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Review on the disease *Shayyamutra* in Ayurveda parlance

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ABSTRACT

Shayyamutra (Primary Nocturnal Enuresis) is a common problem for small age groups and also of older age group too. When young children are in trouble it become a nuisance for them as well as parents. Moreover, it hampers the emotional and social growth of the child. In the management of conditions like enuresis the other system of medicines have their own limitations. Though claims for cure rate are very great by contemporary science but associated hazards also have been noticed. Hazards due to drugs compel the medical fraternity to search a cure that would be better and convenient for enuretic child in all aspects. Ayurveda is the only medical system in the world that clearly emphasizes the treatment of ailments and further maintenance of health by reversing the pathology. Thus, this problem was selected for the present review study. A genuine effort will be made to understand the psychological state of the patients and guide them appropriately.

Key words: *Shayyamutra, Enuresis, Primary Nocturnal Enuresis, Bedwetting.*

INTRODUCTION

Shayyamutra (Primary Nocturnal Enuresis) or in common terms Bedwetting is a fairly common pediatric problem, the prevalence at age 5 years is 7% for males and 3% for females. At age 10, it is 3% for males and 2% for females and at age 18, it is 1% for males and extremely rare for females. General population studies carried out in India show that 2.5% in the age group of 0 to 10 yrs have enuresis.^[1-3] It is a major problem in western countries than in India. There is a lot of concealment and profound repercussion occurs in family life. A mother is tired,

depressed, and resentful on account of daily washing, made worse because pride is involved. Clothes hung in the backyard for drying is an admission to her neighbor of her failure to bring up her child successfully and satisfactory. The dry children are ashamed and vocally resentful of a smelly brother." Feeling of inferiority and inadequacy are bound to occur and a nervous breakdown even is the end result. The child's freedom is curbed & his personality wrapped or crippled. A Danish study eventually suggests that it is itself may lead to psychological problems in adulthood.

It is a source of discomfort to many pediatricians too as it is difficult to explain its cause to parents and the options for treatment have far been limited. Thus, most pediatricians make light of this condition, offering little beyond reassurance that it will get better with time. Many among us would even hesitate to label Primary Nocturnal Enuresis as a disorder, given its strong tendency to be self-limiting. Thus, it is viewed by some as an additional milestone to be achieved, a part of toilet training. Research interest was lacking previously because it is neither fatal nor cause serious damage to health. Yet few conditions

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evoke such parental anxiety. The parent's expectations of pediatricians are to provide therapy that will allow all children to achieve night dryness at an expected and socially acceptable age.

Additionally, *Shyayamutra* (Primary Nocturnal Enuresis)^[4] till date hasn't received any definite protocol even by the contemporary sister concerns like AKT treatment in T.B. - Tuberculosis. Even the conventional therapies till the moment have not received any major success with its measures to decrease growth of the disease. Moreover, whatever pharmaco-therapeutic measures are available in current days cause much more hazardous side-effect than the elimination of the disease. Also, the recurrence of the disease on stoppage of the treatment causes more awfulness to the parents as well as the child. Though other alternatives like the conditional devices i.e., Enuretic Alarms are on hand but they are a bit less affordable due to their expensive makeup. Also, the child with Enuretic Alarm disturbs his surrounding to a major extent. Thus, this problem was selected for the present review study. A genuine effort will be made to understand the psychological state of the patients and guide them appropriately.

AIMS AND OBJECTIVES

To study the disease *Shyayamutra* in Ayurveda parlance.

METHODOLOGY

All available Ayurvedic classical texts, journals and research papers were referred and the collected references were critically studied to fulfill the objectives.

Etymology of the word *Shyayamutra*

The word *Shyayamutra* is formed from two words 'Shayya' and 'Mutra'. The idiom *Shyayamutra* is self-explanatory. Bed - wetting during sleep is only symptom, which itself indicates its meaning. Thus, the complete word *Shyayamutra* significantly indicates the disease with the problem of urination in bed.

