



A COMPREHENSIVE REVIEW PAPER ON THE DISEASE OF SHAYAMUTRA IN AYURVEDA PARLANCE

***Dr. Himanshu Chouhan**

Assistant Professor in Department of Kaumarbhritya Harmony Ayurvedic Medical College and Hospital, Ferozepur City, Punjab.

How to cite this Article Dr. Himanshu Chouhan (2025). A COMPREHENSIVE REVIEW PAPER ON THE DISEASE OF SHAYAMUTRA IN AYURVEDA PARLANCE, 2(3), 81-84.



Copyright © 2025 Dr. Himanshu Chouhan | World Journal of Advance Pharmaceutical Sciences

This is an open-access article distributed under creative Commons Attribution-Non Commercial 4.0 International license ([CC BY-NC 4.0](https://creativecommons.org/licenses/by-nc/4.0/))

Article Info

Article Received: 01 August 2025,

Article Revised: 22 August 2025,

Article Accepted: 12 September 2025.

DOI: <https://doi.org/10.5281/zenodo.17116690>

*Corresponding author:

***Dr. Himanshu Chouhan**

Assistant Professor in Department of Kaumarbhritya Harmony Ayurvedic Medical College and Hospital, Ferozepur City, Punjab.

ABSTRACT

Shayyamutra (Primary Nocturnal Enuresis) is a common problem for small age groups and also of older age group too. When young children are in trouble it become a nuisance for them as well as parents. Moreover, it hampers the emotional and social growth of the child. In the management of conditions like enuresis the other system of medicines have their own limitations. Though claims for cure rate are very great by contemporary science but associated hazards also have been noticed. Hazards due to drugs compel the medical fraternity to search a cure that would be better and convenient for enuretic child in all aspects. Ayurveda is the only medical system in the world that clearly emphasizes the treatment of ailments and further maintenance of health by reversing the pathology. Thus, this problem was selected for the present review study. A genuine effort will be made to understand the psychological state of the patients and guide them appropriately.

KEYWORDS: Shayyamutra, Enuresis, Primary Nocturnal Enuresis, Bedwetting.

I. INTRODUCTION

Shayyamutra (Primary Nocturnal Enuresis) or in common terms Bedwetting is a fairly common pediatric problem, the prevalence at age 5 years is 7% for males and 3% for females. At age 10, it is 3% for males and 2% for females and at age 18, it is 1% for males and extremely rare for females. General population studies carried out in India show that 2.5% in the age group of 0 to 10 yrs have enuresis.^[1-3] It is a major problem in western countries than in India. There is a lot of concealment and profound repercussion occurs in family life. A mother is tired, depressed, and resentful on account of daily washing, made worse because pride is involved. Clothes hung in the backyard for drying is an admission to her neighbor of her failure to bring up her child successfully and satisfactory. The dry children are ashamed and vocally resentful of a smelly brother." Feeling of inferiority and inadequacy are bound to occur and a nervous breakdown even is the end result. The

child's freedom is curbed & his personality wrapped or crippled. A Danish study eventually suggests that it is itself may lead to psychological problems in adulthood.

It is a source of discomfort to many pediatricians too as it is difficult to explain its cause to parents and the options for treatment have far been limited. Thus, most pediatricians make light of this condition, offering little beyond reassurance that it will get better with time. Many among us would even hesitate to label Primary Nocturnal Enuresis as a disorder, given its strong tendency to be self-limiting. Thus, it is viewed by some as an additional milestone to be achieved, a part of toilet training. Research interest was lacking previously because it is neither fatal nor cause serious damage to health. Yet few conditions evoke such parental anxiety. The parent's expectations of pediatricians are to provide therapy that will allow all children to achieve night dryness at an expected and socially acceptable age.

Additionally, Shayyamutra (Primary Nocturnal Enuresis)^[4] till date hasn't received any definite protocol even by the contemporary sister concerns like AKT treatment in T.B. - Tuberculosis. Even the conventional therapies till the moment have not received any major success with its measures to decrease growth of the disease. Moreover, whatever pharmaco-therapeutic measures are available in current days cause much more hazardous side-effect than the elimination of the disease. Also, the recurrence of the disease on stoppage of the treatment causes more awfulness to the parents as well as the child. Though other alternatives like the conditional devices i.e., Enuretic Alarms are on hand but they are a bit less affordable due to their expensive makeup. Also, the child with Enuretic Alarm disturbs his surrounding to a major extent. Thus, this problem was selected for the present review study. A genuine effort will be made to understand the psychological state of the patients and guide them appropriately.

