



# **Ayurvedic Approach Of Enuresis (*Shayyamutra*) In Children And Its Management Through Herbomineral And Herbal Preparation**

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## **ABSTRACT :**

Involuntary urine passing during sleep after the age at which bladder control would typically be expected is known as enuresis or bedwetting (*Shayyamutra*). It's important to distinguish enuresis from dribbling or intermittent or persistent incontinence. Most of the time, emotional and behavioral reasons are the main cause of enuresis. Additionally, it may be brought on by food allergies, apnea, chronic constipation, obstructive sleep, urinary tract infections, etc. Ayurveda emphasizes the value of both psychological and pharmaceutical treatment for the illness. The pathology of *Shayyamutra* may be reversed by a medication that is nervine tonic (psychotherapy) and has the ability to improve bladder control and tone of the bladder muscles with *Grahi*, *Stambhana*, and *Mutrasangahnia* qualities. *Shayyamutra*, is not medically dangerous, it has a detrimental psychological impact on children and is linked to delayed brain development. This issue is regarded by Ayurveda as a *Kaphaavrit Vata* ailment with *Tama* involvement. *Sharangadhara* and *Vangasen Samhita* describes *Shayyamutra*. According to the literature review and studies reported in Ayurvedic parlance, certain *Kaphaghna/Pramehaghna* drugs, nerve tonics, *Panchakarma* treatments (particularly *Nasya* and *Shirodhara*), and most importantly, *Sattvavajaya Chikitsa*, are important. Therefore, rather than only selecting one medication or *Kalpa*, treatment should be organized using a multifaceted strategy that incorporates all aspects of care in light of the pathophysiology of the *Shayyamutra*.

**KEY WORDS :** *Shayyamutra, Stambhana, Mutrasangahnia, Kaphaghna, Nasya, Shirodhara*

## INTRODUCTION :

Enuresis / bedwetting (*Shayyamutra*) is the involuntary flow of urine while sleeping after the age when bladder control is generally expected<sup>(1)</sup> Enuresis affects around 15-25% of children aged 5 years, 8% of 12 year old boys, and 4% of 12 year old girls.<sup>(2)</sup> Only 1-3% of adolescents are still wetting their beds. Boys suffer more than girls because girls usually complete each milestone before boys.<sup>(3)</sup> This condition has a significant impact on the psychological lives of both children and family members. Acharya Vangasena was the first to mention *Shayyamutra* and its management in Ayurvedic texts. *Sharangadhara Samhita* includes a brief summary of *Shayyamutra*.<sup>(4)</sup> This ailment largely concerned *Vata* (*Apan Vayu*), *Pitta* (*Pachak Pitta*), *Kapha* (*TarpakaKapha*), and *Mansika Dosha*. In order to control sickness, Ayurveda takes into account *Prakruti*, food regulation, and patient counseling. The *Basti* loses its ability to hold urine (*Mutra Dharan Kshamata*) while sleeping, and urine is expelled without the desire to micturate, according to the literature that is currently available from a variety of texts, even though the ancient texts explain very little about *Shayyamutra*. This is because of the vitiated *Mridu Guna* of *Kapha* and *Chala Guna* of *Vata*. This pathology may also show the involvement of vitiated *Sara Guna* of *Pitta*<sup>(5)</sup>

**Etymology**<sup>(6)</sup>: *Shayyamutra* is a combination of the words "Shayya" and "Mutra." *Shayya* points to the bed or other support area for sleeping. The *Mutra* is in other words, it is a form of Mala and that has a connection to the GIT. *Shayyamutra* is an idiom that speaks for itself. Bedwetting when sleeping is merely a symptom, and it speaks for itself. Therefore, the term *Shayyamutra* in its entirety strongly suggests the illness associated with the issue of bedwetting.

**Nidana**: No specific or general characteristics pertaining to its *Nidana* are found in any of the classical scriptures, according to *Shayyamutra*. Therefore, it is up to the physician to determine which causes are responsible for the disease's progression. Four categories can be used to categorize the *Nidana*:

- **Aharaja Nidana**: The causes related to diet and eating patterns.
- **Viharaja Nidana**: The causes related to the habits of work.

