

EXPLORING INDIAN HERBS FOR CONSTIPATION RELIEF: A COMPRENSIVE REVIEW.

Harshdeepsinh Rana^{1*}, Foram Mehta², Dr. Pragnesh Patani³

^{1*}Student, Khyati College of Pharmacy, Palodia, Ahmedabad
²Assistant Professor, Khyati College of Pharmacy, Palodia, Ahmedabad
³ Principal, Khyati College of Pharmacy, Palodia, Ahmedabad

*Corresponding Author: Harshdeepsinh Rana *Student, Khyati College of Pharmacy, Palodia, Ahmedabad, Email: harshdeepsinhrana818@gmail.com

Abstract:

Constipation is a typical gastrointestinal problem influencing people around the world. Constipation is a characterized by a number of gastrointestinal symptoms, including trouble passing stool, firm stool, and the sensation of incomplete evacuation. This study means to explore the possible alleviation of clogging side effects through the usage of customary Indian spices. The rich legacy of Indian customary medication offers a plenty of home grown cures known for their stomach related benefits. This exploration digs into the adequacy and systems of these spices in advancing standard defecations and easing constipation related uneasiness.

Key words: constipation, Indian herbs, Digestive disorders, Pathophysiology, Defecations.

INTRODUCTION:

1.1 General

Constipation is described as an infrequent passage of stools or difficulties with stool evacuation. It is related with a variety of symptoms such as hard stools, straining, the sense of anorectal obstruction, incomplete evacuation, stomach pain, and bloating.¹ Constipation can cause a great deal of discomfort, including nausea, anorexia, and abdominal pain and distension. Additionally, it may result in extra-intestinal symptoms such headaches, bad breath, restlessness, and disorientation. When taken as a whole, these symptoms significantly affect the patients' quality of life.²

1.2 Epidemiology:

constipation is a typical practical gastrointestinal (GI) jumble. The pervasiveness of blockage in everybody is roughly 20% despite the fact that it can go somewhere in the range of 2% to 27%, contingent upon the definition utilized and populace studied.^{3,4} A populace based concentrate on revealed that the combined frequency of persistent obstruction (CC) is higher in the old (~20%) contrasted with a more youthful population.⁵ Serious clogging is more normal in old ladies, with paces of stoppage a few times higher than that of their male counterparts.⁶⁻⁸The Rome III models utilize a blend of goal (stool recurrence, manual moves required for crap) and emotional (stressing, knotty or hard stools, inadequate departure, impression of anorectal hindrance) side effects to characterize constipation.6 The financial effect of CC in the US is critical, with an expected 2.5

million doctor visits and 100,000 hospitalizations annually.⁹Persistent obstruction additionally adversely influences wellbeing related

personal satisfaction, with mental and social consequences.^{10,11}Accordingly, understanding the etiology and the executives of blockage in this population is significant. This survey will likewise talk about pelvic floor problems, slow travel clogging, their clinical introductions, and treatment choices.

1.3 Etiology:

Constipation can be delegated essential or auxiliary. Essential blockage might be additionally isolated into subtypes: typical travel (or practical), slow travel, what's more, confused crap, additionally alluded to as anorecta brokenness, rectal outlet delay, pelvic floor dyssynergia or then again dumbfounding pelvic floor contraction.¹² Optional constipation might be because of drugs, infection conditions or irregularities, way of life factors, or psychogenic conditions.¹³ Normal optional reasons for blockage are recorded in Table 1.¹⁴ It was already accepted that way of life factors connected to the turn of events of obstruction included absence of sufficient fiber, liquids, what's more, work out. Proposals tending to these way of life intercessions have remained piece of the administration system for forestalling and treating clogging regardless of an absence of proof to help their efficacy.¹⁵⁻¹⁸

| Condition | Possible Causes | | | | |
|-----------------------------------|----------------------------------|--|--|--|--|
| Gastrointestinal disorders | Irritable bowel syndrome | | | | |
| | Upper GIT disease | | | | |
| | Anal and rectal diseases | | | | |
| | Hemorrhoids | | | | |
| | Ulcerative proctitis | | | | |
| | Syphilis | | | | |
| Metabolic and endocrine disorders | Diabetes melitus with neuropathy | | | | |
| | Hypothyroidism | | | | |
| | Hypercalcemia | | | | |
| Pregnacy | Depressed gut motility | | | | |
| | Decreased physical activity | | | | |

| Table.1 Co | ommon | secondary | causes | of | consti | pation. |
|------------|-------|-----------|--------|----|--------|---------|
|------------|-------|-----------|--------|----|--------|---------|

