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AYURVEDA PERSPECTIVE ON *SHAYYAMUTRA* IN CHILDREN: A REVIEW ARTICLE

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ABSTRACT

Shayyamutra, or enuresis, is a significant child health issue affecting 15-25% of children aged five, with boys more frequently impacted than girls. While often perceived as a developmental delay with psychological implications, it can also carry emotional burdens like shame and social anxiety. Ayurveda attributes enuresis to imbalances involving *Prana*, *Vyana*, and *Apana Vata*, particularly highlighting the influence of *Kapha and Tama.* The text proposes multifaceted treatment strategies including *Kaphahara* and *Vatanulomaka* therapies, focusing on restoring *Mutravaha Srotas* and addressing neurological delays. Key Ayurvedic treatments include herbal combinations like *Madhur Bimbi* and *Maricha*, *Medhya* medicines for cognitive enhancement, and *Panchakarma* therapies like *Nasya* and *Shirodhara* to reduce psychological stress. Empirical studies indicate positive outcomes with Ayurvedic treatments, suggesting the effective use of therapies that reinforce bladder control and boost self-esteem through complementary counseling. Overall, a comprehensive approach marrying Ayurvedic principles and psychosocial support stands crucial in managing *Shayyamutra* effectively

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

INTRODUCTION

Worldwide, the importance of child health has grown significantly. *Shayyamutra*, also known as enuresis, is the recurrent inability to control urination. Enuresis affects between 15–25% of children aged five, 8% of male children aged twelve, and 4% of female children aged twelve. Boys are more likely to suffer than girls since girls usually reach every milestone before boys do. When they wet the bed, kids may feel ashamed and guilty. Youngsters may be reluctant to spend the night at a friend's house for fear of developing enuresis. *Shayyamutra*, or bedwetting, affects a child's mental health, social behaviour, and general self-esteem in a variety of ways, even though it only affects a very tiny percentage of kids.

The majority of bedwetting is a developmental delay rather than a mental or medical condition. Just 5% to 10% of incidents of bedwetting are brought on by particular medical conditions. A family history of bedwetting is often linked to the condition. The *Sharangadhra Samhita* contains a brief account of *Shayyamutra*. With comprehensive mental control, *Prana, Vyana, Apanavata,* and *Avalambaka Kapha* facilitate the generation of urine. One of typical *Apana Vata's* functions is micturition. *Prana and Vyanavata* control *Apana's* actions. Urine, motion, semen, and other secretions are all made easier by the *Apana*.

A level of developmental maturity is reached, at which point *Prana* and *Vyana* take charge of these actions. However, in this scenario, *Apana's* general control over

its actions is not developed, which leads to vitiation and, ultimately, loss of control over micturition. The vitiation could also be caused by *Kapha* encircling *Apana (Avarana),* which speeds up urine output. The brain is crucial to both healthy and unhealthy bodily processes. Even when you're sleeping, it keeps working.

Ayurveda states that when it is masked by *tama* and *kapha*, it can lead to sleep, delayed bladder maturation, worm infestation, a rare structural anatomical defect in external genetelia, excessive sleep, stress, anxiety, underlying fear, and other emotional issues. This can occur during the day as well, but at night, the child unintentionally urinates in the bed due to the loss of control of *Prana* and *Vyana* over *Apana* and the encirclement of *Apana* by *Kapha* and *Tama*.
"*Shloka* No. 177, *Rogaganana, Purvakhanta, Sarangadhara Samhita* by *Sarangadhara"*

In the above *shloka* Ayurveda explains that, during sleep at night, children urinate on bed unintention-ally. This is said to be due to Dosha prabhava - spe-cific action of vitiated doshas especially *Vata dosha.* Ayurveda names this condition as *Shayyamutra*.

Treatment principle: Since this is a *Kaphaavrit Vata* condition, treatments of the *Kaphahara* and *Vatanulomaka* types should be used. Since *Mutravaha Srotas Vikriti* exists, medications that primarily affect *Mutravaha Srotas* should continue to be the major focus of treatment. Since *Kleda Nirharana* is a function of *Mutra, Kleda Vriddhi* and *Dhatushaithilya* are both plainly visible in the pathology. Therefore, *Dhatudardhyakara* medications should also be considered. *Medhya* medications are also necessary because it is evident from causative or aggravating causes that *Manas* and neurological developmental delay contribute to pathology. Since the illness affects children and is related to urination, *Kaphaja Prameha's* therapy methods can be effectively applied because this age group is *Kapha*. Likewise *Sattvavajaya Chikitsa*, or counselling, is necessary to maintain the child's self-esteem and increase their confidence.

