



Research Article

A CLINICAL STUDY ON THE EFFICACY OF UDUMBARADI GRANULES IN THE MANAGEMENT OF SHAYYAMUTRATA

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ABSTRACT

Shayyamutrata (Nocturnal Enuresis) is a psychosomatic pediatric disorder whose sole manifestation is involuntary bed-wetting during sleep. Though not physically harmful, it carries significant psychological burden for the child and social embarrassment for parents. Classical Ayurvedic texts describe the condition only briefly, with treatment guidelines remaining sparse. The predominant *Strotas* involved are *Mutravaha* and *Manovaha*, while *Vata* and *Kapha Dosha*, along with *Tama*, form the core of its etiopathogenesis. Given its multifactorial, mind-body nature, management requires a multidimensional approach. This single-arm clinical study was undertaken to evaluate the efficacy of *Udumbaradi Granules*-comprising *Udumbara*, *Ashwagandha*, *Ashwattha*, *Mandukparni*, *Amalaki*, and *Vidanga*-in the management of *Shayyamutrata*. Of 41 children initially enrolled, 35 patients aged 3 to 12 years, of both sexes, with a confirmed diagnosis of bedwetting, completed the 15-day trial after satisfying inclusion and exclusion criteria. Patients were assessed on the 7th and 15th day for change in the frequency and occurrence of bedwetting. Following treatment, the frequency of bedwetting reduced by 61.54% and its occurrence by 37.65%, both changes being statistically significant (Chi-square 57.211 and 33.522 respectively, $p < 0.05$). No adverse drug reactions were observed during the study period. These findings indicate that *Udumbaradi Granules* are a safe and effective Ayurvedic therapeutic option for *Shayyamutrata*, acting by alleviating *Vata* and clearing *Kapha*-induced *Avarana*, thereby strengthening bladder control. Larger, multi-centric trials with extended follow-up are recommended to substantiate these results.

INTRODUCTION

The mental and physical health of a child is of great importance. In Ayurveda, there is a separate branch dedicated for child's health care known as Kaumarabhritya. *Shayyamutrata* is one of the quite obstinate problem which are behavioral/vegetative disorder^[1].

Enuresis affects 5%-10% of 5-year-olds, 3%-5% of 10-year-olds, and about 1% of those aged 15 and older. At age 5, it is more common in males (7%) than females (3%).

By age 10, prevalence drops to 3% in males and 2% in females and at age 18, it affects 1% of males and is extremely rare in females.^[2] The description of disease is very brief in classical scriptures. None of the *Bruhatrayees* have explained the disease. *Acharya Vangsen*^[3] was the first one to describe the disease. *Sharangdhara samhita*^[4], *Adhamalla*^[5], *Bhaishajya Ratnavali*^[6] and *Vaidya Manorama*^[7] have also Explained *Shayyamutrata*. Recent description of this disease is given by Vaidya Nirmala Rajwade (1956), who described the *Shayyamutrata* under the heading "*Balavigyaaney*" in her text "*Kaumarabhritya tantra*" and by Pandit Rajeshwar Datta Shastri (1957)^[8], gave the detailed description of *Shayyamutra roga* under the heading *Kshudraroga prakarana*. He gave the *Tarkeshwar Rasa*, he described the management that *Bhaishajya Ratnavali* had described.

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The primary *Strotas* implicated in this condition are the *Mutravaha Strotas* (urinary channels) and *Manovaha Strotas* (channels related to mental functions). The *Doshas* involved in the etiopathology of this disease are predominantly *Vata* and *Kapha*, with a significant contribution from *Tamas*^[9].

AIMS AND OBJECTIVE

Aim

To study the efficacy of *Udumbaradi Granules* in *Shayyamutrata*.

Objectives

- To study the efficacy of *Udumbaradi Granules* in decreasing the frequency of micturition in *Shayyamutrata*.
- To study the adverse effect, if any of *Udumbaradi Granules*.

MATERIAL AND METHODS

Ethical Clearance- The clinical study was initially presented as a synopsis to the institutional ethics committee. The trial commenced following approval from the chairperson of the ethics committee.

Sample size- 35 patients completed the research study with a definite diagnosis of bed-wetting (enuresis). They were chosen based on the diagnostic, inclusion, and exclusion criteria

Inclusion Criteria

- Patient with age group of 3 to 12 years of either sex are selected.
- History of bed-wetting at least twice in a week.
- The patient whose parents are ready for his/her child's participation in clinical trial by giving informed written consent.

Exclusion Criteria

- Patients with any known case of -CNS disorders epilepsy, spina bifida, diabetes mellitus, diabetes insipidus, urinary tract infections.
- Any obstruction in lower urinary tract like posterior urethral valve stenosis, distal urethral stenosis.

