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Effectiveness of homeopathic medicines in treating constipation in the elderly: A clinical interventional study

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Abstract
Introduction: constipation is defined as a decrease in the frequency of bowel movements (typically fewer than three per week), associated with straining, hard stools, or a sensation of incomplete evacuation. The prevalence of constipation increases with age due to decreased gut motility, comorbidities, polypharmacy, and reduced physical activity.
Method: The current study aims to assess the efficacy of individualized homeopathic remedies in relieving constipation symptoms in geriatric patients (above 60 years), diagnosed with chronic constipation as per Rome IV criteria assessed using the Bristol Stool Form Scale and Quality of Life (QoL) questionnaire.
Results: The effectiveness of the prescribed medicines was evaluated using the Patient Assessment of Constipation Quality of Life (PAC-QOL) scale. The results showed a consistent reduction in PAC-QOL scores after treatment, indicating a significant improvement in the quality of life of the participants. The mean difference in PAC-QOL scores before and after treatment was 16, with a calculated t-value of 5.59 at 29 degrees of freedom. This value corresponds to $p<0.001$, signifying a highly significant improvement.
Conclusion: The findings suggest that individualized homoeopathic medicines have a positive influence on bowel regularity, stool consistency, and the subjective well-being of elderly patients with constipation. The progressive improvement observed across subsequent follow-up visits further supports the curative response and sustained benefit of the prescribed remedies.

Keywords: Constipation, geriatric patients, homeopathic treatment, quality of life, PAC-QOL scale

Introduction

Constipation is a common functional gastrointestinal disorder in the elderly, characterized by infrequent, difficult, or incomplete defecation [1]. According to *API Textbook of Medicine*, constipation is defined as a decrease in the frequency of bowel movements (typically fewer than three per week), associated with straining, hard stools, or a sensation of incomplete evacuation [1]. The prevalence of constipation increases with age due to decreased gut motility, comorbidities, polypharmacy, and reduced physical activity [1].

Conventional therapies such as laxatives and dietary adjustments often provide symptomatic relief but may not address the holistic aspects of health [1]. Homeopathy offers a personalized, gentle therapeutic approach that aims to treat both the physiological and psychological contributors to constipation [1]. This study seeks to evaluate the efficacy of individualized homeopathic remedies in managing constipation in elderly individuals [1].

Patients with constipation may be bothered by stool Frequency, form (too hard) or difficulty in passing it [2]. However, as stool frequency may be variable in healthy population in different parts of the world (thrice a week to twice a day); the earlier frequency-based definition has become unpopular [2]. The stool frequency in Indian population is higher (median 2/day) than that in the western population [2]. Moreover, in India, many individuals would report themselves as constipated with stool frequency of 1 to 2/day [2]. Hence, current definition of constipation is mainly based on Bristol stool forms and not on frequency [2]. A number of studies showed that harder stool form according to Bristol stool chart may be related to slower transit time through the colon [2]. According to Rome III criteria, passage of type 1 or 2 stool should be considered as constipation [2]. In contrast, according to Asian criteria, even type 3 stool is considered indicative of constipation [2].

Constipation is a common condition at all ages [2]. In a study on 4,500 adults from Indian community, 43 (1%) reported passing less than three stools per week.2 The exact frequency of constipation using various definitions in the Indian population is not known [2]. In a study on a coastal eastern Indian population, stool frequency was lower and form harder among female than male population [2]. The perceptions of individuals and doctors about constipation differ, making an exact definition difficult [2].

The present study aims to assess the effectiveness of individualized homoeopathic medicines in constipation of elderly people. The primary objective is to evaluate the efficacy of individualized homeopathic remedies in relieving constipation symptoms by assessing the changes in scores before and after treatment in the geriatric patients using the ROME IV criteria (diagnostic criteria for functional constipation) and a Quality of Life (QoL) questionnaire (PACQOL).