1.4 Pathophysiology:

Colonic function

Water ingestion

Around 1.5-liter liquid enters the colon from small digestive tract consistently. Colon discharge out just 200-400 mL stool. Colon ingest water and travel the stool into rectum to store and remove. How much water that is caught up in rectum relies upon the condition of hydration.¹⁹ Both sodium and chloride are the vital components in reabsorbing water from colon. The additional time stool stays in the colon, the drier it becomes.²⁰ Motility There are two system of gross motility in colon including:¹⁹ Monotonous non-propulsive compressions: The essential sort of constriction liable for blending and assimilation of items. High-sufficiency engendered constrictions (HAPCs): Huge facilitated withdrawal answerable for pushing the stool forward. Expansions in the first part of the day and subsequent to drinking and additionally eating. Typical colonic travel time is around 20-72 hours.²¹HAPCs are normally diminished in stoppage and perhaps the fundamental pathophysiology of constipation.²² On atomic premise, the essential developments of the stomach (peristalsis) are directed through serotonin (5-hydroxytriptamine [5HT]). 5HT is set free from enterochromaffin cells when the gut wall go through foothold (e.g., because of food or bolus). There are seven subtypes of the 5HT receptors, among which 5HT4 and 5HT3 are the most significant for peristalsis. 5HT4 drives 5HT impact on the stomach and 5HT3 is liable for the gut sensation.²³

Defecation:

The defecation process comprise of three significant stages including:²⁴

1.Filling of the rectum

- 2. Vibe of rectum totality
- 3.Unwinding of pelvic floor muscles in an organized style

Butt-centric sphincters and puborectalis muscle are physical givers of typical waste consistency. Resting butt-centric sphincter tone is expected to both compulsory inner (70%) and deliberate outer (30%) butt-centric sphincters tone. Rectoanal inhibitory reflex (RAIR) comprise of loosening up the inner butt-centric sphincter in light of rectal extension because of flatus or stool. RAIR is totally managed by the stomach and isn't constrained by fringe or focal sensory system. Presence of RAIR precludes Hirschsprung's illness as a differential diagnosis.²⁰ At the point when stool enters in rectum, the inner sphincter is loosened up by reflex. Assuming that the crap is badly arranged, the puborectalis muscle is contracted and outside sphincter is shut. On the off chance that crap is wanted, the puborectalis muscle is intentionally loose and outside sphincter is opened. In this manner, crap might be helped with valsalva maneuver.²⁵

Role of Indian herbs used in treatment of constipation:

The various types of reason for costiveness limit the clinical viability of current customary Western medicines since these medications act through a solitary pathway .²⁶ To supplement these inadequacies and give a total comprehensive methodology, ayurvedic medications fit for focusing on various organ destinations might be utilized.²⁷

Following is the list of herbal medicine with laxative properties used for treatment of constipation.

1. Triphala:



One of the most incredible known Ayurvedic laxative is Triphala ^(28-30,31). Triphala (Sanskrit; Tri = three and Phala = organic products) is characterized as a notable tri-home grown Indian Ayurvedic definition comprising of dried products of the three plant species, Emblica officinalis (Amalaki or the Indian Gooseberry) (Family-Euphorbiaceae), Terminalia bellirica (Bibhitaki or Karitaki) (Family-Combretaceae), and Terminalia chebula (Haritaki) (Family-Combretaceae) that are local to the Indian subcontinent ^(28-30,31). Triphala in Ayurvedic Rasayana detailing is utilized as a rejuvenative spices, for the treatment of gastrointestinal lot problems, forestalls clogging, looseness of the bowels, hypolipidemic impact, and lessens pressure related issues, diminishing the entire cholesterol levels, and low-thickness lipoprotein.^(28-30,31)Triphala-determined polyphenols, for example, chebulinic corrosive are likewise changed by the human stomach microbiota into bioactive metabolites to forestall oxidative harm. (28-30,31) As indicated by the Indian wellbeing specialists, Triphala ought to be consumed day to day for one to about fourteen days in the administration of clogging. New natural products can be dried and powdered and blended (2 spoon of powdered Triphala) with warm water or milk in the board of obstruction. Triphala juice is additionally accessible in the Indian market and one glass of warm squeeze is likewise utilized as a home grown solution for the blockage.

