

## A LITERATURE REVIEW ON SHAYYAMUTRA AND ITS MANAGEMENT.

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## ABSTRACT

Nocturnal enuresis, or Shayyamutra, while not physiologically detrimental, adversely impacts a child's mentality and indicates delayed brain development. Ayurveda categorises this issue as a Kaphaavrita Vata ailment with associated Tama involvement. Shayya Mutra's account is included in the Sharangadhara and Vangasen Samhita. The literature review and documented studies in Ayurvedic terminology emphasised the significance of specific Kaphaghna/Pramehaghna substances (such as Marich, Bimbi, Vangabhasma, Khadira, Shilajit, Chandraprabha Vati), nervine tonics (including Brahmi, Giloy, Yashtimadhu, Shankhpushpi), Panchakarma therapies (notably Nasya and Shirodhara), and, most critically, Sattvavajaya Chikitsa. Therefore, in light of the pathophysiology of Shayyamutra, treatment should be devised using a multidimensional strategy encompassing all co-factors. Behavioural issues such as bedwetting, stammering, and sleepwalking are prevalent in early children. Bedwetting (Shayyamutra) is one of the persistent issues.

Enuresis is characterised by the involuntary and nearly complete discharge of urine at inappropriate times and locations at least twice monthly after the age of five Shayyamutra of psychosomatic origin. Enuresis must be distinguished from continuous or intermittent incontinence or dribbling. In enuresis, the bed is typically saturated, whereas incontinence involves pee loss without the regular voiding of the bladder. In most instances, the primary cause of enuresis is attributed to behavioural and emotional factors. It may also be attributed to urinary tract infec-

tions, food allergies, obstructive sleep apnea, and persistent constipation, among other factors. Ayurveda emphasises the significance of both medicinal and psychological interventions for the ailment. A nervine tonic medication that enhances bladder control and strengthens bladder muscles, possessing Grahi, Stambhana, and Mutrasamgrahaniya qualities, can reverse the pathology of Shayyamutra. Components of management extend beyond the selection of an individual medication or Kalpa.

**Keywords:** Enuresis, Shayyamutrata, Bedwetting, Ayurvedic concept, Holistic management

## INTRODUCTION

Shayyamutra (Primary Nocturnal Enuresis), or in standard terms, Bedwetting, is a relatively common pediatric problem; the prevalence at age five years is 7% for males and 3% for females. At age 10, it is 3% for males and 2% for females; at age 18, it is 1% for males and extremely rare for females. General population studies in India show that 2.5% of people aged 0 to 10 years have enuresis.[1]

Enuresis presents a more significant challenge in Western nations than India, characterised by widespread concealment and severe impacts on familial relationships. Mothers frequently endure tiredness, despair, and resentment stemming from the everyday chore of washing, intensified by the accompanying sense of pride. Hanging clothing on the lawn for drying implicitly signifies to neighbours a perceived inadequacy in good child-rearing. Non-bedwetting siblings may experience embarrassment and vocalise hatred towards a brother who gets wet. This circumstance engenders sentiments of inferiority and inadequacy, potentially culminating in a nervous breakdown. The child's autonomy is curtailed, potentially leading to a constricted or compromised personality. A Danish study indicates that enuresis may lead to psychological issues in maturity.[2]

Moreover, Shayyamutra, particularly Primary Nocturnal Enuresis, has not been afforded a conclusive procedure, even by modern equivalents such as AKT therapy for Tuberculosis. As of the present date, conventional treatment has not shown considerable efficacy in halting the advancement of the illness. Moreover, accessible pharmacotherapeutic interventions frequently have dangerous side effects that surpass the advantages of disease eradication.[3] The re-emergence of the problem following the discontinua-

tion of treatment exacerbates suffering for both parents and the affected kid. Although alternatives such as Enuretic Alarms are available, their prohibitive cost limits accessibility and their implementation can significantly disturb the child's environment. This review study aims to thoroughly grasp the psychological condition of patients and offer suitable counsel.[4]

**AIMS AND OBJECTIVES:** To study the disease Shayyamutra in Ayurveda parlance.

### METHODOLOGY

To fulfil the objectives, all available Ayurvedic classical texts, journals, and research papers were consulted, and the collected references were critically studied.

