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**AYURVEDIC TREATMENT & GUIDELINES FOR  
SHAYYAMUTRA (NOCTURNAL ENURESIS) IN CHILDREN-A CASE STUDY**

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**ABSTRACT**

This case is about a 7-year old male child with complaints of Nocturnal-Enuresis. Result achieved by treating him through Ayurveda that includes oral Ayurvedic formulation and supportive intervention. **Aim & Objective:** To access the efficacy of Ayurvedic line of treatment in the management of shayyamutra (Nocturnal Enuresis). OPD Based treatment plan of kaumarbhritya department of Parul Ayurved hospital, Parul university. **Method:** - oral intake of Ayurvedic medicines with counselling and behavioural intervention with pathya-apathya . Symptoms were Observed and recorded before and after treatment. **Result:** Patient relief from the symptoms of Enuresis within 20 days of treatment.

**Keywords: shayyamutra (Nocturnal Enuresis), Ayurvedic formulation, counselling, behavioural intervention, pathya-apathya**

**INTRODUCTION**

ENURESIS (BEDWETTING) Voluntary or involuntary repeated discharge of urine into clothes or bed, after a developmental age when bladder control should be

established (usually 5 years), is labelled as enuresis. Bedwetting or urinary incontinence is labelled as enuresis only if urine is being voided twice a week for at

least 3 consecutive months, or if it is causing clinically significant distress in the child's life. Nocturnal enuresis refers to voiding during sleep, whereas diurnal enuresis refers to daytime urination; these may or may not exist together (1).

**Classification** Enuresis may be primary and secondary. Primary enuresis is defined as repeated (at least twice a week for at least 3 consecutive months) passage of urine into clothes/bed during night in a child of age more than 5 years, who has never been dry in night. This is three times more common in boys. In secondary or late-onset enuresis, the child has been dried for at least 6 months before bedwetting begins again during sleep. primary enuresis is mostly idiopathic or behavioural in (2)

**Prevalence**-extremely rare in females, prevalence in India is 7.61%–16.3%. The prevalence is highest in children aged 5–8 years (and 6–8 years) and lowest in children aged 11–12 years (8–10 years). Nocturnal enuresis has been reported in 18.4% of children with sleep problems from a single centre in India.) (3)

#### **Causes of bed wetting**

1) physiological cause-In children, urinary bladder does not have enough strength to hold urine for the entire night, Child's urine production is high at night.  
2)Excessive fluid intake during evening hours and night.

3)Delayed bladder maturation – lack of coordination between bladder and the brain  
4)habit of eating Sweet foods and drinking cold drinks at night before sleep.  
5)Unnecessary sleep habit.  
Constipation – filled up rectum (last part of large intestine) can put pressure on the bladder and empty it earlier than normal.  
6)winter and rainy seasons or AC room  
7).child has not been trained with toilet habits.  
8)Stress, anxiety, underlying fear and such other emotional problems, family problems like conflicts between parents, disputes between siblings any emotional factors etc.  
9)Urinary tract infection or diabetes can also cause bed wetting.  
10)In rare cases, structural abnormalities also responsible. But in such cases, the child cannot even hold urine even during day time. {4}

**AYURVEDA PERSPECTIVE-**: The word Shayyamutra is composed of two words: Shayya+Mutra. Neither of the Brihatrayees nor the Laghutrayees had explained the etiopathogenesis of Shayyamutra. Very few references are available for Shayya mutra in classics. Acharya Sharangdhar has mentioned Shayya mutra under the 20 captions of Balaroga chapter. Shayya mutra is also described by Vangsen samhita in the 70th chapter. [4]

**Etiopathogenesis of disease-** Urine formation is assisted by Prana, Vyana and Apana vayu and Avalambaka Kapha with the overall control of mind. Micturition is one of the functions of normal Apana Vayu. The actions of Apana vayu are regulated by Prana and Vyan vayu. The Apana enables active secretion of urine, motion, semen etc. After achieving the level of developmental maturity, grows a control over these activities initiated by Prana and Vyana. But in this condition the overall control of activities of Apana is not developed resulting in vitiation of which in turn loss of control of micturition. The vitiation may also be due to superimposition (Avarana) of Apana by Kapha which quickens the excretion of urine. Brain plays an important role in both physiological as well as pathological process of body. It functions continuously even during sleep. According to Ayurveda, when it is covered by Tama Guna and Kapha dosha, sleep is caused and delayed bladder maturation, worm infestation, in rare cases structural anatomical defect in external Genetelia, Excessive sleep, Stress, anxiety, underlying fear and such other emotional problems may cause 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 STUDY-A** 7-year old male boy from Waghodia was brought by his mother in OPD of Parul Ayurved hospital with complaints of bedwetting during night time in daily basis since 5 years.

