



# Scope Of Homoeopathic Medicines In The Treatment Of Nocturnal Enuresis: A Literature Review

## Abstract:

Health is the balanced state of life and harmonious performance of the vital force while disease is the only changed state of health and there must be a cause behind it which manifest itself through abnormal sign and symptoms. Homoeopathy can restore the health and remove all disagreeable sign and symptoms in a rapid, gentle and permanent way on easily comprehensible principles i.e., "Similia Similibus Curentur" which means like cures like. The sufferings regarding nocturnal enuresis such as incontinence urine, stress, anxiety, low self-esteem, etc, homoeopathy can deal it better by a wide range of medicines with their proven symptoms. This study is to search the cause behind nocturnal enuresis and availability of homoeopathic medicines related to it. Homoeopathic treatment is the most efficient therapy provides a gentle approach in treating bedwetting. A detailed homoeopathic case taking and treating with an individualized homoeopathic remedy gives us an assured result in cases of nocturnal enuresis.

Keywords : Nocturnal enuresis, Homoeopathy, individualization, vital force, one-sided disease

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## Introduction :

The word enuresis (bed wetting) was evolved from a Greek word 'enourein' that means 'to urinate in'.<sup>i</sup> Nocturnal enuresis, also called bedwetting, is involuntary urination while asleep after the age at which bladder control usually begins.<sup>ii</sup> At least 75%-90% of enuretic children have primary nocturnal enuresis i.e., they wet only at night during sleep and have never had a sustained period of dryness. Primary nocturnal enuresis is caused by a disparity between bladder capacity and nocturnal urine production and child's failure to awaken in response to a full bladder. Factors associated with enuresis include nocturnal polyuria, detrusor instability, and an abnormally deep sleep pattern.<sup>iii</sup> Diurnal enuresis (daytime wetting) is much less common, as is secondary enuresis (10%-25%) which develops after a child has had a sustained period of bladder control. A variety of medical and psychological disorders associated with secondary enuresis such as bladder dysfunction, constipation, diabetes mellitus, hyperthyroidism, obstructive sleep apnoea, pinworm infestation, psychological stress.<sup>iii</sup> Enuresis is a common clinical problem, which impairs the quality of lives of both the students and the parents. Consequently, emotional and learning problems occur due to the disease affecting the social life.

Night time continence is a normal developmental process which a child attains as early as upto 6 years of age. Daytime bladder control & co-ordination occurs by the age of 4 years. More than 85% of children attain complete diurnal and nocturnal control of bladder by 5 years of age. The remaining 15% gain continence at approximately 15% per year. such that by adolescence only 0.5%-1% children have enuresis.<sup>iii</sup>

## Aetiology<sup>i</sup>:

### 1. Primary enuresis :

- Delay in maturation of the relevant part of nervous system.
- Acquired control of bladder late.
- Organic causes

- Defect in urethral valve, adherent or elongated prepuce, phymosis in the boys.
- Ectopic ureter which may open in urethral part of vagina, hooded clitoris in girls.
- Over enthusiasm on the part of parents for toilet training leads to undue anxiety and enuresis.
- Scolding child for enuresis has negative impact on child.

## 2. Secondary enuresis :

- Worry at home/school, birth of sibling, excitement like watching horror stories at nighttime.
- Constipation, bladder calculi, urinary tract infection.
- Diabetes mellitus/ diabetes insipidus.
- Neurogenic bladder
- Erythema, eczema, pruritus
- Dietary use of much sugar, too much coffee
- Worm infestation
- Traumatic
  - After circumcision operation
  - Catheterisation

Nocturnal enuresis is largely asymptomatic. Therefore is a potential cause of not yielding to any therapeutic measure along with Homoeopathy. In Homoeopathic parlance, it can be classified as a "One-sided disease" (Aphorism 173 Organon of medicine<sup>iv</sup>) which is having only few symptoms.

Urine continence<sup>v</sup>

Daytime achieved in : 50% by 2 & 1/2 years

: 95% by 4 years

Night-time achieved in : 95% by 5 years, i. e. 5% of children have nocturnal enuresis

: 97-98% by 10 years, i. e. 2-2-3% of children have nocturnal enuresis

: >98% by 15 years, i. e. <2% children have nocturnal enuresis.

Boys are slower than girls to achieve continence.

ICD-10<sup>vi</sup>

The International Classification of Diseases is used diagnostic tool for epidemiology, health management and clinical purposes. It is maintained by WHO and originally designed as a health care classification system, providing a system of diagnostic codes for classifying diseases including signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or disease.

ICD-10 version: 2019

Chapter : Chapter XIV

Title : Diseases of the genitourinary system

- (N30-N39) Other diseases of urinary system
- N39. 4 other specified urinary incontinence

overflow reflex urge/ incontinence

use additional code (N32. 8), if desired, to identify overactive bladder or detrusor muscle hyperactivity.

