

Nocturnal Enuresis in Children and Its Homoeopathic Management

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Abstracts: Bedwetting or enuresis is a disorder in children in which they urinate involuntarily while asleep. The cause may be infection of worms, intake of excessive quantity of fluids and disagreeable food. The fact is that the cause is not always definite, and strictly speaking, a professional homeopath needs to be consulted. [Anoop C NJIRM 2017; 8(2):177-182]

Key words: Find out causative factor with full history taken by homeopath, Many homeopathic remedy are useful in enuresis.

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Introduction: Bedwetting (Enuresis) is the inability to maintain urinary control during sleep. Involuntary urination at night is referred to as nocturnal enuresis (NE) whereas involuntary urination at daytime is called as diurnal enuresis. Nocturnal Enuresis is also called as Bed-wetting. Bedwetting is more common in boys than girls. Nocturnal Enuresis can be divided into Primary Nocturnal Enuresis (PNE) and Secondary Nocturnal Enuresis (SNE).

Primary Nocturnal Bedwetting: Primary Enuresis: Primary enuresis has an organic basis and common causes are

- Delay in maturation of the relevant part of the nervous system.
- Some children acquire control the bladder late.
- Organic causes:

In Boys:

- Defect in urethral valve.
- Adherent / elongated prepuce
- Phimosis

In Girls:

- Ectopic ureters, which may open in urethral part of vagina. Suspected when the child is able to pass urine normally but dribbles day and night.

Hooded clitoris.

Psychological cause: Over enthusiasm on the part of parents regarding the child's toilet training leads to undue anxiety and enuresis. Yelling or spanking the child about his ill-performance or ridiculing him especially in the presence of others has a negative effect on his toilet training

Secondary Nocturnal Bedwetting: In the child has experienced a minimum 6-month period of continence before the onset of the bedwetting, the Nocturnal Enuresis is considered Secondary Nocturnal Enuresis. Common causes are:

Psychological causes: Worry at home or school has reflex irritation of the bladder resulting in enuresis.

- A move to school to school.
- A move to house to house
- Epilepsy
- Chorea is an exciting cause
- Composition of urine :
- High acidity of urine
- Presence of uric acid crystals.
- Skin diseases :
- Erythema
- Eczema
- Pruritis

Diet:

- Liberal indulgence in saccharine food
- Liberal use of articles rich in sugar
- Liberal use of a fatty articles
- Liberal use of fruit rich in sugar
- Drinking of too much coffee

Worms:

Traumatic:

After circumcision operation : Catheterization Primary Nocturnal Enuresis refers to inability to maintain urinary control from infancy. Primary Nocturnal Enuresis is the most common form of bedwetting in childhood

Symptoms : These are usually self apparent; some children will sleep right through the night and still wet the bed while asleep while others will wake up and then wet the bed. There may be symptoms of itching in genitals or anus in some children.

Diagnosis: A detailed history along with thorough examination is essential to diagnose the case. All extrinsic causes having been excluded, a full urological investigation will be preferred including:

1. **Sex:** Clinical examination of the external genitals of to rule out any organic defect.
2. **Urine:** Chemical and bacteriological examination of twenty four hours specimen of urine to determine any change in composition of urine or any sediment exerted in the urine
3. **Stool:** Examination for worms, sometimes repeated tests are required as worms are not detected in 1 st and 2 nd stool specimen examination.
4. **Congenital Malformation:** Attention should be paid to find any congenital malformation, folds or flaps of mucus membranes in the urethra, narrowing of the bladder neck etc,
5. **Psychological Investigation:** In whom the most searching investigations fail to reveal any abnormality, they will usually be of a highly nervous disposition; here a homoeopath will play a role of physician, diagnostician and psychologist as well.

Coping with Bed wetting: Factors that affect the age at which wetting is considered a problem include the following:

1. The child's sex
2. The child's development and maturity
3. The child's overall physical and emotional health
4. The culture and attitudes of the child, parents, and caregivers

Bedwetting usually goes away on its own. But until it does, it can be embarrassing and uncomfortable for your child. So it's important to provide support and positive reinforcement during this process. Following measure if adopted properly along with removal of the cause if any can be very much helpful in curing enuresis.

Methods: The Present study was aimed at Homoeopathic approach to problem of bed-wetting in children with special emphasis on scope of Homoeopathic treatment with behavioral modification was under taken,during 2006 to 2009 at SKH Homoeopathic Medical college,Beed.

