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HOMOEOPATHIC MANAGEMENT OF NOCTURNAL ENURESIS IN PAEDIATRIC AGE GROUP

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Abstract :- Nocturnal Enuresis is defined as intermittent incontinence during sleep in a child aged 5 years or above in absence of congenital anomalies of the urinary tract or congenital or acquired defects of the central nervous system. Enuresis is highly distressing for children and parents. The quality of family life is also affected. Children also suffering from loss of self-esteem, social isolation, poor school performance and psychological impairment. Primary Enuresis when the child has never dry and secondary when bed wetting starts after a minimum period of six months of dryness at night[1]. Nocturnal Enuresis affects 15% to 20% of 5-year-old children, 5% of 10-year-old children, and 1% to 2% of age 15 years and above. Without treatment, 15% of affected children will become dry each year [2]

Keywords :- Nocturnal enuresis, Bedwetting , Homoeopathy , Homoeopathic Medicine , Alarm Therapy, Motivational Therapy.

Introduction :-

Nocturnal Enuresis or bed wetting is a medical condition where a repeated involuntary urination occurs in case of children at the age of five years and above while asleep during night time at least twice a month.

It is a fairly common paediatric problem occurring in about one fourth of children and that causes embarrassment to the child as well as parents. A recent report says male child suffers more often than female child.

In ICD 10 CM code N39.44, it is described that nocturnal enuresis cases are increasing day by day and it is very common in case of chronic disease in children.

Nocturnal enuresis is a disorder in which episodes of urinary incontinence occurs during sleep in children ≥5 years of age. More than 85% of children attain complete diurnal and nocturnal control of the 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[8] Nocturnal enuresis prevalence rates vary from 3.5% to 56.4% in different geographical regions and countries.[9,10]

Epidemiology[3]

- Globally, prevalence of enuresis among children aged 6- 12 yrs is 1.4 – 28%. Indian data on incidence and prevalence of nocturnal enuresis that it is higher in case of male children as compared to female children. The prevalence in children aged 05 – 08 yrs and lowest in children aged 8 – 12 yrs. Nocturnal enuresis has been reported in 18.4% of children with sleep problems from a single centre in India.
- In rural areas of India , the prevalence is higher among socio economic class compared to those from the upper middle class. A family history of enuresis has been identified in enuretic children from both rural and urban areas .Other risk factors include living with a single parent, living with a step parents ,parents with health problems , conflicts at home, stress due to enuresis, scolding and poor scholastic performance. More enuretic children have history of birth asphyxia , caesarean birth ,low birth weight and absence of breast feeding .

Etiology[1,3]

- Maturational delay
- Anxiety
- Lack of Antidiuretic hormone (ADH)
- Urinary tract infection(UTI)
- Severe constipation
- Polyuria (diabetes mellitus or insipidus),
- Spina bifida (neurological bladder dysfunction)
- Ectopic ureter
- Urethral obstruction
- Cystitis
- Disorders of sleep arousal
- Small bladder capacity
- Overactive bladder

Types :-

1. **Primary/ Persistent Enuresis[1]**

   In Primary enuresis the child never been dry at night. It is usually the result of erratic bladder training either by parents who are over anxious for prompt control , or those who are not reasonably close to the childs needs , or chronic psychological stress , improper bladder training, genetics emotional problem .

2. **Secondary / Regrassive Enuresis[1]**

   Secondary enuresis is characterised by initial control of bladder that latter gets disrupted by stressful environmental events like marital conflict e.g. Parental quarrelsomeness, arrival of a sibling or a family tragedy or shifting to a new house. ADHD, Caffeine, constipation, heavy sleeping, worm infestation, UTI.

