

CLINICAL STUDY OF AN AYURVEDIC COMPOUND (PADAMADI YOGA) IN THE MANAGEMENT OF SHAYYAMUTRATA (ENURESIS)

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ABSTRACT

Enuresis is such a common pediatric problem which is a potential cause of embarrassment to the child as well as the parents. In older enuretic children the main cause is stress & anxiety. In *Ayurveda* the *Shayyamutra* (enuresis) was firstly mentioned by *Vangasena* & it has been also mentioned in 13th century by *Sharangdhara* *Shayyamutra* is a disease of neuro – psycho - somatic origin. Hence *Satvavajaya Chikitsa* is thought to be the choice of treatment as it is a unique approach in the management of disorders with mental derangement to treat the enuresis considering the ayurvedic principle one should look for *Vyana*, *Samana*, *Apana Vayu*, *Mutravaha shrotodusti* and *Manasdosha*. According to modern medicine its management includes antidepressant & anti diuretic hormone. But these are associated with many adverse effect & relapse rates up on discontinuation is very high. In *Ayurveda* the child is given *Herbal* drugs for strengthen nervous system as well as urinary system. The present clinical study was planned to evaluate the effect of *Padamadi Yoga* along with counseling in the management of *Shayyamutra*. Patient was selected randomly from OPD/IPD of National Institute of Ayurveda, Jaipur. Children between 5 to 15 years were considered for study. Selected patients (30) were randomly divided in to two group i.e. group A (15) and Group B (15). After completion of therapy both in Group A & Group B proved statistically highly significant relief on dry nights ($P < 0.001$). But according to the percentage of improvement in Group B *Padamadi yoga* with counseling showed better result i.e. 76.15% in comparison to Group A *Padamadi yoga* i.e. 66.72%.

Keywords: Enuresis, *Shayyamutra*, *Padamadi Yoga*, Counseling.

INTRODUCTION

Child health is integral to overall socio-economic development of a nation. Problems of child health and development present a formidable challenge to meet this challenge every citizen of India has to make some contribution. According to WHO “Health is a state of

complete physical, mental and social well being and not merely an absence of disease or infirmity”

Enuresis is accidental, repeated, unintentional and unconscious voiding of urine i.e. involuntary discharge of urine with a full steady stream, due to loss of blad-

der control at daytime or night during sleep by children aged over five years into clothes or bed.¹

“Raturoo sawapnaavasthayam shayagadoo balokshinpurvakam mutriyati doshaparbhavat”²

The word *Shayyamutra* denotes that by the influence of *doshik* factors, unknowingly child passes urine during sleep at night.

The word *Shayyamutra* is self-explanatory. Bed-wetting during sleep is only the symptom. Childhood is a growing stage of all physical system and mental activity³. One can identify growing states of systems by milestone and other growth factor. Retention capacity of urine and feaces develops with neurological growth. In few cases nocturnal control for urination didn't develop up to 5 years. This situation is known as enuresis in medical science.

In *Ayurveda Vangasen*⁴ has noticed the complaint of *Shayyamutra* (bed-wetting) and mentioned its management in his text. He had not described the aetiopathology of it. He mentioned a psychological therapy and a formal recipe in the management. *Sharangdhar*⁵ has also mentioned *Shayyamutra* in the 22 disease describe in *Bal roga parkaran* in *purvakhand* and *Shayyamutra* also described by *Bhavparkash*⁶ and *Bheshjayaratnowali*.⁷

Shayyamutra is a disease of neuro-psycho-somatic origin. Hence psychological therapy along with drug therapy is thought to be the choice of treatment⁸.

The causative factors of *Shayyamutra* may suppress the *Chetna* (Consciousness) function of *Prana Vata*

by the *Avarana* of *Kapha* and *Tama* causing aggravation of *Vyana vata*, *Samana Vata* and *Apana Vata* and their function.⁹ It leads to *dusti* of *Mutravaha* and *Manovaha Srotas*. So, It is clear that involvement of *Manas* and *Vata* are the causes of the disease.¹⁰

Shayyamutra (enuresis) is so common massive problem and we can promote awareness in our country regarding this misunderstood issue, In such kind of awareness programme, advise parents to understand that *Shayyamutra* is developmental or medical problem that can be treated rather than a form of stubborn or disobedient behavior on the part of the child.

INCIDENCE

Bed-wetting is normal up to 3 years. If a child didn't develop control over bedwetting up to 5 years it should be treated. The prevalence of enuresis is about 5-10% among 5-year olds, 3-5% among 10-year olds and around 1% in individuals 15-year olds or older. Boys suffer more often than girls because girls typically achieve each milestone before boys¹¹.

