

CRITICAL REVIEW OF *SHAYYAMUTRA* (ENURESIS) W.S.R. TO BEDWETTING IN CHILDREN

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ABSTRACT

Shayyamutra is a repeated inability to control urination. in young children are quite common and arise from a complex interaction between child and environment. Several causative factors such as socio-psychological, organic and so many others contribute in the development of behavioural disorders. It is considered as multifactorial behavioural disorder. Nocturnal Enuresis is one such disorder that has made its way to the modern society due to faulty habitual regarding the toilet training. The health problems of the children in the third world are the most pressing. As physicians who assume a responsibility for children's physical, mental & emotional progress from conception to maturity, paediatricians must be concerned with social & environmental influences, which have a major impact on the health and wellbeing of children and their families. In Ayurveda *Shayyamutra* indicates the disease with the problem of urination in bed. In the same context the modern counterpart Enuresis means to urinate in night i.e. bed-wetting.

Keyword: Bedwetting, *Shayyamutra*, Enuresis, *Samprapti*

INTRODUCTION

Health is a balance of all these three states and their relationship with the outside world. This relationship between the microcosm and the macrocosm is yet another fundamental tenet of Ayurveda. *Shayyamutra*¹ is one of the quite common obstinate problems which are behavioral/vegetative disorder. Though no description regarding the *Nidana*, *Samprapti* etc is available but Acharyas have described the specific treatments for the same that shows their awareness on the disease since

then. Also, this educates about the starting of the disease to peep out at large in the society. Enuresis is involuntary discharge of urine after the age (0 to 10 years) by which bladder control should have been established, usually considered to be the age of five years.² The prevalence at age 5years is 7% for males and 3% for females. At age 10, it is 3% for males and 2% for females and at age 18years, it is 1% for males and extremely rare for females. General population studies

carried out in India show that 2.5% in the age group of 0 to 10 years have enuresis.³ First Vangasena in *Chikitsa Sara Sangraha* noticed the complaint of *Shayyamutra*. He has described no etiology or pathology of the disorder. Acharya Vangasena⁴ has not mentioned any specific therapy for its management, except psychological therapy and a formal recipe, (i) The child is asked to sit on his knees, at the place where he used to pass urine. He is asked to hold the finger of his feet by his hands and then rice is offered in plate to eat with one hand. (ii) The clay collected from the place of urination (of child) should be fried in Kanji and prescribed to the child with honey and *Ghruta*. Later Addhamalla⁵ in his *Gudharthdipika* commentary gave the *Samprapti* of disease *Shayyamutra* as, a tired child especially when he is taking sleep during the night-time, because of *Doshas*, voids urine. In Vaidya Manorama, Vaidyavara⁶ Shri Kalidasa has mentioned only the *Shayyamutra Chikitsa* in the 7th chapter (*Mutrakrichra Prameha – Somaroga Adhikaranam, Saptama Patalam*). A child who cannot control his or her urge to pass urine is advised to take decoction of the root of *Chameli* (*Jasminum officinale*). The author is sure of its results if it is prepared wisely. By going through all above references, it is found that Acharya have given more emphasis on the treatment part of the disease only, however the etymology, aetiology, clinical features and pathogenesis has not been mentioned by anyone. It comes under *kshudraroga* i.e. that group of diseases which have insignificant *Hetu*, (Etiology), *Lakshana* (symptoms) as well as treatment. They have no types or subtypes, or no detail description has been given. So, they are called *Kshudra Roga*.

Aim and objective

1. To review the *Shayyamutra* and its management in Ayurvedic classics.

Materials and methods: A detailed review of the available literature on the *Shayyamutra*, such as classical text of Ayurveda was done. Data was collected from various books, papers published in the e-journal etc.

Disease Review

Etymology⁷: *Shayyamutra* is formed from two words ‘*Shayya*’ and ‘*Mutra*’. *Shayya* indicates the place that supports during sleep or the bed. *Mutra* is It means it is a type of Mala and has its origin related to the GIT. The idiom *Shayyamutra* is self-explanatory. Bed - wetting during sleep is only the symptom, which itself indicates its meaning. Thus, the complete word *Shayyamutra* significantly indicates the disease with the problem of urination in bed.

Synonyms: *Shayyamutra* has got different words meaning the same but used in different text like, *Mutravshagatam, Nidrameha, Nirankashmutrata*.

Nidana: *Shayyamutra* finds no specific as well as general attributes regarding its *Nidana* in any of the classical texts. Thus, it depends on the physician to make out which of the factors are playing role for the evolvement of the disease. The *Nidana* can be divided into 4 as under:

- *Aharaja Nidana* – The etiologies concerned with the food and eating habits.
- *Viharaja Nidana* – The etiologies concerned with the working habits.
- *Manasika Nidana* – The etiologies concerned with the Psychology.
- Miscellaneous – Like *Rogatikarshanata, Krimijanya, Mrittika Bhakshana Janya*.