The etiologies related to psychology are known as *Manasika Nidana*. Other etiologies include *Rogatikarshanata*, *Kriminya*, and *Mrittika Bhakshana Janya*.

**Table1: Aharaja Nidana**<sup>(7)</sup>

SR. NO	NIDANA	GUNA INCREASED	DOSH PRAKOPA
1	<i>Atidrava sevana</i>	<i>Drava, Sara, Guru, Snigdha</i>	<i>Kapha, Pitta</i>
2	<i>Madhura Rasa Atisevan</i>		
3	<i>Virudhanna Sevana</i>	Difficult to say which <i>Guna</i> is increased, it depends on the type of <i>Viruddhana Sevana</i>	<i>Tridosha</i>
4	<i>Ati Katu Rasa Sevana</i>	<i>Ruksha, Ushna, Laghu</i>	<i>Vata, pitta</i>

**Table2: Viharaja Nidana**<sup>(8)</sup>

SR.N O	NIDANA	GUNA INCREASED	DOSH PRAKOPA
1	<i>Ati Nidra</i>	<i>Snigdha</i>	<i>Kapha</i>
2	<i>Diwaswapna</i>	<i>Snigdha</i>	<i>Kapha</i>
3	<i>Vega Vidharana</i>	In explicable to decide	<i>Vata</i>

**Table3: Mansik Nidana<sup>(9)</sup>**

SR.NO	NIDANA	GUNA INCREASED	DOSH PRAKOPA
1	<i>Bhaya</i>	<i>Raja guna</i>	<i>Vata</i>
2	<i>Shoka</i>	<i>Raja guna</i>	<i>Vata</i>
3	<i>Chinta</i>	<i>Raja guna</i>	<i>Vata</i>
4	<i>Krodha</i>	<i>Raja guna</i>	<i>Pittavata</i>
5	<i>Vishada</i>	<i>Tamo guna</i>	<i>Kapha</i>

**SAMPRAPTI :** Urine, motion, semen, and other active secretions are facilitated by the *Apama vayu*. Control over these activities, which were started by *Prana* and *Vyana vayu*, emerges after reaching a certain level of mental maturity. However, in this condition, *Apama's vayu* general control over its actions is not developed, which leads to vitiation and, ultimately, a loss of control over micturition. *Apama vayu* by *kapha* encircling (*avarana*), which speeds up urine excretion, may also be the cause of the vitiation. Both the physiological and pathological processes of the body are significantly influenced by the brain. It works continuously while you sleep. *Ayurveda* states that sleep is brought on by the mask of *tama* and *kapha*. This can also occur during the day, but at night, when *Prana* and *Vyana vayu* loses control over *Apama vayu* and *Kapha* and *Tama* encircle *Apama vayu*, the infant inadvertently urinates in bed.

**MANAGEMENT :** Numerous studies demonstrate that in order to treat a patient with *Shayyamutra*, both pharmacological treatment and psychosocial assistance are necessary.

**Principle of treatment :** Treatment of the *Kaphahara* and *Vatanulomaka* types should be used primarily because this ailment is *Kaphaavrit Vata*. Drugs that primarily affect *Mutravaha Srotas* should continue to be the major focus of treatment because of *Mutravaha Srotas Vikriti*. Since *Kleda Nirharana* is a function of *Mutra*, *Kleda Vriddhi* and *Dhatu shaithilya* are both plainly visible in the pathology. It is evident from causal or aggravating factors that neurological developmental delay and *Manas* have a part in disease; therefore, *Medhya* medicines are also necessary. Since this age is associated with *Kapha*, the therapeutic concepts of *Kaphaja Prameha* can be effectively implemented since the condition is affecting urine and occurs in childhood. Additionally, *Sattvavajaya Chikitsa*, or counseling, is essential for maintaining the child's self-esteem and boosting their confidence.

