

AYURVEDIC INTERVENTION FOR ENURESIS WITH SPECIAL REFERENCE TO
SHAYYAMUTRA – A CASE STUDYDr. Mansi Tewari^{*1}, Dr. Komal Dhiman² and Dr. Reena Dixit³^{1,2}M.D Scholar, Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar.³Professor, Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar.

*Corresponding Author: Dr. Mansi Tewari

M.D Scholar, Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar.

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ABSTRACT

Children in the modern age suffer at large due to physical problems; in addition to that they also suffer from psychological problem too. The behavioural problems like Shayyamutra (Bed - wetting), Nail biting, Stammering, Sleepwalking etc. in young children are quite common and arise from a complex interaction between child and environment. Enuresis/bedwetting (Shayyamutra) is involuntary passing of urine while in sleep after the age at which bladder control would normally be anticipated. Children are most among the sufferers of bedwetting may because of starting of development of personality and ego since the age of 3 years which culminates as negativism against parents when they forced them to control the bladder. Moreover, it hampers the emotional and social growth of the child. Parents and family members are frequently stressed by a child's bedwetting. Shayyamutra was explained in Ayurvedic Classics with respect to its clinical features and treatment. A drug which is nervine tonic and able to increase bladder control and tone of bladder muscles with Grahi, Stambhana and Mutrasangrahaniya properties can be able to reverse the pathology of Shayyamutra. Aims and objectives: Key findings reveal the efficacy of Ayurvedic formulations in combating Enuresis while addressing underlying imbalances in the body's Doshas (biological energies). "Ayurvedic intervention of enuresis with special reference to Shayyamutra – a case study". Material and Method: A 9 year old boy presented in OPD of Kaumarbhritya, Rishikul Campus UAU Haridwar Uttarakhand, on 05/ 02/2024 with complaints of- Involuntary passage of urine during sleep at night (2 times at night with frequency 2-3 times per week) since 2 years. This condition can be understood as Shayyamutra and treatment including with some medicine course of two months. Result: There were significant improvement in the condition of the patient.

KEYWORDS: Shayyamutra, Grahi, Stambhana, Mutrasangrahaniya, Enuresis.

INTRODUCTION

Child health has assumed great significance in all over world. Here the health means, should be physically and emotionally fit in all directions, because almost every organic illness results in some degree of emotional disturbance and vice versa. Nocturnal enuresis refers to the occurrence of involuntary voiding at night after 5 year, the age when volitional control of micturition is expected. Enuresis may be primary (estimated 75–90% of children with enuresis; nocturnal urinary control never achieved) or secondary (10–25%; the child was dry at night for at least a few months and then enuresis developed).^[1]

Pharmacological therapy is intended to treat the symptom of enuresis and thus is regarded as second line and is not curative. One form of treatment is Desmopressin acetate, a synthetic analog of antidiuretic hormone that reduces urine production overnight. Few

adverse events have been reported with the long-term use of Desmopressin acetate. Management prescribed for bedwetting in other system of medicines has lots of limitations. Deaths and drug overdoses from Imipramine have been reported in the younger siblings of patients.^[2]

In Ayurvedic classics, the brief description regarding Shayyamutra is found in Sharangadhara Samhita^[3] and Vangasena Samhita.^[4]

In this disease mainly Vata (Apan Vayu), Pitta (Pachaka), Kapha (Tarpaka), along with Manasika dosha Tama are involved (vitiated). Dushya involved is Rasa (Ambu) dhatu. Vitiating of Mutravaha and Manovaha srotas is found in the form of untimely and increased frequency of urine at night.

Brain plays an important role in both physiological as well as pathological process of body. It functions constantly even during sleep. According to *Ayurveda*, when it is mask by *Tama* and *Kapha*, sleep is caused and delayed bladder maturation, worm infestation, in rare cases structural anatomical defect in external genitalia, excessive sleep, stress, anxiety, underlying fear and such other emotional problems may causes the *Shayyamutra*. This may happen in day time also, but in night, loss of control of *Prana* and *Vyana* over *Apana* and encircling of *Apana* by *Kapha* and *Tama* happens together and the child unknowingly urine in the bed.

CASE HISTORY

Presenting Complaints: A 9 year-old male patient with her mother brought to the Out Patient Department of Kaumarbhritya, Rishikul Campus Haridwar with complaints of-
Involuntary passage of urine during sleep at night (2 times at night with frequency 2-3 times per week) since 2 years.

