

Ayurved management of shayyamutra (eneuresis) in pediatric age

Authors

Dr Hemant M. Nikum^{1*}, Dr Renu Rathi², Dr. Monika Meshram³ Dr.Sabir Ali, Dr.Dhiraj K.

1 -PG Scholar, Department of Kaumarbhritya, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H), hemant535553patil@gmail.com

2 - Professor, Department of Kaumarbhritya, Mahatma Gandhi Ayurved College Hospital & Research Centre. Salod (H) Wardha, rbr_226@gmail.com

3 -PG Scholar, Department of Shalyatantra, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H), monikameshram26@gmail.com.

4-PG Scholar, Department of Kaumarbhritya, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H), sabirali10086gamil.com

5-PG Scholar, Department of Kaumarbhritya, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H), dhirajkhobragde16@gmail.com

*Corresponding Author –

Dr Hemant M. Nikum^{1*}

1 -PG Scholar, Department of Kaumarbhritya, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H),

Abstract

Child health has become increasingly important around the world. Paediatricians and the general public in both developing and wealthy countries are increasingly aware of its significance. Enuresis, also known as *Shayamutra*, is a pediatric clinical ailment. It is described as the recurrent emission of a substance, either voluntarily or involuntarily. After reaching the age when bladder control should be established, pee should be poured into the bed or clothes. It is possible to incorporate it as defined by current pediatrics, psycho-behavioral disorder. There is a need to diversify therapy options. Ayurveda is a system of medicine that has been practiced for thousands of years. In *Bruhatrayee*, a direct reference to the *Shayamutra* is fully detailed, but there are few references available. As a result, attempt to assemble all available information on this condition and its treatment so that one can gain a better understanding of it.

Keywords: *Shayamutra, Bruhatraye, Enuresis, Childhood*

Introduction

Enuresis, also known as *Shayamutra*, is a condition that is highly common in children. It is a clinical condition that occurs in children. The word *Shayamutra* refers to urine passed in the bed, particularly during sleep, at any time of day or night.^[1] Even while it is not a cause of death or illness, it might create humiliation in a child who has not developed psychologically. Enuresis (bedwetting) is a prevalent condition in both boys and girls during their growing years, according to the Indian Academy of Pediatrics. After the fifth year of life, it is the voluntarily voiding of urine that is not caused by a physical condition, and it is a complete evacuation of the bladder at an inappropriate location and time at least twice a month. While nocturnal bedwetting affects the majority of patients, there is also a diurnal (but during sleep) variation and a combination variety. Primary bedwetting occurs when a child has never been dry and secondary bedwetting occurs after a minimum of 6 months of nighttime dryness. If there are no other symptoms in the lower urinary tract, it is called monosymptomatic. There isn't much description of *Shayamutra* in Ayurveda, however Aadhmal gives the first definition. In which he cites "*Kshin purvam*" and "*Dosha prabhavam*" as the etiology. Vangsena was the one who first recognized the shayyamutra issue and addressed it in his writing. A child's bedwetting soiled sheets and clothing bring further laundry stress for parents and family members. If the child wakes or cries, awakening the parents, wetting episodes might result in missed sleep. According to a European study, a family with a child who wets the bed every night will spend about \$1,000 per year on extra laundry, extra sheets, disposable absorbent clothing like diapers, and a new mattress. This sickness is widespread in today's society and poses a hazard to children as a source of shame and guilt. When a child wants to sleep dry and parents want to relieve the tension that comes with bedwetting, a real treatment must be instituted as soon as feasible.

Incidence

According to the Nelson textbook of paediatrics, bedwetting affects roughly 7% of boys and 3% of girls at the age of five, and 8% of boys and 4% of girls at the age of twelve. Only 1-3 per cent of adolescent boys and girls continue to wet their beds.^[2] Boys are more likely to suffer than girls since girls reach each milestone before boys. Boys account for almost 60% of children with nocturnal behaviors. In 50% of cases, there is a good family history. Each child has a 44 per cent chance of developing enuresis if one parent is enuretic and a 77 per cent chance if both parents are enuretic.