1.1 Chemical constituents of triphala:

The significant constituents of the Triphala details are the tannins, gallic corrosive, ellagic corrosive, and chebulinic corrosive, chebulagic corrosive which are powerful cancer prevention agents and accordingly, came about in the immunomodulatory movement with no incidental effects. ^(28-30,31)Triphala likewise contains other bioactive mixtures like flavonoids (e.g., quercetin and luteolin), saponins, anthraquinones, amino acids, unsaturated fats, and different sugars.³¹

1.2 Therapeutic uses and studies:

Ayurvedic medication involves Triphala as a mainstay of gastrointestinal treatment; notwithstanding, the intricacy of the three rasayanas, or on the other hand rejuvenative spices, in the detailing considers numerous applications. Moreover, studies have approved a number of likely purposes of Triphala, which incorporate free extremist rummaging, cancer prevention agent, calming, immunomodulating, craving feeling, gastric hyperacidity decrease, dental caries anticipation, antipyretic, pain relieving, antibacterial, antimutagenic, wound recuperating, anticariogenic, antistress, adaptogenic, hypoglycemic, anticancer, hepatoprotective, chemoprotective, radioprotective, furthermore, chemopreventive effects.³²Triphala may likewise advance appropriate processing and retention of food, diminish serum cholesterol levels, further develop course, loosen up bile conduits, forestall immunosenescence, keep up with homeostasis of the endocrine framework, furthermore, increment creation of red platelets and hemoglobin.³²

2. Pippali (piper longum linn.)

Piper longum L. (Piperaceae), by and large known as lengthy pepper or Pippali is a climbing bush or a herbaceous evergreen plant local to the hotter pieces of India, eastwards to Bengal, Assam, and the Khasia mountains; westwards to Mumbai and southwards to Kerala.³³In the Ayurvedic arrangement of medication, the natural products have been accounted for their cooling impact and for being helpful in biliousness which were moreover announced as stomachic, Spanish fly, laxative, antidiarrhoeic, antidysenteric, what's more, antiasthmatic, as well as against bronchitis, stomach grievances, fevers, leucoderma, urinary releases, cancers, heaps, sicknesses of the spleen, torments, irritation, disease, sleep deprivation, jaundice, tubercular organs, etc.³⁴

2.1 Phytochemistry

P. longum contains various auxiliary metabolites of different classes like alkaloids, lignans, flavonoids, amides, esters, natural oils, furthermore, natural acids. Alkaloids are bountiful phytochemicals in all major plant parts specifically organic products, seeds, leaves, stems, and roots. Piperine was the primary amide disengaged from the Flautist species that additionally adds to P. longum's hot and sharp flavor.^{35,36}



Piper longum (a) plant habit, (b) leaves, (c) inflorescence, (d) mature fruit, and (e) dry fruits

3. Mandanphala (Randia dumetorum)

Madanphala known as Randia Dumetorum has a place with Rubiacea family is most usually involved drug for Vamana and is viewed as best one due to its Anapayitva characteristics implies having

exceptionally less inconveniences and is more secure to use.³⁷ Different equivalents like-Madan, Karahata, Ratha, Pinditaka Phala, Shvasana.³⁸ It is found all through India, Ceylon-Java, Sumatra, Southern China, European tropical Africa.

a) R. duematorum sensu stricto-Eastern waterfront locale of Andhra Pradesh and Madras and portions of Deccan.

b) R. longispina Wight and Arn-North India from Kumaun to Assam, expanding southwards into slopes of Vishakahapatnam.

c) R. brandisii Bet Deccan Landmass, particularly in the western parts.³⁹

3.1 Macroscopic:

Organic product: Cross over segment shows epicarp comprising of single layered epidermis, once in a while destroyed in surface view; epidermal cells slight walled and polygonal; mesocarp, wide zone comprising of dainty walled parenchyamatous cells, a few cells contain rosy earthy colored content; various vascular packs tracked down implanted in this zone; endocarp stony comprising of light yellow polygonal, sclerenchymatous cells of variable shape and size.

Powder: Ruddy brown; under minute shows various, enormous unpredictable, rosy earthy colored cells sclereids of variable shape and size; bits of Xylem vessels with reticulate thickenings, dainty walled, squashed parenchymatous cells and yellow orange bits of seed coat.⁴⁰

3.2 Chemical constituents:

Rough saponin division showed hemolytic, molluscidial and resistant animating exercises (planta, ed 1990,56,451). Two new triterpine saponins segregated from leafy foods as 3-O-[β -D-glucosyl (1-4)- β -D-glucosyl (1-3) - β -D-glucuronosyl] oleanolic corrosive and 3-O-[β -D-glucosyl (1-6)- β -D-glucosyl (1-3)- β -D-glucosyl (1-3)- β -D-glucosyl oleanolic corrosive (planta Prescription. 1990,56,451); another aliphatic diol-randiol-disconnected from bark and its construction laid out as tetratriconta-12, 21-diol.⁴¹

