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## **CONSTITUTIONAL HOMOEOPATHIC MANAGEMENT OF NOCTURNAL ENURESIS IN CHILDREN OF 5 TO 14 YEARS OF AGE GROUP**

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### **ABSTRACT :**

Nocturnal enuresis is a commonly observed condition in 5-14 year olds. aged children. Although not a critical medical problem; it can be very stressful for the child and families and affects the child's growth and family well-being; creates a negative psychological impact.

Homeopathic treatment is based on holistic individualization, which affects the person as a whole with psychosomatic and somatopsychic manifestations. Constitutional prescribing provides holistic considerations. Treatment effectiveness was assessed using the enuresis interviewer and comparing scale scores recorded before and after treatment.

A clinical study on 30 patients confirmed my hypothesis and statistical analysis confirmed the results. During the clinical study, I achieved my goals of studying the psychological causes responsible for enuresis and the constitution of children. A treatment helpline provided in the form of counseling the child's parents about fluid intake habits and providing emotional support to help the child gain confidence.

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**KEYWORDS:** Nocturnal enuresis, Bed Wetting, Constitutional Homoeopathic Medicines, Paediatrics, Homoeopathy.

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### **INTRODUCTION:**

Bedwetting (enuresis) is an elimination disorder in which involuntary emptying of the bladder and bedwetting occurs at an age beyond which sphincter control is normally developed. Involuntary bedwetting at night during sleep after 5 years of age is referred to as nocturnal enuresis (NE). It must be clinically significant, as manifested by a frequency of at least twice a week for at least three consecutive months in a child aged 5 years and older. It is often neglected and becomes a potential cause of embarrassment for both the child and the parents.

Prevalence varies from study to study and also depends on the sampling method. Nocturnal enuresis is observed in 15-20% of children aged 5 years, and with each year of maturity the percentage of bedwetting decreases by 15%. Primary bedwetting occurs in 75% of cases and secondary bedwetting occurs in 25% of cases, only 1 or 2% of children continue to wet themselves throughout adolescence.

Bedwetting often has a psychological cause, and many children attribute it to feelings of shame or guilt that they try to overcome and fail. They are constantly worried that their family and friends will discover them in this uncomfortable state. If not treated in time; children may suffer from low self-esteem issues and there is a great potential for developing social and psychological problems in the future.

According to the definition of health given by the World Health Organization (WHO), "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". It indicates that an individual should not have any type of physical or mental illness and also the social behavior must be acceptable to the surroundings. An individual suffering from any form of disability or illness in the above three planes cannot be said to be healthy.

Therefore, treatment should take into account not only problems related to the bladder, but also a thorough examination should be carried out to determine how the child's relationship with parents and classmates is. In this condition, homeopathic treatment takes a holistic approach to the sick. Not only does it stop bedwetting, but it also provides the potential to thrive in an adverse environment without being sensitized to it.

Homeopathy is a modern medical system that is based on scientific laws and is derived from an infallible and flawless natural law. "Disease is the result of something going wrong in the body's normal day-to-day function. According to Hahnemann, disease is an abnormally altered state of life, characterized by a feeling of restlessness and discomfort due to a dynamic disturbance of the vital force.

Master Hahnemann considered the entire psychosomatic approach of the patient to a perfect analogy in every step of Organon medicine. Hahnemann perceived the mental and emotional reactions of life as more important factors in health and disease, and also as the most valuable for the selection of the defendant's remedy in the field of treatment.

## REVIEW OF LITERATURE:

### NOCTURNAL ENURESIS

Nocturnal enuresis refers to the involuntary passing of urine during sleep. The American Psychiatric Association DSM-IV defines bedwetting as repeated wetting of the bed or clothing that occurs at least twice a week for three consecutive months in a child who has reached the age of five and is not due to the side effects of a medication or due to a medical examination . state.

The World Health Organization defines enuresis as passing urine twice a month (under 7 years) or once a month (over 7 years).