History of Presenting Complaints: According to patient's mother, he attained his bladder control at the age of 4 years. He was asymptomatic before 2 years then he started bed wetting at age of 7 years, with

frequency of 2 time per night and interval of 2-3 days in a week. He was diagnosed with Nocturnal Eneuresis 2 years back. He took Allopathic treatment (Desmopressin 0.2 mg for 1 month) for the same complaint but got no satisfactory relief. So with these above complaints patient came to Rishikul campus on 05/02/2024 for further betterment.

Past Medical & Surgical History: Not any significant history.

General Examination

General Condition: Average

Build & Nutrition: good

Pallor: Absent

Cyanosis: Absent

Clubbing: Absent

Lymph Node: Not Enlarged

Hairs: Dry, thin hairs

Scalp: Normal

Skin: Dry

Nails: Pinkish white in color

Hairs: Dry, thin hairs

Scalp: Normal

Skin: Dry

Table No. 1

Anthropometry	Vitals
Weight: 34.4 kg (Expected Wt. :29 cm)	Temperature: 97.10 F
Height: 137 cm (Expected Ht. :131 cm)	Pulse Rate: 84/min
Head Circumference : 57 cm	Respiratory Rate: 20/min
Chest Circumference : 65cms	SpO2: 98%
Mid upper arm circumference : 22 cm (Rt.), 22 cm (Lt.)	Blood pressure: 110/80 mm Hg

Immunization history- Immunization done up to age.

History of allergy- Patient do not have any type of allergy.

Family History - There was no relevant family history.

Dietary History - Vegetarian diet

Qualitative- *Rice, dal, chapati*, vegetable, milk, fruits.

Quantitative – Breakfast:-1 Glass milk, 2 roti, 1/2 bowl veg

Lunch: 1 bowl Dal, 1 bowl rice, 2roti

Dinner: 2 *chapati*, ½ bowl veg, 1 glass milk

Appetite- Normal

Bowel- Regular (Consistency – semi solid with Frequency 1 time/day).

Micturition - Frequency 4-5 times during day, 2 times during night

Physical Activity – Normal

Sleep - Sound sleep (approx. 7-8 hours a day)

Addiction - Watching mobile (Screen time 3-4 hours a day)

Systemic Examination: No abnormalities were detected in examinations of respiratory, cardiovascular, gastro-intestinal and urogenital systems.

Asthavidha Pariksha

Nadi: Vata pradhan Kaphanubandhi

Mutra: Samanya pravrti, peetabh varn

Mala: Niram

Jivha: Lipta

Shabda: Spastha

Sparsha: Ruksha, Samsheetoshana

Drikka: Samanya

Aakriti: Samanya

Samprapti Ghataka

Dosha: Vata pradhana Pitta-Kaphaja

Manasika Dosha - Tama

Dushya: Rasa (Ambu) dhatu

Srotasa: Mutravaha and Manovaha srotasa

Adhithana: Basti

Srotodushthi: Atipravritti

Investigation: On urine analysis (Physical, Bio-chemical and Microscopic examination), findings were normal.

Treatment protocol: After a thorough interrogation with the patient and his mother regarding the diet, life style and habits of the child and the history of present illness and after a proper evaluation regarding the present

condition of the child, the treatment was planned with internal medications and supportive therapies.

Period of assessment- First assessment was done at the interval of 7 days, thereafter 15 days.

Treatment duration- 2 months

Table no. 2

	First visit	Second visit	Third visit	Fourth visit
Medication	1.Chandarprabha vati - 1 tab tid 2. Syp. Mentat – 5 ml tid 3.Tab Neo - 1 tab bid 4.Manol- 1Tsf bid 5.Powder bone tone- 1tsp with milk bid	1.Chandarprabha vati - 1 tab tid 2. Syp. Mentat – 5 ml tid 3.Tab Neo - 1 tab bid 4.Manol- 1Tsf bid 5.Powder bone tone- 1tsp with milk bid	1. Syp. Mentat – 5 ml tid 2.Tab Neo - 1 tab bid 3.Manol- 1Tsf bid 4.Powder bone tone- 1tsp with milk bid	1. Syp. Mentat – 5 ml tid 2.Tab Neo - 1 tab bid 3.Manol- 1Tsf bid 4.Powder bone tone- 1tsp with milk bid 5.Ashwagandha Churna - 1gm bid with honey
Duration	7 days	15 days	15 days	15 days
Advice	Avoid mobile usage. Avoid Liquid diet at night Alarm therapy Bladder control exercises	Avoid mobile usage. Avoid Liquid diet at night Alarm therapy Bladder control exercises	Avoid mobile usage. Avoid Liquid diet at night Alarm therapy Bladder control exercises	Avoid mobile usage. Avoid Liquid diet at night Alarm therapy Bladder control exercises

DISCUSSION

Shayyamutra is common problem amongst children and great care along with treatment need to be taken to control disease consequences in early age. Counselling along with drug therapy proved to be more effective treatment.