SELECTION OF DRUG

Shayyamutrata (Enuresis) is a disease of neuro-psycho-somatic origin. Hence a child should be given drugs to strengthen nervous system as well as stress and urinary tract.

The study coded drug “*PADAMADI YOGA*” is *Anubhuta yoga* (hypothetically formed compound). The compound preparation with such properties is likely to check the aetiopathogenesis of enuresis. The ingredients of “*Padamadi yoga*” are;¹²⁻¹⁷

Table 1: Showing content of “*Padamadi yoga*”

S.NO.	INGREDIENTS	QUANTITY	PART USED
1.	<i>Kamalbeej (Nelumbium speciosum)</i>	1 Part	Seed
2.	<i>Brahmi (Bacopa monnieri)</i>	1 Part	Whole plant
3.	<i>Mandukparni (Centella asiatica)</i>	1 Part	Whole plant
4.	<i>Yastimadhu (Glycyrrhiza glabra)</i>	1 Part	<i>Moola</i> (Root)
5.	<i>Krishna til (Sesamum indicum)</i>	1 Part	Seed
6.	<i>Ashwagandha (Withania somnifera)</i>	1 Part	<i>Moola</i> (Root)
7.	<i>Bal haritaki (Terminalia chebula)</i>	1 Part	Fruit
8.	<i>Bala (Sida cardifolia)</i>	1 Part	<i>Moola</i> (Root)
9.	<i>Vat shunga (Ficus bengalensis)</i>	1 Part	Leaf bud
10.	<i>Shushka Khajura (Phoenix dactylifera)</i>	1 Part	Fruit (dry)
11.	<i>Godombi (Semecarpus anacardium)</i>	1 Part	<i>Phala maja</i>
12.	<i>Vacha (Acorus calamus)</i>	1/5 Part	<i>Moola</i> (Root)

AIM AND OBJECTIVES

Keeping all these facts in mind the present study has been undertaken with the following aims and objectives-

1. Conceptual and hypothetical evaluation of enuresis and to study the prevalence of *Shayyamutra* in children according to mental and physical personality (*Prakriti*) types described in *Ayurveda*.
2. Assuring and educating the parents regarding the disorder and development of the child (**Parent Counseling**).
3. Clinical evaluation of Ayurvedic compound- **Padamadi yoga** in the management of *Shayyamatura* (Enuresis).
4. To study the role of instructions (**counseling**) formulated in controlling the disorder.

SELECTION OF CASES

Source

Repeated voiding of urine into bed or clothes (whether involuntary or intentional) was selected randomly from OPD/IPD of National Institute of Ayurveda, Jaipur.

Age Group

Children between 5 to 15 years were considered for study.

Number of cases

50 Enuretic children were selected from above said sources out of which 20 children discontinued the treatment. Selected patients (30) were randomly divided in to two group i.e. group A (15) and Group B (15).

Inclusion Criteria

Subject aged 5-15 years of either sex with history of bed-wetting at least twice in a week for 3 consecutive months according to the DSM-IV-TR (Diagnostic and Statistical Manual for Mental Disorders) or children both Persistence and Regressive types of Nocturnal Enuresis.

Exclusion Criteria

- Patient below 5 years and above 15 years of age.
- Patient with congenital anomalies of the genitourinary tract especially of the urethral valve.
- Enuresis due to disease of CNS, Epilepsy, Spina bifida, Diabetes mellitus and Diabetes insipidus.

- Urinary tract infections.
- Epilepsy.

Criteria of Assessment:

Effect of the therapy will be assessed on the basis of improved status in the number of dry nights.

Grouping:

All the patients were randomly divided into two group viz. Group A & Group B.

Group A:

In Group A, 26 patients were registered out of which 15 patients had completed their treatment and they were given "**Padamadi yoga**" for 3 months.

Group B:

In this group, out of 24 patients 15 had completed their treatment and they were given "**Padamadi yoga**" for 3 months **with counseling**."

DRUGS

Mode of administration

In the granular form, orally for 3 months period.

The calculated does was 370 mg/kg/day in two divided doses for 3 months.

CLINICAL STUDY

In this study majority of patients were between 5-9 years of age. Sex ratio between male & female patients was found to be 1:1. Maximum 53.33% patients were belonging to middle class. Maximum 60% patients were Hindu. Maximum 60% patients were belonging to joint family; by this child may undergone different circumstances related to stress and lack of moral support, aggravated the problem even further. Maximum father were labour and mother were housewife. In the present study maximum patients exhibited improper toilet training (70%), Atinidra (66.66%), evening fluid intake (63.33%) Krodha (aggression), Bhaya (fear) & chinta were the major causative factor. Maximum No. of father of children were found educated up to senior secondary standard & mother were illiterate. Maximum 73.33% patients were immunized completely. Maximum 53.33% patients were *Avara satva*. Majority of patients were *Vata Kaphaja Shareerika Prakriti* and *Sattavika, Rajasika prakriti* (56.66%). Maximum 60% patients were good in their school performance *Krurakosta* is found in 33.33% patient, may be a cause of *Apana*

vayu vikarti. Maximum 70% patients were having chronicity of more than 6 years.