Materials and Methods

A prospective clinical interventional study was conducted among the geriatric population attending the outpatient department and inpatient departments of Government homeopathic medical College. Patients aged 60 years and above who were willing to participate and provide informed consent were screened and diagnosed for chronic constipation as per Rome IV criteria. Rome IV criteria assess, frequency, straining, stool form, sensation of incomplete evacuation, sensation of anorectal obstruction, manual maneuvers. To be diagnosed with functional constipation, adults must have experienced at least two of these symptoms for the last three months. Participants identified as having functional constipation were subsequently assessed for the quality of life using the PACQOL questionnaire. PACQOL questionnaire assess 4 main domains namely physical discomfort, social-functioning, emotional well-being and daily activity satisfaction. Patients with secondary constipation due to structural abnormalities (e.g., colorectal carcinoma, obstruction) and individuals with severe systemic diseases requiring emergency management were excluded from the study. The sample size required for a pre-post (paired) design was calculated to be 27. Allowing for a 10% attrition, a final sample size of 30 participants was selected by purposive sampling. The total study duration was 3 months. The baseline assessment was made and each patient followed up at 2, 4, 8 and 12 weeks.

Based on clinical presentation and by considering stool frequency, consistency, associated symptoms, and constitutional profile, individualized homoeopathic medicines were selected. Data collected included clinical observations, patient-reported symptom scores and QoL measures

Results

In this study among 30 elderly individuals, majority of participants, 63%, were in the age group between 60-70years and the rest were in the age group 70-80 years. 66% of the participants were females

Table 1: The PACQOL score before and after intervention

Sl. No	ID No.	Before treatment	After treatment	Maximum value
1	109176	43	22	112
2	367284	50	13	112
3	451400	75	81	112
4	451128	25	12	112
5	436335	60	29	112
6	450016	35	16	112
7	446722	39	15	112
8	341047	52	15	112
9	448536	51	21	112
10	372476	45	17	112
11	415724	55	20	112
12	442662	51	58	112
13	453901	58	56	112
14	333625	64	28	112
15	451419	73	81	112
16	425931	31	15	112
17	311679	24	13	112
18	450029	61	75	112
19	487851	25	17	112
20	215	25	21	112
21	124	36	22	112
22	77	75	38	112
23	83	31	18	112
24	130	37	56	112
25	161	26	12	112
26	366124	43	18	112
27	344033	37	20	112
28	372122	37	23	112
29	414071	50	24	112
30	279264	47	25	112

Table 2: The score before and after intervention in each domain of PAC-QOL

Sl. No	ID NO	BTS	ATS	BTS	ATS	BTS	ATS	BTS	ATS
		Domain 1 Physical Discomfort		Domain 2 Social Functioning		Domain 3 Emotional Well-Being		Domain 4 Quality of Life	
1	109176	2	2	11	3	25	11	2	6
2	367284	5	2	15	4	27	2	3	5
3	451400	10	12	19	23	42	42	4	4
4	451128	5	2	7	1	11	2	2	7
5	436335	9	4	15	5	35	10	5	10
6	450016	4	2	8	3	19	6	4	5
7	446722	5	3	8	2	23	4	3	6
8	341047	6	1	14	3	28	6	5	5
9	448536	9	4	14	2	25	8	3	7
10	372476	5	2	9	3	28	6	3	6
11	415724	6	3	14	3	31	9	4	5
12	442662	5	8	14	14	28	20	4	6
13	453901	8	8	13	15	34	30	3	3
14	333625	10	3	20	6	31	13	3	6
15	451419	12	14	20	26	37	37	4	4
16	425931	5	2	10	2	14	6	3	5
17	311679	4	2	8	2	10	4	2	5
18	450029	9	12	16	24	33	35	3	0
19	487851	4	2	6	2	14	7	1	6
20	215	4	2	10	5	10	8	1	6
21	124	7	2	11	5	16	10	2	5
22	77	12	5	20	10	39	16	4	7
23	83	4	2	11	3	14	7	2	6
24	130	5	8	13	17	17	20	2	2
25	161	3	0	10	2	12	5	1	5
26	366124	5	2	15	2	20	9	3	5
27	344033	5	3	10	3	19	8	3	6
28	372122	6	3	12	6	17	9	2	5
29	414071	8	3	13	4	26	11	3	5
30	279264	8	4	21	5	16	11	2	5