Project Site:

- OPD & IPD, SKH Hospital Postgraduate research centre, Beed.

Source of Data: The subjects for this study have been selected from 60 patients those with complaints of

involuntary urination in bed during sleep which pruned then to visit OPDs, Mobile camps.

New cases from other "Pediatricians" private Clinic.

Method of Collection of Data:

- Clinical History from parents.
- Clinical presentation
- Clinical examination of each child.

Result Criteria will be -

1. Satisfactory (used word cured) - When relief was intern of relapse of bed-wetting episode will not repeated within span of 5 to 6 months.
2. Improved - When relief in episodes of bed-wetting about 75 to 80 % Bed-wetting once or twice in month compared to earlier take Improved.
3. Not Satisfactory - When relief is less than 20%

Inclusion Criteria for Study:

- i. Different age group and both sexes of patients are accepted.
- ii. Mostly nocturnal enuretic children included.
- iii. Both primary and secondary enuretic are included.
- iv. Duration of study design is for 3 months.
- v. Duration of follow-up of cases studied has been kept for 3 month to 7 months.
- vi. Patients with mostly idiopathic and having mental causes are included.

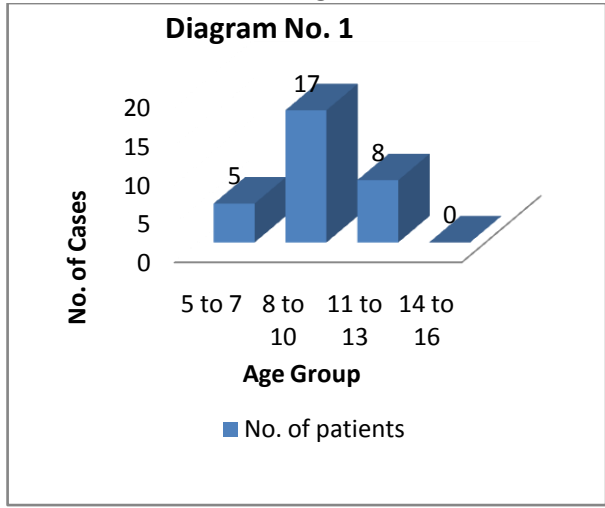
Exclusion Criteria For Study :

- i. Patients with Diurnal and Neurogenic bladder are excluded.
- ii. Patients with organic causes ranging from urethral stricture to spina-bifida are excluded.
- iii. Gynecological and Surgical cases in adolescence age group or even in pediatric age group are excluded.

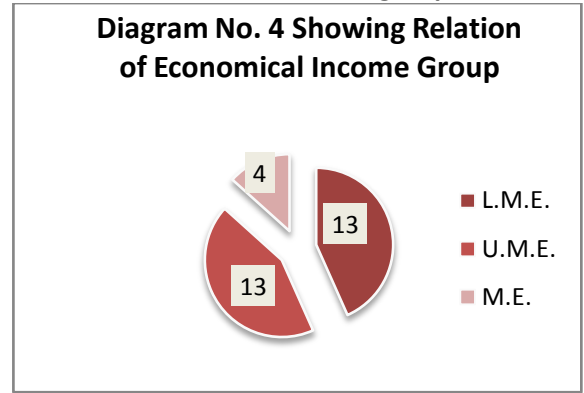
Discussion & Observation:

Homoeopathic Medicines used in study: Calcaria, sulph, puls are the most frequently used medicine for constitutional prescription. The next frequently used constitutional remedies are sepia, phosph, silicea, merc & leastly used are thuja, Arg. Nit, Benz. Acid, Ars, Lyco, Kali bi. Tuberculinum, is mostly used for intercurrent while, kreosote, bell, Benzoic acid, Equisetum, Cina & Nux are mostly used for acute prescription,as a first choice.

