

REVIEW ON SHAYYAMUTRATA-CHILDHOOD DISORDER AND ITS MANAGEMENT THROUGH MULTIDRUG REGIMEN AND SATVAYAVAJAY CHIKITSA

Dr. Varsha Bagal^{1*} and Dr. Sandeep Patil²

¹PG Scholar, Kaumarbhritya Dept., LRP College, Islampur, Sangali, Maharashtra, India.

²Guide, MD (Kaumarbhritya), Sangali, Maharashtra, India.

Article Received on
26 May 2022,

Revised on 15 June 2022,
Accepted on 06 July 2022

DOI: 10. 20959/wjpr202210-24797

***Corresponding Author**

Dr. Varsha Bagal

PG Scholar, Kaumarbhritya
Dept., LRP College,
Islampur, Sangali,
Maharashtra, India.

ABSTRACT

Nocturnal Enuresis defined as involuntary repeated discharge of urine in to bed after developmental age when bladder control established.^[1] Shayyamutrta is not physically very harmful but negatively affects child psychology and assign of delayed neurological development. Ayurveda consider this disease as Kaphavrit Vat condition along with Tama involvement.^[2] Considering pathology of the Shayyamutrata, treatment should be planned in a multidimensional approach including all components of management than merely choosing single drug or Kalpa. This study attempts to review on Shayyamutrata and to explore the effect of Kaphghna drugs like Chandraprabha Vati and Nervine Tonics like Brahmi and Shankpushpi along with Satvayavajay

Chikista on Shayyamutrata through single case clinical trial study; In this case study 9 year old male patient visited OPD of Kaumarbhritya Dept, LRP Ayurvedic College and PG Research Institute Islampur Dist Sangali, with complain of chronic episode of nocturnal enuresis was treated with Brahmi churna, Shankpushpi churna, and Chandraprabha vati along with sattavajay chikitsa for 5 weeks. This treatment yielded improvement symptomatically and reduces mental stress.

KEYWORDS: Shayyamutrata, Brahmi Churna, Shankpushpi churna, Chandraprabhavati, Psychotherapy.

INTRODUCTION

Shayyamutrata i.e. Bed wetting though persist in very small number of children's but creates a multidimensional impact on child's mental health, social behavior and overall self-esteem.

Only a small percentage (5% to 10%) of bedwetting cases are caused by specific medical situations.^[3] Bedwetting is frequently associated with a family history of the condition.^[4]

The Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), defines the criteria for enuresis to be: voiding of urine at least two occurrences per week for at least 3 months; the child must be at least 5 years of age (chronologically or developmentally); and the child's urinary incontinence must not be due exclusively to the direct physiological effects of a substance or a medical condition.^[5] Over 75% of cases are primary nocturnal enuresis due to delayed maturation in bladder function.^[6] The main causes of primary nocturnal enuresis are abnormal sleep awake cycle, lack of normal nocturnal surge in ADH secretion, inadequate bladder capacity, mental sub normality and emotional deprivation.^[7]

A brief description regarding Shayyamutrata is found in Sharangdhara Samhita and Vangsen Samhita. The process of urine formation is aided by Prana, Vyana and Apana vata and Avalambaka Kapha with the overall control of mind. The activities of Apana are regulated by Prana and Vyana vata. After attaining a level of developmental maturity, there develops a control over these activities initiated by Prana and Vyana.^[8]

But in this condition of Shayyamutrata 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.^[9] Excessive sleep, Stress, anxiety, underlying fear and such other emotional problems may causes the Shayyamutrata. 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.

A drug which is nervine tonic (psychotherapy) and able to increase bladder control and tone of bladder muscles with Grahi, Stambhana and Mutrasangahna properties can be able to reverse the pathology of Shayyamutrata.^[10]

AIMS AND OBJECTIVES

- To review on Shayyamutrata through different ayurveda samhitas.
- To explore the effect of Kaphghna drugs like Chandraprabha Vati and Nervine Tonics like Brahmi and Shankhpushpi on samprapti vighatan of Shayyamutrata.

- To explore the effect of Kaphghna drugs like Chandraprabha Vati and Nervine Tonics like Brahmi and Shankhpushpi along with Satvayavajay Chikista on Shayyamutrata through single case clinical trial study.

Criteria of Assessment

For this particular study we assessed the patient of primary functional nocturnal enuresis. Patient was assessed before and after treatment through 3 parameters which are Bed wetting frequency, awaking to use toilet during night, shamefulness through grade 0,1,2,3.