Nidana

Shyayamutra finds no specific as well as general attributes regarding its *Nidana* in any of the classical texts. Thus, it depends on the physician to make out which of the factors are playing role for the involvement of the disease. As, said by *Acharya Charaka* that no disease dares to outsource its aetiology other than the *Tridosha*; an attempt is made here to present a hypothesis concerning the *Nidana* of *Shyayamutra*. The *Nidana* found in the patient can be divided into 4 as under:

1. *Aharaja Nidana* – The etiologies concerned with the food and eating habits.
2. *Viharaja Nidana* – The etiologies concerned with the working habits.
3. *Manasika Nidana* – The etiologies concerned with the Psychology.
4. Miscellaneous - *Matrija Pitrija* and *Atmaja Nidana*

Aharaja Nidana

Atidrava Sevana, *Madhura Rasa Atisevan*, *Virudhanna Sevana*, can be considered as the *Nidana* which causes mainly vitiation of *Vayu* and *Kapha Doshas*, while *Pitta* gets only little vitiation. *Nidana* mentioned above are those which found commonly in all.

Viharaja Nidana

Ati Nidra, *Diwaswapna*, *Vega Vidharana*, causes vitiation of mainly *Kapha & Vata Doshas*.

Manasika Nidana

Bhaya, *Shoka*, *Chinta*, *Krodha*, *Vishada* are the *Manasika Nidanas* which increases the *Raja* and *Tamo Guna* and also aggravates the *Tridoshas* (Cha. Vi. 4/8). With reference to *Vishada* as a causative factor, *Sushruta* has stated that *Tama Doshas* produces *Indriya Vikalata*; hence it can be considered that *Shyayamutra* is an end result of *Mutrendriya Vikalata*.

Miscellaneous

1. *Rogatikarshanata*
2. *Krimijanya*
3. *Mrittika Bhakshana Janya*

4. Sthanika Nidanas

Rogatikarshanata means general body weakness after any systemic disease, may be the most common *Nidana* for the vitiation of *Vata*, whereas *Krimis* are *Kaphaja nidana*. *Mrittikabhakshanajanya* provokes the *Vayu* mainly because it's *Kashaya*, *Tikta Rasa* property that also increases *Ruksha* of *Vayu* and *Guru Guna* of *Kapha*. In *Sthanika Nidanas Niruddhaprakasha* (Su.sa.ni.13/52) and *Parivartika* (Su.sa.ni.13/47) are the most common *Nidanas* of *Shayyamutra* in which *Vayu Dosha* remain dominant. Secondly, *Sthanika Shotha* of external genitals and urethra may occur due to unhygienic condition of genitals. *Charaka* has opined that the *Agantuja Nidana* vitiates the *Vayu* first (Cha.sa.chi.12/8). *Vagbhatta* has also emphasized the same. Therefore, in relation to *Shayyamutra* it can be considered that *Sthanika Nidanas* also vitiate the *Vayu Dosha* mainly.

Purvarupa

The premonitory symptoms - *Purva Rupa* are the early clue to a physician to start his treatment in time. For *Shayyamutra*, neither the classical texts indicate any *Purva Rupa* nor clinically we find such premonitory symptoms.

Rupa

Rupa indicates the signs and symptoms of a disease, which are like shape of that disease to know it. However, the modern science differentiates the words signs & symptoms as known both to the patient and physician (e.g., swelling etc.) & known only to the patients (e.g., severity of pain etc.) respectively. In our text *Lakshana*, a synonym of *Rupa*, is used for means through which a physician achieves his *Lakshya* of knowing the disease truly symbolize the signs. Concerning *Shayyamutra* the classics were very much certain they described that only one cardinal symptom. Our Acharyas were too wise to incorporate these symptoms in the name itself.

Thus, the disease with the symptom of Bed-wetting or in other words the disorder in which the child urinates in bed is known as *Shayyamutra*. Here, it would be good to clarify the word *Shayyamutra*, as it means not

only means Bed-wetting in night but also Bed-wetting done in the day time.