Reasons Behind *Shayamutra* (Enuresis) Presentability

There is no explicit justification for *Shayamutra* in classical sources. Srotoavrodha and vitiation of Sadhaka pita, Pachana pita, Avalambaka Kapha, Mmanovaha srotas, Atinidra, and suppression of Pranavayu, which interrupts the normal function of Samana, Udana, and Apaṇa Vayu, are some of the possible reasons of *Shayamutra*. The drug compound, which possesses qualities such as nervine tonic, Balya rasayan,^[3] Mutra sangrahaneya, krimighna, and srotoshodhaka, among others,^[4] is believed to aid in the breakdown of the etiopathogenesis of *shayamutra*. This sickness is also aided by aaharaj and viharaj nidaan. Genetic reasons,

neurological developmental delays, psychological factors, sleep difficulties, endocrine factors, lower bladder capacity, and diet are all common causes of bedwetting. Some people believe that incorrect toilet training might promote bedwetting. Aside from all of these aspects, physiologic and psychological factors are likely to play a role. Enuresis can cause hyposecretion of arginine vasopressine, which is a major element in the disorder's pathogenesis.^[5] Maturational latency, deep sleep, and the lack of a cardiac rhythm of antidiuretic hormone secretion are some of the causes of enuresis. Current DSM-IV-TR criteria can be used to make a diagnosis, such as:

1. Urination into bed or clothes on a regular basis after the age of four years for daytime and six years for bedtime.
2. The behaviours must be clinically substantial, as evidenced by at least twice weekly behaviours for three months or the existence of clinically significant distress or impairment in social, academic, or other critical areas of functioning.
3. You must be at least 5 years old chronologically.
4. The behavior is not caused solely by a substance's direct physiological action or a general medical condition.

To diagnose an individual, all of these requirements must be met.

Ayurvedic Perspective

Shayamutra is one of the behavioural disorders that affects youngsters. In Ayurveda, there is no direct reference to shayamutra in bruhtriye. There are only a few references to shayamutra. In his book Chikitsa Sarasangraha, Vangasena mentions the shayaamutra complaint and its care. Sharangadhar has also listed shayyyamutra as balaroga prakarna, but there is no detailed description.^[6] 'Govinddas' is mentioned in the context of Kshudra roga chikitsa in Bhaishajyaratnavali, although he did not give a thorough description of the ailment. Shri Kalidas has only described the shayyaputra chikitsa in his vaidya Manorama. In his commentary on the Gudharthadipika, Acharya Adhmala writes, "When a child, especially when fatigued and sleeping at night, voids urine due to doshas." Theoretically, a profound slumber is generated in the shayya mutra by an increase in tamoguna and kapha, or by fatigue. The sleep produced by an excessive increase in tamoguna happens near the end of the sleep cycle, when tamoguna and an increase in kapha dosha are both present. Fear, ignorance, melancholy, and laziness are all symptoms of Tamoguna. When the kapha dosha obstructs the sensory channels, terminal sleep occurs. It is difficult for the affected youngster to be awakened and go to the bathroom at night. So we can see that sleep is based on kapha, tamoguna, and manas bhava since the mental aspect is more prominent in sleep because it is the mind that begins sleep. The following fundamental categories can be used to categorise shayya mutras.

On the basis of prakriti	On the basis of daily time	On the basis of chronicity
Sharirika	Ratrija (nocturnal)	Prathamic (primary)
Mansika	Diwaj (diurnal)	Dwatik (secondary)
Manodahika	Sanyukta(both)	-

Management and Precautions

To avoid enuresis, parents should keep the following in mind.

