



## MANAGEMENT OF SHAYYAMUTRA (ENURESIS) IN CHILDREN THROUGH AYURVEDA: A CASE STUDY

<sup>1</sup>Amisha Bavarva, <sup>2</sup>Bhargav Mehta, <sup>3</sup>Nagesh Gandagi

<sup>1</sup>Assistant professor department of kaumarbhritya, RK university, Rajkot.

<sup>2</sup>Associate professor, department of kaumarbhritya, RK university, Rajkot

<sup>3</sup>Professor. Department of kaumarabhritya, GJPIASR, CVM University, Anand.

Corresponding Author: [amishabavarva@gmail.com](mailto:amishabavarva@gmail.com)

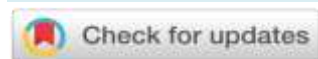
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### ABSTRACT

This case describes a 9-year-old female child with *Shayyamutra*. The result was achieved through the Ayurveda treatment approach, including *Medhya Rasayana Churna*, *Brahmi Ghrita*, *Matra Basti* and *Nasya*. Aim & Objective: To access the efficacy of Ayurvedic line of treatment in the management of *Shayyamutra*. Method: *Matra-basti* and *Nasya* were given with oral Ayurvedic medicines. Symptoms were recorded before and after treatment. Result: Patient relief from the symptoms of Enuresis after the eight weeks of treatment.

**Keywords:** *Brahmi Ghrita*, Enuresis, *Matra basti*, *Medhya Rasayana*, *Nasya*, *Shayyamutra*,

### INTRODUCTION

*Shayyamutra* is one of the quite common obstinate problems which are behavioural and urological problems, yet the causes were unknown. It was one of the most disabling problems during development.<sup>1</sup> *Shayyamutra* is described in Ayurveda text and can be compared with enuresis. Enuresis is derived from the

Greek word "enourein" meaning "to void urine". Enuresis is defined as the voluntary or involuntary repeated discharge of urine into clothes or beds after a developmental age when bladder control should be established. Most children have obtained bladder control during the day and night by the age of 5 years.<sup>2</sup>

According to DSM-V, enuresis is diagnosed if there is repeated and involuntary voiding of urine, manifested twice a week for at least three consecutive months, seen after at least five years of age and during night-time. According to ICD-10, it is classified below the heading of “Emotional and Behavioral Disorders.”<sup>3</sup> If this involuntary micturition occurs at night while sleeping, it is diagnosed as “nocturnal enuresis.” On the other hand, if it is determined in daytime, it is called “enuresis diurnal.” If this condition is encountered after any 6 months of controlled micturition, it is called “secondary enuresis”. It takes the name “primary enuresis” in case of inability to control micturition during a lifetime.<sup>4 5</sup> In the Ayurveda text, there is no direct description regarding the *Nidana*, *Samprapti*, etc., available in *Bruhatrayi*. However, very few classical references are found regarding *Shyayamutra* in Vangasena Samhita, Sharangdhara Samhita, Bhaishajya Ratnavali,<sup>6</sup> and *Vaidhya Manorama*. Therefore, the present study has been undertaken to study every factor associated with *Shyayamutra* and proper treatment protocol. Ayurvedic management shows considerable improvement in an individual's mental and physical qualities, especially in children.

## **CASE REPORT**

### **CHIEF COMPLAINT**

A 9-year-old female patient was brought to Kaumarbharitya OPD, RKU Ayurveda Hospital Rajkot, with complaints of bedwetting 2 to 3 times in a night since early childhood. She also suffers from urge incontinence during daytime and increased frequency of micturition and soiling of clothes. The patient has no complaints of recurrent burning micturition. However, she has complained of abdominal pain occasionally once a week and irregular bowel movement since early childhood.