RESULTS

Status of Bed wetting after 3 months treatment & follow up (after 6 M)

Group A

Table 2: Showing gain in dry nights after 3 month treatment (*Padamadi yoga*) and follow up (after 6M)

S. No.	Dry night	Before Treatment		After Treatment		Follow up	
		No. of Pt.	%	No. of Pt.	%	No. of Pt.	%
1.	0	09	60.00	00	00.00	00	00.00
2.	1	04	26.66	00	00.00	02	13.33
3.	2	02	13.33	01	06.66	01	06.66
4.	3	00	00.00	00	00.00	01	06.66
5.	4	00	00.00	02	13.33	01	06.66
6.	5	00	00.00	01	06.66	00	00.00
7.	6	00	00.00	01	06.66	02	13.33
8.	7	00	00.00	10	66.66	08	53.33

Group B - Table 3:

Showing gain in dry night after 3 month treatment (*Padamadi yoga* with counseling) and follow up (after 6M)

S. No.	Dry night	Before Treatment		After Treatment		Follow up	
		No. of Pt.	%	No. of Pt.	%	No. of Pt.	%
1.	0	10	66.66	00	00.00	00	00.00
2.	1	03	20.00	00	00.00	01	06.66
3.	2	00	00.00	02	13.33	01	06.66
4.	3	02	13.33	01	06.66	00	00.00
5.	4	00	00.00	01	06.66	01	06.66
6.	5	00	00.00	01	06.66	02	13.33
7.	6	00	00.00	04	26.66	00	00.00
8.	7	00	00.00	13	86.66	10	66.66

Table 4: Showing the status of overall result of all criteria of chief complaint (*Shayyamutra*) in Group A and B (After 3 or 6 months)

Group	Duration	Mean		Mean diff.	% Of Improv.	S.D ±	S.E	“t” Value	“p” Value	Infe.
		BT	AT							
Group A (n=15)	3 Month	5.8	1.47	4.33	74.65	1.51	0.390	11.102	<0.001	HS
	6 Month	5.8	1.93	3.87	66.72	1.60	0.413	9.30	<0.001	HS
Group B (n=15)	3 Month	5.87	1.07	4.80	81.77	1.15	0.296	16.216	<0.001	HS
	6 Month	5.87	1.40	4.47	76.15	1.19	0.307	14.560	<0.001	HS

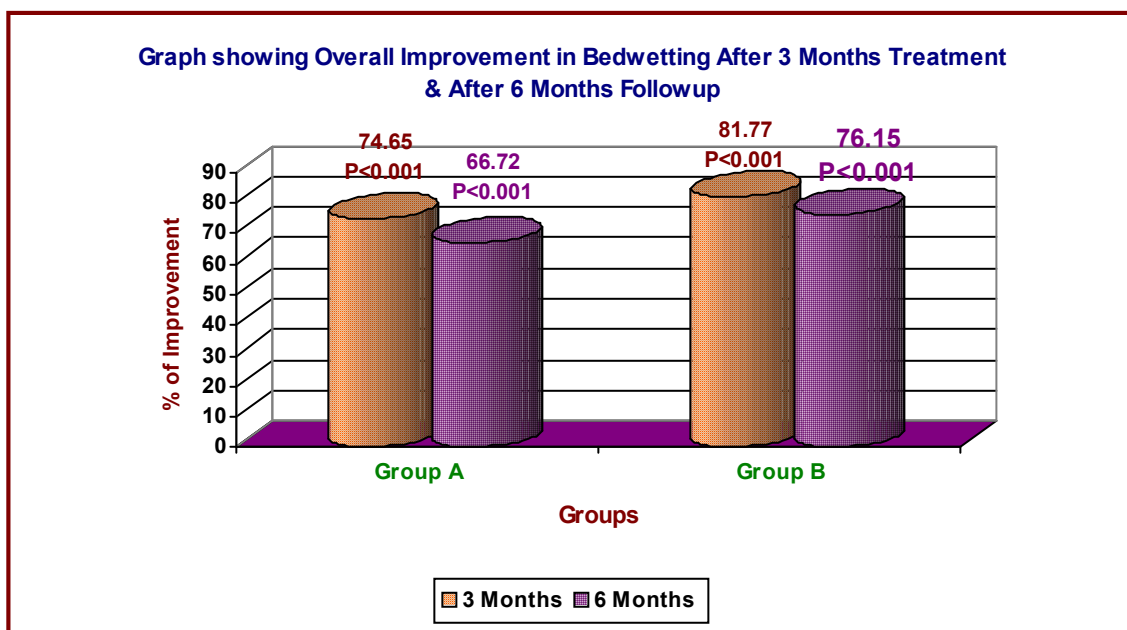
Table 5: Showing overall result of all criteria (*Shayyamutra*) on the basis of Reduction/ Improvement (after follow up-6M)

