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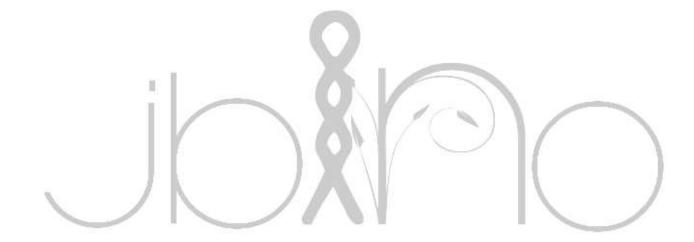
CONCEPTUAL STUDY OF ENURESIS (SHAYYAMUTRA)

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ABSTRACT

Enuresis is common problem in pediatric age. In Ayurveda it is correlated with Shayyamutra. It affects pschycological well being of children. The causes of enuresis are physical as well as pscycological. So treatment should be planned in multidimensional approach.



INTRODUCTION

of Pediatric the age is aae concern. Because it is related with most of the physical and mental health of child. Their are many factors that affect the growth and development child.Consequences of these affect their adult life. One of the common problem in this age is enuresis which is called shayyamutra in ayurved. Bed wetting is not but affects harmful it social, physical, mental and self esteem of children.InSharangdharsanhita there description about shayyamutra.Urine formation includes karya of pran, vyan ,apaanvayu with control(man).Micturation is function of appanvayu.

KEYWORDS

Shayyamutra, Apaan, Vyaan, Praan.

DEFINATION

Enuresis can be defined as involuntary passage of urine (bed wetting) by a child at age beyond which the bladder spincter control is normally developed.

AIM

To study Enuresis(Shayyamutra) in detail.

OBJECTIVES

1.Study enuresis in modern aspect.

2.StudyShayyamutra according to Ayurveda.

Data Collection

Data is collected by reffering various sanhitas, ayurvedic textbooks, modern pediatric books, and by reffering various articles.

MECHANISM

As said act of micturition consisit the balanced activity of pran,vyan,appan,avlambakkapf and mind

control.The activity of apaan is controlled by praan and vyanvayu.Apaan is

responsible for act of micturition.After specific development, attainina develops a control over the activity of praan and vyaan but overall activity of appan is not yet developed which turn in loss of control of micturition. Brain plays important role in pathological physiological procees of body. It functions during sleep too.In night, due to loss of control pfpran and vyaan over appan and avaran of appan by kapha and tama, all these happen together and child unknowingly urinates in bed.

INCIDENCE

- 1. Nocturnal Enuresis- Occurs at night only. There are aboput 80% cases.
- 2. 2.Diuranal Enuresis- Ocuurs only during day. There are about 5% cases.
- 3. 3. Nocturnal and Diuranal- Occurs during both day and night. There are about 15% of cases.

CLASSIFICATIONS

- 1.**Primary Enuresis** The has never been dry at night.
- 2.**Secondary Enuresis** There was initial control of bladder but child again started wetting bed at night.

CAUSES

Primary Enuresis

- 1. Delay in maturatin of neurological control of spinctors.
- 2. Mental subnormality.
- 3. Small bladder, bladder neck obstruction.
- 4. Defective toilet training

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- 5. Emotional deprivation.
- 6. Disorders of sleep.
- 7. Family conficts, stress, strict parents.

Secondary Enuresis

- 1. Worminfection, Genito-urinary infection.
- 2.stressful environment.
- 3. Siblingbirth, death in family.
- 4. Diabetes mellitus, diabetes insipidus, noctur nal seizures.

HETU ACCORDING TO AYURVEDA

1.Mental reasonschinta,bhaya,krodh,irshya,atisankochtann av.

2.Physical reasons-Krimi,mutravahasrotasdushti,koshtbaddhat a,kandu,mutrashayashithilata, niruddhaprakash.

EVALUATION OF CHILD ENURESIS

1.HISTORY

- Know the type of enuresis.
- Frequency of enuresis.
- Presence of dysuria, urgency, encopresis.
- Family history of enuresis.
 2.PSYCHOLOGICAL
- Awareness of child regarding problem.
- Angry, frustrated.
- Affect of problem on his life.
 3.EXAMINATION
- Height and weight
- Abdominal palpation
- External genitalia
- Neurological

MANAGEMENT

• Do proper examination of children to rule out the cause behind it.

- Organic causes like juvenile DM, anamoly of urinary tract, neurological problem should be rulled out ant treated.
- Rule out any depression, emotional deprivation, stress, because these are related with sympathetic activity which increases the problem.
- Don't criticize the children.
- Bed sheet should be changed after wetting bed without scolding, anger or making child conscious about it.
- Restriction of too much water and fluids before going to bed.
- Bladder training.
- Alaram- Waking him up once or twice to void during night.
- Rewarding child for not wetting bed at night,mental assurance.
- Some drugs are available but many of them have side effects.
- Desmopressin nasal spray at night for 4 months but is very expensive.
- Oxybutine(anticholinergic drug)5mg OD.It decreases reflex bladder contractibility.

AYURVEDIC MANAGEMENT

- Ashwasanchikitsa.
- Bladder training.
- Wake up child in midnight and early morning(brhamemuharta) to void the urine.
- Treat sharirik and manasikvikaar.
- Don't hate or scold him.
- Kriminashakyog.
- Mutravahsansthansankraman-use varun,shigrukwath,dashmulkwath, chandraprabhavati.
- Malayrodh- Mruduvirechan.
- Jambhulbijchurna,amalakichurna,ashwag andhachurna.

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Vangbhasma, shilajit, bahumutrantrakras.

CONCLUSION

Shayyamutra is common problem in children. As it affects child mentally and physically it should be properly managed. There is no ultimate choice of drug for the disease. It is multidimensional management. We have to treat physical as well as psychological problems. The key is to know the exact cause behind enuresis so it can be managed well. Other than docters and medicines parent also play an important role in managing disease. More studies should be done to evaluate the diseases and to know more proper management on diease.

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