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Effect of Yoga and Naturopathy Interventions in the Management of Chronic Constipation: A Case Report

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Abstract: **Background: Chronic constipation is a common gastrointestinal disorder characterized by infrequent bowel movements, hard stools, and difficulty in defecation. It adversely affects quality of life and may lead to complications such as hemorrhoids and psychological distress. Complementary therapies such as Yoga and Naturopathy are increasingly utilized for managing chronic constipation through lifestyle modification and natural therapeutic approaches.**

Objective: To evaluate the effectiveness of Yoga and Naturopathy interventions in patients with chronic constipation.

Methods: A case series involving five patients with chronic constipation was conducted in a Naturopathy and Yoga outpatient setting. Patients received a comprehensive treatment protocol including dietary modification, hydrotherapy, mud therapy, massage, acupressure, acupuncture, yogic practices, and lifestyle counselling for three weeks. Clinical outcomes including bowel movement frequency, stool consistency, laxative dependence, and associated symptoms were assessed.

Results: All five patients demonstrated improvement in bowel movement frequency and stool consistency. Patients who were dependent on laxatives reported reduced usage or complete discontinuation. Improvements in abdominal bloating, physical comfort, and overall well-being were also observed.

Conclusion: The findings suggest that Yoga and Naturopathy interventions may serve as effective complementary approaches in the management of chronic constipation. Further controlled studies with larger sample sizes are recommended.

Keywords: **Chronic constipation; Yoga therapy; Naturopathy; Lifestyle modification; Integrative medicine; Case series.**

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1. INTRODUCTION

Chronic constipation is one of the most prevalent gastrointestinal disorders worldwide. It is characterized by infrequent bowel movements, difficulty in stool passage, excessive straining, hard stools, and a sensation of incomplete evacuation. The prevalence of chronic constipation varies across populations and is influenced by dietary habits, physical activity levels, medication use, and psychological factors.

The condition often results in reduced quality of life, increased healthcare utilization, and considerable economic burden. Conventional management primarily includes dietary fiber supplementation, laxatives, and behavioural interventions. However, prolonged dependence on laxatives may not address underlying lifestyle-related causes.

Yoga and Naturopathy emphasize restoration of normal physiological functioning through natural methods such as dietary regulation, hydrotherapy, therapeutic fasting, physical activity, stress reduction, and yogic practices. These interventions aim to improve intestinal motility, enhance digestive function, and promote holistic well-being.

The present case series was undertaken to evaluate the outcomes of Yoga and Naturopathy interventions in patients with chronic constipation.

Etiology

1. Generally constipation is caused by the following etiologies:
2. Improper life style (Reduced water & dietary fiber intake and reduced physical activity)
3. Pelvic floor muscles weakness
4. Structural deformity in the GIT
5. Certain medications
6. Pregnancy
7. Certain endocrine disorders, etc.

Classification

Based on etiological factors constipation is divided into two main groups which are as follows:[2]

Table 1. Classification of constipation.

CLASSIFICATION OF CONSTIPATION	
Primary (idiopathic)	Secondary (known etiology)
1. Normal transit constipation 2. Slow transit constipation 3. Pelvic floor dysfunction	1. Lifestyle and dietary origin 2. Structural origin 3. Systemic origin

Primary / functional constipation

Normal transit constipation

This is the most common in which the muscles in the colon squeeze and relax in its normal speed. The waste moves at the right speed. Still the stool may be hard and difficult to pass. The patient may have belly pain or bloating. It usually gets better by eating more fiber-rich foods or by using laxatives.

Slow transit constipation

This means the colon isn't moving waste fast enough. Doctors don't know the etiology exactly. But it could be because the nerves aren't signaling the colon muscles to move the way they should.

Pelvic floor dysfunction

It takes coordinated muscle movements in the pelvic floor to move stool out of the body. These muscles, including anal sphincter, need to relax at the right time for defecation. In this, the patient may feel the urge to go but have a hard time doing it. It may be painful.

