



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

Impact Factor (RJIF): 5.96

www.homoepathicjournal.com

IJHS 2025; 9(4): 1631-1634

Received: 14-09-2025

Accepted: 16-10-2025

Dr. Kojam Allen Devi
PG Scholar, Department of Paediatrics, Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Tantia University, Sri Ganganagar, Rajasthan, India

Dr. Jaspinder Kaur
Professor, Department of Materia Medica, Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Sri Ganganagar, Rajasthan, India

Dr. Dimpel Bishnoi
Assistant Professor, Department of Paediatrics, Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Sri Ganganagar Rajasthan, India

Dr. Banmeet Kaur
PG Scholar, Department of Paediatrics, Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute Tantia University, Sri Ganganagar, Rajasthan, India

Corresponding Author:
Dr. Kojam Allen Devi
PG Scholar, Department of Paediatrics, Sri Ganganagar Homoeopathic Medical College Hospital and Research Institute, Tantia University, Sri Ganganagar, Rajasthan, India

Nocturnal enuresis: A homoeopathic review

Kojam Allen Devi, Jaspinder Kaur, Dimpel Bishnoi and Banmeet Kaur

DOI: <https://doi.org/10.33545/26164485.2025.v9.i4.Y.2125>

Abstract

Nocturnal enuresis is a common childhood characterized by involuntary urination during sleep in children aged 5 year or older. Although often consider a benign development condition, it has significant psychological, emotional and social consequences for affected children and their families. The etiology of nocturnal enuresis is multifunctional and includes delayed neurological maturation, defective arousal from sleep, reduced nocturnal secretion of antidiuretic hormone, genetic predisposition, bladder dysfunctional, constipation and psychological stress. Conventional management includes behavioral therapy and pharmacological intentional, however these approaches may be associated with side effect and relapse after discontinuation. 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: Nocturnal enuresis, childhood disorders, homoeopathy, individualized treatment, psychosocial impact

Introduction

Nocturnal enuresis refers to involuntary or voluntary urination in clothes or bedding over a period of at least three months in children above five years of age ^[1]. It is a common well known "low-severity, high-prevalence" condition in pediatric patients with excessive psychosocial behavior. Nocturnal enuresis is defined as the involuntary excretion of urine during sleep, which can occur in an inappropriate, socially inappropriate place and time, and therefore has a negative impact on the quality of life of affected children and their families. Nocturnal enuresis is a socially disruptive and stressful condition that affects approximately 15-20% of five-year-old children and up to 2% of adults ^[1]. It is a common condition that can cause serious psychological distress in children ^[2]. The word enuresis (bed wetting) was evolved from Greek word 'enourin' meaning is 'to urinate in'. Its more common in boys than girl. It refers to involuntary passage of urine during sleep by a child old enough to have gained urinary control. The American Psychiatry Association has defined enuresis as children older than age five who are incontinent of urine at night. Studies report the prevalence of enuresis as 12-25% amongst four-year-olds, 8-10% amongst eight-year-olds and 2-3% amongst 12-year-olds. Poor scholastic performance along with poor social adaptation is common in enuretic children ^[3].

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.

Prevalence is highest in children aged 5-8 years (and 6-8 years), lowest in children aged 11-12 years (8-10 years) ^[4].

Nocturnal enuresis without overt daytime voiding symptoms affects up to 20% of children at the age of 5 yr; it ceases spontaneously in approximately 15% of involved children every year thereafter. Its frequency among adults is <1% ^[1141]. The prevalence in India is 7.61%-16.3% ^[115, 16, 17, 181]. Nocturnal enuresis has been reported in 18.4% of children with sleep problems from a single center in India ^[7].

Types of Nocturnal Enuresis

Nocturnal Enuresis can be divided into Primary Nocturnal Enuresis and Secondary

Nocturnal Enuresis.

Primary enuresis

If the child has never attained bladder control which is usually at the age of three^[7] Children with primary enuresis never had an episode of nocturnal incontinence (usually longer than 3 months)^[2].

The common causes are

Delay in maturation of the relevant part of the nervous system.

Some children acquire control the bladder late.

Organic causes

In Boys

Defect in urethral valve.

Adherent / elongated prepuce Phimosis.

In Girls: Ectopic ureters, which may open in urethral part of vagina. Suspected when the child is able to pass urine normally but dribbles day and night.

Hooded clitoris

Psychological cause-Over enthusiasm on the part of parents regarding the child toilet training leads to undue anxiety and enuresis. Yelling or spanking the child about his ill-performance or ridiculing him especially in the presence of others has a negative effect on his toilet training^[3].

Secondary enuresis

If the child has once attained the bladder control for about one year then gets-this disease known as Secondary Enuresis. It involves loss of nocturnal control after a long period of dryness and generally requires assessment to correct the cause Bedwetting is a condition that affects millions of children for which there are no magic cure.