Note: BTS -Before treatment score, ATS - After treatment score,

Table 3: Analysis of the changes in the score before and after treatment

Case No.	X	Y	Z = X-Y	$Z-\bar{z}$	$(Z-\bar{z})^2$
1	43	22	21	5	25
2	50	13	37	21	441
3	75	81	-6	-22	484
4	25	12	13	-3	9
5	60	29	31	15	225
6	35	16	19	3	9
7	39	15	24	8	64
8	52	15	37	21	441
9	51	21	30	14	196
10	45	17	28	12	144
11	55	20	35	19	361
12	51	58	-7	-23	529
13	58	56	2	-14	196
14	64	28	36	20	400
15	73	81	-8	-24	576
16	31	15	16	0	0
17	24	13	11	-5	25
18	61	75	-14	-30	900
19	25	17	8	-8	64
20	25	21	4	-12	144
21	36	22	14	-2	4
22	75	38	37	21	441
23	31	18	13	-3	9
24	37	56	-19	-35	1225
25	26	12	14	-2	4
26	43	18	25	9	81
27	37	20	17	1	1
28	37	23	14	4	4
29	50	24	26	10	100
30	47	25	22	6	36

Note: X and Y are the set of paired observations of PACQOL score before and after homeopathic treatment, Z is the difference in each set of paired observations before and after treatment Z = X-Y

The calculated t-value was found to be 5.59 with 29 degrees of freedom at $p<0.001$ indicating a highly significant difference between pre-treatment and post-treatment PAC-QOL scores in the quality of life among elderly patients suffering from constipation with the use of individualized homoeopathic medicines.

Discussion

The present study was conducted to evaluate the effectiveness of individualized homoeopathic medicines in the management of constipation among elderly patients. Thirty subjects above the age of sixty years, presenting with characteristic symptoms of chronic constipation, were selected from the Outpatient and Inpatient Departments based on strict inclusion and exclusion criteria.

The effectiveness of the prescribed medicines was evaluated using the Patient Assessment of Constipation Quality of Life (PAC-QOL) scale. The results showed a consistent reduction in PAC-QOL scores after treatment, indicating a significant improvement in the quality of life of the participants. In the study titled "The effect of multistrain probiotics on functional constipation in the elderly: a randomized controlled trial" aimed to evaluate the efficacy and safety of selected multistrain probiotics on functional constipation showed a slight but nonsignificant increase in cumulative stool frequency compared with placebo [10]. In a similar study "Effects of dietary fibers or probiotics on functional constipation symptoms and roles of gut microbiota: a double-blinded randomized placebo trial", it was found that the dietary fibers or probiotics may relieve hard stool, with intervention-specific changes in gut microbiota relevant to constipation relief [11].

The current study findings suggest that individualized homoeopathic medicines have a positive influence on bowel regularity, stool consistency, and the subjective well-being of elderly patients with constipation. The progressive improvement observed across subsequent follow-up visits further supports the curative response and sustained benefit of the prescribed remedies.

Conclusion

From the results obtained, it is evident that individualized homoeopathic treatment contributes significantly to the management of chronic constipation in the elderly. The therapy not only provides symptomatic relief but also enhances the overall quality of life, as reflected by improved PAC-QOL scores.

Within the limitations of this study, the findings substantiate that individualized remedy selection—based on the totality of symptoms—can achieve measurable and meaningful improvement in patients' health status.

Conflict of Interest

Not available

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Not available

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