**Nidana Parivarjana:** *Shayyamutra* is a disorder with numerous *Nidanas* (etiological variables), this sutra is also relevant in this case and is significant for both the preventative and curative elements of *Shayyamutra*.

**Sattvavajaya Chikitsa :** It is an Ayurvedic treatment that improves the patient's *Sattva*, or mental state. One type of *Sattvavajaya Chikitsa* is counseling. As previously said, *Manovaha Srota* is also vitiated along with various *Doshas*, which forms the basis of treatment. Parents and children both require reassurance. A lot of children believe that they are the only ones who have wet the bed. The issue is exacerbated by this anxiety. They keep wetting their beds more and more because they feel bad about it. They must reassure them that it's only a short-term issue and with medication, it will disappear.

### HERBAL AND HERBOMINERAL COMBINATION :

**Role of herbal combination:** Numerous experts are working on different herbal combinations to cure *Shaiyyamutra*. To cure *Shayyamutra*, herbs such as *Centella asiatica*, *Shankhapushpi*, *Glycyrrhiza glabra*, *Tinospora cordifolia*, *Syzygium cumini*, *Sesamum indicum*, and dried *Kharjoora* were tested. These medications have the ability to hold urine and are crucial for the disease's *Samprapti Vighatana*. Along with strengthening the weak bladder muscles, particularly the sphincteric tone, these herbs also aid to improve mental clarity and improve the flow of urine during micturition. It was discovered that these herbal medications had a greater impact on enuresis when psychological treatment was added.

## 1. Tarkeshwar Ras :

Reference: Bhaishajya Ratnavali, Bahumutra Rogadhikara 27 –28

Tarkeshwar Ras is classical formulation of *Ayurveda* that can maintain the balance of *Vata* and *Pitta* in the body. This Ayurvedic medicine is in tablet form having heavy metal ingredients. It is useful in treatment of increased frequency of urination. Ingredients are:

- Rasa Sindhura (A compound of Purified Mercury and Sulphur)
- Abhraka Bhasma (Purified and processed Mica)
- Shuddha Gandhaka (Purified Sulphur)
- Honey

2. **Chandraprabhavati:** For urinary issues, Chandraprabha Vati is a popular herbo-mineral composition. It lessens urgency, polyurea, and improves bladder tone.

3. **Praval Pishti :** *Pishti* means finely powdered using the process of trituration in a particular media. They are as fine as *Bhasmas* but they do not undergo heat treatment as in *Bhasmas*. *Pistis* are generally made up of soft drugs. They are more coolant in property than other section of formulations. Praval Piahti used in enuresis for *Ojakshaya*, *ManoDaurbalya*.

4. **Yashtimadhu, Guduchi, Shankhpushpi, and Brahmi:** *Charaka* has prioritized these four medications as part of *Medhya Rasayana*. In addition to its nootropic and neuroprotective qualities, *Brahmi* enhances social adaptability and cognitive abilities. There is an antidepressant effect of *Shankhpushpi*. *Yashtimadhu* has memory-boosting and anxiolytic properties. *Guduchi* has antioxidant and anti-stress qualities. Therefore, these medications, either alone or in combination, can be administered for an extended period of time without risk to treat *Shayyamutra* delayed neurological development.

**CONCLUSION :** Two of the "Shadvidha Chikitsa Upkrarma" treatments—"Brimhana" and "Stambhana" have *Sthira Guna*, which counter acts the *Chala Guna* of vitiated *Vayu*, which is mostly to blame for the *Shayyamutra*. These two treatments are crucial to the disease *Samprapti Vighatana*. The combination of counseling and therapy was found to be a more successful treatment. The ideal method of using medicine to treat psychological issues is to provide the patient with therapy and allow him to feel normal. Dietary regulation and counseling are also recommended by *Ayurveda* as effective disease prevention measures. According to several studies, patients benefit more from pharmaceutical treatment when it is combined with psychosocial treatment for *Shayyamutra*.

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