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CASE REPORT **OPEN ACCESS**

Management of Shayyamutra (Nocturnal Enuresis) with Ayurvedic Medicine – A Case Report

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ABSTRACT
Shayyamutra (Nocturnal Enuresis) is defined as the voluntary or involuntary repeated discharge of urine into clothes or bed after a developmental age when bladder control should be established. Though it is not physically very harmful but negatively affects child psychology and is assign of delayed neurological development. It is a widespread and distressing condition that can have a deep impact on the child/young person's behaviour and on their emotional and social life. It is particularly stressful for the parents or guardians. Children health needs great care as their physical and mental status helps them to build the future as well as nation. Children may afraid to sleep over at friends' home for fear of having enuresis. Parents often feel helpless to stop it. This problem can lead to long lasting effects on children's psychological life and children lack in study and other activities. The prevalence in India is 7.61%–16.3%. This case is about a 7-year-old female child with complaints of Enuresis. Result achieved by treating her through Ayurveda that includes oral medications along with along with parent counselling.
Keywords: *Shayyamutra*, nocturnal enuresis, involuntary, voluntary

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INTRODUCTION

Enuresis is a behavioural problem and the most common chronic problem in childhood next to allergic disorders [1]. Voluntary or involuntary repeated discharge of urine into clothes or bed, after a developmental age when bladder control should be established which is usually 5 years, is labelled as enuresis [2, 3]. Bedwetting or urinary incontinence is called as enuresis only if urine is being voided twice a week for at least 3 consecutive months, or if it is causing clinically significant distress in the child's life. Nocturnal enuresis refers to voiding during sleep, whereas diurnal enuresis refers to daytime urination; these may or may not exist together.

Enuresis is a multi-factorial condition which is classified as primary enuresis (urinary incontinence in a child who has never been dry) and secondary enuresis (urinary incontinence in a child who has been dry for at least 6 months) [4]. Primary enuresis is mostly idiopathic or behavioural in origin.

Extremely rare in females. The prevalence in India is 7.61%–16.3%. The prevalence is highest in children aged 5–8 years (and 6–8 years) and lowest in children aged 11–12 years (8–10 years) [5,6]. Nocturnal enuresis has been reported in 18.4% of children with sleep problems from a single centre in India [7].

AYURVEDA PERSPECTIVE-: The word *Shayyamutra* is made of two words: *Shayya+Mutra*. Neither of the *Brihatrayees* nor the *Laghutrayees* had explained the etiopathogenesis of *Shayyamutra*. Very few references are available for *Shayyamutra*. In Ayurvedic classics, the brief description regarding *Shayyamutra* is found in Sharangadhar [8] and *Vangasena Samhita* [9]. *Acharya Sharangdhara* has mentioned Shayya mutra under the 20 captions of *Balaroga* chapter [10]. Shayya mutra is also described by Vangasen samhita in the 70th chapter. In this disease mainly *Vata (Apan Vayu), Pitta (Pachaka), Kapha (Tarpaka),* along with *Manasika dosha tama* are involved (vitiated). *Dushya* involved is *Rasa (Ambu) dhatu*. Vitiation of *Mutravaha* and *Manovaha srotas* is found in the form of untimely and increased frequency of urine at night.

CASE STUDY-A 7-year-old female girl from Morbi was brought by her mother in OPD of Parul Ayurved hospital with complaint of bedwetting during night time since last 3-4 years.

CHIEF COMPLAINTS-

- 2-3 episodes of bedwetting thrice a week since last 3-4 years.
- Disturbed sleep

- Irritation in behaviour.

HISTORY OF PRESENT ILLNESS-A 7-Year-old female patient brought by her mother with complaints of bedwetting, disturbed sleep, general irritation in behaviour, since last 3-4 years. Patient had consulted three different doctors for same complaints and took medicine for one and half year but didn't get much relief, then they had taken some folklore medicine for 2 months but didn't get relief, then they came to the Kaumarbhritya OPD of Parul Ayurved Hospital, for the better management of disease.
Past History-Not specific
Immunization history: All vaccination done as per government schedule.
Antenatal History: At the time of conception, the age of mother was 25 years and the father was 29 years. Mother took regular antenatal check-ups and took medicine on time.
Natal History: Full-term female baby (39th week), Normal vaginal delivery, cried immediately after birth, Birth weight- 3 kg.
Postnatal History: Child was active, no any congenital anomalies detected.
Family History: not specific
Medical History: Allopathic medicines, folklore medicine. (No evidence of prescription)
Dietetic History: Exclusive breast feeding was done up to 1 year of age, weaning started with mashed apple, banana fruit, etc.
Personal History:
Appetite –Normal
Sleep- mostly disturbed.
GENERAL EXAMINATION-
Active and play-full child
Anthropometry-

Table: 1: Anthropometric Measurements

1	Head circumference	51cm
2	Chest circumference	71cm
3	Mid-upper arm circumference	15cm
4	Height	120cm
5	Weight	21kg
6	BMI	14.6

On examination-
Appearance-normal
Icterus -absent
Pallor-not found
Eye-Normal
Lymph nodes- no lymphadenopathy detected
Gait- normal
Cyanosis -not found
Clubbing-not found.
Per-abdomen: Soft non tender, no any prominent veins seen, no organomegaly detected

Vitals-
Temperature- 98.4°F
Pulse rate-88/min

SYSTEMIC EXAMINATION
Respiratory system - B/L Airway clear, no added sound heard.
Cardiovascular system-S1S2 clear, no murmur sound heard.
Central nervous System: Higher mental functions: conscious oriented, and mildly irritated behaviour clear speech, memory- intact, hallucination and delusion- absent.
Urine- 5-6 times a day. Bedwetting only at night time
Bowel – two times a day

DIFFERENTIAL DIAGNOSIS: UTI, ENURESIS
FINAL DIAGNOSIS: This case was diagnosed as Nocturnal enuresis, Ayurvedic diagnosis is *Shayyamutra*.
ASSESSMENT CRITERIA-Subjective parameters were assessed on the basis of before and after the treatment

Patient got relief from all the symptoms of nocturnal enuresis without any complication.