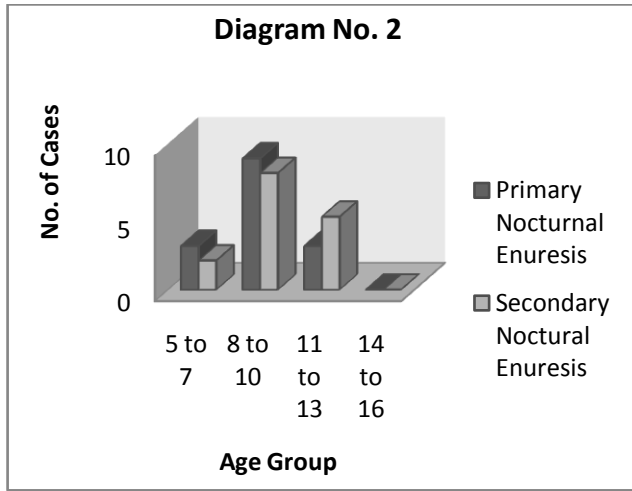
Diagrammatic Representation of 30 cases according to Age:



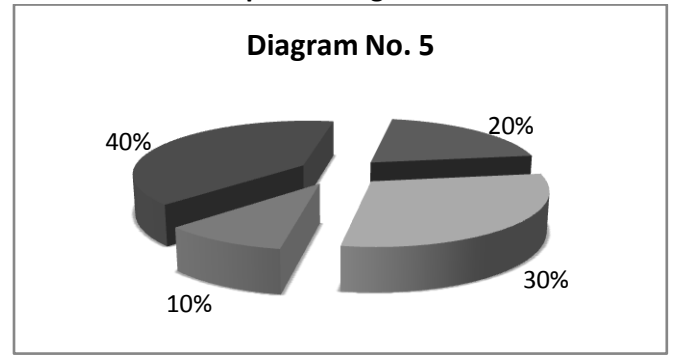
Diagrammatic Representation of cases with socio-economical income group:



Comparing age distribution of primary & secondary nocturnal Enuresis:



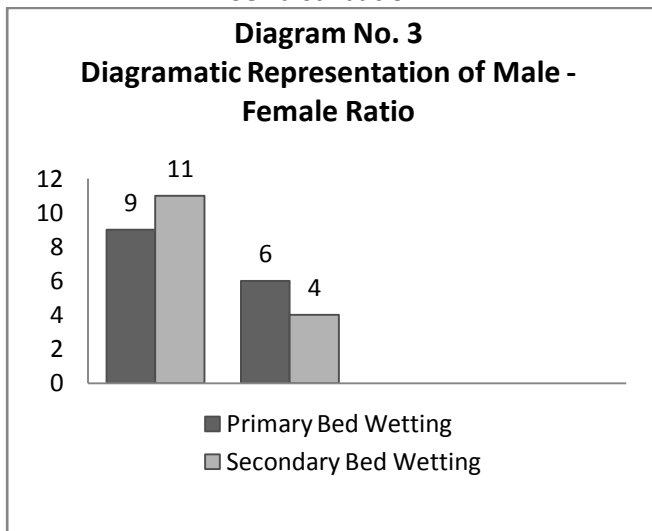
The distribution of dominant miasm were found complex or single both:



The bed-wetting, mostly nocturnal enuresis is considered in book primary habit disorder, but in secondary nocturnal enuresis few idiopathic causes like emotional, stress, or other are only managed by homoeopathy.

Sex distribution:

Diagram No. 3 Diagrammatic Representation of Male - Female Ratio



After the study, on 30 cases selected for experiments of remedial implementation the conclusion of the study is mentioned with considering my aims & objectives for research work. Though from the book of history of medicine pediatric medicine book many times it's found bed-wetting is idiopathic (70%). Behavioral modifying therapy and parental counseling are the most effective treatment of bed-wetting.

Effectiveness of the miasmatic / constitutional treatment calcaria, Sulphur, puls are the most frequently for constitutional treatment and further sep silicea, Merc, thuja, Arg. Nit, Benz Acid, Arsenic, Lyco and kali bich are further used for miasmatic/constitutional treatment which should improvement in cases about 56.66% while 5 cases (16.66%) showed that no relapse of the symptoms within (5-6 months (as termed cured) 8

cases (26.66 %) showed very minute or minimal improvement in bed-wetting.

It's found during the treatment with the constitutional remedy, patient adopts behavioral changes and exercises and exercises easily, compared to only behavioral changes.

Thus the aim to study profile of clinical response of homoeopathic medicines in individual cases of bed – wetting is 56.66 %. But still occasional incidence of bed wetting presented in case.

The incidences of bed-wetting in children of age group are 56.66 in 8 to 10 years group then 26.66 in 11 to 13 years group. Also 16.66 % found in 5 to 7 years group. Within further study of this 60% from 8 to 10 years group are suffers from primary bed-wetting & 20% of each from 11 to 13 years & 5 to 7 years group.

