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# Homoeopathic Management of Nocturnal Enuresis in Paediatrics Age Group 4 to 10 Years

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**ABSTRACT**

Homeopathy is a highly scientific, logical, safe, fast and extremely effective method of healing. Homeopathic medicines are safe for infants and children. Research shows that children respond much more quickly to homeopathic treatment than adults. Homeopathy uses medicines prepared from natural substances that are similar to the disease as opposed to conventional medicines that treat and often suppress the patient's symptoms. Homeopathy is much safer and faster than other treatments.

**KEYWORDS:** Nocturnal Enuresis, Bed Wetting, Paediatrics, Homoeopathy.

## INTRODUCTION

Nocturnal enuresis is enuresis during sleep. Children learn to control their bladder at different ages. Children under the age of 4 often wet their bed or clothes because they do not have bladder control yet. But most children can stay dry all night by age 5 or 6.

Bedwetting is defined as a child aged 5 years or older who wets the bed at least 1 or 2 times a week for at least 3 months. In some cases, the child wet the bed the entire time. However, bedwetting can also start after the child has been dry for a long time at night.

Wetting the bed can be uncomfortable, especially for an older child. Your child may feel bad and ashamed.

Bedwetting, also known as nocturnal enuresis, is the involuntary urination during sleep after the age at which bladder control is expected. Children who wet the bed are not doing it consciously. When a child has a problem with bedwetting after the age of five, parents should be concerned. Bedwetting can be a source of embarrassment for both children and their parents. This situation can eventually tarnish the self-esteem of the child, who develops a strong fear of being ridiculed by peers. Bedwetting can be completely cured with homeopathic treatment and strong parental support.

Since most primary enuretics have a problem with the nervous system, homeopathic medicines help regulate the system and help alleviate the problem of bedwetting. More and more parents today are concerned about the side effects of conventional medicines, especially when treating young children. Here are some of the reasons why every parent should consider homeopathy for their children. Homeopathy is a safe system of medicine for children. Children who are more susceptible respond faster to homeopathy. Homeopathic treatment based on the "constitutional approach" treats the disease at the root level, thereby increasing the child's resilience. Homeopathy is also considered child-friendly because homeopathic pills have a sweet taste and are easily accepted by children. Homeopathic medicines act on a psychological, physiological and physical level to alleviate the condition of bedwetting. Homeopathic medicines will prevent any unwanted bladder contractions and restore normal bladder musculature, urethral sphincter function and control, thereby preventing any involuntary leakage of urine. Homeopathic remedies have been developed to treat bedwetting or bedwetting naturally without disrupting the endocrine system and reduce the anxiety that is attributed as a cause of bedwetting in children. These remedies are natural, gentle, safe and can be given to children of any age.

## REVIEW OF LITERATURE

### Historical aspects

The Ebers Papyrus documents that bedwetting was well known by 1500 BC.

Enuresis from the Greek word "enourine" which means excretion of urine

Epidemiology

Enuresis occurs in all countries in rich and poor and in all sexes. It affects people in the normal and subnormal range of intelligence. No race is exempt. A study of the enuretic population by psychiatrists and psychologists, pediatricians and homeopaths indicates that boys suffer from enuresis more often than girls. The ratio is 2:1. The difference has been attributed to social child-rearing attitudes, where girls are not allowed to be unkempt and are therefore trained to be more careful. Some argue that the incidence ratio reflects genetic considerations.

However, researchers and clinicians agree that patients who are enuretic only at night are much less likely to have any associated or causative organic pathology. Given that 80% of enuretics are only nocturnal in their habit, organicity must be more intensively sought in one out of five cases: 15% of sufferers are only diurnal enuretics. It is in the latter group that physicians must be hyperaware of the possibility of an organic cause.

Individuals whose enuresis persists into adolescence show a higher frequency of combinations with one or more of the following disorders:

Passive aggressive or passive dependent responses.

Past history of sleepwalking (somnambulism)

Family history of sleepwalking.