**Etymology of the word Shayyamutra**

"Shayyamutra" originates from combining the words 'Shayya' and 'Mutra'. It is self-evident, as nocturnal enuresis is its sole manifestation, indicating its significance. The name Shayyamutra denotes a condition marked by the difficulty of uncontrollable bedwetting.

**Principle of treatment -** As it is a Kaphaavrita Vata condition, primarily Kaphahara and Vatanulomaka therapies should be implemented. The treatment should mainly concentrate on medications targeting Mutravaha Srotas due to the presence of Mutravaha Srotas Vikriti. Kleda Nirharana is a function of Mutra; therefore, Kleda Vriddhi is evident in the disease, accompanied by Dhatushaithilya. Consequently, Dhatushadhyakara medicines should also be considered. Manas and neurological developmental delay are causal or aggravating aspects of the disorder, necessitating the use of Medhya medicines. The therapy ideas of Kaphaja Prameha are applicable, as the con-

dition manifests throughout childhood, which is characterised by Kapha dosha, particularly concerning urine. Additionally, Sattvavajaya Chikitsa, or counselling, is essential for enhancing the child's confidence and preserving self-esteem.[5]

The mechanism that prevents bed wetting- Two physiological mechanisms inhibit enuresis. The initial hormone diminishes nocturnal urine output. The second ability is to awaken when the bladder is distended. Children typically attain nighttime dryness by acquiring one or both of these skills. Hereditary variables influence the timing and manner of their development. The primary function is a hormonal cycle that diminishes the body's urine output. Daily at sunset, the body secretes a small quantity of antidiuretic hormone, sometimes called arginine vasopressin (AVP). This hormonal surge diminishes the kidney's pee production at night, preventing the bladder from emptying until morning. This hormonal cycle is absent during birth. Numerous children manifest it between the ages of two and six, others between six and the conclusion of puberty, while some do not exhibit it. The second capability that aids individuals in remaining dry is awakening when the bladder is full. This capability emerges concurrently with the vasopressin hormone. However, it is distinct from that hormonal cycle. The standard developmental process commences with children aged one to two years, expanding their bladder capacity and starting to perceive bladder fullness. Children aged two to three years commence daytime dryness. Children aged four and five establish an adult-like pattern of urine control and commence remaining dry during the night. In light of these mechanisms, allopathic medicine offers therapy alternatives such as anticholinergics, anti-spasmodic medication, and tricyclic antidepressants (TCAs). The aforementioned therapeutic principles can effectively employ the following drugs and therapies to manage Shayyamutra in Ayurveda.[6]

#### NIDANA

Shayyamutra is deficient in both specific and general characteristics of its Nidana in classical literature. Thus, the physician must identify the elements contributing to the disease's development. This study

provides a hypothesis regarding the Nidana of Shayyamutra, adhering to Acharya Charaka's argument that no sickness relates its genesis to anything other than the Tridosha. The detected Nidana in patients can be classified into four primary factors.

- Aharaja Nidana – About etiologies associated with food and eating habits.
- Viharaja Nidana – Addressing etiologies linked to daily activities and lifestyle habits.
- Manasika Nidana – Involving etiologies related to psychological factors.
- Miscellaneous - Encompassing factors such as Matrija (maternal), Pitrija (paternal), and Atmaja (self-induced) influences.