Excl : Enuresis NOS (R32)

Urinary incontinence (of):

- NOS (R32)
- Nonorganic origin (F98.0)

Epidemiology:

The prevalence of enuresis is around 5-10% among 5 years old, 3-5% among 10 years old, and around 1% among individuals of the age of 15 and older.<sup>ii</sup>

The epidemiology of bedwetting is complicated by the variety of definitions used in studies. The prevalence of bedwetting decreases with age. The Avon Longitudinal Study found that infrequent bedwetting (defined in their study as bedwetting less than 2 nights per week) has a prevalence of 21% at 4 years and 6 months and 8% at 9 years and 7 months of age. Nocturnal enuresis (defined in their study as bedwetting more than 2 nights per week) has a prevalence of 8% at 4 years and 6 months and 1.5% at 9 years and 7 months of age.<sup>vii</sup> An epidemiological study in Hong Kong<sup>viii</sup> defined bedwetting as 1 wet night over a 3 month period and reported a prevalence of 16.1% at age 5 years, 10.1% at 7 years and 2.2% at 19 years. The prevalence is greater for boys than girls at all ages.

Objectives of Study :

As nocturnal enuresis is considered as one-sided disease, it presents one or two principal symptoms and our medicine selection is based on these principal symptoms. This study shows homoeopathic selection of medicine also follow the cause behind nocturnal enuresis as those medicines have special affinity to the case of bed wetting .

Materials and Methods :

This work is done by searching different books of materia medica, repertories and different literature to find out the drugs regarding nocturnal enuresis and their related cause.

Observation :

Homoeopathic treatment for nocturnal enuresis reduces the frequency of the episodes, restores bladder musculature and prevents involuntary urination. Homoeopathy will also help the child to control anxiety, low self-esteem, fear of being stigma in society, and guilt associated with bedwetting and helps them to improve socially and mentally because homoeopathic medicines cure the person as a whole by acting on mental, physical and psychological levels and helps to relieve the symptoms of bedwetting. Homoeopathic treatment must be based on symptom similarity by completing the sketch of the totality of symptoms.

Homoeopathic Therapeutics Related To Their Causes<sup>ix</sup> :

Due to organic causes:

1. Causticum: Particularly in children during first sleep worse in winter and ceases or becomes more moderate in summer with great debility .
2. Belladonna: Children with blue eyes , light hair , fine complexion , restless sleep, involuntary urination consequent upon paralysis of sphincter muscles.
3. Rhus tox: Enuresis due to weakness of bladder with constant dribbling of urine.
4. Ferrum met: . As under change of composition of urine .
5. Sabal serrulata: Due to paralysis of sphincter  
, constant desire to pass urine at night.
6. Gelsemium: Due to paralysis of sphincter muscles , does not like to talk with anybody .
7. 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 .
8. Petroleum: Due to weakness of bladder, urine drops out even after urination, involuntary at night in bed .

Due to psychological causes:

1. 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.

2. Borax : Frequent urination at night, children who are frightened when being laid in a cot or carried down stairs.

3. Argentum nitricum: Great nervousness with restlessness, urine passes unconsciously and interruptedly, pale fetid urine, drinking coffee aggravates.

4. Sulphur : wetting bed at night, copious discharge of children who suffer from chronic cutaneous eruption.

5. 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 :

1. 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,

2. Medorrhinum : in children where there is a psychotic history nocturnal enuresis weak memory, fear in the dark as if someone is behind her/him.

3. 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).

4. Tuberculinum : Enuresis in a child with primary tuberculosis psychotic persons

5. 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:

1. Kali phos : Enuresis in longer children due to nervous factors.

2. Calcarea carb : Scrofulous children sweat easily wetting the follow and catch cold easily.

3. Kali brom : Nocturnal enuresis from profound sleep of children or young persons.

4. Lac canium : As under psychological causes.

5. Opium : As under psychological causes When without any apparent cause but due to more habit.

6. 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.

Change in urine composition:

1. Benzoic acid: when enuresis is accompanied by high colored and strong smelling urine, Benzoic acid will turn the urine normal and prevent its escape.

2. 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.

3. Cubeba : urine foamy with smell of violets. Frequent urination due to some organic disease as uretheritis prostates.

4. Viburnum : urine of a foul odor like cat urine cannot hold urine while walking



When due to worms:

1. 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.
2. Silicia : useful for children suffering from worms due to weakness of urinary organs
3. Santonine : Especially useful for children suffering from ascaris, lumbricoids and thread worms and not tape worms, urine greenish if acidic and reddish if alkaline.
4. 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.
5. 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 .
6. 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.
7. Capsicum: Has never recovered from a house move or other displacement.
8. Kali bichromicum : is trying to define his boundaries just like an animal marking its territory.
9. Lac canium : is the main remedy for long standing enuresis, which may continue through in to adolescence. The patient believes he is worthless and that he will never achieve any thin.

