



Nocturnal Enuresis and its Homoeopathic Management

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ABSTRACT –

Nocturnal enuresis is defined as intermittent incontinence of urine during sleep in a child aged 5 years or more in absence of congenital malformations of the urinary tract or congenital or acquired defects of the central nervous system. It is the most common urologic complaint in paediatric patients.

Keywords - Bedwetting, nocturnal enuresis, night, sleep

Introduction-

Nocturnal enuresis is defined as the voluntary or involuntary wetting of clothes or bedding with urine at a wrong place and time for a period of at least three consecutive months in children older than five years of age, affects many school going children and also teens.

Enuresis can be subdivided into primary vs. secondary or monosymptomatic vs. nonmonosymptomatic types :-

Primary enuresis refers to children who have not achieved at least six months of continuous dry nights.

Secondary enuresis refers to children who previously attained at least six months of night time dryness but who have relapsed. Secondary enuresis is more likely to occur with psychosocial stressors or an underlying medical or behavioral condition.

Aetiology-

There are many factors associated but psychological or psychiatric factors are now considered to be either a consequence of enuresis or comorbidity.

Other Conditions associated with nocturnal enuresis include:

- Constipation
- Urethral obstruction
- Ectopic ureter
- Cystitis
- Diabetes insipidus
- Disorders of sleep arousal
- Small bladder capacity
- Overactive bladder

Diagnostic criteria -

- Repeated passage of urine into bed or clothes, whether involuntary or voluntary.
- The behaviour either occurs twice a week for at least three consecutive months result in clinically significant distress or social, functional or academic impairment.
- This behaviour occurs in children who are at least 5 year old or has reached the equivalent developmental level.
- The development cannot be attributed to the physiologic effect of a substance or other medical condition.

Management of children suffering with nocturnal enuresis -

Reassure the child and parents that the condition is self limiting and to avoid harsh measures that can affect the child's psycho-logic development adversely.

First-line of treatment involves simple behavioral modifications such as carrying the child to the toilet at night or awaking him or her for urination, along with daily motivation and exercises aimed at increasing bladder capacity.

Fluid intake should be reduced after evening to reduce the frequency.

Conditioning therapy includes use of a loud auditory ringing or vibratory alarm with a sensor which is attached to the clothes of the child. The alarm rings when passing urine occurs and is intended to awaken the children and alert them to rush to the bathroom.

Treatment :

When treatment is used, therapy is aimed at changing the behavior of the child which is most often recommended. *Behaviour therapy* is effective in more than 75% of patients and may include:

Alarms: Using an alarm system that awakens the child when the bed gets wet can help him learn to respond to bladder sensations at night. The majority of the research on nocturnal enuresis supports the use of urine alarms as the most effective treatment presently. Urine alarms are currently the only treatment associated with marked improvement in bladder control. The relapse rate is low, generally 5% to 10%, so that once a child's bedwetting improves, it almost always remains improved.

Bladder training: This technique uses regularly scheduled visits to the bathroom timed at increasing intervals to help the child become used to "holding" urine for longer periods. This also helps to expand the size of the bladder, which is a muscle that responds to exercise. Bladder training is very important which is used as part of an enuresis treatment program.

Rewards: This may include providing a little reward as the child achieves bladder control and gets appreciation for it.

Homoeopathic medicines-

Kreosotum-

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

Urine flows during deep, first sleep, from which the child is roused with difficulty and hence wets the bed.

Equisetum Hyemale

Incontinence of urine in small children, with dreams or dreaded nightmares when passing urine.

Wetting of bed at night; dreams of places crowded with people.

Squilla Maritima

Continuous, painful pressure on bladder.

Tenesmus and irritation of bladder after micturition. Frequent urging to urinate, especially at night, with scanty or profuse discharge of pale urine. Involuntary micturition, especially when coughing and laughing. Inability to hold urine.

Calcarea Carbonica

Too frequent passing of urine, even in the night time leading to wetting of the bed.

Craving for eggs and for indigestible things like chalk, coal etc

Fatty children rather bloated than solid, pale but flushing easily, the head sweats profusely,

Cina

Nocturnal enuresis in children; urine white, turbid, at times fetid.

In children there is extreme ill-humour and irritability .

Wetting of the bed. Urine soon becomes turbid.

Involuntary emission of urine at night.

Natrum Muriaticum

Frequent urging to urinate, day and night, sometimes every hour, with copious emission. Involuntary passing of urine, sometimes on coughing, walking, laughing or sneezing. Nocturnal emission of urine. Clear transparent urine with red sediment which resemble brick-dust.

Incontinence of urine, day and night, making it compulsory to frequent change of clothing and bedclothes ;craving for salt and oysters.

Pulsatilla

Children are peevish, changeable, pale and chilly in nature.

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

Enuresis nocturna for two years, especially in girls. Mild disposition, fair skin, frequently changing color, very sensitive ; the complaint has been preceded by an acute exanthema, most probably measles.

Belladonna

Enuresis nocturna of children.

Wets bed ; restless, starts in sleep.

Sepia

Emission of urine especially at night. Involuntary passing of urine at night, especially during the first sleep.

Causticum

Enuresis, especially during first sleep <during winter, > in summer. Involuntary passage of urine during first sleep at night; also from slightest excitement.

References -

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