Inferior dentition measured by decayed, filled or missing index.

Chronic problems of the urogenital tract (urgency, frequency, nocturia)

Family history of enuresis.

Prevalence

The prevalence of bedwetting has been difficult to estimate due to differences in its definition and social standards. It is now generally accepted that 15 to 20% of children will have some degree of bedwetting by age five, with a spontaneous resolution rate of approximately 15% per year. Therefore, by the age of 15, only 1 to 2% of teenagers still wet the bed.

Some studies report that boys wet the bed more often than girls, but this finding has been disputed by other reports. One study reported that 80% of children with enuresis wet the bed only at night and about 20% have some wetting during the day. The second group falls into a different category and requires a different assessment.

Engaged mechanism

The mechanisms important for gaining sphincter control are mainly four:

1. Ripening

2. Development

3. Learning

4. Conditioning

Physiological factor

A physiological factor probably plays a major role in most cases of enuresis. Normal bladder control, which is acquired gradually, is influenced by neuromuscular and cognitive development, socio-emotional factors, toilet training and possible genetic factors. The difficulty is that one or more of these areas can delay urinary incontinence. Enuresis children were twice as likely to have concurrent developmental delay than children without enuresis. The problem has a multifactorial etiology. As a result, the assessment and treatment of these disorders is often multidisciplinary.

Nocturnal enuresis is usually more recognized as nocturnal enuresis. This involuntary urination during sleep is present in the absence of a urological or neurological disorder. In the US, 2-3 million children suffer from this disorder. Approximately 10-15% of five-year-olds and five percent of 10-year-olds suffer from bedwetting.

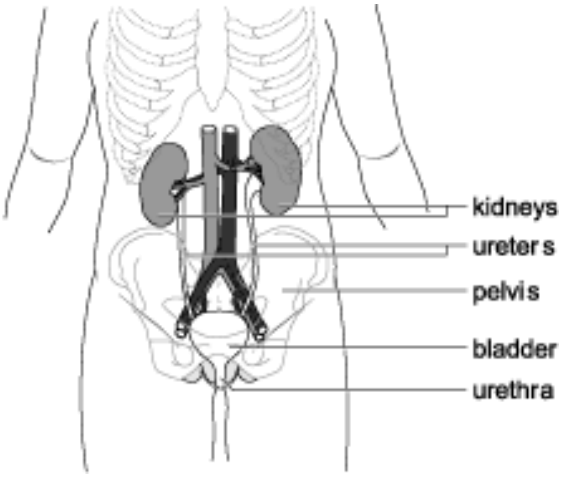
Etiology

The etiology of primary nocturnal enuresis has been widely discussed but is still not completely understood. The physician should keep in mind that primary nocturnal enuresis is a diagnosis of exclusion and that all other causes of bedwetting must be ruled out. Causes of secondary enuresis include neurogenic bladder and associated spinal cord abnormalities, urinary tract infections, and the presence of posterior urethral valves in boys or an ectopic ureter in girls. Posterior urethral valves cause significant voiding symptoms such as straining to void and decreased urine flow. An ectopic ureter causes constant urination.

Types of nocturnal enuresis

There are two types of nocturnal enuresis. Primary nocturnal enuresis is a condition where a child has never developed complete nocturnal bladder control. Secondary nocturnal enuresis is when a child urinates accidentally after having had bladder control for six or more months. It is often associated with a period of emotional stress, such as the birth of a younger sibling, death, or school worries.

Urinary system




Despite numerous studies on primary nocturnal enuresis, its etiology remains elusive. Several recent reports have clarified the patho-physiology of enuresis. The condition appears to be multi-factorial, thus further complicating the therapeutic approach. In addition, the well- recognized spontaneous resolution rate clouds the search for causative mechanisms. Finally, the various treatment approaches and modalities are influenced by the patient's family environment and by the background and prejudices of the patient, the parents and the physician.

