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### “A CLINICAL REVIEW OF EFFICACY OF ASHWAGANDHADI GHRUTA IN MANAGEMENT OF SHAYYAMUTRATA WITH SPECIAL REFERENCE TO NOCTURNAL ENURESIS IN CHILDREN OF 6 TO11 YEAR AGE GROUP”

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#### **ABSTRACT:**

Enuresis is one of the obstinate problems of children that need most attention. By the ancient scholars it has been described as "*Shayyamutrata*" having psychosomatic origin. However, *Shayyamutrata* has been considered a problem for 3000 years, it is seldom talked about sadly and comparatively little research has been done on the problem. Therefore this open controlled study was planned keeping in mind the mental condition of parents as well as children.

For this 100 patients of both sexes were randomly selected from OPD, were treated with *Ashwagandhadi Ghruta* for 45 days, drug doses were calculated by Young's formula. Follow up was done every 15<sup>th</sup> day. Parent's counseling was done.

**Keywords:** *Shayyamutrata*, Enuresis, *Ashwagandhadi Ghruta*, Bedwetting

## INTRODUCTION:

*Ayurveda* is science imparting the knowledge concerned to life, the aim being to provide guidelines for maintenance of and promotion of health, as well as prevention and treatment of diseases. The study has been done on efficacy of *Ashwagandhadi Ghruta* in management of *Shayyamutrata* with special reference to nocturnal enuresis in children 6 to 11 year age group.

Children in the modern age group suffer from bed wetting due to physical problems in addition to that they also suffer from psychological problems. Often this is because their parents are too busy to attend them and they can't receive love from their parents which makes them unhappy, although they are too young to express it, they hold the negative impression inside their tender mind which later becomes the cause of behavioral or psychosomatic diseases like bedwetting, stammering and sleep walking etc. The young children are quite common among these, bedwetting is one of the obstinate problems, and due to this a lot of concealment and profound repercussion occurs in family life since a child's psychosomatic health and mother's pride involved with these problems. It affects small to middle age group of children mainly but adolescents are also found to suffer. It affects all races and children from all geographical areas.

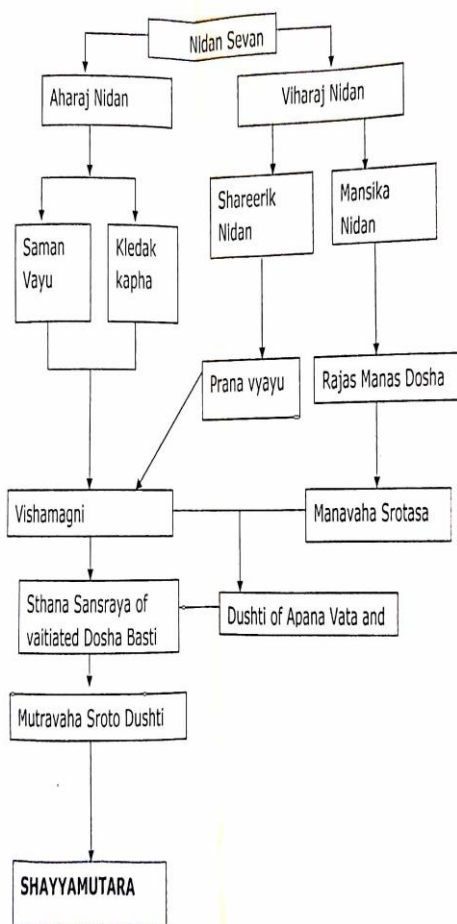
According to DSM-IV enuresis is defined as repeated voiding of Urine at least twice a week for at least three consecutive months in a child above 5 years of age at which bladder control is established<sup>1</sup>.

According to *Ayurveda Shayyamutrata* is parallel described in ancient times<sup>2</sup>. A tired child especially when he or she is taking sleep during the night time due to effect of Doshas, void Urine. In *Ayurveda* treatment of *Shayyamutrata* has got described in *Rasakamdhenu* written by Santoshkumar Sharma<sup>3</sup>, *Ashwagandhadi Ghruta* can be used for *Shayyamutrata*. In the present study it is planned a clinical review of efficacy of *Ashwagandhadi Ghruta* in management of *Shayyamutrata* with special reference to nocturnal enuresis in children 6 to 11 year age group. Under the light of available references, this study is proposed to conduct 100 patients suffering from *Shayyamutrata*.

Very limited references about this disease are available in various *Ayurvedic* texts. *Vangasena* has noticed first the complaints of *Shayyamutrata* and mentioned its management in his text<sup>4</sup>. Though the ancient texts explain almost nil about this disorder, the available literature from various texts when put together, a hypothesis can be generated which is as: The *Basti* loses Urine holding capacity *Mutradhara* *Kshamata*, during sleep and urine is passed out without the desire of micturition. This is due to the vitiated *Chala Guna* of *Vata* and *Mrudu Guna* of *Kapha*. The involvement of vitiated *Sara Guna* of *Pitta* may also be seen in this pathology. *Samprapti*<sup>5</sup> of *Shayyamutrata* may be explained as follows:

## DIAGRAMATIC PRESENTATION OF SAMPRAPTI OF SHAYYAMUTRATA:

Fig no. 1



## AIMS AND OBJECTIVES:

**Aim:** To evaluate the efficacy of *Ashwagandhadi Ghruta* in management of *Shayyamutara*.

### Objectives:

Primary objectives:

- 1) To study the role of *Ashwagandhadi Ghruta* in the management of *Shayyamutara* in children 6 to 11 year

age group.

