



## AYURVEDA UNDERSTANDING AND MANAGEMENT OF NOCTURNAL ENURESIS (*SHAYYA MUTRA*)

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### ABSTRACT

**Background:** Nocturnal enuresis, or *Shayya Mutra* in Ayurveda, is the involuntary passage of urine during sleep beyond the age at which continence is normally achieved. It is common in pediatric practice and impacts the child's self-esteem and family dynamics. Conventional medicine emphasizes behavioral and pharmacological therapies, while Ayurveda offers a unique psychosomatic perspective integrating *Satwavajaya Chikitsa* (mind-control therapy), diet, herbal medicines, and lifestyle interventions. **Methods:** A narrative review and synthesis of classical Ayurvedic concepts, modern diagnostic criteria (DSM-5, ICCS), and evidence-based behavioral, pharmacological, and Ayurvedic perspective, its pathophysiology was analyzed to present a comprehensive Ayurvedic understanding of nocturnal enuresis and explore integrative management strategies. **Results:** Nocturnal enuresis is classified into primary and secondary forms. Ayurveda attributes its pathogenesis to *Prana Vata*, *Apana Vata Dushti*, and *Rajo Guna vitiation* of the mind, highlighting psychosomatic factors. Management combines *Satwavajaya Chikitsa* (psychotherapy), dietary modifications, bladder training, herbal formulations like *Jatiphala Churna* and *Bimbi Moola*, and modern adjuncts like alarm therapy and Desmopressin. **Conclusion:** Integrating behavioral therapies with Ayurvedic principles addresses both physiological and psychosomatic roots of *Shayya Mutra*. This holistic approach can significantly improve the child's continence, self-esteem, and family well-being.

**KEYWORDS:** Nocturnal enuresis, *Shayya Mutra*, *Satwavajaya Chikitsa*, Bedwetting, Behavioral therapy.

### INTRODUCTION

Nocturnal enuresis (NE) is defined as involuntary voiding of urine during sleep in children aged five years and older who would otherwise be expected to have bladder control.<sup>[1]</sup> According to the International Children's Continence Society (ICCS), NE exclusively refers to nighttime wetting and is distinct from other urinary incontinence forms.<sup>[2]</sup> The Diagnostic &

Statistical Manual of Mental Disorders (DSM- IV) defines NE as an involuntary voiding of urine during sleep, with a severity of at least twice a week, in children aged >5 years in the absence of congenital or acquired defects of the central nervous system.<sup>[3]</sup>

The prevalence reduces with age but remains a significant pediatric concern, affecting up to 7% of five-

year-old boys and 3% of girls, with spontaneous remission in about 15% annually.<sup>[4]</sup>

Family history, genetics (chromosome 22 implicated)<sup>[5]</sup>, small bladder capacity, delayed arousal mechanisms, psychological stressors, and certain medical conditions (e.g., diabetes mellitus/insipidus, UTI, sleep apnea) are known contributors.<sup>[6]</sup> Ayurveda recognizes NE as *Shayya Mutra*, viewing it as a psychosomatic disorder (*Manasa Vyadhi*) rooted in *Vata Dosha* and *Rajo Guna* vitiation affecting *Apana Vata* — the regulatory force for voiding.<sup>[7]</sup>

This article explores NE's etiology, pathogenesis, clinical assessment, and integrated management with special emphasis on Ayurvedic concepts and therapies.

## METHODS

Classical Ayurvedic texts, modern diagnostic frameworks (ICCS, DSM-5), prevalence data, and therapeutic approaches, including case studies were analyzed. Review of different Ayurveda literatures as a primary source of data along with the literature review as secondary data from reputed journal papers and other e-databases.

The IMRAD format was applied to systematically present:

- **Ayurvedic pathophysiology:** including *Dosha*, *Guna*, and mind-body relations.
- **Modern evaluation:** diagnostic criteria, family history, and investigative protocols.
- **Management:** covering Satwavajaya Chikitsa (behavioral therapy), alarm therapy, pharmacological agents, and Ayurvedic herbal and lifestyle interventions.

