

Comparing traditional and medical treatments for constipation : A Review Article

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Abstract

Constipation is one of the complaints raised by various age groups. More than one-seventh of the adult population in the world are suffering from chronic constipation. In addition to adverse effects on lifestyle and physical complications, this disease costs a lot to the patient and the health system. In this study, the recommendations for the removal of constipation from traditional medicine and modern medicine were extracted and compared. The general approach to dealing with constipation in traditional medicine sources is somewhat similar to that of the medical findings, but the details of the recommendations in these sources do not have the required level of evidence. Also, the importance of paying attention to constipation has been emphasized in reducing the number of complications in traditional medicine sources, which deserves further consideration.

Key words: constipation, traditional medicine, modern medicine, laxative

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Introduction

Constipation is one of the most common complications of the digestive tract in modern and traditional medicine. Constipation is one of the complaints raised by various age groups. (1) More than one-seventh of the adult population in the world are suffering from chronic constipation (2 and 3). Chronic constipation with a prevalence of 15-30% in adults and between 3% and 28% in children is one of the priorities of the World Health Organization (1, 4-6). In addition to the negative effects it affects the patient and the health system on lifestyle and physical side effects. Constipation, in addition to being unpleasant, can be associated with complications such as mega colon, general weakness, hemorrhoids, and sustained complications such as pudendal nerve damage and impaired pelvic floor muscle function due to excessive pressure for excision and even uteroinjection prolapse (5, 7). Studies have shown that women with severe constipation are more likely to be exposed to gynecologic surgery (5). The high prevalence of constipation in all age groups, the imposition of financial burdens on health care systems at \$ 7,522 per year for each patient in the United States, the impact on quality of life of people and the lack of satisfaction with current drugs, the tendency of patients and researchers to use other methods, including herbal remedies and explain other methods of complementary and alternative medicine (8 and 9)

In this study, the recommendations for the removal of constipation from traditional medicine sources and traditional medicine databases were extracted and compared.

Definition of constipation in modern medicine: severe stool discharging or incomplete emptying after bowel movements or bowel movements less than three times a week (10)

Probable side effects	Example	Effect mechanism	Type of laxative
Ineffective in some patients, bloating, cramp, increased intake of bad gas for rapid removal of symptoms	Bran pesium	Hold the water in the colon by connecting it with it and increase the volume and facilitate the disposal of faeces	Stool volumetric
Possibility of hypomagnesemia in the baby with prolonged use	Sodium dodecosate or Calcium dicosates	Stimulating the secretion of water, sodium, chlorine and potassium and inhibiting the absorption of glucose and bicarbonate in the jejunum	Stool softeners
I The place of impairment in the absorption of fat-soluble vitamins such as vitamin K, followed by an increased risk of bleeding. (There is no observation in this area)	Mineral oils	Reducing the intestinal fluid surface tension and thus maintaining more fluid in the intestines and facilitating the elimination and reduction of pressure for excretion	Lubricant laxatives
Bloating, possibility of electrolyte imbalance with prolonged use	Salt (such as sodium chloride or potassium chloride) Magnesium sulfate or citrate, sorbitol, Lactulose, polyethylene glycol	Increased osmolar stress results in increased water absorption into the intestinal tract, dilatation and increased intestinal movements and excretion	Osmotic laxatives
Cramp, the possibility of electrolyte imbalance	Sena Bisacodile	Stimulate colon movements and reduce water absorption from the large intestine	Stimulant laxatives

Definition of Constipation in Traditional Medicine: In traditional medicine, constipation is characterized by titles such as hasr, abdominal cavity and ventricular vein, and colic is a specific type of constipation associated with pain (11).

