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SHAYYAMUTRA AND ENURESIS: LITERATURE REVIEW

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ABSTRACT The word Shayyamutra is formed from two word 'Shayya' and 'Mutra' The idiom Shayyamutra is self-explanatory. Bed - wetting during sleep is only the symptom, which itself indicates its meaning. In the same context the modern counterpart has exactly same definition for bedwetting. The term Shayyamutra gives a broad sense of enuresis wherein both the day and night bedwetting could included along with adult enuresis.

KEYWORDS : Shayyamutra, Enuresis

SHAYYAMUTRA

The word Shayyamutra is formed from two word 'Shayya' and 'Mutra'

शय्यामुत्र = शय्या + मुत्र

The meanings of both these words are cleared in the classical text and it is interesting to know that both these words were familiar to the Indian physicians from the time of the Vedas as both of them find their references in Atharvaveda.

The idiom 'Shayya' originates from the Dhatu **शी आधारे** meaning to support or to sustain, with **क्यप् ठाप्** (V. S. Apte) suffix added to it. Hence the term Shayya indicates the place that supports during sleep or the bed. The word 'Mutra' that is derived from the Dhatu **मूत्र** with **घञ्** as suffix is ideally meant for the '*Drava Anna Mala*'. It means it is a type of Mala and has its origin related to the GIT. The same explanation is given by the modern urologist saying urine to be the liquid nitrogenous waste of the body. Also the Urobilinogen found to be the component of normal urine and the basis of its colour has a direct relation to GIT for its origin.

The idiom Shayyamutra is self-explanatory. Bed - wetting during sleep is only the symptom, which itself indicates its meaning. Thus, the complete word Shayyamutra significantly indicates the disease with the problem of urination in bed. In the same context the modern counterpart has exactly same definition for bedwetting. The term Shayyamutra gives a broad sense of enuresis wherein both the day and night bedwetting could included along with adult enuresis.

Synonyms:

Synonyms are the different words having same meaning. It has been a tradition of our Acharya to show different aspect of a subject quoting their synonyms. By this one also come to know their proficiency in Sanskrit language. Shayyamutra has got different words meaning the same but used in different text.

. मुत्रमवशगतम् ंवैद्यमनोरमाफ

निद्रामेह ंधर्मदत्त वैद्यफ

निरंकुशमुत्रता

It is important to go through the scriptures to have knowledge of our rich cultural heritage. History is a part of description of any subject. By this way one will know the treatment approaches'and hypothesis behind the particular disease. After reviewing the text from the Vedic era to Samgrahakala (i.e .upto16 century AD), it could be concluded that absence of the description of disease Shayyamutra and its treatment in Vedic to Samhita period indicates, its emergence in Samgrahakala which is considered as a junction period for new disease emergence.

This period was very important as far as the Ayurvedic literature revolution is concerned. The men during this time started analyzing Ayurveda on the basis of modern knowledge and advancements. They wisely made attempt to incorporate the new disease evolved in the society. And henceforth Shayyamutra Nocturnal Enuresis was integrated in the Ayurvedic transcripts. First Vangasena gave its treatment.

Vangasen:

In 12th Century, Vangasena - Chikitsa Sara Sangraha noticed the complaint of Shayyamutra and mentioned its management in his text. He has described no etiology or pathology of the disorder.

अंगुलीग्रहपादीय स्थाल्याम्श्चंक्तं नीवेश्य तत्।

कृतमूत्रार्थ झूश्नागेजानुभ्यां धरणीं गतः॥

तण्डुलोत्थाय यः खादेत्स शय्या मूत्रणं त्यजेत्।

कृतमूत्रार्थ झूश्नागे मृदं झृष्ट्वा तुषोदके।

संचूर्ण्य मधुसर्पिभ्यां लीढ्वातल्पविमूत्रणम्॥

न करोति नरो जातु झृष्टमेनम् निरन्तरम्॥

ंवंगसेन बालरोगाधिकार 126, 127)

Vangasena has not mentioned any specific therapy for its management, except psychological therapy and a formal recipe, which is as follows –

(i) The child is asked to sit on his knees, at the place where he used to pass urine. He is asked to hold the finger(s) of his feet by his hands and then rice are offered in plate to eat with one hand.
(ii) The clay collected from the place of urination (of child) should be fried in Kanji and prescribed to the child with honey and Ghrita.

