



Journal of Drug Delivery and Biotherapeutics (JDDB)

Journal homepage: <https://sennosbiotech.com/JDDB/1>

Mini Review Article

Evaluating the Efficacy of Herbal Medicines in the Management of Constipation: A Comprehensive Review

Sunil Kanadje*, Jitendra Hiwarkar

Department of pharmaceutics, Dr. D. Y. Patil Institute of pharmaceutical sciences and Research Pimpri, Pune MH India 411018

ARTICLE INFO

ABSTRACT

Constipation is a common gastrointestinal disorder that affects a significant portion of the global population. While conventional treatments such as laxatives offer temporary relief, their potential side effects and long-term dependency have prompted increased interest in alternative therapies. Among these, herbal medicines have gained recognition for their perceived safety and effectiveness. This comprehensive review evaluates the efficacy of various herbal remedies commonly used in the management of constipation, including senna, psyllium, aloe vera, cascara sagrada, fennel, rhubarb, slippery elm, and ginger. The review discusses the mechanisms of action of these herbs, their clinical efficacy, and potential side effects. Fiber-based herbs like psyllium are shown to be effective for long-term management, while stimulant herbs such as senna and cascara provide short-term relief. The review highlights the importance of personalized approaches to treatment and emphasizes the need for further research to validate the long-term safety and efficacy of herbal remedies. Despite the promising potential of herbal medicines, more rigorous clinical trials and a deeper understanding of their mechanisms are essential to fully integrate these natural alternatives into modern healthcare practices.

Keywords: Constipation; Herbal Medicines; Senna; Psyllium; Efficacy**Corresponding Author:****Sunil Kanadje***

Department of pharmaceutics, Dr. D. Y. Patil Institute of pharmaceutical sciences and Research Pimpri, Pune MH India 411018

Email: sunilkanadje2017@gmail.comORCID: <https://orcid.org/0009-0008-2744-1638>

Received date: 10-Nov-2024 Revised date: 25-Nov-2024, Accepted date: 15-Dec-2024

Crossref DOI: <https://doi.org/10.61920/jddb.v1i03.156>

1. Introduction

Constipation is one of the most common gastrointestinal disorders, characterized by infrequent, difficult, or painful bowel movements, along with the sensation of incomplete evacuation. It is a significant health issue worldwide, affecting people of all ages and backgrounds. In developed countries, it is estimated that approximately 12-19% of the adult population experiences constipation regularly, while in developing countries, the rates are lower but still notable. The condition can be acute or chronic, with chronic constipation (lasting for at least three months) affecting a substantial portion of the population, particularly older adults, women, and individuals with a sedentary lifestyle or poor dietary habits.

The pathophysiology of constipation is multifactorial and involves a variety of factors, such as inadequate dietary fiber, dehydration, altered gut motility, and underlying medical conditions. Some of the common causes of constipation include irritable bowel syndrome (IBS), diabetes, hypothyroidism, and neurological disorders like Parkinson's disease. Additionally, certain medications—especially opioids, antacids containing calcium or aluminum, and antidepressants—can contribute to the development of constipation. Emotional and psychological stress, sedentary lifestyles, and poor dietary habits, particularly a low intake of fiber, also play a significant role in the onset of constipation.

Conventional treatments for constipation typically include the use of laxatives, stool softeners, and dietary changes. However, these treatments often provide only temporary relief and can cause side effects, including abdominal cramping, bloating, and, in the case of stimulant laxatives, dependency with long-term use. The limitations and potential

side effects of pharmaceutical treatments have prompted many individuals to seek alternative remedies. Among these, herbal medicines have emerged as a popular option due to their perceived safety and natural origin. Numerous plants have been traditionally used to alleviate constipation, and modern research has begun to explore their mechanisms of action and effectiveness.