METHODOLOGY

All available Ayurvedic classical texts, journals and research papers were referred and the collected references were critically studied to fulfill the objectives.

Etymology of the word Shayyamutra

The word Shayyamutra is formed from two words 'Shayya' and 'Mutra'. The idiom Shayyamutra is self-explanatory. Bed - wetting during sleep is only symptom, which itself indicates its meaning. Thus, the complete word Shayyamutra significantly indicates the disease with the problem of urination in bed.

Nidana Shayyamutra

finds no specific as well as general attributes regarding its Nidana in any of the classical texts. Thus, it depends on the physician to make out which of the factors are playing role for the evolution of the disease. As, said by Acharya Charaka that no disease dares to outsource its aetiology other than the Tridosha; an attempt is made here to present a hypothesis concerning the Nidana of Shayyamutra. The Nidana found in the patient can be divided into 4 as under:

1. Aharaja Nidana – The etiologies concerned with the food and eating habits.
2. Viharaja Nidana – The etiologies concerned with the working habits.
3. Manasika Nidana – The etiologies concerned with the Psychology.
4. Miscellaneous - Matrija Pitrija and Atmaja Nidana

Aharaja Nidana

Atidrava Sevana, Madhura Rasa Atisevan, Virudhanna Sevana, can be considered as the Nidana which causes mainly vitiation of Vayu and Kapha Doshas, while Pitta gets only little vitiation. Nidana mentioned above are those which found commonly in all.

Viharaja Nidana

Ati Nidra, Diwaswapna, Vega Vidharana, causes vitiation of mainly Kapha & Vata Dosha.

Manasika Nidana

Bhaya, Shoka, Chinta, Krodha, Vishada are the Manasika Nidanas which increase the Raja and Tamo Guna and also aggravates the Tridoshas (Cha. Vi. 4/8). With reference to Vishada as a causative factor, Sushruta has stated that Tama Dosha produces Indriya Vikalata; hence it can be considered that Shayyamutra is an end result of Mutrendriya Vikalata.

Miscellaneous

1. Rogatkarshanata
2. Krimijanya
3. Mrityika Bhakshana Janya
4. Sthanika Nidanas

Rogatkarshanata means general body weakness after any systemic disease, may be the most common Nidana for the vitiation of Vata, whereas Krimis are Kaphaja nidana. Mrityikabhakshanajanya provokes the Vayu mainly because it's Kashaya, Tikta Rasa property that also increases Ruksha of Vayu and Guru Guna of Kapha. In Sthanika Nidanas Niruddhaprakasha (Su.sa.ni.13/52) and Parivartika (Su.sa.ni.13/47) are the most common Nidanas of Shayyamutra in which Vayu Dosha remain dominant. Secondly, Sthanika Shotha of external genitals and urethra may occur due to unhygienic condition of genitals. Charaka has opined that the Agantuja Nidana vitiates the Vayu first (Cha.sa.chi.12/8). Vagbhata has also emphasized the same. Therefore, in relation to Shayyamutra it can be considered that Sthanika Nidanas also vitiate the Vayu Dosha mainly.

Purvarupa

The premonitory symptoms - Purva Rupa are the early clue to a physician to start his treatment in time. For Shayyamutra, neither the classical texts indicate any Purva Rupa nor clinically we find such premonitory symptoms.

Rupa

Rupa indicates the signs and symptoms of a disease, which are like shape of that disease to know it. However, the modern science differentiates the words signs & symptoms as known both to the patient and physician (e.g., swelling etc.) & known only to the patients (e.g., severity of pain etc.) respectively. In our text Lakshana, a synonym of Rupa, is used for means through which a physician achieves his Lakshya of knowing the disease truly symbolize the signs. Concerning Shayyamutra the classics were very much certain they described that only one cardinal symptom. Our Acharyas were too wise to incorporate these symptoms in the name itself.

Thus, the disease with the symptom of Bed-wetting or in other words the disorder in which the child urinates in bed is known as Shayyamutra. Here, it would be good to

clarify the word Shayyamutra, as it means not only means Bed-wetting in night but also Bed-wetting done in the day time.

Samprapti

Samprapti means the evolutionary chain of any given disease. Explains the various aspects from the origin to the onset of the disease with the rational thinking behind it in the classic text, no reference is available explaining

Samprapti for Shayyamutra disease. However, as shown in the Nidana concept hypothesis, a similar hypothesis for Samprapti can also be formed.

