



ROLE OF HOMOEOPATHY IN THE TREATMENT OF NOCTURNAL ENURESIS IN CHILDREN UNDER 16 YEAR OF AGE

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ABSTRACT

Drinking water too much before bedtime is not a cause for Enuresis. It's not an internal or genetic problem. The Homoeopathic remedies will help any unwanted contraction of the bladder and restore normal bladder musculature, function and urethral sphincter control, hence, precluding any involuntary end of urine. Bed-wetting down can lead to emotional problems in child because of the guilt and embarrassment a child feels. Chastising your child for wetting down the bed won't break the problem in children. These remedies are natural, gentle, safe and can be given to children of any age.

METHODOLOGY

40 patients belonging to age 5-16 years were selected for the study, which included the children of both sexes having symptom of Bed wetting which fulfilled the inclusion and exclusion criteria. However, 10 patients opted out of the study and we left with 30 cases to be included in the study. The cases were procured from the OPD/IPD of Pediatrics ward and



also from camp of Government Homoeopathic Medical college and Hospital Bhopal .this was an open level nonrandomized observational, prospective study of 30 patients in who were enrolled in G.H.M.C Bhopal (M.P), in this study patient suffering from Bed wetting is treated with different indicating Homoeopathic medicine on the basis of simillimum and reportorial result. Symptoms of the same were evaluated in each patient as per the established principles of Homoeopathy the final selection of Homoeopathic medicine to be prescribed for each individual was based on individualization after proper analysis and evaluation of presenting symptoms and conclusion of Miasmatic background as per standard homoeopathic principles. following this the potency and dosage of each homoeopathic medicine was prescribed following strict homoeopathic principles on the basis of susceptibility of patient proper follow- up of cases was done at 5th, 7th and 15th days interval, depending on the intensity of presenting symptoms. The assessment of results was done on outcome assessment criteria score and was categorized into mild or moderate or marked improvement. His score is used to analyze the intensity of symptoms before and after treatment. The data is obtained were subjected to statistical analyzing using paired “t” Test.

RESULT

This study explored there are the highest incidences of Bed wetting in the age groups of 5-7 years and 14-16 years lowest incidence. Bed wetting appears to have more in boys than girls This study concludes more affected Hindus and slight less in Muslims. The study aimed to investigate the role of individualized Homoeopathic medicine for Bed wetting 5-16 years old children. All patients for study were selected by purposive sampling methods, where the children which were registered between the periods of April 2022 to 2023. All the cases were followed up for minimum period of 4 months. The difference between scores before and after treatment were statistically analyzed to obtain the following results under different heads In this study 30 cases, there was dispersion of the different symptoms of bed wetting maximum cases had irritability, anger, grinding of teeth ,recurrent coryza, etc. Majority of cases have psora is the background followed by mixed miasm is background. Out of 30 cases total improved cases is 18 cases, which is (60%) and not improved showed 12 cases which is 40%. thus after analysis of the result obtained.

CONCLUSION

This study concludes that individualized Homoeopathic medicine has good role in Bed wetting in children under 16 years of age. In the 5-8 years age groups - Rhus - tox , Ammonium - carb and Pulsatilla, Sepia,. relatively much improvement.

INTRODUCTION

Nocturnal enuresis (Bed wetting)

Voluntary or involuntary repeated discharge of urine into clothes or bed, after a developmental age when bladder control should be established (usually 5 years) is labeled as enuresis, Bed wetting or urinary incontinence is labeled as enuresis only if urine is being voided twice a week for at least three consecutive months or if it is causing clinically significant distress in the child's life. Nocturnal enuresis refers to voiding during sleep, whereas diurnal enuresis refers to voiding during sleep whereas diurnal enuresis refers to daytime urination ,these may or may not exist together approximately 10% of these children



with nocturnal enuresis will have diurnal enuresis whereas 50% of children with diurnal urination have Nocturnal enuresis, Approximately 10% of the 5 years old children, 5% of the 10 years old children, and 1% of the 16 years children will have Nocturnal enuresis.^[2,3,4,5]

Classification

1. Primary nightly enuresis is a condition in which the person has remained dry throughout the night for six months in a row or longer. Primary enuresis (75 -90) occurs when a child has no way established bladder control.