Studies of nocturnal enuresis in homoeopathy

1. An open observational trial evaluating the role of individualised homoeopathic medicines in the management of nocturnal enuresis

Summary :- In this observational study, patients taking homoeopathic medicines for nocturnal enuresis showed relevant improvements in frequency for the observed 4 months of period.<sup>iii</sup>

2. Get rid of nocturnal enuresis in children with homoeopathy

Summary :- In this study, a 10 year old boy suffering from enuresis is cured by Cina in 3 months<sup>i</sup>

3. Enuresis and its homoeopathic treatment: Study of 20 cases treated with Ilex paraguensis

Summary :- In this open trial, 50% children gets cured with Ilex paraguensis (mate tea).<sup>x</sup>

4. A case report of nocturnal enuresis

Summary :- In this article, a female patient of age 10 years is treated with causticum.<sup>xi</sup>

Result

There are many homoeopathic medicines which cure the cases of nocturnal enuresis that depends on the availability of symptoms and well known medicine is used on the basis of strikingly peculiar symptoms. As nocturnal enuresis is one-sided in nature, we must consider the proper case taking and totality of symptoms.

The different studies which were conducted before that convince us the efficacy of homoeopathic medicines in the treatment of nocturnal enuresis.

Discussion

Nocturnal enuresis is a common developmental problem in school going children. Nocturnal enuresis is a kind of one-sided disease because we find only few symptoms in most of the cases. Homoeopathic medicines have the power to reveal the symptoms that are hidden, and makes the complete picture of the disease. This study helps to know about the efficacy of homoeopathic medicines in the treatment of nocturnal enuresis. For this purpose a huge range of homoeopathic medicines are present in our materia medica and repertory which helps us to know the efficacy of such drugs. This study helps us to know the various drugs and their genuineness.

Hahnemann said that remove the effects and you remove the disease, the cause of the effects (Cessat effectus cessat causa). For this purpose homoeopathic medicines come into the role. Nocturnal enuresis is not an incurable disease but it requires proper individualization of each and every case. To my study I found our drugs are present with much efficacy as it was proven in drug proving in many of the prover, confirmed by reproving and then verified by curing sick people. So we must follow our basic principle strictly.

## Conclusion

Nocturnal enuresis can be successfully cured by a detailed case taking with individualised homoeopathic medicines which also encourage the psychology of the children in a positive way. Homoeopathy helps in removing the cause behind nocturnal enuresis and also helps in completing the sketch of the portrait of the disease. The selection of medicine is strictly based on the principle "Similia Similibus Curentur". Homoeopathy has a wide range in the treatment of this type of cases.

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<sup>i</sup> Bhalerao, Rupali. (2011). Get rid of nocturnal enuresis in children with homoeopathy. Homoeopathy for all.

<sup>ii</sup> [https://en.wikipedia.org/wiki/Nocturnal\\_enuresis](https://en.wikipedia.org/wiki/Nocturnal_enuresis) (21/04/2020)

<sup>iii</sup> Sangita Saha, Tamkeen Rupsha, Saha Subhramil, An open observational trial evaluating the role of individualised homoeopathic medicines in the management of nocturnal enuresis, 2018,12(3),149-156

<sup>iv</sup> Hahnemann Samuel, Organon of Medicine, 5<sup>th</sup> and 6<sup>th</sup> edition, B.Jain Publishers(P)LTD. LPE 8<sup>th</sup> Impression:2014,p 101

<sup>v</sup> Sidwell U Rachel , Thomson A Mike , Easy Paediatrics: Hodder Arnold,UK;2012, page no.-437

<sup>vi</sup> <https://icd.who.int/browse10/2019/en#/N30-N39>(04/05/2020)

<sup>vii</sup> Butler R Heron J. An exploration of children's views of bed-wetting at 9 years. Child Care Health Dev. 2008;34(1):65-70 [PubMed]

<sup>viii</sup> Yeung Ck,Sreedhar B, Sihoe JD, Sit FK, Lau J. Differences in characteristics of nocturnal enuresis between children and adolescents: a critical appraisal from a large epidemiological study. BJU Int.2006;97(5):1069-1073.[PubMed]

<sup>ix</sup> Anoop C. Nocturnal Enuresis In Children and Its Homoeopathic Management. Nati J Integr Res Med 2017; 8(2):177-182

<sup>x</sup>Cortina DFHom Jorge, MD, Enuresis and its homoeopathic treatment: study of 20 cases treated with *ilex paraguensis*,Elsevier,British homoeopathic journal, October 1994,83(4), Pages 220-222

<sup>xi</sup> <https://www.homeobook.com/a-case-report-of-nocturnal-enuresis/> (21/05/2020)