3.3 Ethanopharmacology

Bark is soothing and nervine sedative. Natural product has an unpleasant terrible taste; emetic, laxative, carminative. Utilized for torment in the muscles, loss of motion, aggravations, uncleanliness, bubbles, emissions; clears the cerebrum; utilized in illness of mind, asthma, bronchitis, leucoderma (Yunai). It goes about as anesthetic in ailment when applied remotely. Its mash of organic product have anthelminthic properties and once in a while utilized as abortifacient. It tends to be utilized in fever and accidental sicknesses which youngsters are exposed to (Murray). Imbuement of bark is utilized as sickening medication. In Ceylon the root decoction is taken for the trouble digestion certain things (food intolerance) and biliousness.^{42,43}

4. Vacha (Acorus calamus Linn.)

Acorus calamus Linn. (Acoraceae), otherwise called Vacha in Sanskrit, is a mid-term, perpetual, fragrant spice which is polished in the Ayurvedic (Indian conventional) and the Chinese arrangement of medication. The plant's rhizomes are brown in variety, turned, tube shaped, bended, and in practically no time gestured. The leaves are brilliant green, with a blade like design, which is thicker in the center and has stunning edges (Figure 2).⁴⁴ A few reports learned a great many organic exercises including its bunch of dynamic phytoconstituents. In this sense, the purpose of this survey is to collect and sum up the geological conveyance, ethnopharmacology, phytochemistry, component of activity of A. calamus alongside preclinical and clinical cases that are applicable to oversee neurological and metabolic issues. Apparently, up until this point, none of the distributed audits has depicted every one of the qualities of this restorative plant. ⁴⁵⁻⁴⁷

4.2 phytochemistry:

The phytochemical examination of this plant has been progressing since the year 1957.^{48,49} Until this point, around 145 mixtures were disengaged from A. calamus rhizomes and leaves, viz.

phenylpropanoids, sterols, triterpene glycosides, triterpenoid saponins, sesquiterpenoids, monoterpenes, and alkaloids (Table 3). Among those, phenylpropanoids (essentially, asarone and eugenol) and sesquiterpenoids have been viewed as the head eff-ective mixtures of A. calamus

4.3 Pharmacological properties:

It is used in Anti-inflammatory, Antibacterial activity, Anti-allergic activity, Analgesic activity, Immunomodulatory activity.

5. Kustha (saussurea lappa C.B Clarke)

Saussurea lappa C.B Clarke, having a place with family (Asteraceae) ordinarily known as Costus which is a tall, enduring spice that develops to a level of 1-2 m; stem is upstanding, strong and sinewy while root is a long strong of 60 cm with a trademark scent; leaves are lobate, followed, membranous, sporadically toothed; upper leaves are little while basal leaves are huge with long lobately winged stalks. Blossoms are stalkless, dim purple to dark in variety and are organized in terminal and axillary heads. Pappas is roughly 1.7 cm long, cushy, fluffy giving a curious appearance to the fruiting blossom heads. Product of S. Lappa is measured, bended, compacted and hairy.⁵⁰Saussurea lappa (S. lappa) is native to India, Pakistan and China, the Himalaya area at where it fills in the Himalaya locale at 2500-3500m altitude.⁵¹

5.1 Active constituents of S. lappa:

Concentrates on the compound elements of S. lappa could be followed back to 1950s. As of recently, many mixtures have been separated. Its dynamic constituents are for the most part terpenes; however, it likewise contains anthraquinones, alkaloids and flavonoids. Plant has different terpenes that chiefly have antitumor properties and hostile to infammatory, for example, costunolide, dihydrocostunolide, 12-methoxydihydrocostunolide, dihydrocostus lactone, dehydrocostus lactone ⁵²-hydroxydeh ydrocostus lactone, β -hydroxydehydrocostus lactone, lappadilactone⁵³, mokko lactone, betulinic corrosive, betulinic corrosive methyl ester.⁵⁴

5.2 Pharmacology:

S. lappa is a therapeutically significant plant. Differentdynamic mixtures separated from plant are accounted for to have therapeutic properties for example the significant parts are sesquiterpene lactones, for example, costunolide and dehydrocostus lactone. S. lappa has different. bioactivities, for example, antifungal ⁵⁵, antidiabetic ⁵⁶, anthelmintic⁵⁷, antitumor ⁵⁸ antiulcer⁵⁹, antimicrobial⁶⁰, immunostimulant,⁶¹ mitigating.⁶²

6.Indian Senna (Swarnapatri) Cassia angustifolia:

Cassia angustifolia has a place with the family Leguminosae is a plant most popular for its diuretic property^{63-69.} Indian Senna (Cassia angustifolia) is frequently used to clear the gut before indicative tests like colonoscopies. Purging the colon is accepted to upgrade supplement take-up and uphold generally colon wellbeing⁶³⁻⁶⁹. It is otherwise called Swarnapatri in Sanskrit⁶³⁻⁶⁹. It is fundamentally utilized as a blood purifier, purgative for easing blockage and to treat skin illnesses. It contains a strong normal purgative called anthraquinone and is supported by the world wellbeing association (WHO) ⁶³⁻⁶⁹. It is a FDA supported nonprescription diuretic ⁶³⁻⁶⁹. Senna is an anthranoid type invigorating diuretic ⁶³⁻⁶⁹. Indian Senna (Cassia angustifolia) includes dianthrone glycosides (compounds comprising of sugar particles bound to other particles), as well as adhesive (a thick, gluey substance), tannins what's more, flavonoids. Notwithstanding its utilization as a protected and compelling diuretic ⁶³⁻⁶⁹.

