellitus, and Vitamin D intoxication also cause constipation.

Ayurveda offers wonderful treatment modalities for vibandha with effective results. and minimal to nil side effects.

CASE HISTORY :

The parents of a 12-year-old girl brought her to the outpatient department (OPD) of Kaumarabhritya, Shri Ayurved College and Hospital, complaining of difficulty passing stool on a regular basis, along with hard stools once every 8 to 10 days, intermittent abdominal pain, bloating, a burning sensation throughout the body, headache, loss of appetite, and general weakness. This complaint has been ongoing for the past three to four months.

History of Present Illness :

The mother claims that four months ago, the patient appeared to be in good health. She then progressively started to have trouble passing motion on a regular basis (vatavarcha-apravrutti). At first, she experienced some discomfort when passing hard stools (Grathita-Mala) once every three to four days. (sashoola mala-pravrutti) defecation. The duration grew to 7 or 8 days after a few days.

Additionally, she reported intermittent abdominal pain around the umbilical region, particularly when playing or running, which would go away on its own without the need for medication after five to ten minutes. She had greater trouble passing stools as the days went by, only voiding a small amount of feces (alpalpam-malapravrutti). Blood in the stools was not common, though.

After asking the parents a lot of questions about the child's food, lifestyle, and habits, it was discovered that she had a very low appetite and consumed very little in the way of fruits, vegetables, milk, and water. Mother also described her introverted and shy personality, raising suspicions about her tendency to suppress information. The impulse to urinate, particularly on school property. When the youngster was first brought to a neighboring hospital for consultation, the parents gave them a course of medication, which they took, but they did not get any meaningful relief.

For the TB to r/o abdominal Kochs, she has been worked up outside. The CBC, urine-R, TSH, and LFT were all normal, the Montoux and CBNAAT were negative, and the USG revealed a few tiny mesenteric lymph nodes in the right iliac fossa. Due to abdominal pain and a lack of appetite, weight was lost. The patient received therapy at AIIMS for the aforementioned issues, but there was no improvement. They brought their child to this hospital with all of these issues, and after being taken to the intensive care unit, they were scheduled to receive Panchakarma treatment in addition to internal medication.

PAST HISTORY :

H/O Constipation & abdominal pain } 2 months

Medication history :

Syp lactulose 10 ml bd

Syp Bevon 5ml bd

Tab drotaverine (sos)

Muout powder 2 scoops + 1glass water HS sos

All medicines taken for 2 month but did not get any satisfactory relief.

PERSONAL HISTORY

DIETARY HISTORY :

Daily intake of chilli 5-6, Spicy food, Frequent consumption of packet foods such as chips, Kurkure, Biscuits, no consumption of fruits, vegetables and whole grains.

PHYSICAL ACTIVITY :

Sedentary lifestyle with no exercise, Spends most of the time playing mobile game, watching TV or browsing phone.

SLEEP HABITS : Irregular sleep schedule with daytime sleeping, Ratri jagaran, Difficulty waking up in the morning

BOWEL HABITS : infrequent bowel movement (less than 3 times a week),hard stool, straining while defecation, pain during bowel movements.

SOCIAL HISTORY : Lives with both parents in a nuclear family, Only child, with no siblings. studies in 6th class, she has few close friends, but prefer to spend time alone.

PARENT-CHILD RELATIONSHIP:

Being single child Parents was extremely affectionate, over possessive and allow to do whatever she want, often over-pampered.

PSYCHOLOGICAL HISTORY: Appears to be a shy and reserved child.

