Constipation - A Common and Treatable Condition

Constipation is a frequent and often subjective complaint. Contributory factors may include inactivity, low-fiber diet, and inadequate allotment of time for defecation.[2]

Constipation is defined as infrequent passage of hard stools. Patients may also complain of straining, a sensation of incomplete evacuation and either perianal or abdominal discomfort. Constipation may occur in many gastrointestinal and other medical disorders.[1] It can also present as distention, obstruction or, rarely, perforation. Constipation is a frequent and often subjective complaint. Contributory factors may include inactivity, low-fiber diet, and inadequate allotment of time for defecation.[2]

Clinical assessment and management

The onset, duration and characteristics are important; for example, a neonatal onset suggests Hirschsprung's disease, while a recent change in bowel activity in middle age should raise the suspicion of an organic disorder, such as colonic carcinoma. The presence of rectal bleeding, pain and weight loss is important, as are excessive straining, symptoms suggestive of irritable bowel syndrome, a history of childhood constipation and emotional distress.[1]

Careful examination contributes more to the diagnosis than extensive investigation. A search should be made for general medical disorders, as well as signs of intestinal obstruction. Neurological disorders, especially spinal cord lesions, should be sought. Perinea inspection and rectal examination are essential and may reveal abnormalities of the pelvic floor (abnormal descent, impaired sensation), anal canal or rectum (masses, faecal impaction, prolapsed).[1]

Management plan

- It is neither possible nor appropriate to investigate every person with constipation.
- Most respond to increased fluid intake, dietary fiber supplementation, exercise and the judicious use of laxatives.
- Middle-aged or elderly patients with a short history or worrying symptoms (rectal bleeding, pain or weight loss) must be investigated promptly, by either barium enema or colonoscopy.[1]

For those with simple constipation, investigation will usually proceed along the lines described below:

Initial visit Digital rectal examination, proctors copy and sigmoidoscopy (to detect anorectic disease), routine biochemistry, including serum calcium and thyroid function tests, and a full blood count should be carried out. If these are normal, a 1-month trial of dietary fiber and/or laxatives is justified.[1]

Follow up visit with persisting complaints: If symptoms persist, then examination of the colon by barium enema or CT colonography is indicated to look for structural disease.[1]

Further investigation

If no cause is found and disabling symptoms are present, then specialist referral for investigation of possible dysmotility maybe necessary. The problem may be one of infrequent desire to defecate ('slow transit') or else may result from neuro muscular in coordination and excessive straining. Intestinal marker studies, anorectalmanometry, electro-physiological studies and magnetic resonanceproctography can all be used to define the problem.[1]

Causes of Constipation

Gastrointestinal causes[1]

Dietary
- Lack of fiber and/or fluid intake

Motility
- Slow-transit constipation
- Irritable bowel syndrome
- Drugs
- Chronic intestinal pseudo-obstruction

Structural
- Colonic carcinoma
- Diverticular disease
- Hirschsprung's disease

Defecation
- Anorectal disease (Crohn's, fissures, hemorrhoids)
- Obstructed defecation

Non-gastrointestinal causes[1]

Drugs
- Opiates
- Anticholinergics
- Calcium antagonists
- Iron supplements
- Aluminum-containing antacids

Neurological
- Multiple sclerosis
- Spinal cord lesions
- Cerebra vascular accidents
- Parkinsonism

Metabolic/endocrine
- Diabetes mellitus
- Hyper Calcaemia
- Hypothyroidism
- Pregnancy

Others
- Any serious illness with immobility, especially in the elderly
- Depression

Specific Causes[2]

- Altered colonic motility due to neurologic dysfunction (diabetes mellitus, spinal cord injury, multiple sclerosis, Chagas' disease, Hirschsprung's disease, chronic idiopathic intestinal pseudo obstruction, idiopathic mega colon)
- scleroderma
- Drugs(esp. anti cholinergic agents, opiates, aluminum- or calcium-based antacids, calcium channel blockers, iron supplements, sucralfate)
- Hypothyroidism
- Cushing's syndrome
- Hypokalemia
- Hyper calcemia
- Dehydration
- Mechanical causes (colorectal tumors, diverticulitis, volvulus, hernias, intussusception)
- Anorectic pain (from fissures, hemorrhoids, abscesses, or proctitis)

Leading to retention, constipation, and fecal impaction.