Indian Senna (*Cassia angustifolia*) is a yearly leguminous spice which is developed widely in the southern pieces of the India. Its cases and leaves are utilized in Ayurveda as well as in present day arrangement of prescriptions. One of the glycosides present in Senna, Emodin has numerous herapeutic benefits including as a mitigating, antispasmodic, and the capacity to restrain or obliterate

infections ⁶³⁻⁶⁹. These mixtures have likewise demonstrated to be compelling in animating cell recovery, and detoxifying and purging. Indian Senna (Cassia angustifolia) is the dynamic fixing in quite a large number business intestinal medicine ⁶³⁻⁶⁹. It was accounted for that the main assortment of Senna was tracked down along the Nile Stream in Egypt and Sudan ⁶³⁻⁶⁹. Swarnapatri comprises of dried leaves of Cassia angustifolia Vahl (Leguminosae), a little bush, 60-75 cm high, saw as all through the year, developed to a great extent in Southern India, particularly in Karnataka, Andhra Pradesh, Kerala, Tamil Nadu state, India ⁶³⁻⁶⁹. Its business development has as of late come up in Kutch (Gujrat) and Jodhpur (Rajasthan).

Indian Senna (*Cassia angustifolia*) contains dianthrone glycosides $(1.5\% \text{ to } 3\%)^{63-69}$. Two glasslike glucosides sennoside An and B have been accounted for from the leaves and units. Sennosides An and B (Rhein dianthrones), and sennosides C and D (Rhein aloe-emodin heterodianthrones) $^{63-69}$. Various minor sennosides are recognized, and each one seems to add to the diuretic impact $^{63-69}$. The leaves and cases of the Indian Senna (Cassia angustifolia) plant are significant elements of intestinal medicines sold in many drug stores $^{63-69}$. It is a notable and acknowledged solution for blockage which starts to work 10-12 hours after ingestion. It detoxes the body and scrubs the colon $^{63-69}$. The most extreme everyday portion to treat stoppage is 15 to 30 mg Sennosides. The dried leaf of Indian Senna (Cassia angustifolia) is utilized as a laxative. The powder of the leaf is taken in a measurement of 1-2 g with boiling water in states of blockage, stomach extension. Nonetheless, the right individual portion is the littlest required delivering an agreeable delicate framed movement. The measurements for Indian Senna is around 500 mg to 2 gm of the powder of leaf or case. Indian Senna is utilized for crabby inside disorder, hemorrhoids and weight reduction $^{63-69}$. The diuretic impact is because of the activity of sennosides and their dynamic metabolite, rhein-anthrone, in the colon $^{63-69}$.

Caution: Indian Senna (Cassia angustifolia) isn't suggested for use in youngsters under 12 years old.

Conclusion:

All in all, the investigation of Indian spices like Triphala, Pippali, Madanphala, Vacha, Kustha, and Indian Senna with regards to overseeing clogging features the rich custom of natural cures in India. These regular fixings offer expected answers for people looking for help from blockage, with Triphala's delicate diuretic properties, Pippali's stomach related benefits, Madanphala's stool mellowing impacts, Vacha's part in further developing solid discharges, Kustha's true capacity as a characteristic purgative, and Indian Senna's deeply grounded use in natural medication. While these spices show guarantee in tending to clogging, it is vital to talk with medical care experts or cultivators prior to integrating them into one's day to day daily practice. Moreover, further logical exploration and clinical investigations are expected to all the more likely grasp their viability, security, and ideal utilization. Regardless, the conventional insight encompassing these Indian spices highlights the persevering through worth of normal cures in advancing stomach related wellbeing and generally speaking prosperity.

References:

- 1. American Gastroenterological A. Bharucha AE, Dorn SD, Lembo A, Pressman A. American Gastroenterological Association medical position statement on constipation. Gastroenterology. 2013; 144:211–217.
- Norton 1996 Norton C. The causes and nursing management of constipation. British Journal of Nursing 1996; 3:1252–8
- 3. Higgins PD, Johanson JF. Epidemiology of constipation in North America: a systematic review. Am J Gastroenterol. 2004;99(4):750–759.
- 4. Bharucha AE, Pemberton JH, Locke GR. American Gastroenterological Association technical review on constipation. Gastroenterology. 2013;144(1):218–238.

