

## A CRITICAL REVIEW OF SAMPRAPTI OF SHAYYAMUTRA (ENURESIS)

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## ABSTRACT

Enuresis is a voluntary or involuntary urination while asleep. Enuresis is a serious problem that affects children as well as their families. Conventional treatment of enuresis has its own limitation. *Ayurveda* is known for the treatment of the diseases from its roots. *Sharangadhara Samhita* has mentioned *Shayyamutra* (Enuresis) in *Balaroga*. But details of *samprapti* (Etiopathogenesis) are missing. Thus the problem was selected for the present review study. A genuine effort is made to understand the disease condition *Shayyamutra*, and to provide treatment guidelines for the same through knowledge of *Ayurveda*.

**KEYWORDS:** *Enuresis, Ayurveda, Shayyamutra, Bedwetting.*

## INTRODUCTION

Enuresis or bed wetting is defined as voluntary or involuntary repeated discharge of urine into clothes or bed after a developmental age when bladder control should be established. More than 85% children with a mental age of 5 years have obtained bladder control during day and night. Remaining 15% gain continence at approximately 15% per year, such that by adolescence only 0.5-1% children have enuresis. It can be classified into Primary (persistent) and Secondary (regressive) types. It can be further classified into Nocturnal Enuresis and Diurnal enuresis.<sup>[1,2]</sup> The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), classifies both enuresis and encopresis under the heading of elimination disorders. DSM-5 criteria for enuresis are as follows: i) Repeated voiding of urine into bed or clothes, whether involuntary or intentional. ii) The behavior either (a) occurs at least twice a week for at least 3 consecutive months or (b) results in clinically significant distress or social, functional, or academic impairment. iii) The behavior occurs in a child who is at least 5 years old (or has reached the equivalent developmental level). iv) The behavior cannot be attributed to the physiologic effects of a substance or other medical condition.<sup>[3]</sup>

Though maturational delay is the most likely cause of nocturnal enuresis and there is high incidence of spontaneous cure,<sup>[2]</sup> The emotional impact of enuresis on a child and family can be considerable. Numerous studies of children with enuresis report feelings of embarrassment and anxiety, loss of self-esteem, and

effects on self-perception, interpersonal relationships, quality of life, and school performance.<sup>[4]</sup>

Modern science mainly suggest behavioural or motivational therapy as first line treatment followed by use of conditional devices and pharmacotherapy. No efforts have been made to prevent the condition at first place. Also Current management face challenges like low success rate, relapse, acceptance by family, cost of the treatment and adverse effects of pharmacotherapy.<sup>[1,2]</sup>

Hence it is need of an hour to find alternate and strong solution for Enuresis. *Ayurvedic* text *Sharangdhar samhita* has mentioned *Shayyamutra*<sup>5</sup> which literally means bedwetting or Enuresis. But details of *Samprapti* (Etiopathogenesis) are missing. Hence here is an effort to understand the condition through knowledge of *Ayurveda* and to provide some guidelines for treatment.

**Shayyamutra**

The word *Shayyamutra* is derived from two words *Shayya* and *Mutra*. Here word *Shayya* means bed and *Mutra* means urine. Commentator says that it is well known condition which means it must be common condition found in children at that time like today. Commentator also gives some insight about condition by saying at night sleeping child pass the urine suddenly or without arising from sleep. And It is caused by effect of *Dosha*.<sup>[5]</sup> Here the word *Shayya* is symbolic to sleep or *Nidra*.

### Ayurvedic concept of Shyayamutra

Newly born child has very limited control over body. He can't sit, stand or walk, cant feed himself or use hands to perform functions. He can not talk, can not control bladder or bowel. With time maturity comes and with practice he start doing all these activity at will like adult. All above functions mentioned are functions of *Karmendriya*.<sup>[6]</sup> Though *Indriya* are present, cause of immaturity of *Mana* and *Buddhi*,<sup>[7]</sup> they can not perform functions. *Indriya* also take time to achieve maturity and strength to perform allotted function as observed in speech, walking etc. They improve with practice.

