



A CLINICAL STUDY ON SHAYYAMUTRA (ENURESIS)

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ABSTRACT

Bed wetting is one among the common psychosomatic illness seen in the school going children due to various reasons. About 7% of male and 3% of female children fail to adapt diurnal and nocturnal control of bladder by the age of 4-5 years. Nocturnal enuresis is involuntary passing of urine during sleep, occurring after the age by which bladder control should have been established i.e 4-5 year. However, it is observed that incidence of enuresis is more common in male children than female children with ratio of 3:1. Medical intervention is required if bed wetting persists beyond the age of 5 years. Routine management of nocturnal enuresis involves prescription of medicines like desmopresin, which has lots of limitations as it causes water intoxication and hypo-natremia on a long run, it is not advisable to follow. As Mandukaparni swarasa is neurotonic and it is Medhavardhaka, Balakara, Ayushya etc. qualities and it is proved to be one among the best Medhya Rasayn. Professional experience has shown that Mandukaparni swarasa is effective in children with Shayyamutra.

KEYWORDS - Bed wetting, enuresis, diurnal, nocturnal, etc.

INTRODUCTION.

Bed wetting is one among the common psychosomatic illness seen in the school going children due to various reasons. About 7% of male and 3% of female children fail to adapt diurnal and nocturnal control of bladder by the age of 4-5 years. Nocturnal enuresis is involuntary passing of urine during sleep, occurring after the age by which bladder control should have been established i.e 4-5 year. However, it is observed that incidence of enuresis is more common in male children than female children with ratio of 3:1. Medical intervention is required if bed wetting persists beyond the age of 5 years. However, factors like psychology, delayed development of bladder control capacity and improper toilet training should also be kept in mind. Routine management of nocturnal enuresis involves prescription of medicines like desmopresin, which has lots of limitations as it causes water intoxication and hyponatremia on a long run, it is not advisable to follow. So, children with Nocturnal enuresis

approach Ayurveda physicians for the better treatment. It is treated as Shayyamutra in Ayurveda. The word Shayyamutra denotes- A child unknowingly passing urine during sleep at night due to the influence of doshik factors. As per Ayurveda, the treatment for it is to attain neurological maturity and attainment of bladder control. As Mandukaparni swarasa is neurotonic and it is Medhavardhaka, Balakara, Ayushya etc. qualities and it is proved to be one among the the best Medhya Rasayn. Professional experience has shown that Mandukaparni swarasa is effective in children with Shayyamutra. Through professional experience, by using it, good results are seen in Shayyamutra. But there was need of proper documentation and systematic study regarding the effect of Mandukaparni swarasa on Shayyamutra. To give a scientific basis to this, hence the present work was taken to evaluate the effect of Mandukaparni swarasa in Shayyamutra

ETYMOLOGY OF THE WORD “SHAIYYAMUTRA”

The greatness of Sanskrit language lies in its word formation. It is the beauty of the Sanskrit language to pin out any term with its original „datum“ and the suffix used. The word Shaiyyamutra is formed from two words “Shayya” and “Mutra”. The meanings of both these words are clarified in the classical text and it is interesting to know that both these words were familiar to the Indian physicians from the time of Vedas as both of them find their references in Athravaveda

The idiom “Shayya” originates from the dhatu meaning to support or to sustain with suffix added to it. Hence the term shayy indicates the place that supports during sleep or the bed. It is a type of Mala and has its origin related to the GIT. The same explanation is given by the modern urologist saying urine to be the liquid nitrogenous waste of the body. Also, the Urobilinogen found to be the component of normal urine and the basis of its colour has a direct relation to GIT for its origin. Henceforth the idiom Shayyamutra is self-explanatory. Bed wetting during sleep is only the symptom, which itself indicates its meaning. Perhaps, this simplicity is the main reason for lacking of a detailed description on the subject by ancient Ayurvedic scholars. Thus, the complete word Shayyamutra significantly indicates the disease with the problem of urination in bed. In the same context the modern counterpart Enuresis means to urinate in night i.e. bed-wetting. In short, the term Shayyamutra gives a broad sense of Enuresis wherein both the day & night Bed wetting is included

AIM AND OBJECTIVES:

1. To carryout comprehensive literary work covering and modern aspect of Shayyamutra vis a vis Primary Nocturnal Enuresis.
2. To study the concept of Shayyamutra with its Nidana Panchaka.