Samprapti

Samprapti means the evolutionary chain of any given disease. Explains the various aspects from the origin to the onset of the disease with the rational thinking behind it in the classic text, no reference is available explaining *Samprapti* for *Shayyamutra* disease. However, as shown in the *Nidana* concept hypothesis, a similar hypothesis for *Samprapti* can also be formed.

Samprapti Ghataka of Shayyamutra

Dosha	<i>Vata (Anubandhya), Kapha (Anubandha)</i>
Dushya	<i>Rasa</i>
Agni	<i>Vishamagni</i>
Srotas	<i>Mutravaha, Manovaha, Annavaha, Rasavaha</i>
Sroto Dushti	<i>Atipravritti</i>
Samutthana	<i>Pakwashaya</i>
Avayava	<i>Basti</i>

Upashaya and Anupashaya

Upashaya are the healthy undertakings for a particular disease. Restriction of fluid intake particularly after the evening hours was observed as an *Upashaya* in *Shayyamutra*. Excessive or more intake of fluid before going to bed increases was found to increase the complaint.

Shayyamutra Chikitsa

At the starting of *Charaka Samhita*, *Acharya Charaka*^[5] specifies the motto of Ayurveda is to act promptly for the prevention of health of healthy person and to cure the disease of sick person.

But concerning to *Shayyamutra* disappointment hits, as very less description of *Chikitsa* (treatment) of *Shayyamutra* is available even in those texts that have the honour depicting it like in *Chikitsa Sara Sangraha*, *Bhaishajya Ratnavali* and *Vaidya Manorama* some methods and drugs have been advocated without any

indication about *Chikitsasutra* and no detailed description of *Shyayamutra* is given.

Chikitsa Sutra

Chikitsa Sutra of any disease are the general treatment doctrines of that disease. *Ayurvedic Chikitsa* – treatment is not based on prescription, but on the contrary it has been a distinctive tradition of *Acharyas* to provide the general treatment doctrines of any disease. The following *Chikitsa Sutra* could be formulated for *Shyayamutra* on the basis of the general management principles recommended by our classics:

- 1) *Nidana Parivarjana*
- 2) *Santarpana Chikitsa*
- 3) *Satvavajaya Chikitsa*

Nidana Parivarjana

In *Sushruta Uttara Tantra* – 1/25,^[6] in the context of *Netra Roga Chikitsa*, *Sushruta* has opined that avoidance of etiological factors is the best treatment as well as the best prophylaxis for any disorder i.e., prevention is better than cure. *Shyayamutra* is a disorder having multiplicity of *Nidanas* [etiological factors], therefore here this *Sutra* is also applicable and it has also an importance for the prophylactic and curative aspects of *Shyayamutra*.

Santarpana Chikitsa

In *Ashtanga Hridaya, Sutrasthana* 14 chapter, *Acharya Vagbhata* has classified the *Chikitsa* into two major groups;

- a) *Santarpana Chikitsa*
- b) *Apatarpana Chikitsa*

Hence on the basis of above-mentioned reference it can be decided that in *Shyayamutra*, *Santarpana Chikitsa* is more beneficial especially *Stambhana* and *Brumhana*.

Satvavajaya Chikitsa

According to Ayurveda, the universal attributes *Satva*, *Rajas* and *Tama* are reflected in the mind. Mind is the essential instrument for every type of knowledge e.g.,

awakening, connecting etc. They are also considered as attributes of mind for all practical purposes. *Satva* is considered as “virtuous” (*Guna*) while others are considered as “vitiators of mind” (*Manasa Doshas*), because their predominance affects the mental diseases. Mental diseases are generated by the non-fulfilment of desired objects and by succumbing to the hated.