2. Secondary nightly enuresis is a condition in which the child has started wetting down the bed again after not wetting down the bed for six months or further. Secondary enuresis is more likely to be caused by a medical or cerebral condition. Secondary Enuresis (10-25) occurs when a person has established.^[2] Enuresis may be primary or secondary, primary enuresis is defined as repeated (at least twice a week for at least 3- successive months) passage of urine into clothes bed during night in a child of age more than 5 times who has no way been dry in night. That is three times further than 5 times, who has no way been dry in night. This is three times more common in boys. In Secondary or late onset enuresis, the child has been dry for at least 6 months before bed- wetting begins again during sleep. In utmost of these children is detected, an underpinning organic pathology is detected whereas primary enuresis is substantially idiopathic or behavioral in origin mono symptomatic (uncomplicated) nightly enuresis involves voiding in the bed at night in the absence of others genitourinary or gastrointestinal symptoms or day symptoms. It accounts for 80 - 85 of cases of nightly enuresis. Another 5- 10 of the cases have associated day symptoms, similar as urgency, frequency, prompt incontinence, constipation, or encopresis. these children are labeled as having poly characteristic(complicated) nightly enuresis.^[1,2,5]

HOMOEOPATHIC APPROACH

Homoeopathy is a branch of medical science in which diseased persons are treated according to the principles of —“ Similia, Similibus, Curantur.” The doctrine of Homoeopathy explains health to be state of an organism in which all parts of the body and the mind being in harmony with each other and environment, and disease is a derangement of an organism from it. According to Homoeopathic principles the individual is treated easily and his sufferings are corrected only by application of well-chosen homoeopathic medicines on the basis of holistic approach in which it treats the patient as a whole. Homoeopathy believes that any sick phenomenon can only be significantly corrected by application of simillimum. This is the only approach to reclaim a state of complete health by eradicating all signs and symptoms that the patients are experiencing. Dr. Hahnemann was the first in medical research to claim that each human is unique, as well as a living body or organism ultimately governed by vital energy, about 200 years ago. Dr. Hahnemann stated that his science is founded on natural laws. In Organon of medicine, Dr. Samuel Hahnemann-5th and 6th edition, Introduction; Hahnemann quotes in Aphorism ”4“ He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health.

Aphorism 95: Lesser Accessory Symptoms Some symptoms may have become routine for the patient. They see them as a natural part of their lives, rather as a symptom.



Aphorism -7 in this Aphorism Dr..Hahnemann made it very clear that every individual constitution behaves differently when diseased depending upon it make up in totality that is mind, body, and energy effective treatment.^[7,8]

CONCEPT OF DISEASE AND HEALTH^[7,8]

In Aphorism 19- Dr. Hahnemann defines —Disease is nothing more than a change in the healthy individual's state of health that manifests as a morbid sign, and healing is only possible if the disease individual's state of health is restored to its original healthy state, The concept of cure in homoeopathy is based on:

- Removal of all sign and symptoms
- Restoration of original healthy state of the organism

Diet and Regimen in Acute and Chronic disease (sec.259-263)

It was discussed before that suitable hygienic and dietary precautions must be performed before administering therapeutic medications, which are used as specialized stimuli to rouse the vital force to react to morbid agents and overcome their toxic effects. The most important general guideline to remember in this connection is that during treatment, anything that could cause a medical irritant must be removed from the diet and regimen. We must be more cautious in dietary and hygienic problems in chronic disease since they might easily disturb the patient in an unfavorable way.^[7,8]

The following things are to be avoided-

Perfumes of many kinds; highly spiced dishes and sauces; spiced cakes and ices; all vegetables possessing medicinal qualities, celery, onion; decomposed meat and aged cheese, among other things. etc. Excessive consumption of sugar, salt, and alcoholic beverages. A sedentary habit. Uncleanliness, unnatural debauchery enervation by reading obscene books, reading while lying down. Subjects of anger, grief or Coffee; fine Chinese, all kind of punch; spiced chocolate; odorous waters and vexation, a passion for play, overexertion of mind or body. Some of my disciples seem needlessly to compound the difficulties of the patient's dietary by restricting the use of many more, tolerably indifferent foods, which is not to be commended, Hahnemann stated.^[7,8]

Homoeopathic Remedies For NOCTURNAL ENURESIS COMPLAINTS^[9,10,11,12]

CAUSTICUM

Causticum is very much suited to kids when this problem is more in winter & gets better in summers. Child is weak & wets the bed early in the night .There is little control over the bladder. Urine may escape even when the child coughs or sneezes & on slightest excitement.

