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Comparative study to assess the effectiveness of constitutional approach versus *Equisetum hyemale* in the treatment of nocturnal enuresis

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Abstract

Background: Nocturnal enuresis is a common pediatric disorder characterized by involuntary urination during sleep. Conventional therapies such as desmopressin and enuresis alarms show efficacy but may have limitations. Homeopathy offers individualized (constitutional) prescribing and specific remedies like *Equisetum hyemale*, which is traditionally indicated in cases of habitual bedwetting.

Objective: To compare the effectiveness of individualized constitutional homeopathy with *Equisetum hyemale* in the management of primary nocturnal enuresis in children.

Methods: A randomized, controlled, parallel-group clinical study was conducted on 60 children aged 5-15 years with primary nocturnal enuresis. Participants were divided into two groups:

Group A received individualized constitutional remedies (e.g., Sulphur, Calcarea carbonica, Causticum, Kreosotum).

Group B received *Equisetum hyemale* 30C, once daily at bedtime.

Treatment duration was 12 weeks. Primary outcome was the mean reduction in the frequency of bedwetting episodes per week. Secondary outcomes included sleep quality, parental stress, and self-esteem. Data were analyzed using paired and unpaired t-tests with significance at $p < 0.05$.

Results: Group A showed a reduction from 5.9 ± 1.3 to 1.8 ± 0.9 episodes/week (69% improvement), while Group B reduced from 5.7 ± 1.1 to 3.4 ± 1.2 episodes/week (40% improvement). The inter-group difference was statistically significant ($p = 0.01$). Improvements in sleep quality, parental stress, and child's self-esteem were higher in the constitutional group compared to the *Equisetum hyemale* group.

Conclusion: The constitutional approach demonstrated superior short-term effectiveness over *Equisetum hyemale* in reducing bedwetting episodes and improving quality-of-life measures in children with nocturnal enuresis. Larger, multicentric studies are warranted to confirm these findings.

Keywords: Nocturnal enuresis, constitutional approach, *Equisetum hyemale*, homeopathy, pediatric enuresis

Introduction

Definition: Nocturnal enuresis (bedwetting) is defined as involuntary urination during sleep beyond the age of five years, when bladder control is expected.

Causes

- Genetic predisposition
- Delayed maturation of bladder control
- Increased nocturnal urine production (reduced ADH secretion)
- Sleep arousal dysfunction
- Psychosocial factors

Pathogenesis

Bedwetting results from the imbalance between nocturnal urine production, bladder capacity, and arousal response. The child's inability to wake when the bladder is full causes involuntary urination.

Miasmatic Background

- **Psora** - Functional weakness and delayed coordination.
- **Sycosis** - Habitual tendency, frequent urination.

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- **Syphilis** - Structural changes, destructive pathology. Enuresis is often understood as a syco-psoric disorder with functional predominance.

Methods and Materials

Study Design

Randomized, controlled, parallel-group clinical study of 12 weeks duration.

Participants

A total of 60 children (5-15 years) with primary nocturnal enuresis were enrolled.

Inclusion Criteria

- At least 3 bedwetting episodes per week for ≥ 3 months.
- No prior homeopathic treatment in last 3 months.

Exclusion Criteria

- Secondary enuresis due to UTI, diabetes, epilepsy, or neurologic disorder.
- Structural abnormalities of urinary tract.
- Children receiving allopathic treatment for enuresis.
- Any other systemic diseases.

Grouping and Intervention

- **Group A (Constitutional Approach, n=30):** Remedies prescribed on holistic case-taking. Common remedies: *Sulphur*, *Calcarea carbonica*, *Causticum*, *Kreosotum*, *Pulsatilla*.
- **Group B (*Equisetum hyemale*, n=30):** Prescribed in 30C potency once daily at bedtime for 12 weeks.

Outcomes

- **Primary Outcome:** Mean reduction in bedwetting episodes per week.
- **Secondary Outcomes:** Sleep quality, parental stress reduction, child's self-esteem.

Statistical Analysis

Data analyzed using paired *t*-test (intra-group) and unpaired *t*-test (inter-group). Chi-square test for categorical data. Significance at $p < 0.05$.

Results

Baseline Characteristics

Both groups were comparable in age, gender, and baseline frequency of enuresis episodes (average 5.8 ± 1.2 per week). Primary Outcome

- **Group A (Constitutional):** Reduction from 5.9 ± 1.3 to 1.8 ± 0.9 episodes/week (69% improvement).
- **Group B (*Equisetum hyemale*):** Reduction from 5.7 ± 1.1 to 3.4 ± 1.2 episodes/week (40% improvement).
- Inter-group difference statistically significant ($p = 0.01$).

Secondary Outcomes

- **Improvement in sleep quality:** 70% in Group A vs. 45% in Group B.
- **Reduction in parental stress:** 65% in Group A vs. 38% in Group B.
- **Improvement in self-esteem:** 60% in Group A vs. 35% in Group B.

No adverse effects were reported.

Discussion

This study suggests that constitutional homeopathy is more effective than the specific remedy *Equisetum hyemale* in reducing the frequency of nocturnal enuresis episodes. The individualized approach addresses the holistic constitution, including physical, mental, and emotional symptoms, which may explain the superior outcomes.

Equisetum hyemale has traditional value in cases of habitual enuresis, especially when associated with urinary dreams and bladder fullness, but appears less effective when prescribed as a single routine remedy across all cases.

Our findings are consistent with recent RCTs (India, 2024) showing the benefit of individualized homeopathy compared to placebo, while also highlighting the limitations of single-remedy prescribing.

Limitations of the present study include small sample size, short duration (12 weeks), and lack of blinding. Larger, multicentric trials are recommended to validate these findings.

Conclusion

- Constitutional approach demonstrated significant reduction in nocturnal enuresis episodes and improvement in quality-of-life measures.
- *Equisetum hyemale* showed moderate benefit but was less effective compared to individualized prescribing.
- Individualized constitutional prescribing holds stronger clinical evidence for the short-term management of nocturnal enuresis.

Table 1: Differentiating Clinical Features for Remedy Selection

Remedy	Key Clinical Features in Enuresis
<i>Equisetum hyemale</i>	Constant desire to urinate, enuresis in dreams, dull pain at close of urination.
<i>Causticum</i>	Involuntary urination with cough/sneeze, timid/anxious nature.
<i>Kreosotum</i>	Deep sleep, offensive urine, difficult to wake.
<i>Sulphur</i>	Bedwetting near 5-6 AM, hot constitution, burning urine.
<i>Calcarea carbonica</i>	Fair, flabby children, chilly, profuse perspiration, delayed milestones.
<i>Pulsatilla</i>	Mild, weeping nature, thirstless, bedwetting during first sleep.

Conflict of Interest

Not available.

Financial Support

Not available.

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