As a social being, we are unable to fulfil all our desires and we are compelled to accept things that we would dislike. Both these cause frustrations and mental stress and are conducive to mental disturbances. This occurs due to vitiation of *Raja* and *Tama*. *Raja* and *Tama* are mainly treated by intellect, will power and self-orientation as told by *Vagbhata*.^[7]

In *Charaka Sutra*, 11/56, *Tisreshaneeya Adhyaya*, *Charaka* has opined the *Trividha Chikitsa Upakrama*. *Satvavajaya* is one of them by which mainly *Satva* improves. In this *Satvavajaya Chikitsa*, first of all, *Avara Satva* is diagnosed by *Anumana Pramana* (Cha.Vi.4/4) particularly with the aid of intimacy to the patient, consent, keen observations of the patient. Then *Avara Satva* is improved gradually into *Pravara Satva* by daily encouragement with suitable instructions (Counseling) and by affectionate behavior (*Aashwasana*). In this way we can extricate the inner of the patient. It is the type of *Adravayabhuta Chikitsa* (Cha. Vi.-8/87) which ventilates the mental behaviour, removes the suppressed desires and may bring an excellent result in the management of such type of *Mano Daihika Vyadhi* (psycho somatic disorders). In this *Chikitsa*, it is also advocated by *Charaka* (Ch.Vi.6) that all the *Manasika Bhavas* may be treated by originating opposite *Manasika Bhavas* viz. *Bhaya* by *Vishada*, *Kama* by *Krodha* etc. This is also a part of *Satvavajaya Chikitsa*.

Acharya Kashyap advised that Psychological disorders should be overcome by *Dhriti* (Retention Power), *Virya* (Prowess), *Smriti* (Memory), *Jnana* (Knowledge), and *Vijnana* (Scientific Knowledge) and the physical disorders by *Kalavyapashraya* (depending upon time), *Yuktivyapashraya* (rational) and *Daivavyapashraya* (Spiritual) medicaments. (Ka.Khi.3/21, 22)^[8]

Sadhyasadhyata

Sadhyasadhyata means the Prognosis of any disease. A physician who lacks proper assumption of *Sadhyasadhyata* defames himself treating the *Asadhya* diseases. Regarding the prognosis of *Shyayamutra*, it may be considered that this is a *Krichha Sadhya Vyadhi* because its nature is *Vata Kaphaja* and it is often found in the patients who bear *Vata Pitta Prakriti*. Another view that can be given is *Vata* predominant *Vyadhi* and *Vata Dosha* always considered *Krichha Sadhya*. When the *Nidana Parivarjana* is not followed the *Vyadhi* goes into *Asadhyatva* i.e., incurable and continues up to adult age.

DISCUSSION

Shyayamutra is considered as a shameful problem in our society and it is most under diagnosed condition by the paediatrician, as it is known as self-limiting in nature. Once, thought to be a disease of West and Westerners', it is becoming a problem of Indians too. It may be because of flourishing economy and stressful milieu of Indian urban, which has been changed in last one to two decades in the form of food, food habits and lifestyle like which pertains in the West. Though enuresis affects adult too, but children are more among the sufferers. It has credited to hamper the child's selfsteem and further long-term complication like over activity, underachievement insecurity, clumsiness etc. It may create obstacle for their social and emotional development. None of the science has been established a sure cure for this seemingly simple problem of childhood. It is definitely the necessity of the time, Ayurvedic as well as other medical fraternity to serve the humanity by removing this obstruction so that the children could be grown up well and become able to make their contribution to the society as well as nation.

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*. Previous scholar has tried to

correlate these two with some concepts of etiopathogenesis of enuresis given in modern medicine text which are on the basis of its literal meaning. Scholar has tried to correlate the term *Kshina* with nocturnal polyurea or low secretion of ADH 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, and it is also considered as weakened detrusor muscle which will affect *Mutrasamgrahana* capacity of *Basti*.

CONCLUSION

Shyayamutra is a most common behavioural problem among others for physician visit worldwide. It is a major social problem in western countries than in India. It does not lead to any acute condition for children. It is thought as normal up to age of five, beyond five it becomes a cause of anxiety as well as embarrassment for parents. It causes low selfsteem, underachievement among the suffering children. As its etiopathogenesis is not confirmed, it is considered as a multifactorial disorder.

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