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## Nocturnal enuresis: A nightmare to mothers

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### Abstract

Nocturnal enuresis is also known as Bed-wetting or Night time incontinence. It is the involuntary urination while sleeping after the age at which staying dry at night can be reasonably expected by the parents. Soggy sheets and pants and an embarrassed child are a familiar scene in many homes. But there is no need to be in despair. Nocturnal enuresis cannot be considered as a sign of toilet training gone wrong or bad. It's just a normal part of the development of children. Generally, nocturnal enuresis before the age of seven isn't a big concern. At this age, night time bladder control may still be developing in the child. If nocturnal enuresis continues, the problem should be treated or handled with patience and understanding. Changes in lifestyle, bladder training, moisture alarms and sometimes medication may help in the reduction of nocturnal enuresis.

**Keywords:** Nocturnal enuresis, homoeopathy, remedies

### Introduction

Nocturnal enuresis is the persistent wetting beyond an age at which normal control is expected to have been achieved. It is more common in boys and may have a positive family history. Enuresis may be

1. Primary when the child has never achieved bladder control or
2. Secondary when the child was dry for sometime and started wetting again <sup>[1]</sup>.

### Aetiology

Primary nocturnal enuresis is generally without an identifiable cause and may be due to (mnemonic: CAPS)

- **Cortical:** Slow maturation of bladder control [more than 10% of the children will be bed-wetting at 5 years and they too will outgrow this as the age advances].
- **ADH:** Lack of the proposed rise in nocturnal secretion of anti diuretic hormone.
- **Psychogenic:** E.g., Improper bladder training [too early or too stressful training]
- Small bladder capacity as an inborn character.

Secondary nocturnal enuresis may be due to

- Recent stressful life events
- Urinary tract infection [local inflammation causes urge to void].
- Pinworm infestation [causing local irritation].
- Constipation [large fecal mass comprising the bladder capacity]
- Endocrine causes like diabetes mellitus or diabetes insipidus [due to the large volume of urine produced].
- Night time seizures [involuntary passage of urine during seizure] <sup>[1]</sup>.

### Epidemiology

In India the prevalence of nocturnal enuresis is 7.61% – 16.3%. The highest prevalence is in children of 5–8 years of age and lowest in children of 11–12 years of age. The worldwide prevalence of enuresis among children aged 6–12 years is 1.4%–28%. In general, the prevalence of nocturnal enuresis is higher among male children than in female children <sup>[2]</sup>.

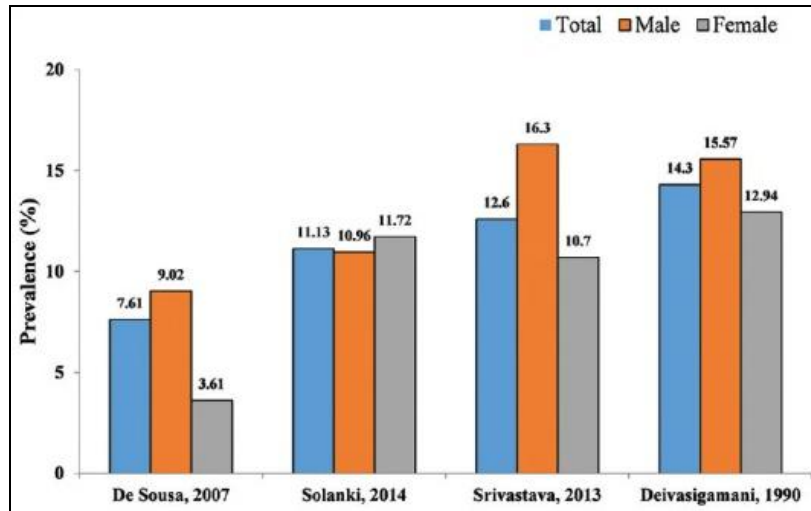


Fig 1: Epidemiology

### Evaluation

History and examination helps us to rule out the possibility or chances of any underlying neurological disorders, polyuric conditions (diabetes mellitus, diabetes insipidus, chronic renal failure) and urinary tract infection or bacterial cystitis.

- Evaluation of primary nocturnal enuresis includes urine routine examination including osmolality, microscopy, sugar and culture.
- A frequency void chart often helps to differentiate primary nocturnal enuresis from voiding dysfunction. The normal frequency of daytime void in a child is 4 – 7 times per day. A frequency range of more than 8 times or at a duration of less than 2 hours is considered abnormal.
- A good ultrasonogram on full bladder can also help in giving a rough estimate of bladder capacity.
- Urodynamic study is needed for the assessment of bladder capacity and detrusor pressures in a child who has an abnormal frequency void chart.<sup>[3]</sup>

### Management

Management should be aimed at complete stoppage of enuresis. After establishment of the diagnosis of primary nocturnal enuresis, the treatment plan should be bought into discussion. The essential factor in this is the co-operation of the child. Any serious attempt to treat the child should only begin after 7-8 years of age as enuresis interferes with the socialization and behaviour in older children.