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Secondary constipation

Lifestyle & dietary origin

This involves reduced intake of water and fibres in the diet. As well as, lack of physical activity, and ignoring the urge to defecate.

Structural origin

This comprises structural deformities in the GI tract like fissures, obstructing tumors, idiopathic megarectum, etc.

Systemic origin

This includes certain physiological & pathological conditions such as pregnancy, Parkinson's disease, hyperparathyroidism, multiple sclerosis as well as usage of certain drugs like antihistamines, NSAIDS, etc.

Signs and Symptoms

1. Bloating, Flatulence
2. Mild fever
3. Incomplete evacuation of stools
4. Abdominal distension and pain
5. Reduced hunger, etc.[2]

Risk factors & Epidemiology

1. Affect from 2% to 27% of the population[1]
2. AGE: Old age people after the age of 65 years
3. Menopause
4. Pregnancy
5. Anemia, etc.[3]

Relevant Anatomy

Rectum, internal anal sphincter, puborectalis muscle, external anal sphincters, stretch receptors in the walls of the rectum, sensory nerve fibers, pudendal nerve, pelvic splanchnic nerves, cerebral cortex are all the anatomical structures involved in defecation.

Relevant Physiology

The rectum ampulla temporarily stores fecal waste. As the waste fills the rectum and expands the rectal walls, nervous system stretch receptors in the rectal walls stimulate the desire to defecate. This urge to defecate arises from the reflex contraction of rectal muscles, relaxation of the internal anal sphincter, and an initial contraction of the skeletal muscle of the external anal sphincter. The internal and external anal sphincters along with the puborectalis muscle allow the feces to pass by the muscles pulling the anus up over the existing feces.[3]

Pathophysiology

Due to etiological factors, there is a reduction in the peristalsis which leads to retention of stools in the rectum. This results in hardening of stools and increased fermentation which finally end up in constipation.[3]

Etiological factors
↓
Suppress the peristaltic movements
↓
Retention of fecal matter
↓
Hardening and fermentation
↓
Constipation

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Complications of chronic constipation

1. Hemorrhoids
2. Rectal bleeding
3. Anal fissure
4. Rectal prolapse
5. Fecal impaction
6. IBS
7. In some cases there may be colon rupture and it is even fatal.
8. Certain emotional disturbances like anger, anxiety, etc.

Diagnosis in convensional medicine

Constipation is mainly based on personal feel of the patient, signs & symptoms, and also through Bristol stool chart. It is differentiated from other disorders like hemorrhoids, IBS etc through CT-scan, colonoscopy etc

Naturopathic diagnosis

Facial diagnosis: Front encumberance especially abdominal distension, abdominal obesity are the characteristic features of chronic constipation.

Iris diagnosis: "Sympathetic nerve wreath and radii solaris" are the main feature can be seen in the iris in case of chronic constipation.

Naturopathic understanding

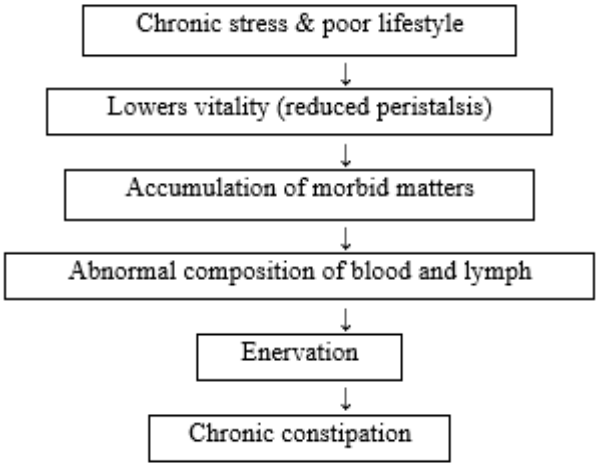

Figure 1. Naturopathic understanding of chronic constipation[3]

Intervention Protocol

The treatment protocol included:

Management through other therapies

1. ALLOPATHIC MANAGEMENT:
   - Peri-colace 8.6 mg – having sennosides (water retention) and docusate (stool softner)
   - Polyethylene glycol 3350- having electrolytes
2. SIDDHA & AYURVEDA: suganila aavarai legiyam, triphala, kadukai powder.
3. HOMEOPATHY: bryonia alba, causticum.

