

A clinical study on the efficacy of *bimbimoola vati in shayyamutara* (enuresis) w. s. r. to nocturnal enuresis

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ABSTRACT:

Children in the modern age suffer at large due to physical problems; in addition to that they also suffer from psychological problem too. Often this is because their parents are too busy and cannot afford much time to look after them. As a result of that children lack love from their parents which make them unhappy. Although they are too young to express it, they hold the negative impression inside, which affect their personalities. The events leave a lasting impression on the tender mind of children and later become the cause of behavioural or psychosomatic diseases. Among these, Bedwetting is one of the obstinate problems. Due to this problem a lot of concealment and profound repercussions occur in family life, since a child's psychosomatic health and mothers pride involved with this problem. It affects small to middle age group of children mainly but adolescents are also found among sufferers, it affects all races and children from all geographical areas. Children are most among the sufferers of bedwetting may because of starting of development of

personality and ego since the age of 3 years¹ which culminates as negativism against parents when they force them to control the bladder. *Kaumarabhritya* emerged as an independent medical specialty right from the dawn of civilization. This revolutionary development was the result of increasing awareness among the health professionals that, the problems of children differ considerably from those of adults and from the point of view of medical therapeutics, "a child cannot be considered as miniature adult". Though paediatrics as a science has evolved much since then, this basic observation still remains valid.

KEYWORDS:

Shayyamutra, Nocturnal enuresis, Enuresis, *Bimbimoola vati*

INTRODUCTION:

Child care has been discussed elaborately in *Ayurveda*. A separate branch of clinical specialization is attributed to child healthcare known as *Kaumarabhritya*. The ancient scholars have described this

obstinate health problem of children as Shyayamutara.¹² This disease is rampant in today's society and become threatening as a burden of shame and guilt to the child. It is also a cause for inflicting stress upon the parents too. When the child wants to sleep dry and parents want to come out of related stress due to bedwetting, an active treatment is needed to be instituted at the earliest possible time and age. 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 years, it is 1% for males and extremely rare for females^{13 14}. General population studies carried out in India show that 2.5% in the age group of 0 to 10 years have enuresis. The prevalence of nocturnal enuresis has been difficult to estimate because of variations in its definition and in social standards^{15 16}. It is now generally accepted that 15 to 20 percent of children will have some degree of nighttime wetting at 5 years of age, with a spontaneous resolution rate of approximately 15 percent per year. The incidence of enuresis was found 2% yearly in OPD of *Balaroga* of the institute. There is no any description regarding *Nidana*, *Samprapti*, *Rupa* of *Shayyamatara* available in classics. It is considered as multifactorial behavioral disorder in contemporary medicine. The drug selected for study *Bimbimool* (root of *Coccinia indica*) specially indicated for *Shayyamatara* by *Govinddas Sen* in his text *Bhaisajyaratnavali*; this drug in different form (syrup) and dosages format has been evaluated by previous research scholar and was found effective¹⁷. Fluid intake may enhance bedwetting, so instead of syrup preparation *vati* (tablet)

preparation was selected in the present study.

AIMS AND OBJECTIVES -

Aim:

To evaluate the efficacy of *bimbimoola vati* in *shayyamatara*

Objective:

1. To study the disease *shayyamatara* both in *Ayurved* and modern aspect.
2. To study the etio-pathogenesis of enuresis in *Ayurved* and modern views.
3. To see the complication or side effect if any.

MATERIAL AND METHOD:

Material:

Drug: as mentioned in *Bhaishajya Ratnavali BIMBI Moola* is effective on *Shayyamatara* was selected for study.

Latin Name- *Coccinia indica*

Drugs:

Bimbimoola vati and wheat flour *vati* were prepared in the pharmacy of R.S & B.K. department of our institute. Both the drugs were authenticated, standardized.

Sample size: Total 80 patients suffering from *Shayyamatara* were selected by clinical examination in the OPD of *kaumarbhritya*. A general examination was carried out in all patients presenting with *Shayyamatara*, and then as per the below mentioned criteria random selection of the patients was made.

METHODS:

Group A = 40 cases – Treated with *Bimbimoola vati* + *Madhu*

Group B = 40 cases – Treated with

Wheat flour vati + Madhu
Bimbimoola vati
Dose:

06 -11 Year: 300-600 mg/day.

(According to dilling formula)

Time: B.D. (Twice a day before meal)

Route of administration: Oral

Anupan: Madhu

Method of study:
Dose & Duration: Group A -

Duration: 45 days **Group B : Wheat**
flour vati Dose: 06-11 Year :300-600

mg/day. (According to dilling formula)

Time: B.D. (Twice a day before meal)

Route of administration : Oral

Anupan : Madhu

Duration : 45 days

Results:

| Overall Effect | No. of cases | |
|------------------------------|--------------|---------|
| | Group-A | Group-B |
| No change (<25%) | 1 | 31 |
| Mild change (25% – 49.9%) | 7 | 4 |
| Moderate change (50% -74.9%) | 10 | 2 |
| Good change (75% +) | 20 | 0 |

DISCUSSION-

Shayyamutara 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. Lacuna with available practice of modern medicine is that, emphasis is always given to the curative aspect of diseases, not to the preventive aspect.

Ayurveda is unique in its approach where it clearly mentions its aim as to prevent the disease and maintain the health of healthy individuals. An overview of treatment prescribed by modern medicine does not reveal any sure cure of the problem. But the drugs which are prescribed, have been reported with a many untoward effects, and also cannot be given for a long time. History of recurrence is found associated with these drugs. While contribution from *Ayurvedic* stream is also negligible or very few by some previous research scholars. But a sure, safe and effective cure is still awaited.

CONCLUSION:

Any conceptual work cannot be accepted as scientific unless it is proved with its particular practical/Applied aspects. As mentioned in previous pages, no much description is available in *Ayurvedic* literature except some treatment remedies.

DISEASE REVIEW

- *Shayyamatara* is categorized as *Kshudra roga* by *Bhaishjya Ratnavalikara Acharya Govind Das Sen*.
- It is mentioned in *Sharangdhara Samhita* in *Purva khanda* in *Balaroga Ganana*.
- *Aadhmalla* was the first to give its definition as well as a clue of etiology.
- Neither any type, subtypes like *vaatik*, *paittika* or *kaphaj* of disease is mentioned in any text nor can we differentiate it clinically.
- It is a major social problem in western countries than in India.
- It is defined as persistence of involuntary voiding of urine in sleep beyond the age of anticipated bladder control.
- Majority of authors classify it in two (1) Primary (2) Secondary. Other classification is available as mono-symptomatic and poly-symptomatic. Wherein patients with bed wetting and normal voiding pattern (without daytime voiding symptoms) have been considered as mono symptomatic while any diurnal voiding symptoms are classified as poly

symptomatic or complicated Nocturnal Enuresis.

- Enuresis has to be differentiated from the term 'incontinence' which is used for leakage of urine in a child with structural or neurological disorders.
- It does not lead to any acute condition for children.
- Organic diseases, congenital abnormalities, and neurological disorders must be elicited before embarking the treatment of the disease.
- It has significant genetic predisposition.
- The available pharmacological therapies e.g. DDAVP do have usual side effects such as nausea, nasal irritation, epistaxis, abdominal pain and headache, serious adverse side effects such as hyponatremia, leading to seizures, and cerebral edema have been reported who did not restrict fluid intake. Whereas overdose of imipramine can cause fatal cardiac arrhythmia.
- Incidence of bed wetting declines with increase in age.

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