

Vibandha: A Multidimensional Review on Constipation During Pregnancy

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Abstract

Constipation is a condition resembling to *vibandha* described in ayurvedic texts, *Vibandha* is not described as a separate disease in our classical text, but it is mentioned with different context to *purisha* (faeces) like *baddha purisha*, *Ghana purisha/grathita purisha*, *mala avabaddhata*, *Apana vata vaigunya*, *Purisavaha Srotodusti*, and *Krura Koshtha*, in various contexts in ayurveda. Constipation is a general term used to indicate fewer or infrequent bowel movements, solidified hard stools, painful defecation, feeling of bloating and incomplete elimination of stool. Prevalence of constipation is a frequently found sign during pregnancy and up to **11-40%** of pregnant women experience it at some stage of their pregnancy. Pressure from gravid uterus or any mass causes constipation in females, Hormonal modulations, stress and tendency of withholding natural urges. Stress can alter body rhythm by which gut motility reduces. In pregnancy there is Atonicity and diminished motility of the gut due to the effect of Progesterone, which has effect on GI system, by decreasing peristalsis and slow down the gastric emptying by this leads to constipation in pregnancy.

Keywords- *vibandha*, *Purisavaha Srotodusti*, *Apana vata vaigunya*, constipation.

Introduction

According to ayurveda classics, the human body (*sharir*) is composed of three core components *dosha*, *dhatu* and *mala*.¹ Consumed *Aahar* formed at the end of the process of digestion *saar* or *kitta bhaga*. *Purisha* and *mutra* are the waste product of *Aahar*. The waste products are removed from the body which is brought by process called excretion. if it remains for longer time in the body have tendency to vitiate the normal *dosha* by causing *sroto sanga* called *vibandha*(constipation).²

Constipation is a condition resembling to *vibandha* described in ayurvedic texts, *Vibandha* is not described as a separate disease in our classical text, but it is mentioned with different context to *purisha* (faeces) like *baddha purisha*, *Ghana purisha/grathita purisha*, *mala avabaddhata* in various contexts in ayurveda. *Acharya Charaka* has mentioned *Vibandha* as *Lakshana* of *Udgaranigraha*³, and in *Vaatvyadhi*⁴, *Acharya Sushruta* has mentioned *Vibandha*

as *Lakshana* of *Visuchika*⁵, *Lakshana* of *Jwara*⁶, and *Acharya Vagbhatta* has mentioned *Vibandha* as *Lakshana* of *Vidavratavata*⁷ and as *Lakshana* of *Ajeerna*⁸.

Constipation is a common complication of the digestive system that most women suffer from during pregnancy. It is defined by the presence of at least two of the following six criteria: defecation less than three times a week, tough stools, Incomplete bowel emptying, difficulty in defecation along with straining, feeling of anorectal obstruction, and trying to expel feces manually.⁹ Constipation is the second most commonly reported GI symptom in pregnancy.¹⁰

Earlier studies indicated that 11%–38% of pregnant people suffer from constipation.¹¹ Thirteen studies were identified to determine the prevalence of constipation during pregnancy. The results show that the global prevalence of constipation throughout pregnancy is 32.4%, with the first trimester at 21.1%, the second trimester at 34%, and the third trimester at 30.3%.⁹

The incidence of constipation and occurrence of problematic bowel habit parameters were highest in the first two trimester.¹² During pregnancy there are essential changes in gastrointestinal system. Muscle tone and motility of the entire gastrointestinal tract are diminished due to high progesterone level. Atonicity of the gut leads to constipation, while diminished peristalsis facilitates more absorption of food materials.¹³

Some Gynecological diseases, stress, hormonal imbalance leads to irregular bowel habits in women. For instance, rising progesterone (relaxes smooth muscle) levels during pregnancy and reduced motilin hormone levels lead to increases in bowel transit time. Also, there is increased water absorption from the intestines, which causes stool to dry out. Decreased maternal activity and increased vitamin supplementation (e.g., iron and calcium) can further contribute to constipation.¹⁴ Pregnancy appears to have a profound inhibitory effect on plasma motilin, and this may in part be responsible for the gastrointestinal hypomotility associated with pregnancy.

15

AIM AND OBJECTIVE

Aim - To study the management of *Garbhini vibandh* (constipation in pregnancy) with ayurvedic and modern perspective.

Objective - To examine deeply classical ayurvedic references for pregnancy care (*Garbhini paricharya*) relevant to constipation management, emphasizing the use of mild and safe laxative(*mridu/anulomana*).

Methodology

Based On Ayurvedic Texts, Information Related to *Vibandha* or Constipation and Its Corelation. Relevant Data Is Gathered Using Ayurvedic Samhita, *Charaka Samhita*, *Sushruta Samhita*, *Vagbhatt Samhita*, And *Sharangadhara Samhita* Are the Primary Ayurvedic Texts, Nighantu, Modern Texts, Journals, And Web Source.

