

A PHYTOEXTRACT FOR THE TREATMENT OF STIPSIS

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Introduction

It is an accepted fact that stypsis is a frequent problem in a portion of the adult population and in almost all the geriatric population. We tested a herb supplement indicated for regulating bowel flow.

Materials and Methods

The supplement, mainly made up of Linen, Agar-agar, Rhubarb and Artichoke was administered at different doses: dosage I (DI - 40 ml/die) on a heterogeneous sample composed of 25 subjects (21 females and 4 males, with a drop-out of 7 females) whose median age was 87 (SD 6.6) presenting with metabolic and/or neurodegenerative diseases with serious constipation. Dosage II (DII- 80 ml/die) on a heterogeneous sample composed of 30 subjects (26 females and 4 males, with a drop-out of 7 females and 2 males) whose median age was 85 (SD 8.9) presenting with metabolic and/or neurodegenerative diseases with serious constipation.

Results

The duration of the treatment was 18 days (time period 1) and the control period was defined as the 18 days preceding the treatment (time period 0). Neither the diet nor the pharmacological therapy were modified during time periods 0 and 1. The average frequency of evacuation during time period 0 was 3.8, and this frequency rate increased in a statistically significant manner during time period 1. The use of enemas to normalize bowel flow remained essentially the same in both time periods and although there was a slight increase in their use during time period 1, this difference is not statistically significant. For DII the duration of the treatment was 25 days (time period 1) and the control period was defined as the 25 days preceding the treatment (time period 0). Neither the diet nor the pharmacological therapy were modified during time periods 0 and 1. The average frequency of evacuation during time period 0 was 8.5 and this frequency rate increased in a statistically significant manner during time period 1 ($p < 0,05$) to then reach 12.01. The use of enemas to normalize bowel flow remained essentially the same in both time periods and though there was a slight increase in their use during time period 1, that difference is not statistically significant.

Conclusions

In connection with DI, the results of the statistic analysis are positive, as the dosage used (30 ml daily) is suitable for a subject affected by slight and temporary alterations in bowel flow rather than for those affected by chronic constipation. DII may be claimed to be a suitable dosage in subjects with a chronic alteration in bowel movements, as there was an increase in the frequency of evacuation while the treatment was in progress.