- 5. Choung RS, Locke GR, Schleck CD, Zinsmeister AR, Talley NJ. Cumulative incidence of chronic constipation: a population-based study 1988–2003. Aliment Pharmacol Ther. 2007;26(11–12):1521–1528.
- 6. Talley NJ, Fleming KC, Evans JM, et al. Constipation in an elderly community: a study of prevalence and potential risk factors. Am J Gastroenterol. 1996;91(1):19–25
- 7. Wald A, Scarpignato C, Mueller-Lissner S, et al. A multinational survey of prevalence and patterns of laxative use among adults with self-defined constipation. Aliment Pharmacol Ther. 2008;28(7):917–930.
- Longstreth GF. Functional bowel disorders: functional constipation. In: Drossman DA, editor. The Functional Gastrointestinal Disorders. 3rd ed. Lawrence, KS: Allen Press; 2006. pp. 515– 523.
- 9. Sonnenberg A, Koch TR. Physician visits in the United States for constipation: 1958 to 1986. Dig Dis Sci. 1989;34(4):606–611.
- 10. Bongers ME, Benninga MA, Maurice-Stam H, Grootenhuis MA. Health-related quality of life in young adults with symptoms of constipation continuing from childhood into adulthood. Health Qual Life Outcomes. 2009; 7:20.
- 11. Wang JP, Duan LP, Ye HJ, Wu ZG, Zou B. Assessment of psychological status and quality of life in patients with functional constipation. Zhonghua Nei Ke Za Zhi. 2008;47(6):460–463. Chinese
- 12. Locke GR III, Pemberton JR, Phillips SF. American Gastroenterological Association Medical Position Statement: Guidelines on constipation. Gastroenterology. 2000; 119:1761–1766.
- 13. LongstrethGF, Thompson WG, Chey WD, et al. Functional bowel disorders [published correction appears in Gastroenterology. 2006; 131:688]. Gastroenterology. 2006; 130:1480–1491.
- 14. Wade WE, Spruill WJ. Diarrhea, constipation, and irritable bowel syndrome. In: Pharmacotherapy: A Pathophysiologic Approach. 7th ed. New York, NY: McGraw-Hill; 2008:624.
- 15. Chin A, Paw MJ, van Poppel MN, van Mechelen W. Effects of resistance and functional-skills training on habitual activity and constipation among older adults living in long-term care facilities: A randomized controlled trial. BMC Geriatr. 2006; 6:9.
- 16. Lindeman RD, Romero LJ, Liang HC, et al. Do elderly persons need to be encouraged to drink more fluids J Gerontol A Biol Sci Med Sci. 2000;55:M361–M365.
- 17. Tuteja AK, Talley NJ, Joos SK, et al. Is constipation associated with decreased physical activity in normally active subjects? Am J Gastroenterol. 2005;100:124–129
- 18. Meshkinpour H, Selod S, Movahedi H, et al. Effects of regular exercise in management of chronic idiopathic constipation. Dig Dis Sci. 1998; 43:2379–2383.
- 19. Sleisenger, Marvin (2010). Sleisenger and Fordtran's gastrointestinal and liver disease: pathophysiology, diagnosis, management. Philadelphia: Saunders/Elsevier. ISBN 9781437727678.
- 20. Andrews CN, Storr M (2011). "The pathophysiology of chronic constipation". Can J Gastroenterol. 25 Suppl B: 16B–21B. PMC 3206564. PMID 22114753.
- Southwell BR, Clarke MC, Sutcliffe J, Hutson JM (2009). "Colonic transit studies: normal values for adults and children with comparison of radiological and scintigraphic methods". Pediatr. Surg. Int. 25 (7): 559–72. PMID 19488763.
- 22. Dinning PG, Smith TK, Scott SM (2009). "Pathophysiology of colonic causes of chronic constipation". Neurogastroenterol. Motil. 21 Suppl 2: 20–30. PMC 2982774. PMID 19824935.
- Grundy D, Al-Chaer ED, Aziz Q, Collins SM, Ke M, Taché Y, Wood JD (2006). "Fundamentals of neurogastroenterology: basic science". Gastroenterology. 130 (5): 1391–411. PMID 16678554.
- 24. Bharucha AE (2006). "Pelvic floor: anatomy and function". Neurogastroenterol. Motil. 18 (7): 507–19. PMID 16771766.
- 25. Rao SS (2010). "Advances in diagnostic assessment of fecal incontinence and dyssynergic defecation". Clin. Gastroenterol. Hepatol. 8 (11): 910–9. PMC 2964406. PMID 20601142.