METHOD

Patients meeting the inclusion and exclusion criteria were enrolled, and their clinical details were recorded on a structured proforma prepared for the study.

A comprehensive profile was created in accordance with proforma created for the same objective, which includes pertinent information such as physical indicators, findings, symptomatology, and evaluation criteria.

Drug, dose and duration

Ingredients of *Udumbaradi granules* (Table 1)

Table 1: Ingredients of Udumbaradi Granules

S.No.	Sanskrit name	Botanical Name	Part Used	Quantity
1.	<i>Udumbara</i>	<i>Ficus glomerata</i>	Bark	1 Part
2.	<i>Ashwagandha</i>	<i>Withania somnifera</i>	Root	1 Part
3.	<i>Ashwattha</i>	<i>Ficus religiosa</i>	Bark	1 Part
4.	<i>Mandukparni</i>	<i>Centella asiatica</i>	<i>Panchang</i>	1 Part
5.	<i>Vidanga</i>	<i>Embelia ribes</i>	Fruit	1 Part
6.	<i>Amalaki</i>	<i>Embelia officinalis</i>	Fruit	1 Part

The ingredients of *Udumbaradi granules* are *Udumbara*, *Ashwagandha*, *Ashwattha*, *Mandukparni*, *Amalaki* and *Vidanga*.

- Dose: 3 years to 12 years - 1gm to 12gm per dose
- Time: Thrice a day
- Route: Oral
- Anupana*: *Godugdha*
- Duration: 15 days

Preparation of Udumbaradi Granules

The *Kwath* will be prepared using equal parts of *Udumbara*, *Ashwattha*, *Ashwagandha*, *Mandukparni*, *Vidanga*, and *Amalaki* powders. These powders are combined with water in a 1:16 ratio, then heated gently until reduced to one-eighth of the original volume. Once cooled, the mixture is filtered through muslin cloth to obtain the filtrate.

Next, double the amount of *Sharkara* is added, and the mixture is heated over low flame until it reaches the desired consistency (*Paaka siddhi lakshana*). Once achieved, heating is stopped, and the mixture is blended to cool rapidly, transforming it into granules. These coarse granules are dried overnight, then sieved to create uniform sizes. The final product is stored in airtight containers and provided to patients based on age, with instructions to take three doses daily alongside *Godugdha*.

Criteria for Assessment**Subjective Parameters****Table 2: Grading for Frequency of Bedwetting**

Frequency	Grade
Normal micturition / no bed wetting	0
Bed-wetting twice a week	1
Bed-wetting 3 to 5 times a week	2
Once or more than once in a day or night	3

Table 3: Grading for Occurrence of Bedwetting

Occurrence	Grade
No bed wetting	0
Bed wetting only in day	1
Bed-wetting only at night	2
Bed-wetting at day and night both	3

Objective Parameters

In this study, objective parameters were not applicable and hence were not included in the research trial; assessment was based entirely on the subjective parameters (Frequency and Occurrence of bedwetting) described above.

Analytical Study

A hypothetical medication called “*Udumbaradi granules*” was created considering the pathophysiology of the disease *Shayyamutrata*. Analytical study of the compound was done to determine the compound’s chemical properties and structure. (Table 4)

Table 4: Study of physical characteristics (Analysis Report) of sample prepared by *Udumbaradi Granules*

S.No.	Test	Result
1.	Appearance	Dried granules 40# size
2.	Colour	Gray
3.	Odour	Faint
4.	Taste	Sweet
5.	Moisture content	5.04%
6.	Ash	6.97%
7.	Acid insoluble ash	0.71%
8.	Alcohol soluble extractive	7.65%
9.	Water soluble extractive	54.68%
10.	pH	3.5
11.	Density	0.83

OBSERVATION AND RESULTS

The analysis of *Shayyamutrata* encompasses several key factors, including age, gender, weight, diet, socioeconomic status, and subjective experiences related to bedwetting. A comprehensive examination of these elements provides valuable insights into the condition's prevalence and informs the assessment of treatment efficacy.

Observation Tables**Table 5: Distribution of patients according to Age**

Age Group (Years)	No. of Participants	Percentage
4 – 6	16	45.71%
7 – 9	10	28.57%
10 – 12	9	25.71%
Total	35	100%

Table 6: Distribution of patients according to Gender

Gender	Frequency	Percentage
Female	19	54.3%
Male	16	45.7%
Total	35	100%

Table 7: Distribution of patients according to Weight (kg)

Weight (kg)	No. of Participants	Percentage
0-10	1	2.86%
10-20	15	42.86%
20-30	12	34.29%
30-40	6	17.14%
40-50	1	2.86%
Total	35	100%

Table 8: Distribution of patients according to Diet

Diet	Frequency	Percentage
Mixed	20	57.1%
Vegetarian	15	42.9%
Total	35	100%

Table 9: Distribution of patients according to Socioeconomic Status

Socioeconomic Status	Frequency	Percentage
Lower Class	5	14.3%
Middle Class	26	74.3%
Upper Class	4	11.4%
Total	35	100%

Age: Most participants (45.71%) were aged 4-6 years, followed by 7-9 years (28.57%) and 10-12 years (25.71%), indicating bedwetting is more common in younger children despite bladder control typically developing by age 3.