There is little sensation while passing urine. Cause: fright, grief, night watching, retention. Constitution: children with black hair & eyes & rigid fires, delicate skin, hydrogenoid, scrofulous.

Character of urine: deposits of urates, cloudy, uric acid, bloody.

KREOSOTE

In cases where the child is so deep asleep that is difficulty to waken him,Kreosote is one of the best remedy for bed wetting. The urine is offensive in odor. The child even has dreams of urinating. Even during the daytime, the child finds it difficult to exercise control



over the urinary bladder & has to run when feels the urge to urinate. Restlessness, tosses. Would not sleep until caressed and fondled.

Constitution: overgrown, poorly developed children, marasmus. Temperaments: capricious, leucophlegmatic, black caries

Character of urine: copious, pale urine, offensive, brown red sediment

CINA

In case where there is presence of worms along with bedwetting, Cina is one of the best remedy for bedwetting. The child is irritable and rubs the nose. Increased appetite is another prominent symptom that indicates Cina.

Sleep pattern: restless during sleep. Lies on abdomen, knee – chest position, cries, screams, wakes, frightened, hangs his head to one side, will not sleep unless rocked.

Character of urine: The urine is turbid and white, which turns milky on standing.

ACID –PHOS

In case where the child urinates profusely even while asleep, Acid - phos, is one of the best homoeopathic medicine for bed wetting. The child is otherwise weak and nervous.

EQUISETUM

In cases where the child urinates in bed more as a matter of habits, Equisetum is one of the best homoeopathic medicines for bedwetting. Incontinence of urine with dream of urination. Severe pain at the close of urination.

LYCOPodium

A very useful remedy in homoeopathic treatment for nocturnal enuresis. Pain in back before urinating with thin stream of urine. Child cries before micturation

SILICEA

Time of enuresis in moon phase, talks loudly, Dreams of lascivious, pleasant, murders, restless, wakes up frightened, patient is emaciated, large head, frontanelles, scrofulous, rachitis.

Character of urine: purulent, bloody, profuse.

PULSATILLA

Time of enuresis on little girls in autumn, sleep of pattern: lies with hands over head or crossed on abdomen & feet draw up. Talks, screams, restless, tosses, Dreams confused, fightful.

Cause; anger, spasm, measles after. Patient is fair complexion, sandy hair, blue eyes, pale face. Character of urine: mucus, scanty, red brown, profuse.

PHOSPHORUS

Sleep pattern: somnambulism, dream of fire, lewd, vivid, she could not finish. Start insleep, lies on right side. Cause: anger, grief, diabetes, during typhoid. Patient is lean thin, tall, beautiful grow too rapidly, gouty, fair, delicate eye lashes.

Temperament: sensitive, nervous, sanguine, quick, craving cold, want to be magnetized. Character of urine: Profuse, pale, haematuria, albumin, watery, turbid, brick dust sediment, offensive.



BELLADONA

Time of enuresis: generally after midnight or towards early morning, daytime. Sleep pattern: half opened eyes, restless sleep with sleep, sudden starts, moaning & screaming during grinding, stertorous sleep. Somnolence, sleepy yet cannot sleep. sleeps with hands under the head. Cause eating too much sugar, paralysis of bladder.

Temperament: anxiety quarrelsome, bilious, lymphatic, easy perspiration, faeces escapes while urinating, sensation of worms in bladder

Character of urine: Yellow & scanty, turbid, dark red, profuse deposits of phosphate, acidic.

CALCAREA CARB

Time of enuresis: enuresis in bed when walking, after mid night, hysterical spasm of the bladder, sleep pattern: screams cannot be pacified, nightmares, fearful & fantastic dreams, snoring.

Cause: masturbation, loss of fluids, fright, egotism. Constitution: fat, flabby Children with red faces

,gouty ,tendency to catch cold, leucophlegmatic, scrofulous, plethoric, delicate.

Temperament: dull, delayed, confused, fearful, forgetful, nervous bilious, sanguine. Character of urine: Dark brown, strong odour, white sediment, offensive.

MERCURIUS

Time of enuresis: night 3 a.m. sleep pattern: sleepless of anxiety, restlessness, dream of water, thieves, animals. Cause: Paralysis.

Constitution: Tendency to sweat profusely. light hair with lax skin and muscles scrofulous, strong, floride complexion.