#### Types

There are two types of nocturnal enuresis

- 1) Primary nocturnal enuresis a
- 2) Secondary nocturnal enuresis.

Primary nocturnal enuresis is defined as "persistent nocturnal enuresis in an individual who has never been dry for six consecutive months, without any urologic, medical, or neurological anomaly in a child older than 75% of children who are normally dry."

Secondary nocturnal enuresis defined as nocturnal enuresis in an individual who has been dry for six consecutive months and then resumes enuresis.

Diurnal enuresis or incontinence are terms used to describe episodes of bedwetting when children are awake.

Primary nocturnal enuresis occurs as a result of a delay in the maturation of the relevant part of the nervous system.

Secondary nocturnal enuresis arises from psychological causes, i.e. worries at home or at school, has reflex irritation of the bladder leading to enuresis.

Researchers and clinicians agree that patients who are enuretic only at night are much less likely to have any associated or causative organic pathology.

Because 80% of enuretics are only nocturnal in their habit, without any organicity and 15% of sufferers are only diurnal enuretics. (Farokh, 2007)

#### Prevalence

Bedwetting affects approximately 5 million children in the United States. In population-based cross-sectional studies in children aged 6 to 12 years, the prevalence was 0.2–9.0% (diurnal incontinence), 1.5–2.8% (combined daytime and nocturnal incontinence), and 1.5–8.9 % nocturnal enuresis, respectively, were reported. It is well known that nocturnal enuresis will subside over time. Each year, 15% of bedwetting sufferers dry up without treatment.

Bennett (2008) formulated the percentage of children who have nocturnal enuresis by age as stated, 5-year-olds (20%), 6-year-olds (12%), 7-year-olds (10%), 8-year-olds (7%), 9-year-olds (6%) , 10-year-olds-5%), 11-year-olds (4%), 12-year-olds (3%), 13-year-olds (2-1/2%), 14-year-olds (2%).

#### 1. Mental burden

Bedwetting is a widespread and stressful condition that can have a profound impact on a child's behavior and emotional and social life. It is also particularly stressful for parents or guardians.

Many times children who wet the bed for psychological reasons were dry before a stress or traumatic event. Every child is different, so what may be perceived as stressful or traumatic for one child may not affect another child. So, what could be some stressful or traumatic events or life changes that could cause a return to bedwetting.

Psychological stress<sup>20</sup> can be caused by things like divorce, moving to a new environment, the death or loss of a family member or friend, a new school, a new baby in the family, or school deadlines.

Modern living is an accelerating factor of mental disorders. There is a decline in the extended family and a shift towards the nuclear family, rather an isolated unit comprising parents and children. The function of the school, pre-school care and single parent is also increased, less conformity and more freedom of choice for the child. Adverse life experiences, such as deprivation of maternal affection through loss or separation, may predispose to a depressive disorder later in life. This also causes emotional deprivation of the child.

The basic emotional needs of a child are emotional security in the form of parental love, which is in the first place among the vital needs of a child. A child needs trust in parents and home. This basic setting is one thing that contributes to a child's growth and well-being. Another thing to take care of is the proper recognition and appreciation of the child's achievements. Parents must show interest in the child's activity. Another need is their independence to fight their own battles, such as certain life changes that can also cause a child to wet the bed e.g. Starting school, moving to a new town or school, or going to camp is often enough to make him urinate. Losing a loved caregiver or learning a new challenging task can make a child feel sad or frustrated, and that emotional pain can manifest as bedwetting.

#### 2. Structural and physical problems

Very few children (only 1-3%) have a physical disorder causing their bedwetting. Such disorders include: urinary tract infections, anatomical abnormalities of the urinary tract, abnormal nerve control of the bladder, i.e. neurogenic bladder, spina bifida, and untreated diabetes that causes excessive urine production, including antidiuretic hormone deficiency, small bladder capacity, nocturnal polyuria, urgency/dysfunctional voiding syndrome, neurogenic bladder, ectopic ureter, cystitis, constipation, seizure disorder, urethral obstruction and hyperthyroidism.