### **HISTORY OF PRESENT ILLNESS**

Patients was healthy with proper growth and development except bladder control. At the age of 4 years, the mother observed that the child was not able to control urine at night, so they consulted a paediatrician and started medicine for one month and got complete relief in complaints. After four months,

complaints of bedwetting again started. She was also suffering from psychological stress due to being overburdened with studies due to new school and other extracurricular classes compelled by her parents. After that, her behaviour was also changed with family members. Parents mentioned that her relationship with her mother was good but insufficient with her sister and father. Then, her parents observed that she was not given that much attention in the study, and her complaint of bedwetting gradually increased along with the urgency and frequency of micturition. So, again, the parents consulted the urologist and did an investigation, i.e. USG-KUB, CBC, urine analysis and stool analysis, but no pathological condition was found, and the patient started medicine for two months. After completion of 2-month treatment, the child was not got improvement, so the parents stopped treatment and brought the patient to Kaumarbharitya OPD, RKU Ayurveda Hospital Rajkot, on ddated 24<sup>th</sup> May, 2022.

### **HISTORY OF MENTAL STATE**

Her appearance is proper as per age. Self-care is sufficient. He needs to be more active in playing outdoor games. Mood is dysphoric. The patient is quiet, calm and anxious. She is inadequate in presenting her anger and any other feelings. Level of consciousness, orientation, memory and language functions is expected. Attention and concentration could be better. Periods of sleep and appetite are regular.

**ACADEMIC HISTORY:** poor

### **BIRTH HISTORY:**

A full-term live female baby (39th week) was delivered vaginally with, bearing 2.9kg birth weight. The baby cried soon after birth. She was active, and no congenital anomalies were found. There were no severe medical conditions mentioned during prenatal, natal post-natal and childhood periods.

### **GROWTH AND DEVELOPMENTAL HISTORY:**

Proper up to age except nocturnal bladder control.

Diurnal bladder control – at the age of 2.5 years

Bowel control – at the age of 3 years

**PAST HISTORY:** No relevant past history was found.

**HISTORY OF KRIMI:** No h/o krimi was found.

**Immunisation HISTORY:** All vaccination is given as per schedule.

**FAMILY HISTORY:** Father had a history of bed-wetting.

**MEDICAL HISTORY:**

Syp.Looz – 10 ml HS for eight week.

Calcitriol sachet (60,000 IU) – 1 unit; 1 time/week with milk or water for eight weeks.

Tab.Tropan XL (2.5 mg) – BD for 15 days

**DIETETIC HISTORY:**

H/o Liquid diet:

Water intake: approx.Two lit/day, Milk – 200 ml in the morning, Buttermilk – 200-300 ml at lunch

Milk shack/fruit juice/milk/soda/ice cream – at night.

**PERSONAL HISTORY:**

Appetite –Normal

Bowel – 1 time /2-3-day, irregular, Hard and unsatisfactory

Micturition – 8-10 times/day

Sleep –sound.

**ANTHROPOMETRY**

Height - 133 cm Weight – 26 kg BMI – 14.70 kg/m<sup>2</sup>

**VITALS**

Blood pressure- 110/70mmhg. Respiratory rate: 21/min

Heart rate - 82/min Temperature -97.7 F

**EXAMINATION:**

Vincent curtsy sign - present

**Systemic examination**

**Respiratory system:** Chest clear, AEBE, RR- 20/min

**Cardio-vascular system:** S1 S2 Heard normal.

**Per-abdomen:** Soft, No tenderness,

**Central Nervous System:**

Conscious, alert and oriented with time, place and person

Speech-normal; memory-Intact; hallucination and delusion-Absent

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

Hearing-normal; language- normal; co-ordination-normal,

Her physical and neurological examinations are normal.

**INVESTIGATION**

The parent had also consulted a urologist; no pathological condition was found.

**CBC (30/05/22)**

All haematological parameters were normal.

RBS (30/05/22) - 110 mg/dl

**Urine routine and microscopic examination (30/05/22)**

Pus cell– 3-4/hpf; Epithelial cell – 1-2/hpf.

**Stool routine and microscopic examination (30/05/22)**

The stool did not contain blood, mucus, pus, undigested meat, fibres, harmful bacteria, viruses, fungi or parasites.

**USG KUB – 01/07/2022**

No evident abnormality is seen.

