

A Case Report on Vibandha (Functional Constipation) In Children

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Abstract

Introduction: Vibandha is a commonly encountered gastrointestinal disorder in pediatric practice and can be correlated with functional constipation in contemporary medicine. It is characterized by difficult and painful defecation, hard stool, abdominal discomfort, excessive straining, and reduced appetite, which adversely affect the quality of life of children. Ayurveda describes Vibandha mainly as a manifestation of aggravated Apana Vata associated with derangement of digestive functions.

Case Report: A 4-year-old female child presented with complaints of hard stool, painful defecation, infrequent bowel movements, abdominal discomfort, and loss of appetite for one year. The patient had previously received temporary symptomatic relief with laxatives. The child was treated with Dadima Yog in Avaleha form, administered in a dose of 3 g twice daily for 30 days.

Results: Marked improvement was observed in bowel frequency, stool consistency, appetite, abdominal pain, abdominal distension, and painful defecation. By Day 30, approximately 86% symptomatic improvement was observed.

Conclusion: Dadima Yog showed significant therapeutic efficacy in the management of Vibandha in children. The formulation was found to be safe, effective, and well tolerated in improving bowel habits and digestive functions.

Keywords: Vibandha, Functional Constipation, Dadima Yog, Ayurveda, Pediatric Constipation

Introduction

Vibandha is one of the most common gastrointestinal disorders observed in children and is clinically comparable with functional constipation described in modern medicine. In Ayurveda, Vibandha is not described as an independent disease entity but is considered a symptom associated with disorders such as Arsha, Gulma, Udara Roga, Grahani, and Aamaj Jwara. Various terms including Aanaha, Malabaddhata, Kosthabaddhata, and Malaavrodha are used in classical texts to describe conditions resembling constipation.

The pathology of Vibandha mainly involves vitiation of Apana Vata along with impairment of Pachaka Pitta and Kledaka Kapha. Aggravated Vata causes excessive dryness in the intestines leading to reduced bowel motility, hard stool formation, painful defecation, and incomplete evacuation.

Functional constipation in children is characterized by infrequent bowel movements, passage of hard stools, abdominal pain, stool withholding behavior, and painful defecation. Poor dietary habits,

inadequate fiber intake, reduced water consumption, and sedentary lifestyle are common contributing factors. Conventional management primarily relies on laxatives and purgatives, but prolonged use may result in dependency and recurrence.

Ayurveda offers a holistic and safer approach for the management of Vibandha. Dadima Yog, mentioned in Chakradutta Agnimandya Adhyaya, possesses Deepana, Pachana, and Vatanulomana properties which may help in relieving constipation and improving digestive functions.

Previous Work Done

1. Hansdah M, Das AK, Sahoo MK, Behera S. A clinical study of Haritaki mixed with Gavya Ghrita in Vibandha with special reference to Samyoga Guna. International Research Journal of Ayurveda and Yoga.
2. Ramya L, Akki M, Hakkandi S. Effect of Bindu Ghrita on external application over Nabhi in Vibandha with special reference to constipation – A case series. Journal of Ayurveda and Integrated Medical Sciences.
3. Meenakshi. Ayurvedic management of Vibandha (constipation) in children – A case study. International Education and Research Journal.
4. A randomized controlled trial to evaluate the laxative effect of prescribed diet compared with Triphala Churna in Vibandha with special reference to constipation.

Case Report

Chief Complaints

A 4-year-old female child presented with the following complaints:

- Hard stool
- Painful defecation
- Infrequent bowel movement
- Loss of appetite
- Feeling of incomplete evacuation

Duration: 1 year

History of Present Illness

The patient was apparently healthy one year ago when she gradually developed constipation. Initially, she was treated with laxatives prescribed by a local pediatrician, which provided only temporary relief. Gradually, symptoms became recurrent and persistent. The child passed stool once every three days and experienced difficulty and pain during defecation. The condition also affected her appetite, physical activity, and daily routine. Therefore, the parents consulted Patanjali Ayurvedic Hospital on 2/11/2025 for Ayurvedic management.

