



MATRA BASTI AN IDEAL TREATMENT FOR SHAYYAMUTRA- A CASE REPORT

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ABSTRACT Shayyamutra (Nocturnal enuresis,) commonly known as bedwetting, is characterized by recurrent involuntary passage of urine during sleep beyond the expected age of bladder control.¹ At 5 years of age, it affects about 7% of boys and 3% of girls. At 10 years, the prevalence decreases to about 3% in boys and 2% in girls. By 18 years, it is seen in about 1% of males and is very rare in females. Studies conducted in India have reported that, around 2.5% of children between 0- and 10-years experience enuresis.² It affects the child's confidence, sleep, social activities and overall quality of life. Modern management includes behavioural measures, scheduled voiding, bladder training, enuresis alarms and pharmacological treatment; however, recurrence or inadequate response may occur in some cases. In Ayurveda, this condition can be understood in relation to Shayyamutra, where involuntary urination occurs during sleep. The proper functioning of the body depends on the normal formation and elimination of the Trimalas Purisha, Mutra and Sweda. Among these, Mutra is responsible for the elimination of fluid waste and maintenance of normal fluid balance. Its formation and elimination are mainly regulated by Apana Vata. Disturbance in the normal functioning of Apana Vata may therefore result in impaired urinary control. Pakwashaya is considered the principal site of Apana Vata, making therapies acting through this region important in Vata-related disorders. Basti is considered the principal therapy for Vata disorders, and Matra Basti, being a gentle and nourishing form of Basti, may be beneficial in chronic Vata-related conditions. The present case highlights a 14-year-old patient with chronic Shayyamutra (nocturnal enuresis) who visited our hospital and was treated with Matra Basti along with Shamana Aushadhis, resulting in improvement in the frequency and severity of nocturnal bedwetting. This case suggests the potential role of Matra Basti along with Shamana Aushadhis in the management of chronic Shayyamutra.

KEYWORDS : Shayyamutra, Nocturnal Enuresis, Matra Basti, Apana Vayu, Trimalas, Mutra

INTRODUCTION

Nocturnal enuresis, commonly known as bedwetting, is the repeated involuntary passage of urine during sleep beyond the expected age of bladder control. Although it is common in childhood, persistence into adolescence can affect the child's confidence, sleep, social activities and quality of life. Modern management includes behavioural measures, scheduled voiding, bladder training, enuresis alarms and pharmacological treatment. However, some patients may experience recurrence or inadequate relief and may require prolonged management. In Ayurveda, this condition can be understood in relation to Shayyamutra, where involuntary urination occurs during sleep. Ayurveda gives importance to the proper formation and elimination of the Trimalas which includes *Purisha*, *Mutra* and *Sweda*, as their normal functioning is essential for maintaining physiological balance. *Mutra* is responsible for the elimination of excess fluid and metabolic waste from the body, and its proper elimination is mainly governed by *Apana Vata*. Disturbance in the normal functioning of *Apana Vata* may therefore result in impaired urinary control. *Pakwashaya* is considered the principal site of *Apana Vata*, making therapies acting through this region important in Vata-related disorders.^{5,6,7,8}

Basti is considered the most important therapy for *Vata Dosha*. Acharya Charaka describes the supremacy of Basti by stating “बस्तिर्वातहरणाम्”, emphasizing its special role in managing Vata disorders.⁹ The classical description also states “बलप्रदं वातहरे प्रथानम्”, highlighting the strengthening and Vata-alleviating effects of Basti. Among the different types of Basti, *Matra Basti* is a gentle and nourishing procedure and is useful in chronic Vata related conditions.¹⁰ Thus, considering the possible involvement of *Apana Vata* in *Shayyamutra*, *Matra Basti* is chosen in supporting normal urinary regulation, followed by shamana aushadhis for 3 months. The present case describes a 14-year-old patient with chronic *Shayyamutra* who had previously visited various hospitals and received treatment without satisfactory relief. The patient subsequently presented to our hospital and was managed by *Matra Basti* with *ksheerabala taila* and *shamana aushadhis* following which improvement was observed in nocturnal bedwetting.