Temperament nervous Lack of will, lymphatics, thirsty, indented tongue, stomatitis. Character of urine: copious, urinates more than he drinks, mixed with blood whitesediment, strong smelling, staining diaper, hot acrid.

NATRUM MURATICUM

Time of enuresis: alternate days, full moon. sleep pattern: somnambulism .starts and talks in sleep, dreams of robbers, vivid ,frightful. Cause: fright, grief.

Constitution: lean, thin, scrofulous, brown hair, blue eyes, dark complexion. Awkward, irritable, melancholic, nervous, hopeless, school girls headache

Character of urine: clear, watery, red sediment, turbid, dark.

MATERIAL AND METHODS

1. STUDY LINES

Study area: Government Homoeopathic Medical College and Hospital Bhopal MP

Study Population

OPD of Government Homoeopathic medical college and Hospital Bhopal Peripheral unit Frequently organized camps and Schools.

Study period - 1 year



2. SELECTION OF SAMPLE

The subject for the study were selected from OPD of Government Homoeopathic Medical College and Hospital Bhopal and peripheral unit, frequently organized camps and schools. A self made screening questionnaire done to patients came in OPD and camps then selected 40 patients .Out of 40 patients 30 patients were selected on the basis of inclusion criteria and exclusion criteria .the effect and sample size. Detailed case history was taken by interview as per the proforma prepared for the topic. All patient for study were selected by purposive sampling method where the children which were registered between the periods of April 2022 to 2023 . All cases were followed up for minimum period of 6 months.

3. INCLUSION CRITERIA

Bed wetting Children of age 5 -16 years
Children of all religions
Children of both sexes and irrespective of socio-economic status
Patient who are willing to participate in study
Patient who are coming for regular follow –up

4. EXCLUSION CRITERIA

Patients with advance pathological changes.Any critical ill cases are also excluded.
Patients taking any other mode of treatment for nocturnal enuresis are excluded.

5. STUDY DESIGN

Prospective, non randomized, non controlled, single arm pre and post comparison,
Openlabel Observational study design.

6. INTERVENTION

Proper Case Taking
Selection of medicine
Intervention was planned as administering indicated homoeopathic medicine in centesimalpotency .in this scale each dose shall consist of single dose of the indicated medicine.

Proper follow up of case
Duration of therapy 3 - 4 months

7. SELECTION OF TOOLS

Case taking in standard case taking proforma provided by Govt. Homoeopathic MedicalCollege and Hospital Bhopal

Repertorization sheet

Drug prepared under centesimal scale at Govt. Homoeopathic Medical College and HospitalBhopal

Potency – Depending upon children

Dose - as per strict homoeopathic principle

Diet and regimen as directed by master Hahnemann

Severity and improvement of patient complaints i.e., before and after treatment was assessedby assessment scale



8. OUTCOME ASSESSMENT

Follow up of cases is done once in 15-30 days interval, consecutive for 3-4 months

TABLE NO. – 1 INDEX SCORE: OUTCOME ASSESSMENT CRITERIA

Symptoms and Signs	Score			
	0	1	2	3
1. Frequency of Urine at night				
2. Offensiveness of urine				
3. Dreams during sleep				
4. Awakening after urine				
5. Urination before midnight				
6. Associated complaints				
7. Irritability				

9. DATA COLLECTION

At the base line and after a 15 to 30 days interval, consecutive for 3-4 months.

10. STATISTICAL TECHNIQUE AND DATA ANALYSIS

Baseline descriptive data was presented in term of absolute values, percentages, mean, Standard deviations (SD) etc.as appropriate. parametric or nonparametric test were used as inferential statistics as per the normality or non – normality of the data distribution , respectively. A dependent observation of continuous outcomes at baseline and at different points in time was compared using using a paired” t “test. the P value was set less than 0.05, two tailed ,asstatistically significant .

11. ETHICAL ISSUES IF ANY

No invasive methodology is involved ,and there is no therapeutic experimentation .no investigation was done against the will of the patient intercurrent illness, acute exacerbation and chronic conditions, adverse or serious adverse event. if any was recorded and treated accordingly as per homoeopathic principles, irrespective of assigned codes. this study is based on hypothesis.