Management through Naturopathy

Naturopathy Interventions

Aim: Regulate bowel movements

1. Passing of stools without straining
2. To prevent further complications like hemorrhoids
3. Lifestyle modification
4. Restore the vitality

Hydro therapy Treatments

1. NEUTRAL WATER ENEMA- Neutral water (temperature: 92-97°F) is introduced into the colon through anus. The quantity of water differs from patient to patient but usually a pint of water (500 ml) is needed.After complete injection of water, because of intestinal wall pressure, the patient will feel the urge to poop. The patient should retain the water inside the intestine for few minutes. Then evacuate the bowel.This gives a cleansing effect, tones the colon, relieves intestinal inactivity.[4]
2. FOMENTATION: Rubber bag is filled with hot water (temperature: 120-160°F) and applied to the respective area. This gives a local revulsive, derivative, analgesic & excitant effect. Excites tissue, increases local blood supply and awaken functional activity. Pain relief and relaxation of tense tissues. Heat relaxes or rather causes expansion of white fibrous tissue of the ligaments.[4]
3. Gastro-hepatic pack- In GH pack, the fomentation is applied anteriorly from the fourth rib to the umbilicus, extending to the axillary line on each side, while a cold bag at least eighteen inches long is applied to the dorsal and lumbar spine. Then wrap by a cotton cloth and then by a woolen cloth.Through the dilatation of the branches of the internal mammary arteries and associated veins, the blood is drawn off from the stomach, liver, spleen, and pancreas while the reflex stimulation of the controlling vasomotor centers contracts the vessels of the arterial circulation.This improves the blood circulation to the intestines and other respective organs, removes toxins, tones the internal organs etc.[4]
4. Hip bath- Sit in the hip bath tub, fill the water with respective temperatures till the level of navel and mid thigh. Neutral hip bath (temperature: 92-97°F) tones the internal organs. Cold hip bath (temperature: 55-70°F) relieves gastric pressure, Improves peristaltic activity, Tones the internal organs.
5. KIDNEY PACK:In kidney pack, the fomentation is applied in the back from middle dorsal region to the coccyx while the ice bag covering the lower third of the sternum. Then wrap by a cotton cloth and then by a woolen cloth.Kidney pack increases the activity of kidney, helps in proper elimination and improves electrolyte balance.

Mud therapy

1. MUD PACK TO EYES AND ABDOMEN:In this fresh mud is taken and packed inside a cotton cloth. The size of the cloth differs based on the area of application.Generally abdomen pack is 22.86 cm in length and 15.25 in breadth and 1.27 am in thickness and eye pack is 6 inches in length, 3 inches in breadth and 0.5- 1 inch thickness. Keep it for 10-20 minutes and wipe after removing it.This gives cooling effect, relieves indigestion, increases bowel movements, relieves stress, headache, piles, constipation, diarrhea, fever
2. DIRECT MUD APPLICATION TO ABDOMEN:Apply freshly taken mud to the whole abdomen, keep it for 15-30 minutes and let it dry. Then wash out the mud. This gives a cooling effect, relieves congestion, improves digestion, relives stress.

Massage therapy

1. Abdominal massage given to the patients

Acupressure & Acupuncture:

1. Acupressure is given to the reflex areas of palms and feet. It excites the nerves and relaxes the muscles. Helps in stimulating the reflex areas and hence increases the blood circulation and helps in relieving pain and stress.[6]