TREATMENT PROTOCOL: *Shaman Chikitsa* - Oral medications along with parent counselling was given for three weeks with weekly follow up.

***Shaman Chikitsa*:**

Table 2: Oral Medication Plan

Sr.No.	Oral medicines	Anupana	Duration
1	Tab Brahmi Vati 250mg -1 BD	Luke warm water	3 weeks
2	Tab Chandraprabha Vati 250mg -2BD	Luke warm water	3 weeks
3	Kabab chini 300gm+ Shweta parpati 50 gm =350 gms=5 gms BD (DIVIDED DOSES)	Luke warm water	3 weeks

Follow up:

After 1 week -improvement in appetite and sleep. No any complication. Continue same treatment.

After 2 weeks- improvement in appetite, sleep and irritated behaviour. No any complication. Continue same treatment

After 3 weeks- Patient had increased functional bladder capacity resolved urinary urgency. A complete improvement is seen after treatment with good appetite, sound sleep and decreased irritated behaviour.

***MODE OF ACTION OF THESE DRUGS*:**

Kabab Chini (Piper cubeba):

Kabab Chini is characterized in traditional medicine by its warming (Ushna) and drying (Ruksha) attributes, making it particularly useful in conditions associated with excess moisture and reduced metabolic activity, such as urinary incontinence. Although the precise biomedical mechanism remains to be fully elucidated, its therapeutic effect may be attributed to improved microcirculation in the renal and vesical regions, mild astringent action that enhances bladder tone, and facilitation of metabolic waste elimination. These combined actions may contribute to better urinary control and functional support of the bladder [5].

Brahmi (Bacopa monnieri):

Brahmi is widely recognized as a cognitive enhancer and neuroprotective agent in Ayurvedic medicine. It exhibits nootropic activity by modulating neurotransmitter levels, enhancing synaptic communication, and reducing oxidative stress within the central nervous system. These effects may indirectly influence urinary control by stabilizing neural pathways involved in bladder regulation. Additionally, Brahmi supports cognitive performance and adaptive behavior, which may be beneficial in managing conditions with a neurological component [8].

Chandraprabha Vati:

Chandraprabha Vati is a classical herbo-mineral formulation extensively used for managing urinary tract disorders. Its therapeutic action is associated with strengthening of bladder musculature, normalization of urinary frequency, and reduction of urgency and excessive urination. The formulation also exhibits anti-inflammatory and mild diuretic properties, which help maintain urinary tract integrity and support overall genitourinary function [7, 8].

Shweta Parpati:

Shweta Parpati is traditionally employed in the management of urinary disorders due to its diuretic, analgesic, and anti-inflammatory properties. It promotes renal efficiency by enhancing blood flow to the kidneys, thereby improving urine formation and excretion. Its soothing effect on the urinary tract helps alleviate discomfort and inflammation, contributing to improved urinary function and symptomatic relief [10].

PARENT COUNSELLING/INSTRUCTIONS

- Remove blame/shame from child
- Help the child to cut out 3 c's – Caffeine, Carbonated drinks, Chocolate
- Reward dry nights: Whenever the child does not wet the bed, encourage her by saying she is improving, she is growing up and she is very good. This will boost her confidence.
- Encourage voiding prior to bed. Void at least 5–6 times per day.
- Give moral support to express the suppressed emotions and feelings.
- Avoid liquid diet after evening.

DISCUSSION

Nocturnal enuresis (NE) affects approximately 10% of children at seven years of age and gradually declines with maturation; however, its multifactorial etiology—encompassing delayed bladder development,

nocturnal polyuria, and impaired neurogenic control—remains insufficiently understood. Current therapeutic approaches often demonstrate inconsistent efficacy, underscoring the need for alternative strategies [8, 7].

In this context, Ayurvedic interventions provide a multi-targeted approach. Chandraprabha Vati and Kabab Chini (*Piper cubeba*) may enhance bladder tone and functional capacity through modulation of smooth muscle activity and local circulation. Shweta Parpati contributes diuretic and anti-inflammatory effects, supporting renal function and optimizing urine dynamics. Additionally, neuro-supportive agents such as Brahmi (*Bacopa monnieri*) may regulate central pathways involved in micturition control [4].

Collectively, this combination offers a synergistic mechanism by improving bladder control while addressing neurophysiological and functional aspects of NE. Such an integrative approach may enhance therapeutic outcomes; however, further well-designed clinical studies are warranted to validate efficacy and elucidate underlying mechanisms.

CONCLUSION

Shayyamutra is common problem amongst children and great care along with treatment need to be taken to control disease consequences in early age. Counselling along with drug therapy proved to be more effective treatment. We described the resolution of nocturnal enuresis in a 7-year-old child receiving Ayurvedic medicine for 3 weeks. We support more research to evaluate the cause and effect of this medicine and restoration of healthy physiology in children, including improvement of nocturnal enuresis.

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