

<https://doi.org/10.46344/JBINO.2020.v09i06.53>

## CONCEPTUAL STUDY OF ENURESIS (SHAYYAMUTRA)

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### ABSTRACT

Enuresis is common problem in pediatric age. In Ayurveda it is correlated with Shayyamutra. It affects psychological well being of children. The causes of enuresis are physical as well as psychological. So treatment should be planned in multidimensional approach.



## INTRODUCTION

Pediatric age is the age of concern. Because it is related with most of the physical and mental health of child. There are many factors that affect the growth and development of child. Consequences of these affect their adult life. One of the common problem in this age is enuresis which is called shayyamutra in ayurved. Bed wetting is not so harmful but it affects the social, physical, mental and self esteem of children. In Sharangdharsanhitā there is description about shayyamutra. Urine formation includes karyā of prān, vyan, āpān, vāyu with mind control (man). Micturition is function of āpān, vāyu.

## KEYWORDS

Shayyamutra, Apaan, Vyaan, Praan.

## DEFINITION

Enuresis can be defined as involuntary passage of urine (bed wetting) by a child at age beyond which the bladder sphincter control is normally developed.

## AIM

To study Enuresis (Shayyamutra) in detail.

## OBJECTIVES

1. Study enuresis in modern aspect.
2. Study Shayyamutra according to Ayurveda.

## Data Collection

Data is collected by referring various sanhitās, ayurvedic textbooks, modern pediatric books, and by referring various articles.

## MECHANISM

As said act of micturition consists the balanced activity of prān, vyan, āpān, āvlambakkapf and mind

control. The activity of āpān is controlled by prān and vyan, vāyu. Apaan is

responsible for act of micturition. After attaining specific development, they develop a control over the activity of prān and vyaan but overall activity of āpān is not yet developed which turns into loss of control of micturition. Brain plays an important role in pathological and physiological processes of body. Its functions during sleep too. In night, due to loss of control of prān and vyaan over āpān and āvaran of āpān by kapha and tama, all these happen together and child unknowingly urinates in bed.

## INCIDENCE

1. Nocturnal Enuresis- Occurs at night only. There are about 80% cases.
2. Diurnal Enuresis- Occurs only during day. There are about 5% cases.
3. Nocturnal and Diurnal- Occurs during both day and night. There are about 15% of cases.

## CLASSIFICATIONS

1. **Primary Enuresis**- The child has never been dry at night.
2. **Secondary Enuresis**- There was initial control of bladder but child again started wetting bed at night.

## CAUSES

Primary Enuresis

1. Delay in maturation of neurological control of sphincters.
2. Mental subnormality.
3. Small bladder, bladder neck obstruction.
4. Defective toilet training

5. Emotional deprivation.
6. Disorders of sleep.
7. Family conflicts, stress, strict parents.

#### Secondary Enuresis

1. Worm infection, Genito-urinary infection.
2. Stressful environment.
3. Sibling birth, death in family.
4. Diabetes mellitus, diabetes insipidus, nocturnal seizures.

#### HETU ACCORDING TO AYURVEDA

1. Mental reasons-  
chinta, bhaya, krodh, irshya, atisankochtan-  
av.
2. Physical reasons-  
Krimi, mutravahasrotas dushti, koshtbaddhat-  
a, kandu, mutrashayashithilata,  
niruddhaprakash.

#### EVALUATION OF CHILD ENURESIS

##### 1. HISTORY

- Know the type of enuresis.
- Frequency of enuresis.
- Presence of dysuria, urgency, encopresis.
- Family history of enuresis.

##### 2. PSYCHOLOGICAL

- Awareness of child regarding problem.
- Angry, frustrated.
- Affect of problem on his life.

##### 3. EXAMINATION

- Height and weight
- Abdominal palpation
- External genitalia
- Neurological

#### MANAGEMENT

- Do proper examination of children to rule out the cause behind it.

- Organic causes like juvenile DM, anomaly of urinary tract, neurological problem should be ruled out and treated.
- Rule out any depression, emotional deprivation, stress, because these are related with sympathetic activity which increases the problem.
- Don't criticize the children.
- Bed sheet should be changed after wetting bed without scolding, anger or making child conscious about it.
- Restriction of too much water and fluids before going to bed.
- Bladder training.
- Alarm- Waking him up once or twice to void during night.
- Rewarding child for not wetting bed at night, mental assurance.
- Some drugs are available but many of them have side effects.
- Desmopressin nasal spray at night for 4 months but is very expensive.
- Oxybutine (anticholinergic drug) 5mg OD. It decreases reflex bladder contractility.

#### AYURVEDIC MANAGEMENT

- Ashwasanchikitsa.
- Bladder training.
- Wake up child in midnight and early morning (brhamemuharta) to void the urine.
- Treat sharirik and manasikvikaar.
- Don't hate or scold him.
- Kriminashakyog.
- Mutravahsansthansankraman-use varun, shigrukwath, dashmulkwath, chandraprabhavati.
- Malavrodh- Mruduvirechan.
- Jambhulbijchurna, amalakichurna, ashwagandhachurna.

- Vangbhasma,shilajit,bahumutrantrakras.

## CONCLUSION

Shayyamutra is common problem in children.As it affects child mentally and physically it should be properly managed.There is no ultimate choice of drug for the disease.It is multidimensional management.We have to treat physical as well as psychological problems.The key is to know the exact cause behind enuresis so it can be managed well.Other than doctors and medicines parent also play an important role in managing the disease.More studies should be done to evaluate the diseases and to know more proper management on disease.

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