

Functional Constipation a Homoeopathic Perspective

Dr.Muskan Banu¹, Dr. Vasumathi kodikal²

¹BHMS Intern Alva's Homoeopathic Medical College, Mangalore, Dakshina Kannada, India.

²Co-Author M.D (hom) Professor and hod of the Department of homoeopathic repertory of and case taking

Abstract—Functional constipation is a common gastrointestinal disorder characterized by infrequent bowel movements, difficult stool passage, or a sensation of incomplete evacuation without any identifiable structural or biochemical cause.^{1,9} It significantly affects quality of life and is often associated with lifestyle, dietary, and psychological factors.² Homoeopathy, based on individualization and holistic principles, offers a promising therapeutic approach by addressing the underlying susceptibility and restoring normal bowel function.⁶ This article discusses the epidemiology, etiology, pathophysiology, clinical features, and homoeopathic management of functional constipation, including important remedies and repertorial rubrics.

Index Terms—Functional constipation, Homoeopathy, Repertory, Individualization, Bowel habits, Chronic constipation

I. INTRODUCTION

Functional constipation is defined as a disorder of bowel function in which patients experience persistent difficult, infrequent, or seemingly incomplete defecation without evidence of a structural or organic cause.¹ According to Rome IV criteria, it includes symptoms such as straining, hard stools, sensation of incomplete evacuation, anorectal obstruction, and reduced stool frequency.^{1,9}

Homoeopathy views constipation not merely as a local complaint but as an expression of disturbed vital force, requiring a constitutional and individualized remedy.⁶

Prevalence

Functional constipation is highly prevalent worldwide, affecting approximately 10–20% of the population.^{2,8}

It is more common in:

Females

Elderly individuals

Sedentary populations

Individuals with low-fiber diets^{2,8}

In India, increasing urbanization and lifestyle changes have contributed to a rising incidence.

II. CAUSES AND TRIGGERING FACTORS

1. Dietary Factors

Low fiber intake

Inadequate fluid consumption^{2,8}

2. Lifestyle Factors

Sedentary habits

Ignoring urge to defecate^{2,8}

3. Psychological Factors

Stress, anxiety, depression^{2,8}

4. Medication-induced

Opioids

Anticholinergics

Iron supplements^{2,8}

5. Hormonal and Metabolic Factors

Hypothyroidism

Pregnancy⁸

6. Habitual Factors

Chronic use of laxatives leading to dependency²

III. PATHOPHYSIOLOGY

Functional constipation involves multiple mechanisms:

Delayed colonic transit: Reduced peristalsis leads to prolonged stool retention and excessive water absorption, resulting in hard stools.^{2,8}

Pelvic floor dysfunction: Incoordination of pelvic muscles during defecation.²

Rectal hyposensitivity: Reduced urge perception leads to infrequent defecation.²

Psychosomatic component: Emotional disturbances influence autonomic nervous system regulation of bowel motility.⁸

From a homoeopathic perspective, this reflects a disturbance of the vital force affecting gastrointestinal function.⁶

Clinical Features

Common Symptoms

Infrequent bowel movements (<3 per week)

Hard, dry stools

Excessive straining

Sensation of incomplete evacuation

Abdominal discomfort or bloating^{1,2,8}

Associated Features

Headache

Loss of appetite

Irritability

Flatulence^{1,9}

Homoeopathic Approach

Homoeopathy emphasizes:

Individualization of symptoms

Totality of symptoms (mental, physical, generals)

Constitution and temperament^{3,6}

IV. IMPORTANT HOMOEOPATHIC REMEDIES^{5,7,10}

1. Nux Vomica

Frequent ineffectual urging

Sedentary lifestyle

Constipation with irritability

Stool scanty and incomplete

2. Bryonia Alba

Dry, hard stools like burnt clay

Great thirst for large quantities

Aggravation from motion

3. Alumina

No desire for stool for days

Stool hard, dry, requires great straining

Rectal inactivity

4. Opium

Complete inactivity of rectum

No urge to pass stool

Stool black, hard, round

5. Silicea

Stool recedes after partial expulsion

Weak rectal muscles

Associated with chilly patients

6. Lycopodium

Constipation with bloating

Afternoon aggravation

Right-sided complaints

7. Sulphur

Ineffectual urging

Early morning diarrhea alternating with constipation

Burning sensation in rectum

V. REPERTORIAL RUBRICS

From Kent's Repertory⁴

Rectum – Constipation – ineffectual urging

Rectum – Constipation – no desire

Rectum – Constipation – hard stool

Rectum – Constipation – alternating with diarrhea

Rectum – Inactivity

From Boenninghausen

Stool – difficult

Stool – infrequent

Stool – hard^{4,5}

From Complete Repertory

Rectum – Constipation – sedentary persons

Rectum – Constipation – from mental exertion

Rectum – Constipation – from suppressed urge^{4,10}

VI. DISCUSSION

Functional constipation is a multifactorial disorder where conventional treatment often focuses on symptomatic relief through laxatives and dietary modifications.^{2,8} However, these approaches may not address the underlying cause and can lead to dependency.²

Homoeopathy offers a holistic alternative by considering the patient's constitution, mental state, and lifestyle.^{3,6} Remedies such as Nux vomica and Alumina demonstrate how individualized prescribing can restore normal bowel habits by stimulating the body's self-regulatory mechanisms.^{5,7,10}

Clinical evidence suggests that homoeopathic treatment can improve bowel frequency, stool consistency, and overall well-being without adverse effects.³ The use of repertory aids in accurate remedy selection by correlating patient symptoms with materia medica.^{4,5}

VII. CONCLUSION

Functional constipation is a common yet complex condition influenced by dietary, lifestyle, and psychological factors. Homoeopathy provides an effective, safe, and individualized approach to its management by addressing the root cause rather than merely alleviating symptoms.^{3,6} Careful case-taking, repertorial analysis, and remedy selection are essential for successful outcomes.^{4,6}

REFERENCES

- [1] Drossman DA. Functional gastrointestinal disorders: history, pathophysiology, clinical features. *Gastroenterology*. 2016;150(6):1262–1279.
- [2] Rao SSC, Rattanakovit K, Patcharatrakul T. Diagnosis and management of chronic constipation. *Am J Gastroenterol*. 2016;111(1):18–29.
- [3] World Health Organization. WHO guidelines on basic training and safety in homoeopathy. Geneva: WHO; 1999.
- [4] Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi: B Jain Publishers; 2004.
- [5] Boericke W. Pocket Manual of Homoeopathic Materia Medica. New Delhi: B Jain Publishers; 2002.
- [6] Hahnemann S. Organon of Medicine. 6th ed. New Delhi: B Jain Publishers; 2002.
- [7] Allen HC. Keynotes and Characteristics with Comparisons. New Delhi: B Jain Publishers; 2005.
- [8] Davidson S. Davidson's Principles and Practice of Medicine. 23rd ed. Edinburgh: Elsevier; 2018.
- [9] Longstreth GF, Thompson WG, Chey WD. Functional bowel disorders. *Gastroenterology*. 2006;130(5):1480–1491.
- [10] Murphy R. Lotus Materia Medica. 3rd ed. New Delhi: B Jain Publishers; 2010.