AYURVEDIC REVIEW

When we go in quest of different authentic classical texts, only a few references were found on Shaiyyamutra. They are listed as below. None of the Bruhat-Trayeas had explained the disease Shaiyyamutra. In 12th Century A.D., Vangasena, in his book Chikitsa Sara Sangraha mentioned the complaint of Shaiyyamutra and gave its

management. He had not described any etiology or pathology of the disorder. Vangasena had not mentioned any specific therapy for its management, except psychological therapy and a formal recipe, which is as follows - The child is asked to kneel down on his knees, at the place where he used to pass urine. He is asked to hold the finger(s) of his feet by one hand and then eat cooked rice offered in a plate with another hand. The clay collected from the place of urination (of child) should be fried in a vessel and administered to the child with honey and Ghrita. In 13th century A.D. Shargnadhara Samhita, has enumerated Shaiyyamutra under the diseases described in "Balaroga Prakarana", but the detailed description of Shaiyyamutra is missing further. In 19th century A.D. in Bhaishajya Ratnavali, Acharya Govinda Das, added use of Bimbi-Mula or Ahiphena in Shaiyyamutra Chikitsa. This was described in the context of Kshudraroga Chikitsa, but he had not given any description of the disorder or etc. etiology. In Vaidya Manorama book written by Vaidyavara Shri Kalidasa had mentioned only the Shaiyyamutra Chikitsa in the Mutrakricchra Prameha Somaroga Adhikaranam, Saptama Patalam.

Keith Kenyon (1974) in his book „Acupressure cure for common diseases" recommended the bed wetting point located on the palm side of little finger over the middle of the most distant crease from palm, child is advised to press for several minutes on this point at his bed time

MODERN REVIEW:

Enuresis has been recognized as a problem since the time of Papyrus Ebers, dated 1550 BC. This was one among few medical texts of the time and the mere mention of NE (Nocturnal enuresis) gave some merit to its problematic nature. Treatments advocated since then include use of various portions from animals, organs or plants, for example some remedies included placing a comb from a hen in tepid water and giving it to the child to drink or putting testicles from a hare into a glass of wine and having the child to drink it. Others tried drying the comb of a cock and scattering it over the enuretics"s bed. Few include the urine of spaded swine, burning leaves between the legs (Okinawa), a rectal suppository of strychnine and sheep fat, cauterization of urinary meatus with silver nitrate to make micturition painful, repeated cauterization of prostatic urethra by silver nitrate through a catheter, stinging nettles applied to the penis, an inflated bag in vagina, collodion poured into the prepuce to seal it, galvanic stimulation to the urethral orifice, a toad tied to the penis so that when the child passes urine, the toad croaks and awakens the child (Nigeria) or a clamp applied

KRIYA SHAAREERA OF MUTRAVAHA SROTAS

The concept of urine formation has been described by various Acharyas in special and different ways. They consider the Mutra as a Mala, which is absorbed in the Pakvashaya, this clears many doubts. About urine formation Acharya Sushrut explains that Mutravaha Nadis related to Pakvashaya consistently replenish the Basti, like river carrying water from different regions to ocean. These Nadis divide into innumerable branches and are not visible. The Mutra drained from interiors of Amashaya and Pakvashaya enters Basti both in awakening as well as in state of sleep. It is a continuous process like a new pot immersed up to its neck in water, gets filled by

water through its lateral pores. According to Acharya Sushrut the Pachak-Pitta residing between Amashaya and Pakvashaya is responsible for the digestion of four kinds of food and separation of the Rasa, Mutra and Pureesha. Acharya Dalhana while elaborating the function of Adhogami Dhamani, says that they go to Pittashaya and separates, Mutra, Pureesha and Sveda from the digested part of food. According to Bhavamishra and Sharangadhara the „Sara-Bhaga” of digested food is known as the Rasa and the Sara-Rahitha Bhaga (liquid) that goes to Basti is called “Drava-Mala. The Mutra Nirmana Prakriya is completed in three stages.

1. Dravamala Avastha
2. Sakleda Avastha
3. Mutra Avastha

ROLE OF MANA, NIDRA AND SADHAKA PITTA IN THE PATHOGENESIS OF DISEASE SHAIYYAMUTRA

After reviewing centers for controlling emotions, sleep mechanism in brain, modern medical explanation gave some resemblance with Mana and Nidra told in classics. In this regard functions of reticular formation, hypothalamus and limbic system along with diencephalon, some part of thalamus including brain stem come in light. Hypothalamus is said as main controller of endocrine and vegetative functions along with emotional. In present study it was hypothesized that there may be some problem occurs in this area while sleep, as a result of daytime emotional conflicts. Sadhaka Pitta which plays main role in governing emotional behaviors may lies somewhere in these surrounding areas. As hypothalamus controls endocrine functions as well emotional behaviors, so it becomes clear that emotional conflicts affect endocrine mechanism, and by this one could understand role of Sadhaka Pitta in controlling endocrine system. In context of sleep mechanism, Reticular formation, hypothalamus and lower nuclei in brain stem show some resemblance with functions described for Mana. This way it could be seen that Mana, Sadhakapitta and Nidra are almost related to the similar structure or surroundings of brain and are closely associated with the functions of each other and also influence each other.

CLASSIFICATION OF ENURESIS

Enuresis has been classified depending on whether it is primary or secondary and the time of wetting i.e. night time; daytime or combined. Nocturnal enuresis is said to be primary if child has never been continent at night and secondary if child had been dry for a period of at least 6 months and then started bed-wetting. For the purpose of management classifying NE as complicated or isolated or more useful. Most children with NE have no problems during the day and can hold urine for several hours comfortably. There is a group of children with NE who have voiding problems during the day. These may range from increased frequency, urgency; urge incontinence or hesitancy of urine to daytime enuresis. Patients with bed-wetting and normal voiding pattern (without daytime voiding symptoms) have been considered to have isolated or monosymptomatic NE. Patients with NE and ant diurnal voiding symptoms are

classified separately as complicated NE. Diurnal voiding symptoms may not be accompanied by daytime wetting and not reported by parents and should therefore be sought by meticulous history. Complicated enuresis

encompasses a wide spectrum of functional voiding disorders in children, with enuresis and daytime voiding symptoms who do not otherwise exhibit any neurological disorder.

