# INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558 P-ISSN: 2616-454X

https://www.unanijournal.com

IJUIM 2024; 8(1): 06-08 Impact Factor (RJIF): 6.3 Peer Reviewed Journal Received: 13-11-2023 Accepted: 14-12-2023

#### Dr. Ruwais Hameed

Associate Professor, Kashmir Tibbia College Hospital and Research Centre, Srinagar, Jammu and Kashmir, India

# Constipation and its management

#### Dr. Ruwais Hameed

**DOI:** https://doi.org/10.33545/2616454X.2023.v7.i1a.253

#### **Abstract**

Constipation is a problem with passing stool. Constipation generally mains passing fever than 3 stools a week or having a difficult time passing stool. Constipation is fairly common. A lack of dietary fibre, fluids and exercise can cause constipation. Healthy lifestyle, especially keeping regular bowel habit, drinking adequate fluid and the use of high fibre diet that reduces the viscosity of stool minimises intestinal transit time and decreases the chance of Constipation. Early diagnosis and management of other underlying Factors are responsible to give relief to the patients from the physical and psychological stress.

Keywords: Constipation, gastrointestinal disorder, clinical approach, diagnoses, management

#### Introduction

Constipation means having hard, dry bowel movements or passing stool fewer than three times a week. According to unani concept of constipation (QABZ) also known by variety of names such as Husr, Ehtebas-ul-batan, Eataqaal-ul-Batan, Ehtabas-ul-Tabiya, Eataqaal-al-Tabiya, and imsaak ul Batan. It is a condition in which an individual experiences infrequent or uncomfortable bowel movements, or it is a condition of delayed defecation where the quality of stool reduces and becomes hard to pass. According to some authors, it is a condition in which an individual experiences difficulties in emptying the bowels, usually associated with hardened faeces [1-3].

#### Pathophysiology of constipation

Two Mechanisms explain pathophysiology of Constipation. Colonic motility dysfunction or dismotility is failure of coordinated motor activity to move stool through the colon. It is sometimes associated with dietary factors, medications that can alter motility or systematic diseases example neurologic, metabolic or endocrine disorders. Others exhibit abnormalities of the enteric nerves, such as decreased volume of intestinal cells of cajal (ICC) and other neural elements [4-5].

#### **Causes of constipation**

- 1. Eating foods low in fibre.
- 2. Not drinking enough water (Dehydration).
- 3. Not getting enough exercise.
- 4. Eating large amounts of milk or cheese.
- 5. Stress.
- 6. Resisting the urge to have a bowel movement.
- 7. Being less active and not exercising.
- 8. Often ignoring the urge to go to the toilet.
- 9. Changing your diet or daily routine [6-7].

## **Epidemiology**

Constipation is a common condition all around the globe. Worldwide prevalence rates ranges from 0.7% to 79%, with an overall median of 16% and median of 33.5% among older population <sup>[8]</sup>. Different surveys have reported the prevalence between 1% and more than 20% in western populations. Which can be attributed to different factors <sup>[9]</sup>. Constipation has been found more prevalent in women than in men, in non-white than in white persons, in children than in adults and in elderly than in younger adults. According to the 1996 National Health Interview Survey, about 3 million people in the United States are found to have

Corresponding Author: Dr. Ruwais Hameed Associate Professor, Kashmir Tibbia College Hospital and Research Centre, Srinagar, Jammu and Kashmir, India frequent Constipation. Likewise more than 2.5 million visit to physician, 92,000 hospitalisations and lexative sales of several 100 million dollars a year in US [10-12].

#### Symptoms and signs of constipation

Constipation basically is a subjective condition. This is why the most important tool for diagnosis of Constipation mostly depends upon the childhood and adult. Constipation are irregular bowel activity with excessive foul smelling, flatulence and stools with texture. Sometimes patients may present with history of passage of smell pellets or less frequent large amount of stools and painful defecation with holding or straining at stools, soiling or overflow. Abdominal Distinction or discomfort, decreased appetite, easy fatigability and irritable mood are few other symptoms [13]

### **Management of Constipation**

**Lifestyle Modifications:** Dehydration and decrease in physical activity are found to worsen, so different studies recommend adequate Hydration and increase in physical activity.

High fiber diet is found to be beneficial for Constipation. The ideal amount is 25-35 grams per day. Fiber adds bulk to stools and makes bowel movements soft or firm. To improve compliance with treatment, patients should be instructed to increase their dietary fibre intake gradually to 20-25 grams per day over a period of 1-2 weeks. If this approach is not effective. Commercially packaged fibre supplements should be tried. Regular bowel habits, careful use of laxatives, and control of medications, including dosage and timing are also effective for Constipation [14].

