

A CASE STUDY ON THE EFFICACY OF BIMBIMOOLA SYRUP IN SHAYYAMUTRA (NOCTURNAL ENURESIS)

Priya Nanabhau Nanekar^{1*}, Ravindra Rajpal² and Deepak Khawale³

¹PG Scholar,

²PG Guide, Associate Professor,

³Head of Department, Department of Kaumarbhritya,

Dr. D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune 18, Dr. D. Y. Patil Vidyapeeth (Deemed to be University).

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*Corresponding Author

Dr. Priya Nanabhau
Nanekar

PG Scholar, Dr. D. Y. Patil
College of Ayurved and
Research Centre, Pimpri,
Pune 18, Dr. D. Y. Patil
Vidyapeeth (Deemed to be
University).

ABSTRACT

Shayyamutra or Enuresis is a repeated inability to control urination. The prevalence of enuresis is about 15-25% of children at 5 years of age, 8% of 12 years of age in male child and 4% of 12 years old female child. According to Ayurveda *tama* and *Kapha* plays important role, sleep is caused and delayed bladder maturation, worm infestation, in rare cases structural anatomical defect in external genitalia, Stress, anxiety, Excessive sleep, underlying fear and such other emotional problems may causes the *Shayyamutra*. It happens in day time also, but in night, loss of control of *Prana* and *Vyana* over *Apana* and encircling of *Apana* by *Kapha* and *tama* happens together and the child unknowingly urine in the bed. *Mutravaha Srotas Vikriti* the focus of treatment should remain on drugs acting mainly on *Mutravaha Srotas*. *Kleda Nirharana* is function of *Mutra* hence *Kleda Vriddhi* is clearly evident in the pathology along with *Dhatushaithilya*. Thus *Dhatudardhyakara* drugs are also to be thought of. From causative or aggravating factors it is clearly evident that *Manas* and neurological

developmental delay plays a role in pathology thus *Medhya* drugs are also required. As the disease is occurring in childhood and concerned with urination the treatment principles of *Kaphaja Prameha* can be well adopted as this age is of *Kapha*. Also *Sattvavajaya Chikitsa* i.e counselling is must to boost the confidence and retain the self esteem of the child. It is considered as multifactorial behavioural disorder in contemporary medicine. The drug

indicated for *Shayyamutara* selected for study *Bimbimool* (*Coccinia indica*) by in *Bhaisajyaratnavali* this drug in form of syrup and dose format has been evaluated in case study and was found effective.

KEYWORDS: *Shayyamutra*, Bedwetting, Nocturnal enuresis, *Bimbimoola*.

INTRODUCTION

Children can feel embarrassed or guilty about wetting the bed. Children may afraid to sleep over at friend home for fear of having enuresis. Bed wetting though persist in very small number of children's but creates multidimensional impact on child's mental health, social behaviour and overall self-esteem. Most bed wetting is a developmental delay not an emotional problem or physical illness. Only a small percentage (5% to 10%) of bed wetting cases are caused by specific medical situations. Bedwetting is frequently associated with a family history of the condition.^[1] A brief description regarding *Shayyamutra* is found in *Sharangadhra Samhita*. The process of urine formation is aided by *Prana*, *Vyana* and *Apanavata* and *Avalambaka Kapha* with the overall control of mind.^[2] Micturition is one of the functions of normal *Apana Vata*. The activities of *Apana* are regulated by *Prana* and *Vyanavata*. The *Apana* facilitates active secretion of urine, motion, semen etc. After attaining a level of developmental maturity, there develops a control over these activities initiated by *Prana* and *Vyana*. But in this condition the overall control of activities of *Apana* is not developed resulting in vitiation of which in turn loss of control of micturition. The vitiation may also be due to encircling (*Avarana*) of *Apana* by *Kapha* which accelerates excretion of urine. Brain plays important role in both physiological as well as pathological process of body. It functions constantly even during sleep. According to Ayurveda, when it mask by *tama* and *Kapha*, sleep is caused and delayed bladder maturation, worm infestation, in rare cases structural anatomical defect in external genitalia, Excessive sleep, Stress, anxiety, underlying fear and such other emotional problems may causes the *Shayyamutra*.^[3,4,5]

Principle

Being a *Kaphaavrit Vata* condition, mainly *Kaphahara* and *Vatanulomaka* type of treatments are to be adopted. As there is *Mutravaha Srotas Vikriti* the focus of treatment should remain on drugs acting mainly on *Mutravaha Srotas*. *Kleda Nirharana* is function of *Mutra* hence *Kleda Vriddhi* is clearly evident in the pathology along with the *Dhatushaithilya*. thus *Dhatudardhyakara* drugs are also to be thought of. From causative or aggravating factors. it

is clear that *Manas* and neurological developmental delay plays a role in pathology thus proper drugs are required.^[6]

Bhaishajya ratnavali

In 19th century AD, in Bhaishajya Ratnavali, Acharyavara Govinda Dasa Sena has stated its place among Kshudraroga without describing any description of the disorder.^[7]

बिम्बमूलरसः पीतः शय्या मूत्र निवारयेत्।

अहिफेन प्रयोगेन मूत्ररोधो भवेदभुवं ॥

-(भैषज्यरत्नावली क्षुद्ररोगाधिकार १९५ १६७)

OBJECTIVE

1) To know the efficacy of *bimbimoola* syrup in *shayyamutra* in pediatric patients.

