

SHAIYYAMUTRA: A RIDDLE IN KAUMARBHRITYAKataria Amit¹ Singhal Harish² Vinaik Ashu³ Neetu⁴¹Dept. of Kaumarbhritya, ³Dept. of Shalakyia Tantra, S. K. Govt. Ayurvedic College and Hospital, Kurukshetra, Haryana²Dept. of Kaumarbhritya, Dr. S. R. Rajasthan Ayurved University, Jodhpur, Rajasthan⁴Dept. of Rasa Shastra, Punjab Ayurvedic College, More Zenda Khari, Sri Ganganagar, Rajasthan, India**ABSTRACT**

Enuresis is one of the obstinate problems of children that need utmost attention. By the ancient scholars it has been described as “*Shaiyyamutra*” having psychosomatic origin. However, *Shaiyyamutra* has been considered a problem for over 3000 years, it is seldom talked about sadly and comparatively little research has been done on the problem. Therefore, this open controlled study was planned keeping in mind the mental condition of parents as well as the children. For this 30 patient of both sexes were randomly selected from OPD and IPD of S.K Govt. Ayurvedic College and Hospital, Kurukshetra, Haryana and Associated Hospital of University College of Ayurved, Jodhpur, Rajasthan equally divided into two groups. In Group A 15 patients were treated with *Shaiyyamutrahara* tablet while in Group B 15 patients were treated with Placebo therapy for 45 days. Drug dose was calculated by Clark’s rule. Follow up was done every fortnightly. Parents counseling were done in both groups. Statistically highly significant result is seen in group A patients. It is concluded that *Shaiyyamutrahara* tablet along with the instructions in Group A is highly effective to break down the pathogenesis as well as controlling the symptoms of *Shaiyyamutra*.

Keywords: *Shaiyyamutra* , Enuresis

INTRODUCTION

Enthusiastic advances made in the field of science, technology and medicine have made it possible to diagnose and treat large number of ailments successfully; considered to be fatal in earlier days, yet the aim of providing adequate health is far from satisfactory especially in the field of health care of mother and child. There is a terrific change in the attitude of scientists, *traditional Vaidyas* and research workers towards ancient knowledge and now they are eager to know the way in which these problems were dealt in ancient days. Out of them *Shaiyyamutra* (enuresis) is one of the quite common obstinate social problem

whose etiology, clinical features, pathogenesis and management part are not found vividly in the ancient texts.

Enuresis/bedwetting (*Shaiyyamutra*) is involuntary passing of urine while sleep after the age at which bladder control would normally be anticipated.¹ It is defined in the DSM-IV-TR as the repeated voiding of urine into the bed or clothes at least twice per week for at least three consecutive months in a child who is at least 5 years of age.² This definition also considers a child to be enuretic if the frequency or duration is less, but there are associated distress or functional impairment.^{3,4} Bedwetting can be very stressful for families.