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2. **St- 25:** Location - 2 cun lateral to the center of the umbilicus.
3. Indication - local point, MU front point of large intestine.
4. **Du-20:** Location – on the vertex of the skull, 5 cun behind the anterior hairline in the midline.
5. Indication - powerful sedative and tranquilizing point.
6. **St-36:** Location – one finger breadth lateral to the inferior tuberosity, 3 cun distal to st-35
7. Indication - tonification point, treats constipation and other diseases of digestive tract.
8. **SJ-6:** Location – 3 cun proximal to the midpoint of the dorsal transverse crease of the wrist, between radius and ulna.
9. Indication - treats constipation
10. **Ren-12:** Location – on the front midline, 4 cun above umbilicus.
11. Indication - influential point of Fu organs, treats abdominal distention, flatulence and dyspepsia.[7]

Dietary modifications

Foods to be included

1. Foods rich in dietary fibers especially soluble dietary fibers like fenugreek, millets, green leafy vegetables.
2. Foods rich in electrolytes such as magnesium and potassium. For example tender coconut water, banana etc.
3. Eat more prebiotics (like dietary fibers) and probiotics (like butter milk, fermented rice water etc) to have a healthy gut microbiota. Because gut microbiota is essential for proper mucus production in the large intestine.
4. Drink more water (3-5 litres).

Foods to be avoided

1. Low fiber diet like white flours.
2. Packed food, junk foods, canned products.
3. Avoid hot and cold beverages.

Table 2. First week dietary protocol.

Time	Diet given
8 am	Fenugreek water / wheat grass juice
10 am	Millet roti with green leafy vegetable curry
12 pm	One seasonal fruit
2 pm	Millet kanji / kichadi with dal and vegetable curry
5 pm	Soup / Herbal tea
7 pm	Millet chapati / dosa / idly
9 pm	200 ml of herbal decoction containing

Second week

Advised the same diet as given in the first week by replacing the dinner with minimum quantity of fruits.

Third week

Advised the same diet as given in the second week by replacing the lunch with fruits.

Life style modifications

1. Drink enough water (8 glasses a day)
2. Eat more fiber rich foods, more fruits and vegetables.
3. Regular yoga or exercise for 30 minutes to one hour

4. Fasting once a week
5. Do regular meditation and breathing practices.
6. Avoid outside, packed, preserved, canned foods.

Yoga Interventions

1. Tadasana
2. Kati Chakrasana
3. Trikonasana
4. Vakrasana
5. Pawanmuktasana
6. Vajrasana
7. Hands In-and-Out Breathing
8. Tadasana Breathing
9. Sheetali Pranayama
10. Seetkari Pranayama
11. Relaxation and meditation techniques

2. MATERIALS AND METHODS

Study Design

Case series.

Study Setting

Naturopathy and Yoga Outpatient Department.

Participants

Five patients diagnosed with chronic constipation and presenting with symptoms of infrequent bowel movements, hard stools, and abdominal discomfort were included.

Inclusion Criteria

1. Patients with chronic constipation.
2. Adults aged above 18 years.
3. Patients willing to undergo Yoga and Naturopathy treatment.

Exclusion Criteria

1. Acute gastrointestinal disorders.
2. Severe systemic illnesses requiring emergency medical care.
3. Patients unwilling to participate.

Duration

Three weeks.

Outcome Measures

1. Frequency of bowel movements
2. Stool consistency
3. Dependence on laxatives
4. Abdominal bloating
5. General well-being

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3. RESULTS

Table 3. Case Summary.

Case	Age/Sex	Duration of Constipation	Associated Conditions	Outcome
1	61/F	20 years	Diabetes, Hypertension, Frozen Shoulder	Improved bowel frequency; laxatives discontinued
2	47/F	5 years	Diabetes, Hypothyroidism	Regular bowel movements achieved
3	23/F	8 years	Anemia	Improved bowel regularity
4	58/F	7 years	Diabetes, Hypertension, Frozen Shoulder	Increased bowel frequency and improved shoulder mobility
5	75/M	10 years	Hypertension	Normal bowel movements achieved

Clinical Outcomes

1. During the first week, most patients reported minimal change in bowel frequency but experienced a sense of lightness and improved well-being.
2. By the second week, bowel movements improved to alternate-day frequency in most participants, and laxative usage was significantly reduced.
3. By the third week, bowel movements became regular in all patients, stool consistency improved, and associated symptoms such as bloating and discomfort decreased considerably.