- **Tab Chandraprabha vati-** Contents- *Guggul, Shilajit, Karpoor, Ativisha, Triphala, Trijatak, Trikatu, Vacha, Motha, Daruharidra, Pippali mool, Chitrak, Vayavidang, Gajpippal, Swarnmakshika bhasm, Loha bhasm.* It serve as natural source of multivitamins, providing strength in the lower abdomen as well as long lasting relief from all bladder related problems such as *Prameha, Mutraghat and Shaiyamutra.*
- **Tab Mentat-** Contents are *Brahmi, Mandukparni, Ashwagandha.* It optimizes brain function and enhances memory and learning abilities *Ashwagandha* strengthens lower abdominal muscles helps in bladder control in enuresis.
- **Tab Neo-** Contents are Purified *Nuxvomica, Asphaltum, Cinnabar, Muktasukhti bhasm, Glycyrrhiza glabra, Loha bhasm, Allium cepa bulb, Eclipta alba, Asparagus racemosus.* It help strengthen nerve and muscle control of the lower urinary tract to prevent bedwetting. *Kapikachchhu* and *Bhringaraj* are nervine pacifiers and adaptogens that calm the nerve impulses and reduce the excitability. *Shatavari* reduces neuromuscular irritability and has antioxidant property. *Yastimadhu* helps reduce anxiety and boost immunity. *Shilajit* is a mineral based extract which strengthen the lower urinary tract muscle to prevent bed wetting.
- **Syp. Manoll –** Contents are *Amalaki, Yashtimadhu, Ashwagandha, Guduchi.* It act as natural oxidant, helps to build up immunity which help to achieve natural balance of body.

Motivational therapy- Alone is successful in curing enuresis in 25% patients. The child is reassured and provided emotional support. Every attempt is made to remove any feeling of guilt. The child is encouraged to assume active responsibility, including keeping a dry night diary, voiding urine before going to bed and changing wet clothes and bedding. Dry nights should be credited with praise and encouraging words from the parents. Punishments and angry parental responses should be avoided.^[5]

Behavioral therapy - Behavioral modification is encouraged to achieve good bladder and bowel habits. The child is encouraged both to void frequently enough to avoid urgency and daytime incontinence and to have a daily bowel movement.

Alarm therapy – It involves the use of a device to elicit a conditioned response of awakening to the sensation of a full bladder. The child should awaken to the alarm, void in the toilet and reattach the alarm; a parent should attend the child each time to ensure the child does not merely wake to switch off the alarm. The alarm is best used after seven years of age and is successful in about two-thirds of children.^[6]

These drugs showed urine holding properties (*Mutrasangrahaniya* action) and play an important role in the *Samprapti-Vighatana* of the disease. These herbs also help in improving the mental faculties as well as weak musculature of bladder especially sphincter tone and provides better flow of urine during micturition. The effect of these herbal drugs in enuresis was found to be more when assisted by psychological treatment.

Sattvavajaya Chikitsa (Counseling) and toilet training, besides medical management counseling and toilet training may play a vital role. Child must be made habitual to go to urination before going to bed and avoid

drinking liquids thereafter. Boosting confidence of child and behaving calmly when child urinates in night makes

his psychology positive that helps for proper neurological growth.^[7]

The effect of the Ayurvedic intervention and therapy (motivational, behavioural, Alarm) was assessed on the basis of improved status in the number of dry nights

Table no. 3

Follow -up	Frequency	Time duration
1 st visit	2 times per night	2- 3 days per week
2 nd visit	2 times per night	2 days per week
3 rd visit	1 time per night	1-2 days per week
4 th visit	1 time per night	Since last 15 days

CONCLUSION

Considering pathology of the *Shayyamutra*, this disease is mainly caused due to vitiation of *Vata (Apana Vayu)*, *Kapha (Tarpaka)* and *Manasika Dosha Tama*. *Ayurveda* suggests importance of pharmacological as well as psychological treatment for the disease. Treatment should be planned in a multidimensional approach. Counselling, *Medhya* drugs, therapies in combination may form a comprehensive protocol for management of *Shayyamutra*.

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