Constipation Therapy in Modern Medicine: In modern medicine, constipation is initiated by providing non-pharmacological advice such as increasing physical activity and fluid intake, regulating bowel habits, and increasing fiber consumption. If necessary, laxative drugs are prescribed, and in the absence of response, Surgical methods are used. (12 and 13) In new studies, laxatives are classified into five groups based on their mechanism of action (4, 5 and 14)

The treatment of constipation in traditional medicine: The first step in the treatment of traditional medicine in Iran is the diagnosis of the disease pattern. Considering the characteristics of stool in terms of consistency, shape, color, smell and accompanying symptoms, along with the examination of language and pulse, is one of the important issues of this school. The principles of treatment in Iranian medicine are based on lifestyle modification and nutrition, the establishment of the balance and the strengthening of the organ. Several studies have shown the effectiveness

of some Iranian herbs on constipation. Hypnosis (ENMA) is also indicated as an effective treatment for constipation (15) Dr. Ahmadih writes in the secret of treatment that "It should be noted that most diseases cause disruption of the stomach and laziness of the intestine. In addition, each illness also causes forms of digestive system impairment. He cleared it and launched it, then, as if he returned to a permanent illness, he went to special treatment." He says elsewhere: "The predecessors of treating illnesses, emptying the intestines and treating the diseases were important, and they insisted on doing so, and putting the rest of the treatments at a later stage. I also chose the same procedure, because of constipation and digestive disorders The cause of any illness or partner is the disease "(16)

Treatment for constipation is primarily focused on removing constipation-inducing substances such as consuming dry foods or opiates, and continues to focus on treating constipation-related gastrointestinal and non-gastrointestinal malformations.

Food Recommendations in Traditional Medicine:

- Avoid consuming dessert foods (17) and grilled and fried foods (18)
- Avoid flaccid foods (17) such as legumes, apples, cucumbers, yogurt (18)

- Increased meals: Increasing the number of meals in addition to reducing complications, such as reflux, also affects the lining of the heart; however, the volume of the serving should be reduced proportionately with the increase in the number of snacks (19 and 20)
- Having a regular diet (16 and 17)
- The use of soft and early digested foods (17, 21 and 22), due to poor digestion of the gastrointestinal tract, prolongs the digestive process, which will result in constipation (23).
- Fatty porridges (19 and 24-26)
- Use laxatives foods such as spinach, lettuce, turkey, cabbage leaves (17 and 27)
- Sufficient water: (17) In new guidelines, adequate water intake, especially constipation is considered to be effective (5). Of course, in traditional medicine sources, it is not recommended to increase water use in the elimination of all types of constipation (17).
- Snacks like dried figs, pistachios, almonds, currants, dried figs, cooked fruits, sweet ripe melons before meals (17)

Therapeutic methods of traditional medicine:

- Stretching during a mild walk (23)
- Creating order in defecation and bowel movements when feeling off (17)
- Keep body warm in very cold environments (17)
- Keep your stomach warm, especially in cold weather (17 and 21)
- Non-use of very cold and bitter foods (19-21 and 25)
- Avoid overeating (23)
- Avoiding Drugs (17)
- Avoiding Severe Psychological Stress (16 and 19)
 - **Ginger:** In addition to laxative, it is also effective in relieving nausea (17, 28)
- **Golghand alone or sour with Golghand (27):** The method of making "griffin" is to combine the flowers with the weight of that honey or sugar and put it under appropriate temperature conditions for a while until the process is completed. Golghand also plays an important role in reducing bloating and gastrointestinal uplift (23, 28)
- **"Torangebine" with rose water:** In the Alhekmatekholase book, the best combination of laxatives is mentioned, which are usable in most temperaments, times and cities, and it is easy to eat and, of course, those who are prone to diarrhea should be careful with it. 19 and 25)
- **"Mubarak" laxative:** The author of the Altebelmizan, expressed combinational Mubarak laxative in this book, based on his experiences, is useful in most of the esophagus and outbreaks, and agrees with most temperaments and can be used by pregnant women and children and the elderly. It can also be useful in treating fever and inflammation of the digestive tract. (29)
- Sweet Almond Oil (22)
- rose petals (22)

