

Review Article

Homoeopathic Medicines in Management of Constipation-A Case Report

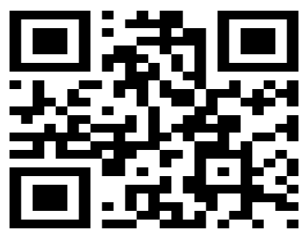
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ABSTRACT

Constipation may be a frequently stated bowel symptom within the geriatric age with significant influence on life value and fitness expenses. Ailment- related morbidity and mortality are stated within the weak old people influenced. Though constipation isn't a physiologic result of getting old, less mobility, medicines, ailments, and rectal sensory-motor dysfunction are causing to its more prevalence in geriatric age. In the old age there is multiple etiology, requiring a multiphase treatment methodology. The bulk of patients would react to diet and lifestyle alterations strengthened by bowel training measures. In patient's not giving response to conservative treatment, the method needs to be customized addressing the comorbid conditions. However, the constipated elderly are left behind while gastroenterology consultations for this common condition are moving up for the worldwide age increment.

Keywords: Constipation, homoeopathy, diet and lifestyle, similimum, remedy



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INTRODUCTION

As a result of lack of medical wisdom, constipation is universal; But it is the elite of the medical profession who popularize quackery by teaching people mutilation and the drug habit. The doctors have no faith in drugs, still they recommend them to those who are unaware to think they must take them. Medicines for palliation, are never required, and if used further develop disease instead of being curative.

Definition

Any complaint of difficulty in passing stool, incomplete passage of stool or diminished frequency detects the problem. Straining is the most frequently identified symptom by older people, albeit physicians tend to trust on bowel movement occurrence to detect constipation.

Functional constipation is diagnosed when no secondary causes can be identified, such as a medical disorder or a medicine with a

side effect summary that comprises constipation. Normal stool frequency can range between 3 motions per day to 3 motions per week. Frequencies more than that range can be normal if a change from baseline is not been observed and no other symptoms evident.

Incidence and prevalence

Constipation is a common functional gastrointestinal (GI) disorder. In the general population prevalence of constipation is around 20% though it can vary from 2% to 27%, depending on the population studied and definition used.

Causes

GI Causes

Intestinal Obstruction, Pyloric stenosis, Megacolon, Under feeding, Excessive proteins in diet, Faulty toilet training, Faulty habits, too much cows milk, Foods Rich In Oil, Spicy, Junk Food., Switching the type of

Milk (or Formula) can also cause constipation.

NON-GI CAUSES

Psychological, Hypothyroidism, Lead poisoning, Dehydration.

Dr M.L.Tyler writes in ferrum phos that sterilized pasteurized milk weakens the resistance of our body and vitamins gets destroyed on drying and sterilizing thus such packed food materials available in market burdens the intestines and provokes constipation

Some of the most common causes of constipation are as the following:

Medications

Want of exercise Not plentiful liquids

Not sufficient fiber in the regime

Irritable bowel syndrome

Avoiding the desire to have a bowel movement

Changes in habits or lifestyle, such as travel, pregnancy, and old age Problems with intestinal function

Abuse of laxatives.

Psychosocial and behavioral factors

Constipation is related with substantial psychological impairment. The geriatric age is at risk of psychological and social distress as they suffer from reduced mobility, changed dietary intake, dependency on others, and matters that develop from social isolation. Defecation disorders alter quality of life and alter personal, intimate, and interfamily relationships.

Nongastrointestinal medical disorders	Medications
Endocrine and metabolic ailments	Analgesics (opiates, tramadol, NSAIDs)
Hypothyroidism	Anticholinergic agents
Hyperparathyroidism	Calcium channel blockers
Chronic renal disease	Tricyclic antidepressants
Electrolyte disturbances	Antiparkinsonian drugs (dopaminergic agents)
Hypercalcemia	
Hypokalemia	Antacids (calcium and aluminum)
Hypermagnesemia	
Neurologic disorders	Calcium supplements
Parkinson disease	Bile acid binders
Multiple sclerosis	Iron supplements
Autonomic neuropathy	Antihistamines
Spinal cord lesions	s (furosemide, hydrochlorothiazide)
Dementia	
Myopathic disorders	Iron supplements
Amyloidosis	Antipsychotics

Symptoms

Below are the common symptoms of constipation listed.