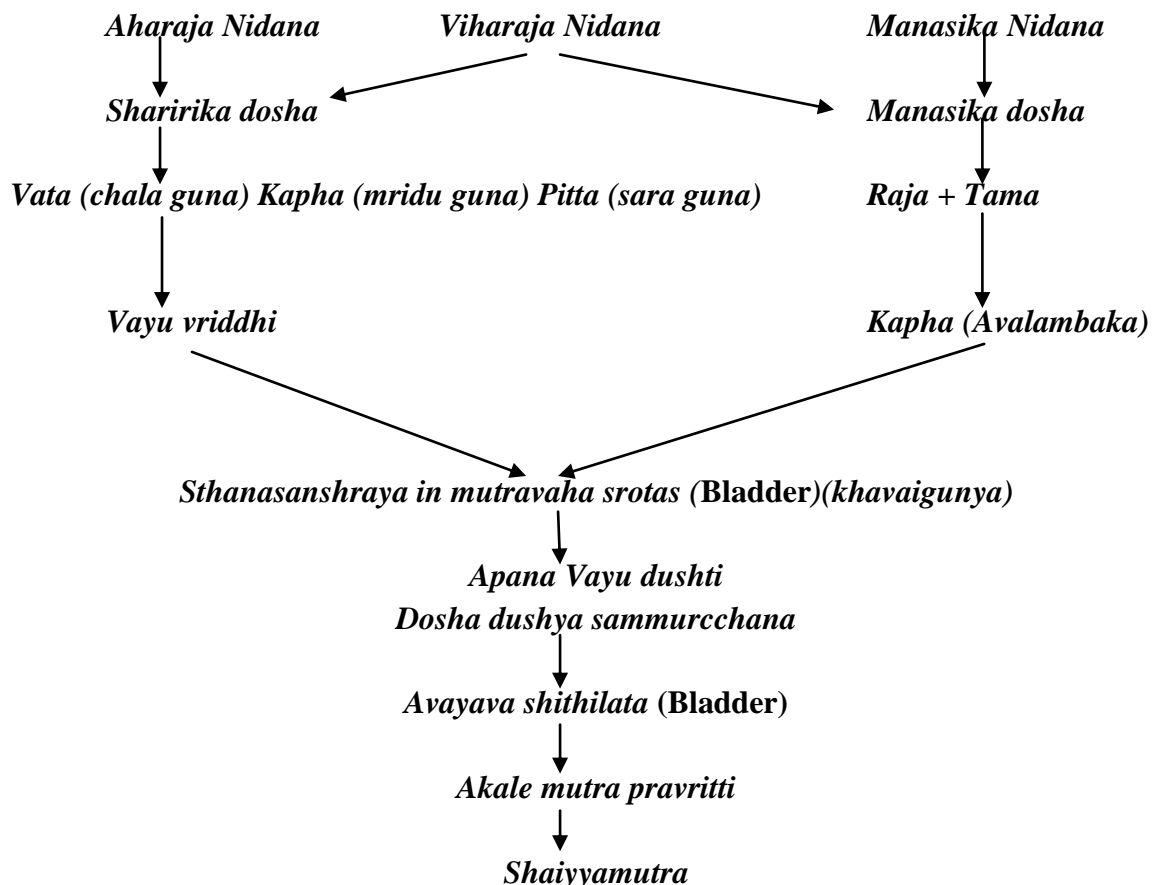
Children can feel embarrassed and guilty about wetting the bed and children may be afraid to sleep over at a friend's home for fear of having an "accident". Parents often feel helpless to stop it. Thus, while problems with bladder control and bedwetting are relatively common among children and eventually tend to go away, the problem can lead to longer lasting effects on the ways children view themselves and their relationship with others. The prevalence of enuresis is about 15-25% of children at 5 years of age, 8% of 12 years old boys and 4% of 12 years old girls, only 1-3% of adolescent are still wetting their bed.⁵ Boys suffer more often than girls because girls typically achieve each milestone before boys.^{2,4}

Currently it is believed that the condition is multifactorial. The underlying cause of enuresis is genetic, physiological, functional and psychological and possible pathophysiological factors include matu-

rational delay, disorder of sleep arousal, nocturnal polyurea, low bladder capacity, hormonal factors, dietary factors and emotional factors etc.

Very limited references about this disease are available in various Ayurvedic texts. Vangsen has noticed first the complaints of *Shaiyyamutra* (bedwetting) and mentioned its management in his text.⁶

Though the ancient texts explain 'almost nil' about this disorder, the available literatures from various texts when put together, a hypothesis can be generated which is as follows – the basti looses urine holding capacity *mutradharana kshamata* during sleep and urine is passed out without the desire of micturition. This is due to the vitiated *chala guna* of *vata* and *mridu guna* of *kapha*. The involvement of vitiated *Sara guna* of *pitta* may also be seen in this pathology. *Samprapti*⁷ of *Shaiyyamutra* may be explained as follows:



Keeping all these factors in mind a clinical study was planned by selecting some specific drugs which have some role to play in the breaking of the *Samprapti* of *Shaiyyamutra*.