#### 1) Aharaja Nidana

Excessive liquid consumption (Atidrava Sevana), overindulgence in sweet-tasting foods (Madhura Rasa Atisevan), and incompatible food combinations (Virudhanna Sevana) are identified as Nidana factors primarily responsible for the vitiation of Vayu and Kapha Doshas, with Pitta experiencing only slight vitiation. The Nidana elements are frequently noticed in diverse circumstances. This alignment of causal factors highlights the necessity of identifying and correcting lifestyle and nutritional habits in those affected by Shayyamutra. The focus on Vayu and Kapha vitiation offers significant insights into developing holistic therapy strategies to address these imbalances.[7]

#### 2) Viharaja Nidana

Ati Nidra, Diwaswapna, and Vega Vidharana cause vitiation mainly in Kapha & Vata Dosha.

#### 3) Manasika Nidana

Fear (Bhaya), grief (Shoka), concern (Chinta), anger (Krodha), and depression (Vishada) are classified as Manasika Nidanas, which elevate the Raja and Tamo Gunas while exacerbating the Tridoshas (Cha. Vi. 4/8). Sushruta specifically identifies Vishada as a causal component, asserting that Tama Dosha results in Indriya Vikalata (impairment of sensory capabilities). From this viewpoint, it may be deduced that Shayyamutra may arise due to abnormalities in Mutrendriya Vikalata, signifying a breakdown in the coordination of urinary control activities. This under-

scores the interrelation of mental moods and physiological expressions in Ayurvedic philosophy, stressing the necessity for a comprehensive approach to address the mind and body in treating Shayyamutra.

Miscellaneous

1. Rogatkarshanata
2. Krimijanya
3. Mrittika Bhakshana Janya
4. Sthanika Nidanas

The term "Rogatkarshanata" refers to a condition of overall bodily debilitation after any systemic illness, acting as a prevalent factor for the disturbance of Vata. Conversely, infestations by parasites (Krimis) are classified as Kaphaja nidana. The consumption of clay (Mrittikabhakshanajanya) predominantly stimulates Vayu due to its astringent and bitter taste characteristics, which further amplify the dry and heavy attributes of Kapha.

Localised causes (Sthanika Nidanas) such as Nirudhprakashya (obstruction of urine flow) and Parivartika (alterations in urine properties) are often linked to Shayyamutra, characterised by the predominance of Vayu Dosha. Furthermore, localised oedema (Shotha) in the external genitalia and urethra may result from inadequate genital hygiene. Charaka's claim that Agantuja Nidanas initially disrupt Vayu corresponds with Vagbhata's focus on the same principle. In the framework of Shayyamutra, it may be deduced that Sthanika Nidanas primarily affect the aggravation of Vayu Dosha.

PURVARUPA

The premonitory symptoms, referred to as Purva Rupa, are essential for offering early signals to physicians, facilitating prompt commencement of treatment. In the instance of Shayyamutra, classical scriptures do not indicate Purva Rupa, nor are such pre-

monitory symptoms typically encountered in clinical practice. The lack of early indicators complicates the identification and proactive management of Shayyamutra, underscoring the necessity for a thorough comprehension of the condition and the investigation of possible signals that could facilitate early diagnosis and intervention.

RUPA

The name "Rupa" denotes the indications and symptoms of an illness, offering a visual depiction that facilitates its identification. Modern medical terminology differentiates between "signs," which are observable by both the patient and physician (e.g., oedema) and "symptoms," which are solely experienced by the patient (e.g., pain severity). In Ayurvedic literature, the term "Lakshana," equivalent to Rupa, is employed to signify how a physician achieves the Lakshya, or accurately comprehending the condition, representing the symptoms.

Traditional scriptures accurately delineated a solitary cardinal symptom in the context of Shayyamutra. The insight of our Acharyas is seen in including this symptom in the vocabulary of the illness. Shayyamutra, or bed-wetting, distinctly identifies the condition in which a child involuntarily urinates in bed, including both nocturnal and diurnal episodes.

SAMPRAPTI

Samprapti refers to the evolutionary progression of a specific disease. The classic work elucidates the different aspects from the origin to the beginning of the sickness, providing its rationale; nevertheless, no reference is available to explain the Samprapti of Shayyamutra disease. Nonetheless, as demonstrated in the Nidana idea theory, a comparable hypothesis for Samprapti can also be established.