Patient selection Criteria

Patient having classical symptoms of Shayyamutrata as mentioned in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV); with primary functional enuresis; Enuresis due to organic causes like neural tube defects or congenital urinary tract malformation is excluded.

MATERIAL AND METHODS

Case study :- A 9 year old male patient visited OPD of Kaumarbhritya Dept, LRP Ayurvedic College and PG Research Institute Islampur Dist Sangali, with complain of chronic episode of nocturnal enuresis. No any improvement is were seen after receiving modern science treatment for one and half year. The associated complaints were sense of embarrassment, shyness, irritability, He was diagnosed with Shayyamutrata (Primary non-mono symptomatic nocturnal enuresis. Treatment was advised to patient as combination regimen- multidrug treatment and sattavajay Chikista.

Diagnostic Approach

Clinical History with Physical Examination and Laboratory Examination to rule out organic causes.

Patient clinical History

A nine year-old male child with chronic episodes of nocturnal enuresis visited the OPD of LRP Ayurveda College and PG Research Centre Islampur. He had complaints of nocturnal incontinence since childhood. He has consultant three different doctors for same complaints and took medicine for one and half year. He had to forcibly withdraw from social gatherings due to prolonged habit of bedwetting. He seemed to be physically normal but had a sense of embarrassment and shyness due to bedwetting habit. The patient's mother reported that the

pregnancy and child's hospital delivery was normal and not reported any gross congenital anomalies at the time of birth. The patient was breast fed for the first five months following his birth and formula fed for the remainder of his first year. In addition, the patient repeatedly suffered from respiratory allergies and took allopathic and Ayurvedic medicine for same.

History

No history UTI, Constipation, abuse, stress or family history of bed wetting.

Clinical Observation and Physical Examination

- Appetite: Normal
- Digestion: Normal
- Stool: 1-2 times a day (constipation)
- Urine: Normal during the day without any wetting Bedwetting only at night
- Tongue: Slightly coated
- Pulse: 84/ min (vat predominance)
- P/ A: Non specific
- Psychological: Sense of shyness irritability avoiding night out with friends.
- Observation: Patient avoided social gathering, school camps due to fear of bedwetting

Physical Examination: Abdominal, spinal, neurological and genital examination was normal.

Investigations: Urine routine to rule out infections like UTI.

Diagnosis: Shayyamu-trata (Primary non-mono symptomatic nocturnal enuresis)

TREATMENT PROTOCOL

On 1st Consultation

1. Bramhichoorna - 1.5 gm.
Shankhapushpichoorna- 1.5 gm. (Combination of choorna \times 2 times before food with honey)
2. Vidanga Choorna - 2 Gms \times 2 times with Guda (Jaggery)
3. Chandraprabha vati - 1-0-1 (after food with water) for 7 days

Advice

- Remove blame/shame from child
- Recommend collaborative approach between child, parents, teachers, doctor
- Void at least 5–6 times per day instead of holding on.

- Encourage voiding prior to bed.

On 1st & 2nd follow up

- Same medicine for 14 days

On 3rd follow up – After 21 days Patient had increased functional bladder capacity, resolved urinary urgency, but continues to wet the bed on most nights. Patient is ask to stop Vidanga Choorna and continue rest two medicine for 14 days.

After 5 weeks- A complete improvement is seen after 5 weeks of treatment with good appetite, sound sleep and regular bowl movement.

RESULT

Result assessed in terms of assessing parameters;

(a)

Sr no.	Bed wetting Frequency	Grade
1	All dry nights	0
2	Twice or more per week	1
3	Daily Wetting	2
4	More than once per day in night.	3

Before treatment patient had Grade 2 bed wetting frequency. On first follow up After 7 days; there was no change in bed frequency. On second follow up after 14 days Bed frequency reduces to Grade 1. On third follow up also patient continue to wet on nights but frequency reduced to once per week.

After 5 weeks patient shifted to grade 0.with all dry nights and awakens when bladder is full.

b)

Sr no.	Awaking to use toilet during night	Grade
1	Self-awaken when bladder is full	0
2	Self-awakens due to little passage of urine before bed wetting.	1
3	Self-awakens due to wetness	2
4	Never awaken spontaneously.	3

Before treatment patient was self-awakens due to wetness which we assessed as Grade 2; on first follow up after 7 days there was no change occurred. On second follow up after 14 days; his awaking to use toilet during night as shifted from grade second to one as he was started to self-awakens due to little passage of urine before bed wetting. On third follow up patient same on grade 1st.