TABLE NO - 2 STEPS OF STUDY

STEP 1	Screening done by a self- madequestionnaire and selected 40 samples.
STEP 2	Among them 30 samples selected.
STEP 3	Assessment of sample done by Assessment scale and each case taken well detailed according tohomoeopathic principle analysedwith material medica.
STEP 4	Each case assessed periodically &follow up was taken advised investigation if required.
STEP 5	Arranged pre test post test valuebased on SCORE CHART.
STEP 6	Analysis of data done by Observation charts, graphs and inferential analysis done by Studentpaired t- test .

DISTRIBUTION OF CASES ACCORDING TO SYMPTOMS

Total no of 30 cases were study. In this study conducted the distribution of the symptoms in various cases show different in the forms that had come up during nocturnal enuresis. Maximum cases30 had the symptoms of nocturnal enuresis and 30 cases had symptoms of involuntary passing of urine during sleep, 14 cases had symptoms of associated complains, 12 cases had symptoms of irritability, 14 cases had offensive urine and 6 cases had grinding of teeth.

Table No. -03 Distribution of cases according to symptoms

Complai nts	Nocturnal enuresis	Associated complaints	Offensive urine	Dreams of urination	Grinding of teeth during sleep	Worms	Irritability
%	100%	47%	40%	18%	16%	4%	47%

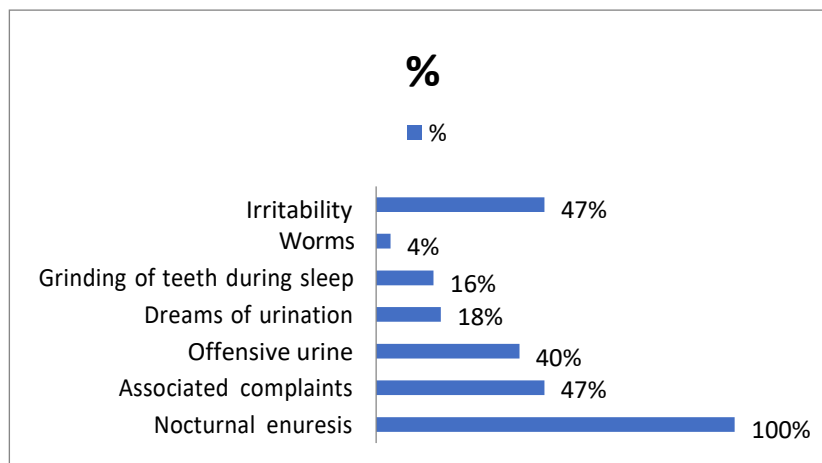


Fig No – 1 Distribution of cases according to symptoms

In the above study of the 30 cases, shows that there were different range of potencies used in each individual case. 6 Potency medicine was administered in 1 case i.e. (3%), 6 cases were given 30 Potency medicine i.e. (20%) and 21 cases were given 200 Potency medicine i.e. (70%) and 1M Potency medicine was administered in 2 cases i.e. (6%) which is also showed improvement in the susceptibility and responded well to the treatment. The individual having higher susceptibility to contracting the disease based on totality of symptoms, were prescribed higher potency of the medicine and vice versa So, after the conclusion was made total Improved number of cases is 18 cases, which is (60 %) and Not Improved showed 12 cases, which is (40%). Thus, after analysis of the result obtained, it was apparent that the homoeopathic medicine in the management of nocturnal enuresis in children under 16 years of age group.

TABLE NO - 4 DISTRIBUTION OF CASES ACCORDING TO FREQUENCY OF MEDICINE

Name of Medicine	No. of cases	Percentage
RHUS TOX	8	26.66%
SEPIA	4	13.33 %
AMON-CARB	3	10%
PHOAPHORUS	3	10%
CINA	2	6.66%
CAUSTICUM	2	6.66%

PULSATILLA	2	6.66%
SILICEA	2	6.66%
FERRUM MET	1	3.33%
EQUISETUM HYMALE	1	3.33%
BELLADONA	1	3.33%
NUX VOMICA	1	3.33%
TOTAL	30	100 %

Above table shows distribution of cases according to the frequency of medicine Out of 30 cases. Nocturnal enuresis in children. 8 (26.66%) cases of Rhus tox, 4 (13.33%) case of Sepia, 3 (10%) case of Amonium carb, 3 (10%) case of phosphorus, 2 (7%) cases of Pulsatilla 2 (7%) case of Causticum, 2 (7%) case of Cina, 2 (7%) case of Silicia, 1 (3%) case of Nux vomica, 1 (3%) case of Equisetum 1 (3%) Ferrum metalicum, 1 (3%) case of Belladonna.