Possible etiologies of primary nocturnal enuresis appear in *Table 1*.

TABLE 1
Possible Etiologies of Primary Nocturnal Enuresis

| Factor | Pathophysiology | Evidence |
|---|---|---|
| Developmental delay | Delayed functional maturation of the central nervous system causing failure of arousal | Spontaneous cure rate as children grow older, animal studies |
| Genetics | Unclear | Family history, gene identification, linkage analysis |
| Sleep disorder | Deep sleep | Sleep studies |
| Behavior and psychologic disorders | Unclear | Result rather than cause |
| Anatomy | None found | Children with primary nocturnal enuresis have normal physical examinations |
| Antidiuretic hormone levels | Low level of nighttime antidiuretic hormone secretion in children with primary nocturnal enuresis causes urine overproduction | Hormone studies |

**Clinical signs**

Observing fabric wetting or bed wetting is very easy to do. However, the observer cannot tell whether there is an organic cause or whether the person is enuretic. Usually, the person making the chief complaint can offer testimony about the wetting episodes and their pattern of occurrence. In most cases, it is not a problem to decide that wetting is a case of enuresis.

There are two general categories of enuretics: primary, also called persistent enuretics, and secondary, also called transient or neurotic enuretics.

Four-fifths of all enuretics are primary, meaning that a period of permanent dryness has never developed and that the patient has never known the confident feeling of retiring without the worry of enuresis. Secondary enuresis occurs after a person stops wetting. A neurotic conflict, such as the birth of a sibling, or a temporary emotional stress, such as adjustment to military service, may precipitate enuresis. The physician must record whether the enuretic episodes are daytime, nighttime, or both. It is estimated that one in 1,000 enuretics has associated encopression, the involuntary passage of stool.

Adult enuretics are able to describe the heartbreaking inconveniences and situations caused by the persistence of their habit. They had such restrictions that they could not go to school and stay overnight with a loved one. Nevertheless, many adult enuretics are married and lead a normal existence.

In enuretic boys, there is often a mother-son relationship in which the child continues to enure due to the mother's unconscious expectations and wishes. The mother often has a dismissive attitude that makes her demand that her son be ineffective and rebellious.

Female enuretics, on the other hand, have a strong attachment to their fathers: just as a male enuretic can be a mother's boy, a female enuretic can be a father's girl.

Course and prognosis

From a medical point of view, enuresis can be considered a benign disorder that has a strong tendency to self-correct. Therefore, with certain exceptions, the advice to parents that enuresis will stop when the child grows up seems to be true.

Although most children are dry by age 10, any child who is enuretic should be treated early, as it is currently not possible to distinguish between a child who will continue to have enuresis into adolescence and adulthood.

Diagnosis

Although the causes and treatment of enuresis elude doctors, diagnosis is relatively easy. The patient can inform the doctor about the involuntary passage of urine.

A homeopath who sees an enuretic child must be sure that the patient has undergone a thorough physical examination and urinalysis. They must also take a complete medical history and then discover the characteristics of the oozing pattern.

Diagnostic tests that may be performed include:

urine analysis

urine culture

urodynamic studies

Imaging or other tests used to detect abnormalities may include the following:

Cystometrogram (measures bladder pressure at different stages of filling)

Cystoscopy (bladder examination using a cystoscope)

Magnetic resonance imaging (MRI scan)

Ultrasound

Voiding cystourethrogram (VCUG; used to observe the urinary tract before, during, and after urination)

The first step to proper treatment is to have the child's parents fill out a questionnaire that evaluates the child's enuresis history. The doctor should also consider the following points: children under six years of age are generally not evaluated if they have enuresis and no other persistent urological problems; treatment modalities will not be successful if parents and child do not work together, and treatment will fail if the social structure of the family and the home environment do not provide consistent support and care for the child.

Consistent follow-up is essential when evaluating the results of a therapeutic intervention. Objective documentation using a journal can help the physician, patient, and family monitor progress. Improvement is usually defined as a 50 percent reduction in the number of bedwetting nights.