#### 3. The role of genetics in enuresis

Children with this disease often have a family history of nocturnal enuresis. Numerous studies report different percentages, but all indicate a high incidence of this problem in other family members. One study showed that in families where both parents had enuresis, 77% of the children also had enuresis. In families where only one parent had enuresis, 44% of children were affected. If neither parent had a history of enuresis, the incidence dropped to 15%.

#### 4. The role of sleep in nocturnal enuresis

Bedwetting is a type of parasomnia. Parasomnia means "around sleep" and describes a number of sleep disorders recognized by modern Western medicine. These include nightmares, sleepwalking, enuresis and night terrors.

It has been reported that people with enuresis can have normal sleep patterns. However, parents of these children often say that their child is a "hard sleeper". In a recent survey of 9,000 parents of children aged 6-17, 22% said they thought the reason their child wet the bed was laziness.

Children with nocturnal enuresis usually sleep very deeply at night and may be difficult to wake. Mental and physical relaxation, whether superficial or deep with closed eyes, is called sleep. The depth of sleep is not constant throughout sleep. It varies in different stages of sleep. During sleep, most bodily functions are reduced to a basal level. Urine production is reduced. The specific gravity of urine increases. Enuretic children who are classically described as deep sleepers, although no specific sleep pattern has been described. Enuresis can occur at any stage of sleep. All children have the hardest time arousing in the first third of the night and the easiest to wake in the last third of the night, but enuretic children are more difficult to arouse than children with normal bladder control. In cases of nocturnal enuresis, the signals from the distended bladder indicating the need to empty the bladder do not reach the conscious level of their mind during sleep, which can cause involuntary bladder emptying.

According to Western medicine, the ability to awaken from sleep to the sensation of a full or contracting bladder involves many interconnected anatomical regions in the human body, including the cerebral cortex, the reticular activating system (RAS), the locus coeruleus (LC), the hypothalamus, the pontine micturition center (PMC), spinal cord and bladder. The RAS controls the depth of sleep, the LC controls arousal, and the PMC initiates the command to contract the detrusor. The various neurotransmitters involved in this process include noradrenaline, serotonin, and antidiuretic hormone (ADH). Abnormally deep sleep, which parents say is enuresis, is so resistant to arousal that their brain cannot automatically keep the bladder closed during sleep. Some believe that this deep sleep is a hereditary factor. Parents often report that their children wet the bed earlier rather than later in the night, and some older studies suggest that these episodes occur during slow, deep sleep.

Previous studies have shown that children wet the bed during deep sleep. However, recent research has shown that children wet the bed in all sleep states. These studies have shown that some children do not respond to their internal body signals during sleep. Children with nocturnal enuresis are unable to wake up from sleep when the bladder reaches its maximum capacity.

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## DEVELOPMENT MILESTONE SCHEDULE

Ghai described the developmental milestone with reference to milestones in feeding, motor development, changes in dress and makeup, speech development, toileting, social development and emotional development. My research study includes toileting habits, social development and emotional development and are described as follows:

### 1. Toilet habits

The development of toilet habits in a developing child is like regular stools unrelated to food (7 months), placed on the toilet seat; sit with good control (10 months), toilet habit becomes regular (15 months), urination becomes regular (18 - 21 months), try to control urination, says he wants to urinate (2 years).

### 2. Mental composition of the child

What gives each of us the stamp of individuality is the way in which each of us behaves differently from the behavior of everyone else. This difference in temperament is caused by the interplay of proteins synthesized by genes. Genes control the glandular, nervous and biochemical interactions in the body that differ from individual to individual, and this is the main reason why everyone has a unique temperament. No two children are the same. It is possible to observe two children performing a similar task and notice that they may differ greatly in their approach. The unique ways in which people respond to new environments, social situations, and tasks are defined by their individual temperaments.