Secondary objectives:

- 1) To study the detailed aspects of *Shayyamutara* through *Ayurveda* texts.
- 2) To study the detailed aspects of nocturnal enuresis through modern texts.

## MATERIALS AND METHODS:

### Drugs:

<b>Ashwagandhakalk</b>	<b>1part</b>
<b>Goghruta</b>	<b>4part</b>
<b>Godugdha</b>	<b>10part</b>

Table no 1

### 1) *Ashwagandha*:

Latin name	<i>Withania somnifera</i> <sup>6</sup>
English name	Indian cherry
Family	Solanacea
<i>Gana</i>	<i>Balya</i>
Parts of used	root

Table no 2

**Description:** It is small shrub, it is grow in India the middle east, and parts of Africa.

### *Raspanchak*:

<i>Rasa</i>	Katu, Kashaya, Tikta
<i>Guna</i>	<i>Laghu, Snigdha</i>
<i>Veerya</i>	<i>Ushna</i>
<i>Vipaka</i>	<i>Madhura</i>
Effect On <i>Dosha</i>	<i>Kapha-Vata-Shamaka</i>

**Table no 3**

2) *Godugdha*

English name	Cow milk
Sanskrit name	<i>Godugdha</i>

**Table no 4**

The cow milk gives mental and physical strength. Amongst milk, cow's milk is favorable. *Indra*, the lord of heaven, has said the cow's milk is nectar so; one gifting a cow makes a gift of nectar only. *Godugdha* is one of the most important liquid food constituents of which gives strength since from ancient time. Indian Acharya has mentioned the valuability of cow's milk with its different useful aspects.

**Raspanchak:**

<i>Rasa</i>	<i>Madhura</i>
<i>Guna</i>	<i>Guru, Snigdha</i>
<i>Virya</i>	<i>Sheeta</i>
<i>Vipak</i>	<i>Madhura</i>
<i>Prabhav</i>	<i>Vata-pitta-Shamaka</i>

**Table no 5**

**Qualities of cow milk:**

*Swadu.....*

*Singdha.....*

*Balaha.....*

*Shlakshna.....*

*Picchila.....*

*Guru....*

*Manda.....*

*Prasanna.....*

*Mrudu*

Milk having identical properties is conducive to promotion of Ojasa. Thus milk is an elixir par excellence.

3) *Goghruta*

English name	Cow Ghee
Sanskrit name	<i>Goghruta</i>

**Table no 6**

**Qualities of Cow Ghee:**

Cow's ghee increases *Buddhi, Kanti*, and *Smaranshakti*. It is *Balakaraka, Medhavardhak, Pushtikarak, Vatahar, Kaphhara, Shramhar Pittanashak, Hridyam, Agnivrudhdhakar,* especially benefited for the eyes.

Increases *Medhyashkti, Lavanya, Kanti, ojas* also *Teja*, extinguishes *Lakshmi* and *Paap*, it is *Vaysthapak, Pavitra, Ayuwardhak, Mangalprada, Rasayan, Sugandhayukta, Rochak*, best and very beneficial than any other *Ghritas*.

**Raspanchak**

<i>Rasa</i>	<i>Madhura</i>
<i>Guna</i>	<i>Snighdha, Laghu</i>
<i>Vipaka</i>	<i>Madhura</i>
<i>Virya</i>	<i>Sheeta</i>
<i>Effect On Dosha</i>	<i>Vata Pitta Kapha-Shamaka</i>

**Table no 7**

**Grouping of patients:**

Trial group-*Ashwagandhadi Ghruta*

### Methods of preparation of drug:<sup>7</sup>

Take all raw materials separately

Prepare *Ashwagandhadi Kalk*: 1Part

Take *Goghruta* in stainless steel vessel: 4 Part

Take milk in stainless steel vessel: 10 part

*Ashwagandha Kalk*, *Goghruta* and *Godugdha* mix in a one stainless vessel prepare homogeneous mixture

Heat slowly till the *Ghrutasiddhi Lakshana* is noted and milk is evaporated.

Allow the *Ghruta* to cool in room temperature

Store in air tight container and pack to protect from light and air.

**Duration of study:** one and half month

**Duration of treatment:** one and half month

**Mode of administration:** orally in divided doses Dose - As per age

**Dose calculations-** calculated by Young's formula

**Criteria for selection of patient:**

#### Inclusion criteria

1. Patient is of age group 6 to 11 years
2. Patient will be selected irregularly of age, sex, region and social economic status.
3. Child who has *Shayyamutrata* as a primary problem.