Advice for parents

It is best to talk openly with the child about the problem. Reassure him that he is not sick and that this problem can be solved. Praise all signs of improvement and all your child's efforts to overcome the problem. Don't blame, criticize or punish your child or call them dirty or childish.

Tips for a cool night

Make sure your child goes to the toilet just before bedtime. Parents sometimes lift a sleeping child to use the toilet before going to bed themselves. However, this can encourage the child to wet the bed because their bladder is not full before urinating.

Make sure your child doesn't drink within two to three hours of bedtime. However, restricting a child's fluid intake during the day will not help develop bladder control. Children should be encouraged to drink seven to eight cups of fluids, spread throughout the day. It is best to avoid drinks that contain caffeine as they have a diuretic effect.

Make it easy for your child to access the toilet – perhaps leave the light on.

Encourage your child to return to their own bed after changing.

Record wet and dry nights. Reward dry nights (eg keep star charts).

The role of the homeopathic physician

The topic "The effectiveness of homeopathic medicines in the treatment of nocturnal enuresis in pediatrics aged 4 to 10 years" for the dissertation, in the review of the literature, its introductory chapter, historical aspects, pronunciation, physiological factor, micturition reflex, prevalence, etiology, types of nocturnal enuresis, primary assessment nocturnal enuresis, treatment advice for parents. Today, more is known about its causes and treatment, as appropriate toilet training, behavioral therapy, allopathic pharmacotherapy, psychotherapy are not as effective, so it would be welcome to have a work on the " Homeopathic management of Nocturnal Enuresis". pediatric age group 4 to 10 years".

The homeopathic doctor, who has a great interest in doing the task as best as possible for his patient under the given circumstances, has a very difficult task in choosing medicines, unlike other paths.

The phenomenon of such "cures" can be mapped on a scientific basis so that it will be easy for other professionals to replicate these results on a regular basis.

Homeopathy has been found to be very successful in treating bedwetting. The goal of homeopathy is to strengthen the body's nervous system. This allows the child to gain bladder control. The same child who has been wetting the bed for years is able to keep the bed dry within a few weeks.

Homeopathy offers the best way to treat bedwetting. The embarrassment of both the child and the parents quickly disappears as if by magic. Here are the top 5 homeopathic remedies for bedwetting to help work this magic.

Causticum – one of the best homeopathic remedies for bedwetting

Causticum is very suitable for children, when this problem is more in winter and improves in summer. The child is weak and early at night wets the bed. There is little control over the bladder. Urine can leak even when the child coughs or sneezes and at the slightest excitement. There is little sensation when urinating.

Creosote - one of the best homeopathic remedies for bedwetting in children who have difficulty waking up

In cases where the child sleeps so deeply that it is difficult to wake him up, Kreosote is one of the best homeopathic remedies for bedwetting. Urine has an unpleasant smell. The child even has dreams about urination. Even during the day, the child finds it difficult to control the bladder and has to run when he feels the urge to urinate.

Cina- One of the best homeopathic remedies for bedwetting with worms

In cases where worms are present along with enuresis, Cina is one of the best homeopathic remedies for enuresis. The child is irritable and rubs his nose. The urine is cloudy and white, turning milky on standing. Increased appetite is another prominent symptom that suggests Cina.

Acid-Phos- One of the best homeopathic remedies for bedwetting in large quantities

In cases where the child urinates profusely even in sleep, Acid Phos is one of the best homeopathic remedies for bedwetting. The child is otherwise weak and nervous.

Equisetum – one of the best homeopathic remedies for habitual bedwetting

## CONCLUSION:

Mode of presentation of Nocturnal Enuresis with improved informative literature has been provided. Assessment of affection in degree of age, sex, concomitant developmental delay and positive family history is accessed in 30 cases taken for study.

Age : 4 to10 years

Sex : Male were 54 %

Female were 46 %

Family history of nocturnal enuresis was 27 %.