Samprapti Ghataka of Shayyamutra

| | |
|--------------|---|
| Dosha | Vata (Anubandhya), Kapha (Anubandha) |
| Dushya | Rasa |
| Agni | Vishamagni |
| Srotas | Mutravaha, Manovaha, Annavaha, Rasavaha |
| Sroto Dushti | Atipravritti |
| Samutthana | Pakwashaya |
| Avayava | Basti |

Upashaya and Anupashaya

Upashaya are the healthy undertakings for a particular disease. Restriction of fluid intake particularly after the evening hours was observed as an Upashaya in Shayyamutra. Excessive or more intake of fluid before going to bed increases was found to increase the complaint.

Shayyamutra Chikitsa

At the starting of Charaka Samhita, Acharya Charaka^[5] specifies the motto of Ayurveda is to act promptly for the prevention of health of healthy person and to cure the disease of sick person.

But concerning to Shayyamutra disappointment hits, as very less description of Chikitsa (treatment) of Shayyamutra is available even in those texts that have the honour depicting it like in Chikitsa Sara Sangraha, Bhaishajya Ratnavali and Vaidya Manorama some methods and drugs have been advocated without any indication about Chikitsasutra and no detailed description of Shayyamutra is given.

Chikitsa Sutra

Chikitsa Sutra of any disease are the general treatment doctrines of that disease. Ayurvedic Chikitsa – treatment is not based on prescription, but on the contrary it has been a distinctive tradition of Acharyas to provide the general treatment doctrines of any disease. The following Chikitsa Sutra could be formulated for Shayyamutra on the basis of the general management principles recommended by our classics:

- 1) Nidana Parivarjana
- 2) Santarpana Chikitsa
- 3) Satvavajaya Chikitsa

Nidana Parivarjana

In Sushruta Uttara Tantra – 1/25, in the context of Netra Roga Chikitsa, Sushruta has opined that avoidance of etiological factors is the best treatment as well as the best prophylaxis for any disorder i.e., prevention is better than

cure. Shayyamutra is a disorder having multiplicity of Nidanas [etiological factors], therefore here this Sutra is also applicable and it has also an importance for the prophylactic and curative aspects of Shayyamutra.

Santarpana Chikitsa

In Ashtanga Hridaya, Sutrasthana 14 chapter, Acharya Vagbhata has classified the Chikitsa into two major groups;

- a) Santarpana Chikitsa
- b) Apatarpana Chikitsa

Hence on the basis of above-mentioned reference it can be decided that in Shayyamutra, Santarpana Chikitsa is more beneficial especially Stambhana and Brumhana.

Satvavajaya Chikitsa

According to Ayurveda, the universal attributes Satva, Rajas and Tama are reflected in the mind. Mind is the essential instrument for every type of knowledge e.g., awakening, connecting etc. They are also considered as attributes of mind for all practical purposes. Satva is considered as “virtuous” (Guna) while others are considered as “vitiators of mind” (Manasa Doshas), because their predominance affects the mental diseases. Mental diseases are generated by the nonfulfilment of desired objects and by succumbing to the hated.

As a social being, we are unable to fulfil all our desires and we are compelled to accept things that we would dislike. Both these cause frustrations and mental stress and are conducive to mental disturbances. This occurs due to vitiation of Raja and Tama. Raja and Tama are mainly treated by intellect, will power and self-orientation as told by Vagbhata.

In Charaka Sutra, 11/56, Tisreshaneeya Adhyaya, Charaka has opined the Trividha Chikitsa Upakrama. Satvavajaya is one of them by which mainly Satva improves. In this Satvavajaya Chikitsa, first of all, Avara Satva is diagnosed by Anumana Pramana (Cha.Vi.4/4)

particularly with the aid of intimacy to the patient, consent, keen observations of the patient. Then Avara Satva is improved gradually into Pravara Satva by daily encouragement with suitable instructions (Counseling) and by affectionate behavior (Aashwasana). In this way we can extricate the inner of the patient. It is the type of Adravyabhuta Chikitsa (Cha. Vi.-8/87) which ventilates the mental behaviour, removes the suppressed desires and may bring an excellent result in the management of such type of Mano Daihika Vyadhi (psycho somatic disorders). In this Chikitsa, it is also advocated by Charaka (Ch.Vi.6) that all the Manasika Bhavas may be treated by originating opposite Manasika Bhavas viz. Bhaya by Vishada, Kama by Krodha etc. This is also a part of Satvavajaya Chikitsa.