Gender: Both genders were affected with near-equal distribution (54.3% female, 45.7% male), suggesting gender has little influence on *Shayyamutrata*.

Weight: Most children weighed 10-30kg, the typical range for this age group, indicating no strong association between weight and *Shayyamutrata*.

Socioeconomic Status: Most participants (74.3%) belonged to the middle class, possibly reflecting differences in health care access and reporting.

Dietary Habits: Diet was fairly evenly split between mixed (57.1%) and vegetarian (42.9%) diets, suggesting a limited dietary role in onset.

Symptom-wise (Grade-wise) Observation of Patients

Table 10: Symptom-wise observation: Grade-wise distribution of patients for Frequency of Bedwetting

Grade	Day 0	Day 7	Day 15
Grade 0	0	0	8
Grade 1	2	16	24
Grade 2	23	17	3
Grade 3	10	2	0

Table 11: Symptom-wise observation: Grade-wise distribution of patients for Occurrence of Bedwetting

Grade	Day 0	Day 7	Day 15
Grade 0	0	0	8
Grade 1	0	0	1
Grade 2	20	31	26
Grade 3	15	4	0

RESULTS**Subjective and Objective Parameters wise**

Objective parameters: Not applicable, as no objective parameters were included in this study (see criteria for assessment).

Table 12: Descriptive statistics of Frequency of Bedwetting (Subjective Parameter) on Day 0, Day 7 and Day 15

Day	N	Mean	Std. Deviation	Minimum	Maximum
Day 0	35	2.2286	.54695	1.00	3.00
Day 7	35	1.6000	.60391	1.00	3.00
Day 15	35	.8571	.55002	.00	2.00

Table 13: Descriptive statistics of Occurrence of Bedwetting (Subjective Parameter) on Day 0, Day 7 and Day 15

Day	N	Mean	Std. Deviation	Minimum	Maximum
Day 0	35	2.4286	.50210	2.00	3.00
Day 7	35	2.1143	.32280	2.00	3.00
Day 15	35	1.5143	.85307	.00	2.00

Statistical Tables of Results

Friedman's test (a non-parametric test for repeated measures) was applied to the Frequency and Occurrence grades recorded on Day 0, Day 7 and Day 15 to test the null hypothesis that there is no significant difference in grades across the three time points.

Table 14: Friedman Test: Mean Ranks and Test Statistics for Frequency of Bedwetting

Day	Mean Rank
Day 0	2.79
Day 7	2.06
Day 15	1.16

Test Statistics*	
N	35
Chi-Square	57.211
df	2
Asymp. Sig.	.000
* - Friedman Test	

Interpretation: Since $p < 0.05$, the null hypothesis is rejected. There is a statistically significant reduction in the grades of frequency of bedwetting across Day 0, Day 7 and Day 15 (Percent Effect: 61.54%).

Table 15: Friedman Test: Mean Ranks and Test Statistics for Occurrence of Bedwetting

Day	Mean Rank
Day 0	2.47
Day 7	2.01
Day 15	1.51

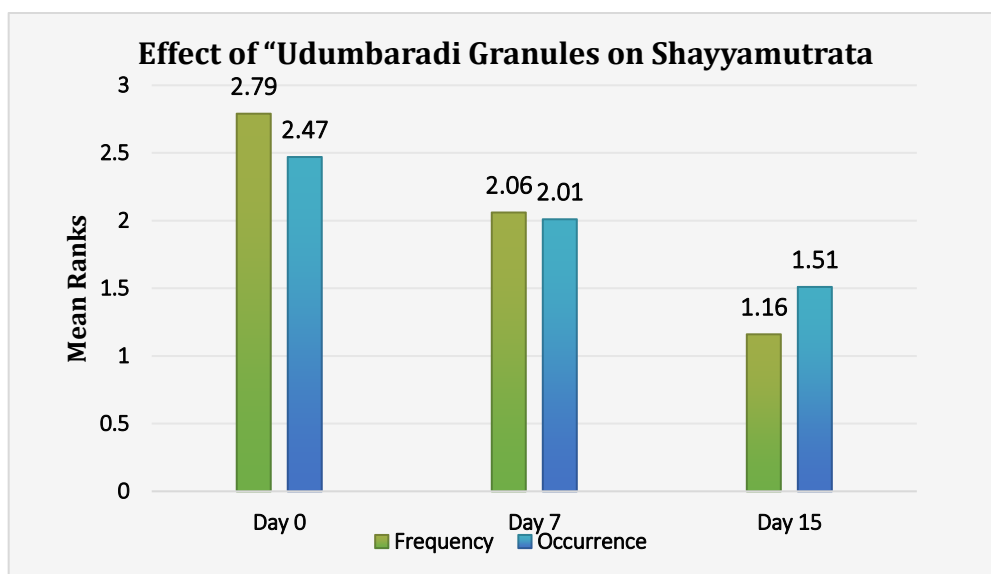
Test Statistics*	
N	35
Chi-Square	33.522
df	2
Asymp. Sig.	.000
* - Friedman Test	

