

SHAYYAMUTRA (NOCTURNAL ENURESIS) IN CHILDREN: AN AYURVEDIC REVIEW

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ABSTRACT

Background: *Shayyamutra* also known as nocturnal enuresis is a common pediatric condition that is characterised by involuntary urination at night after the developmental age at which the bladder is supposed to be in control. Whereas it is not characterized by obvious physical impairment, the condition has a considerable influence on the psychological well-being and social growth. The Ayurvedic terminology refers to this condition as a symptom of *Kapha avarita avarita apana vata* which are predisposed by the contributory *manasika* factors. **Objective:** To critically examine *Shayyamutra* based on Ayurvedic classical Ayurvedic concepts and match it to the modern pediatric insights on enuresis with an aim of developing an integrative management strategy.

Methods: The classical Ayurvedic texts and modern literature

on the topic of pediatric enuresis were systemic in review and synthesise to clarify the etiological factors, pathophysiological processes and treatment plans. **Results:** *Avarita apana vata dysfunction, kapha avarana*, and maladjusted neurological maturation concepts in Ayurveda have strong similarities with the current pathophysiological processes, such as delayed bladder control, unregulated secretion of antidiuretic hormone, and sleep arousal dysregulation. Multidimensional treatment plan that includes *medhya rasayana*, Panchakarma, behavioural therapy and counselling have shown encouraging results. **Conclusion:** *Shayyamutra* needs a holistic and integrative management style that focuses on both physiological and psychological aspects. The Ayurveda offers a comprehensive system that fits very well into modern paediatrics.

KEYWORDS: *Shayyamutra*, Nocturnal enuresis, *Avarita apana vata*, *Kapha Avarana*, Medhya Rasayana, Paediatric Ayurveda.

INTRODUCTION

Shayyamutra Nocturnal enuresis as it is also known is a common paediatric condition that is the involuntary micturition at night after a child has matured past the bladder control developmental milestone. The condition is estimated epidemiologically to occur in between 15-25% of the five-yr-old children, and it has been proven that as the chronological age progresses, the prevalence of the condition decreases.^[1]

Shayyamutra is a serious impact on the psychological health of children, although not associated with serious physical morbidity, *Shayyamutra* is not only a source of embarrassment and low self-esteem but also a source of social withdrawal. Modern healthcare sources consider it as a developmental delay characterized by the impairment of bladder control, sleep arousal, and endocrine regulation.^{[2][3]}

The concept of *Shayyamutra* is outlined in the Sharangadhara Samhita and the Vangasena Samhita as per the Ayurvedic classical works.^[4] This disorder is mainly theorized as an *avarita* of *kapha* with a disruption of *avarita apana vata* accompanied by other occurrence of both somatic (*tama*) and psychological (*manasika bhavas*) affective conditions.^[5] The condition reflects both somatic and *mansika*(psychological) imbalance, making it a psychosomatic disorder.

MATERIALS AND METHODS

The present research is a narrative review which aims at covering the concept of *shayyamutra* among children through a combined method of synthesis between classical Ayurvedic and the current-day knowledge in paediatrics. To this end, a comprehensive literature review of the Ayurvedic literature and the contemporary literature was done in large scale. Classical Ayurvedic texts like the Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Sharangadhara Samhita were subjected to a critical analysis in the quest to unearth the references on *shayyamutra* and its etiopathogenesis and management ideals.^{[6][7]}

Besides classical sources, published research articles, review papers, and standard textbooks in the field of paediatrics were obtained as secondary sources in such electronic databases as PubMed, Google scholar and other corresponding scientific repositories. Such keywords as

shayyamutra, nocturnal enuresis, ayurveda, *vata*, and paediatric urinary disorders were employed to retrieve the literature. The study involved articles written in the English language and addressing the correlation of Ayurvedic paediatric enuresis and its relation to paediatric enuresis.

The gathered data were sorted through a systematically screened information and data obtained were sorted and categorized under the following headings like *nidana*, *samprapti*, clinical features and management. There was a focus on finding similarities and correlations between Ayurvedic concepts and the modern scientific explanation especially the neurological maturation, physiology of the bladder and the regulation of hormones.

The data synthesis was finally carried out with a qualitative method of analysis whereby the classical concepts were interpreted with the contemporary medical knowledge in order to give a holistic and integrative perception of *Shayyamutra*.

