

AYURVEDIC ASPECTS OF SHAYYAMUTRA- A REVIEW ARTICLE

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ABSTRACT

Nocturnal enuresis i.e Shayyamutra though not physically very harmful but negatively affects child psychology and is assign of delayed neurological development. Ayurveda considers this problem as a Kaphaavrit Vata condition along with Tama involvement. The description regarding Shayyamutra is found in Sharangadhara and Vangasen Samhita Review of the literature and reported studies in Ayurvedic parlance states importance of certain Kaphaghna/Pramehaghna drugs (like Marich, Bimbi, Vangabhasma, Khadira, Shilajit, ChandraprabhaVati), Nervine tonics (like Brahmi, Giloy, Yashtimadhu, Shankpushpi), Panchakarma therapies (especially Nasya and Shirodhara) and most important Sattvavajaya Chikitsa. Thus Considering pathology of the Shayyamutra, treatment should be planned in a multi dimensional approach including all components of management than merely choosing single drug or Kalpa.

KEYWORDS: Shayyamutra, Nocturnal enuresis, Chandraprabha Vati, Medhya Rasayana.**INTRODUCTION**

Child health has assumed great significance in all over world. Enuresis or Shayyamutra is a repeated inability to control urination. The prevalence of enuresis is about 15-25% of children at 5 years of age, 8% of 12 years of age in male child and 4% of 12 years old female child. Boys suffer more often than girls because girls typically achieve each milestone before boys. Children can feel embarrassed and guilty about wetting the bed. Children may afraid to sleep over at friends home for fear of having enuresis. Shayyamutra i.e. Bed wetting though persist in very small number of children's but creates a multi dimensional impact on child's mental health, social behavior and overall self esteem. Most bed wetting is a developmental delay not an emotional problem or physical illness. Only a small percentage(5% to 10%) of bed wetting cases are caused by specific medical situations. Bedwetting is frequently associated with a family history of the condition. A brief description regarding Shayyamutra is found in Sharangadhara Samhita. The process of urine formation is aided by Prana, Vyana and Apanavata and Avalambaka Kapha with the overall control of mind. Micturition is one of the functions of normal Apana Vata. The activities of Apana are regulated by Prana and Vyanavata. The Apana 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 and delayed bladder maturation, worm infestation, in rare cases structural anatomical defect in external genetelia, Excessive sleep, Stress, anxiety, underlying fear and such other emotional problems may causes the Shayyamutra. This may happen in day time 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.

Principle of treatment - Being a Kaphaavrit Vata condition, mainly Kaphahara and Vatanulomaka type of treatments are to be adopted. As there is Mutravaha Srotas Vikriti the focus of treatment should remain on drugs acting mainly on Mutravaha Srotas. Kleda Nirharana is function of Mutra hence Kleda Vriddhi is clearly evident in the pathology along with

Dhatushaithilya. Thus Dhatudardhyakara drugs are also to be thought of. From causative or aggravating factors it is clearly evident that Manas and neurological developmental delay plays a role in pathology thus Medhya drugs are also required. As the disease is occurring in childhood and concerned with urination the treatment principles of Kaphaja Prameha can be well adopted as this age is of Kapha. Also Sattvavajaya Chikitsa i.e counseling is must to boost the confidence and retain the self esteem of the child.

Mechanism that prevents bed wetting:- Two physical functions prevent bedwetting. The first is a hormone that reduces urine production at night. The second is the ability to wake up when the bladder is full. Children usually achieve night time dryness by developing one or both of these abilities. There appear to be some hereditary factors in how and when these develop. The first ability is a hormone cycle that reduces the body's urine production. At about sunset each day, the body releases a minute burst of antidiuretic hormone (also known as arginine vasopressin or AVP). This hormone burst reduces the kidney's urine output well into the night so that the bladder does not get full until morning. This hormone cycle is not present at birth. Many children develop it between the ages of two and six years old, others between six and the end of puberty, and some not at all. The second ability that helps people stay dry is waking when the bladder is full. This ability develops in the same age range as the vasopressin hormone, but is separate from that hormone cycle. The typical development process begins with one- and two-year-old children developing larger bladders and beginning to sense bladder fullness. Two- and three-year-old children begin to stay dry during the day. Four- and five-year-olds develop an adult pattern of urinary control and begin to stay dry at night. Considering these mechanism, in allopathic medicine treatment options include anticholinergics, antispasmodic agents, and tricyclic antidepressants (TCAs). Applying above principles of treatment following drugs/ therapies can be used successfully in management of Shyayamutra in Ayurveda.

Nasya Nasa i.e. Nose is considered to be the gateway to brain. Hence drug administered through nose may affect brain and hence the delayed neurological development may get corrected. Nasya also improves hormonal synthesis and endocrine function. Moreover Medhya drugs given by Nasya get absorbed easily crossing blood brain barrier through vascular pathway or diffusion of drugs.

Shirodhara Stress, inferiority complex and other psychological aspects of the disease may get covered with Shirodhara. Shirodhara is a purifying and rejuvenating therapy designed to eliminate toxins and mental exhaustion as well as relieve stress and any ill effects on the central nervous system regulates a wide variety of neuropsychological processes along with

sleep. Shirodhara also have Alpha Adrenergic blocking effect and can thus block certain actions of adrenaline and nor adrenaline thus reducing stress.