Rogatikarshanata means general body weakness after any systemic disease, may be the most common *Nidana* for the vitiation of *Vata*, whereas *Krimis* are *Kaphaja nidana*.⁸

Table 1: *Aharaja Nidana*

Sr. No	Nidana	Guna increased	Doshprakopa
1	<i>Atidrava sevana</i>	<i>Drava, Sara, Guru, Snigdha</i>	<i>Kapha, Pitta</i>
2	<i>Madhura Rasa Atisevan</i>		
	<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>
	<i>Ati Katu Rasa Sevana</i>	<i>Ruksha, Ushna, Laghu</i>	<i>Vata, pitta</i>

Table 2: Viharaja Nidana⁹

Sr. no	Nidana	Guna increased	Doshprakopa
1	Ati Nidra	Snigdha	Kapha
2	Diwaswapna	Snigdha	Kapha
3	Vega Vidharana	Inexplicable to decide	Vata

Table 3: Mansik Nidana¹⁰

Sr. no	Nidana	Guna increased	Doshprakopa
1	Bhaya	Rajaguna	Vata
2	Shoka	Rajaguna	Vata
3	Chinta	Rajaguna	Vata
4	Krodha	Rajaguna	Pittavata
5	Vishada	Tamoguna	Kapha

Rupa¹¹: Thus, the disease with the symptom of Bed-wetting or in other words the disorder in which the child urinates in bed is known as *Shayyamutra*. Here, it would be good to clarify the word *Shayyamutra*, as it means not only means Bed-wetting in night but also Bed-wetting done in the daytime. However, as shown in the quotation of Acharya Adhamalla it certainly indicates the Nocturnal Enuresis.

Samprapti:

The *Apana vayu* facilitates active secretion of urine, motion, semen etc. After attaining a level of developmental maturity, there develops 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 encircling (*avarana*) of *apana* by *kapha* which accelerates the excretion of urine. 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. This may happen in daytime 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.

Chikitsa: Most of the treatment available is in the psychotherapeutically manner though there are three direct references about *Dravya Bhoota Chikitsa*. *Bimbi Mula Svarasa*, Use of *Ahiphena*, *Jati-Mula Kashaya* Among

this list of useful drugs in *Shayyamutra*, already dissertations are done on use of *Bimbi Mula*, *Jati-Mula Kashaya* in *Shayyamutra* and use of *Ahiphena* in children is questionable as safety regards. *Chikitsa Sutra* of any disease is the general treatment doctrines of that disease. *Shayyamutra* sometimes may be due to worm infestation and *Aavartaki Pushpa* is one of the best anthelmintic drug *Aavartaki Pushpa* may be having tonic action on the sphincters and also it might be increase the strength of the muscle by which bladder can hold urine for a longer time & prevent bed-wetting at night *Ayurvedic Chikitsa* – treatment is not based on *Yoga* (Prescription) but on the contrary it has been a distinctive tradition of Acharya to provide the general treatment doctrines of any disease.

- 1) Nidana Parivarjana:** *Shayyamutra* is a disorder having multiplicity of *Nidanas* [etiological factors], therefore here this sutra is also applicable, and it has also an importance for the prophylactic and curative aspects of *Shayyamutra*.
- 2) Santarpana Chikitsa:** In *Ashtanga Hridaya*, *Sutra Sthana*, Acharya *Vagbhatta* gives *Santarpana Chikitsa* which includes *Stambhana* and *Brihana*.
- 3) Satvavajaya Chikitsa:** According to Ayurveda, the universal attributes *Satva*, *Rajas* and *Tama* are reflected in the mind. In this *Satvavajaya Chikitsa*, first, *Avara Satva* is diagnosed by *Anumana Pramana* particularly with the aid of intimacy to the patient, consent, and keen observations of the patient. Then *Avara Satva* is improved gradually into *Pravara Satva* by daily

encouragement with suitable instructions (Counselling) and by affectionate behaviour (*Aashwasana*). In this way we can extricate the inner of the patient. *Manasika Bhavas* may be treated by originating opposite *Manasika Bhavas* viz. *Bhaya* by *Vishada*, *Kama* by *Krodha* etc. This is also a part of *Satvavajaya Chikitsa*.

DISCUSSION

The etiology of bedwetting is multifactorial, with a complex interaction of genetic and environmental factors. It appears that night-time control involves a complex balance and interplay between e major factors. (1) Reduction in nocturnal urine output, (2) Normal bladder and (3) Effective arousal resulting in complete awakening in response to bladder fullness in sleep.¹² In most children, mature control over bladder develops gradually during the first 5 years of life. In infants, as the bladder fills to nearly 50 ml. there is distension of bladder wall, which stimulates the afferent limb of sacral reflex arch. This leads to coordinate but an automatic act of external sphincter. The infant cannot initiate or inhibit the act of micturition. The capacity of bladder must increase to function as an adequate reservoir.¹³ The normal child” that enuresis may be due to undue emphasis given by mother to discipline and who compel them to keep sitting on potty when he is trying to get of it, will lead to the opposite of the effect desired and child would get negativism towards parent attitude. Parental anxiety and coercive measures superimpose a psychological problem on to the delay in maturation.¹⁴

CONCLUSION

Shyayamutra (enuresis) is taken as a common behavioural problem. It is a well-known shameful problem especially in India. it is the disorder of growing age of childhood and this is the most delicate period for the child. The growing child is more susceptible to environmental and emotional changes. In *Shyayamutra Chikitsa* drug having action on mental faculties and bladder *Mutrasangrahaneeya* (improving the retaining capacity of bladder) *Grahi* and *Stmbhana* was needed.

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