It is true that habit and training from the earliest days childhood will make the child clean. If you hold the child regularly before and after feeds, it soon learns to empty the bladder. Sometimes appropriate hissing noises with your lips empties the bladder. Thus the mother is saved from the exhaustive work. But there are times in child's life, when in spite of the regular training, the bed Wetting Continues).

Common causes are

- **Psychological causes:** Worry at home or school has reflex irritation of the bladder resulting in enuresis.
- A move to school to school.
- A move to house to house.
- Epilepsy.
- Chorea is an exciting cause.
- Composition of urine: High acidity of urine, Presence of uric acid crystals.

Skin diseases

- Erythema
- Eczema
- Pruritis

Diet

- Liberal indulgence in saccharine food
- Liberal use of articles rich in sugar
- Liberal use of a fatty articles
- Liberal use of fruit rich in sugar

- Drinking of too much coffee Worms

Aetiology

- Delayed maturation of the cortical control of micturition.
- Defective arousal from sleep.
- Reduced nocturnal secretion of antidiuretic hormone (ADH).
- Genetic factors (chromosomes 12 and 13q implicated)^[1].
- Reduced functional bladder capacity or detrusor over activity.
- Constipation [b]
- Urinary tract infection or obstructive uropathy^[3].
- Sleep disorders (e.g., sleep apnea due to enlarged adenoids)^[1].
- Psychological stress, especially in secondary enuresis^[3].

Pathogenesis

Due to the discordance between nocturnal urine production and bladder capacity, the bladder may easily fill at night, leading to the awakening of the child for urination or in children with trouble awakening, incontinence.

Enuresis may be more correctly analyzed as a problem with awakening from sleep. This problem with awakening has been a focus point in enuresis In normal children, when the bladder reaches maximum capacity, there is a sudden urge for urination that does not occur correctly in enuretic children. The exact cause behind this mechanism is not known, although some researchers suggest that chronic over-stimulation leads to down regulation of the voiding center.

Additionally, inadequate secretion of the anti-diuretic hormone (ADH), which also leads to the production of more urine, has been seen in these children. The frequency of this is thought to be around 2 out of 3 children^[8].

Hormonal abnormalities: Doing childhood, some children do not proshove enough antidiuretic hormone (AD) to curb the peishuction of nocturnal urine.

Urinary tract infection. The infection can make it difficult for your child to control urination. Signs and symptoms may chode wetting, daytime accidents, frequent urination, red ec pink urine and pam during urination.

Sleep apnes: Sometimes bedwetting is a sign of obstructive sleep apecia, a condition where. The child's breathing stops during sleep often due to inflamed or enlarged tonsils or adesords.

Hyperglycemia; In a child who is usually dry at night, bedwetting can be the first sign of diabetes. Other signs and symplates may include passing large amounts of urine at cove, increased thirst, fatigue, and weight loss despite a good appetite.

Chronic irregularities in bowel evacuation: The same muscles are used to control urine and stool. If the constipation a prolonged, these muscles can become dysfunctional and cause wetness.

Structural problem with the urinary tract or nervous system: Bedwetting is rarely related with defect in the child's neurological or urinary system.

Stress and anxiety: Stressful events like becoming a big sester, starting a new school or sleeping away from home.

can trigger bedwetting.

Hereditary: If one of the child's parents or both parents with a past history of nocturnal enuresis the child has a significant chance of wetting the bed as well. Organic factors, obstructive uropathy. Or sickle cell nephropathy.

Clinical features

1. If the child wets the bed even after the age of five.
2. If the child starts to wet the bed after being dry for a long time.
3. If the child has pain while urinating or the child feels that he has to urinate and cannot control the flow.
4. Physical examination
 - i) Abdominal palpation
 - ii) Rectal examination to assess a distended bladder after micturating
5. Children with nocturnal enuresis should be examined for abnormalities in the central nervous system.
6. In Enuretic females, there is incidence of bacteriuria. To rule out polyuria, the specific gravity and osmolality of the urine sample should be evaluated.

Management General

1. **Parental counseling:** It is done by giving the child Emotional Support, Do not Critise him. Changing the bed sheets without knowing the child. Parents should take the child into confidence and reassure the child that the condition is not his or her fault, and is curable if he or she cooperates with the efforts of the parent. Stop punishments and stop scolding the child, adopt a should be emptied before going to sleep.
2. **Change in behavior:** The child should be given less quantity of liquid after dinner the child should be asked to urinate before going to bed. The child should be woken up to urinate after 2-3 hours of sleep.
3. **Madder exercise:** Keep urine sand as long as possible. Practice starting and stopping the urination on the toilet. The child should practice getting out of bed and going to the bathroom before going to bed.
4. **Using alarm:** The alarm device is used to induce conditioned arousal to the feeling of the bladder being full. The alarm consists of a sensor which is small & can be attached to the child's inner garments and an alarm kept next to the bed [2].

Diagnosis

Sex: Clinical examination of the external genitals to rule out any organic defect.