Discussion and Conclusion

Constipation is one of the most common problems in the new life style. In Germany, about 25% of women and 10% of men (30) and in the United States between 20% and 28% of the population face this problem. (31) Iran reported

a prevalence of 3.5%. (32 and 33). Lipid medications along with homeopathic remedies are the most commonly used non-prescription drugs in the world. In Germany, 39 million units of laxative drugs are sold annually, and 600 million are sold in the United States. (34) The annual constipation in the United States leads to 2.5 million physician visits. The economic value of care for each patient with constipation is estimated at an average of \$ US 2,752. (35) Many of the molecular structures of modern drugs are based on the effects of medicinal plants used in traditional medicine systems. (36) So searching in traditional medicine texts is a good way to find new drugs. The use of modern therapy has many problems. Therefore, new strategies are aimed at shortening processes to reduce costs and making it easier to get effective medications. (37) One of these strategies is the use of therapies and medicinal plants and medications used in traditional medicine for centuries. This study was a review study in which we tried to compare the treatment of constipation in modern medicine with traditional Iranian medicine. According to the studies, the main method of treatment in modern medicine is the use of laxatives that can have many complications, but traditional medicine methods are related to the correcting of life and food practices and treatments by medicinal plants that have the least complications. However, the low risk or safety of pharmaceutical treatments in traditional medicine requires several clinical trials so far researchers have not focused on researching these topics. Due to the prevalence of constipation and the existence of several herbal remedies in traditional Iranian medicine, it is suggested that more clinical trials should be conducted to prove the low risk and even the effectiveness of these medicinal plants, in order for them to achieve the role of chemical treatments with low complications.

References

- 1- Sanchez MI, Bercik P. Epidemiology and burden of chronic constipation. *Can J Gastroenterol* 2011; 25(Suppl B):11B-5.
- 2- Kim N. Chronic Constipation- the Causes, Symptoms and treatments. *European Society of hemato-centric medicine* 2010.
- 3- Fateh R, Irvani S, Frootan M, Rasouli MR, Saadat S. Synbiotic preparation in men suffering from functional constipation: a randomised controlled trial. *Swiss Med Wkly* 2011;141:w13239.
- 4- Vazquez JC. Constipation, haemorrhoids, and heartburn in pregnancy. *BMJ Clin Evid* 2010; 2010:1411.
- 5- Cullen G, O'Donoghue D. Constipation and pregnancy. *Best Pract Res Clin Gastroenterol* 2007; 21(5):807-18.
- 6- Keller J, Frederking D, Layer P. The spectrum and treatment of gastrointestinal disorders during pregnancy. *Nat Clin Pract Gastroenterol Hepatol* 2008; 5(8):430-43.
- 7- Changavi F, Delfan B, Akbari S, Janani F. Evaluation of The effect of Cotoneaster on constipation during pregnancy. *Aflak J* 2008; 1(1):5-9. (Persian).
- 8- Folden S. Practice guidelines for the management of constipation in adults. *Rehabilitation Nursing* 2002;27(5):169-175.