**Biochemistry report – 1/07/2022**

S.calcium - 9.9mg/dl; S.creatinine – 0.5 mg/dl; S.urea – 20.2 mg/dl; S.uric acid – 2.6 mg/dl

Electrolytes: S.sodium, S.pottasium and S.chloride – normal

S.phosphorus, S.Bicarbonate – normal

25-Hydroxy-Vitamin D (D3+D2) – 15 ng/ml

**DIAGNOSIS:** The case was diagnosed as *Shayyamutra*, which can be correlated with nocturnal enuresis.

**TREATMENT**

With the consent of parents, treatment was started on dated 31st May 2022

**Table no.1: Oral medicine for the treatment of Shayyamutra**

Sr.no.	Name of medicine	Dose	Duration
1.	<i>Medhya RasayanaChurna</i>	6 gm/day in 3 divided doses, Before food	8 weeks 31/05/2022 to 26/07/22
2.	<i>Brahmi Ghrita</i>	3 gm at morning empty stomach	4 weeks 31/05/2022 to 28/06/22

**Table no.2: Procedure for treatment of Shayyamutra**

Sr.no.	Name of medicine	Dose	Duration
1.	Matra basti with Brahmi Ghrita	25 ml at morning 9:30 am	2 weeks 31/05/2022 to 14/06/22
2.	Nasya with Brahmi Ghrita	4-4 drops in each nostril at evening 5:00 pm	2 weeks 15/06/2022 to 28/06/22

**Advices:**

- ✓ Fluid maintenance: Restriction of fluid for 2 hours before sleep at night.
- ✓ Avoid dairy products, fruits, juices, and fluids before bedtime.
- ✓ The child is awakened for voiding at 2–3 hours after sleep.

- ✓ Bladder Retention: Retention control training (a form of bladder training) for increasing the bladder capacity.
- ✓ Motivational therapy – It involves a combination of providing reassurance, emotional support, eliminating guilt.
- ✓ We are rewarding the child for a dry night.

**RESULT****Bed-wetting frequency**

BT	2-3 times/night
1 <sup>st</sup> week	1 times/night
2 <sup>nd</sup> week	4 times in a week
3 <sup>rd</sup> week	2 times in a week
4 <sup>th</sup> week	1 time in a week
5 <sup>th</sup> week	1 time in a week
6 <sup>th</sup> week	No bedwetting
7 <sup>th</sup> week	No bedwetting
8 <sup>th</sup> week	No bedwetting

**Daytime frequency of micturition**

BT	10-12 times/day
AT	7-8 times/day

At the 2-week evaluation, the patient's mother reported that her child had wet the bed four times a week. At the four-week progress evaluation, the patient's mother reported that her child had wet the bed once a week, and on another occasion, her child woke up 'just in time' to make it to the toilet. She also felt relief in urgency for urination, and the frequency of micturition was also decreased. At the eight-week evaluation, the patient's mother reported that her child had not wet the bed for the last three weeks, and her complaint of constipation was also cured. The child felt confident about spending time away from home with friends, and parents also observed a positive change in the child's behaviour.

**DISCUSSION**

The Ayurvedic descriptions of Shyayamutra are minimal, so to treat Shyayamutra on Ayurvedic principles, one must look for the fundamentals of *Tridosha* theory. Thus, Shyayamutra mainly involved Vata (Prana, Vyana, Apana), Pitta (Sadhaka), Kapha (Tarpaka), along with *Manasika Dosha Raja* and *Tama*.

*Brahmi*, *Shankhpushpi*, *Guduchi*, and *Yashtimadhu* are four drugs that have been given prime importance as *Medhya Rasayana*. *Brahmi* possesses neuroprotective properties and nootropic activity. Besides, it improves cognitive functions and social adaptability. *Shankhpushpi* possesses an antidepressant effect. *Yashtimadhu* possesses anxiolytic and memory-enhancing effects. *Guduchi* has antistress and antioxidant properties. Hence, these drugs, either single or in

combination, can be used safely for a long duration as neuro-protective and brain tonic.<sup>7</sup> It works by stimulating the neurotransmitters of our brain.<sup>8</sup> It also helps improve concentration and memory power.<sup>9</sup>

In *Medhya Rasayana*, out of four drugs, three drugs, i.e. *Guduchi*, *Brahmi*, and *Shankhpushpi*, have *Tikta* and *Kashaya Rasa* dominancy. So, it also decreases the production of *Mutra* because of the *Kleda Shosana* properties of *Tikta* and *Kashaya Rasa*.<sup>10</sup>

*Ghrita* also has *Samskara Anuvartana*'s property. So, it increases and enhances the property of medicine, which maintains cognitive function and treats neurological disorders. According to modern science theory, some saturated fatty acid products (Ghee) can cross the blood-brain barrier because of their lipophobic properties/actions. So, *Brahmi Ghrita* was used for *Pana*, *Nasya* and *Basti*.