**Table 01:** Samprapti Ghataka of Shayyamutra

Dosha	Vata (Anubandhya), Kapha (Anubandha)
Dushya	Rasa
Agni	Vishamagni
Srotas	Mutravaha, Manovaha, Annavaha, Rasavaha
Sroto Dushti	Atipravrutti
Samutthana	Pakwashaya

Avayava	Basti
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"Upashaya" denotes therapeutic interventions or healthful practices prescribed to manage a specific ailment. In the instance of Shayyamutra, a noted Upashaya is the limitation of fluid consumption, particularly during the evening. Restricting fluid intake during the evening may mitigate bed-wetting symptoms. In contrast, high fluid consumption before sleep has been linked to worsening the issue. These insights on dietary behaviours and fluid management are essential for the management and prevention of Shayyamutra.

#### Shayyamutra Chikitsa

At the outset of the Charaka Samhita, Acharya Charaka underscores the fundamental principle of Ayurveda: to promote the health of the well swiftly and to remedy the ailments of the ill. Nonetheless, when discussing Shayyamutra, a sense of disillusionment emerges due to the need for more comprehensive information about its treatment in numerous traditional works. Even in revered literature such as Chikitsa Sara Sangraha, Bhaishajya Ratnavali, and Vaidya Manorama, which recognise Shayyamutra, there must be more information regarding therapeutic methodologies. Specific therapies and medications are suggested without clear guidelines or a detailed treatment strategy. The scarcity of comprehensive Chikitsasutra for Shayyamutra highlights the necessity for additional investigation and study to improve our comprehension and treatment of this ailment (i)

Ayurveda. 2)  
Management 3)

Various studies prove that pharmacological treatment and psychological support are required to treat a Shayyamutra patient. These two therapies work synergistically.

#### Sattvavajaya Chikitsa in Shayyamutra

It is an Ayurvedic therapy that enhances the patient's Sattva (mental state). Counselling is a model of Sattvavajaya Chikitsa. As previously explained, the primary foundation of treatment is that Manovaha Srota is also affected alongside other Doshas. Both children and parents require reassurance. Many children believe they are the only ones who experience bed-

wetting. This anxiety exacerbates the issue. They experience shame regarding the situation and increasingly engage in bedwetting. They must ensure that bedwetting is a prevalent and natural occurrence among children. There is nothing negative about it. This is merely a transient issue. It will resolve with medication. Additionally, additional approaches should be employed, such as rewards for dry nights. Postpone urinating throughout the day. Awaken the child early in the morning for deworming treatment.[8]

#### Divyadi Yoga

Divyadi Yoga is an Ayurvedic formulation traditionally prescribed for many diseases, including urinary disorders. Studies were conducted to evaluate the efficacy of Divyadi Yoga in Shayyamutra, showing that it possesses significant relief. The study also reveals that Divyadi Yoga works appreciably, along with counselling for managing Shayyamutra.[9]

#### Chikitsa Sutra [10]

Chikitsa Sutra of any disease is the general treatment doctrine of that disease. Ayurvedic Chikitsa – treatment is not based on prescription, but on the contrary, it has been a distinctive tradition of Acharyas to provide general treatment doctrines for any disease. The following Chikitsa Sutra could be formulated for Shayyamutra based on the general management principles recommended by our classics:

- Nidana Parivarjana
- Santarpana Chikitsa
- Satvavajaya Chikitsa
- Nidana Parivarjana

In Sushruta Uttara Tantra – 1/25, within the framework of Netra Roga Chikitsa, Sushruta underscores that preventing etiological causes is the optimal treatment and the most efficacious prophylaxis for any ailment. This reflects the timeless maxim that "prevention is preferable to remedy." Applying this insight to Shayyamutra, a condition marked by numerous Nidanas (causal factors), the same idea is applicable. The Sutra is crucial for the preventive and therapeutic dimensions of Shayyamutra, emphasising the necessity of recognising and addressing the di-

verse causative causes to avert the disorder's onset and enhance treatment efficacy.[1]