4. DISCUSSION

The positive outcomes observed in this case series may be attributed to the synergistic effects of multiple Yoga and Naturopathy interventions.

Dietary modifications increase fiber intake and improve stool bulk. Hydrotherapy procedures such as hip baths and enemas stimulate bowel activity and facilitate elimination. Mud therapy may contribute to relaxation and improved abdominal circulation.

Yoga practices are known to improve gastrointestinal motility through mechanical stimulation of abdominal organs and enhancement of autonomic nervous system balance. Pranayama and meditation reduce stress, which is an important contributor to functional gastrointestinal disorders.

The reduction in laxative dependence observed in this series suggests that lifestyle-based interventions may provide sustainable symptom management.

Although encouraging, these findings should be interpreted cautiously due to the small sample size and lack of a control group.

5. CONCLUSION

A comprehensive Yoga and Naturopathy treatment protocol demonstrated beneficial effects in patients with chronic constipation. Improvements were observed in bowel movement frequency, stool consistency, abdominal symptoms, and overall well-being. Larger randomized controlled studies are necessary to establish the efficacy and generalizability of these findings.

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Conflict of Interest

The authors declare no conflict of interest.

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REFERENCES

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6528208/

[2] Defining constipation to estimate its prevalence in the community: results from a national survey -- Barry L. Werth,[1] Kylie A. Williams,[2] Murray J. Fisher,[1] and Lisa G. Pont[1,2]

[3] Book: Clinical naturopathy 1st edition 2017, Published by NIN; Publisher: Ministry of ayush in pune,India. Chapter-26, Constipation by Pradeep.M.K

[4] https://www.researchgate.net/publication/51828140_The_Pathophysiology_of_Chronic_ConstipationS

[5] The pathophysiology of chronic constipation

[6] Christopher N Andrews MD MSc FRCPC, Martin Storr MD

[7] Book : Rational hydrotherapy- A manual of the physiological and therapeutic effects of hydriatic procedures and the technique of this application in the treatment of disease- J.H.Kellogg,M.D.,LL.D.,F.A.C.S.

[8] Book: The Art of Massage by J.H.Kellogg, 2nd edition april-1895, published by Modern Medicine Publication Co, Battle Creek, Mich. Chapter- The procedures of massage, Joint movements and Massage to special regions.

[9] https://www.researchgate.net/publication/282575032_Revisiting_reflexology_Conc pt_evidence_current_practice_and_practitioner_training

[10] Review article- Revisiting reflexology: Concept, evidence, current practice, and practitioner training; Authors: Nurul Haswani Embong, Yee Chang Soh, Long Chiau Ming, Tin Wui Wong; Published by: journal of traditional and complementary medicine; On 5th October, 2015.

[11] Clinical acupuncture by Anton Jayasuriya, 26th impression 2018, published by Kuldeep jain, publisher: health harmony, in new delhi,India.

[12] Book: Asana Pranayama Mudra Bandha by Swami sathyanandha saraswathi; 3rd edition, reprinted in 2002; Published by Yoga publication trust, Bihar, India.

[13] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604730/

[14] Chronic constipation in the elderly: a primer for the gastroenterologist -- Roberto De Giorgio,[1] Eugenio Ruggeri,[1] Vincenzo Stanghellini,[1] Leonardo H. Eusebi,[1] Franco Bazzoli,[1] and Giuseppe Chiarioni[2,3,4]

[15] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5858295/

[16] Association between Drug Usage and Constipation in the Elderly Population of Greater Western Sydney Australia -- Alexandra Fragakis,[1] Jerry Zhou,[1,*] Haider Mannan,[2] and Vincent Ho[1]

[17] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5667456/

[18] Frequency patterns of core constipation symptoms among the Asian adults: a systematic review -- Abdul WahabPatimah,[1] YeongYeh Lee,[2] and MohdYusoff Dariah[1]