According to Acharya Kashyap, *Basti* is said to be *Amrita* in children.<sup>11</sup> In *Shyayamutra*, a persistent or temporary emotional conflict provokes the *Vata Dosh* in the body. Ghee was beneficial for normalised vitiated *Vata* due to *Vatasamaka*'s property. *Shyayamutra* is *Pakwashayasamuttha Vyadhi*, and *Khavaigunya* is present in *Basti*. So, *Matrabasti* works directly in that region and helps get relief from disease. It also improves bowel movement, a causative factor of enuresis.

*Nasya*, i.e. *Nasa*, is considered the gateway to the brain. Hence, drugs administered through the nose may affect the brain, and thus, the delayed neurological development may be corrected. *Medhya* drugs given by *Nasya* get absorbed quickly, crossing the blood-brain barrier through the vascular pathway or diffusion of drugs.<sup>12</sup> Moreover, *Nasya* also improves hormonal synthesis and endocrine function.

## CONCLUSION

*Shyayamutra* is one of the most commonly found conditions in the paediatric age group. Considering the pathology of the *Shyayamutra*, treatment should be planned in a multidimensional approach. In combination, Counselling, *Medhya* drugs, and *Panchakarma* therapies, especially *Nasya* and *Matrabasti*, may form a comprehensive protocol for the man-

agement of *Shyayamutra*. Within eight weeks of administration of Ayurvedic medicines along with the procedure, it gives complete relief in cardinal symptoms (Bedwetting frequency) of *Shyayamutra*. Therefore, it can be concluded that the *panchakarma* procedure, i.e. *Matrabasti* and *Nasya*, along with oral medications, helped to cure the patient of *Shyayamutra*.

## REFERENCES

1. Rushton GH (1995); Wetting and functional voiding disorders. *Urol Clin North Am* 22: 75-93.
2. Nelson textbook of pediatrics volume-1, part-1, chap-22, 18th Edition Elsevier publication, page no-113
3. World Health Organization (WHO) (1993) ICD-10 Classification of mental and behavioral disorders, clinical definitions and diagnostic guidelines, Sinirve Mental Health Association Publications.
4. <https://turkurolojidergisi.com/sayilar/64/buyuk/70-751.pdf>; retrived on 28.1.23
5. Koff SA (1998) Enuresis. In: Walsh PC, Retik AB, Va-ughan ED, Wein AJ (eds.) *Campbell's Urology* 2: 2055-2068.
6. Govinda Das Sena, Bhaisajyaratnavali, Kshudraro-gadhikara 60/167, ed by Rajeshwar Dutta Shastri, 18th ed. Varanasi: Chaukhamba Prakashana; revised 2007. Pg. 961.
7. Aayushi Tiwari, ayurvedic aspects of shyayamutra- a review article; published by wjpmr, 2020,6(7), 138-141.
8. Singh R. H., "the psychosomatic disorders and their management in ayurveda" *Ancient Science of Life*, Vol. I; No.1, July1981, pages 41- 48.
9. Atul Shankar Sarokte; Effects of *Medhya Rasayana* and *Yogic* practices in improvement of short-term memory among school-going children; published by Ayu. 2013 Oct-Dec; 34(4): 383-389
10. Brahmananda Tripathi; *Ashtanga Hridayam sutra sthana 1/26*, ed by Pt. Hari Sadsiva Sastri Paradakara ,14th ed, Varanasi: Chaukhambha Surbharti Prakashana; 2003. P. 16.
11. Pandit hemaraja Sharma. *Kashyap samhita*, sidhithana-sthana, Rajaputriya sidhhiyanam adhyaya, Chaukhamba Sanskrit Sansthan Varanasi, Reprint 2012; 146 Pp 364.

12. Dr. Aayushi Tiwari, ayurvedic aspects of shayyamu-  
tra- a review article; published by wjpmr, 2020,6(7),  
138-141.
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