Vangasena, in his Chikitsa Sara Sangraha, was among the first to mention Shayyamutra, suggesting psychological measures and simple local treatments like clay, ghee, and honey. However, no clear pathogenesis or causative factors were discussed.

In the 13th century, *Sharangadhara Samhita* included *Shayyamutra* among 22 *Balarogas* (childhood disorders) (9), though without clinical elaboration. *Addhamalla*, in his commentary *Gudharthadipika*, attributed bedwetting in weak and tired children to *Vata Dosha*, providing a glimpse into the probable *Samprapti* (pathogenesis).

Mechanism that prevents bed wetting

Bedwetting is prevented by two bodily processes. The first is a hormone that lowers the amount of urine produced at night. The second is the capacity to awaken when one's bladder is full. Children typically develop one or both of these skills to get dry at night. How and when they form seem to be influenced by some genetic variables. A hormone cycle that lowers the body's urine production is the first ability. The body releases a brief burst of antidiuretic hormone (also called arginine vasopressin, or AVP) at dusk every day. In order to prevent the bladder from filling up until the morning, this hormone surge lowers the kidney's flow of urine deep into the night.At birth, this hormone cycle is absent. Many kids get it between the ages of two and six, some between the ages of six and the end of puberty, and some never get it. Waking up when the bladder is full is the second skill that keeps people dry. Although it is distinct from the vasopressin hormone cycle, this ability develops in the same age range. Children between the ages of one and two often start the developmental process by growing larger bladders and starting to feel when their bladders are full. Children between the ages of two and three start to keep dry during the day. Four and five-year-olds start to keep dry at night and adopt an adult pattern of urine control. Treatment options in allopathic medicine include tricyclic antidepressants (TCAs), anticholinergics, and antispasmodic drugs in light of these mechanisms. *Shayyamutra* in *Ayurveda* can be effectively managed by using the aforementioned treatment methods in conjunction with medications or therapies.

The nose, or *Nasya Nasa*, is said to be the entrance to the brain. Therefore, drugs given through the nose may have an impact on the brain, perhaps correcting delayed neurological development. *Nasya* also enhances endocrine function and hormone synthesis. Additionally, *Medhya* medications administered via *Nasya* are readily absorbed by the vascular channel or drug diffusion that crosses the blood-brain barrier.

Shirodhara may address psychological aspects of the illness, such as stress and inferiority feeling. In addition to relieving stress and any negative effects on the central nervous system, *Shirodhara* is a purifying and revitalising therapy that controls a wide range of neuropsychological functions, including sleep. Additionally, *Shirodhara* has an Alpha Adrenergic blocking effect, which helps reduce stress by blocking some of the activities of adrenaline and noradrenaline. The effectiveness of *Madhur Bimbi* (Coccinia indica) fruit *Swarasa* and *Krushna Maricha* (Piper nigrum L.) fruit powder in the treatment of *Shayyamutra* (Enuresis) was investigated in a clinical experiment by *Marich* & *Bimbi Yogini Kulkarni* et al. The combination of *Maricha* and *Bimbi* was found to be more effective in managing nearly all of the symptoms associated with *Shayyamutra*. A considerable reduction of 70% was observed with *Shayyamutra*. Due to its *Katu Rasa, Laghu, Ruksha,* and *Ushnaguna, Maricha* displays *Agnivardhana, Ama Pachana, Kleda Nashana,* and *Mutra Shoshan* activity. *Samprapti bhang* is the

outcome, which helps patients recover. Because of *Madhur, Kashay Rasa,* and *Sheet Veerya, Bimbi* displays *Mutrasansrahana* and *Trusnanigrahan* activity.

Yashtimadhu, Guduchi, Brahmi, and *Shankhpushpi*. As *Medhya Rasayana, Charaka* gave these four medications top priority. *Brahmi* enhances cognitive abilities and social adaptability in addition to having nootropic and neuroprotective qualities. *Shankhapushpi* has antidepressant properties. *Yashtimadhu* has a memory-boosting and anxiolytic effect. *Guduchi* has antioxidant and antistress qualities. Therefore, these medications, either alone or in combination, can be safely given for an extended period of time to address *Shayyamutra's* delayed neurological development.

Madhura, Katu, Tikta, Kashaya (Rasa), Guru, Ruksha, Tikshna (Guna), Ushna (Virya), Katu (Vipaka), and *Kapha-hara* make up *Dhatura.* This medication has anticholinergic, antispasmodic, and antihistaminic properties. As a result, it is thought to be useful for bedwetting.

Kuchla is a central nervous system (CNS) stimulant and nervine tonic. It lessens *Vata* and *Kapha*. In homoeopathy, nux vomica is frequently used to cure bedwetting. *Kuchla* is the active element in *Vishmushti Vati*, a formulation that is frequently used to treat bedwetting.