Though, each individual may experience symptoms in a different way.

Straining is the main symptom in the old age. It happens in up to 65% of community-based individuals older than 65 years of age, and hard stools are described in about 40%

of these individuals.

Stool occurrence and uniformity, along with symptoms (ie, straining), are used to check constipation.

Symptoms may include

Difficult and painful bowel movements

Bowel movements less than three times a week

Feeling sluggish

Feeling bloated or uncomfortable Pain in abdomen

Constipation symptoms may resemble other medical conditions or problems.

Pelvic floor function

Ailments of the pelvic floor exhibiting with constipation and disorders of incontinence are predominant in the aged population. The pelvic floor includes a group of muscles that have a key role in defecation process. Accepting the anatomy of the pelvic floor is vital to distinguish its part in constipation. The functional anatomy of the pelvic floor includes the pelvic diaphragm (levator ani and coccygeus muscles) and sphincters of anus (external and internal), innervated by the sacral nerve roots (S2-4) and the pudendal nerve. Regular operation of this neuromuscular unit permits for effective and total excretion of stool from the rectum.

Dietary management

FOODS	MODERATE FIBER	HIGH FIBER
BREAD	Whole wheat bread, granola bread, wheat bran muffins, Nutri-Grain waffles, popcorn	
CEREAL	Bran Flakes, Raisin Bran, Shredded Wheat, Frosted Mini Wheats, oatmeal, Muslix, granola, oat bran	All-Bran, Bran Buds, Corn Bran, Fiber One, 100% Bran
VEGETABLES	Beetroots, broccoli, sprouts, cabbage, carrots, corn, green	

HOMOEOPATHIC MANAGEMENT-

ALOES SOCOTRINA: Lymphatic & hypochondriac patient. Bleeding sore & hot, senses of insecurity in rectum while passing flatus whether gas or stool will come out. Stool passes without effort Jot of mucus with pain in rectum after stool! Piles like grapes, burning in anus & rectum.

NITRIC ACID: Junction between skin and mucus membrane, great straining for stool

but little passes at a time. Rectum feels torn, bowels constipated. Piles bleed easily after stools irritated & exhausted.

MURIATIC ACID: Haemorrhoids most sensitive to all touch anal itching while urinating. haemorrhoids during pregnancy, bluish hot with violent stitches.

LYCOPodium: Lymphatic constitution. Patient craves everything warm, stool hard ineffectual urging, difficult, small incomplete haemorrhoids very painful to touch.

Nux vomica

No other remedy is prescribed often but Nux vomica for constipation. Nux vomica has prominent symptoms for constipation, and when recommended on these symptoms it will cure always. Nothing is surer than this. But medicine is usually prescribed when these indications aren't present, and sometimes does much good; during this class of cases there'll almost invariably be present clinical indications of the drug, which is, its value in neutralizing effects of purgatives. In many cases of chronic constipation calling for this remedy, it'll be noticed that expected results aren't obtained and can not be obtained and will not be obtained until medicine has been given to antidote the consequences of drastic medicines. Then the case are often prescribed for, the indications followed, and success result.

Bryonia

Bryonia is indicated for large-hard-dry-stool-as-if-burnt off. There is dryness and no desire. Like alumina, there is complete rectal inactivity causing a soft stool is to pass with difficulty. In Bryonia there is an atony of the intestines. Bryonia cures constipation where muscular action and secretions of intestine are decreased. It works well in persons with rheumatism and in summer along with irritability. Useful in cases of obstinate constipation.

Natrum muriaticum

Muriates have crumbly stools, Natrum muriaticum -There is a hard and crumbly stool with the rectal dryness, hard stool along with bleeding, burning and soreness. There is weak yearning for

defecation, with rectal stitches. Obstinate constipation. Indicated in patients having pimples.

Magnesia muriatica has typical a constipation. The stools are in form of hard lumps come out with much difficulty, and it crumble as it come out .

Ammonium muriaticum also has hard and crumbly stools, covered with mucus.

