



REVIEW ARTICLE

VOLUME 14 ISSUE 08

AUGUST 2025

SHAYYAMUTRA IN CHILDREN: AN AYURVEDIC AND MODERN SCIENTIFIC PERSPECTIVE

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ABSTRACT

Shayyamutra (nocturnal enuresis or bedwetting) is a prevalent concern in pediatric health, affecting both the psychological and emotional well-being of children and their families. While modern medicine views it primarily as a developmental or neurophysiological condition, Ayurveda offers a holistic view, attributing it to imbalances in **Doshas**, immature **Mutravaha Srotas**, and psychological factors. This article explores the etiopathogenesis, diagnosis, and management of Shayyamutra in children through the lens of both **Ayurveda** and **modern medical science**, highlighting their convergence and potential for integrative management.

INTRODUCTION

Shayyamutra, derived from the Sanskrit words "*Shayya*" (bed) and "*Mutra*" (urine), refers to the involuntary discharge of urine during sleep - commonly known in modern medicine as **nocturnal enuresis**. It is considered a **functional disorder** that often resolves with age but can persist in some children, leading to social embarrassment, low self-esteem, and

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psychological stress. Both Ayurveda and modern science recognize the multifactorial etiology of bedwetting and propose various therapeutic strategies for its management. This article aims to bridge classical Ayurvedic knowledge with contemporary biomedical understanding for a more comprehensive approach.

SHAYYAMUTRA IN AYURVEDA

Definition and Nidana (Etiology)

In Ayurvedic classics, Shayyamutra is not described as a separate disease entity but can be understood under the broader categories of:

- **Mutraghata (urinary disorders)**
- **Manasika Bhavas (psychological factors)**
- **Balyaavastha (childhood stage)**

Key etiological factors (Nidanas) include:

- **Daurbalya (weakness)** of *Mutravaha Srotas* due to underdevelopment
- **Mandagni** and accumulation of *Ama*
- **Kapha-Pradhana Tridoshic vitiation** (primarily Kapha and Vata)
- **Manasika Doshas** like fear, anxiety, and insecurity
- **Improper toilet training**
- **Apathy towards natural urges (Vegavidharana)**

Dosha Involvement

- **Kapha:** Increased due to childhood predominance, causes sluggishness of bladder function.
- **Vata (Apana):** Governs the process of urination; vitiation leads to poor control.
- **Pitta:** Less involved but may contribute in cases of irritability and hyperactivity.

SAMPRAPTI (PATHOGENESIS)

Underdeveloped **Mutravaha Srotas**, coupled with vitiated **Apana Vata** and **Kapha**, results in reduced bladder control during sleep. Emotional disturbances aggravate the condition, weakening the **Manovaha Srotas**.

CHIKITSA (MANAGEMENT)

1. Aushadha (Medicinal Therapy)

- **Swarna Prashana**: Enhances intellect, immunity, and neurodevelopment.
- **Brahmi, Mandukaparni**: Medhya Rasayana (nootropic) herbs.
- **Ashwagandha**: Strengthens muscles and nerves.
- **Yashtimadhu, Shankhapushpi**: Calms mind and improves sleep.
- **Gokshura, Varuna**: Tonics for urinary tract health.

2. Ahara (Dietary Guidance)

- Avoid Kapha-aggravating foods at night (milk, curd, sweets).
- Encourage light, digestible meals.
- Include **Agni-deepana** herbs like ginger and cumin.

3. Vihara (Lifestyle & Behavioral Counseling)

- Early toilet training without punishment.
- Encourage urination before bedtime.
- Avoid excessive fluid intake in the evening.
- Build self-confidence and reduce anxiety.
- Use of **meditation, child-friendly yoga, and pranayama**.

NOCTURNAL ENURESIS IN MODERN MEDICAL SCIENCE

Definition

Nocturnal enuresis is defined as **involuntary urination during sleep** in children over 5 years of age, occurring at least twice a week for a minimum of 3 months, in the absence of congenital or acquired defects of the nervous system or urinary tract.

Types

1. **Primary Nocturnal Enuresis (PNE):** Child has never achieved nighttime dryness.
2. **Secondary Nocturnal Enuresis (SNE):** Recurrence after at least 6 months of dryness.

Etiology and Risk Factors

- **Genetic predisposition** (family history)
- **Delayed bladder maturation**
- **Increased nocturnal urine production**
- **Reduced nocturnal arousal**
- **Psychological stress**, anxiety, family conflicts
- **Constipation**
- **Sleep disorders** (e.g., obstructive sleep apnea)

Diagnosis

- Clinical history and physical examination
- Urinalysis to rule out infection or diabetes
- Bladder diaries
- Ultrasound or urodynamic studies if needed

Management

1. Behavioral Interventions

- Motivational therapy and reward systems
- Alarm therapy (bedwetting alarms)
- Timed voiding and bladder training

2. Pharmacological Treatment

- **Desmopressin (DDAVP):** Reduces urine production at night.
- **Imipramine:** Tricyclic antidepressant, less commonly used due to side effects.
- **Oxybutynin:** Useful in overactive bladder.

3. Psychological Support

- Counseling for child and parents
- Management of underlying emotional issues

COMPARATIVE INSIGHT: AYURVEDA AND MODERN SCIENCE

Aspect	Ayurveda	Modern Medicine
Etiology	Dosha imbalance (Vata-Kapha), immature Srotas, psychological factors	Genetic, developmental, hormonal, psychological
Approach	Holistic – addresses physical, mental, and emotional causes	Primarily symptom-focused with behavioral and pharmacological interventions
Treatment	Herbal rasayanas, dietary/lifestyle modifications, Swarna Prashana	Alarm therapy, Desmopressin, behavioral modification
Philosophy	Strengthens overall vitality and neurodevelopment	Targets specific physiological mechanisms
Safety	Generally safe with minimal side effects	Risk of relapse and side effects with medications

CONCLUSION

Shayyamutra or nocturnal enuresis is a multidimensional disorder that requires an individualized, sensitive, and holistic approach. Ayurveda offers valuable insights into its prevention and management through **dosha balance, herbal interventions, and lifestyle regulation**, whereas modern medicine provides effective tools for **behavioral and**

symptomatic control. An integrative approach that draws from both systems may provide optimal outcomes for affected children.

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