## RESULTS

### Etiopathogenesis - A Multifactorial Convergence

- **Ayurvedic Core:** The primary pathophysiological mechanism centers on *Apana Vayu Dushti* (vitiation of the downward-moving *Vata* sub-*dosha*) and *Manas Vikara* (mental disturbance, particularly *Raja Guna* aggravation).<sup>[8]</sup> *Apana Vayu* governs voluntary control of elimination. Its immaturity (*Bala Apana*), obstruction (*Margavarodha*), or vitiation due to psychological stress (*Rajas*-induced *Vata Vriddhi*) disrupts the delicate neuromuscular coordination of the bladder and sphincters.<sup>[9]</sup>
- **Modern Correlates:** This aligns remarkably with modern understandings:
  - *Apana Dushti* ~ Bladder Dysfunction: Small capacity, detrusor overactivity, dysfunctional voiding, poor sphincter control.
  - *Rajas/Vata Vriddhi* ~ Psychological Stress & Arousal Disorder: Stressors (family conflict, insecurity) exacerbate symptoms; deep sleep impairs arousal to bladder signals.

- *Bala Apana*/Delayed Maturation: Matches the concept of delayed cortical control over the micturition reflex.
- *Vata Kala* (Night): Correlates with the physiological dip in nocturnal ADH (leading to polyuria) and deeper sleep stages.
- **Shared Triggers:** Both systems recognize constipation (restricting bladder capacity), UTI, OSA (via ADH/ANP), structural anomalies (ectopic ureter, PUV), DM/DI, and genetic predisposition as significant contributors.

### Classification<sup>[10]</sup>

- **Primary vs. Secondary NE:** This modern distinction is crucial. Ayurveda implicitly acknowledges it:
  - *Primary:* Often linked to inherent *Kha Vaigunya* (subtle channel defects), *Bala Apana* (developmental delay), or congenital factors (*Sahaja*).
  - *Secondary:* Strongly correlated with *Manasika* factors (*Chinta*, *Shoka*, *Bhaya* - worry, grief, fear) causing *Rajas* aggravation and subsequent *Vata Prakopa*.
- **Complicated NE:** The presence of daytime symptoms (urgency, frequency, incontinence) signals deeper pathology, potentially *Srotodushti* (channel pathology) requiring specific investigation (UTI, OAB, ectopic ureter, neurogenic bladder).<sup>[11]</sup>

### Diagnosis - An Integrated Approach

- **Beyond Symptoms:** This review study emphasizes a holistic evaluation encompassing detailed history (type, pattern, voiding habits, bowel habits, sleep, psychosocial factors), physical examination (abdomen, genitourinary, neuro, ENT), and targeted investigations (Urinalysis, USG). This mirrors the Ayurvedic principle of *Trividha Pariksha* (threefold examination).
- **Psychosocial Focus:** Both systems highlight the critical need to assess family dynamics, parental attitudes (punishment vs. support), the child's emotional state (shame, anxiety), and potential stressors – areas often underemphasized in purely biomedical models.

### Management

- **Satwavajaya Chikitsa:**<sup>[12]</sup> This mind-based therapy is the most significant Ayurvedic contribution, especially for Secondary NE. Its components directly address the core *Manasika* involvement:
  - *Dhee Buddhi:* Correcting misconceptions (child's intentionality) in parents and child.
  - *Dhriti & Dhairya:* Building child's resilience, confidence, and patience; providing parental reassurance.
  - *Smriti:* Enhancing awareness and recall through diaries and routines.
  - *Chintya & Vicharya:* Regulating negative thought patterns and improving decision-making.

