

A Case Study on Ayurvedic Approach for Treatment of Bedwetting

Dr. Yogita B. Chavan¹, Dr. Kalyan S. Chaudhari², Dr. Atul L. Chaudhari³

¹Assistant Professor, Department of Kaumarabhritya,

²Professor, Department of Panchakarma,

³Assistant Professor, Department of Kayachikitsa,

^{1,2,3}KDMGS Ayurvedic Medical College, Chalisgaon, Maharashtra, India

ABSTRACT

Bedwetting is one of the quite common obstinate problems, which are behavioral and urological problems yet the causes were unknown. It is a voluntary or involuntary repeated discharge of urine into clothes or bed after a developmental age when bladder control should be established. In this case study a 11-year-old male child visited with mother at the OPD of Kaumarabhritya, KDMGS Ayurvedic Medical College & Hospital, for complaints of Bedwetting in night with intermittent burning micturition. The child treatment approach is Panchakarma therapies with internal medications its was shown significant improvement in complaints of bedwetting within 2 months of treatment.

KEYWORDS: *Ayurveda, Bedwetting, Panchakarma Therapy, Shyayamutrata.*

How to cite this paper: Dr. Yogita B. Chavan | Dr. Kalyan S. Chaudhari | Dr. Atul L. Chaudhari "A Case Study on Ayurvedic Approach for Treatment of Bedwetting" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-10 | Issue-1, February 2026, pp.529-532, URL: www.ijtsrd.com/papers/ijtsrd100092.pdf



IJTSRD100092

Copyright © 2026 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



INTRODUCTION

Ayurveda is a science that encompasses various concepts, including disease prevention and treatment for all disorders. Bedwetting (*Shyayamutrata*) is viewed as a shameful issue in our society and is often underdiagnosed by pediatricians, as it is considered self-limiting. Children are not diagnosed with enuresis until they reach the age of 5, and this behavior is clinically significant if it occurs at least twice a week for three consecutive months or if it causes notable distress in social, academic, or other critical areas of the child's functioning. The prevalence of enuresis is approximately 15-25% among 5-year-olds, 8% among 12-year-old boys, and 4% among 12-year-old girls, with only 1-3% of adolescents continuing to wet the bed. Boys are affected more frequently than girls, as girls generally reach developmental milestones earlier than boys. Ayurvedic texts provide a brief overview of *Shyayamutrata*. The primary factors contributing to this condition include *Apana Vata, Tarpaka Kapha, Pachaka Pitta, Manovaha Srotas*, and *Atinidra*. The *Kapha-Vataja* trait of *Shareerika* and the *Sattvika-*

Rajasa trait of *Manasika Prakriti* can make a child more susceptible to *Shyayamutrata*.

Case Report:

Chief complaints:

Patient complaints Bedwetting in night with intermittent burning micturition since early childhood.

History of Present illness:

A 11-year-old male child visited with mother at the OPD of Kaumarabhritya, KDMGS Ayurvedic Medical College & Hospital, for reporting a Bedwetting in night since early childhood. He was also suffered from intermittent burning micturition. The patient was apparently healthy with proper growth and development except for bladder control. At the age of 8 years old, the mother noticed that the child was unable to regulate their urination at night. Therefore, they took advice from a pediatrician and started medicine for 1 month and got complete relief in complaints. After 1 year, the complaint of bed wetting was again started. After that, his behavior was also

changed with family members. Then, their parents observed that she was not given that much attention in the study, hence visited to our hospital for treatment.

History of mental state:

Based on his age, appearance is appropriate. He practices sufficient self-care. The patient exhibits calmness, silence, and signs of nervousness. He struggles to express his anger and other emotions adequately. His language skills, memory, orientation, and consciousness levels are all within normal limits. However, there is a noticeable lack of concentration and attention. Sleep patterns and appetite are both normal.

Family history: Father had a history of bed-wetting in childhood.

Birth History: FT-LSCS, cried soon after birth, weight- 3 kg.

Immunization history: vaccination done as per schedule.