- 26. Gallagher P., O'Mahony D. (2009). Constipation in old age. Best Pract. Res. Clin. Gastroenterol. 23, 875–887. 10.1016/j.bpg.2009.09.001 [PubMed] [CrossRef] [Google Scholar]
- Suzuki H., Inadomi J. M., Hibi T. (2009). Japanese herbal medicine in functional gastrointestinal disorders. Neurogastroenterol. Motil. 21, 688–696. 10.1111/j.1365-2982.2009. 01290.x [PMC free article] [PubMed] [CrossRef] [Google Scholar].
- 28. Lever E, Cole J, Scott SM, Emery PW, Whelan K. Systematic review: The effect of prunes on gastrointestinal function. Aliment Pharmacol Ther. 2014; 40: 750–758
- Tinker LF, Schneeman BO, Davis PA, Gallaher DD, Waggoner CR. Consumption of prunes as a source of dietary fiber in men with mild hypercholesterolemia. Am J Clin Nutr. 1991; 53:1259– 65.
- 30. Pathirana CK, Madhujith T, Eeswara J. Bael (Aegle marmelos L.), A Medicinal tree with immense economic potentials. Advances in Agriculture. 2020; Volume 2020,
- Malabadi RB, Kolkar KP, Meti NT, Chalannavar RK. Triphala: An Indian Ayurvedic herbal formulation for coronavirus (SARSCoV- 2) disease (Covid-19). Int. J. Curr. Res. Biosci. Plant Biol. 2021; 8(8): 18-30.
- 32. Baliga MS, et al. Scientific validation of the ethnomedicinal properties of the Ayurvedic drug Triphala: A review. Chin J Integr Med 2012; 18:946–954.
- 33. Bisht, B. S. (1963). Pharmacognosy of 'piplamul'-the root and stem of Piper longum Linn. Planta Medica, 11(4), 410–416.
- 34. Khushbu, C., Roshni, S., Anar, P., Carol, M., & Mayuree, P. (2011). Phytochemical and therapeutic potential of Piper longum Linn a review. International Journal of Research in Ayurveda and Pharmacy, 2(1), 157–161
- 35. Lee, E. B., Shin, K. H., & Woo, W. S. (1984). Pharmacological study on piperine. Archives of Pharmacal Research, 7(2), 127–132.
- Saraf, A., & Saraf, A. (2014). Phytochemical and antimicrobial studies of medicinal plant Piper longum Linn. International Journal of Pharmacognosy and Phytochemistry Research, 6(2), 213– 222. 37. Ibid; p.653
- 38. Trikamji Y. Editor. Charak Samhita Ayurveda dipika. First edition. Varanasi, Chaukhambha surbhati pratishathan, 2006 p.656.
- 39. The Wealth of India. National Institute of science communication and Information resources, Edition Reprint Vol. IV, New Delhi, Council of scientific & Industrial Research2009 p361.
- 40. The Ayurvedic Pharmacopeia of India. Edition 1st.Vol. I Part IV. Ministry of health and family welfare. Department of Indian systems of 1989.p114.
- 41. Rastogi RP. Editor. Compendium of Indian Medicinal Plants edition Reprint Vol 5. New Delhi. National Institute of science and information resources, 2005. P. 901.
- 42. Kiritkar & Basu. Indian Medicinal Plants. Edition 2nd Vol 2. Delhi. Periodical expert book Agency, 2012.p.1275
- 43. Nadkarni AK. Indian Materia Medica, edition reprint vol. I, Mumbai. Popular Prakashan, 2010 p. 1048.
- Quraishi, A.; Mehar, S.; Sahu, D.; Jadhav, S.K. In vitro mid-term conservation of Acorus calamus L. via cold storage of encapsulated microrhizome. Braz. Arch. Biol. Technol. 2017, 60, 1–9. [CrossRef]
- 45. Balakumbahan, R.; Rajamani, K.; Kumanan, K. Acorus calamus: An overview. J.Med. Plant Res. **2010**, 4, 2740–2745.
- Sharma, V.; Singh, I.; Chaudhary, P. Acorus calamus (The Healing Plant): A review on its medicinal potential, micropropagation and conservation. Nat. Prod. Res. 2014, 28, 1454–1466.
 [CrossRef]
- 47. Singh, R.; Sharma, P.K.; Malviya, R. Pharmacological properties and ayurvedic value of Indian buch plant (Acorus calamus): A short review. Adv. Biol. Res. **2011**, 5, 145–154.
- 48. Chaudhury, S.S.; Gautam, S.K.; Handa, K.L. Composition of calamus oil from calamus roots growing in Jammu and Kashmir. Indian J. Pharm. Sci. **1957**, 19, 183–186.