Severe idiopathic constipation

This occurs almost exclusively in young women and often begins in childhood or adolescence. The cause is unknown but some have 'slow transit' with reduced motor activity in the colon. Others have 'obstructed defecation', resulting from inappropriate contraction of the external anal sphincter and puborectalis muscle (anismus). The condition is often resistant to treatment. Bulking agents may exacerbate symptoms but prokinetic agents or balanced solutions of polyethylene glycol '3350' benefit some patients with slow transit. Glycerol suppositories and bio feedback techniques are used for those with obstructed defecation. Others benefit from agents such as prucalopride or linaclotide. Rarely, subtotal colostomy may be necessary as a last resort.[1]

Conventional treatment

Class	Examples
Bulk-forming laxatives	Ispaghula husk, methylcellulose
Stimulants	Bisacodyl, dantron (only for terminally ill patients), docusate, senna
Faecal softeners	Docusate, arachis oil enema
Osmotic laxatives	Lactulose, lactitol, magnesium salts
Others	Polyethylene glycol (PEG)*, phosphate enema*

Complications - Faecal impaction

In faecal impaction, a large, hard mass of stool fills the rectum. This tends to occur in disabled, immobile or institutionalized patients, especially the frail elderly or those with dementia. Constipating drugs, autonomic

neuropathy and painful anal conditions also contribute. Mega colon, intestinal obstruction and urinary tract infections may supervene. Perforation and bleeding from pressure-induced ulceration are occasionally seen. Treatment involves adequate hydration and careful digital disimpaction after softening the impacted stool with rachis oil enemas. Stimulants should be avoided.[1]

Constipation in Old Age

- **Evaluation**: Particular attention should be paid to immobility, dietary fluid and fiber intake, drugs and depression.
- **Immobility**: Predisposes to constipation by increasing the colonic transit time; the longer this is, the greater the fluid absorption and the harder the stool.
- **Bulking agents**: Can make matters worse in patients with slow transit times and should be avoided.
- **Overflow diarrhea**: If faecal impaction develops, paradoxical overflow diarrhea may occur. If antidiarrhoeal agents are given, the underlying impaction may worsen and result in serious complications, such as stercoral ulceration and bleeding.[1]

Treatment

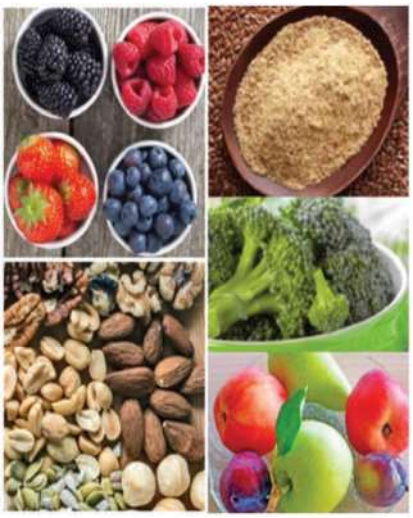
In the absence of identifiable cause, constipation may improve with reassurance, exercise, increased dietary fiber, bulking agents (e.g., psyllium), and increased fluid intake. Specific therapies include removal of bowel obstruction (fecalith, tumor), discontinuance of nonessential hypo motility agents (esp. aluminum or calcium-containing antacids, opiates), or substitution of magnesium-based antacids for aluminum-based antacids.

For symptomatic relief, magnesium-containing agents or other cathartics are occasionally used in conventional medicine. Homeopathy has remedies which can help functional constipation. Diet has a very important role in constipation and before any treatment is started correcting of diet shall be considered, if it doesn't help or is already being taken care of then medicines should be prescribed. The scope includes constipation due to -Slow-transit constipation, Irritable bowel syndrome, Anorectal disease (Crohn's, fissures, hemorrhoids), Hypothyroidism and Depression. It can also help palliative and partially where causes are Multiple sclerosis, Spinal cord lesions and in cases of Cerebrovascular accidents. Some of the common remedies for functional condition of constipation are detailed below but for more effective and long lasting treatment where medicine shall be prescribed based on cause, condition and totality of patient requires a consultation with a registered practitioner and is advisable.