Sharangadhara Samhita:

In 13th century AD, Shargnadhara Samhita, the author has enumerated Shayyamutra under the 22 diseases described in "Balaroga Prakarana" [Purvakhanda 7/188], but the detailed description of Shayyamutra is lacking.

पार्श्वारुणस्तालुकण्ठो विच्छिन्न पारिगर्श्निकः।

दौर्बल्यम् गात्रशोषश्च शय्यामुत्रं कुकुणकः॥

शारङ्गधर पूर्वखंड 7 188

Addhamalla in his Gudharthdipika gave the samprapti of disease shayyamutra as,

रात्रौ स्वप्नावस्थायाम् शय्या गदौ बालो क्षीणपुर्वकम् मुत्रयतिदोषप्रज्ञावात

(Addhamallakrita Dipika Tika, S.Sa.Pu 7/184)

A tired child especially when he is taking sleep during the nighttime, due to the effects of Doshas, voids urine.

Bhaishajya Ratnavali:

In 19th century AD, in Bhaishajya Ratnavali, Acharyavara Govinda Dasa Sena has stated its place among Kshudraroga without describing any description of the disorder.

कृतमूत्रार्थ झूश्नागमृमाकृत्यखोलके।

सम्श्नज्य मधुसर्पिभ्यां लेहयेन्मूत्रितं जनम्।

शय्यायां मूत्ररोधः स्यन्मूत्रितस्य न संशयः॥

बिम्बिमूलरसः पीतः शय्या मूत्रं निवारयेत्।

अहिफेन प्रयोगेन मूत्ररोधो ध्रवेद्ध्रुवं॥

(भैषज्यरत्नावली क्षुद्ररोगाधिकार १९५। १९७फ)

Vaidya Manorama:

In Vaidya Manorama, Vaidyavara Shri Kalidasa has mentioned only

the Shayyamutra Chikitsa in the 7th chapter (Mutrakricchra prameha – somaroga adhikaranam, saptama patalam).

चम्पकशिंशफाकषायः पीतो निरुणद्धि मूत्रवशगतम् ।
नीचतलपतितां अम्भश्चतुरजनोत्यादितो यथा सेतु ॥

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A child who cannot control his or her urge to pass urine is advised to take decoction of the root of Chameli (Jasmium officinale). The author is sure of its results if it is prepared wisely. By going through all above references, it is found that Acharya have given more emphasis on the treatment part of the disease only, however the etymology, etiology, clinical features and pathogenesis has not been mentioned by any one.

ENURESIS

Enuresis is urinary incontinence in a child who is adequately mature to have achieved continence. Enuresis is classified as diurnal (daytime) or nocturnal (nighttime). In the United States, daytime and nighttime dryness are expected by 4 and 6 years of age, respectively. Another useful classification of enuresis is **primary** (incontinence in a child who has never achieved dryness) and **secondary** (incontinence in a child who has been dry for at least 6 months).

Etiology

Enuresis is a symptom with multiple possible etiologic factors, including developmental difference, organic illness, or psychological distress. Primary enuresis often is associated with a family history of delayed acquisition of bladder control. A genetic etiology has been hypothesized, and familial groups with autosomal dominant phenotypic patterns for nocturnal enuresis have been identified. Although most children with enuresis do not have a psychiatric disorder, stressful life events can trigger loss of bladder control. Sleep physiology may play a role in the etiology of nocturnal enuresis, with a high arousal threshold commonly noted. In a subgroup of enuretic children, nocturnal polyuria relates to a lack of a nocturnal vasopressin peak. Another possible etiology is malfunction of the detrusor muscle with a tendency for involuntary contractions even when the bladder contains small amounts of urine. Reduced bladder capacity can be associated with enuresis and is commonly seen in children who have chronic constipation with a large dilated distal colon, which impinges on the bladder.