The Case Presentation

A 14-year-old patient presented to our hospital with chronic involuntary passage of urine during sleep (*Shayyamutra*), persisting beyond the expected age of bladder control. The patient had previously visited various hospitals and received treatment but did not obtain satisfactory relief. Due to the persistence of symptoms, the patient sought Ayurvedic management at our hospital. Considering the chronic nature of the condition and the involvement of *Apana Vata*, *Matra Basti* was selected as the principal Panchakarma intervention. The patient was treated according to the planned protocol, following which a reduction in the frequency and severity of nocturnal bedwetting was observed and on examination all milestones were achieved as per the age.

Therapeutic Intervention

Table No 1- Showing Panchakarma Treatment with Dose and Duration

Treatment	Dose	Duration
Sthanika abhyanga with Ksheerbala taila f/b Nadi sweda	Required Quantity	7 days
Matra Basti with Ksheerbala taila	20ml	7 days

Shamana Aushadhis

Table No 2- Showing Shamana Aushadhis with Dose, Duration and Anupana

Shamana aushadhis	Dose	Duration	Anupana
Saraswati Arishta	10 ml Bd	3 months	Along with normal water in diluted form
Syp Memtone	10ml Bd	3 months	Water

The patient was managed with an integrated approach consisting of Panchakarma therapy, counselling, scheduled toileting and the alarm method. Counselling was provided to the patient and parents regarding *Shayyamutra*, regular bedtime toileting and the importance of avoiding punishment or negative reinforcement. The alarm method was advised to help the patient recognize the need to void during sleep and gradually improve bladder control. As the Ayurvedic intervention, *Matra Basti* was administered according to the planned therapeutic protocol, considering the involvement of *Apana Vata*. The response to

treatment was assessed using a Rain–Umbrella Chart, in which wet nights (bedwetting) and dry nights (no bedwetting) were recorded. Following the intervention, a marked reduction in episodes was observed. During the first month after treatment, only two episodes of bedwetting occurred, while no episodes were observed during the subsequent month. This progressive increase in dry nights indicated improvement in nocturnal urinary control and was suggestive of a favourable response to the integrated management approach.

DISCUSSION

The present case was managed through an integrated approach consisting of Matra Basti with *Ksheerabala Taila*, *Shamana Aushadhis*, counselling, scheduled toileting and the alarm method. From an Ayurvedic perspective, *Shayyamutra* is associated with dysfunction of *Apana Vata*, which governs normal urinary elimination. *Matra Basti* with *Ksheerabala Taila* was selected for its *Vata-Shamana*, nourishing and strengthening effects and its therapeutic influence on the region of *Pakwashaya*, the main site of *Apana Vata* considering "एतत् क्षीरबलातैलं वाताशीपतपवनाशनम्"¹¹. Syrup *Saraswata Arishta* and Syrup *Memtone* were given as supportive medicines as they act as *Medhya Rasayana* and is used as supportive cognitive supplement to enhance learning ability and overall cognitive functions.¹² Counselling focused on reducing fear and embarrassment, improving parental support and encouraging regular bedtime toileting. The alarm method was used to develop awareness of bladder fullness and improve urinary control. Progress was monitored using a Rain–Umbrella Chart. A marked improvement was observed, with only two episodes of bedwetting during the first month and no episodes during the subsequent month. The outcome suggests that this combined approach may be beneficial in chronic *Shayyamutra*.

CONCLUSION

Shayyamutra can affect not only urinary control but also the child's confidence, emotional well-being, sleep and social development. In the present case, *Matra Basti* with *Ksheerabala Taila*, along with *Shamana Aushadhis*, counselling, scheduled toileting and the alarm method, showed a favourable response, with only two episodes in the first month and no episodes in the following month. The improvement suggests that Ayurvedic management along with behavioural support can be useful in chronic *Shayyamutra*. Importantly, the active involvement of both the consultant and parents plays a major role in successful management. The consultant provides appropriate treatment, guidance and regular monitoring, while parents provide continuous emotional support, encouragement and adherence to the advised routine at home. A supportive and non-punitive environment helps the child overcome fear, embarrassment and low confidence. Thus, the combined efforts of the healthcare provider and parents can improve urinary control while also supporting the child's emotional, psychological, social and overall growth.

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