#### Santarpana Chikitsa

In the Ashtanga Hridaya, Sutrasthana 14 chapter, Acharya Vagbhata has classified Chikitsa into two major groups:

##### A. Santarpana Chikitsa

##### B. Apatarpana Chikitsa

According to this classification, it may be deduced that for Shayyamutra, Santarpana Chikitsa, particularly methods that incorporate Stambhana (arresting or controlling) and Brumhana (nourishing and stimulating growth), maybe more advantageous. Santarpana Chikitsa seeks to nourish and fortify the body, especially for conditions such as Shayyamutra, where overall health and energy are critical. The focus on Stambhana indicates the significance of stabilising and regulating specific physiological processes to manage the condition properly. It is essential to account for individual differences and seek guidance from an Ayurvedic practitioner to customise the treatment strategy according to the specific attributes and requirements of the individual with Shayyamutra.

#### Satvavajaya Chikitsa

Ayurveda posits that the universal qualities of Satva, Rajas, and Tama are manifested in the mind. The mind is fundamental for numerous cognitive tasks, including awareness and connection. These attributes—Satva, Rajas, and Tama—are regarded as properties of the intellect for all practical intents and purposes.[12] Satva is deemed a "virtuous" attribute, whereas Rajas and Tamas are viewed as "corruptors of the mind" or Manasa Doshas. The dominance of Rajas and Tama might influence mental health and lead to psychological disorders. According to Ayurveda, mental disorders frequently stem from the unfulfillment of sought objects and the yielding of aversions or detested entities. These cognitive traits' equilibrium and synergistic interaction are essential for sustaining mental health and overall well-being. As social beings, we frequently encounter limitations in satisfying our objectives, leading us to accept circumstances or outcomes that we may find undesirable. This divergence between aspirations and reality can

result in frustration and psychological stress and may contribute to mental problems. Ayurveda attributes these mental problems to the vitiation of Raja (the character of passion and activity) and Tama (the property of immobility and gloom).

Vagbhata posits that managing Raja and Tama requires intelligence, willpower, and self-focus. By utilising cognitive abilities, fostering inner resilience, and embracing a self-focused perspective, individuals might strive to reestablish equilibrium and concord inside the mind. This corresponds with the comprehensive principles of Ayurveda, highlighting the importance of physical, mental, and spiritual aspects of health and well-being. (13)

In Charaka Sutra 11/56, Tisreshaneeya Adhyaya, Charaka delineates the Trividha Chikitsa Upakrama, which incorporates Satvavajaya as a therapeutic method intended to enhance the Satva Guna (the quality of purity and equilibrium in the mind). Satvavajaya Chikitsa entails the diagnosis and progressive enhancement of Avara Satva (lower state of mind) into Pravara Satva (higher state of mind) via designated methodologies.

Charaka recommends employing Anumana Pramana (inference) to diagnose Avara Satva, ensure close rapport with the patient, secure consent, and exercise meticulous observation. Upon identifying Avara Satva, the treatment is daily reinforcement through appropriate guidance (counselling) and nurturing conduct (Aashwasana). This method seeks to unveil the patient's intrinsic potential. Satvavajaya Chikitsa, a form of Adravyabhuta Chikitsa (therapy without physical substances), facilitates mental conduct, addresses repressed desires, and can produce remarkable outcomes in the management of Mano Daihika Vyadhi (psychosomatic diseases).

Charaka promotes addressing mental conditions by fostering contrasting mental states (e.g., countering fear with courage and alleviating desire with contentment), which is integral to Satvavajaya Chikitsa. This comprehensive approach corresponds with Ayurvedic concepts, highlighting the interrelation between the mind and body in achieving total wellness.