### 3. Growth and development

He mentioned that development is not determined solely by genetics (nature), nor is a child solely a product of the environment (nurture). Research demonstrating the profound impact of early experiences on brain development has shed light on the interaction of nature and nurture. Although biological, psychological, and social factors combine to shape development, it is useful to consider each class of influence separately.

As children grow older, they become more aware of their own feelings and the feelings of others. They can better regulate their emotional expression in social situations and can respond to the emotional distress of others. At the age of 7 and 8, shame and pride, which depend on the awareness of the consequences of their actions and the kind of socialization they have received, affect their opinion of themselves. Understanding their own emotions helps children regulate their behavior in social situations and talk about feelings. Given the early emotional experience that occurs in the family, it should not be surprising that family relationships influence the development of emotional understanding.

A child psychologist has described today's child as a "hurried child". Children today are expected to succeed in school, compete in sports, and fulfill their parents' emotional needs. Many children move frequently and have to change schools and leave old friends. A tightly scheduled pace of life can also be stressful.

### 5. Normal behavior and emotions

Emotions and behavior are said to be developmental entities. Emotions are particularly important because they organize behavior, energize behavior, but when acute, they also disrupt behavior. They are responsible for self-realization and are an integral part of personality. Emotions are generally defined as an agitated state of the organism, involving the organism as a whole. They are conscious processes involving bodily changes and arise from various causes. Neurophysiologically, emotions are under the control of the autonomic nervous system, which is relatively independent of voluntary control. Every child is born with the potential for both pleasant and unpleasant emotions.

In the bulletin of the National Institute of Homeopathy (2008), the article states that Various behavioral traits are manifestations of the genome of individuals, each of which 50% have acquired from their parents a mutation that has some new or altered character, e.g. part of the adaptation. All children do not reach a point of development at the same age. Depending on the interacting influence of heredity and environment, children achieve different

behavioral characteristics at different ages and to different degrees. Certain behaviors considered normal at one stage may not be accepted as normal at another stage of development. Thus, the child's behavior needs to be predicted and understood against the expected behavior at his stage.

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## BEHAVIOR PROBLEMS

Behavioral problems according to the age at which they are most likely to manifest, under three headings, viz about Childhood

- o Preschool age a
- o School age.

During school age enuresis (bedwetting), school phobia and school refusal, difficulties in understanding or learning (dyslexia), obstinacy, stubbornness, addiction and anti-social behavior such as lying, stealing, vandalism, etc.

Along with a child's physical growth and development, corresponding emotional and mental development is also necessary. A child's emotional needs should be met, such as love, affection, understanding and a sense of belonging, trust and acceptance, the importance of discipline, self-confidence and self-esteem. Behavioral problems in children, even when they are young, can cause anxiety for parents. Managing them requires an understanding of stress in children.

Dr. Solanki further concludes that as children grow, their behavior changes. A child's behavior at each stage is marked and modified by his own personality. A behavior problem is a certain form of behavior that is not appropriate for the child's age and development. A child who feels that his older brother is superior to him may unconsciously wet the bed in the unconscious hope that he will be treated again with the special attention that a baby receives, or as a way to express anger that they don't respect his parents. Therefore, it is always desirable to know what is at the root of a behavior problem rather than simply treating the problem.

A variety of different situations can cause stress. Stress has a dynamic effect on human activity. The following are some important situations that can result in stress for a child, such as child maladjustment with siblings and parents, unfavorable comparisons, maladjustment at school, broken homes, and parental discord. This stress can result in behavior disorders in children.

Cortina (1994 BJJ), a Mexican homeopath, had great success in treating bedwetting in a group of 20 children. They complained of bedwetting along with stubborn and introverted behavior, as well as restless sleep and nightmares. Ten children's problems disappeared along with a change to better behavior. Two of them relapsed after initial success midway through treatment; while eight remained unchanged in both the mental and physical realms.