- *Harshana & Sheela*: Creating a positive, supportive environment and fostering good habits.
- *Atmadi Vigyana & Daivavyapashraya*: Promoting self-efficacy and faith in the process.
- *Isthasya/Alabha....*: Addressing unmet needs/aversions causing stress. This structured psychological approach complements and often surpasses generic reassurance.
- **Vata Shamana & Bladder Training**: Dietary/lifestyle modifications (warmth, regularity, daytime hydration, evening fluid restriction), timed voiding, and bladder holding exercises (daytime) directly pacify *Apana Vayu* and improve bladder capacity/control, aligning with modern behavioral strategies.
- **Role of Herbs**: Specific *dravyas* target different aspects:
  - *Mutra Sangrahaneeya* (Bimbi Moola)<sup>[13]</sup>: For nocturnal polyuria.
  - *Medhya Rasayana & Vatahara* (Jatiphala, Kupeelu, Ashwagandha, Brahmi): Stabilize mind, pacify Vata, potentially modulate neuromuscular function.
  - *Specific Actions*: Herbs for muscle tone (*Vishamusthi*) or relaxation (context-dependent).
- **Modern Adjuncts - Evidence-Based Synergy**<sup>[14]</sup>
  - *Alarm Therapy*: Highly effective first-line conditioning tool, seamlessly integrated.
  - *Desmopressin*: Specific for documented nocturnal polyuria (>6 years).
  - *Anticholinergics (Oxybutynin)*: For confirmed overactive bladder/small capacity.
  - *Treatment of Comorbidities*: Essential for UTI, constipation, OSA, DM/DI.
- **The Critical Role of Family**: Both systems unequivocally state that parental understanding, empathy, and consistent positive reinforcement are *essential* for success. Punishment is counterproductive, exacerbating stress (*Rajas/Vata*) and worsening the condition. Ayurveda's emphasis on counseling parents (*Matru-Pitru Garbhata*) is vital.

## DISCUSSION

Nocturnal enuresis remains a significant concern in pediatric practice due to its psychological and social impact on both children and their families. While modern medicine primarily focuses on behavioral conditioning, alarm therapy, and pharmacological measures like Desmopressin, Ayurveda provides a unique and complementary psychosomatic approach. According to Ayurvedic principles, *Shayya Mutra* is rooted in the immaturity of *Apana Vata* and the vitiation of *Rajo Guna*, reflecting how subtle disturbances in mind-body interactions can manifest as involuntary urination during sleep.

What sets Ayurveda apart is its holistic framework that goes beyond symptom suppression. The emphasis on *Satwajaya Chikitsa* — which involves counseling,

mind training, and behavioral modification — aligns closely with modern psychological strategies but adds depth by addressing the individual's intellect (*Dhee*), memory (*Smriti*), and courage (*Dhriti*).<sup>[15]</sup> This reinforces the child's confidence and reduces the shame and anxiety often associated with bedwetting.

Moreover, Ayurvedic management supports simple lifestyle and dietary interventions — such as evening fluid restriction, regular sleep schedules, and bladder training — which complement modern behavioral techniques like alarm therapy. Selected herbal remedies with *Vatahara*, *Medhya*, and *Mutrasangrahaneeya* properties can be cautiously used as adjuncts under expert guidance.<sup>[16]</sup> Such integration ensures that both the physical and emotional dimensions of the child's wellbeing are addressed, fostering a supportive family environment where blame and punishment are replaced with understanding and encouragement.

## CONCLUSION

*Shayya Mutra* (nocturnal enuresis) exemplifies a common yet often misunderstood condition where medical, psychological, and social aspects intertwine. Ayurveda's time-tested principles offer a holistic perspective that complements modern medical practices. When thoughtfully integrated, therapies like *Satwajaya Chikitsa*, mind-body awareness, diet regulation, and gentle herbal support can help children achieve continence with dignity, minimize relapses, and regain self-esteem.

Ultimately, the success of any treatment for nocturnal enuresis lies not just in dry nights, but in strengthening the child's confidence and the family's empathy. This blended approach can empower both children and parents to manage *Shayya Mutra* more effectively, turning a potentially distressing experience into an opportunity for growth, resilience, and healthier family relationships.

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