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 psychological well being of children. The causes of enuresis are physical as well as psychological. So treatment should be planned in multidimensional approach.
INTRODUCTION
Pediatric age is the age of concern. Because it is related with most of the physical and mental health of child. There are many factors that affect the growth and development of 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 so harmful but it affects the social, physical, mental and self esteem of children. In Sharangdhar Sanhita there is description about shayyamutra. Urine formation includes karya of pran, vyan, appanvayu with mind 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. Study Shayyamutra according to Ayurveda.

Data Collection
Data is collected by referring various Sanhitas, Ayurvedic textbooks, modern pediatric books, and by referring various articles.

MECHANISM
As said act of micturition consists the balanced activity of pran, vyan, appan, avlambakkapf and mind control. The activity of apaan is controlled by praan and vyanvayu. Apan is responsible for act of micturition. After attaining specific development, their 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 and physiological process of body. It functions during sleep too. In night, due to loss of control pf pran 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 about 80% cases.
2. Dayurinal Enuresis - Occurs only during day. There are about 5% cases.
3. Nocturnal and Diurnal - 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.
4. Defective toilet training.
5. Emotional deprivation.
6. Disorders of sleep.
7. Family conflicts, stress, strict parents.

Secondary Enuresis
1. Worm infection, Genito-urinary infection.
2. Stressful environment.

HETU ACCORDING TO AYURVEDA
1. Mental reasons - chinta, bhaya, krodh, irshya, atisankochtannav.
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, anomaly of urinary tract, neurological problem should be ruled out and 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.
- Kriminashayog.
- Mutravahsansthansankraman-use varun, shigrukwath, dashmulkwath, chandraprabhavati.
- Malavrodh- Mruduvirechan.
- Jambhulbijchurna, amalakichurna, ashwag andhachurna.
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 doctors and medicines parent also play an important role in managing the disease. More studies should be done to evaluate the diseases and to know more proper management on disease.

REFERENCES