S. No.	Improvement	Group-A (n=15)		Group-B (n=15)		Total (n=30)	%
		No.	%	No.	%		
1.	Complete	08	53.33	10	66.67	18	60.00
2.	Marked	02	13.33	02	13.33	04	13.33
3.	Moderate	02	13.33	01	06.66	03	10.00
4.	Mild	03	20.00	02	13.33	05	16.67

DISCUSSION

After completion of therapy both in Group A & Group B proved statistically highly significant relief on dry nights ($P < 0.001$). But according to the percentage of improvement in Group B (*Padamadi yoga* with counseling) showed better result i.e. 76.15% in comparison to Group A (*Padamadi yoga*) (66.72%). In Group A, 8 patients totally cured (53.33%), marked improvement

was observed in 2 patients (13.33%), moderate improvement in 2 patients (13.33%) and mild improvement was observed in 3 patients (20%) of *Shayyamutra*. In Group B, 10 patients (66.66%) were completely cured, marked improvement was observed in 2 patients (13.33%), moderate improvement in 1 patient (6.66%) and mild improvement was observed in 2 patients (13.33%) of *Shayyamutra*.



All the contents of *Padamadi yoga* are purely herbal. These herbs are having more properties and selective according to *Nidan* (cause) of disease. These herbal drugs (*Padamadi yoga*) make effective on different stages of *Shayyamutra samprapti* (etiopathogenesis) & Break down the different stages of *Samprapti*, clear *Margavrodh srotas*, improve mental status & function of nerve & increase tonicity of bladder muscles & sphincter¹⁸.

The age of 5 to 15 years is growing up mentally and physically status of child, so that type of psychosomatic disorders¹⁹ in child indirectly affect on progress & child come on under stress. When the child was given drugs the frequency of bed-wetting was reduced & child comes out of stress, after that the associated symptoms getting disappear. But bed-wetting gets reduced more effectively in those children, whom was given drugs with counseling and early reduced the associated symptoms.

The content of *Padamadi yoga* (herbal drugs) are directly & indirectly effective on frequency of bed wetting and counseling was given more support to these effectiveness and play vital role in preventing the disease, so the excellent result was found in Group B (*Padamadi yoga* with counseling). There by decrease chances of remission may be due to the counseling of child helps to take away the improper habits and food-stuffs and counseling of his parents to give him good emotional supports²⁰.

After stopping the 3month treatment in follow up (total 6 month) the recurrence of chief compliant (frequency of bed wetting) was observed statistically insignificant in Both Groups ($P < 0.010$). But according to percentage Group B showed less remission compared with Group A, it proves that vital role of counseling in management of *Shayyamutra*.

At the time of treatment duration and after stopping the treatment some patients & parents was disobey the

counseling tips & some patients was used *Apathya seven*. That type of patients was having more recurrence the chief complaint.

This shows that *Shayyamutra* is partial somatic and partially psychic in origin, which needs proper diagnosis and proper drug therapy along with parent counseling.

In the concluding remarks the result clearly shows that the *Padamadi yoga* (A herbal compound) along with parent counseling was highly effective in managing the disorder as compared to the only *Padamadi yoga*.

CONCLUSION

Shayyamutra (Bed wetting) is a common socially disruptive problem. *Ayurvedic* literature has very brief description of *Shayyamutra*. *Margavarodha* to proper flow of *Prana vata* and vitiation of *Vyana*, *Samana* and *Apana vayu* and *Vikriti* in *Manovaha srotas* (Psychological factor) are main factors responsible for development of *Shayyamutra*. *Vata-Kapha* trait of *Shareerika* and *Sattva Raja Manasika Prakriti* can render a child more prone to *Shayyamutra*. Counseling along with drug therapy (*Padamadi yoga*) proved to be more effective in this study. For better acceptability the trial drug should be in syrup form rather than granules. However, the study was conducted on a small scale sample, even then all over results were found to enthusiastic. Further to come out for better conclusion this work should be progressed involving psycho-neuro pharmacological study. As this dissertation is a time bound project, hence further longitudinal studies (herbal drugs with counseling) are suggested.

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