Epidemiology

Enuresis is the most common urologic condition in children. Nocturnal enuresis has a reported prevalence of 15% in 5-year-olds, 7% in 8-year-olds, and 1% in 15-year-olds. The spontaneous remission rate is reported to be 15% per year. The odds ratio of nocturnal enuresis in boys compared with girls is 1.4:1. The prevalence of daytime enuresis is lower than nocturnal enuresis but has a female predominance, 1.5:1 at 7 years of age. Of children with enuresis, 22% wet during the day only, 17% wet during the day and at night, and 61% wet at night only.

Clinical Manifestations

The history focuses on elucidating the pattern of voiding including frequency, timing (diurnal/nocturnal), associated conditions or stressful events (e.g., bad dreams, consumption of caffeinated beverages, or exhausting days), and whether it is primary or secondary enuresis. A review of systems should include a developmental history and detailed information about the neurologic, urinary, and gastrointestinal systems (including patterns of defecation). A history of sleep patterns is important, including snoring, parasomnias, and timing of nighttime urination.

The **physical examination** begins with observation of the child and the parent for clues about child developmental and parent-child interaction patterns. Special attention is paid to the abdominal, neurologic, and genital examination. A rectal examination is recommended if the child has constipation. Observation of voiding is recommended if a history of voiding problems, such as hesitancy or dribbling, is elicited. The lumbosacral spine should be examined for signs of spinal dysraphism or a tethered cord.

For most children with enuresis, the only laboratory test recommended is a clean catch urinalysis to look for chronic urinary tract infection (UTI), renal disease, and diabetes mellitus. Further testing, such as a urine culture, is based on the urinalysis. Children with complicated enuresis, including children with previous or current UTI, severe voiding dysfunction, or a neurologic finding, are evaluated with a renal sonogram and a voiding cystourethrogram. If vesicoureteral reflux, hydronephrosis, or posterior urethral valves are found, the child is referred to a urologist for further evaluation and treatment.

Treatment

Treatment begins with treating any diagnosed underlying organic causes of enuresis. Elimination of underlying chronic constipation is often curative. The most commonly used treatment options are **conditioning therapy** and **pharmacotherapy.** The clinician can also assist the family in making a plan to help the child cope with this problem until it is resolved. Many children have to live with enuresis for months to years before a cure is achieved; a few children have symptoms into adulthood. A plan for handling wet garments and linens in a nonhumiliating and hygienic manner preserves the child's self-esteem.

The most widely used **conditioning therapy** for nocturnal enuresis is the **enuresis alarm.** Enuresis alarms have an initial success rate of 30-60% with a significant relapse rate. The alarm is worn on the wrist or clipped onto the pajama and has a probe that is placed in the underpants or pajamas in front of the urethra. The alarm sounds when the first drop of urine contacts the probe and the child is instructed to get up and finish voiding in the bathroom.

Pharmacotherapy for nighttime enuresis includes desmopressin acetate and, rarely, tricyclic antidepressants. **Desmopressin** decreases urine production and has proved to be safe in the treatment of enuresis. The oral medication is started at 0.2 mg per dose (one dose at bedtime) and on subsequent nights is increased to 0.4 mg and then to 0.6 mg if needed. This treatment must be considered symptomatic, not curative, and has a relapse rate of 90% when the medication is discontinued. **Imipramine,** now rarely used for enuresis, reduces the frequency of nighttime wetting, and the initial success rate is 50%. Imipramine is effective during treatment only, with a relapse rate of 90% on discontinuation of the medication.

Complications

The psychological consequences can be severe. Families can minimize the impact on the child's self-esteem by avoiding punitive approaches.

Prevention

Appropriate anticipatory guidance to educate parents that bed-wetting is common in early childhood helps alleviate considerable anxiety.

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