Acharya Kashyap's counsel on managing psychological and physical ailments exemplifies Ayurveda's comprehensive methodology. He asserts that psychiatric problems can be surmounted by fostering specific skills and attributes. (14)

1. Dhriti (Retention Power): Developing mental stability and the ability to withstand challenges.
2. Virya (Prowess): Cultivating strength, vigour, and resilience.
3. Smriti (Memory): Enhancing cognitive functions and memory.
4. Jnana (Knowledge): Acquiring wisdom and understanding.
5. Vijnana (Scientific Knowledge): Applying specialised knowledge and skills.

For physical disorders, Acharya Kashyap suggests the use of three types of medicaments:

1. Kalavyapashraya (Depending upon time): Considering the temporal aspects and appropriateness of treatment.
2. Yuktivyapashraya (Rational): Adopting rational and evidence-based therapeutic approaches.
3. Daivavyapashraya (Spiritual): Utilizing spiritual or divine interventions when applicable.

Sadhyasadhyata

"Sadhyasadhyata" refers to a disease's prognosis, which is significant in guiding the physician on the condition's treatability and expected outcomes. In the context of Shayyamutra, the prognosis can be considered based on specific disease characteristics.

- Krichha Sadhya Vyadhi: Shayyamutra may be classified as a "Krichha Sadhya Vyadhi" due to its Vata-Kaphaja nature. It is often observed in individuals with a Vata-Pitta Prakriti. The involvement of Vata Dosha, especially in a predominant manner, suggests that the disease may be challenging to treat and require sustained efforts.
- Vata Predominant Vyadhi:

Another perspective is viewing Shayyamutra as a Vata-predominant Vyadhi. In Ayurveda, Vata Dosha is considered "Krichha Sadhya" or difficult to treat. The nature of Vata, especially when aggravated, can present challenges in management.

- Influence of Nidana Parivarjana:

Adherence to Nidana Parivarjana (avoidance of causative factors) may influence the prognosis of Shayyamutra. When this preventive measure is not followed, the disease might become incurable (Asadh-yatva) and persist in adulthood.

## DISCUSSION

The description emphasises the dynamic character of Shayyamutra (enuresis) as a condition, illuminating its societal view. Once seen as a predominantly Western issue, it is now increasingly impacting persons in India, perhaps associated with lifestyle alterations and stressors in the urban Indian milieu.

The illness is frequently underdiagnosed, partly owing to its self-limiting characteristics and societal shame. Although it affects adults, children are more frequently impacted, and it is acknowledged to influence self-esteem and potentially result in enduring difficulties such as hyperactivity, underperformance, insecurity, and awkwardness. These problems may hinder social and emotional development.

The description highlights the absence of a conclusive cure in contemporary medicine and advocates for the collaboration of Ayurvedic and other medical practitioners to resolve this matter, enabling children to develop unchecked and contribute to society.

The Ayurvedic worldview, as defined by Ad-dhamalla, introduces the concepts of "Kshinapurvakam" and "Doshaprabhavat." The association seeks to associate Ayurvedic principles with contemporary medical interpretations, relating "Kshina" to probable variables such as nocturnal polyuria or diminished ADH secretion. The comprehensive method identifies thin urine, exhaustion resulting in profound sleep, and reduced detrusor muscle function as significant elements of the etiopathogenesis of Shayyamutra.

This investigation emphasises the intricacy of comprehending and tackling Shayyamutra and shows the necessity of amalgamating traditional and contemporary medical viewpoints for a more holistic approach to treatment and care.

## CONCLUSION

This study on Shayyamutra offers a detailed examination of enuresis, highlighting its changing influence on Indian society. The research elucidates potential correlations between Ayurvedic principles and modern medical interpretations. This study highlights the synergy between ancient wisdom and contemporary science, providing students with a pertinent example of multidisciplinary education. It demonstrates the significance of amalgamating various medical systems for thoroughly comprehending health issues and promoting a holistic perspective among students as they address intricate healthcare challenges.

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