CONSTIPATION HISTORY , CAUSES ,REMEDIES

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**Overview of disease**

Constipation is a condition of the organs of the gastrointestinal tract, accompanied by the main symptom: a violation of the regime and / or insufficient bowel movement. Stool frequency too low (≤2 / wk; severe constipation is ≤2 empties per month) or hard bowel movements that are difficult to discharge, often with a feeling of incomplete emptying (Cirillo & Capasso, 2015). Constipation is not an independent disease, but a symptom of disorders of the body, diseases, pathologies and dysfunctions of various systems. Constipation is diagnosed in 50% of the adult population and 25% of children. Causes of constipation can be as a single violation of the diet, some drugs, infectious diseases, and serious pathologies leading to chronic constipation. (Gulp ,Smith & Scott, 2009).

**Symptoms of constipation**

In various classifications, constipation can be recorded in different cases: from the absence of feces within 48 hours in an adult to the permissible period of several days without defecation in an infant. In most cases, the following symptoms should be present to diagnose constipation

Functional constipation is usually due to the slow movement of feces in the colon. The most common cause of nutritional constipation is malnutrition: low fiber, an excess of easily digestible carbohydrates, and inadequate water intake. Another factor is insufficient physical activity, leading to general muscle atony.

Depending on the cause of occurrence, several types of constipation are distinguished:

1. atonic constipation occurs due to malnutrition;
2. spastic constipation is associated with a violation of the autonomic system;
3. neurogenic constipation - due to the habit of enduring;
4. hypodynamic constipation is associated with low physical activity;
5. proteogenic constipation is associated with other diseases of the rectum (hemorrhoids, fissures, etc.);
6. mechanical constipation occurs in patients with a tumor of the intestine, with the appearance of scars on the rectum or its compression from the outside;
7. toxic constipation caused by poisoning;
8. constipation due to heart or kidney failure;
9. endocrine constipation occurs due to disruption of the thyroid gland and other parts of the endocrine system;
10. drugs containing iron, anesthetics, antidepressants, etc. can cause drug constipation.

Bowel motility depends on many factors, and constipation can lead not only to reduced, but also increased activity. For example, with inflammatory bowel diseases (ulcerative colitis), irritable bowel syndrome due to spastic events, constipation may develop. Since the movement of feces in the intestine depends on its muscle activity, impaired function of the muscles of the pelvic floor and the sphincter of the rectum leads to stagnation of the contents of the intestine or is accompanied by a feeling of incomplete emptying. Violation of the bowel movement can lead to a decrease in the tone of the anal sphincter. This phenomenon occurs when the habit of emptying the intestines at a certain time of the day (often in the morning) is not developed, therefore, when an urge arises at an inconvenient time, it is suppressed. This leads to the fact that receptors of the rectum cease to respond to fecal pressure. (Johnson, 2013)

Gastrointestinal motility disorder is characteristic of patients with endocrine pathologies (diabetes mellitus, hypothyroidism, hypo- and hyperkalemia, pheochromocytoma). A change in the hormonal background (increased progesterone synthesis) in pregnant women leads to constipation in the first trimester, while in the last stages of pregnancy, constipation is caused by inactivity and uterine pressure on the sigmoid colon. With endometriosis, constipation correlates with the menstrual cycle. An important component of the functioning of the intestine is its nervous regulation. Dinning, Smith, & Scott, 2009).

Any diseases of the central and peripheral nervous system inevitably affect the motor activity of the gastrointestinal tract. The psychogenic causes of constipation (depressive states, schizophrenia, anorexia nervosa) cause either a spastic or atonic state of the intestine. The nature of constipation is different in people with hypochondriacal syndrome, since the root cause in this case is the patient's incorrect perception of the functioning of his intestines. Concerns about the regularity and completeness of bowel movements often lead to the abuse of laxatives, enemas, because of which the intestines stop working independently (lazy bowel syndrome). Organic causes of constipation include tumors, intussusception and inversion of the intestines, hernias, chronic amoebiasis, strictures after irradiation and surgical interventions.

**Non-pharmacological treatment (first stage of treatment):**

1) diet - it is necessary to increase the amount of dietary fiber in the diet up to 20–30 g / day in several daily servings in the form, for example, of wheat bran, granola or fruit like apples, kiwi, bananas or orange nuts or seeds are the main method of treatment of functional constipation, an auxiliary value for constipation with a slow intestinal passage(Cunha, 2019). It is necessary to increase the amount of fluid intake more than 3 L / day. In case of intolerance to fiber (flatulence, rumbling and transfusion in the abdomen, gas, discomfort, spastic abdominal pain) → you should reduce its daily amount or use other hydrophilic agents that increase the amount of feces (eg, preparation of plantain sand) or osmotic laxatives . below. It should not be used for pelvic floor muscle dysentery (exacerbate symptoms) and megacolon. Tian, H., (Ge, Nie, Yang, Ding, Mcfarland, 2017).

**lifestyle changes** - systematic physical activity and regular attempts to calmly defecate for 15–20 minutes, without increased effort, should always be recommended , always in the morning after breakfast. The patient should not hold up the stool. In hospitalized patients and with palliative care, the vessel must be replaced with a toilet seat. It is necessary to cancel all drugs that can cause constipation (if possible).

**Pharmacological treatment**: it is used additionally in case of non-pharmacological methods inefficiency. Begin with osmotic and stimulating drugs. Type of drug and the dose must be selected individually, by trial and error; if the effect is unsatisfactory when using monotherapy, a combination of 2 drugs from different groups is required.

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