Interpretation: Since $p < 0.05$, the null hypothesis is rejected. There is a statistically significant reduction in the grades of Occurrence of bedwetting across Day 0, Day 7 and Day 15 (Percent Effect: 37.65%).

Effect of the Udumbaradi granules is based on the improvement in the frequency and occurrence of bedwetting. After 15 days of treatment, 61.54% of participants reported a reduction in the frequency of bed-wetting, suggesting that “Udumbaradi Granules” may be an effective therapeutic intervention. At the final follow-up, 37.65% of participants noted a decrease in the occurrence of bedwetting, further supporting the efficacy of the treatment. (Table No. 16, Graph 1)

Table 16: Effect of Udumbaradi granules on frequency and occurrence of Bedwetting

Parameter	Before Treatment		After Treatment		Percentage Relief	Chi-Square	p
	Mean	Sd	Mean	Sd			
Frequency	2.2286	.54695	.8571	.55002	61.54%	57.211	< 0.05
Occurrence	2.4286	.50210	1.5143	.85307	37.65%	33.522	< 0.05



Graph 1: Effect of Udumbaradi granules on frequency and occurrence of Bed wetting

DISCUSSION

This study underscores the importance of understanding the multifaceted factors contributing to *Shayyamutrata* and highlights the potential effectiveness of “Udumbaradi Granules” in addressing the condition.

The drug's effect as determined by this study can be attributed to a variety of its ingredient's mechanisms of action. The probable *Samprapti* of the *Shayyamutrata* shows that the disease *Shayyamutrata* is mainly a *Vata*vikara which is caused by the *Avarana* of *Prana Vayu* by *Kapha* and *Tama*. So, it is important

to break the *Samprapti* for which the process must include the *Anuloman* of *Vata* and removal of *margavarodha* of *Prana Vayu* caused by *Kapha*.

The drugs which are included in the “Udumbaradi granules” that is *Udumbara*, *Ashwattha*, *Ashwagandha*, *Mandukparni*, *Vidanga* and *Amalaki* are majorly *Kashaya*, *Katu* and *Tikta rasatmak*. These are *Snigdha* and *Laghu gunatmak*; *Shita viryatmak*; *Katu* and *Madhur vipaki*. They are also mainly *kapha* and *Pittashamak*.

According to the *Gana* the *Udumbara* and *Ashwattha* are included in *Mutrasangrahaniya Gana*; *Ashwagandha* is *Balya gana*; *Mandukparni* is *Medhya Gana*; *Vidanga* is *Krimighna* and *Amalaki* is *Rasayan*.

According to *Acharya Vagbhatta*, *Tikta Rasa* is *medhya*. *Katu - tikta rasatmak*, *Madhur vipak* and *Sheeta virya* drug improves the *Pitta dosha* and increases the quality of the *Sattva guna*. These also help in the function of the *Tarpaka Kapha*. All this removes the *Avarana* of *Tama* over *Manovaha strotas*.

The drugs which are included in "*Udumbaradi Granules*" are having the *Kaphashamak* properties. The *Margavarodha* of *Prana vayu* which is caused by the *Kapha dosha* is removed due to these and *Stroshodhan* occurs. The alleviation of *Apana vayu* happens which decreases the urine. Purification of *Samana vayu* and *Vyana vayu* happens which increases the *Agni* (digestion), acts on the *Rasa* (nutrition) and increases the microcirculation. The drugs (mainly *Balya*, *Rasayan* and *Mutrasangrahaniya*) also give strength to the *Basti* (urinary bladder). *Medhya* drugs strengthen the nervous system and also are able to strengthen the bladder, its muscles and sphincters.

Thus, in the above pattern *Samprapti Bhanga* occurs and the frequency of micturition on bed (*Shayyamutrata*) decreases.

CONCLUSION

The effectiveness of "*Udumbaradi Granules*" is attributed to the specific properties of its ingredients, which work to balance the *Doshas* and strengthen the urinary system. The granules target the root cause of *Shayyamutrata* by alleviating the *Vata dosha* and removing the *Kapha*-induced blockages, leading to improved bladder control.

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