Concomitant developmental delay was seen in 3% cases.

Homoeopathy is efficient in management of nocturnal enuresis in children.

30 cases of nocturnal enuresis were selected and conclusion were arrived after a statistical analysis.

1. Rate of nocturnal enuresis according to age group between 4 to 10 years:

4 – 6 years : 7 no. of cases 23.33%

7 – 10 years : 23 no. of cases 76.66%

2. Rate of nocturnal enuresis according to sex :

Male : 17 cases 56.66%

Female : 13 cases 43.33%

3. Frequency of family history in nocturnal enuresis:

With family history of nocturnal enuresis : 08 cases 27%

No family history of nocturnal enuresis : 22 cases 73%

4. Frequency rate of concomitant developmental delay:

With concomitant developmental delay : 02 cases 06%

Without concomitant developmental delay : 28 cases 94%

5. Cure rate:

| | | |
|---|---|---|
| Cured | :25 cases | 83.33% |
| Note cured | : 5 case | 16.66% |

6. 16 cases out of 30 cases were diagnosed of primary nocturnal enuresis i.e. 54%.

14 cases out of 30 cases were diagnosed of secondary nocturnal enuresis i.e. 46%.

7. Detailed case taking & evaluation is necessary for the management of these cases.

8. Improvement in the condition of these patients was noted after administration of homoeopathic medicine.

9. Homoeopathic medicines prescribed :

Sulphur, Pulsatilla, Arsenic Alb, Calc. Carb., Belladonna, Phosphorous, Lycopodium, Nat Mur, Medorrhinum, Arg Nit, Nux Vomica,.

From above mentioned points & results at the end of study provides enough evidence to say that the homoeopathic useful in the management of nocturnal enuresis in children.

## SUMMARY

Generally, a complete history and thorough physical exam provide the initial evaluation of a child with primary bedwetting. A urinalysis and urine culture generally complete the workup. Further laboratory and radiological studies are usually reserved for the youngster who presents with secondary bedwetting.

Primary bedwetting is generally viewed as a delay in maturation of the nervous system. At 5 years of age, approximately 20% of children wet the bed at least once a month with about 5% of males and 1% of females wetting nightly. By 6 years of age, only about 10% of children are bedwetters -- the large majority being boys. The percentage of all children who are bedwetters continues to diminish by 50% each year after 5 years of age. Family history plays a big role in predicting primary bedwetting. If one parent was a bedwetter, the offspring have a 45% chance of a developing primary enuresis as well.

As most of the primary bedwetters have a problem of nervous system, homeopathic medicines help regulating the system and help alleviate the problem of bedwetting.

Homeopathic remedies play a vital role in treating infection of urinary bladder or kidneys, hence relieving the problem completely.

Homeopathic medicines offer excellent relief for Bedwetting. Homeopathic medications can relieve the incontinency and stimulate the nervous system without any side effects and is good for raising the immunity. Homeopathy is of use in eradicating chronic relapsing conditions. Homoeopathy doesn't treat the 'disease in man' but it treats the 'man in disease'. Homoeopathy treats the cause of disease and the illness will disappear.

**The patient characteristics of present study are as follows:**

The prevalence of nocturnal enuresis is more in males17 [56.66%] than in females 13 [43.33%]

Prevalence of nocturnal enuresisis found more frequently in the age group of 7-10 years (76.66%)

25 patients (83.33%) were found recovered with well selected simillimum.

Miasmatic prevalence as fundamental miasm is psora in 16 cases (53.28%).

The statistical scale used for the assessment of the effect of the treatment also showed significant improvement after treatment. Out of 30 patients more than half the number of cases that is **25 (83.33%)** patients got tremendous improvement within **7** months.

Out of 30 cases, 25 cases [83.33%] completely cured. 05 cases [6.66%] showed a significant improvement but not full recovery after the Homoeopathic treatment. It indicates the efficacy of the application of the holistic science.

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