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Homoeopathic Approach In Nocturnal Enuresis

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Abstract

Nocturnal Enuresis affects 15% to 20% of 5 year old children, 5% of 10-year-old children, and 1% to 2% of people aged 15 years and over. Without treatment, 15% of affected children will become dry each year. Nocturnal Enuresis also called bed wetting is involuntary urination while asleep after the age at which staying dry at night can be reasonably expected. Homoeopathy has a Great scope in the treatment of Nocturnal Enuresis because of its dynamic, individual and holistic concept where individual is considered for the treatment not the disease.

Keywords: Enuresis, homoeopathic, children, old age, nocturnal, nocturnal polyuria voiding diary.

Introduction

Enuresis is a cause of social, psychological, and emotional distress and carries a significant clinical burden. NE is a widespread and distressing condition that can have a deep impact on the person's behaviour and on their emotional and social life.

It is also particularly stressful for the parents or guardians in case of kids. Bedwetting affects normal daily routines and social activities such as sleep hours or school trips. It also generate much more serious feelings and behaviours, such as a sense of helplessness and lack of hope and optimism, feelings of being different from others, feelings of guilt and shame, humiliation, victimization and loss of self-esteem. Enuresis is defined as normal, nearly complete evacuation of the bladder at a wrong place and time at least twice a month after 5 yr of age. Bed is usually soaking wet in enuresis, compared to incontinence in which there is loss of urine without normal emptying of the bladder.

Nocturnal enuresis (NE), which is defined as involuntary voiding during sleep, at least once a month, when child have been symptomatic for a minimum of three months . By 5 yr. of age, 90–95% of children are nearly completely continent during the day, and 80– 85% are continent at night.

Enuresis is called primary when child has never been dry and secondary when bed wetting starts after a minimum period of six months of dryness at night. It is termed monosymptomatic, if it is not accompanied by any lower urinary tract symptoms and nocturnal if it occurs only during sleep. This leads to nights of disturbed sleep affecting quality of life, thus causing mood disturbance, daytime sleepiness, fatigue, and reduced work productivity. The association of NE with sleep pattern is still debatable; some researchers associate enuresis with “deep sleep” related to a high arousal threshold whereas others correlate it with disturbed or “light sleep” with reduced feeling to wake up for voiding. Nocturnal enuresis results in chronic stress. It impacts emotional state, self-esteem, and social development of child. The fear of being detected by peers at school can cause stress. Children may feel unable to participate in

activities and may feel that they are missing out on important aspects of their life. Children with PNE have lower self-esteem scores than those with secondary NE. Importantly, after treatment for nocturnal enuresis, children who become completely dry have higher self-esteem than those with persisting nocturnal enuresis. Epidemiology The worldwide prevalence of enuresis among children aged 6–12 years is 1.4%–28% approximately 60% of children with nocturnal enuresis are males. Family history is positive in 50% of cases. If one parent was enuretic, each child has 44% risk of enuresis; if both parents were enuretic, each child has 77% likelihood of enuresis.

Etiology

Maturational delay is the most likely cause of nocturnal enuresis. Anxiety producing episodes during the second to fifth years, the time for development of nocturnal bladder control, are associated with increased risk of enuresis.

Other causes are:

- Delayed maturation of the cortical mechanisms that allow voluntary control of the micturition reflex
- Defective sleep arousal.
- Reduced antidiuretic hormone production at night, resulting in an increased urine output (nocturnal polyuria).
- Genetic factors, with chromosomes 12 and 13q the likely sites of the gene for enuresis.
- Bladder factors (lack of inhibition, reduced capacity, overactive).
- Constipation.
- Organic factors, such as urinary tract infection, obstructive uropathy, or sickle cell anemia nephropathy.
- Sleep-disordered breathing secondary to enlarged adenoids Psychological factors more often implicated in secondary enuresis.