Marich & Bimbi Yogini Kulkarni et al, conducted clinical trial on efficacy of Madhur Bimbi (*Coccinia indica*) fruit Swarasa and Krushna Maricha (*Piper nigrum L.*) Fruit powder in the management of Shyayamutra (Enuresis). Results suggested that combination of Maricha and Bimbi is more effective in management of almost all the symptoms associated with Shyayamutra. Shyayamutra was found to reduce significantly by 70%. Maricha shows Agnivardhana, Ama Pachana, Kleda Nashana and Mutra Shoshan action because of its Katu Rasa, Laghu, Ruksha and Ushnaguna. The resulting effect is Samprapti bhanga leading the patients to cure. Bimbi shows Mutrasansrahana and Trusnanigrahan action because of its Madhur, Kashaya Rasa, Sheet Veerya.

Brahmi/ Shankhpushpi/ Guduchi/ Yashtimadhu. These four drugs have been given prime importance by Charaka as Medhya Rasayana. Brahmi possess neuroprotective properties, have nootropic activity beside it improves cognitive functions and social adaptability. Shankhpushpi possesses antidepressant effect. Yashtimadhu possesses anxiolytic and memory enhancing effect. Guduchi is having antistress and antioxidant properties. Hence these drugs either single or in combination can be used safely for long duration to overcome the delayed neurological development in Shyayamutra.

Dhatu Dhatu is Madhura, Katu, Tikta, Kashaya (Rasa), Guru, Ruksha, Tikshna (Guna), Ushna (Virya), Katu (Vipaka) and Kapha-hara in nature. It is the drug having an anticholinergic, antispasmodic and antihistaminic effect. Hence it is considered to be effective in bed wetting.

Kuchla it is nervine tonic and central nervous system CNS stimulant. It reduces Kapha and Vata. Nux vomica is used widely in treatment of bed wetting in homeopathy. Vishmushti Vati is a commonly used formulation in management of bed wetting that contains Kuchla as active ingredient.

Vatsanabha (*Aconitum ferox*) it is useful in neurogenic disorders associated with Diabetes. It is indicated in symptoms like polyuria, enuresis.

Vang Bhasmavanga Bhasma is also an effective drug in management of diabetes and it effectively reduces the Polyurea, urgency of micturition. It is used in Pramehi to correct the Dhatushaithilya. Symptoms of benign prostate hypertrophy mimic to Shyayamutra in context of urgency and raised urine frequency especially in night. Vanga is proven drug that reduces these symptoms hence can be used effectively in Shyayamutra.

Shilajit in Ayurvedic classics Shilajit is well known for its Naimittika Rasayana effect, Ojovardhaka and Pramehagna property. Sushruta discipline has considered Shilajit as the best Naimittika Rasayana for Prameha and Madhumeha. Shilajit is having Tikta, Katu, Kashaya Rasa, Guru, Snigdha, Mriduguna, Katuvipaka, Ushnavirya and Tridosha-Shamaka, property. It has shown effect in urgency and polyurea in various studies. Hence can be used effectively in Shaiyyamutra.

Khadira Khadira is having Tikta-Kashaya Rasa (bitter and astringent taste). These two Rasa by the virtue of their pharmacological properties like Shoshana (absorption), Vishaghnatva (anti poisonous), Kanduprashamana (reduce itching sensation), Tvakmamsa, Sthirakarana (nourishment and strengthening of skin and muscle), Kledaupashosana (dry of exudation) helps in improving bladder control and also reduces urine frequency.

Chandraprabhavati Chandraprabha Vati is a commonly used herbo mineral formulation for urinary problems. It improves bladder tone, reduces polyurea & urgency.

Role of herbal combination - Many researchers work on various herbal combinations for the treatment of Shaiyyamutra. Herbs like Centella asiatica, Shankhpushpi, Glycyrrhiza glabra, Tinospora cordifolia, Syzygium cumini, Sesamum indicum, Kharjooora (dried), were evaluated to treat Shaiyyamutra. These drugs showed urine holding properties (Mutrasangrahaniyaaction) and play an important role in the Samprapti-Vighatana of the disease. These herbs also help in improving the mental faculties as well as weak musculature of bladder especially sphincteric tone and provides better flow of urine during micturition. The effect of these herbal drugs in enuresis was found to be more when assisted by psychological treatment.

Sattvavajaya Chikitsa- (Counseling) and toilet training, beside medical management counseling and toilet training may play a vital role. Child must be made habitual to go to urination before going to bed and avoid drinking liquids thereafter. Boosting confidence of child and behaving calmly when child urinates in night makes his psychology positive that helps for proper neurological growth. Not being continent at the normal age increases the feeling of failure of the body. It does not succeed in obtaining the necessary capacities to become dry. The majority of the older enuretic children cannot participate (school) camps. So they feel very unsure and have the impression they are missing important milestones in their life. The symptom of wetting might become a chronic stress, and if persistent might have a negative effect on the child's personality and on the child's self-concept. Some studies, e.g. by Hagglof *et al.* and Moffatt *et al.*, indicate that self-esteem is impaired among children with wetting symptoms. If low self-esteem persists over years in enuretic children, later psychological and psychiatric dysfunction may be

expected. Low self-concept may be a secondary effect of chronic stress rather than a cause of the enuresis. Thus counselling is important not for the treatment of enuresis but for side effects that enuresis causes.

CONCLUSION

Considering pathology of the Shaiyyamutra, treatment should be planned in a multidimensional approach. Counselling, Medhya drugs, Panchakarma therapies especially Nasya and Shirodhara, Pramehaghna drugs and Dhatushaithilyahara drugs in combination may form a comprehensive protocol for management of Shaiyyamutra.

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