- 49. Mukherjee, P.K. Quality Control of Herbal Drugs: An Approach to Evaluation of Botanicals; Business Horizons: New Delhi, India, 2002; pp. 692–694.
- 50. Rao RN, Raju SS, Babu KS, Vadaparthi PRR. HPLC determination of costunolide as a marker of Saussurea lappa and its herbal formulations. Int J Biochem2013; 3(1): 99-107.
- 51. Pandey MM, Rastogi S, Rawat AK. Saussureacostus: Botanical, chemical and pharmacological review of an ayurvedic medicinal plant. J Ethnopharmacol2007; 110(3): 379-390.
- 52. Yang H, Xie JL, Sun HD. Resarch progress on the medicinal plant-Saussurea lappa. Nat Prod Res Dev 1998; 10(2): 90-98.
- 53. Sun CM, Syu WJ, Don MJ, Lu JJ, Lee GH. Cytotoxic sesquiterpene lactones from the root of Saussurea lappa. J Nat Prod2003; 66(9): 1175-1180.
- 54. Choi EM, Kim GH, Lee YS. Protective effects of dehydrocostus lactone against hydrogen peroxide-induced dysfunction and oxidative stress in osteoblastic MC3T3-E1 cells. Toxicol In Vitro 2009; 23: 862-867
- 55. Barrero AF, Oltra JE, Alvarez M, Raslan DS, Saude DA, Akssira M. New sources and antifungal activity of sesquiterpene lactones. Fitoterapia 2000; 71: 60-64.
- 56. Upadhyay OP, Singh RH, Dutta SK. Studies on antidiabetic medicinal plants used in Indian folklore. Aryavaidyan1996; 9: 159-167.
- 57. Seki K, Hashimoto A, Kobayashi H, Kawahara Y. Yamahara J. Motility inhibitory effect on Anchusan and Jintan and its active components in Anisakis type larvae. Yakuri to Chiryo1991; 19: 265-289.
- 58. Ko SG, Kim HP, Jin DH, Bae HS, Kim SH, Park GH, et al. Saussurealappa induces G2-growth arrest and apoptosis in AGSgastric cancer cells. Cancer Lett 2005; 220: 11-19.
- 59. Sutar N, Garai R, Sharma US, Singh N, Roy SD. Antiulcerogenic activity of Saussurea lappa root. Int J Pharm Life Sci2011; 2: 516-520.
- 60. Khalid A, Uzair-ur-Rehman, Sethi A, Khilji S, Fatima U, Khan MI, et al. antimicrobial activity analysis of extracts of Acacia modesta, Artimisia absinthium, Nigella sativa and Saussurea lappa against Gram positive and Gram-negative microorganisms. Afr J Biotechnol 2011; 10: 4574-4580.
- 61. Hamilton AC. Medicinal plants, conservation and livelihoods. Biodivers Conserv2004; 13: 1477-1517.
- 62. Yashvanth S, Robinson A, Babu KS, Naidu VGM, Vishnuvardhan MVPS, Ramakrishna S, et al. Anti-inflammatory and cytotoxic activity of chloroform extract of roots of Saussurea lappaClarke. J Pharm Res2010; 3(8): 1775-1778
- 63. Abbas SR, Rani G. Medicinal significance of Alexandrian Senna. Journal of Natural Sciences. 2020; V-8; I (1): 24-29.
- 64. Ramchander J, Jalwal P, Middha A. Recent advances on Senna as a laxative: A comprehensive review. J. Pharmacognosy Phytochemistry. 2017; 6(2): 349-353.
- 65. Khan MSA. A review on Senna: An excellent prophetic herbal medicine. World Journal of Pharmaceutical and Medical Research. 2020; 6(7):113-118.
- 66. Balasankar D, Vanilarasu K, Preetha PS, Rajeswari S, Umadevi M, Bhowmik D. Senna-A medical miracle plant. J. Med Plants Stud. 2013; 1(3): 41-7.
- 67. Agarwal V, Bajpai M. Pharmacognostical and biological studies on senna and its products: An overview. Int J Pharm Bio Sci. 2010; 6(2): 1-10
- 68 Deshpande HA, Bhalsing SR. Recent advances in the phytochemistry of some medicinally important Cassia species: A Review. International journal of Pharma Medicine and Biological Sciences. 2013; 2(3): 60-78.
- 69. 57. Sultana S, Ahmad M, Zafar M, Khan MA, Arshad M. Authentication of herbal drug Senna (Cassia angustifolia Vahl.) A village pharmacy for Indo-Pak Subcontinent. African Journal of Pharmacy and Pharmacology. 2012; 6(30): 2299-2308.