**CHIEF COMPLAINTS-**

- 2-3 Episodes of micturition per night daily for 5 years
- Disturbed sleep
- Irritation in behaviour.

**HISTORY OF PRESENT ILLNESS-A** 7 Year old male patient brought by his parents with complaints of bedwetting, disturbed sleep, general irritation in behaviour, since 4-5 years. Patient had taken medications for 1 month from the local practisoner of their area but didn't get much relief, then they had taken some folkler medicine for 2 months but didn't get relief, then they came to the Kaumarbhritya OPD of Parul Ayurved Hospital, for the better management of disease.

**PAST HISTORY-**Not specific

**Immunization history:** All vaccination done as per government schedule.

**Antenatal History:** At the time of conception, the age of mother was 25 years and the father was 29 years. Mother took regular antenatal check-ups and took medicine on time.

**Natal History:** Full-term male baby (39th week), Normal vaginally delivered, cried immediately after birth, Birth weight- 3.2 kg.

**Postnatal History:** Child was active, no any congenital anomalies detected.

**Family History:** not specific

**Medical History:** Allopathic medicines, folklore medicine.

**Dietetic History:** Exclusive breast feeding was done up to 1 year of age, weaning started with mashed apple banana fruit, etc.

**Personal History:** Appetite –Normal  
Bowel – twice/daily, micturition-5-6 times a day and nocturnal enuresis.  
Sleep- mostly disturbed.

#### **GENERAL EXAMINATION-**

Active and play-full child

#### **Anthropometry-**

1	Head circumference	51cm
2	Chest circumference	71cm
3	Mid-upper arm circumference	15cm
4	Height	121cm
5	Weight	21kg

#### **On examination-**

Appearance-normal

Icterus -absent

Pallor-not found

Eye-normal

Lymphnodes- no lymphadenopathy detected

Gait- normal

Cynosis -not found

Clubbing-not found.

Per-abdomen: Soft non tender, no any prominent veins seen, no organomegaly detected

#### **Vitals-**

Temperature-98.4 degree fahrenheit

Pulse rate-88/min

BP-120/70mmHG.

#### **SYSTEMIC EXAMINATION-**

**RESPIRATORY SYSTEM-** B/L Airway clear, no added sound heard.

Cardiovascular system-s1s2 clear no murmur sound heard.

**Central nervous System:** Higher mental functions: conscious oriented, and mildly irritated behaviour clear speech, memory-intact, hallucination and delusion- absent.

#### **MUSCULOSKELATAL SYSTEM-**

Intact Muscle power: Lower limb- 5/5 and Upper limb- 5/5

Gait- Absent, Muscle tone is Normotonic, ankle clonus- Absent, Babinski sign-negative

Sensation- normal, hearing-normal, language- normal, co-ordination-normal, Signs of Meningeal Irritation –Nil, pain – absent, rigidity- Absent, knee jerk and ankle jerk both are normal,  
Spasticity –absent.

**DIFFERENTIAL DIAGNOSIS-UTI, ENURESIS**

**FINAL Diagnosis:** This case was diagnosed as Nocturnal enuresis, Ayurvedic diagnosis is Shayya mutra.

**ASSESSMENT CRITERIA-**Subjective parameters werw in the basis of before an after the treatment

Patient got relief from all the symptoms of nocturnal enuresis.

**TREATMENT PROTOCOL-** Shaman chikitsa oral medications along with Councelling and Behavioral therapy and intervention of pathya- apathy.