Constipation

At present, Functional Constipation in Pregnancy is hypothesized to arise due to mechanical stimuli, hormonal regulation, or a synergistic interaction of both mechanisms.

Constipation is defined as infrequent passage of stools or difficulty with evacuation of stools. It is associated with various symptoms including hard stools, straining, sensation of anorectal blockage, incomplete evacuation, abdominal discomfort and bloating. Rome IV criteria define

functional constipation as fulfilling at least 2 of the 6 criteria.¹⁶ Functional constipation can be divided into 2 groups, slow transit constipation and outlet dysfunction.¹⁷

During Pregnancy Numerous Factors Are Responsible for The Development of Constipation. Such As Increased Level of Progesterone That's Affects Smooth Muscles of Alimentary Canal, Use of Anti Emetic and Anti Antihistamines Drugs, Use of Vitamin and Iron Calcium Supplements, Use of Low Fiber Diet, Diminished Physical Activity and Exercise, Diminished Intake of Fluids Due To Nausea or Vomiting, High Level of Anxiety and Depression.

Diagnosis of functional constipation

ROME IV criteria for functional constipation (must have at least 2 of 6)

1. Fewer than 3 bowel movement per week
2. Straining during >25% of the time
3. Lumpy or hard stools > 25% of the time
4. Sensation of anorectal obstruction > 25% of the time
5. Sensation of incomplete evacuation > 25% of the time
6. Manual maneuvers required to aid defecation > 25% of the time

Garbhini Vibandha

The condition known as *Garbhini Vibandha* is not individually classified as a disease in classical Samhita texts. But it has been mentioned in classical texts as a *Nidana* (cause), *Lakshana* (symptom), and *Upadrava* (complication) associated with multiple disorders.

Dosha imbalance¹⁸

Garbhini Vibandha is primarily linked to an imbalance in dosha, particularly the *Apana Vata*. *Pitta* and *Kapha doshas* can also influence the condition as pregnancy advances.

Vata Imbalance¹⁹- particularly *Apana Vata*, is the primary *Dosha* involved in *Garbhini Vibandha*. *Apana Vata* governs the downward movement of energy and the elimination processes in the body, including bowel movements. During pregnancy, *Vata* can become aggravated due to hormonal fluctuations, increased stress, poor dietary habits, and reduced physical activity. When *Vata* is imbalanced, it can cause dryness, hardness, and irregularity in bowel movements, leading to constipation.

Pitta Imbalance - It may lead to issues like gastroesophageal reflux, irritability, and excessive thirst.

Kapha Imbalance - It can result in symptoms like swelling, lethargy, and excessive mucus.

Contextual Reference of *Vibandha*²⁰

<i>As Nidana</i>	<i>Hikka, Swasa, Udavarta, Parikartika, Arshas</i>
<i>As Poorvaroopa</i>	<i>Arshas, Parikartika, Swasa</i>
<i>As Roopa</i>	<i>Antarvegi jwara, sannipata Jwara, vataja gulma, vatodara, baddhagudodara, sahaj arshas, vataja arshas, vataja atisara, anaha, udavarta, amashayagata vata, pakwashayagata vata</i>
<i>As Upadrava</i>	<i>Vatavaydhi, vataja arshas, vataja gulma</i>

Nidana/Etiology of Vibandha

Vitiated *Apana Vata* and *Purishavaha Sroto Dusti Hetu* Are the Main Causes of *Vibandha*. intake of *Katu, Tikta, Kashaya Rasa* aggravates *vata dosha* which altered the principal function of *Apana Vata* and contributes to the development of *Vibandha*, or constipation.²¹ *Purishavaha Sroto dusti*.²² all cause responsible for vitiation of *Apana Vayu*.²³ *Vaman Virechana Vyapad*.²⁴ *Purishvega nigraha*.²⁵

Samprapti and Samprapti Ghatak²⁶

Hetu - Agni dusti- Ama formation – Srothorodha - Apana Vayu Avaigunya -Malasanchaya - Vibandha

Dosha- Apana Vayu

Dushya- Rasa

Agni- Jataragni

Srotas - Pureeshavaha srotas, Annavaha

Srotodushti- Sanga

Udbhava Sthana - Amashaya, Pakvashaya

Sadhya/Asadhyata - Sadhya

Vyakta Sthana - Adhah- Kaya

Adhisthana- Pakvashaya

Rogamarga- Abhyantara

Lakshana of Vibandha

Acharya Charaka: Pakvashaya shool, shira shool, vata varchoaprvartanam.²⁷ *Acharya Vagbhat: Pindikodveshtana, Pratishyaya, shiro rujha, Urdhwavayu, Parikartika, hardhayasya uprodhanam*²⁸

Prognosis of Vibandha

If left unaddressed, this condition may progress into a series of distressing complications like like *Arsha, Pakvashaya shoola, Udavarta, Anaha, Adhyamana, Antravraddhi, Bhagandara* (fistula in ano), *Parikartika* (fissure in ano), *Sanniruddha -guda* (anal stenosis).