AYURVEDIC PERSPECTIVE

In classical Ayurvedic texts like Sharangadhara Samhita and Vangasena Samhita, *Shayyamutra* is perceived as an illness that is mainly related with the derangement of *avarita apana vata*. The disease occurs when the normal functioning of *avarita apana vata* that controls micturition is blocked by *kapha* and causes a condition of *kapha avarita apana vata*. In physiological state, *avarita apana vata* functions in synchronisation with *prana* and *vyana vata* and voluntary mastery of urinary functions are possible. Nevertheless, this coordination is disturbed because of developmental immaturity, nutritional elements, and behaviour, and because of psychological elements. Heaviness and decreased neuromuscular responsiveness are caused by the prevailing *kapha* and further weakening of the sensory perception by the *tama* at sleep causes involuntary urination.

The pathogenesis is also backed by the idea of *kleda vridhhi* and the *dhatu shaithilya* which helps to reduce the sphincter tone and bladder control instability.^[9] The important role is played by the *manasika* factors like fear, anxiety, and emotional stress, which makes the disorder psychosomatic in nature.

Ayurvedic management of *shayyamutra* is multi-dimensional and aims at correcting the underlying doshic imbalance and also at the neurological and psychological levels. The first of these is the application of *kaphahara* and *vatanulomaka* to dispel the hindrance of *avarita*

apana vata.^[10] *Medhya Rasayana* medicines like Brahmi, Shankhapushpi, Guduchi, and Yashtimadhu are used to make cognitive functions and enhance the neural coordination to achieve better control over micturition.^[11] ^[12] *Mutravaha srotas* acting formulations like Chandraprabha Vati and Shilajit are used to improve the urinary bladder tone, reduce the urinary frequency and cure *kleda* imbalance.

Panchakarma processes are useful in management. Nasya is especially important because it allows acting directly on the central nervous system, which enhances neuro-hormonal function, as well as helps to develop the mechanisms of bladder control in the manner of its maturation.^[14] Shirodhara is beneficial in that it reduces stress levels, helps to relax, and enhances the quality of sleep thus, covering the psychological aspect of the disorder.^[15]

The importance of Sattvavajaya Chikitsa, which insists on counseling, reassurance, and conditioning of behavior, is also important.^[16] Another critical element that assists in the enhancement of self-esteem and alleviating anxiety is the establishment of the conducive environment, motivation of the child and the prevention of punishment. Ayurvedic management therefore follows a holistic approach involving integration of physical, mansika and behavioral factors which is aimed at a long-term solution as opposed to the symptomatic management.

MODERN PERSPECTIVE AND CORRELATION

According to a current medical perspective, nocturnal enuresis has been believed to be a multifactorial condition where the maturation of the bladder control, hormonal regulation and disruption of sleep arousal processes. Reduced functional bladder capacity and detrusor overactivity is one of the leading factors leading to the inability to retain urine in the night. The other important process is a poor secretion of antidiuretic hormone (vasopressin) during the night resulting in higher production of urine. Moreover, a good percentage of children with the condition show high arousal threshold to sleep, which means that they do not wake up when their bladder fills up.^{[17][18]}

Such processes are quite similar to the Ayurvedic concept of *avarita apana vata* malfunction, *kapha*-created blockage, and Tama supremacy.^[19] Its multifactorial character is supported by the combination of neurological immaturity and psychological stress, which complicates the condition.

The behavioural, pharmacological, and supportive interventions are the main aspects of management in modern medicine. Behavioural therapy is the foundation of the treatment which involves encouraging the child to empty his bladder before going to sleep, limiting the amount of fluids consumed in the evening and establishing routine sleeping habits. The strategies of positive reinforcement such as reward system in cases of dry nights are very much recommended to increase compliance and confidence.

Pharmacological interventions are an option that is taken in instances where behavioural interventions are lacklustre. Desmopressin which is a synthetic analogue of the antidiuretic hormone is normally used to minimize nocturnal urine. Anticholinergic medications can be taken to control detrusor overactivity and expand the capacity of the bladder. Tricyclic antidepressants have their application in specific situations because of their impacts on bladder and sleep patterns but the application is limited by possible side effects.

Besides such measures, psychological support and counselling are also important aspects of management. Emotional stress, anxiety reduction, and teaching of the child and parents about this issue are factors leading to the success of the process. Although these methods have been successful in managing symptoms, they are usually of a temporary effect and a patient can relapse when he/she stops taking treatment.

RESULTS AND DISCUSSION

In the current review, *Shayyamu* is pointed to as having considerable conceptual and clinical overlap with contemporary knowledge of nocturnal enuresis, even though it has been traditionally defined by Ayurvedic medicine. According to the study of classical literature, it is observed that the condition has primary roots in the derangement of *avarita apana vata* caused by the block of *kapha*, as well as the work of Tama in sleep. This Ayurvedic description offers a holistic approach leading to physiological, neurological, and psychological levels.