Treatment

General advice should be given to all enuretic children but active treatment need not begin before the age of six years. Caffeinated drinks like tea, coffee fluid in-take during the day as 40% in the morning, 40% in the afternoon and 20% in the evening are recommended . The first step in treating PNE is to educate the child and parents about the condition and provide reassurance regarding spontaneous resolution. Medication should be initiated in children >5 years only if non-pharmacologic measures fail. The first line of treatment is usually non pharmacological, comprising motivational therapy and use of alarm devices. Motivational therapy involves combination of providing reassurance, emotional support, eliminating guilt, and rewarding the child for dry nights. Alarm therapy with an enuresis alarm is the most effective strategy for curing nocturnal enuresis. Success rates of 66%–70%. Enuresis alarm consists of a sensor device attached to the child's underwear or to a mat under the bed-sheet, and an alarm placed on the bedside or attached to the child's collar. The sensor on the device is activated when bedwetting occurs. The alarm conditions the child to sense a full bladder and awaken from sleep. Alarm therapy requires treatment for 6–16 weeks

Homoeopathic management

Causticum: chilly patient. Enuresis during first sleep at night. Enuresis from slightest excitement. Particularly in Children during first sleep worse in winter and ceases or Becomes more moderate in summer with great debility.

Dulcamara: Enuresis after some disease of bladder. Worse from cold or damp. Child desires different things but rejects on receiving them. Copious turbid foul smelling urine.

Sabal serrulata: Due to paralysis of sphincter, constant desire to pass urine at night.

Kreosotum: chilly patient. Irritable, peevish, dissatisfied. Enuresis with dream of urination in a decent manner, wets bed at night. Enuresis during first part of sleep, from which it is difficult to arouse child. Sudden urge to urinate.

Sulphur: Wetting bed at night copious discharge of children who suffer from chronic cutaneous eruption. Desires sugar.

Calcarea carbonica: Complaints of children who are fat, fair and flabby. Much emission of urination at night. Sour vomiting of children during dentition with tendency to eat indigestible things such as chalk, pencil etc.

Medorrhinum: In children where there is a psychotic history of Nocturnal Enuresis. Weak memory, fear in the dark as if someone behind him/her.

Sepia officinalis: chilly patient. Involuntary urination during first sleep. Bed is wet as soon as the child goes to sleep, very offensive urine. Child is dull, depressed, moody indolent with a greasy skin. Disinterested in work worse from change of weather.

Equisetum hyemale: Enuresis day and night, it acts well when it remains a mere force of habit, after removal of primary cause, dreams of seeing crowd of people. Profuse urine. Incontinence of urine in children with dreams or night mares.

Natrum muriaticum: Craving for salt. Aversion for bread and fats. Urine pass involuntarily when walking and coughing, has to wait a long time for it to pass if others are present.

Rhus toxicodendron: chilly patient. Bed wetting in children of older age group. Nocturnal enuresis in boys.

Benzoic acid: Enuresis; dribbling, offensive urine of old men. Excess of uric acid.

REPERTORIAL APPROACH

RUBRICS

Bladder; Enuresis, incontinence : acon., agar., apis, 2 arg-n., arn., ars., atro., 2 bell., 2 benz-ac., calc., canth., 2 caust., cic., cime., 2 cina, con., 2 dulc., 2 equis., ery-a., eup-per., 2 eup-pur., 2 ferr-p., ferr., 2 gels., hydrang., hyos., 2 kali-br., kali-n., kali-p., 2 kreos., lina., 2 lup., lyc., mag-p., med., 2 nux-v., op., petr., ph-ac., physal., plan., 2 puls., 2 rhus-a., rhus-t., sabal., sanic., 2 sant., sec., seneg., 2 sep., sil., stram., 2 sulph., ter., thuj., 2 thy., tritic., tub., 2 uran-n., 2 verb., zinc.

Bladder; Enuresis, incontinence; catheterization, after: mag-p.

Bladder; Enuresis, incontinence; during first sleep, child aroused with difficulty : caust., kreos., 2 sep.

Bladder; Enuresis, incontinence; nocturnal : am-c., arg-n., arn., ars., 2 bell., benz-ac., calc., 2 caust., cina, coca, 2 equis., eup-pur., ferr-i., ferr-p., gels., hep., ign., kali-br., mag-p., 2 med., physal., 2 plan., 2 puls., quas., 2 rhus-a., sant., sec., 2 sil., 2 sulph., thuj., 2 thy., uran-n., verb.

Bladder; Enuresis, incontinence; old people, in: aloe, am-be., 2 arg-n., 2 benz-ac., canth., 2 dam., equis., 2 gels., nit-ac., 2 rhus-a., sec., seneg.

Bladder; Enuresis, incontinence; weak or parietic sphincter vesicae: apoc., 2 bell., 2 caust., con., ferr-p., 2 gels., nux-v., rhus-a., 2 sabal., sec., 2 stry.

Bladder; Enuresis, incontinence; worms, from: cina, 2 sant., sulph.

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