- 1 Make it a habit for your child to urinate before going to bed.
- 2 Before putting your child to bed, make sure he or she is not overtired.
- 3 After the child has slept for 2-3 hours, the parents should wake him up and force him to pass pee.
- 4 The child should not rush through passing pee; instead, allow him to finish it completely.
- Tea, coffee, chocolates, cold drinks, oranges, grapes, tomatoes, citrus products, and fermented items are five foods that encourage bedwetting and should be avoided.
- 6 Never get angry at a youngster for peeing the bed, and never punish him for it because he has no control over it. Infect Blaming or punishing the youngster demoralizes him.
- 7 Make the child feel loved and that you understand what he is going through.
- 8 The child should be reminded that bedwetting is not his fault on a regular basis.
- 9 If he wets the bed, change it right away so no one knows he did it again.
- 10 Praise and praise the youngster for a dry night, that is, a night when he did not wet the bed.
- 11 Do not discuss this matter with anyone in front of the child, save the doctor.
- 12 It is critical to explain to the youngster that bedwetting is a transitory problem that will be cured gradually.

The use of bimbimoola and ahiphena in shayyamutra chikitsa is explained in the 19th century AD by bhaishajya ratnavali acharya govindas.^[7]

According to Vaidya manorama, a child who is unable to control his or her need to pass pee should drink a decoction of chameli roots (*jasmium officinale*).

Bimb, vishtinduka, khadira, amalaki, hareetki, guggulu, haridra, and other medicinal herbs were utilised in the treatment. When passing urine at bedtime, a decoction of bimbi moola and ahiphena (32-125mg) should be administered. In the case of malavarodjhanya shayyamutra, Eranda taila (2-3 drops) should be taken with milk. Brimhana is weight-loss and strength-building therapy. It's necessary for Vata imbalances. This treatment includes a balanced diet, tonic herbs, and medhya medicines such as Brahmi, mandukparni, and shankhpushpi, among others. Enuresis induced by maturational delay, sleep difficulties, psychological, or neurogenic factors may benefit from Brimhana chikitsa. [8]

In modern some pharmacological therapies have been mentioned.[2] Desmopressin acetate nasal spray- 10-40ug/day, Desmopressin acetate tablet- 0.2-0.6mg/day, oxybutynin-5-20mg Tolterodine- 2mg at bedtime, imipramine- 0.9-1.5mg/kg/day

Alarm device –

When a child starts to urinate, an alarm gadget, often known as a bedwetting alarm, might wake him or her up. A water-sensitive sensor that is clipped on the pyjamas, a wire connecting to a battery-powered control, and an alarm that sounds when moisture is first detected are all examples of these devices. The youngster must awaken or be roused as soon as the alarm goes off for the alarm to be effective. To awaken the bedwetter, another person must sleep in the same room as them. One of the safest and most successful treatments is behavioural training.

Conclusion

Enuresis is a frequent ailment that can have a negative impact on a child's self-esteem. Mansik is the result of faulty ahara vihara and can be cured with medhya rasayans. It is a severe problem in today's ultra-modern world, and children feel alone and guilty about it. To avoid this condition, parents must first understand the cause and take the necessary precautions with their children. Through ongoing counselling with their child, parents must have a better understanding of children's psychology.

Reference

1. IAP text book of paediatrics, by Parthasaratty,sixth edition,chapter10.
2. Nelson textbook of paediatrics, by Robert M.Kliegman, first south asia edition, vol 3, chapter 543.
3. Charaka Samhita edited by Trippathi BN Hindi commentary Vidyotni; Chaukhamba Surabharati Prakashan, Varanasi, chikitsa sthan chapter 1.
4. Susruta samhita, Hindi Commentary by ambika Dutta Sastry, Choukamba Sanskrit Series, Varanasi, Reprint edition 2011.
5. GHAI Essential Pediatrics, by vinod k paul and arvind bagga, eighth edition.
6. Sarngadhara-Samhita of Pandit Sarngadharacarya, annotated by 'Dipika' hindi commentary by Dr. Brahmanand Tripathi, chaukhamba surbharti prakashan Varanasi
7. Bhaisajya Ratnavali of Kaviraj Govind Das Sen, edited with 'Siddhiprada' hindi commentary, by Prof. Siddhi nandan mishra, chaukhamba surbharti Prakashan Varanasi
8. Ashtang Hridya: Vidyodani Hindi Commentary by Atridev Gupta, Choukamabha Sanskrit series, Varanasi