GENERAL DISCUSSION ON PSYCHOSOMATIC DISEASES:

It is Ayurveda that treats patients while other systems of medicine treat the disease. To a lay and ignorant man, it is difficult to understand a disease without a patient and patient without a disease. A well growing child should now and then become angry, weep, sleep, wake up, evacuate the bowels and urine normally, take feeds in normal course and digest it properly, and then only a child is considered as psychologically normal. If any one of them is hampered, it indicates psychological disturbances. (by Acharya Kashyapa). The psychosomatic problems of children vary widely in accordance with many factors, which are responsible for children's physical, mental and emotional progress. In this connection there are so many developmental, behavioral disorders of childhood. Out of them Shayyamutra (enuresis) is the most common messy disorder which is psychosomatic in nature, commonly seen in growing children.

DISCUSSION

The review of Ayurvedic literature reveals the availability of only three to four references given by different Acharyas, and all have emphasized only on treatment part only. First of all, it was Sharangdhara who kept Shayyamutra among 22 types of Balaroga and after that Govind das Sen placed it's under Kshudraroga. It seems like he has followed the definition of which says that disease having fewer symptoms, less treatment, less etiology or disease having no types and sub types or disease which is being ridiculed by people of society.

None of the ancient Acharya has described the Nidana and Samprapti of disease, only an unambiguous definition which is given by Addhamalla could provide some clue of etiopathogenesis of disease which has been given as Kshinapurvakam and Doshaprabhavat. Here an attempt to correlate the term Kshina with nocturnal polyurea and has considered Kshina as thin urine. Another meaning of Kshina is taken as fatigue of body and mind which leads to deep sleep so child could not be awoken when urination is required, it is also considered as weakened detrusor muscle which will affect Mutrasamgrahana capacity of Basti. Enuresis is regarded as behavioral or elimination or vegetative or voiding dysfunction disorder, psychosomatic disorder etc. in modern medicinal literature, but as behavioral disorder it has given priority since it is resolved by increasing age like other childhood behaviors. Contemporary medicine has a lot of concepts regarding its etiopathogenesis. Some are established as common accepted causative factors where as some are less confirmed or in doubts. Among confirmed etiologies of enuresis genetic factors and neurological developmental delay are most accepted and also psychological factors, sleep disorders, sleep apnea, endocrine factors, ADHD, reduced bladder capacity, organic causes etc are among other proven causes. Factors like diet, constipation and improper toilet training are thought as controversial, unconfirmed or mixed causes for enuresis.

Number of researches are already been done in ayurveda on shayyamutra but none of it shows promising result in the disease, So along with other medhya and balya drug it can give better results in shayyamutra along with satvavajaya chikitsa , that is the reason this study was taken. In present study Shayyamutra is presumed as a result of emotional conflicts of child's tender mind due to small age or less

intelligence to outgrow of these emotional conflicts. Children are always considered as special category that requires more attention and special care, as they are more susceptible for behavioral problems because of immature growing mind.

CONCLUSION

Shayyamutra – enuresis is a wide spread, massive and potentially disabling disorder for children. The treatment of enuresis includes several approaches and its pathophysiology remains unsolved. Careful consideration should be given to the workup of nocturnal enuresis since there may be concurrent symptoms that require proper attention either before or in conjunction with the treatment. Therefore, it is the need of today to implement such an integrated system of approach that can ensure complete cure as well as quality of life of children. A healthy child is the future of country, so psychosomatic disorders in child indirectly affect progress of as well. With this aim the present study has been planned; with the hope of searching out a better remedy for the disorder Shayyamutra. Introduction is the preface of the dissertation. It gives the details of dissertation, selection of the problem and drugs, review of previous works along with the plan of the work. The dissertation comprises of seven sections i.e. Historical Contrive, Conceptual Contrive, Drug Contrive, Clinical Contrive, Discussion and Summary & Conclusions. Historical contrive explains the ancient Ayurvedic, Chinese, Homeopathically and modern historical aspects of the disorder. Conceptual study is divided into two sections. First section consists of review of literature regarding the disorder Shayyamutra as well as Enuresis. An Ayurvedic part also includes detail description of Kriya Shareera of Mutravaha Srotas, detail explanation about three stages of Mutra-Nirmana Prakriya and Nishkasana Prakriya. The disease is described under the headings of Nirukti, Vyutpatti, Paryaya all the Nidanas, possible systematic flow chart of the disease Shayyamutra along with all the Samprapti Ghataka, also this contains description about multifocal Chikitsa Upakrama of Shaiyyamutra according to specific Nidana.

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