Herbal medicines are believed to offer various mechanisms for managing constipation, including increasing stool bulk, stimulating colonic motility, improving gut fluid balance, and enhancing overall digestive function. Many of these herbs, such as senna, aloe vera, and psyllium, have been extensively studied for their efficacy and safety. However, despite the widespread use of herbal remedies, their effectiveness and safety profiles are still a subject of ongoing research and debate. This review aims to critically evaluate the efficacy of herbal medicines in the management of constipation, discuss their mechanisms of action, and provide an evidence-based analysis of their safety and potential side effects. By doing so, it will offer valuable insights into the role of herbal remedies in managing constipation and provide guidance for healthcare providers and patients seeking alternative treatment options.

2. Pathophysiology of Constipation

The pathophysiology of constipation involves a complex interaction between the gut, brain, and neuroendocrine systems. It can result from multiple causes, including diet, medication, underlying medical conditions such as diabetes or hypothyroidism, and lifestyle factors. Dysfunction in the enteric nervous system or abnormal peristalsis, reduced secretion of gastrointestinal fluids, or altered motility in the colon can lead to the slow transit of stool. In addition, factors like

dehydration, lack of fiber in the diet, and sedentary lifestyle contribute to the condition. Furthermore, chronic constipation may lead to significant psychological distress, including anxiety and depression, which complicates management [1][2].

3. Common Herbal Remedies for Constipation

Herbal medicines have long been used in traditional systems of medicine to treat constipation. Several herbs have gained popularity due to their effectiveness in promoting bowel movements, enhancing motility, and reducing discomfort associated with constipation. The following herbs have been most commonly studied for their efficacy in constipation management:

Senna (*Cassia angustifolia*)

Senna is one of the most commonly used herbal laxatives worldwide. It contains anthraquinones, which stimulate the smooth muscle of the colon and promote peristalsis. Clinical studies indicate that senna is highly effective in alleviating constipation and is particularly useful for short-term relief, especially in cases of opioid-induced constipation or post-surgical constipation. However, long-term use of senna may lead to dependence, electrolyte imbalances, and dehydration [3][4].

Psyllium (*Plantago ovata*)

Psyllium is a soluble fiber obtained from the husk of *Plantago ovata* seeds. It is one of the safest and most widely recommended herbs for managing chronic constipation. Psyllium works by absorbing water in the colon, increasing stool bulk and facilitating easier passage. Unlike stimulant laxatives, psyllium does not cause dependency and is suitable for long-term use. Numerous studies have shown its effectiveness in improving stool frequency, consistency, and overall bowel function [5][6].

Aloe Vera (*Aloe barbadensis miller*)

Aloe vera has been used for centuries to treat digestive ailments, including constipation. Aloe vera gel contains anthraquinones and polysaccharides, which have laxative effects by stimulating the colon's smooth muscle and enhancing water retention in the intestines. While effective in promoting bowel movement, aloe vera should be used cautiously due to its potential for causing cramping and diarrhea, especially in high doses. It is typically recommended for short-term use [7][8].

Cascara Sagrada (*Rhamnus purshiana*)

Cascara sagrada, derived from the bark of the cascara tree, is a well-known stimulant laxative. It contains anthraquinones that promote bowel movements by stimulating peristalsis. Studies have indicated that cascara sagrada is effective in the treatment of constipation; however, its long-term use may lead to dependence, making it unsuitable for chronic use. It is commonly used for short-term relief but should be avoided in cases of gastrointestinal inflammation [9][10].

Fennel (*Foeniculum vulgare*)

Fennel seeds have been used in traditional medicine to treat various gastrointestinal issues, including constipation. Fennel contains volatile oils such as anethole, which may help to alleviate constipation by promoting digestion and reducing intestinal spasms. Studies have demonstrated that fennel helps relieve bloating, improve bowel movement frequency, and reduce symptoms associated with irritable bowel syndrome (IBS) [11][12].

Rhubarb (*Rheum palmatum*)

Rhubarb, another herbal remedy for constipation, has a long history of use in traditional Chinese medicine. It contains anthraquinones and compounds that enhance colonic motility and stool passage. Rhubarb is effective for both acute and chronic constipation; however, it should be used

cautiously in patients with gastrointestinal conditions such as inflammatory bowel disease (IBD) due to its potent laxative effects. Rhubarb may also cause abdominal discomfort or cramping if used excessively [13][14].