BIRTH HISTORY :

Full term normal vaginal hospital delivery / 2.25 kg weight /Cried immediately after birth

No H/O NICU stay

Antenatal history : No any significant history noted

Mother diet was normal, no H/o anaemia, GDM , PIH or any major illness

IMMUNIZATION : vaccination done as per govt. schedule till date

ANTHROPOMETRY : Weight : 26 kg , Height : 142 cm

DEVELOPMENTAL MILESTONES : all milestones achieved as per age

EXAMINATION

General Examination:

Vitals were normal. The general condition of the patient was good, moderately built, afebrile,

Physical Development: Examinations had shown no deformity

S/E –

RS –AEBE clear

CVS – no murmur HS +

CNS – conscious oriented

P/A : soft Not distended

Inspection of anal area: No perianal tags, No anal fissure,

* Per rectal: Normal anal sphincter tone, No blood

Ashtavidha Parikshan :

Nadi -108/min (vataj)

Mala – 1 time/ 8-10 days

Grathit,sakashta ,asamyak malpravruti

Sometime pischil malpravruti

Mutra – 5-6 times /day

Jivha – Saam

Shabd - Spashta

Sparsh- Samshitoshna

Druk- spashta, sclera – white, clear, no signs of icterus

Conjunctiva – pink in color

Aakruti- krush, weight – 26 kg

INVESTIGATION :

DATE	INVESTIGATION
17/12/24	USG abdomen – few small mesenteric lymph node in right iliac fossa
19/12/24	montoux –NR ,CBNAAT – NR
06/01/24	Sr lipase -59 IU /L
08/1/24	TSH - 4.11
18/01/24	Hb electrophoresis –AA pattern CBC : HB- 13.5 g/dl RBC- 5.32mill/cmm WBC- 5.72/cmm PLT- 3.17 /cmm
8/2/24	urine routine & microscopic examination was normal USG abdomen - no significant abnormality LFT –total bilirubin 0.33 mg/ dl ALP - 232IU/L SGPT - 32 IU/L SGOT - 25.2 IU/L KFT - Blood urea – 13.3 mg/dl , Sr.creat 0.50 mg/dl ESR – 13 mm/hr
21/2/24	CBC : HB- 12.9 g/dl , RBC- 5.52 mill/cmm , WBC- 9.99/cmm PLT -2.60 /cmm

Treatment:

Sr.no.	Medicine	Dose	Anupan	Duration
1.	Laghusutashekhar ras	250 mg BD	Koshna jal	15 days
2.	Paripathadi kwath	10 ml BD	Koshna jal	15 days
3.	Shankh vati	250 mg BD	Koshna jal	7 days
4.	Hingwashtak churna	2gm BD	Ghrut	15 days
5.	Lavan bhaskar churna	2gm BD	Ghrut	15 days
6.	Cap mishrak sneh	1cap HS	Koshna jal	60 days
7.	Cap Murchhit erand tail	1 cap BD	Koshna jal	30 days
8.	Abhayarishta	10 ml BD	Koshna jal	30 days
9.	Panchkolasav + kumariasav	10 ml BD	Koshna jal	30 days
10.	Aragwadh+ Panchsakar +Esabgol +Yashtimadhu + Erandmul churna	2gm BD	Koshna jal	30 days

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Sr No .	Procedure	Medicines	Duration
1.	Abhyanga (Sarvanga)	Bala Taila	30 days
2.	Mrudu Nadi Sweda (Sarvanga)	Dashmoola Kwatha	30 days
3.	Basti on alternate day	Anuvasan - Bala Taila +saidhav +madhu Niruh - Erandmuladi kwath +Erandmul churnakalka+ Bala Taila +saindhav +madhu Matra basti :Dhanwantar tail	15 days 30 days

Pathya

- Plenty of fluids and fiber diet.
- Green leafy vegetables and fruits like Anar, Grapes, Chikoo, Mango, Papaya, Anjir,
- Light and easily digestible food.
- Avoid suppression of urge to defecate.
- Proper sleep at night.
- Whole Grains , Carrot, Tomato, Cucumber, Goghrit . Avoid Bakery Products .

Nidana (Etiological factors).

Rasa	Katu (acid), Tikta (bitter), Kashaya (astringent), Lavan
Guna	Ruksha (dry), Ushna Gun , Vidahi (causes burning sensation), Abhishyandi
Ahara	Daily intake of chilli 5-6 , Spicy food, Frequent consumption of packet foods such as chips, Kurkure, Biscuits, no consumption of fruits, vegetables and whole grains.
Vihara	Vega-Sandharana (withholding urges), Ratri jagarana (awakening at night) Sedentary lifestyle with no exercise .Irregular sleep schedule with daytime sleeping,
Manas	Being single child Parents was extremely affectionate, over possessive and allow to do whatever she want , often over-pampered.