Limitations of Modern Treatment

While laxatives may offer temporary relief, habitual and excessive use can lead to a cascade of negative health effects including dependency, symptom Aggravation (abdominal cramps, bloating and discomfort) develop resistance to laxative through excessive use, Diarrhea, metabolic imbalances, hypovolemia, Interference with the absorption of co-administered drugs may result from structural alterations in the gastrointestinal mucosa.

Ayurvedic Review in Management of Garbhini Vibandha

the Ayurvedic approach to functional constipation emphasizes restoring internal equilibrium through *Dosha* balancing (*Vatanulomana*) and enhancement of *Agni* (*Agni Deepana*). In *Charaka Samhita*, it is mentioned that, the pregnant women should be treated just like a vessel filled with oil, requiring balanced, cautious and gentle management throughout gestation to ensure maternal and fetal well-being. The diseases of the pregnant women should be treated with the use of *mrudu, madhura, shishira, sukumara aushadha, aahara* and *upachara*.

Acharya Harita, in *Harita Samhita Tiritiya Khanda*, has emphasized the use of *Haritaki*, *Shunthi*, and *Guda* (jaggery) administered with *Triphala Kwatha* as a therapeutic intervention for managing *Garbhini Vibandha*.²⁹ *Acharya vagbhata* mentioned that due to *udavarta* in pregnancy *vibandha* will occur, that can be treated with *vatahara*, *snigdha annapana*.³⁰ While explaining *Garbhini paricharya* in 8th month, *Acharya Sushruta* mentioned as *Madhura aushadha siddha Asthapana basti* and *Anuvasana basti* for *Purana Pureesha shuddhi* and *Vaataanulomana*.³¹ *Acharya Kashyapa* addressed the importance of utilizing *Mrudu Virechaka* or *Anulomaka* drugs, which are mild laxatives, starting from fourth month and beyond. The emphasis is on employing *Mrudu Virya* and *Madhura* to avoid any adverse impacts on the fetus while encouraging healthy bowel movements¹⁹.

Management of constipation

Many individuals find relief from constipation by lifestyle modifications, such as increased dietary fibre and fluid intake, and engaging in regular physical activity. If these are ineffective, laxatives are the second line of therapy.

Bulk-forming agents

Bulk-forming agents are not systemically absorbed³² and have not been associated with an increased risk of congenital malformations.³³ These are considered safe for long-term use during pregnancy. Example psyllium husk

Stool softeners

It Stimulates net secretion of water, sodium, chloride, potassium and inhibits net absorption of glucose and bicarbonate in the jejunal segment of small intestine.³⁴ Example Docusate sodium

Lubricant laxatives

It is commonly administered to patients with rectal or anal obstruction, it reduces surface tension of intestinal luminal contents, allowing increased retention of fluid within the stool, facilitating easier comfortable passage and minimizes straining during defecation.³⁵ Example Mineral oil

Osmotic laxatives

It increases osmotic pressure within the intestinal lumen, promoting water retention, luminal distention, enhanced peristalsis, and subsequent stool evacuation.³⁵ Lactulose and polyethylene glycol are poorly absorbed systemically.³⁶ example salts (sodium chloride), magnesium sulphate or citrate, lactulose, sorbitol, polyethylene glycol

Stimulant laxatives

It acts locally to enhance colonic motility and reduce water absorption in the large intestine and facilitate the evacuation of stool.³⁷ Example Bisacodyl, senna

Discussion

Constipation is a common symptom which everybody faces once in lifetime. It causes discomfort moreover to risk in pregnancy and puerperal period. constipation is physiological in pregnancy, diet and lifestyle modification is the best way to overcome this problem. Ayurveda describes the causes (*nidana*) and clinical features (*lakshana*) of *Vibandha*, which closely resemble the descriptions of constipation found in alternative systems of medicine. According to *masanumasika garbhini paricharya ksheera, ghruta, navaneeta*, plenty of fluids in the form of *siddha Madhura Aushadha Ksheerapakas* will definitely help in normalizing *vata* and prevent constipation.

Conclusion

Based on the *lakshnas* it was concluded that there is *Apana Vata Vaigunya*. Hence the basic line of management was *Samyak anulomana* of *Apana Vata*. Ayurvedic principle, focusing on modified diet, lifestyle, and herbal remedies, showed promise in preventing and controlling constipation during pregnancy. The first line of therapy for constipation includes increasing dietary fibre and water intake and moderate amounts of daily exercise.³⁸ If these are ineffective, laxatives are the second line of therapy. Because most laxatives are not absorbed systemically, short-term use has not been, and is not expected to be, associated with an increased risk of malformations.³⁹

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