After 5 weeks patient shifted to grade 1 to grade 0 with started awaken when bladder is full.

c)

Sr no.	Shamefulness	Score
1	No feeling of shame	0
2	Feeling of shame after night wet.	1
3	Feeling of shame which continues for long period in an unknown atmosphere.	2
4	Feeling of shame present which do not recovered.	3

Before treatment there was feeling of shame and personality to avoid social meetings; on 1st and 2nd follow up feeling of shame which continue for long period in an unknown atmosphere. On third follow up feeling of shame reduced to grade 1.

After 5 weeks feeling of shame reduced significantly and patient stared looking confident.

DISCUSSION

Ayurvedic medicines like Bramhi Choorna and Shankpushpi Choorna which are Madhya in nature helps in improving the mental status of a child. Brahmi possess neuroprotective properties, have nootropic activity beside it improves cognitive functions and social adaptability.^[11] Shankpushpi possesses antidepressant effect.^[12]

Whereas Vidanga choorna acts as deworming given to improve general status of child. Chandraprabha Vati is a commonly used herbomineral formulation for urinary problems. It improves bladder tone, reduces polyuria & urgency.^[13] And Chandraprabha vati used as Kaphghna drug; preparation is used as prepared from Bhaishajya Ratnavali. As it contains Shilajit is having Tikta, Katu, Kashaya rasa, Guru, Snigdha, Mridu guna, Katu vipaka, Ushna virya and Tridosha-shamaka, property. It has shown effect in urgency and polyuria in various studies.^[14] Hence can be used effectively in Shyayamutrata.

CONCLUSION

Present study tried to make a noble trial in treatment of nocturnal enuresis as per ayurvedic principles counseling along with drug therapy proved to be more effective treatment. Here described the resolution of nocturnal enuresis in a 9 year old child receiving Ayurvedic medicine for 5 weeks. From review of ayurvedic text and this case study it is clear that ayurvedic treatment and sattavajay Chikista improves patient significantly and successfully.

REFERENCES

1. Textbook of pediatrics, Mukesh Agrawal CBS Publishers and distributors, Chapter 4/page no.42.
2. Lokesh, Nisha; Ayurvedic Considerations on Shayyamuṭrata (Enuresis): A Review, 2015; JIPBS; ISSN 2349-2759.
3. Johnson, Mary. "Nocturnal Enuresis" www.duj.com. Archived on 20017-01-22.
4. Textbook of pediatrics, Mukesh Agrawal CBS Publishers and distributors, Chapter 4/page no.43.
5. Textbook of pediatrics, Mukesh Agrawal CBS Publishers and distributors, Chapter 4/page no.42.
6. Johnson, Mary. "Nocturnal Enuresis"www.duj.com. Archived from the original on 2008-01-22. Retrieved 2017-02-02.
7. <https://emedicine.medscape.com/article/452289-medication> cited on 22-02-17.
8. Sharangdhar samhita of Acharya Sharangdhar Hindi jiwprada commentary by dr.Shailaja Shrivastav Choukhamba Prakashn, 4th edition, pageno.122.
9. Acharya priyavat sharma, kaiyadev nighantu Choukhamba oriental Prakashan page no.393.
10. Dr. Brahm Dutt Sharma, Dr.NiteshVyas and Deepika, A review article on enuresis and its herbal management, *wjpmr*, 2017; 3(6): 85-87.
11. Agrawal SC, Singh RH (1998) Effect of Medhya Rasayana drug, Mandukaparni (*Centella asiatica*) on cognitive functions and social adaptability in mental retardation. *J Res AyuSiddha*, 18(3–4): 97–107.
12. Dhingra D et al (2007) Evaluation of the antidepressant-like activity in *Convolvulus pluricaulis Choisy* in mouse forced to swim and tail suspension tests. *Med Sci Monit*, 7: 151–165.
13. Dr. Deepika Gupta, Dr. Rajesh Agrahari, Dr. Kamal Sachdev, Dr. Richa Garg, Ayurvedic Management Of Madhumeha (Type-II Diabetes Mellitus) And Its Complications – A Review Article, *wjpmr*, 2017; 4(1): 67-70.
14. Tripathi I. editor. Raj Nighantu. 1st edition. Shalmali varga/32. Varanasi: Krishnadas academy, 1982; 267.