Non pharmacological methods include behavioural treatment, behaviour conditioning, bladder training exercises and caffeine reduction<sup>[3]</sup>.

Since the condition is a generally harmless and self limiting one, the child and parents should be reassured. Every attempt should be made to minimize the emotional impact of enuresis on the child. The sympathetic overactivity, which is associated with emotional disturbances and fear aggravates the condition. Parents should be advised not to nag, criticize or reprimand the child for wetting the bed at night. The bedsheet should be changed in the next morning quietly without letting the child know about it. The child should be refrained from consumption of beverages such as tea, milk etc after 5 o'clock in the evening. He/she should be habitually made to pass urine before going to bed. The

parents should arouse the child fully after 2 hours of sleep and should persuade them to walk unaided to the toilet for emptying the bladder.

The bladder should be trained to retain the urine for a longer duration. This can be done by making the child drink large amount of water during the day and persuading him/her to delay bladder emptying as long as possible<sup>[4]</sup>.

### Indications of some homoeopathic remedies

#### Kreosotum

There is a frequent urge to urinate with pale and copious discharge. They cannot get out of bed quick enough at night<sup>[5]</sup> Wetting of bed at night, wakes up with urging, but cannot retain urine or dreams he is urinating in decent manner. Urine flows during deep, first sleep, from which the child is roused with difficulty<sup>[6]</sup>. Enuresis in the first part of night.

#### Equisetum Hyemale

Enuresis, nocturnal and diurnal<sup>[5]</sup>. Incontinence in children, with dreams or night-mares when passing urine. Involuntary urination<sup>[7]</sup>. Nocturnal enuresis; of children, without causes except habit<sup>[8]</sup>. Wets bed at night; when he dreams that he sees a crowd of people. Enuresis diurna et nocturna; urine is profuse and watery, where habit is the only ascertainable cause.

#### Squilla Maritima

Urinary bladder has a continuous and painful pressure on it. After micturition there is tenesmus of bladder. Frequent calls for urination, especially at night, with scanty or profuse discharge of pale urine. Micturition is involuntary, especially when coughing. Inability to retain urine. Enuresis nocturnal<sup>[6]</sup>.

#### Calcarea Carbonica

Urine emission is too frequent, even at night. Bed wetting. Craving for eggs; for indigestible things, chalk, coal. Fatty children rather bloated than solid, pale but flushes easily, profuse sweating of the head<sup>[5]</sup>. Irritable bladder. Enuresis<sup>[7]</sup>.

#### Natrum Muriaticum

Patient complains of frequent urination and an urgent want to urinate, day and night, sometimes every hour, with emission in copious amounts. Urine emission is involuntary

and sometimes passes on while coughing, walking, laughing, or sneezing. Emission of urine at night. Nature of urine is clear, with a red coloured sediment that resembles brick-dust <sup>[5]</sup>. Incontinence of urine: whenever he sat down urine came away, day and night, making a very frequent change of clothing and bedclothes necessary; continuous craving for salt <sup>[6]</sup>.

### **Pulsatilla Nigricans**

Pulsatilla children are peevish, changeable, pale and chilly. Involuntary urination: dribbling of urine while sitting or walking ; while coughing or passing wind; at night in bed, especially in little girls. Eneuresis nocturna. Mild disposition, delicate frame, fair complexion, frequently changing color, the complaint may be preceded by an acute exanthema, probably measles <sup>[6]</sup>.

### **Belladonna**

Nocturnal Eneuresis of children. Eneuresis, with profuse perspiration. Wets bed; restless, starts in sleep <sup>[6]</sup>.

### **Sepia Officinalis**

Urination-involuntary, during first sleep <sup>[7]</sup>. Emission of urine at night (has to rise up from sleep frequently). Involuntary discharge of urine at night, esp. in first sleep <sup>[5]</sup>.

### **Cina Maritima**

Nocturnal enuresis; urine white, turbid, at times fetid. In children there is extreme ill-humour and naughtiness. Bed wetting. Urine soon becomes turbid. Involuntary emission of urine (at night) <sup>[5]</sup>.

### **Causticum**

Eneuresis, during first sleep especially; aggravates in winter, ameliorates in summer. Tendency to escape during the day, from any extra exertion, laughing, walking <sup>[5]</sup>. Involuntary during first sleep at night; also from slight.

### **Conclusion**

Nocturnal enuresis is a very prevalent condition in India and has a very deep impact on the emotional and psychological aspect of both children and parents which in turn may affect the quality of life. Researches in this field shows that homoeopathy can play a significant role in the cure of nocturnal enuresis.

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