Urine: Chemical and bacteriological examination of twenty-four hours specimen of urine to determine any change in composition of urine or any sediment exerted in the urine.

Stool: Examination for worms, sometimes repeated tests are required as worms are not detected in 1st and 2nd stool specimen examination.

Congenital Malformation: Attention should be paid to find any congenital malformation, folds or flaps of mucus membranes in the urethra, narrowing of the bladder neck etc.

Psychological Investigation: In whom the most searching

investigations fail to reveal any abnormality, they will usually be of a highly nervous disposition; here a homoeopath will play a role of physician, diagnostician and psychologist as well [3].

Homoeopathic therapeutics

Causticum

Enuresis in first sleep.
Urine escapes involuntary, especially at night.
Weakness of sphincter vesicae.
Cannot retain urine on coughing or sneezing.
Children are sensitive, sympathetic, anxious.
Worse in cold weather.

Kreosotum

Bed-wetting during sleep.
Offensive urine.
Child dream of urinating.
Cannot be awakened.

Sepia

Enuresis in first sleep.
Sudden urging, must hurry.
Weak pelvic floor muscles.
Indifferent, irritable disposition.
Often in girls.

Sulphur

Enuresis at night with heat and restlessness.
 Burning sensation.
 Neglected untidy child.
 Standing constitutional remedy when no clear remedy appear.

Pulsatilla

Enuresis in mild, gentle, yielding children.
Worse at night and in warm.
Better in open air.
Especially useful in girl.

Belladonna

Sudden onset of bedwetting.
Restless sleep with vivid dreams.
Hypersensitives to light, noise, touch.
Often associated with febrile condition.

Natrum muriaticum

Enuresis while coughing, laughing or during sleep.
Reserved introvert children.
Craving for salt.
Often after grief or disappointment.

Cina

Enuresis associated with worms.
Irritable, restless, naughty child.
Grinding of teeth at night.
Pale face with dark rings around eyes.

Equisetum hyemale

Constant urging to urinate.
Enuresis both day and night.
Sensation of fullness in bladder.
Dreams of crowds or confusion.
Urine clear, copious.

Calcarea carbonica

Fat, flabby children.
Profuse perspiration of head.
Enuresis during sleep.
Delayed physical development.
Fearful, sluggish disposition.

Sanicula

Bed-wetting in weak, debilitated children.
Offensive urine.
Often in children with faulty nutrition.

Arsenicum album

Enuresis with great restlessness and anxiety.
Child is weak, exhausted.
Burning pain.
Worse after midnight.

Phosphorus

Enuresis from excitement or fear.
Tall, slender, sensitive children.
Thirst for cold drinks.
Easily frightened.

Conclusion

Nocturnal enuresis is not merely a disorder of bladder control but a reflection of child's overall physical, emotional and developmental state. The condition often imposes considerable psychological stress, leading to low self-esteem, anxiety and social withdrawal. Therefore, successful management requires a holistic approach that goes beyond symptomatic treatment.

Homoeopathy offer a comprehensive and individualized method of treatment by addressing the root cause of nocturnal enuresis.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Butani SA, Butani DD, Gol RR, Katariya MT. Nocturnal enuresis and its homeopathic approach. *Int J Multidiscip Trends.* 2025;7(7):45-46.
DOI:10.22271/multi.2025.v7.i7a.724.
2. Saileela M, Somashekhar M, Sreevidhya JS, Reddy TA. Nocturnal enuresis and its homoeopathic management. *Int J Homoeopath Sci.* 2023;7(2):7-10.
3. Sanap C, Jondhale S. Homoeopathic management of nocturnal enuresis in children. Jalna (IN): Guru Mishri Homoeopathic Medical College PG Institute; c2023.
4. Kliegman RM, St Geme JW III, Blum NJ, Tasker RC, Wilson KM, Schuh AM, *et al.*, editors. *Nelson Textbook of Pediatrics.* 22nd ed. Vol 2. Philadelphia (PA): Elsevier; c2023.
5. Boericke W. *Boericke's New Manual of Homoeopathic Materia Medica with Repertory.* 3rd ed. Noida (IN): B. Jain Publishers Pvt. Ltd.; c2010.
6. Allen HC. *Allen's keynotes: rearranged and classified with leading remedies of the materia medica and bowel nosodes, including repertorial index.* 10th ed. New Delhi: B. Jain Publishers.

7. Pawar S, Khan Y. Nocturnal Enuresis: Role of Homoeopathic Management. *J Med Pharm Innov.* 2022;9(46).
8. Mev V, Nama D, Agarwal P, Sharma V. Homoeopathic approach in the management of nocturnal enuresis. *Int J Homoeopath Sci.* 2021;5(4):254-257.

How to Cite This Article

Devi KA, Kaur J, Bishnoi D, Kaur B. Nocturnal enuresis: A homoeopathic review. *International Journal of Homoeopathic Sciences.* 2025;9(4):1631-1634.

Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.