AIMS AND OBJECTIVES

- To assess the efficacy of drugs in managing the disorder
- To assess the role of 'Parent Counseling' in the management of *Shaiyyamutra*

MATERIALS AND METHODS

Patients: The children attending the O.P.D. and I.P.D. of S.K Govt. Ayurvedic College and Hospital, Kurukshetra and

<i>Brahmi</i>	<i>Centella asiatica</i>	-	1 part
<i>Shankha Pushpi</i>	<i>Convolvulus pluricaulis chois.</i>	-	1 part
<i>Yashti Madhu</i>	<i>Glycyrrhiza glabra Linn.</i>	-	1 part
<i>Guduchi</i>	<i>Tinospora cordifolia (Willd) Miers.</i>		1 part
<i>Jambu Beeja</i>	<i>Syzygium cumini (Linn) Skeels</i>	-	1 part
<i>Kala Tila</i>	<i>Sesamum indicum</i>	-	1 part
<i>Kharjoora (dried)</i>	<i>Pheonix sylvestris Roxb.</i>	-	1 part
<i>Shuddha Kuchala beeja</i>	<i>Strychnos nux-vomica Linn.</i>	-	1/24 th part

The drugs mentioned in this formula except date (*Kharjoora*) and liquarice (*Yashti madhu*) were dried and made in to fine powder of size of 60 mesh, then this powder was mixed with date and liquarice in an end runner for the purpose of binding. After the proper addition of binding agents and adhesives these requisite were subjected to granular machine to convert it to granules. The

Dose in children (Clark's rule)⁸=

$$\frac{\text{Weight of child (lbs)}}{150} \times \text{Adult dose}$$

The calculated dose was administered orally in two divided doses.

Duration of Follow Up

Patients of both the groups were called for follow up every fortnightly. Any discomfort or untoward side effects were noticed. After completion of therapy the patients were called again for next one month to check the recurrence of the

Associated Hospital of University College of Ayurved, Jodhpur, Rajasthan with the complaints of *Shaiyyamutra*.

Grouping: Selected 30 patients were equally (15) divided into two groups randomly.

Group A: 15 patient of this group were treated with *Shaiyyamutrahara* tablet

Group B: 15 patients of this group were treated with wheat four filled capsule as Placebo

DRUGS

The contents of the compound tablet are –

drugs are subjected to *Bhavana* process in *bimbi moola svarasa* for 3 times before it was made into 500 mg tablets in tablet making machine.

Mode of Administration: Tablet form of drug administered orally for 1½ months with anupana as luke warm water.

Dose:

The dose was calculated according to the body weight of patients with this formula

problem.

Duration of Study- One and half month

Study design- Open control study

Parent Counseling/Instructions

- Help the child to cut out 3 c's – Caffeine, Carbonated drinks, Chocolate.
- Make sure that child is not constipated.

- Avoid liquid diet after evening.
- Do not scold the child.
- Give encouragement to the child for dry nights by using gifts, offers etc. as a token of appreciation.
- Give moral support to express his suppressed emotions and feelings.
- If you wet the bed as a child, share your experience.

Criteria for Selection of Patients

- Repeated voiding of urine into bed/clothes (whether involuntary or intentional).
- History of *Shaiyyamutra* for a period of not less than 15 days after the age of 3 years.

Exclusion Criteria

The children suffering from any other serious illnesses were not included in the present study.

Assessment Criteria

- History of patients before and after the treatment was noted according to proforma having suitable objective parameters (scoring system).

- Urine, Blood, Stool routine examinations were done and observations were recorded (B.T. and A.T.).

OBSERVATIONS

- In group A, maximum patients were in the age group of 3 – 5 years (47.73%) while in group B maximum patients were in the age group of 6 – 8 years (51%).
- In both groups maximum patients were males.
- In both groups socio-economically maximum patients were from lower middle class.
- Family history was found in favour of hereditary origin of disorder in maximum patients.
- In both groups, Deep sleep was found in maximum patients.
- In group A, maximum patients were having chronicity of 1 – 3 years while in group B, maximum patients were having chronicity of 5 – 6 years.