Lycopodium

Lycopodium has a feeling post defecation as if not finished yet. Constipation, due to rectal constriction, indicated in this drug. The stools are like prior part hard, the later soft. A great deal of rumbling in the abdomen following the stool is an additional indication. Having weak desire to stool. The mental symptoms here, too, are of the extreme significance; the depression, the gloomy and the anxiety are typical.

Graphites

Graphites is indicated when no desire at all for stool. There will be no stool for a period, and if it comes it is in form of round balls, tangled with mucus and painful to expel, Excessive anal soreness. Anal pain post defecation is in Graphites, the mucus-coated stool, the extreme anal soreness, will call for the remedy. Graphites is for obese females who avoid nature's call.

Platina

There is inactivity of the entire intestinal tract, ineffective desire to defecate and increased rectal dryness. The stools stick to the rectum. Rectum is loaded with stool with weakness of abdomen. Constipation of emigrants and travelers, needs platina. It is a drug for the constipation due to alteration in fashion of living and lead poisoning. There is regular desire, less, stool and piercing stitches in the rectum.

Silicea

Inefficient force of expulsion from rectum and a contracted anal sphincter produces constipation, Silicea is indicated.

Causticum has constipation due to rectal inability, causes patient to stand to get enough power to expel the stool.. There is desire to stool and a sensation as if not finished yet.

Sulphur

Nux and sulphur follow and complement each other, but we get the best results if one drug given when indicated. There is an weak urging to stool, with burning and rectal discomfort, and there is abdominal superfluity or passive portal congestion causing uncomfortable sensation. There is recurrent bad condition, in association with hemorrhoids. Hard, dark, dry, painful stools requiring much force to expel. Twitching and anal burning, with unsatisfactory evacuation, like Nux. Constipation alternates with diarrhoea. The general venous system is faulty in true Sulphur cases, and exercise and cold, always aids the Sulphur patient. Sulphur needs to be given high and continued for any length of time.

Opium

In opium complete intestinal inaction present, peristaltic movements are paralysed. No desire, completely no desire to stool, and so the stool gets stuck in the bowels; and if comes out will be in form of little, hard, dry, black balls. Bryonia has no desire to defecate at all, but here the lack of desire is relatively due to dryness of the mucous membrane than to intestinal inactivity; with Opium there is a insensitivity throughout the intestinal tract, and subsequently the constipation is not apt to inconvenience the patient, hence it is prone to go on worsening till we get aware about to it. The flatus is accumulating in the upper part of the intestines. This medicine come in action when stool is to be removed mechanically. In Opium secretions are decreased , so that dryness, intestinal inactivity are the causations of constipation of aged people; the patient is tired and giddy.

Plumbum

Plumbum has extensive intestinal action. Lead colic is significance of the drug. Prominent retraction of abdominal walls with colic while having urge for stool. Black, dry and hard round ball like stools, and there is associated with, a obvious spasm of the sphincter ani causing pain. The anus feels as if drawn upward. Loss of muscular activity and decreased intestinal secretion.

Alumina

Alumina is given for dryness of GI tract resulting in constipation. Decreased peristalsis along with complete rectal inertia causing difficult defecation even for soft stool. No desire for stool at all. Hard knotty stool like sheep dung.. Rectal inactivity differentiates Alumina from Bryonia. Irritated tongue with dry mouth. Great efforts to be applied and expulsion of small stool. If the characteristics of Alumina are prominent in a given case, they may be due to the use of aluminum utensils in kitchen.

CONSTIPATION IN OLD AGE RUBRICS FROM SYNTHESIS REPERTORY

RECTUM - CONSTIPATION - old people
 aloe alum. alumn. ambr. *Ant-c.* arn. *Bar-c.*
Bry. *Calc-p.* *Con.* hydr. hyos. *Lach.* lyc.
Nux-

Op. *Phos.* *Phyt.* rhus-t. ruta *Sel.* *Sulph.*

RECTUM - DIARRHEA - alternating with - constipation - old people; in

alum. **ANT-C.** bry. cycl. nux-v. op. *Phos.*

CASE REPORT

Name: MRJ

Age : 73 years

Sex: Male

Religion : Hindu

Occupation: Retired as clerk in bank.