Diagnostic Criteria

DSM-5 criteria for the diagnosis of enuresis are as follows[4]

- The behaviour either (a) occurs at least twice a week for at least 3 consecutive months or (b) results in clinically significant distress or social, functional or academic impairment.
- The behaviour occurs in a child who is at least 5-year-old (or has reached the equivalent developmental level).
- The behaviour cannot be attributed to the physiologic effects of a substance or other medical condition
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Investigation[1]

- Physical examination for Spinal abnormalities
- Clinical and neurological examination excludes an anatomical or neurological cause for incontinence.
- Laboratory test for UTI, proteinuria and glucosuria

Repertory

MURPHY'S Repertory[5]

Bladder, bed wetting, enuresis APIS, ARGN, ARN, ARS, BELL, BENZ AC, CAUST, EQUIS, FERR, GRAPH, KREOS, LAC C, LYC, MAG P, NAT M , NIT AC, PU;S, RHUS T, SEP, SIL, SULPH, THY

Bladder, bed wetting, enuresis children in – *Bell, Caust, Cina, Kreos, Lyco,* EQUIS

Bladder bed wetting, enuresis, dreams of urinating while – *Kreos*, Seneg, Sep

Bladder bed wetting, enuresis, first sleep – CAUST, SEP, *Kreos, Phos*

THE ESSENTIAL SYNTHESIS[6]

Bladder, urination, involuntary night – APIS, ARGN, ARN, ARS, BELL, BENZ AC, CAUST, EQUIS, FERR, GRAPH, KALI N, KREOS, LAC C, MAG P, NAT M, PULS, RHUST, SEP, SIL, SULPH

Bladder urination children in – *Carb v*

BLADDER – URGING to Urinate
Frequent : APIS , ARG –MET, ARN, BAR-C, BAR-M, BELL , CANTH, CAUST, CHIM, COC-C, COLOC, DIG,HELL, KALI-N, KREOST, LAC- AC, LAC-C, LIL-T,NAT-M, NUX-V, PULS, RHUS-T, SQUIL, STAPH, SULPH.

BLADDER- URINATION
Dysuria :- ACON, ARG-N, ARS, BELL, CANN-S, MERC C, NUX V, OP, PETROS, PAREIR, PLB, PULS, SULPH, TER

General Management[1]

- Adequate fluid intake during the day as 40% in the morning, 40% in the afternoon and 20% in the evening is recommended.
- **Caffeinated drinks** like tea, coffee and sodas should be avoided in the evening.
- **Motivational therapy** alone is successful in curing enuresis in 25% patients. The child is reassured and provided emotional support.
- **Alarm therapy** involves the use of a device to elicit a conditioned response of awakening to the sensation of a full bladder.When the child starts wetting the bed, the sensors are activated causing the alarm to ring. The child should awaken to the alarm, void in the toilet and reattach the alarm; a parent should attend the child each time to ensure the child does not merely wake to switch off the alarm.

Homoeopathic Management[7]