Table 1: Total effect of *Shaiyyamutrahara* tablet along with instructions on frequency of bed wetting at the end of the therapy

Total Effects on	Mean Value		Relief (%)	S.D.	S.E.	‘t’	‘p’
	B.T.	A.T.					
Frequency of bed wetting	4.73	1.67	64.69	1.03	0.27	11.5	<0.001

Table 2: Total effect of Placebo therapy along with instructions on frequency of bed wetting at the end of the therapy

Total Effects on	Mean Value		Relief (%)	S.D.	S.E.	‘t’	‘p’
	B.T.	A.T.					
Frequency of bed wetting	4.00	2.90	27.50	1.10	0.35	3.16	<0.05

Overall Effect of Therapy

In the drug treated group 64.69% relief was observed after the end of 1½ month of treatment schedule (Table-1) whereas in placebo capsule treated group 27.50% of relief was observed.(Table-2).

Effect of Therapies on Laboratory Investigations

Routine investigations of urine and blood samples were carried out before and after treatment in all the groups, but the variation observed were within normal limits. There is no significance in any of the results with reference to *Shaiyyamutra*.

DISCUSSION AND CONCLUSION

Out of “*Shadvidha Chikitsa Upkarmas*” only *brimhana* and *stambhana* have *sthira guna*, which compensates the *chala guna* of vitiated *vayu*,^{9,10} which is mainly responsible for the ‘*Shaiyyamutra*’ and these two therapeutic modes play an important role in the *samprapti vighatana* of the disease. The drugs selected in Tablet *Shaiyyamutrahara* (of Group A) have urine holding properties (*Mutrasangrahaniya* action) (drugs *Jambu* and *Kala Tila*). So consequently Tab. *Shaiyyamutrahara* may help in improving the mental faculties as well as weak musculature of bladder especially sphinctric tone and provides better flow of urine during micturition and hence ultimately lesser amount of residual volume of urine. In this way Tab. *Shaiyyamutrahara* may work both on higher and lower centres showing its dualistic action.

In the concluding remarks the results clearly shows that *Shaiyyamutrahara* tablet along with the instructions in group A was highly effective for managing this disorder. At the same time in placebo group B the instructions have also an important role for managing the bed-wetting.

REFERENCES

1. Richard E, Behnsanh Robert M. Kliegman Hal B Jenson; Nelson Textbook of pediatrics. Saunders Elsevier, A Division of Reed Elsevier India Private Limited, New Delhi, 18th Ed. 2008.
2. American Psychiatric Association; Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); Washington DC 2005 and Jaypee Brothers Medical Publisher (P) Ltd; 4th Ed. Reviewed-1995
3. THE ICD-10: Classification of Mental and Behavioral Disorders – Diagnostic

Criteria for Research; WHO. Geneva; Reprint – 1997.

4. THE ICD-10: Classification of Mental and Behavioral Disorders. Clinical description and diagnostic guidelines. W.H.O Geneva 1992.

5. American Academy Of Pediatrics Practice Guideline; Diagnoses and Evaluation of the Child: pediatrics; 105:1158. 2000.

6. Vangsen, By Kaviraj Shali Gram Vaidya, Edited By Shankar Lal Ji Jain, Khem Raj Shri Krishana Das Prakashana, 1996.

7. Ashtanga Hridayam of Vagbhatta; With the Vidyotini Hindi commentary; by Kaviraj Atrideva Gupta edited by Y. N. Upadhyaya; Chaukhamba Sanskrit Sansthan, Varanasi (India) 14th ed. 2003.

8. Tripathi K.D., Essential of medical Pharmacology; Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi (India) 4th ed., 1999.

9. Charaka Samhita; Critical Notes; Incorporating the Commentaries of Jejjata, Chakrapani, Gangadhara and Yogindranatha: by Prof. Priyavrat Sharma; Chaukhamba Orientalia

10. Charaka Samhita; with the Ayurveda-Deepika Commentary of Chakra-Panidutta with Vidyotini Hindi Commentary of Pt. Kashinath Shastri, Part- I and II; Chaukhamba Sanskrit Sansthan, Varanasi (India); 5th ed. 1997.

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