Address: XYZ

Date: 05.10.2020

Chief Complaints:-

Bleeding PR since 5-6 months.

Bleeding in drops only after eating spicy food³. Itching in anal region. Non protruding hemorrhoids < spicy food, summer > Ayurveda medicine. No pain during , before, after stools.

ODP: Itching in anus 1 year back. Checkup done at General surgeon but was not diagnosed as piles, after 5-6 months PR bleeding started.

Constipation since 5-6 years.

Increased since 1 year. Feeling of tightness around umbilical region. Heaviness in the abdomen with heaviness in the eyes. Sour eructation's, gaseous distension in abdomen < oily food, milk. > eating harda with hot water (Ayurveda medicine), karela, walking.

Difficulty in passing stools. Straining at stools, does not pass stools if does not take hard or eat green leafy vegetables. Passes in small quantities. Sensation as if not finished. Pulling type of pain in the gums along with this complaints & occasionally swelling

Past History: - k/c/o Diabetes since 2 years

Family History:-

Mother: Hypertension since 7-8 years.

Father expired 3 years back because of stroke.

Homoeopathic Generalities:

Appetite Moderate.

Likes Sweets

Dislikes Pulses

Intolerance Mutton³

Thirst 3-4 ltrs/day

Urine No Complaints

Stool As per chief complaints

Sweat Moderate. Non staining, Non offensive

Sleep 5-6hrs, Un-refreshing, sleep disturbed since 2 years

Dreams No

General Reaction: Fan: Summer- Fast, Winter- Slow. Covering: Winter- thick, Summer- thin. Baths with hot water every season

CHILLY patient

Mental Symptoms: (Life space): Stays with his wife & two sons.

Was working as a clerk in co-operative bank, took voluntary retirement 15 years ago, Now working in pan card club limited (Thane) since one and the half year. Says that banks position was not proper, he had only 5 years to get retired, so till bank will merged with the other he had to remain without pay for 4-5 years, also says in other bank, the staff doesn't give respect to people who come from other bank. Due to that worry he took VRS.

Patient says as age progresses mentality changes, his capacity decreases. After Vrs he was happy for 2-3 months, there was no restriction to reach on time, no work, but after some days got bored because he used to

be occupied.

He says he used to get angry & irritated on small things.eg. If anyone used to on T.V., if others talk in front of him. If angry shouts on other person & anger remains for 1-2 hrs, then gets cool down & forgets about it.

Does not like violence, saw accident of boy in childhood since then he does not like to see accidents, says he become fearful & has palpitations.

When he was at home for 7-8 months used to think about his children's, when they will they stable & take their responsibilities.

Does not like to stay at home just because he does not like the noise of t.v.otherwise likes to stay with everyone in the family.

He does not like anyone saying lie to him when working earlier in the bank, when anyone used to say lie to him, he did not feel like talking to that person. Says that he should get cured, He likes to go for jogging, walking but now because he does not get time, he is unable to do so because of complaints.

Physical Examination: -
mild Moderate

Weight 44 kg

Pallor Ab Pulse 72/ min

Icterus Ab. B.P. 150/80 mm/Hg.

Cyanosis Ab. R.R. 18min.

Clubbing Ab. Temp Afebrile

Systemic Examination

CVS – S1 S2 Heard RS –AeBe Clear

Abdomen –Soft, non-tender on palpation

Liver / spleen- not palpate

Diagnosis of diseases: Hemorrhoids +constipation

Diagnosis of miasm:- Fundamental Psora-sycosis, Dominating Sycosis

Diagnosis of susceptibility: - Moderate to low

Analysis and evaluation of symptoms

Mental generals

Occupation desire

Calculative

Anxiety children about

Intolerance of noise

Anger trifle at

Ailments business afire from

Physical generals

pice agg Meat agg

Particular Stool hard

Constipation in old people

Straining and difficulty in passing stool

Bleeding per rectum spices agg

Unsatisfactory stool

Totality of symptoms-

Occupation desire Calculative

Anxiety children about

Intolerance of noise

Anger trifle at

Ailments business afire from Spice agg

Meat agg Stool hard Constipation

Straining and difficulty in passing stool

Bleeding per rectum spices agg

Unsatisfactory stool

Repertorial totality

MIND - SENSITIVE - noise, to - slightest noise; to the MIND - IRRITABILITY - noise, from

MIND - ANGER - trifles; at

MIND - ANXIETY - children - about his GENERALS - FOOD and DRINKS - spices - agg. GENERALS - FOOD and DRINKS - meat - agg. RECTUM - CONSTIPATION - old people RECTUM - ITCHING - Anus; around

RECTUM - HEMORRHAGE from anus - stool - after - agg.