Ashtasthana Pariksha

- Nadi – 84/min (Vataja)
- Mala – Once in 3 days
- Mutra – 4–7 times/day
- Jihwa – Alipta

- Shabda – Spashta
- Sparsha – Samsheetushna
- Druk – Sama
- Akrti – Krisha

Dashavidha Pariksha

- Prakruti – Vata-Kapha
- Vikruti – Apana Vata, Pachaka Pitta, Kledaka Kapha Dushti
- Sara – Madhyama
- Samhanana – Madhyama
- Satwa – Avara
- Satmya – Madhyama
- Aharashakti – Alpa
- Vyayama Shakti – Madhyama
- Vaya – Balya Avastha

Past History

No significant past medical or surgical history.

Personal History**Birth History**

The child was born full term by normal vaginal delivery with no perinatal complications.

Developmental History

Developmental milestones were achieved appropriately according to age.

Immunization History

Immunization status was complete as per national immunization schedule.

Family History

No similar illness was reported in the family.

Materials and Methods**Drug Selected**

Dadima Yog mentioned in Chakradutta Agnimandya Adhyaya was selected for the management of Vibandha.

Dose and Duration

- Dose: 3 g twice daily
- Duration: 30 days
- Dose calculated according to Young's formula.

Preparation of Dadima Yog

Coarse powder of Haritaki was taken and mixed with sixteen times water and boiled until reduced to one-fourth. The decoction was filtered. Dadima powder and 65% Guda were added and heated on mild flame with continuous stirring until Avaleha consistency was obtained. The formulation was then cooled and stored in airtight containers.



Assessment Criteria

Assessment was carried out on the basis of the following subjective parameters:

- Udar Shool
- Kshudhamandya
- Mala Vega
- Mala Swaroopa
- Aadhman
- Feeling of complete evacuation
- Painful defecation

Results

Parameters	Day 1	Day 7	Day 15	Day 30
Udar Shool	Present	Absent	Absent	Absent
Kshudhamandya	Severe	Moderate	Moderate	Mild
Mala Vega	Once in 3 days	Once in 2 days	Daily	Daily
Mala Swaroopa	Hard/Formed	Hard	Hard	Semi-solid
Aadhman	Present	Present	Absent	Absent

Parameters	Day 1	Day 7	Day 15	Day 30
	Occasionally			
Feeling of Complete Evacuation	Uneasy after defecation	Uneasy	Feels fresh	Feels fresh
Painful Defecation	Moderate pain	Mild pain	Mild pain	Absent

The patient showed progressive improvement throughout the treatment period. By Day 15, bowel frequency normalized and abdominal pain subsided completely. By Day 30, significant improvement was observed in stool consistency, appetite, painful defecation, and feeling of complete evacuation.

Discussion

The present case demonstrated significant clinical improvement following administration of Dadima Yog in Avaleha form. The formulation effectively improved bowel frequency, stool consistency, appetite, and abdominal discomfort.

Haritaki is known for its Vata Anulomana, Mridu Rechana, Deepana, and Pachana properties. It regulates Apana Vata and facilitates smooth evacuation of stool. Dadima possesses Deepana and Pachana properties and improves intestinal secretions and digestion. The Avaleha formulation provides Snigdha and Mridu properties which help in reducing intestinal dryness caused by aggravated Vata.

The combined action of Dadima and Haritaki may have contributed to normalization of bowel movements and improvement of Agni. The formulation also improved appetite and relieved abdominal distension, indicating correction of digestive impairment.

Conclusion

This case study suggests that Dadima Yog is a safe, effective, and well-tolerated Ayurvedic formulation for the management of Vibandha in children. The therapy showed significant improvement in bowel frequency, stool consistency, appetite, abdominal pain, and painful defecation. Further clinical studies with larger sample sizes are recommended to establish its efficacy scientifically.

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