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REVIEW OF CONSTIPATION IN CHILDREN

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Abstract :

Constipation is generally occurs children. Usually isn't serious. Constipation refers to bowel movements, which are infrequent or hard to pass. The stool is often hard and dry. Other symptoms may include abdominal pain, bloating, and feeling as if one has not completely passed the bowel movement. The normal frequency of bowel movements in Babies often have three to four bowel movements per day while young children typically have two to three per day. In this article we shows causes, symptom's, treatment, complication and prevention of constipation in children

Key words - Bowel movements, abdominal pain, bloating.

Introduction :

Constipation in children is a common problem. A constipated child has infrequent bowel movements or hard, dry stools. Common causes include early toilet training and changes in diet.

Fortunately, most cases of constipation in children are temporary. Encouraging the child to make simple dietary changes, such as eating more fiber-rich fruits and vegetables and drinking more fluids it can

go a long way toward alleviating constipation. Constipation is a common complaint in clinical practice and usually refers to persistently, difficult, infrequent or incomplete defecation. Because of the wide range of normal bowel habits constipation is difficult to define precisely, however low stool frequency alone is not the sole criterion for the diagnosis of constipation. Many constipated patients have a normal frequency of defecation but complain of excessive straining, hard stool, lower abdominal fullness or a sense of incomplete evacuation. Constipation is the passage of firm or hard pellet like stool at infrequent and long intervals with difficulty to expel.

Causes :

Constipation most commonly occurs when waste or stool moves too slowly through the digestive tract, causing the stool to become hard and dry. Many factors can contribute to constipation in children they are following:

- Dehydration
- A diet consisting of highly constipating foods such as milk, cheese, and bananas.
- Some medications, especially antacids and narcotic pain medications.
- An emotionally difficult experience which causes the child to retain stool, or an attempt to avoid public restrooms.
- A reduction in physical activity.
- Bowel obstruction.
- Endocrine problems such as hypothyroidism.
- Conditions such as Down's syndrome and cerebral palsy.
- **Withholding-** If child may ignore the urge to have a bowel movement because he/she is afraid of the toilet or doesn't want to take a break from play. Some children withhold when they're away from home because they're uncomfortable to using public toilets. Painful bowel movements caused by large, hard stools also may lead to withholding.
- **Toilet training issues**
- **Changes in diet** - Less amount of fiber-rich fruits and vegetables or fluid in child's diet may cause constipation.
- **Changes in routine** - Any changes in child's routine such as travel, hot weather or stress can affect on the bowel function. Children are also more likely to experience constipation when they first start school outside of the home.
- **Medications** - Certain antidepressants and various other

drugs can contribute to constipation.

- **Family history** - Children who have family members experienced constipation are more likely to develop constipation. This may be due to shared genetic or environmental factors.

Symptoms :

Signs and symptoms of constipation in children may include:

- Large stools (Large-diameter stools that may obstruct the toilet)
- Hard stools - The texture of bowel movements is more important than the frequency.
- Small pellet-like stools ("rabbit" pellet stools.)
- Infrequent stools - Again, infrequent stools may not indicate constipation unless the consistency is hard, your child appears uncomfortable, or strains to pass them.
- Less than three bowel movements a week
- Bowel movements that are hard, dry and difficult to pass
- Pain while having a bowel movement
- Abdominal pain

- Traces of liquid or clay-like stool in underwear it is a sign of that stool is backed up in the rectum
- Blood on the surface of hard stool

Treatment :

- **Fiber supplements or stool softeners** - If child doesn't get a lot of fiber in his/ her diet, adding an over-the-counter fiber supplement, such as Metamucil or Citrucel. However, child needs to drink at least 32 ounces (about 1 liter) of water daily for these products to work well. Glycerin suppositories can be used to soften the stool in children who can't swallow pills.
- **laxative or enema** - sometimes accumulation of fecal material creates a blockage, in that condition laxative or enema to help remove the blockage. Ex. polyethylene glycol (Glycolax, MiraLax, others) and mineral oil..

Alternative medicine :

In addition to changes in diet and routine, various alternative approaches may help relieve constipation in children:

- **Massage** - Gently massage on abdomen may relax the muscles that support the bladder and

intestines, helping to promote bowel activity.

- **Acupuncture** –This traditional Chinese medicine involves the insertion and manipulation of fine needles into various parts of the body.

Complications :

If constipation becomes chronic it produces complications like,

- Painful breaks in the skin around the anus (anal fissures)
- Rectal prolapse, when the rectum comes out of the anus
- Stool withholding
- Avoiding bowel movements because of pain, which causes impacted stool to collect in the colon and rectum and leak out (encopresis)

Prevention :

Constipation is usually easier to prevent than to treat. Children benefit from scheduled toilet breaks, once early in the morning and 30 minutes after meals. Constipation can be relieved with adequate exercise, fluid intake, and high-fiber diet.

Discussion:

Most of the time, constipation in children can be managed with a change in diet and an increase in physical activity. That said, stool softeners and sometimes a laxative will be needed to get a child's bowel movement. There is little risk associated

with using stool softeners in children, and if this is needed they should be continued until a child is having regular and soft bowel movements.

Conclusion :

Approximately 3% of childrens have constipation, with girls and boys being equally affected. The symptom carries a significant financial impact upon our healthcare system. While it is difficult to assess an exact age at which constipation most commonly arises, children frequently suffer from constipation in conjunction with life-changes. Examples include: toilet training, starting or transferring to a new school, and changes in diet. Especially in infants, changes in formula or transitioning from breast milk to formula can cause constipation. Fortunately, the majority of constipation cases are not tied to a medical disease, and treatment can be focused on simply relieving the symptoms.

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