#### Exclusion criteria

1. Child below age group 6 year and above 11 years.
2. Child suffering from kidney pathology, hormonal disorder and acute UTI and others.
3. Child who has mentally disorder and severe behavior disorder.

#### ASSESTMENT CRITERIA

History of patients before treatment and after treatment was noted according to proforma having suitable objective parameters.

#### 1. Bedwetting frequency

Bedwetting frequency	Mean score	Median score	Median difference	n	Wilcoxon signed rank test (T <sup>+</sup> )	P-Value
Before treatment	1.26	1.00	1.00	100	3160.00	< 0.001
After treatment	0.38	0.00				

Table no 8

#### 2. Awaking during night

Awaking during night	Mean score	Median score	Median difference	n	Wilcoxon signed rank test (T <sup>+</sup> )	P-Value
Before treatment	1.57	2.00	1.00	99	4753.00	< 0.001
After treatment	0.37	0.00				

Table no 9

#### 3. Shamefulness

Shamefulness	Mean score	Median score	Median difference	n	Wilcoxon signed rank test (T <sup>+</sup> )	P-Value
Before treatment	1.13	1.00	1.00	60	1128.00	< 0.001
After treatment	0.30	0.00				

**Table no 10**

**4. Irritability**

Irritability	Me an sco re	Me dia n sco re	Med ian diffe renc e	n	Wil coxo n sign ed ran k test (T <sup>+</sup> )	P- Val ue
Before treatment	1.1 2	1.0 0	1.00	7 4	208 0.00	< 0.0 01
After treatment	0.1 8	0.0 0				

**Table no 11**

**OBSERVATION AND RESULTS:**

In the present study 100 patients were randomly registered and they assigned in to after treatment and before treatment group.

The following observations were made on age, sex, occupation, economical status, religion etc.

**1) age incidence**

All the present in this series were between the age group of 6-11 year most of patients are 8-9 year age group respectively.

**2) Sex incidence**

In present study maximum parent were males. Out of 100 patients 62 parents were male white 38 patients were female

**3) Occupation of father**

Out of 100 fathers, 48 father's were doing business, 48 father's were farmer, 7 farmer's were self employed while 22 father's were in service.

**4) Occupation of mother**

Out of 100 patients, 93 were housewife, 6 were doing tailoring wok while 1 was teacher.

**5) Socioeconomic status**

Out of 100 patient's 10 patients were from lower class, 87 patients were from middle class, while 3 patients belonged to high class.

**6) Religion**

Out of 100 patients, 96 patients were Hindu while 4 patients were Muslim.

**Final assessment of results:-**

For assessment of final result, following criteria was used.

Remark	criteria
Marked improvement	75% or more Improvement in signs and symptoms
Moderate improvement	50% - <75% Improvement in signs and symptoms
Mild improvement	25% - <50% Improvement in signs and symptoms
No improvement	Up to 25% Improvement in signs and symptoms

**Table no. 12**

**Distribution of patients according to relief:**

Final assessment (patient wise)	No. of patients	
	Count	%
Marked improvement	66	66.00%
Moderate improvement	25	25.00%
Mild improvement	07	07.00%
No improvement	02	02.00%

**Table no. 13**

Out of 100 patients, 66 patients experienced marked improvement, with 25 patients the improvement was moderate, 7 patients were mildly improved while 2 patients showed no improvement at all.

**DISCUSSION AND CONCLUSION:**

In these present study it is planned to study the efficacy of *Ashwagandhadi Ghruta* in the management of *Shayyamutrata* under

the light of available preferences *Ashwagandhadhi Ghruta* can be used for *Shayyamutrata*, it is mentioned in *Raskamdhenu* text book by Santoshkumar Sharma. This study is proposed to conduct 100 patient suffering from *Shayyamutrata* after diagnosing them they assigned in before treatment and after treatment group for a period of 45 days, with follow up study with regular intervals.

*Ashwagandhadhi Ghruta* properties: *Ashwagandha* has *Kashay, Katu, Tikta, Virya, vasna*, these properties are *Mutrastambhaniya* and *Mutrasagrahniya* properties *Godugdha* and *Gogruth* are having properties like *Buddhi, Kanti, Smaranshakti, Balakara* and *Medhvardhak, Vatpittahar* properties.

Out of *Shadvidha Chikitsa Upkarmas*<sup>8</sup> only *Brihana* and *Stambhana* have *Sthira Guna*, which compensates the *Chala Guna* of vitiate vata, which is mainly responsible for the *Shayyamutrata*, and these two therapeutics modes play an important role in the *Samprapti-vighatana* of the disease. The drug selected *Ashwagandhadhi Ghruta* have urine holding properties i.e *Mutrasangrahaniya* action so consequently *Ashwagandhadhi Ghruta* may help in improving the mental faculties as well as weak musculature of bladder especially sphinctric tone and provides better flow of urine during micturition and hence ultimately lesser amount of residual volume of urine. In this way *Ashwagandhadhi Ghruta* may work both on higher and lower center showing its dualistic action.

In the concluding remarks the result clearly shows that *Ashwagandhadhi Ghruta* highly effective for managing this disorder.

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