Vatsanabha (Aconitum ferox) is beneficial for neurogenic conditions linked to diabetes. It is recommended in cases of polyuria and enuresis.

Another useful medication for managing diabetes is *Vang Bhasmavanga Bhasma*, which also effectively lowers polyurea and urgency of micturition. *Pramehi* uses it to rectify the *Dhatushaithilya*. Benign prostate enlargement symptoms, such as urgency and increased frequency of urination, particularly at night, can mimic *Shayyamutra*. *Vanga* is proven drug that reduces these symptoms hence can be used effectively in *Shayyamutra*.

Shilajit is renowned for its *Naimittika Rasayana* effect, *Ojovardhaka*, and *Pramehagna* properties in Ayurvedic classics. *Shilajit* is regarded by *Sushruta* discipline as the greatest *Naimittika Rasayana* for *Prameha* and *Madhumeha*. *Tikta, Katu, Kashaya Rasa, Guru, Snigdha, Mriduguna, Katuvipaka, Ushnavirya*, and *Tridosha-Shamaka* properties belong to *Shilajit*. Numerous studies have demonstrated its impact on polyurea and urgency.

Thus, it can be applied successfully in *Shayyamutra*.
Tikta-Kashaya Rasa, or bitter and astringent taste, is what *Khadira* is experiencing. Due to their pharmacological qualities, such as *Shoshana* (absorption), *Vishaghnatva* (anti-poisonous), *Kanduprashamana* (itching sensation reduction), *Tvakmamsa, Sthirikarana* (skin and muscle nourishment and strengthening), and *Kledaupashosana* (dry of exudation), these two *Rasa* improve bladder control and decrease the frequency of urination.

A popular herbal mineral remedy for urinary issues is *Chandraprabhavati Chandraprabha Vati.* It lessens urgency and polyurea and enhances bladder tone.

Herbal combination's role: A lot of researchers are working on different herbal combinations to treat *Shayyamutra*. *Shayyamutra* was treated with herbs such as Centella asiatica, *Shankhapushpi*, Glycyrrhiza glabra, Tinospora cordifolia, Syzygium cumini, Sesamum indicum, and *Kharjoora* (dried).

These medications have the ability to hold urine (*Mutrasan-grahaniyaaction)* and are crucial to the disease's Samprapti-*Vighatana*. Additionally, these herbs assist strengthen the bladder's weak muscles, particularly the sphinceteric tone, and improve the flow of urine during micturition. It was discovered that these herbal medications had a greater impact on enuresis when combined with psychological therapy.

In addition to medical management counselling, *Sattvavajaya Chikitsa* (counselling) and toilet training may be quite important. It is necessary to instill in the child the habit of urinating before bed and abstaining from beverages afterward. Increasing a child's self-confidence and maintaining composure while he urinates at night improves his psychology and promotes healthy brain development. The sensation of bodily failure is increased when one is not continent at a typical age. It is unable to acquire the capacities required to dry out. Most older children with enuretics are unable to attend (school) camps. As a result, they feel extremely uncertain and believe they are missing significant life turning points.

If the wetting symptom persists, it may develop into a chronic stress and negatively impact the child's personality and self-concept. Some research, such as that conducted by Hagglof et al. and Moffatt et al., suggests that children who experience wetting symptoms have worse self-esteem. Later psychological and psychiatric disorders may be anticipated if enuretic children's poor self-esteem lasts for years. Rather of being the root cause of the enuresis, low self-concept could be a side consequence of ongoing stress. Counselling is therefore crucial for the side effects of enuresis rather than for its therapy.

CONCLUSION

Treatment should be planned using a multifaceted strategy in light of *Shayyamutra* pathophysiology.

A complete treatment plan for *Shayyamutra* may include counselling, *Medhya* medications, *Panchakarma* therapies, including *Nasya* and *Shirodhara*, *Pramehaghna* medications, and *Dhatushaithilyahara* medications. From a modern medical perspective,

enuresis is managed through behavioral therapy, alarm systems, fluid restriction, and medications like desmopressin or tricyclic antidepressants. Yet, these interventions have limited success, may lead to relapses upon discontinuation, and sometimes cause adverse effects. Enuretic alarms, though effective for some, are costly and may disturb the child's and family's sleep environment. Hence, the search for safer, holistic, and affordable therapies continues. Considering these limitations, *Ayurveda* holds promise in addressing both the physiological and psychological aspects of *Shayyamutra*. With its rich heritage of *Medhya Rasayana, Mutrasangrahniya Dravyas*, and individualized approach to treatment, Ayurveda can offer an effective alternative.

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