Acharya Kashyap advised that Psychological disorders should be overcome by Dhriti (Retention Power), Virya (Prowess), Smriti (Memory), Jnana (Knowledge), and Vijnana (Scientific Knowledge) and the physical disorders by Kalavyapashraya (depending upon time), Yuktivyapashraya (rational) and Daivavyapashraya (Spiritual) medicaments. (Ka.Khi.3/21, 22)

Sadhyasadyata

Sadhyasadyata means the Prognosis of any disease. A physician who lacks proper assumption of Sadhyasadyata defames himself treating the Asadya diseases. Regarding the prognosis of Shyayamutra, it may be considered that this is a Krichha Sadhya Vyadhi because its nature is Vata Kaphaja and it is often found in the patients who bear Vata Pitta Prakriti. Another view that can be given is Vata predominant Vyadhi and Vata Dosha always considered Krichha Sadhya. When the Nidana Parivarjana is not followed the Vyadhi goes into Asadyatva i.e., incurable and continues up to adult age.

DISCUSSION

Shayyamutra is considered as a shameful problem in our society and it is most under diagnosed condition by the paediatrician, as it is known as self-limiting in nature. Once, thought to be a disease of West and Westerners', it is becoming a problem of Indians too. It may be because of flourishing economy and stressful milieu of Indian urban, which has been changed in last one to two decades in the form of food, food habits and lifestyle like which pertains in the West. Though enuresis affects adult too, but children are more among the sufferers. It has credited to hamper the child's self-esteem and further long-term complication like over activity, underachievement insecurity, clumsiness etc. It may create obstacle for their social and emotional development. None of the science has been established a sure cure for this seemingly simple problem of childhood. It is definitely the necessity of the time, Ayurvedic as well as other medical fraternity to serve the humanity by removing this obstruction so that the children could be grown up well and become able to make their contribution to the society as well as nation.

None of the ancient Acharya has described the Nidana and Samprapti of disease, only an unambiguous definition which is given by Addhamalla could provide some clue of etiopathogenesis of disease which has been given as Kshinapurvakam and Doshaprabhavat. Previous scholar has tried to correlate these two with some concepts of etiopathogenesis of enuresis given in modern medicine text which are on the basis of its literal meaning. Scholar has tried to correlate the term Kshina with nocturnal polyurea or low secretion of ADH and has considered Kshina as thin urine. Another meaning of Kshina is taken as fatigue of body and mind which leads to deep sleep so child could not be awakened when urination is required, and it is also considered as weakened detrusor muscle which will affect Mutrasamgrahana capacity of Basti.

CONCLUSION

Shayyamutra is a most common behavioural problem among others for physician visit worldwide. It is a major social problem in western countries than in India. It does not lead to any acute condition for children. It is thought as normal up to age of five, beyond five it becomes a cause of anxiety as well as embarrassment for parents. It causes low self-esteem, underachievement among the suffering children. As its etiopathogenesis is not confirmed, it is considered as a multifactorial disorder.

REFERENCES

1. Friman PC, Warzak WJ. Nocturnal enuresis: a prevalent, persistent, yet curable parasomnia. *Pediatrician*, 1990; 17: 38-45.
2. A. Parthasarthy et al, *IA P Textbook pediatrics* chap 25, 3rd ed. Jaypee Brother's Medical P.991.
3. Nelson text book of pediatrics chap 22, 18th ed. Elsevier, a division of reed Elsevier India pvt. Ltd; vol .1, P. 113.
4. Saraangdhara, Sarangadhara Samhita purvakhanda 7/187-188, English transl. by prof.K.R. Srikanta Murthy 6th ed. Varanasi: Chaukhambha Orientalia; 2006. pg .46.
5. Charaka, Charaka samhita sutra sthana 30/26, Hindi commentary, ed by Yadunandana Upadhyaya, Varanasi: Choukhambha Bharti Academy; Reprint 2001. P 587.
6. Sushruta, Sushruta Samhita uttar sthna 1/25 Hindi commentry, ed by Kaviraj Ambika Dutta Shastri, 14th ed, Varanasi: Chaukhambha Sanskrita Sansthan; P. 11.
7. Vagbhatta, Astanga Hridayam sutra sthana 1/26, ed by Pt. Hari Sadsiva Sastri Paradakara, 14th ed, Varanasi: Chaukhambha Surbharti Prakashana, 2003. P.16.
8. Kashyapa, Kashyapa samhita Khil Sthana 3/ 21-22, English transl & commentary ed by P.V. Tiwari, reprint 2002, Varanasi: Chaukhambha Vishwabharti, p. 451.