Incidence of male & female child with the problem found in study of 30 cases are 20 : 10 or 2 : 1(M :F) which was same as that of mentioned in book.

Socio-economical income level's relationship with incidences of bed-wetting, found that upper-middle economical income group.& lower middle economical income group incidences are same 46.66% while 4cases from middle economical income group family children suffered from bed-wetting .

This result in my study was different from which mentioned in book, that low economical status family's child can showed symptoms of bed-wetting. In the study of cases I found , past treatment of URTI & tonsillitis in 20% cases further child showed 'bed-wetting' .

The next maximum history of treatment of measles 16.66%) and maleria, chicken-pox (each 13.33%) in children, showed symptoms of bed wetting.

The miasm in the analysis of each individual case, the incidence of 'psora' found to be fundamental miasm or fundamental cause in each case. Among the dominant miasms, the prevalence of tubercular or Psora-syphilitic or psuedopsoric miasrn was 40 % then 'sycotic' miasm was found in next most frequent miasm 30%. In the book of chronic miasms by Dr. Hahnemann & J.K. Allen mentioned children with tubercular miasm show enuresis is thus proved in the clinical study. But the prevalence or incidence

difference was found very minute in between tubercular & sycotic miasms. Within the objectives modus operandi of homoeopathic medicines are not properly understood by me.

There might be in secondary bed-wetting hom. medicines works to removal of maintaing cause and bed-wetting ameliorates, while in primary bed-wetting. Medicines help to improve the behavioral modification & causes relief in bed-wetting. The objective of making an therapeutic index for bed wetting is fulfilled with making therapeutic index for bed-wetting. Page No.70- 84) .The relationship between family or parental h/o of bed wetting is related in 26.66 % (that is found in 8 cases.)

During study and research I found the research on breast feeding and incidence of bed-wetting. But while I enquired again to all experimental cases,- all children were on breast feed ,except 4 cases where due to job works mother has to quit child from breast feed early. In my study I do not found any relation of breast feeding history and bed wetting incidence.

After study few homoeopathic combinations showed very good results in recovery among which Enu-kind of Willmer Schwabe was found pretty well effective in my study. Thus bed-wetting is found in all countries, among the rich and poor, in both sexes, in normal and sub-normal ranges of intelligence. No race is exempt. Psychologists and pediatricians suggest that Boys are more likely than girls to suffer from enuresis. The ratio is 2:1 has been attributed to social attitude in child rearing, where by girls are more seriously reprimanded by parents about tidiness .since 80% of enuretics only at night are only nocturnal in there habit organicity must be sought in those cases presenting with diurnal enuresis.

I believe that basically primary enuresis is due to delay in maturation of the complex mechanism required for bladder and that mismanagement by the mother and other factors superimpose psychological problems. Secondary enuresis is primarily psychological and due to insecurity and anxiety, but it may be due to the development of frequency of micturation.

Homoeopathic Treatment Of Enuresis :

Due to organic causes:

- **Causticum:** Particularly in children during first sleep worse in winter and ceases or becomes more moderate in summer with great debility .

- **Belladonna:** Children with blue eyes , light hair , fine complexion , restless sleep, involuntary urination consequent upon paralysis of sphincter muscles.
- **Rhus tox:** Enuresis due to weakness of bladder with constant dribbling of urine.
- **Ferrum met:** . As under change of composition of urine .
- **Sabal serrulata:** Due to paralysis of sphincter ,constant desire to pass urine at night
- **Gelsemium:** Due to paralysis of sphincter muscles , does not like to talk with anybody .
- **Dulcamara:** Enuresis after some disease of bladder, worse from cold and damp. The child desires different things ,but rejects on receiving them , copious turbid foul smelling urine .
- **Petroleum:** Due to weakness of bladder, urine drops out even after urination, involuntary at night in bed .