Some dietary advice for constipation includes

Beneficial food items:

1. Beans- baked beans, black-eyed peas, lima beans, and kidney beans.
2. Kiwi
3. Popcorn
4. Dried fruits
5. Broccoli
6. Sweet potatoes -One medium baked sweet potato with skin has 3.8 grams of fiber, which can help get things moving along
7. Pears, plums, and apples
8. Berries are tasty and easy to eat so take your pick: raspberries, blackberries, blueberries, and strawberries - all are easy to snack on and full of fiber
9. Dried fruits especially prunes



Medicines[3]

1. ***Aesculus*** – Dry aching, feels full of small sticks, anus raw, sore. Much pain after stool with prolapse. Large, hard, dry stools. Burning in anus with chills up and down back. Useful for hemorrhoids with sharp shooting pain up the back.[3]
2. ***Alumina*** – Hard, dry, knotty stools, no desire. Rectum sore, dry, inflamed, bleeding, itching and burning at anus. Even a soft stool is passed with difficulty. Great straining. Constipation of infants and old people from in active rectum and in women of very sedentary habit. Evacuation preceded by painful urging long before stool and then straining at stool.[3]
3. ***Bryonia*** – Constipation, hard dry

stool as if burnt seem too large. Stools brown, thick, bloody worse in morning, from moving, in hot weather, after being heated, from cold drinks, every spell of hot weather.[3]

4. ***Calcarea Carbonica*** – Crawling and constrictions in the rectum, stool large and hard, whitish, watery sour. Prolapse ani and burning, stinging hemorrhoids constipation, stool at first hard then pasty then liquid. [3]
5. ***Causticum*** – Stool soft and small, size of goose quill. Hard tough covered with mucus, shines like grease, small shaped expelled with much straining or only on standing up.[3]
6. ***Collinsonia Canadensis*** – Sensation of sharp sticks in rectum. Sense of constriction. Vascular engorgement of rectum. Dry faeces. Most obstinate constipation with protruding hemorrhoids. Aching in anus and hypogastria. Constipation during pregnancy. Alternate constipation and diarrhea and great flatulence. Itching of anus.[3]
7. ***Lycopodium*** **Clavatum**– Ineffectual urging. Stool hard, difficult small, incomplete. Hemorrhoids very painful to touch, aching.[3]
8. ***Magnesia Muriatica*** – constipation of infants during dentition, only passing small quantities, stool knotty like sheep's dung, crumbling at the verge of anus.[3]
9. ***Nux Vomica***–Constipation with frequent ineffectual urging, incomplete and unsatisfactory, feeling as if part remained unexpelled constriction of rectum. Irregular peristaltic action, hence frequent ineffectual desire or passing but small quantities at each attempt. Absence of all desire for defecation is a contra indication. Alternate constipation and diarrhea – after abuse of purgatives urging to stool felt throughout abdomen. Itching, blind hemorrhoids with ineffectual urging to stool, very painful after drastic drugs.[3]
10. ***Platina*** – Stools retarded, faeces scanty, evacuated with difficulty. Adheres to rectum like soft clay sticky stool. Constipation of travelers, who are constantly changing food and water. Stool as if burnt.[3]
11. ***Plumbum*** – Constipation stools hard, lumpy black with urging and spasm of anus. Obstructed evacuation from impaction of faeces. Neuralgia of rectum. Anus drawn with constrictions.[3]
12. ***Silicea*** – Rectum feels paralyzed. Stools covers down with difficulty, when partially expelled recede again. Great straining, rectum stings. Faeces remain a long time in rectum. Constipation always before and during menses.[3]

Keywords - Constipation treatment| Homeopathic remedies for Constipation

Description

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Reference

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