



## Nocturnal Enuresis: How Much Can Homoeopathy Help?

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### ABSTRACT

Nocturnal enuresis is common problem that can be troubling for children and their families. The Diagnostic and Statistical Manual of Mental Disorders (DSM- IV) defines nocturnal enuresis as an involuntary voiding of urine during sleep, with a severity of at least twice a week, in children aged >5 years in the absence of congenital or acquired defects of the central nervous system

Keywords: Nocturnal enuresis, bed wetting, bladder, urine.

### 1. Introduction

Bed-wetting also called night time incontinence or Nocturnal enuresis is involuntary urination while asleep after the age at which staying dry at night can be reasonably expected.[1]



**Fig. 1.** Representative image of bed wetting.



**Fig. 2.** Primary and secondary enuresis.

Enuresis is defined as the voluntary or involuntary wetting of clothes or bedding with urine for a period of at least 3 consecutive months in children older than 5 years of age. The generally accepted definition, suggested by the American Pediatric Academy, is the involuntary wetting of clothes or bedding by urine during the daytime or nighttime [2].

### 2. Epidemiology

2.1 The prevalence in India is 7.61%–16.3%.

2.2 In general, Nocturnal enuresis is more in boys (60%) than the girls (40%).

2.3 The highest effected age group are 5-8 years and lowest in children age group 11-12 years [3].

2.4 Nocturnal enuresis is more common in lower socio-economic family and larger families.

2.5 Institutionalized children.

2.6 Strong family history (50%).

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### 3. Etiology:

Following factors are responsible for Nocturnal enuresis:

- 3.1 **Small bladder:** Child bladder may not be developed properly to hold urine at night.
- 3.2 **Inability to recognize a full bladder:** If the nerve which controlling the bladder, are not developed properly or developed slowly, full bladder may not awake your child specially if your child is a deep sleeper.
- 3.3 **UTI (urinary tract infection):** UTI can make difficulties for the child to control urination.
- 3.4 **Imbalance hormone:** Child don't produce enough ADH (anti-diuretic hormone) to slow night time urine production.
- 3.5 **Chronic constipation:** In cases of long-term constipation, the muscles which are used to control the urine, become dysfunctional, occurred bed wetting at night.
- 3.6 **Diabetes:** The children who is usually dry at night and suddenly started bed wetting at night is may be the sign of diabetes.
- 3.7 **A structural problem in the urinary tract or nervous system:** Rarely, bed-wetting is related to a defect in the child's neurological system or urinary system.

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### 4. Risk factors:

- 4.1 Bed-wetting affects any children, but boys are more effected rather than girls.
- 4.2 Stress and anxiety:
  - 4.2.1 Starting a new school.
  - 4.2.2 Sleeping away from home.
- 4.3 Family history: Strong family history is significant of bed wetting of children.
- 4.4 Attention deficit/hyperactivity disorder (ADHD): Bed wetting is more prone to those children who have ADHD.

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### 5. Pathogenesis:

Most significant problem of nocturnal enuresis is awakening from sleep. In cases of normal children when the bladder richest maximum capacity, there is a sudden arch for urination, which does not occur correctly in cases of enuretic children. Though exact causes of nocturnal enuresis is not known although some researcher suggest that chronic over stimulation leads to down regulation of the voiding centre.[4]

Inadequate secretion of the ADH (anti-diuretic hormone), which also responsible for production of more urine has been seen in cases of enuretic children. The frequency is to be around two out of three children. [5]

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### 6. Diagnostic criteria:

Five diagnostic criteria of nocturnal enuresis are as follows.

- 6.1 Repeated involuntary or intentional voiding of urine into bed or clothes
- 6.2 Clinically significant criteria:
  - 6.2.1 Twice a week for at least three consecutive months.
  - 6.2.2 Significant distress.
  - 6.2.3 Impaired functioning.
- 6.3 Chronological age is five years or older.
- 6.4 Absence of medical conditions.

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### 7. Treatment of a child with nocturnal enuresis:

- 7.1 Reassure the child and parents that the condition is self-limiting and to avoid punitive measures that can affect the child's psycho-logic development adversely.[6]
- 7.2 Treatment of enuresis involves behavioral changes such as carrying the child to the toilet at night or awakening him or her for urination.

7.3 Daily motivation and exercises aimed all increasing bladder capacity.

7.4 In children, non-surgical and non-pharmacological methods that correct voiding habits. [7]

7.5 Fluid intake should be restricted to 2 oz after 6 or 7 PM [6]

7.6 Avoidance of drinks with a diuretic effect (such as those containing caffeine) is advised, although the effect of this has also not been investigated [8].

7.7 Conditioning therapy involves use of a loud auditory or vibratory alarm attached to a moist sensor in the underwear. The alarm sounds when voiding occurs and is intended to awaken the children and alert them to void.[6]

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## **8. Efficacy of the homoeopathy medicine in the treatment of nocturnal enuresis and their indications:**

### ***8.1 Kreosotum***

8.1.1 Wets bed at night, wakes with urging, but cannot retain urine or dreams he is urinating in decent manner.

8.1.2 Urine flows during deep, first sleep, from which the child is roused with difficulty.

### ***8.2 Calcarea Carbonica***

8.2.1 Too frequent emission of urine, even in the night. Wetting the bed

8.2.2 Craving for eggs; for indigestible things, chalk, coal

### ***8.3 Equisetum Hyemale***

8.3.1 Incontinence in children, with dreams or night-mares when passing urine boericke.

8.3.2 Enuresis, nocturnal and diurnal.

### ***8.4 Cina***

8.4.1 Nocturnal enuresis; urine white, turbid, at times fetid.

8.4.2 Frequent want to make water, with profuse discharge. Wetting the bed. Urine soon becomes turbid.

8.4.3 Involuntary emission of urine (at night).

### ***8.5 Belladonna***

8.5.1 Enuresis nocturna of children.

8.5.2 Wets bed; restless, starts in sleep.

### ***8.6 Pulsatilla***

8.6.1 Involuntary micturition: urine dribbles while sitting or walking; while coughing or passing wind; at night in bed, especially in little girls.

### ***8.7 Causticum***

8.7.1 Enuresis, especially during first sleep; < winter, > in summer. Tendency to escape during the day, from any extra exertion, laughing, walking.[9]

### ***8.8 Natrum Muriaticum***

8.8.1 Frequent and urgent want to urinate, day and night, sometimes every hour, with copious emission. Involuntary emission of urine, sometimes on coughing, walking, laughing, or sneezing. Nocturnal emission of urine. Clear urine, with red sediment, resembling brick-dust[9]

### ***8.9 Sepia***

8.9.1 Emission of urine at night (has to rise frequently). Involuntary discharge of urine at night, esp. in first sleep.

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## 9. Conclusion:

Nocturnal enuresis is a common childhood problem. It has high rate of spontaneous cure but its prolongation can interfere with socialization a rise anxiety for children and their families. Multiple etiological contribute to nocturnal enuresis including physiological and behavioral conditions. Research shows homoeopathy has significant role in treatment of nocturnal enuresis.

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