

A CLINICAL STUDY ON THE ROLE OF MEDHYARASAYANA ON SHAYAAMUTRA (ENURESIS) IN CHILDREN

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ABSTRACT

Shayamutra or Enuresis is a clinical condition which is seen in childhood. It is included in psycho behavioral disorder as per modern pediatrics. Cost of therapy in modern drug is more with embarrassment. Ayurveda has been dominating in this arena since long period through rasayana therapy. A clinical study was carried out in 50 children in two groups for two months by giving the medhya rasayana in avaleha form with some instructions proved beneficial in the children with poor academic performance.

Keywords - *Medhyarasayana* , *Shayamutra* , Enuresis (Bed wetting)

INTRODUCTION

Shayamutra or enuresis is a disease widely prevalent in the childhood period. The word shayamutra is self explained indicating to the urine passed in the bed especially during sleeping in both day and night. Although it is not a cause for mortality and morbidity, it leads to embarrassment in a child with poor psychological development. Enuresis is defined as normal nearly complete evacuation of the bladder at a wrong place and time at least twice a month after the fifth year of life. More than 85% of children will have diurnal and nocturnal control by 5yrs of age. The remaining 15% gain continence at a rate of approximately 15% per year. The prevalence of enuresis at age 5yr is 7% in males & 3% in females which reduce to 1% in male and rare in female in normal condi-

tion. Besides genetic factor the cause likely to involve physiologic and psychologic factor. Children with enuresis may hyposecrete Arginine vasopressin and a key factor in the pathophysiology of the disorder.

Although enuresis may occur at any stage of life there is diminished capacity to be aroused from the sleep and normal bladder function. It may be of two types primary and secondary. Delayed maturation of bladder function is primary type usually seen in the children of impair psychological development and the children of this category are never dry at night. Secondary enuresis may be due to stressful environment along with urinary disorders. Shayya mootra is regarded as one of the behavioral disorder in children.

In ayurveda direct reference about shayaa mutra is not available in Bruhatrayee. Only

few references are available regarding Shayaa mootra. Sharangadhar has enumerated “Shayaa mutra” under the caption of Balaroga prakarana but lacks in detail description. In chikitsasara smgraha it has been narrated in Balarogadhikara. In Bhaisajyaratnavali ‘Govinddas’ has stated in the context of Kshudrarog chikitsa. As per Ayurvedic principle, it occurs due to increase in the Chalaguna of Apanavayu. Medhyarasayana are well known for their action on psychosomatic illness. Sayaamootra disease encompasses behavioral disorder interwoven with psychic and somatic constitution. An attempt has been made to highlight the pharmacodynamics of Medhyarasayana in this arena with the following aims and objectives.

AIMS & OBJECTIVES-

1. To study the aetiopathogenesis of shaya mutra in children.
2. To know the efficacy of Medhyarasayana on Shayamutra in children.
3. To establish the relation of Manasa Bhasmas with Shayamutra.

Materials and Methods.

Patients- The children suffering from Shayamutra attending the O.P.D of Kaumaabhritya Dept of the institution.

Drug- Medhyarasayana avaleha, Placebo

Grouping: Total 50 patients coming to the O.P.D of the institution with the complaint of bed wetting were randomly divided into two groups.

Group A (Trial group)-

25 children of this group were treated with M.R avaleha in the dose of 5-10 gm twice daily with milk for two month period and they were asked to follow some instructions relating to evacuation of bladder.

Group-B (control group): 25 children were given placebo in the same dose duration as

treated group along with the instructions as stated above.

Method of preparation of Drug: For the management of sayaaamootra, the trial drug Medhyarasayana mentioned in charak samhita was prepared in avaleha form in the college pharmacy following the method of preparation of sharangadhara samhita. The decoction of all the four drugs Mandukaparni, Yastimadhu, Guduchi and sankhapuspi taken in equal quantity were prepared. The sugar was added in equal proportion to decoction for avaleha preparation.

Criteria of Selection of Patients

The Patients complaining of bed wetting having clinical feature mentioned in classical text were selected after routine pathological investigation for stool, urine and blood. After written consent from the parents.

Inclusion criteria

1. Children having bedwetting associated with history of poor academic performance.
2. Age group of 6-12 yr of both sex irrespective of cast, religion and economic condition.

Exclusion criteria

1. Children with congenital and acquired renal disease
2. Diabetes mellitus, diabetes insipidus U.T.I, worm infestation etc.
3. Progressive and unprogressive neurological disorder.
4. Moderate to severe. Mental Retardation etc.

Criteria of assessment- For the assessment of improvement in sayaaamootra, subjective parameter in scoring pattern was employed before and after treatment.

Subjective critereria

GRADE	Frequency of micturition in bed at night
0	Nil
1	Once in a week
2	Twice in a week
3	Thrice in a week
4	Four times or more in a week.

Observations and result.

Most of the patients were in between the age group 6-8 yr which reveals improper toilet training in the children. Sex-Boys overtook girl which shows the maturity of girl earlier than boys. Ahara-Ati madhura rasa sevana & atyambupana was found in most of the children. Satva-Max. children were having

avara satva.65% children were were of tamasa prakriti which shows the academic records at school. Manasabhava-Medha, smriti were Avara in maximam children. Shoka, Bhaya and Krodha was the predominant features In most children. Maximum children were of Kapha vata prakri

Effect of Therapy on sayaamootra

Groups	BT	AT	X	SD	SE	t	P
Treated	81	7	74	1.098	0.219	13.48	<0.001
Placebo	85	60	15	0.847	0.17	3.06	<0.01

Comparative effect of therapy on Sayaamootra

Groups		D	SD	Se	t	P
25	25	0.66	0.812	0.229	9.95	insignificant

DISCUSSION

In the pathogenesis of sayaamootra, vitiation of Apana vayu due to erratic dietetic regimen and psychological factors like chinta, shoka and ,Bhaya are main aetiology. Improvement in the clinical feature is due to the action of the drugs on mental factors as well as on chalaguna of vitiated vatadosa. Due to usna virya ,madhura rasa and Madhura vipaka it alleviates vata dosa Kashaya rasa, .Sheeta virya, slaksna guna, pichila guna are helpful for retention of urine. Medhyarasayana drugs are known for its psychotropic action in reducing the anxiety, mental fatigue and maladjustment. Resaerch work has suggested the role of medhyarasayana on neurotransmittes. Hence, must be working on ANS .The relationship of satvabala on

sphincter function cannot be ignored. As per research, rasayana drugs are Balya or immunomodulater in nature. Instructions only in placebo group showing significant action indicates that satvavajaya chikitsa plays an important role for enuresis.

CONCLUSION

Vitiation of vata dosa due to improper ahara and vihara manifests the eneuresis disease. Medhya rasayana avaleha is helpful in controlling sayaa mootra along with proper instructions. There is relationship of manasabhavas or psychological factors with enuresis.

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