- 9- Bove A, Pucciani F, Bellini M, Battaglia E, Bocchini R, Altomare DF, et al. Consensus statement AIGO/SICCR: Diagnosis and treatment of chronic constipation and obstructed defecation (part Diagnosis). *World J Gastroenterol* 2012;18(14):1555-64.
- 10- Ibn-e-sina AH. *Al-Qanun fit-tib. The Canon of Medicine*. Beirut: Beirut Alaalami Beirut library Press; 2005.
- 11- Xu X, Zheng C, Zhang M, Wang W, Huang G. A randomized controlled trial of acupuncture to treat functional constipation: design and protocol. *BMC Complement Altern Med* 2014; 14: 423.
- 12- Cook IJ, Talley NJ, Benninga MA, Rao SS, Scott SM. Chronic constipation: overview and challenges. *Neurogastroenterology and Motility* 2009; 21(Suppl 2): 1-8.
- 13- Krassioukov A, Eng JJ, Claxton G, Sakakibara BM, Shum S. Neurogenic bowel management after spinal cord injury: a systematic review of the evidence. *Spinal Cord* 2010; 48(10): 718-733.
- 14- Body C, Christie JA. Gastrointestinal diseases in pregnancy: nausea, vomiting, hyperemesis gravidarum, gastroesophageal reflux disease, constipation, and diarrhea. *Gastroenterol Clin North Am* 2016; 45(2):267-83.
- 15- Wald A. Chronic constipation: advances in management. *Neurogastroenterology & Motility* 2007; 19: 4-10
- 16- Ahmadieh A. *Raz-e-darman*. Tehran, Iran: Eghbal Press; 2007.
- 17- Elsagh M, Hadizadeh F, Mazaheri M, Yavari M, Babaeian M, Sharifi Olounabadi AR, et al. Constipation in traditional Iranian medicine. *J Islam Iran Tradit Med* 2012; 2(4):361-71.
- 18- Nejatbakhsh F. The rules of nutrition in disease based on Iranian traditional medicine. Tehran, Iran: Choogan; 2013. P. 767.
- 19- Aqili khorasani S. *Kholasa-al-Hikmat*. Qom, Iran: Esmaeilian; 2006.
- 20- Ahvazi AA. *Kamel-al-Sanaat-al-tebbieh*. Qom, Iran: Jalaleddin; 2008.
- 21- Mokaberinejad R, Tansaz M, Bioos S, Jafari Dehkordi E, Akhtari E, Yousefi S, et al. Healthy pregnancy in perspective of Iranian traditional medicine and its brief comparison with modern medicine. *Iran J Obstet Gynecol Infertil* 2014; 17(121):1-9. (Persian).
- 22- Dabaghian FH, Siahpoosh M, Shirazi MT. Iranian traditional medicine views about prenatal care. *Hist Med J* 2016; 4(12):139-59.
- 23- Arzani MA. *Tebb-e-Akbari*. Tehran, Iran: Institute of Medical History, Islamic and Complementary Medicine, Iran University of Medical Sciences; 2005.
- 24- Avicenna A. *The Canon of Medicine*. Beirut, Lebanon: Alaalami Beirut Library Press; 2005.
- 25- Arzani MA. *Mofarreh Al-Gholob*. 1st ed. Tehran: Almaee; 2012.
- 26- Dehestani Ardakani M, Jamali F, Momeni F, Rezayat A, Yavari M. Nutrition in pregnancy: from viewpoint of traditional medicine to new medicine. *J Islam Iran Tradit Med* 2013; 4(4):344-59.
- 27- Azam Khan M. *Exir Azam [Great Elixir]*. Lucknow, India: Monshi Nou; 2008.
- 28- Khorasani Shirazi MH. *Makhzan-al-Advieh*. Tehran, Iran: Bavardaran; 2001.
- 29- Arzani MA. *Mizan-al-Tib*. Qom, Iran: Sama Cultural Institute; 2001.
- 30- H. Knopf, M. Braemer-Hauth, H. U. Melchert, and W. Thefeld, "Ergebnisse der nationalen untersuchungs-surveys zum laxantiengebrauch," *Bundesgesundhbl*, vol. 38, pp. 459-467, 1995.
- 31- Stewart WF, Liberman JN, Sandler RS, et al. Epidemiology of constipation (EPOC) study in the United States: Relation of clinical subtypes to socioemographic features. *Am J Gastroenterol* 1999;94:3530-40
- 32- khoshbaten, Manoochehr, Ghasemi, Hamzeh, Hekmatdost, Azita; Entezari, Masoud, (2004), Prevalence of gastrointestinal signs and symptoms in the northwestern region of Tabriz, Iran, Fourth International Congress on Gastroenterology and Hepatology, 1715 December 2004, Tehran Massarrat S, Saberi-Firoozi M, Soleimani A, Himmelmann GW, Hitzges Met al. Peptic ulcer disease, irritable bowel syndrome and constipation in two populations in Iran. *Eur J Gastroenterol Hepatol*. 1995 May; 7(5):427-33
- 33- M. Sweeney, "Constipation diagnosis and treatment," *HomeCare Provider*, vol. 2, no. 5, pp. 250-255, 1997.
- 34- Sonnenberg A, Koch TR. Physician visits in the United States for constipation: 1958 to 1986. *Dig Dis Sci* 1989;34:606-11.
- 35- Patwardhan B, (2009, January 23). *Drug Discovery and Development: Traditional Medicine and Ethnopharmacology Perspectives*. SciTopics. Retrieved October 4, 2011, from http://www.scitopics.com/Drug_Discovery_and_Development_Tradition_al_Medicine_and_Ethnopharmacolgy_Perspectives.html.
- 36- Miyata T, Kikuchi K, Kiyomoto H, van Ypersele de Strihou C. New era for drug discovery and development in renal disease. *Nat Rev Nephrol*. 2011 Jul 5;7(8):469-77. doi: 10.1038/nrneph.2011.84