CONSTIPATION IN HOMOEOPATHIC PRACTICE

Introduction:

Perhaps constipation is the commonest physiological disorder of the gastro intestinal tract of human being. It is presented by infrequent, incomplete evacuation of hard, dried stools. Very rarcly patient manifests with this singel symptom but commonly it is associated with other bodily disorders. Mainly constipation may be secondary to other pathological conditions, psychiatric states, but simple constipation does occur particularly in elderly persons, from lack of roughage in the diet, ignoring the urge to evacuate the rectum, emotional disturbances and travelling. (1)

The normal bowl movement of an individual depends upon the automatic nernous system and the type of diet. For most individuals in India one stool a day is necessary to have good health and a feeling of well-being. Some may evacuate twice a day, few may move every second or third day with a perfect health (2) In Britain fewer than 10% of people have less than one bowel movement which is considered as normal. (3)

Colonic motility studies by radiologic and monometric methods indicate two major motor disturbances leading to constipation, spasticity on the one hanbd and atonicity on the other hand. Spastic constipation seen in irritable bowel syndrome is often associated with hard pellet like stools, Atonic constipation occurs with megacolon, stools may be voluminous and either hard or soft. (4)

Straining during cvacnation may lead to fissures, piles, prolapse of the rectum or inguinal hernia. Destension of the bowel due to accumblated facces may produce malaise, head-ache and apathy.

It is a good, practice to train infants in regular habits but an over enthuiastic scrutiny of frequency, quantity, colour and consistency of stool by an anxious mother lays the foundations of the bowel neunosis which persists throughout the life. Many lay intelligentia develop thirst for medical knowledge dread unanthenticated literature of consult color quacks who believe that all diseases ouginate from intestine therefore colon should be emptied and cleared either by purgatives or enemas, ultimately by thus process they lead to harmful state. Th4e normal intestinal bacteria are idispensable for health and they produce vitamins and inhibit the growth of the other pathogenic organism.

The result of taking purgative periodically has unfortunately killed many, but cured none of constipation. Purgative lead to perforation in acute appendicitis or diverticulum or aggravates the symptoms of intussusception or volvulus. It is just like an addiction requires in greater doses day by day.

After purgation excessive loss of sodium and potassium is noted with radioisotope studies (5) and a low potassium syndrome may develop. Muscle biopsy may reveal diministed potassium (6)

Infants with megacolon who are being prepared with repeated enemas for investigations life barium enema or sigmoidoscopy may show drowisiness, apathy, weakness, excitement, convulsions and even coma and death due to the lowered osmolarity of the extra cellular fluid (7)

TYPES OF CONSTIPATIONS:

There are three main types of constipation

- 1. Atonic
- 2. Spastic
- Obstructive
- 1. Atonic constipation is due to
 - a) Lack of fulid
 - b) Lack of roughage
 - c) Vitamin B deficiency
 - d) Lack of potassium (as occurs with purgatives)
 - e) Irregular habit.
 - f) Purgations or cnema
- 2. Spastic constipations is due to
 - a) Irritating foods
 - b) Excessive rise of purgatives which produce spasm of G.I. tract.
 - c) Mental stress.
 - d) Mental depression
 - e) Imaginary constipation

It is based on public misconception, often enhanced by media of advertisements extolling the virtues of regularity emplying that a specified number of movements represents the rigid level of normal. This can lead to secondary form of constipation.

- 3. Obstructive Constipation is due to:
 - a) Malignancy of the colon.
 - b) Stricture of the colon.
 - c) Proctitis.
 - d) Pressure on rectum or sigmoid colon by gravid uterus, Pelvic tumors.

- e) Acute appendicitis.
- f) Hematemesis.
- g) Acute intestinal obstruction.
- h) Painful anus.

Incidence:

During last 4 years of time total number of patients treates in my clinic are 4220 including acute & chronic. It is round 1296 have reported tobe constipated. From above finding it is envisaged that the incidence rate is 30.0%

To understand the scopes and limitations a prospective study which was undertaken with following inethdelogy which is presented with its findings.

- (1) Groups A. These patients were given only Homoeopathic medicines. (The line of approach was constitutional treatment for chronic cases and symptomatic treatment for acute cases.)
 - (2) Group B. These patients were given only without medicines. Stanling advices were
 - (a) To inculate a regular bowel habit.
 - (b) Sufficient water to intake i.e. at least 4 prints of fluid daily
 - (c) Diet containing high roughage liky chapati at night fresh fruits, plenty of vegatables, butter, salads.
 - (d) Hydrogogue preparations to increase bulk stimulation such as Isobel or Isabul were advised to take in early morning.
 - (3) Group C these patients were given all advices which were given to group B patients and along with Homoeopathic medicines.

Groups	Total No. of patients	Cured	Partial cured	Not reported	Percentage
Group - A	307	69	60	178	22.1
Group - B	184	82	72	30	44.4
Group - C	678	437	129	92	62.3

Conclusion:

From above study it is understood patients who came for other ailments their bowel has, were studied and observations were made, so to get more accurate result only primary contipated cases are to be taken into consideration

From above statisties it is envisaged that Homoeopathic medicines alongwith advices for healthful bowel habits are better mode of treatment that treating alongwith Homoeopathic Medicines or alongwith advices for healthful bowel habits.

Bibliography:

- 1. Jone F.A. (1972) "Management of constipation in adult" Ch. U.P.P. 97 131 Ed. Jones F.A. and godding, E.W. Black well: Oxford.
- 2. Antia, F.P. Clinical Dietetics and Nutrition, indet, Ch. Constipation P. 353.
- Davidsons Principles and practice of Medicine 11th ed., Ch. 395.5 constipation, P.
 435.
- 4. Beeson, P.B. Cecil Text book of Medicine, Asian editior Ch. 395.5 constipation P. 1480.
- 5. Coghill, N.E. Mcallen. P.M. and Edward, F. (1959) Electrolyte losces assoicated with the taking of purges investigated with aid of sodium and potasium radioistopes, Brit. Med. J. I. 14.
- 6. Litchfield, J.A. (1959) low potossium syndrome resutting from the use of purgative drugs, gastrocnteralogy 37.483.
- 7. Hiatt, R.B. (1951) The pathologic physiology of congentital megacolon, Ann, Surg. 133, 313.