1. **CAUSTICUM:** This is also known as Hahnemann's Tinctura acris sine kali. Persons with dark hair and rigid fibre, weakly, psoric, with excessively yellow, sallow complexion, subject to affections of respiratory and urinary tracts. Children with dark hair and eyes, delicate, sensitive, skin prone to intertrigo during dentition, or convulsions with eruptions of teeth. Ailments from long lasting grief and sorrow or loss of sleep, night watching, sudden emotions e.g. fear, anger, fright, joy. Intense sympathy for suffering of others.
2. **CINA MARITIMA:** Common name is worm seed**.** It is the chief remedy of worms .Children with dark hair, very cross, irritable, ill humored, does not want to be touched, cannot bear any one to come near it, desires many things but rejects everything offered. Involuntary urination during sleep . Urine turns milky on standing. Grinding teeth during sleep. Canine hunger, hungry soon after a full meal, craving for sweets and different things. Constantly boring at the nose, etching of nose, rub nose on pillow or shoulder of nurse. Pressing pain in umbilical region. Worms present in stool .
3. **DULCAMARA:** Persons of phlegmatic scrofulous constitutions, restless, irritable. Patient living or working in cold basement or a milk diary or in a damp. Enuresis after some disease of bladder. Involuntary urination at night .Worse from cold or damp. Offensive odor in urine. Dysuria. Urging for urination during chill .Child desires different things but rejects on receiving them. Copious turbid foul smelling urine. Always hurry in nature. Difficulty in concentration. Dullness, confusion, cannot find the right word for anything. Ring worm on head, urticarial over whole body, itching burns after scratching,<in warmth,>in cold, thick brown yellow crusts on scalp, face, forehead, bleeding when scratched. Warts, large, smooth, on face or back of hands and fingers.
4. **KREOSOTUM:** Dark complexion, lean, ill-developed, poorly nourished, very tall for his/her age, over-grown. Children are old looking, wrinkled, psoric affections. Painful dentition, teeth begin to decay as soon as they appear, gums bluish red, spongy and soft, bleeding, inflamed and ulcerated. Enuresis with dream of urination in a decent manner wets the bed at night. Dreaming of Urination at night .Involuntary urination when in deep sleep .Itching in female genitalia. Smarting and burning during and after micturition. Skin Itching, so violent towards in the evening, drive him almost wild.
5. **SULPHUR**: Common name Flowers of Sulphur. Persons of a scrofulous diathesis, subject to venus congestion, as specially of portal system. Persons are very nervous temperament, quick motioned, quick tempered, skin excessively sensitive to atmospheric changes. Children cannot bear to be washed or bathed, patients with big bellied, restless, hot, kick off the cloths at night**.** Wetting bed at night copious discharge of children who suffer from chronic cutaneous eruption .Desires sugar. Hot patient. Urging for urination day and night, heartburn. Happy dreams, wakes up and start singing. Too lazy, too unhappy to live.

6. **CALCAREA CARBONICA:** Person with light complexion, blue eyes, fair skin, tendency to obesity in youth. Psoric constitutions with, easily tired when walking. Children with red face, flabby muscles, sweat easily and take cold easily, large head and abdomen, open fontanelles and sutures. Complaints of children who are fat , fair and flabby with enlarged abdomen. Frequent of urination at night. Perspiration of scalp at night .Sour vomiting of children during dentition with tendency. To eat indigestible things such as chalk , pencil etc .Fear of dark , falling , evils etc.
7. **MEDORRHINUM:** Children with pale rachitic dwarfed and stunned in growth, mentally dull and weak. Weakness of memory, cannot remembers names, words or initial letters, ask name of close friends, even forgets his own name, cannot spell correctly, wonders how a well-known name is spelt, cannot speak without weeping, time passes too slowly**.** In children where there is a psychotic history of nocturnal enuresis. Fear in the dark as if someone behind him. Violent anger .Involuntary urination at night. Dysuria. Stool are tenacious, claylike, cannot strain from a sensation of prolapse of rectum
8. **SABAL SERRULATA:** Dislike sympathy, makes her angry. Due to paralysis of sphincter, constant urging to pass urine at night. Dysuria .Headache in students. Desire for milk. Confusion of mind. Fear to go to sleep alone.
9. **EQUISETUM HYEMALE:** Enuresis by day and night, it acts well when it remains a mere of force habit after removal of primary cause , dreams of seeing crowd people .Sensation of pain after urination in bladder. Un-refreshing sleep. Complaints of bladder.
10. **NATRUM MURIATICUM:** Common name is common salt. Irritability, child cross when spoken to, crying from slightest cause, awkward hasty drops things from nervous weakness. Craving for salt, aversion to bread Urine pass involuntary when walking and coughing, has to wait a long time for it to pass if others are present .Urging for urination at night. Dribbling of urination .Mapped tongue. Greasy hair .Heat on external head. Headache < frontal.
11. **SANTONINUM:** Children who are suffering from ascaris lumbricoids and thread worms but not tape worms .Worms present in stool. Dim vision . Itching sensation on nose. Involuntary urination at night . Dysuria. Un-refreshing sleep. Difficulty in concentration.
12. **SEPIA OFFICINALIS:** Involuntary urination at night .Frequent urging for urination .Irritability . Violent anger. Indifference to parents. Dreads to be alone. Weeps when telling symptoms. Hair falls out, dandruff. Flatulent with headache. Many brown spots on the abdomen Flatulence after eating. Brown stool.

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