Personal history:

Rogi Pariksha

Aahara (Diet) – Mixed diet

Nidra (Sleep) – sound

Jivha (Tounge) – Coated

Kshudha (Appetite) – normal

Mutra (Micturition) – 6-8 times/ day, 2-3 times/ night

Mala (Bowel) – regular -once/ day

General examination	Systemic examination	Investigation
BP – 110/80mmhg Pulse - 84/min Temp - 98.2 / F/ Afebrile Clubbing - Absent Pallor - Absent Icterus - Absent Lymphadenopathy - Absent Nails – Normal	R/S - AEBE, clear CVS - S1 & S2 Heard normal P/A - Soft, nontender, no distention, NAD. CNS - Conscious, oriented with time, place, and person, Speech normal, Memory intact. Muscle power - Both lower & upper limb- 5/5. Hearing - Normal, Language - Normal & Co-ordination - Normal.	Blood reports - CBC, RBS, Serum Electrolyte within normal parameters. Urine reports - Urine Routine & microscopic findings are within normal parameters. USG KUB - No any abnormality detected.

Treatment strategy:

The child was subjected to ayurvedic treatment with the consent of parents as follows- Before initiation of treatment, *Kosthashodhana* was done by *Eranda Taila* 15ml with half glass of milk in night for 3 days. The patient initiated a treatment plan consisting of three sessions, which includes *Panchakarma* procedures such as *Matra Basti* and *Nasya*, along with oral medications like *Bramhi Ghrita* and *Medhya Rasayana Churna*. (Table no. 1, Table no. 2 & Table no. 3)

Table no. 1) Treatment 1st session from 2 Feb. 2025 to 16 Feb. 2025 (15 days)

Table no. 1) Treatment timeline from 2 Feb. 2025 to 16 Feb. 2025			
Sr no	Therapy / Medicine	Dose	Duration
1	<i>Matra Basti</i> with <i>Bramhi Ghrita</i>	30 ml / in morning	For 15 days
2	<i>Bramhi Ghrita</i>	5 gm in morning / Empty stomach	
3	<i>Medhya Rasayana</i> powder	3 gm thrice a day after food	

Table no. 2) Treatment 2nd session from 17 Feb. 2025 to 3 march 2025 (15 days)

Table no. 2) Treatment timeline from 17 Feb. 2025 to 3 march 2025			
Sr no	Therapy / Medicine	Dose	Duration
1	<i>Nasya</i> with <i>Bramhi Ghrita</i>	5 drops / In each nostrils / once a day	For 15 days
2	<i>Bramhi Ghrita</i>	3 gm in morning / Empty stomach	
3	<i>Medhya Rasayana</i> powder	3 gm thrice a day after food	

Table no. 3) Treatment 3rd session from 4 march 2025 to 4 April 2025 (30 days)

Table no. 3) Treatment timeline from 4 march 2025 to 4 April 2025			
Sr no	Medicine	Dose	Duration
1	<i>Medhya Rasayana</i> powder	30 ml / in morning	For 30 days

Patient instruction advisories:

Patient was advised some advisories are as follows- Restriction of fluid for 2 h before sleep at night. Avoid of dairy products, fruit juices, and fluids before bedtime. The child is roused for urination approximately 2 to 3 hours after falling asleep. Bladder Retention control training for increasing the bladder capacity, and Motivational therapy started like providing reassurance, emotional support, and eliminating guilt.

Result Assessment:

Assessment was done on the basis Bedwetting frequency in nights. For the assessment of bed wetting frequency mother was advised to note down every day in notebook. Results assessment was done before and After completion of treatment, shown significant improvement, with the bedwetting frequency. (Table no. 4).

Table no. 4) Assessment of Bedwetting frequency in nights	
Days	Frequency
Before treatment	2-3 times/ night
1 to 7 days	2-3 times/ night
7 to 15 days	2 times/ night
16 to 30 days	1-2 times/ night
31 to 45 days	0-1 times/ night
46 to 60 days	No bed wetting

*Note – Burning micturition was improve within 7 days treatment only.

Discussion:

Bedwetting refers to the involuntary passing of urine during sleep. The Ayurvedic term *Shayyamutrata* has a limited description, so to address *Shayyamutrata* according to Ayurvedic principles, one must consider the fundamentals of *Tridosha* theory. Consequently, *Shayyamutrata* primarily involves *Vata* (*Prana*, *Vyana*, and *Apana*), *Pitta* (*Sadhaka*), and *Kapha* (*Tarpaka*), along with the *Manasika doshas Raja* and *Tama*. The four herbal formulations *Brahmi*, *Shankhpushpi*, *Guduchi*, and *Yashtimadhu* are recognized as *Medhya Rasayana*. *Brahmi* is known for its neuroprotective qualities and nootropic effects, enhancing cognitive functions and social adaptability. *Shankhpushpi* exhibits antidepressant properties. *Yashtimadhu* is noted for its anxiolytic and memory-boosting effects. *Guduchi* provides antistress and antioxidant benefits. Therefore, these herbs can be safely utilized, either individually or in combination, for extended periods as neuroprotective agents and brain tonics. They function by stimulating the brain's neurotransmitters, aiding in the enhancement of concentration and memory. In the context of *Medhya Rasayana*, it reduces *Mutra* production due to the *Kleda Shoshana* properties of *Tikta* and *Kashaya Rasa*. *Ghrta* amplifies the medicinal properties that support cognitive function and address neurological issues. Modern scientific theories suggest that certain saturated fatty acid products, such as Ghee, can penetrate the blood-brain barrier due to their lipophobic characteristics. As a result, *Brahmi Ghrta* was utilized for *Pana*, *Nasya*, and *Basti*. According to Acharya Kashyap, *Basti* is considered *Amrita* for children. In cases of *Shayyamutrata*, ongoing or temporary emotional conflicts can trigger the *Vata Dosha* within the body. Ghee is beneficial for normalizing vitiated *Vata* due to its *Vatasamaka* properties. *Shayyamutrata* is classified as *Pakwashayasamuttha Vyadhi*, with *Khavaigunya* present in *Basti*. Thus, *Matra basti* directly targets that area, providing relief from the condition. It also

aids in enhancing bowel movements, which can contribute to enuresis. *Nasya*, or *Nasa*, is regarded as the gateway to the brain. Consequently, medications delivered via the nasal route can influence the brain, potentially rectifying delayed neurological development. *Medhya* drugs administered through *Nasya* are readily absorbed, traversing the blood-brain barrier through either vascular pathways or drug diffusion. Additionally, *Nasya* enhances hormonal production and supports endocrine function.

Conclusion:

Bedwetting most common conditions in pediatric age groups. In this study multidimensional approach adopted for treatment which demonstrated significant improvement in bedwetting frequency and overall quality of life.

Patient's consent:

The authors affirm that they have obtained all necessary patient consent forms.

Conflicts of interest & Funding sources: Nil.**References:**

- [1] IAP. Text book of Pediatrics, 2nd ed, New Delhi; Jaypee Brothers Medical Publishers (P) Ltd, 484p.
- [2] Nelsson. Textbook of Pediatrics. Volume-1. chap-22, 18th Edition. Amsterdam: Elsevier; 2007.
- [3] Nirmal Saxsena. Vangasena Samhita of Vangasena. Chikitsa Sarasangraha. Chap. 70. Verse no. 26-27. Varanasi; Chaukhambha Sanskrit Series Office; 1st ed; 2004. 990p.
- [4] Srikanta Murthy KR. Sarangadhara Samhita. Purvakhanda. Chap. 7. Verse no. 187-188. Varanasi; Chaukhambha Orientalia; 6th ed; 2006. 46p.
- [5] Nirmal Saxsena. Vangasena Samhita of Vangasena. Chikitsa Sarasangraha. Chap. 74.

- Verse no. 127-128. Varanasi; Chaukhambha Sanskrit Series Office; 1st ed; 2004. 1014p.
- [6] Govinda Das Sena. Bhaisajya Ratnavali. Kshudra Rogadhikara. Chap. 60. Verse no. 167. Varanasi; Chaukhambha. Varanasi: Chaukhambha Prakashana; 18th ed. 2003. 961p.
- [7] Tripathi Bramhanand. Ashtanga Hridayam (Hindi). Sutra Sthana. chapter 1, Verse 26. Varanasi; chaukhambha Sanskrit Pratishthan; Reprinted 2003; 16p.
- [8] Aayushi Tiwari. Ayurvedic aspects of Shayyamutra- A review article. WJPMR 2020;6:138-41.
- [9] Dr. Kaustubh Y. Salunke, Dr. Sujata K. Salunke. A Clinical Study on the efficacy of Bimbimoola Vati in Shayyamutra (Enuresis) with reference to Nocturnal Enuresis. J Ayurveda Integr Med Sci 2019; 5:92-96. <http://dx.doi.org/10.21760/jaims.4.5.17>
- [10] Singh RH. The psychosomatic disorders and their management in Ayurveda. Ancient Sci Life 1981; I:41-8.
- [11] Atul Shankar Sarokte. Effects of Medhya Rasayana and Yogic Practices in Improvement of Short-Term Memory among School going Children; Published by Ayu. Varanasi: Chaukhambha Surbharti Prakashana; 2013. 383-389p.
- [12] Sharma PH. Kashyap Samhita, Sidhi sthana, Rajaputriya Sidhhiyanam Adhyaya. Varanasi: Chaukhamba Sanskrit Sansthan; 2012. 364p.

