ISSN: 2249-9571

Case Study

A Case Study on *Matra Basti* and *Shiro Abhyanga* in the Management of *Shayya Mutra* (Nocturnal Enuresis) in Children

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ABSTRACT

This case describes about a 10 year old male child with Enuresis. Result achieved by treatment approach through Ayurveda that includes oral herbal drug, *matra basti and shiro abhyanga*. Aim & Objective: To access the efficacy of Ayurvedic line of treatment in the management of Enuresis. Sitting: IPD of Rajivlochan Ayurved medical college & hospital Chandkhuri, Durg (Chhattisgarh) Method: *Matra basti, shiro abhyanga* was given with oral Ayurvedic medicines. Symptoms were recorded before and after treatment. Result: Patient relief from the symptoms of Enuresis after the 20 days of treatment. *KEY WORDS:* Enuresis, Herbal medicine, *Matra basti* and *Shiro abhyanga*.

INTRODUCTION

Enuresis is defined as normal nearly complete evacuation of the bladder at a wrong place and time at least twice a month after the fifth year of life.^[1] The diagnosis of enuresis is made when urine is voided twice a week for at least 3 consecutive months or when clinically significant distress occurs in areas of the child's life as a result of the wetting. The prevalence of enuresis at age 5 years is 7% in male and 3% in females and at age 18 year 1% in male and extremely rare in female. Evidence suggests different rates of bed wetting by ethnicity and culture. Enuresis may be divided into the persistent type (primary), in which the child has never been dry at night and the regressive (secondary) type I in which a child who has been continent for 6 month or longer then begins to wet the bed. [2] More than 85% children will have complete diurnal and nocturnal control by five years of age. The remaining 15% gain continence at a rate of approximately 15% per year. By adolescence, 0.5-1% children continue to have enuresis. Bed wetting at night is known as nocturnal enuresis. Less than 5% of children with nocturnal enuresis have an organic basis. In Ayurveda no any direct reference available about shayya mutra in Bruhatrayees. A few references available regarding Shayya mutra. Sharangdhar has enumerated Shayya mutra under the 20 caption of *Balaroga* chapter. [3] Shayya mutra is also describe by Vangsen samhita in 70th chapter. In this disease mainly Vata (Apan vata), Pitta (pachak pitta), Kapha (Tarpaka kapha), along with Manshika dosha tama are involved.^[4]

CASE REPORT

A 10 year old male patient was brought to Rajiv-lochan Ayurvedic Hospital Chandkhuri, Durg (Chhattisgarh) with complaints of bedwetting at night since birth.

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BRIEF HISTORY:

A 10 year male patient came to our hospital with complaints of bedwetting at night since birth. Child was delivered by normal vaginal delivery at 39 week of gestational age with birth weight 2.9 kg. Child cried soon after birth. At the age of 3 year, mother observed that child was not able to control urine at night, so they consulted to pediatrician, Doctor advised some investigation, but any abnormality seen in report. Then doctor gave some medicine for 1 month, Patient took regular medicine for 1 month. They didn't find any improvement. After 1 year again parents consulted the other doctor and were advised brain tonic drug for 3 months. After completion of 3 month of treatment child had no any improvement, so parents stopped treatment. At 7th march 2019 Parents consulted to Balroga OPD of Rajiv Lochan Ayurveda medical college and hospital. Patient took oral medications with matra basti and shiro abhyanga for 20 days.

Past history: Nothing specific.

Immunization history: All vaccination given as per schedule.

Antenatal History:

At the time of conception, the age of mother was 22 years and the father was 26 years. Mother took regular antenatal checkups and took medicine on time, History of pregnancy induced hypertension.

Natal History:

Full-term female baby (39th week), Normal vaginal delivery, cried soon after birth, Birth weight- 2.9kg.

Postnatal History: Child was active, no any congenital anomalies seen.

Family History: All family member said to be normal.

Medical History: Allopathic medicines, behavioral therapy.

Dietetic History: Exclusive breast feeding was done up to age of 1 year, weaning began with boiled potato, fruit juice, etc.

Personal History:

Appetite –Normal Bowel – twice/daily

Micturition –Normal, 5-6 time/day History of nocturnal enuresis.

Sleep –Disturbed

General Examination

General Comment - Alert, active, well nourished child with normal sensorium.

Anthropometry –

Antin opometry –				
1.	Head circumference	51 cm.		
2.	Chest circumference	78 cm		
3.	Mid arm circumference (both)	15.5 cm		
4.	Mid thigh circumference (both)	26 cm		
5.	Height	129 cm		
6.	Weight	26 kg		

On Examination: General examination:

Consciousness- conscious	Lymphadenopathy - absent
Icterus-absent	Cyanosis-absent
Clubbing-absent	Gait- Absent
Pallor-present	Eye- Normal

Vital sign:

Blood pressure- 120/70mmhg

Respiratory rate: 20/min

Heart rate - 86/mi Temperature -97.6°F

Respiratory system: Chest bi- symmetrical, no added sound RR- 20/min

Cardio-vascular system: S1S2 Heard, No murmurs, HR-86/min

Per-abdomen: Soft, no any prominent veins, mild hepatomegaly present

Central nervous System:

Higher mental functions: patient conscious, slurred speech, memory-intact, hallucination and delusion- absent.