Slippery Elm (*Ulmus rubra*)

Slippery elm is a mucilaginous herb that helps soothe and coat the digestive tract. It works by improving stool consistency, which is particularly beneficial for individuals with IBS or inflammatory bowel conditions. Unlike stimulant laxatives, slippery elm is not likely to cause dependency or irritation. It is often used in combination with other herbs to enhance its soothing effects on the gastrointestinal lining [15][16].

Ginger (*Zingiber officinale*)

Ginger, renowned for its anti-inflammatory and digestive properties, is often used to manage constipation. Ginger improves gastrointestinal motility by stimulating gastric emptying and promoting peristalsis. Studies have shown that ginger can help reduce bloating and discomfort associated with constipation, making it a useful adjunctive therapy, particularly for individuals with sluggish digestion or constipation related to IBS [17][18].

4. Efficacy of Herbal Remedies

Herbal remedies for constipation work through several mechanisms, including increasing stool bulk, promoting bowel motility, enhancing intestinal fluid secretion, and improving digestive function. For example, fiber-based herbs like psyllium work by absorbing water in the colon, increasing stool bulk and making it easier to pass. Stimulant herbs like senna, aloe vera, and cascara sagrada stimulate bowel contractions to promote bowel movements. In addition, herbs such as fennel, ginger, and slippery elm have anti-inflammatory and antispasmodic

effects, which can help alleviate symptoms of constipation, particularly in conditions like IBS [19][20][21].

While many herbal remedies have shown promise, the degree of efficacy varies among individuals, depending on the underlying cause of constipation and other health factors. Studies have consistently shown that fiber-based herbs, particularly psyllium, offer the most consistent results, while stimulant laxatives should be used with caution due to the potential for dependency and adverse effects with prolonged use [22][23].

5. Safety and Side Effects

While herbal medicines are generally considered safe when used appropriately, they are not without potential side effects. Stimulant laxatives like senna and cascara can cause abdominal cramping, diarrhea, and electrolyte imbalances if used excessively. Aloe vera, when consumed in high doses, can also cause dehydration and gastrointestinal discomfort. Herbs like fennel and ginger are generally considered safe but should be used cautiously in individuals with certain allergies or sensitivities [24][25]. Long-term use of any herbal remedy should be approached with caution, and it is important to consult with healthcare providers before beginning any new herbal regimen.

Conclusion

Herbal medicines offer a promising alternative for managing constipation, with many herbs demonstrating efficacy in improving bowel function, stool consistency, and overall gastrointestinal health. Fiber-based herbs like psyllium and mucilaginous herbs like slippery elm provide safe, long-term solutions, while stimulant laxatives like senna and cascara can be effective for short-term relief. However, caution should be exercised when using stimulant herbs due to the

potential for dependency and side effects. Further clinical research is needed to explore the optimal dosages, long-term safety, and mechanisms of action of these herbal remedies. In conclusion, integrating herbal medicines into the management of constipation, with careful monitoring and individualized treatment plans, offers a holistic approach to gastrointestinal health.

Future Perspectives

The future of herbal medicines in the management of constipation appears promising, with growing interest in their potential to provide safe, effective, and sustainable solutions for individuals suffering from this common gastrointestinal disorder. As the limitations of conventional treatments—such as long-term laxative use and the potential for side effects—become more evident, there is an increasing demand for natural, plant-based alternatives. In this context, herbal medicines are gaining popularity, particularly in managing chronic constipation and conditions such as irritable bowel syndrome (IBS), opioid-induced constipation, and constipation related to neurological disorders.

However, to fully integrate herbal remedies into mainstream medical practice, there is a critical need for more robust clinical research. Future studies should focus on high-quality randomized controlled trials (RCTs) to further substantiate the efficacy of herbal treatments and establish standardized dosing regimens. Additionally, the long-term safety of herbal remedies should be thoroughly investigated to ensure that they do not cause adverse effects when used over extended periods. The mechanisms of action of various herbs also require deeper exploration at the molecular level to better understand how they influence gut motility, microbiota composition, and overall gastrointestinal function.