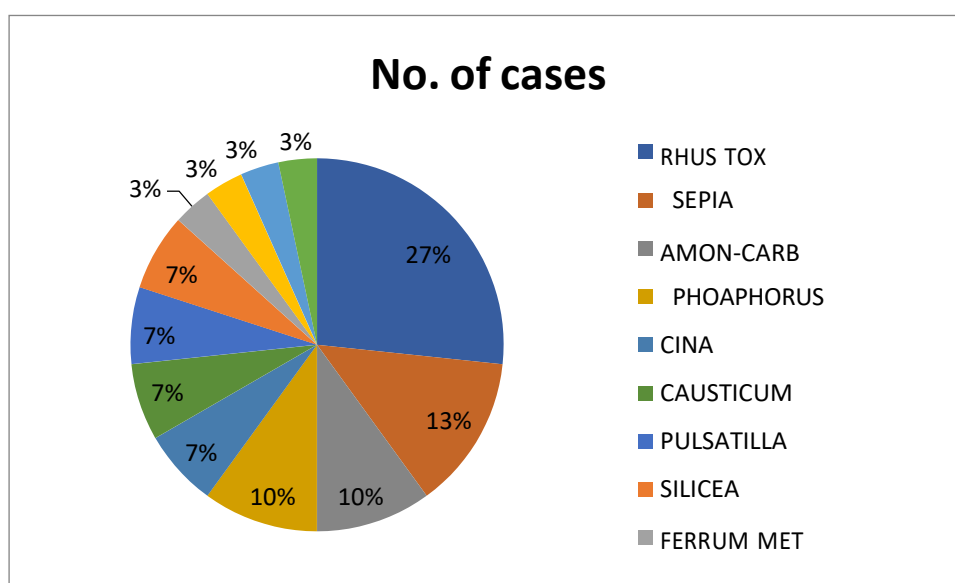


Fig No – 2 Distribution of cases according to frequency of medicine.

Out of 30 cases of nocturnal enuresis studied above, the frequency of medicine showed that 8 (27%) cases of Rhus tox, 4 (13%) case of Sepia, 3 (10%) case of Amonium carb, 3 (10%) case of phosphorus, 2 (7%) case of Cina, 2 (7%) case of Causticum, 2 (7%) cases of Pulsatilla, 2 (7%) case of of Silicea, 1 (3%) case of Equisetum, 1 (3%) case of Ferum- metalicum 1 (3%) case of Nux -vomica 1 (3%) case of Belladonna 1(3%)

Comparison with the table values

The statistic test “t” follows student “t” distribution with n-1 (29) degree of freedom.



Here table value of „t“ at 5% level of significance is 2.045 and 1% level of significance is 2.076 Thus, the critical ratio followed distribution with n-1 **(29)** degree of freedom. The table value for 5% level is 2.045. Since the calculated value of ‘t,, = 6.7 is greater than the table value at 5% and 1% level of significance, hence we reject the null hypothesis.

Inference

We reject the null hypothesis because the estimated value of “t” = 6.7 is higher than thetable value at 5%.

Table No.05 - t Test: paired two sample of Means

t-Test: Paired Two Sample for Means		
	Variable 1	Variable 2
Mean	13.53	8.23
Variance	5.04023	13.97241379
Observations	30	30
Pearson Correlation	0.760174	
Hypothesized Mean Difference	0	
Df	29	
t Stat	7.01044	

CONCLUSIVE REMARKS

The result of study are quite encouraging to adopt Homoeopathy as a treatment mode in cases of Bed wetting. This was a modest effort to full fill the aim of the study by aim to assess the role of individualized. Homoeopathic medicine in Bed wetting among 5-18 years old children.

This study was successful one in terms of fulfilling the aim & objectives set for it. The value of “t” = 6.7 is greater than the table value at 5%. According to statistical analysis, hence the null hypothesis is rejected therefore Homoeopathy has useful role in the treatment of Bed wetting in children.



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Informed consent Statement: Informed consent was obtained from all subject involved in the study.

Data Availability Statement: Data presented in this study are available on reasonable request to the corresponding author. Data are not publicly available because they report private information about participants.

Conflict of interest: The authors declare no conflict of interest.

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