S.No.	Shaman chikitsa	Anupan	duration
1.	Tab Bramhi vati-1 BD	Luke warm water	20 days
2.	Tab Yastimadhughan vati 1 BD	Luke warm water	20 days
3.	Tab Chandraprabha vati 2BD	Luke warm water	20 days
4.	Kabab chini 300gm+ Shweta parpati 10 gm =310 gms=5 gms BD(in two divided doses)	Luke warm water	20 days

S.No.	PATHYA [9]	APATHYA [9]
1	Nutritious diet	Excessive fluid intake at night
2	Easily digestible food	Lack of care and compassion towards child
3	Peaceful family atmosphere	Unnecessary blaming and strictness to the child
4	Active games and play	Stressful situation to child
5	Proper childcare	Cold environment around the child
6	Bladder training	Inadequate food items like cold drinks junk foods
7	Regular habit of urination before going to bed	Watching scary movies or scary stories at night before sleep.

**On 1st & 2nd follow up** - Continued Same medicine for 7 days.

After 14 days Patient had increased functional bladder capacity, anxiety and irritation reduced well, sleep improved,resolved urinary urgency, and episodes of bed wetting visibly improved as narrated by mother.

Patient was asked to continue rest of the medicine for two more weeks.

**DISCUSSION-**In this case study patient got a good relief from symptoms of Enuresis within 20 days of intervention of medicine.

**MODE OF ACTIONS OF THESE DRUGS-** kabab-chini- plant is known for giving warmth and dryness,and so is

recommended for cold and wet nature diseases such as urinary incontinence. The definite mechanisms for the effect of these plants in treating Nocturnal Enuresis yet unknown. Based on the principles of TPM,the probable purpose of these medicinal plants is warming up the bladder by helping venous circulation to the kidneys and bladder area, being drying agent to remove waste from bladder and being an astringent to enhance bladder tonicity and strengthen kidneys and urinary bladder. [12]

Brahmi and Yashtimadhu,mentioned by Acharya Charaka as a potent Medhya Rasayana.

Brahmi have neuroprotective properties, nootropic activity also it advances cognitive functions and social adaptability and reduces stress .

Yashtimadhu has anxiolytic and memory enhancing effect. Hence these drugs either single or in combination can be used safely for long duration to overcome the delayed neurological development in Shayyamutra.

**SHWETA PARPATI**-Shweta parpati, having exceptional features like diuretic, analgesic, anti-inflammatory and urinary supportive action which accelerate blood flow to kidneys, promoting their functionality and increasing urine output.(13)

**Chandraprabha-Vati** is a commonly used Herbo mineral formulation for urinary problems. It improves bladder tone, reduces polyurea & urgency. (6).

**Bramhi vati** is Medhya drug, maintains cognitive function and manages neurological conditions. which protects nervous system from stress, healthy circulation to brain, improve cognitive function and social adaptability. (6)

#### **Behavioural Interventions:**

**1.Motivational Therapy**-A counselling that is proposed to enhance the patients dedication for positively contineuing treatment It is a form of behavioural modification promoting positive strengthening using praises and rewards.

**2.Conditioning:** Parents were advised to awake the child at least once in the night for micturiction.

**3.Fluid maintenance:** Taking plenty of water during day time and restriction of fluid for 2 hours before sleep at night.

**4.Reward:** Giving prize as a reward for dry night.

**5.Bladder Retention:** Holding urine control training (a form of bladder training) aims to increase the bladder capacity by using exercises such as delaying urination for extended periods of time during the day or drinking extra fluids and stream interruption exercises in the wash room.

**6.Wakeup the child.**early in the morning and train him to go to toilet and then to go to bed again.

**7.Stress Relief**-children who experience bedwetting in spite of being grown up, the reason can be stress. Stress may occur from various causes and it is important to bring the child's stress under control. Avoid watching horror movies, avoid having conflicts in front of kid, avoid fearful condition and scolding the kid or pressurising the kid. [8-17]

#### **CONCLUSION**

Within 20 days of administration of Ayurvedic preparations patient symptoms were subsided and there was no complains of bedwetting. Dusti of Apana vayu due to improper *Ahara* and *vihara* cause *Shayya*

*mutra*. Orally prescribed *ayurvedic* formulations were helpful in controlling nocturnal enuresis along with Behavioural intervention and proper management of Ahara-vihar.so it can be concluded that through ayurveda treatment guidelines along with oral medications helped to cure the patient of nocturnal enuresis.

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