Moreover, personalized approaches to constipation treatment will likely become more prevalent, with healthcare providers tailoring herbal interventions based on individual patient profiles, including age, underlying conditions, and the specific causes of constipation. The use of advanced technologies such as genomics, metabolomics, and microbiome analysis may also allow for more precise identification of which herbal remedies work best for different patient populations.

Another promising area for future research is the potential for combining herbal remedies with conventional treatments or other complementary therapies to enhance efficacy and minimize side effects. For instance, combining herbal interventions with dietary changes, probiotics, or lifestyle modifications could lead to more comprehensive and holistic approaches to constipation management. Finally, raising public awareness about the safe and appropriate use of herbal medicines, as well as educating healthcare professionals on their potential benefits and limitations, will be essential to ensure that patients receive informed, evidence-based recommendations for managing constipation.

In conclusion, while herbal medicines hold considerable promise for managing constipation, the field requires further scientific validation and clinical acceptance. With ongoing research and innovation, herbal therapies could offer a valuable adjunct or alternative to current treatment options, improving the quality of life for millions of individuals affected by constipation worldwide.

Acknowledgment

We would like to thank the Department of Pharmaceutics, Department of pharmaceuticals, Dr D Y Patil Institute of pharmaceutical sciences and

Research Pimpri, Pune forgives guidance and support for conducting a research study.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Authorship Contribution Statement

Sunil Kanadje: Supervision, Validation, Methodology, Investigation, Writing – original draft, Jitendra Hiwarkar: Conceptualization, Administration, Funding, Data Curation.

References

1. Cirillo C, Capasso R. Constipation and Botanical Medicines: An Overview. *Phytother Res* [Internet]. 2015 Oct 1 [cited 2022 Jan 15];29(10):1488–93. Available from: <https://pubmed.ncbi.nlm.nih.gov/26171992/>
2. Gordon M, Naidoo K, Akobeng AK, Thomas AG. Cochrane Review: Osmotic and stimulant laxatives for the management of childhood constipation. *Evidence-Based Child Heal*. 2013 Jan;8(1):57–109.
3. Zhong LLD, Cheng CW, Chan Y, Chan KH, Lam TW, Chen XR, et al. Chinese herbal medicine (Ma Zi Ren Wan) for functional constipation: Study protocol for a prospective, double-blinded, double-dummy, randomized controlled trial. *Trials*. 2013 Nov 4;14(1).
4. (PDF) Constipation and Herbal medicine [Internet]. [cited 2022 Jan 15]. Available from: https://www.researchgate.net/publication/275240690_Constipation_and_Herbal_medicine
5. Cheng CW, Bian ZX, Zhu LX, Wu JCY, Sung JJY. Efficacy of a Chinese herbal proprietary medicine (Hemp Seed Pill) for functional constipation. *Am J Gastroenterol*. 2011 Jan;106(1):120–9.
6. Loening-Baucke V, Miele E, Staiano A. Fiber (glucomannan) is beneficial in the treatment of childhood constipation. *Pediatrics*. 2004;113(3 Pt 1).
7. Tang JL, Liu BY, Ma KW. Traditional Chinese medicine. *Lancet*. 2008;372(9654):1938–40.
8. Leung L, Riutta T, Kotecha J, Rosser W. Chronic Constipation: An Evidence-Based Review. *J Am Board Fam Med* [Internet]. 2011 Jul 1 [cited 2022 Jan 15];24(4):436–51. Available from: <https://www.jabfm.org/content/24/4/436>
9. Santucci NR, Chogle A, Leiby A, Mascarenhas M, Borlack RE, Lee A, et al. Non-pharmacologic approach to pediatric constipation. *Complement Ther Med*. 2021 Jun 1;59.
10. Forootan M, Bagheri N, Darvishi M. Chronic constipation: A review of literature. *Medicine (Baltimore)* [Internet]. 2018 May 1 [cited 2022 Jan 15];97(20). Available from: <https://pubmed.ncbi.nlm.nih.gov/305976340/>