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## GENERAL MANAGEMENT

### Behavioral therapy:

Behavioral therapy is a form of psychotherapy. Psychotherapy is a treatment option for children with enuresis secondary to a change or traumatic event in their life, or for those who have a significant self-esteem problem due to their bedwetting.

Psychotherapy uses the principles of learning theory to eliminate unwanted behavior or to develop a desirable one. Behavioral therapy for nocturnal enuresis includes motivational therapy, bladder training, fluid management, behavioral alarms, self-waking, and occasionally medication.

Below are some basic recommendations that you can try with a child of any age,

and. It is important to manage nocturnal enuresis in order to reduce embarrassment for the child and anxiety in the family. Family members who have outgrown the condition can share their experiences with the child to reduce feelings of isolation.

- ii. Remind your child every night to get out of bed and use the toilet when he needs to urinate. Also, remind the child to empty his bladder just before bedtime.
- iii. Help your child find the toilet easily with bathroom night lights. Consider placing a portable potty seat in the nursery if the toilet is far from the nursery.
- iv. Stop using diapers, training pants or pull-ups at home, as they can prevent a child from wanting to get out of bed, especially if the child is over eight years old.
- in. After overnight wetting accidents, encourage your child to go to the bathroom before changing into dry pajamas.
- vi. Do not tease or allow siblings to tease a child who wets the bed.

### Motivational therapy

Motivational therapy is a form of behavior modification that promotes positive reinforcement through praise and reward. Includes keeping track of progress with larger rewards for longer droughts. You and your child should agree on a reward in advance and could progress from a calendar sticker for each dry night to a favorite book for seven consecutive dry nights.

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### Homeopathic approach:

Hahnemann was the first person to emphasize the importance of the mind in the disease process and also to emphasize that disease begins in the mind. The patient is sick, not his organ. In homeopathy, the disease affects the inner person (i.e. mind, emotions, intellect), which is manifested by a change in his mental state, thought structure and feelings. These can be called symptoms of the individual at the inner level of the human economy. The inner is always the first to get sick before the disease filters into the plane of the physical body. Homeopathic treatment is based on creating a complete picture of the patient's physical and mental well-being.

Homeopathy treats "the person in the disease" and not "the disease in the person". Homeopathy treats the individual with the disease, not the diseased organ itself. It is based on the logic of inductive reasoning in which accurate observation; correct interpretation, rational explanation and scientific

construction play a role. Homeopathic medicines are prescribed based on the complaints presented, taking into account the physical, emotional and makeup that individualises the person. Therefore, the principle of operation of homeopathy can be briefly stated in such a way that with the help of a summary of symptoms, the true picture of the disease will be determined, the application of the law of similar, the application of the law of the minimum. Robert rightly quotes that “no greater service can be rendered to society than to meet these conditions of the troubled child of school age and younger by homeopathic treatment using antisyphilitic and antipsoric drugs as indicated. It is the only treatment that will get these children into a realm where they can develop normally and become useful, happy citizens.

### ***Constitutional Prescription:***

Constitutional prescribing is not the same as chronic prescribing, as a patient need not show any signs of chronic disease pathology to require a constitutional remedy. Constitutional prescribing not only addresses the present disorder, but also the past and the future. A constitutional medicine is therefore a picture of the sum of a person's strengths and weaknesses, mentally, emotionally and physically. Constitutional prescribing refers to the selection of one drug that covers all the patient's symptoms (physical and mental) at a given time. It is contrasted with local prescribing based on only a few localized symptoms, ignoring other unrelated features of the case.

### ***Constitutional remedy:***

This term was introduced by Kent to denote a chronic or antimiasmatic remedy which affects the whole patient. It was simply the medicine most suited to the treatment of chronic diseases and miasmata. A constitutional remedy is one that covers the sum total of the patient's mental and physical characteristics in the long term, excluding temporary changes during an acute illness. A constitutional remedy is one that most resonates with the sum of the currently manifest imbalances in an individual's constitution.