Poorva Rupa (Prodromal symptoms) : Agnimandya (indigestion), Aruchi (anorexia), Bhaktadwesa (aversion towards feed), Klama (fatigue), Adhmana (tympanites), Antrakoojana, Arati (dullness) Udarastabdhatata (Reduced peristalsis).

Lakshanas.

Lakshana related to Mala	Anubandha Lakshana
1.Vatavarcha Apravrutti (obstruction of flatus and faeces)	1. Aruchi (Anorexia)
2.Mala kathinta (hard stool)	2. Ajeerna (indigestion)
3.Sushka, Grathita mala Pravartana (dry, pellet like stool)	3. Atopa (flatulence)/Adhmana
4. Alpamatra mala Pravartana (less quantity)	4. Udara Shoola (pain abdomen)
5. Kashta mala Pravartana (difficulty while defecating)	5. Shira Shoola (headache)
6. Sashoola mala Pravartana(pain while defecating)	6. Antrakoojana (increased intestinal movements)
7. Krucchrena- Chiraathpravrutthi (excessive straining)	7. Alasya (lazyness)
	8. Katiprushta vedana (pain in back)

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Samprapti : Nidan sewan

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Vatapittaprakopa



Pakwashay ruksha Ushna gun vrudhi



Apanvayu vikruti



Malavrodh



Vibandh (Malabaddhata)

Sampraptighataks of Vibandha.

Dosha	Vata dosha Pradhan pitanubandha
Dushya	Mala
Dhatu	Rasa
Agni	Manda
Srotas	Annavaha, Pureeshvaha
Srotodushti	Sanga
Udbhavsthana	Amashya
Vyaktasthana	Pakvashya ,Sarvashareera
Sadhya-asadhyata	kashtasadhya

Results:

The patient has shown significant improvement in their symptoms of constipation. Specifically:

- Bowel movements have become more regular, with the patient now experiencing daily bowel movements.
- Stool consistency has improved, with stools now being softer and easier to pass.
- Straining during bowel movements has decreased significantly.
- Abdominal pain and discomfort has decreased.
- The patient reports feeling more comfortable in their daily activity. Ability to manage their bowel movements.

DISCUSSION

Laxatives, which are generally used for constipation, become habitual after some duration and only provide symptomatic relief.

Moreover, these medicines never alter the pathogenesis of disease. So, it is a need of the hour to search for effective, safe & alternative formulations in Ayurveda, which can completely break the pathogenesis of malavshambh.

As per Ayurveda, Vata Dosha is the main factor involved in this condition. Therefore, the prime treatments recommended by ancient acharyas are snigdha ahar, anulomak dravya, dipak pachak dravya, and basti kriya. Apana vata is the primary factor in constipation in children. Externally, Abhyanga and Nadi sweda were done for 30 days. Abhyanga, being a Bahya Snehana Chikitsa along with Swedana, did the Vataharana. Bala taila was selected for Abhyanga as it is Balya as well as Brumhana by its nature. Since Vata is the main Prakupita dosha here, Basthi chikitsa was planned in order to provide Samyak Anulomana, and Matra basthi was administered with Dhanvantar taila for 30 days, and alternate Anuwasan Basti with Bala Taila + saidhav + madhu and Niruh with Erandmuladi kwath + erandmul churnakalka + Bala Taila + saidhav + madhu was given for 30 days .

Medicine with properties of Ushna, Madhur, and Snigdha was administered to the patient. Ushana guna 4 acts as a dilator of Srotas and the alimentary canal, increases the secretion of glands, generates spasms in sphincteric muscles, and helps feces remove from obstructive paths. These drugs improve digestion by stimulating Pitta and correcting metabolic activities inside the body. Madhur guna 5 of the drug provides strength to the muscles. Because Prthvi and Jala Mahabhuta predominate in medications with Madhura Rasa, these compounds might be characterized as having an unctuous quality and moistening the body's channels. Snigdha Guna 6 provides the viscosity necessary for easy expulsion as well as softening and lubricating the feces in the alimentary canal.