Scientific correlation with a recent literature on paediatrics reveals that night enuresis is mostly explained by retarded development of bladder efficacy, nocturnal loss of antidiuretic hormone, and the sleep awakening. These results are almost parallel with the Ayurvedic principles of *avarita apana vata* malfunction, *kapha avarana* and Tama dominance. Such a loss of cortical responsiveness (the child is unable to wake up once the bladder gets full) can be perceived as the manifestation of the suppressive effect of Tama on the awakening of

chetana. In a similar manner, nocturnal urine production that happens to be more because of inadequate secretion of vasopressin can be correlated with *kleda vridhhi*, whereas the detrusor instability corresponds to dysfunction of *avarita apana vata*.

Psychosomatic nature of the disorder is also highlighted in the reviewed literature. Emotional disturbances that are common with children affected by *Shayyamutra* are anxiety, embarrassment, and low esteem. Ayurveda acknowledges this aspect and refers to it as *Manasika Nidana* and the source of this is *Sattvavajaya Chikitsa*. This integrative practice emphasizes the significance of psychological support and physiological treatment, which is gaining more and more popularity in the current field of medical practice among paediatrics. In terms of treatment, Ayurvedic treatment exhibits a multidimensional treatment approach to the cause of the disorder. The drugs classified as *Medhya Rasayana* have been found to enable cognitive functions and help with the neurological maturation process, enhance a better coordination of the bladder and brain, thus improving bladder-brain coordination. Some drugs classified under the category of *Medhya Rasayana* include Brahmi, Shankhpushpi, Guduchi, and Yashtimadhu. This may be understood in current terms as being an aid to neuroplasticity and central control of micturition. Likewise, preparations that will work on *Mutravaha Srotas* will help to enhance bladder tone and decrease the frequency of urine.

Additional procedures in Panchakarma like *Nasya* and *Shirodhara* also help in complementing management since they work on the central nervous system, and it alleviates psychological stress. *Nasya* helps in the transportation of therapeutic agents to the upper centres which may affect the neuroendocrine pathways but *Shirodhara* encourages relaxation and the alleviation of stress conditions. All the interventions could be used to treat the neurological and psychological aspects of the disorder.

On the contrary, contemporary management practices are mostly aimed at controlling the symptoms. The first line of interventions involves behavioural interventions, and they include bladder training and fluid restriction, which are effective in most cases. Pharmacological treatment including desmopressin and anticholinergic drugs is temporary as they decrease urine production and increase bladder capacity. Though, the underlying causes of development or psychology are not targeted in these methods and they occur frequently after these are stopped.

The comparative analysis indicates that in the short-term future, modern medicine provides an effective method of controlling the symptoms, but Ayurveda is a more holistic and root-causal approach. The combination of the two systems can be better results due to the combination of the immediate relief of the symptoms and long-term recovery of the underlying dysfunctions. Therefore, a combined therapeutic approach, which involves Ayurvedic, behavioural, and selective pharmacological, could be the most efficient approach to the treatment of *shayyamutra*.

CONCLUSION

Shayyamutra, which is also known as nocturnal enuresis, is a multifactorial paediatric condition that has considerable psychological and social consequences even though it is non-life-threatening. The current review confirms that the Ayurvedic theory of *kapha avarita avarita apana vata* and the contribution of *tama* and *manasika* factors present a holistic and clinically applicable theory that is more or less in line with the explanations presented in modern science (delayed neurological maturation, secretion of the antidiuretic hormone, and disturbed sleep arousal mechanism).

The combined discussion shows that *shayyamutra* is not the absolute disorder of urinary control but it is the manifestation of unfinished neurodevelopment and psychosomatic imbalance. Although contemporary medical treatment can be effective in the short-term in relieving the symptoms using behavioural and pharmacological approach, in many patients, the etiological causes are not tackled effectively, and the recurrence may be experienced by some patients. Contrarily, Ayurvedic model focuses on doshic imbalance correction, bettering of neurological activities via *Medhya Rasayana* and psychological stabilization via *Sattvavajaya Chikitsa* hence addressing the source of the disorder.

The overall analysis indicates that integrative approach to management that incorporates the Ayurveda therapeutic, lifestyle and behavioural change and selective modern interventions can offer a more holistic and sustainable approach. Not only does such an approach increase bladder control, but it also significantly increases the overall *mansika* and neurological development of the child.

It is justified that further effective clinical research needs to be conducted to confirm the effectiveness of ayurvedic interventions and standardized treatment regimens. This will

broaden the field of evidence-based integrative paediatrics and increase the practical use of ayurvedic principles in the treatment of *shayyamutra*.

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