During the process of selecting a remedy, the homeopath tries to individualize the patient based on his body structure, his morals, his social behavior, his common desires and aversions. Every person inherits some character or tendencies from his parents and some tendencies he acquires from the surrounding environment which constantly influences him. The constitution is therefore a sum of external and internal signs of an individual.

### ***Homeopathic remedies for nocturnal enuresis***

Lycy, Bell, Cina, Hyosc, Gel, Puls, Ign, Arg-met, Kreos, Nux-v, Rhus-t, Op, Canth, Verat, Sep, Caps, Castrm, Coloc, Lach, Equis-h, Caust, Lac-c, Benz-ac, Chin, Chlol, Thuja, Cact, Nat-m, Senega, Sil, Sulph, Am-c, Med, Pha-c, Phos, Plan, Zinc, Apis, Arg-n, Arn, Ars, Fer, Graf, Mag-p, Nit-ac, Thyr, Aeth, Apoc, Aur, Calc, Carb-v, Carb-s, Cham, Crot-c, Eup-pur, Fer-act, Fl-ac, Hep, Kali-I, Kali-p, Mag-m, Merc, Nat-ars, Nat-c, Nat-p, Petr, Podo, Psor, Ruta, Sanic, Sarsa, Stram, Syc, tube, Uran-met, Urt-u, Verb, Viola-t, Acon, Aesc, Alum, Anac, Aur-m, Aur-s, Bar-, Bar-m, Bry, Cimx, Coca, Con, Cub, Cupr, Dulc, Fer-I, Fer-P, Kali-br, Kali-c, Lac-d, M-aust, Mag-c, Mag-s, Merc-i-f, Mur-ac, Ox-ac, Physal-al, Quas, Rhus-a, Sabal, Santin, Sec, Sel, Spig, Squil, Staph, Tab, Ter, Uva, Valer.

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 with this magic.

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## **CONCLUSION:**

The following conclusions are drawn:

1. The most common age prone to bedwetting in children was found to be 5-6 years old, i.e. 30%, followed by the age group of 9-10 years i.e. 27%, and a young age in the age group of 14 years, i.e. 3%.
2. It has been found that children who are from low and middle socio-economic status are more prone to bedwetting.
3. Nocturnal enuresis in boys and girls was found in the same ratio.
4. Out of 30 cases, 23 patients suffered from secondary nocturnal enuresis and 7 from primary nocturnal enuresis.
5. It was seen that most of the drugs prescribed in this research study were all mainly psorosycotic constitutional drugs and it provides visible evidence that psorosycotic miasma was significantly present in cases of nocturnal enuresis in children. But psora, sycosis, psorosyphilitic and sycosyphilitic miasma have also been observed in some cases.
6. In this study, it was observed that most of the children had a prevalence of psychological disorders such as fear, anxiety, sibling jealousy, comparison, disrupted routine and school stress, etc.
7. It has also been observed that children suffering from NE tend to be deep sleepers who are difficult to wake up from sleep.
8. During this study it was also observed that some symptoms like teeth grinding, sleep talking, shouting, laughing in sleep were also present in NE.
9. Many children suffering from NE were of an anxious, fearful nature; and some had terrifying dreams or dreams of ghosts.
10. At the end of this study, I came to the conclusion that most children suffering from bedwetting have psychological problems, anxiety traits, etc. Homeopathic medicines have been very effective in bedwetting.
11. Homeopathic medicines are safe for infants and children. Research shows that children respond much more quickly to homeopathic treatment than adults. The reason is that most of the time children get homeopathic treatment before the disease becomes too chronic or complicated. Children have a very strong tendency to grow out of the problem; all they need is the stimulation of the immune system, which homeopathy

effectively soothes. By considering the patient as a whole and not just the disease, homeopathy simultaneously confronts the symptoms, the patient's constitution, and even his psychological and emotional reactions.

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