Internally, Laghusutashekhar ras , Paripathadi kwath, Shankh vati, Hingwashtak churna, Lavabhaskar churna, Cap mishrak sneh, Cap Murchhit erand tail, Abhayarishta, Panchkolasav + kumariasav, and Aragwadh + Panchsakar + Esabgol + Yashtimadhu + Erandmul churna were administered.

7 Hingwashtak churna is a blend of Trikatu (Shunthi, Pippali, and Maricha), Ajmoda/Yavani, Saindhav Lavana, Jeeraka, Krishna Jeeraka, and Hingu. Sunthi, due to its Katu Rasa and Ushna Veerya properties, increases the Agni (digestive fire), thereby relieving Mandagni (low fire). Sunthi is known to stimulate digestion beneficially. The Sunthi Churna, due to its Katu Rasa and Agnidiptikara Karma, does the Agnidipana, and due to Katu Rasa and Tikshna Guna, does the Pachana of Amadosha. Due to Katu Rasa and Laghu, Tikshna Guna causes Srotoshodhana. 8 Maricha, by its Ushna and Katu Vipaka, increases Agni; by Tikhna Ushna Guna, it expels the vitiated Doshas, which are in sanchaya avastha (accumulated stage). Pramathi Guna of Maricha helps in Srotoshodhana. It is useful for Agnimandya, Ajeerna, Shula, and Adhyamana. Pippali increases Agni by its Deepana action. Saindhav Lavana is rock salt, which acts as a catalyst during the digestive process. Shuddha Hing is one of the well-known herbs for digestion and relieves the gases produced during the digestive process. Ingredients like Shankha Bhasma, Hingu, Kshara, Lavanus, Trikatu, Vatsanabha, Shuddha Parada, and Shuddha Gandhaka are found in the majority of the Shankha Vati. Ingredients like hing (asafoetida) and ajwain (carom seeds) enhance Agni (digestive fire) and clear digestive blockages, preventing Ama (toxins) accumulation that can cause constipation. Laxatives such as black salt and rock salt act as mild laxatives, drawing water into the intestines, softening stools, and promoting peristalsis. The Ushna (hot) nature of Shankh Vati

stimulates digestion, balances Vata (which is responsible for dry, hard stools), and promotes intestinal motility.

The Katu Vipaka of Shankh Vati helps in scraping off Ama (toxic undigested material), promoting a clear digestive tract. Ingredients of Paripathadi kwath, like Parpat (Fumaria indica) and Guduchi (Tinospora cordifolia), by its tikta ras, help in removing Ama (toxins) and clearing the digestive tract. Kashaya Rasa Herbs like Musta (Cyperus rotundus) absorb excess fluid, regulate bowel function, and support intestinal health. Mishrak sneh capsule contains goghrit, erand tail, til tail, and shyamadi gan dravya. Erand tail by its Madhur ras helps in lubrication of the intestine, tikta, and katu ras stimulates digestion and clears Ama & Ushna virya of erand tail helps in Anuloman of Apan vayu. Madhur vipak provides a gentle laxative effect without irritation. Erand's tail is best. Virechan dravya.

Abhayaarishta is a formulation used in chronic constipation; it helps in Vatanuloman by haritaki, ajawain, and shunthi. It helps in the stimulation of Agni by Sunthi, Saunf, and Ajwain. Dhataki and jaggery aid fermentation, promote gut-friendly bacteria, and thus provide a probiotic effect.

CONCLUSION

Vibandha can be understood as a Swatantra vyadhi or as an Upadrava of other dis-eases. Treatment of Vibandha is mainly focused on the Anulomona of Apana vata which results in Samyak mala pravrutti. Hence in this case Vibandha is diagnosed as a Swatantra vyadhi and Anulomana and Brumhana chikitsa were adopted internally and externally. Along with Chikitsa, proper dietary plan with fibre rich diet and adequate intake of lukewarm water were also advised. Significant reduction in the complaints was observed after 60 days of treatment. Even after completion of treatment since 6 months completed no any complaints repeated with accompanied of life style change & diet plan.

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