11. Wu D, Wang X, Zhou J, Yuan J, Cui B, An R, et al. Traditional Chinese formula, lubricating gut pill, improves loperamide-induced rat constipation involved in enhance of Cl⁻ secretion across distal colonic epithelium. *J Ethnopharmacol.* 2010 Jul;130(2):347–53.
12. Canning SD. Laxatives and Other Drugs for Constipation. *Encycl Gastroenterol.* 2020;333–7.
13. Carcache de Blanco EJ, Kinghorn AD. Botanical dietary products. *Remington.* 2021;45–58.
14. Jaiswal Y, Liang Z, Zhao Z. Botanical drugs in Ayurveda and Traditional Chinese Medicine. *J Ethnopharmacol.* 2016 Dec 24;194:245–59.
15. Bub S, Brinckmann J, Cicconetti G, Valentine B. Efficacy of an Herbal Dietary Supplement (Smooth Move) in the Management of Constipation in Nursing Home Residents: A Randomized, Double-Blind, Placebo-Controlled Study. *J Am Med Dir Assoc.* 2006;7(9):556–61.
16. Oladeji O, Adelowo F, Medicine AO-... and A, 2020 undefined. Ethnobotanical description and biological activities of *Senna alata*. *hindawi.com* [Internet]. [cited 2022 Jan 15]; Available from: <https://www.hindawi.com/journals/ecam/2020/2580259/>
17. Vilanova-Sanchez A, Gasior AC, Toocheck N, Weaver L, Wood RJ, Reck CA, et al. Are *Senna* based laxatives safe when used as long term treatment for constipation in children? *J Pediatr Surg.* 2018 Apr 1;53(4):722–7.
18. Morishita D, Tomita T, Mori S, ... TK-O journal of the, 2021 undefined. *Senna versus magnesium oxide for the treatment of chronic constipation: A randomized, placebo-controlled trial.* *journals.lww.com* [Internet]. [cited 2022 Jan 15]; Available from: https://journals.lww.com/ajg/Fulltext/2021/01000/Senna_Versus_Magnesium_Oxide_for_the_Treatment_of.27.aspx?context=FeaturedArticles&collectionId=5
19. Akram M, Thiruvengadam M, ... RZ-C, 2021 undefined. *Herbal Medicine for the Management of Laxative Activity.* *europemc.org* [Internet]. [cited 2022 Jan 15]; Available from: <https://europemc.org/article/med/34387161>
20. Toxicology ML-I to B of P and, 2021 undefined. *Drug Therapy for Constipation.* *Springer* [Internet]. [cited 2022 Jan 15]; Available from: https://link.springer.com/chapter/10.1007/978-981-33-6009-9_37
21. Çiçek S, Ugolini T, acta UG-A chimica, 2019 undefined. Two-dimensional qNMR of anthraquinones in *Frangula alnus* (*Rhamnus frangula*) using surrogate standards and delay time adaption. *Elsevier* [Internet]. [cited 2022 Jan 15]; Available from: <https://www.sciencedirect.com/science/article/pii/S000326701930772X>

22. Suzuki H, Inadomi JM, Hibi T. Japanese herbal medicine in functional gastrointestinal disorders. *Neurogastroenterol Motil.* 2009 Jul;21(7):688–96. [cited 2022 Jan 8];6(11):263–7. Available from: www.thepharmajournal.com
23. Xiang H, Zuo J, Guo F, Dong D. What we already know about rhubarb: A comprehensive review. *Chinese Med (United Kingdom).* 2020 Aug 26;15(1).
24. Jalwal P. ~ 263 ~ The Pharma Innovation. *Journal [Internet].* 2017
25. Feudtner C, Freedman J, Kang T, Womer JW, Dai D, Faerber J. Comparative Effectiveness of Senna to Prevent Problematic Constipation in Pediatric Oncology Patients Receiving Opioids: A Multicenter Study of Clinically Detailed Administrative Data. *J Pain Symptom Manage.* 2014 Aug 1;48(2):272–80.