#### **Treatment**

Current laxatives edification by decreasing stool consistency (softening and/or artificially or indirectly stimulating Colon motility, via one or more of a number of mechanisms. Welldesigned placebo-controlled blinded clinical trials of older laxatives are sparse. Although many trials report improvements in the number of bowel movements per week and some report improvements of certain symptoms, many studies are small and lack Comprehensive, clinically relevant treatment and points. Similarly, there is a lack of head to head comparisons. Hence, there is a lack of evidence to determine whether one executive class is superior to another. It is also largely unknown if laxative treatment address the impaired quality of life observed in patients with chronic constipation as more studies have failed to assess quality of life majors. Indeed, for some patients, laxatives can worsen certain symptoms, such as bloating and flatulence [15-17].

As per unani philosophy the basic principles which are followed for the management of constipation (Qabz) are:

- 1. Removal of underlying cause / treatment of cause.
- 2. Improvement of digestion and correction of hepatic insufficiency.
- 3. Laxation of bowels.(Talayin-e-Taba)
- 4. Removal of Constipation.(Rafa-e-qabz)
- 5. Toning up of intestine.(Taqwiyat-e-ama'a)

#### Conclusion

Constipation is a very common problem worldwide. There are number of preventable risk factors like food, habit and personal habits, causing Constipation; taking care of them

on time can play an important role in minimising their effects which in turn minimises the socioeconomic burden of constipation significantly.

#### **Conflict of Interest**

Not available

#### **Financial Support**

Not available

#### References

- 1. Dipalma JA. Current treatment options for chronic constipation. Reviews in Gastroenterological Disorders; c2004 (supplz).
- 2. University of Michigan Medical School. MBCP. Available at: www.med.umich.edu>MBCP.
- 3. Welfarehab Organization. Constipation cure and treatment through diet. Available at: http://welfarehab.org/diseases/constipation/20cure%20a nd0%20treatment%20through%20diet.PBF.
- Chan AO, Cheng C, Hui WM, Wong Wong BC, Lai KC, Lam SK. Defining coping mechanisms, stress level, and anorectal Physiology in patients with functional Constipation. World Journal of Gastroenterology. 2005;11:5362-5366.
- Sagar PM, Pemberton JH. Anorectal and pelvic floor: Relevance of continence incontinence and Constipation. Gastrointestinal Clinics of North America. 1996, 163-182.
- Cleveland Clinic. Constipation. Available at: my.cleveland.org>diseases.
- 7. National Health Service (NHS). Constipation. Available at: www.nhs.uk>conditions>constipation.
- 8. Mugir SM, Bennings MA, Di Lorenzo C. Epidemiology of Constipation in children and adults. A systematic review. Best Practice & Research. Clinical Obstetrics & Gynaecology. 2011;25(1):3.
- 9. Lindberg G, Hamid SS, Malfertheiner P, Thomson OO, Fernandez LB, Garisch J, *et al.* World gastroenterology. 2011;45(6):483.
- 10. Sonenberg A, Koch TR. Physician visits in the United States for Constipation 1958 to 1986. Digestive Diseases and Sciences. 1989;34:606-611.
- 11. Heaton KW, Radvanj, Cripps H, Mountford (Women) SRA, Braddon FE Hughes AO. Defecation frequency and timing, stool form in the general population. A prospective study. Gut. 1992;33:818-824.
- 12. Johnson JF, Sonenberg A, Koch TR (Whites). Clinical epidemiology of chronic constipation. Journal of Clinical Gastroenterology. 1989;11:525-536.
- 13. Bharucha AE, Pemberton JH, Locke GR. American Gastroenterological Association technical review on constipation. Gastroenterology. 2013;144(1)218-238.
- 14. Chua HC, Niech CC. The effect of lifestyle modification in the treatment of constipation in older adults. Medical Crave Group LLC; c2016.
- 15. Johnson D. Treating Chronic Constipation: How should we interpret recommendations? Clinical Drug Investigation. 2006;26:547-57.
- Tack J, Muller-Lissner S. Treatment of chronic Constipation: Current pharmacologic approaches and Future Directions. Clinical Gastroenterology and Hepatology. 2009;7:502-508.
- 17. Jones M, Talley N, Nuyts G, Dubois D. Lack of

- objective evidence of efficiency of laxatives in chronic constipation. Digestive Diseases and Sciences. 2002;47:2222-2230.
- 18. Welfarehab Organization. Constipation cure and treatment through diet. Available at: http://welfarehab.org/diseases/constipation%20cure%20and%20Treatment%20through%20diet.Patt.
- 19. Unani Herbal. Herbal medicine for acute and habitual constipation. Available at: http://www.unaniherbal.org/herbal-medicine-acute-habitual-constipation.html.
- 20. Healthy Unani. Available at: http://healthyunani.blogspot.in/.
- 21. Desi Medicine. Available at: http://desimedicine.blogspot.in/2012/04/constipation.ht

#### **How to Cite This Article**

Hameed R. Constipation and its management. International Journal of Unani and Integrative Medicine. 2024;8(1):06-08.

#### Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work noncommercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.