Cranial nerves: on the basis of examination: Intact

Muscle power:

Lower limb- 5/5 and Upper limb- 5/5

Gait- Absent, Muscle tone is Normotonic, ankle clonus- Absent, Babinski signnegative Sensation- normal, hearing-normal, language- normal, co-ordination-normal, Signs of Meningeal Irritation –Nil, pain – absent, rigidity- Absent, knee jerk and ankle jerk both are normal, Spasticity –absent.

Avurvedic View:

Diagnosis:

The case was diagnosed as Nocturnal enuresis, Ayurvedic diagnosis is *Shayya mutra*.

Assessment Criteria:

Subjective: Symptoms were recorded before and after treatment. Patient relived from all symptoms of nocturnal enuresis.

Treatment Plan/Discussion:

S.n	Shaman chikitsa		Shodhan chikitsa		
1.	Tab.	1 Tab.	Matra basti with Kalyanka ghrita		
	Bramhi vati	BD	25ml with Vacha 200mg and shunti		
			200mg		
2.	Tab.	1 Tab.	Shiro abhyanga by Kalyanka ghrita		
	Tab.Mentat	BD	grita		
3.	Syp.	7.5ml			
	Cognium	TID			
4.	Kalyanka	2ml			
	grita	TID			
	Total duration of treatment - 20 days				
	Discharge medicines- Tab.bramhi vati 1 tab BD				
	Syrup cognium 7.5 ml TID				

DISCUSSION

In this case study patient got complete relief from symptoms of Enuresis. basti and shiro abhyanga astonishingly in this area and can do spectacular job. Bramhi vati is medhya in its property which maintains cognitive function and treats neurological disorders. Contains of syrup cognium is shankhpuspi, bramhi, jyotismati etc. which protects nervous system from stress, healthy circulation to brain, improve cognitive function with nourishes brain and nerve cells and reduces anxiety and stress levels. According to Acharya Kashyap, Basti is said to be Amrita in children. [5] Ghrita which is a fat in its nature had the property of samskara anuvartana, it increase and enhances the property of drugs because brain is made of nerve cells which is again made of saturated fat, ghrita helps in nourishment of the brain and nerve cell. And hence reducing the symptoms and leading to healthier condition of the patient. Previously it was believed that neurons do not repair or rejuvenate after any injury, but the new concept of neuroplasticity says that CNS have the ability to repair their neurons by axonal sporting to take over the function of damaged neurons. According to the modern science theory some drugs of active principles are not able to cross the blood brain barrier, because might be they are having lipophobic properties/ action so, we

are making the drugs blood brain barrier friendly or they can cross the barrier so we are preparing with saturated fatty acid products (ghee) so, they can cross the blood brain barrier because the ghee having lipophilic action and show their maximum result of the drug. Maximum part of brain is formed by fat so ghrita is also important as nutrition for brain and improve the quality of patient life. Therefore it can be concluded that Ayurvedic therapy along with oral medications helped to improve the strength of the nerve cells.

CONCLUSION

Within 20 days of administration of Ayurvedic preparations and therapy patients symptoms were subsided and there is no complain of bedwetting. Vitiation of *Apan vata* due to improper *ahara* and *vihara* manifests the *Shayya mutra*. *Medhya* drugs are helpful in controlling enuresis along with proper instructions. Therefore it can be concluded that Ayurvedic therapy along with oral medications helped to cure the patient of enuresis.

REFERENCES

- 1. O.P Ghai. Ghai essential Pediatrics, Delhi: CBS publishers & distributors; 6th edition revised reprint with correction 2005: page no 61 Pp 719.
- 2. Robert M. Kliegman. Nelson textbook of pediatrics, Delhi: Elsevier, a division of reed Elsevier India private limited Sri Pratap Udyog, 274, capt. Gaur marg, sriniwaspuri; 18th edition 2008 Vol. 1: page no. 113 Pp 1519.
- 3. Pandit. Sharangadharacharya in sarangadhara samhita, by Shailaja srivastava. Balaroga chapter, Hindi commentary, Choukhamba orientalia, Varanasi. Page no. 123 Pp 578.
- 4. Clinical study on An Ayurvedic Compound (Divyadi yoga) in the management of Shayyamutra.https://www.ncbi.nlm.nih.gov.
- 5. Pandit hemaraja Sharma. Kashyap samhita, sidhisthana-sthana, Rajaputriya sidhhiyanam adhyaya, Chaukhamba Sanskrit Sansthan Varanasi, Reprint 2012; 146 Pp 364.

How to cite this article: Chandravanshi. L, Singh. A, et al. A case study on matra basti and shiro abhyanga in the management of shayya mutra (nocturnal enuresis) in children. Int J Health Sci Res. 2019; 9(5):445-447.