Here we can say that *Kaala* is of most important factor to achieve bladder control, as until *Kaala* comes, it is not

possible to achieve the milestone. Secondly maturity of *Mana* and *Buddhi* plays important part, as function is achieved only when mental age is achieved. Lastly structural and functional maturity with strength plays its part in the condition of *Shyayamutra*.

As per *Sharangadhar* commentator this condition is caused by *Dosha*.<sup>[5]</sup> Hence it is necessary to study *Doshas* that may take part and affect the factors in normal bladder control, so that absence of normal bladder control can be attributed to those *Doshas* in abnormal state. *Dosha* relation is compiled in Table No. 1.

**Table 1: Relation of Dosha at different levels of bladder control.**<sup>[8]</sup>

Dosha	Level	Type of Dosha and funtion	Abnormal function
Vaata	Basti or Mutravaha Srotas	Apan Vaayu: Empties Bladder	Abnormality in emptying bladder
	Upastha	Praana Vaayu: Indriya dharana	Abnormal bladder control
	Mana and Buddhi	Praana Vaayu: Mana and Buddhi Dharana Udaana Vaayu: Smruti	Abnormal Indriya function
Pitta	Basti or Mutravaha Srotas	----	----
	Upastha	----	Indriya shaithilya e.g. Pandu vyadi, Jwara
	Mana and Buddhi	Sadhak Pitta: Grahan and Smruti	Abnormal Indriya function, Smruti
Kapha	Basti or Mutravaha Srotas	Kledaka Kapha: Mootra utpatti, Kledavahana	Excessive urine formation
	Upastha		Indriya shaithilya e.g. Prameha
	Mana and Buddhi	Tarpaka Kapha: Indriya Tarpana Satva and Gyan utpatti	Abnormal Indriya function, Tired Indriya Tama or confusion, Excessive sleep

From Above Table we get clear idea that *Vaata* is important. Also *Ayurveda* states that *Vaata* is behind control of *Mana* and *Indriya*. Also we can say that it is *Pakvashayottha* disease, as *Vaata*, *Apan Vayu*, *Basti* manifest the disease.

### Management of Shyayamutra

Based on above discussion, Once appropriate *Kaala* is passed then only we can consider *Shyayamutra* as *Vikruta* or pathological. After that one should look for level of abnormal function through detail history and examination. *Mana* and *Vaata Dosha* abnormality if present, one can consider *Aashwasana*, *Satvaavajaya*, *Medhya* treatment and treatment for *Vaata Dosha* like *Vaatanulomana*. If *Vaata Dosha* abnormality is due to abnormality in other *Dosha*, other *Dosha* should be treated first or simultaneously. For *Kapha Dosha*, avoiding unnecessary liquids and food increasing *Kleda* in the body & *Mutrasangrahaniya* treatment can be considered.<sup>[10-15]</sup>

If *Mana* and *Vaata* abnormality or any other predisposing factor that can affect factors given in Table No.1 are present on should predict possibility of *Shyayamutra* and should treat the condition. *Medhya Rasayana* like *Swarna Prashana* should be considered.<sup>[13]</sup>

### CONCLUSION

Enuresis is one of the commonly found condition in pediatric age group. Classical *Ayurveda* has given very short direct description about *Shyayamutra* (Enuresis). But when we study the factors involved in the disease process, we can get better idea of *Samprapti* (Etiopathogenesis). *Kaala*, *Mana* and *Vaata Dosha* especially *Apan* and *Prana* play important part in the process. Hence *Pakvashaya* should be the origin of condition. Other *Dosha* like *Pitta* especially *Sadhak* type and *Kledak Kapha* and *Tarpak Kapha* play their role. Hence appropriate treatment options are *Kaala* (wait) with practice for *Indriya*, *Satvaavajaya*, *Medhya Rasayana*, *Vaatanulomana*, Avoiding extra liquids and *Kledakar* food items, *Mutrasangrahaniya* treatment. Same can be considered to prevent *Shyayamutra* if abnormality in any factor in *Samprapti* is noted.

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