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Dr. Miryala Akhila
Dr. Gururaju Government Homoeopathic Medical College, Andhra Pradesh, India

Corresponding Author:
Dr. Miryala Akhila
Dr. Gururaju Government Homoeopathic Medical College, Andhra Pradesh, India

Efficacy of homoeopathic medicines in a case of nocturnal enuresis

Miryala Akhila

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Abstract
Bedwetting, sometimes referred to as nocturnal enuresis, is the involuntary voiding of urine while sleeping in children 5 years of age and older when there is no intrinsic pathology present. It is a common childhood illness that causes emotional difficulties for the family and impacts the child's physical and mental health. Homoeopathy has great scope in the treatment of nocturnal enuresis because of its dynamic, holistic concept where the individual is considered for the treatment not the disease.

Keywords: Enuresis, alarm system homoeopathic treatment, individualised approach, causticum

Introduction
The actual term ‘enuresis’ comes from the Greek word ‘enourein’, which means ‘to void urine’. Bladder control is normally achieved between 1-5 years. A majority of children are dry during the day by age of 2-3 years and at night by 3-5 years**.**

Definition
Nocturnal enuresis refers to repeated voiding of urine into clothes or bed that occurs only during sleep (i.e., during the night) in an individual who has reached a developmental age when urinary continence is ordinarily expected (5 years). In most cases, the behaviour is involuntary but in some cases it appears intentional.

Etiology

Urinary tract disease	Infection Urinary outflow obstruction
Anatomic abnormalities	Congenital anomalies of the urinary tract weak bladder or supporting musculature low bladder pressure threshold causing early emptying
Neurologic disorders	Seizure disorder Spinal cord disease or trauma Sleep disorders Mental retardation Other cognitive disorders
Endocrine disorders	Abnormal nighttime release of vasopressin diabetes
Maturational or developmental disorders	
Emotional or behavioral disorders	
Familial or genetic considerations	

Pathogenesis
Hyposecretion of Arginine Vasopressin (AVP), decreased responsiveness to low urine osmolality, loss of circadian rhythm of Antidiuretic Hormone (ADH) secretion. Altered AVP receptor function in the tubule, diminished capacity to be aroused and altered sleep architecture. Less than 3% cases have organic etiology such as obstructive uropathy or urinary tract infections**.**

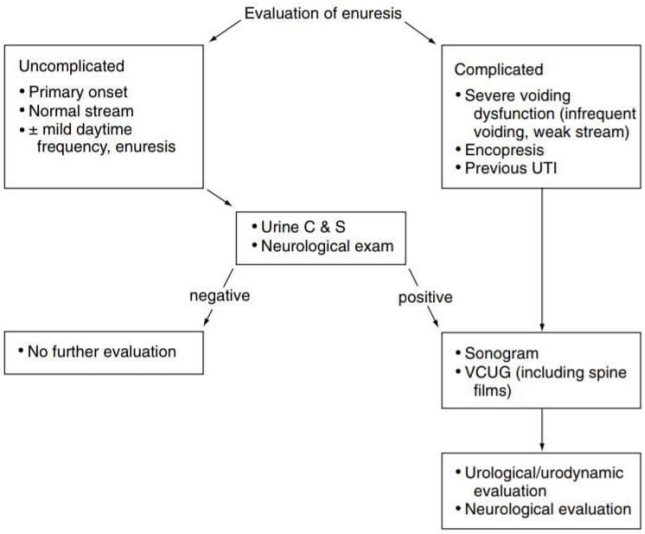
Clinical description
Enuretic episodes are most common at night and typically occur 30 minutes to three hours

after the onset of sleep; they can, however, occur at any time of day or at night during any EEG or sleep stage. Enuretic episodes may be more frequent in Delta or slow-wave sleep (stages 3 and 4 of nonrapid eye movement sleep, which comprise the deepest sleep stages) or in the post-Delta arousal period of sleep (the transition from Delta sleep to rapid eye movement sleep. A distinction is made not only between enuresis due to a medical condition and functional enuresis but also between primary and secondary enuresis.

Primary enuresis refers to patients who have never achieved urinary continence; it is not typically associated with emotional disturbance and is frequently diagnosed in patients with mental retardation.

Secondary enuresis refers to patients who have previously achieved at least 6 months of urinary incontinence and is commonly associated with more severe psychopathology or stress

Evaluation of enuresis



C&S = culture and sensitivity;
UTI = urinary tract infection;
VCUG = voiding cystourethrogram

Management

1. Behavioural therapy

Encourage regular daytime voiding schedule, emptying the bladder before going to sleep and getting adequate sleep should also be encouraged.

2. Bladder training exercises

Daytime bladder exercises are useful, especially in those with low functional bladder capacity.

The following bladder exercises have been found to be helpful;

1) Hold urine as long as possible during the day to increase the functional bladder capacity;
2) Practice repeated starting and stopping the stream at the toilet bowl;
3) Practice getting up from bed and going to the bathroom at bedtime before sleep.

Kegel's exercise, i.e., volitional contraction of pelvic floor muscles increases the detrusor contractions.

2. Behavior conditioning or alarm system

Behavior conditioning with use of alarms is extremely effective. Enuresis alarms are a first-line treatment for children whose bedwetting has not responded to advice about fluid intake, toileting, or an appropriate reward system. Enuresis alarms work best for well-motivated families and children with frequent enuresis (more than twice per week). The alarm is either a sound or a vibratory device that may be clipped to the underwear or kept at the bedside and rings as soon as voiding starts. The child must get out of bed and finish the act of urination or must hold the act until later. It is the most helpful way in training the child to improve bladder capacity and avoid enuresis. It requires long-term use and approximately 70% improve with 5-12 weeks of this therapy. Relapse rates are lower (15-30% in 6 months after treatment) than that with pharmacotherapy**.**

Case presentation

A female patient of age 9 years, came with a complaint of involuntary urination at night (Episodes 5-6 per week) especially in the early part of the night, unable to hold since childhood, offensive odour and also, she is suffering from dribbling of urine while coughing. She had a history of convulsions during fever at the age of 4.

Totality of case

No delay in milestones. She feels lazy to study and do homework. She becomes very silent when anyone shouts her. She is having fear of dogs.

Desires: Sweets
Stool: Hard
Perspiration: Only on nose

Repertorial totality

- Mind, laziness
- Mind, fear, dogs of
- Stool, hard
- Generalities, food and drinks, desire sweets
- Perspiration single parts
- Urine, odor, offensive
- Bladder, urination, dribbling, involuntary
- Bladder, urination, involuntary, cough agg, during
- Bladder, urination, involuntary, night, first sleep

Repertorial result

Caust: 23/9
Puls: 20/9
Sulp: 19/9

Remedy selection

1. Caust 200 / 3 doses / weekly once
2. Placebo - 1month

4/0/4

Follow up

Date	Complaint	Remedy prescribed
9/05/24	Involuntary urination at night	Caust 200 1 dose weekly once SL 4/0/4 1month
12/06/24	Dribbling during daytime is reduced offensive odour is smell reduced	SL 4/0/4 for 15 days
1/07/24	Bedwetting once in 3 days No Offensive odour	Caust 1M 1dose SL 4/0/4
8/08/24	Involuntary urination is relived	SL 4/0/4 1 month

Conclusion

Nocturnal enuresis is a common and distressing condition in children, often impacting their self-esteem and emotional well-being. While many cases resolve spontaneously with age, persistent enuresis requires timely and holistic intervention. Homeopathy offers a gentle, individualized approach that addresses not only the physical symptoms but also the emotional and constitutional makeup of the child.

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