CASE REPORT

Patient history

A seven year old male child with chronic episodes of nocturnal enuresis visited the OPD of our Ayurved medical college. He had complaints of nocturnal incontinence since childhood. He has consultant many different doctors for same complaints and took medicines for about three years. He had to emotionally normal but had a sense of embarrassment due to bedwetting habit, forcibly withdraw from social gatherings due to prolonged habit of bedwetting. The patient's mother reported that the pregnancy and child's hospital delivery was normal and not reported any gross congenital anomalies at the time of birth. The patient was breast fed for the first five months following his birth and formula fed for the remainder of his first year. In addition, the patient repeatedly suffered from respiratory allergies and took allopathic and Ayurvedic medicine for same.

History: No history of UTI, Constipation, Abuse, Developmental delay, Stress or family history of bed wetting.

Clinical observations

- Pulse: 84/ min (*Vata* predominance)
- Bp- 100/70 mm of hg.
- Tongue: Slightly coated

- Stool: 1-2 times a day (Constipation)
- Urine: Normal during the day without any wetting Bedwetting only at night
- Appetite: Normal
- Digestion: Normal
- P/ A: soft- Non specific
- Observation: Patient avoided drinking water in the evening due to fear of bedwetting
- Psychological: Sense of embarrassment and avoiding night out with friends.

Local physical examination: Abdominal, spinal, neurological and genital examination was normal.

Investigations: Urine routine and USG of abdomen and pelvis were normal ruling out structural anomalies, hormonal issues and infections.

Diagnosis: *Shayyamutrata* (Primary non-mono symptomatic nocturnal enuresis).

Treatment

- **On consultation**

Bimbimoola swaras -3 ml

(2 times before food with honey) for 7 days

Advice

- ✓ Remove blame/shame from child.
- ✓ Recommend collaborative approach between child, parents, teachers, doctor.

- **On 1st follow up** - Same medicine for next 7 days

After 7 days Patient had increased functional bladder capacity, resolved constipation, resolved urinary urgency, but continues to wet the bed on most nights.

- **On 2nd follow up** - Same medicine for next 7 days

After 14 days Patient had increased functional bladder capacity, resolved urinary urgency, and low frequency to wet the bed on nights.

- **On 3rd follow up**

A complete improvement is seen after 4 weeks of treatment with No bedwetting (*shayyamutrata*), good appetite, sound sleep and regular bowl movement.

Mode of action

Conducted clinical trial on efficacy of *Madhur Bimbi* (*Coccinia indica*) roots *Swarasa* (syrup) in the management of *Shayyamutra* (Enuresis). Results suggested that Bimbi syrup is more effective in management of almost all the symptoms associated with *Shayyamutra*. *Shayyamutra* was found to reduce significantly by 70%. *Bimbi* shows *Mutrasansrahana* *Trusnanigrahan*, *Kleda Nashana* and *Mutra Shoshan* action because of its *Madhur*, *Kashay Rasa*, *Sheet Veerya*, the resulting effect is *Samprapti bhang* leading the patients to cure.^[8]

MATERIALS AND METHODS

The literary sources for the Present study was collected by ayurvedic *samhitas* like *Charaka Samhita*, *Sharangdhar Samhita*, *Chakradatta etc.* It will be correlated with the contemporary available books, literature, journals, websites, and research paper as per the need of the study.^[2,9,10]

DISCUSSION

Ayurvedic medicine like *Madhur Bimbi* (*Coccinia indica*) roots *Swarasa* (syrup) showed urine holding properties (*Mutrasan-grahaniya* action) as well as weak musculature of bladder especially sphincter tone and provides better flow of urine during maturation hence ultimately lesser amount of residual volume of urine and play an important role in the *Samprapti Vighatana* of the disease. the herb are highly effective for managing this disorder since their action control bladder urination and reduces mental and physical stress as well.

CONCLUSION

Shayyamutrata is common problem amongst children and great care along with treatment need to be taken to control disease consequences in early age. Counselling along with drug therapy proved to be more effective treatment. We described the resolution of nocturnal enuresis in a 7 year old child receiving Ayurvedic medicine for 4 weeks. We support more research to evaluate the cause and effect of this medicine and restoration of healthy physiology in children, such as nocturnal enuresis.

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