Repertorisation chart

The screenshot shows a software window titled 'Investigation window for remedies'. It contains a grid with 9 rows of symptoms and 30 columns of remedies. The symptoms listed are: 1. MIND - SENSITIVE - noise, to - slightest noise, to the; 2. MIND - IRRITABILITY - noise, from; 3. MIND - ANGER - trifles, at; 4. MIND - ANXIETY - children - about his; 5. GENERALS - FOOD and DRINKS - spices - agg; 6. GENERALS - FOOD and DRINKS - meat - agg; 7. RECTUM - CONSTIPATION - old people; 8. RECTUM - ITCHING - Anus, around; 9. RECTUM - HEMORRHAGE from anus - stool - after - agg. The remedies listed include: 1. Nux Vomica; 2. Opipol; 3. Nux Vomica; 4. Nux Vomica; 5. Nux Vomica; 6. Nux Vomica; 7. Nux Vomica; 8. Nux Vomica; 9. Nux Vomica; 10. Nux Vomica; 11. Nux Vomica; 12. Nux Vomica; 13. Nux Vomica; 14. Nux Vomica; 15. Nux Vomica; 16. Nux Vomica; 17. Nux Vomica; 18. Nux Vomica; 19. Nux Vomica; 20. Nux Vomica; 21. Nux Vomica; 22. Nux Vomica; 23. Nux Vomica; 24. Nux Vomica; 25. Nux Vomica; 26. Nux Vomica; 27. Nux Vomica; 28. Nux Vomica; 29. Nux Vomica; 30. Nux Vomica. The grid shows the frequency of each remedy for each symptom, with values ranging from 0 to 3.

Emerging remedies

Prescription: - Nux Vomica 30 BD for 3 days

SL 30 t.d.s for 15 days

CONCLUSION

The results showed that in all cases stool frequency had increased over the four to six-

weeks study period. Stool form and ease of evacuation also showed an overall trend of improvement. The participants' general sense of wellbeing and some of their other presenting symptoms also improved during the course of this study.

The results indicate that when an individualized homoeopathic approach is correctly applied in a clinical setting, the homoeopathic remedies appear to be able to assist in the treatment of constipation.

REFERENCES

1. <https://www.soilandhealth.org/wp-content/uploads/02/0201hyglibcat/020112constipation/020112intro.html>
2. MSweeney · Constipation. Diagnosis and treatment, <https://pubmed.ncbi.nlm.nih.gov/9362683/>
3. Johan F, Reginous, Gastrointestinal Anatomy and Physiology, Publisher: John Wiley & Sons Inc, ISBN: 9780470674840, 9780470674840
4. James Clea, Atomic Habits by James Clear, publisher, Random House
5. Harari D, Gurwitz JH, Avorn J, et al. How do older persons define constipation? Implications for therapeutic management. *J Gen Intern Med* 1997;12:63–6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3652936/>
6. Ashraf W, Park F, Lof J, et al. An examination of the reliability of reported stool frequency in the diagnosis of idiopathic constipation. *Am J Gastroenterol* 1996;91:26–32, <https://pubmed.ncbi.nlm.nih.gov/8382251/>
7. Higgins PD, Johanson JF. Epidemiology of constipation in North America: a systematic review. *Am J Gastroenterol.* 2004;99(4):750–
8. <https://pubmed.ncbi.nlm.nih.gov/15089911/>
9. Bharucha AE, Pemberton JH, Locke GR. American Gastroenterological Association technical review on constipation. *Gastroenterology.* 2013;144(1):218–238