Due to psychological causes:

- **Kreosotum:** Enuresis with dream of urination in a decent manner, wets the bed at night. A girl 16 years of age suffering from enuresis has been cured on the basis of this particular symptom.
- **Borax :** Frequent urination at night, children who are frightened when being laid in a cot or carried down stairs.
- **Argentum nitricum:** Great nervousness with restlessness, urine passes unconsciously and interruptedly, pale fetid urine, drinking coffee aggravates.
- **Sulphur :** wetting bed at night, copious discharge of children who suffer from chronic cutaneous eruption.
- **Psorinum:** Worse during full moon. Intractable cases, when there is an eczematous history. In children when there are Psoric manifestations. Secretions have filthy smell. The child is very sensitive to cold.
- **Constitutional basis :**
- **Calcarea carb :** complaints of children who are fat, fair and flabby too much emission of urination at night. Sour vomiting of children during dentition with a tendency to eat indigestible things such as chalk, pencils etc,
- **Medorrhinum :** in children where there is a psychotic history nocturnal enuresis weak memory, fear in the dark as if someone is behind her/him.
- **Sepia :** The sepia child is dull, depressed moody indolent with a greasy skin disinterested in work worse from change of weather. A tendency to

diarrhoea from boiled mil, the child is prone to enuresis during the first sleep (Causticum).

- **Tuberculinum :** Enuresis in a child with primary tuberculosis psychotic persons
- **Sulphur :** for pale lean children with loose abdomen who love sugar and highly seasoned food and aversion to be washed, micturition midnight .

In young girls:

- **Kali phos :** Enuresis in longer children due to nervous factors.
- **Calcarea carb :** Scrofulous children sweat easily wetting the follow and catch cold easily.
- **Kali brom :** Nocturnal enuresis from profound sleep of **children or young persons.**
- **Lac canium :** As under psychological causes.
- **Opium :** As under psychological causes When without any apparent cause but due to more habit
- **Equisetum :** Enuresis by day and night, it acts well when it remains a mere force of habit, after removal of the primary cause, dreams of seeing crowd of people

Due to defective digestion:

- **Nux vom :** Loves fats and tolerated them well , nausea in the morning after eating . Irritable bladder from spasmodic splinter, frequent calls little and often with dribbling of urine.
- **Carbo veg :** when associated with acidity of the stomach
- **Iodine :** Children eat too much but still emaciate all the time.

Change in urine composition:

- **Benzoic acid:** when enuresis is accompanied by high colored and strong smelling urine, Benzoic acid will turn the urine normal and prevent its escape.
- **Ferrum met :** more in day time than at night. Floods the bed 5-6 times at night; stains the bed very dark and smell very strong. Clay colored sediment adhering to bottom of vessel.
- **Cubeba :** urine foamy with smell of violets. Frequent urination due to some organic disease as uretheritis prostates.
- **Viburnum :** urine of a foul odor like cat urine cannot hold urine while walking

When due to worms:

- **Cina:** the chief remedy for worms. The child is very irritable useful for round and thread worms (not pin

worms) urine turns milky on standing. Enuresis during first sleep, great appetite soon after leaving the table.

- **Silica** : useful for children suffering from worms due to weakness of urinary organs
- **Santonine** : Especially useful for children suffering from ascaris, lumbricoids and thread worms and not tape worms, urine greenish if acidic and reddish if alkaline
- **Sepia**: Incontinence of urine at night especially 1st sleep the urine is very offensive and deposits a clay colored, sediment which adheres to the chambers.
- **Nat. mur** : Hungry yet loses flesh, craving for salt, aversion to bread and fats, child emaciating from neck urine passing involuntarily when walking and coughing, has to wait a long time for it to pass if others are present.
- **Kreosotum and Belladonna**: – who sleep so deeply that they lose control of their bodily function. “Sepia” wets himself during the first part of the sleep, while his days are spent tidying up in order to restore a sense of cleanliness and order.
- **Capsicum**: Has never recovered from a house move or other displacement.
- **Kali bichromicum** : is trying to define his boundaries just like an animal marking its territory
- **Lac canium** : is the main remedy for long standing enuresis, which may continue through into adolescence. The patient believes he is worthless and that he will never achieve anything

Auxiliary treatment:

- **Diet**: The child should not be given much liquid diet, much salty or spicy in the evening as they tend to increase urine output; such things may be given during day time and not before retiring. The child should be put on light diet especially at night.
- **Sleep**: Don't let the child sleep on his/her back as it is an indication of some disease. The child should not be put to bed immediately after food.
- **Punishment**: Bedwetting is a developmental delay, not an emotional problem or physical illness. The parents should be cautioned against punishing their children for the act of bed wetting.
- **To increase the sensibility of the bladder**: To allay the sensibility of bladder the child should be encouraged to retain water as long as possible in day time. Parents should encourage the habit while going out of house such as picnic etc,
- **Remind the child**: to go to bathroom before he goes to sleep.

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